



**新華保險顧問有限公司**  
**Sun Flower Insurance Brokers Limited**

香港專業保險經紀協會會員  
 A MEMBER OF PROFESSIONAL INSURANCE BROKERS ASSOCIATION

電話 Tel: 2521-1881 傳真 Fax: 2521-1919

致To	
由From	
電話Phone	
日期Date	

**Application For Marine Open Cover**

(All Questions Must Be Answered Fully & Concisely 請完整準確回答所有問題)

1. (a) Open Cover to be in the name of 投保戶名稱 \_\_\_\_\_
- (b) Address 地址 \_\_\_\_\_
- (c) Phone No. 電話 \_\_\_\_\_ Fax No. 傳真 \_\_\_\_\_ Attention 致 \_\_\_\_\_

2. Period of insurance required 投保期限	From 由		To 至	
3. Nature of Merchandise to be covered 投保貨物				
4. The type of packing employed 使用的包裝種類				
5. Please state voyage(s) to be covered 請註明投保航程	From 由		To 至	Via 轉 <input type="checkbox"/>
6. Means of Transport Please tick (☑) where applicable 運輸工具 請在適當處 (☑)	<input type="checkbox"/>	(a)	Ocean-going vessels 遠洋輪船	
	<input type="checkbox"/>	(b)	Airfreight 貨運飛機	
	<input type="checkbox"/>	(c)	Parcel Post 郵包	
	<input type="checkbox"/>	(d)	Others 其他 _____	

<p>7. Maximum amount at risk: 保險限額</p> <p>(a) By any one vessel 每一艘船</p> <p>(b) By any one land conveyance 每一陸運工具</p> <p>(c) By any one aircraft 每一飛機</p> <p>(b) At any one location 每一地點</p>	<p>( HK\$/US\$ Currency 幣值 )</p> <p>_____</p> <p>( HK\$/US\$ Currency 幣值 )</p> <p>_____</p> <p>( HK\$/US\$ Currency 幣值 )</p> <p>_____</p> <p>( HK\$/US\$ Currency 幣值 )</p> <p>_____</p>															
<p>8. Basis of valuation for insurance purposes? 保險價值根據</p>	<p>Invoice Cost plus all charges plus 發票價格加上 _____ %</p>															
<p>9. Please state the conditions of insurance required and any other special requirements 請註明承保條件要求以及其他特殊要求</p>	<p>_____</p> <p>_____</p>															
<p>10. Is the interest now insured with any other company? If so, please state the name of Company. 本保險標的物以前曾否向其他保險公司投保? 如有, 請列出該公司名稱</p>	<p>_____</p> <p>_____</p>															
<p>11. Please state the total value of sendings for the last year and the estimated turnover for the coming year 請說明去年及預計來年之貨運總金額</p>	<table border="1"> <thead> <tr> <th></th> <th>Last Year 去年</th> <th>Coming Year 來年</th> </tr> </thead> <tbody> <tr> <td>Exports 出口</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Imports 進口</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Local Transit 本地運輸</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Last Year 去年	Coming Year 來年	Exports 出口	_____	_____	Imports 進口	_____	_____	Local Transit 本地運輸	_____	_____			
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Local Transit 本地運輸	_____	_____														
<p>12. Please state the total amount of claims paid and outstanding for the last three years 請說明前三年已結和未結索賠的全部金額</p>	<table border="1"> <thead> <tr> <th>Year 年份</th> <th>Approx. Number of Claims 大致索賠案件數</th> <th>Amount 金額</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>Total 總計</b></td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Year 年份	Approx. Number of Claims 大致索賠案件數	Amount 金額	_____	_____	_____	_____	_____	_____	_____	_____	_____	<b>Total 總計</b>	_____	_____
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<p>Date at Hong Kong 日期於香港 On (d日)/ (m月)/ (yyyy年)</p>	<p>Signature 簽名</p>															

**IMPORTANT NOTE**

- (1) You are required to disclose all material facts which you know as insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in any doubt about facts considered material, you should disclose them.
- (2) You are reminded to keep a copy of the completed proposal for your record and future reference.
- (3) A specimen copy of the policy form is available on request.