Blue Cross 藍十字
Member of BEA Group 東亞銀行集團成員

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「商業至尊寶」申請表格 BusinessSafe Insurance Application Form

請以英文正楷填寫本表格並於適當空格內加上「✓」號。 Please complete this form in English BLOCK letters and tick where appropriate.

(I) 投保人資料 Details of Applicant

1. 公司名稱 Company Name	2. 業務性質 Business Nature
3. 香港通訊地址 Correspondence Address in Hong Kong	
4. 電話號碼 Contact Telephone No. 公司／商鋪 Office/Shop 手提 Mobile （請提供至少1個電話號碼 Please provide at least one telephone no.）	5. 傳真號碼 Fax No. / 6. 電郵地址 Email Address

(II) 投保詳情 Policy Particulars

1. 保單生效日期 Policy Effective Date _____ 日 DD _____ 月 MM _____ 年 YY　有效期為1年 Valid for 1 year　（承保日期以藍十字審核為準） (Policy effective date is subject to the Company's underwriting acceptance)

2. 受保地點（如與通訊地址不同） Insured Premises (if different from Correspondence Address)

(IIA) 基本保障 Basic Benefits

第一部分 — 財物全險保障 Section 1 - Property All Risks Protection		藍十字專用 For Office Use Only	
1. 受保項目 Interest Insured	投保額 Sum Insured (HK$)	年費率 Premium Rate	每年保費 Annual Premium (HK$)
(a) 財物包括傢俬、裝修及設置、室內裝飾、機械及設備 On Contents including furniture, fixtures, fittings, interior decoration, machinery and equipment			
2. 自選受保項目 Optional Interest Insured	投保額 Sum Insured (HK$)	年費率 Premium Rate	每年保費 Annual Premium (HK$)
(a) 存貨及商用物料主要包括 On Trade Stock and Material in Trade mainly consists of			
(b) 其他（請註明） Others (please specify)			
第一部分每年保費 Section 1 - Annual Premium			

(IIB) 自選保障 Optional Benefits

第二部分 — 業務中斷保障 Section 2 - Business Interruption Protection			藍十字專用 For Office Use Only	
1. 受保項目 Interest Insured	2. 估計未來12個月的總盈利 Estimated Gross Profit for next 12 months (HK$)	3. 保障期 Indemnity Period	年費率 Premium Rate	每年保費 Annual Premium (HK$)
盈利損失 Loss of Gross Profit		月 months		
第二部分每年保費 Section 2 - Annual Premium				

第五部分 — 僱員補償 Section 5 - Employees' Compensation			藍十字專用 For Office Use Only	
受保職位# Insured Occupation#	員工人數 No. of Employees	估計每年收入* Estimated Annual Earnings* (HK$)	年費率 Premium Rate	每年保費 Annual Premium (HK$)
1. 室內營業員／文員 Indoor Sales/Clerical Staff				
2. 外勤推銷員／採購員 Outdoor Sales/Merchandiser				
3. 辦公室助理／信差／私家車司機 Office Assistant/Messenger/Private Car Driver				
4. 送貨員／貨車司機 Deliverer/Goods Vehicle Driver				
5. 戶外體力勞動工作者 Outdoor Manual Workers				
6. 其他（請註明工作性質） Others (please specify job nature)				

僱員如涉及下列工作，請註明：
1. 離開香港工作
2. 需於建築地盤／船上／船廠工作或探訪

* 包括薪金，佣金，獎金，加班工資，津貼等

Please specify if staff involves:
1. Working outside Hong Kong
2. Working in/on or visiting construction site/on-board vessel/shipyard

* Include salaries, commission, bonus, overtime pay, allowance, etc.

徵收費用 Levy Charges

第五部分每年保費 Section 5 - Annual Premium

第一部分 Section 1 _____ + 第二部分 Section 2 _____ + 第五部分 Section 5 _____ = 每年總保費 Total Annual Premium _____

(III) 其他資料 General Information

1. 閣下於過往3年內，曾否遭受此計劃保障範圍內的災險所引致的任何遺失或損失？ Have you suffered any loss or damage covered by this plan in the past 3 years?	☐ 是 Yes	☐ 否 No
2. 閣下於過往3年內曾否作出僱員補償保險索償？ Have you made any Employees' Compensation Insurance claim(s) in the past 3 years?	☐ 是 Yes	☐ 否 No
3. 閣下於申請同類型保險時曾否被拒絕投保、拒絕續保，或續保時被附加特別條款？ Have you ever been declined, refused to renew or renewed but subject to special terms or conditions for similar insurance?	☐ 是 Yes	☐ 否 No
4. 投保的地點是否裝有防盜警報系統？（如是，請詳述警報系統的資料） Is a burglary alarm installed in your premises? (if yes, please give details of the alarm system)	☐ 是 Yes	☐ 否 No

如上述問題的答案為「是」者，請於另紙詳加說明，並附以簽署及日期。
If you answered "Yes" to any of the above questions, please provide full details on a separate sheet which should be signed and dated.

(IV) 付款指示及授權書 Payment Instruction and Authorisation

1. ☐ 支票Cheque
支票號碼 Cheque No. _____
（劃線支票抬頭人請填寫「**藍十字（亞太）保險有限公司**」）
(Cheque should be crossed and made payable to "**Blue Cross (Asia-Pacific) Insurance Limited**")

2. ☐ 現金 Cash

3. ☐ 信用卡授權 Credit Card Authorisation

本人茲授權藍十字（亞太）保險有限公司從本人下列的信用卡賬戶扣除保單的應繳保費。
I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the payable premium from my credit card account specified below for the insurance policy.

☐ VISA ☐ Mastercard

持卡人姓名 Name of Cardholder _____	到期日（月／年） Expiry Date (MM/YY) _____	持卡人簽署 Signature of Cardholder _____
信用卡號碼 Credit Card No. _____	發卡銀行 Issuing Bank _____	簽署必須與上述信用卡背面之簽署式樣相同。 Your signature should match the signature on the back of the credit card specified herein.

(V) 聲明 Declaration

本人／我們，謹此聲明並同意：

1. 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「藍十字」）任何有關此保險申請之重要資料，將可能導致藍十字不能接受或處理此保險申請或令本保單失效。
2. 一概保障必須在本申請獲接納後並已將應付保費繳交予藍十字後始可生效。
3. 本人／我們同意妥善保存實際支付的薪金及工資紀錄，並於保險屆滿時以藍十字所指定之格式填報有關紀錄。本人／我們並同意繳付跟超過以上所估計之薪金及工資數額之額外支付數額有關的保費（只適用於第五部份—僱員補償保險）。
4. **本人／我們明白及確認藍十字會就本人／我們購買及接受藍十字簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們若在此代表法人團體簽署，即同時確認本人／我們已獲該法人團體授權。 本人／我們亦明白藍十字必須取得上述的同意，才可以處理有關保險申請事宜。**
5. 投保人乃#根據《公司條例》（香港法例第32章或第622章）成立或註冊的法人團體／#根據《商業登記條例》（香港法例第310章）登記的法人團體、合顆業務、獨資業務或會社，或其分行。（#請刪去不適用者）

I/WE, HEREBY DECLARE AND AGREE THAT

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. I/We hereby agree to keep a proper record of salaries and wages actually paid and agree to render such record in the form specified by the Company at the end of each period of insurance. I/We further agree to pay premium relating to any salaries and wages paid in excess of the amount estimated above (applicable to Section 5 – Employees' Compensation Insurance only)
4. **I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.**
5. The applicant is #a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong/ #a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (#delete as appropriate)

(VI) 簽署 Signature

投保人簽署 Signature of Applicant	日期（日／月／年） Date (DD/MM/YY)

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中介人姓名 Name of Intermediary	中介人編號 Intermediary's Code	保單號碼 Policy No.	批核人簽署 Underwriting Approval
Sun Flower Insurance Brokers Limited			

本申請表格的中英文版本如有差異，以英文版本為準。
Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.