



致 To	
由 From	
電話 Phone	
日期 Date	

辦公室綜合保險報價申請表  
**OFFICE INSURANCE REQUEST FORM**

請以英文正楷填寫此表格及在適當方格內加  Please complete the table in English block letter and tick if applicable

保戶名稱 Name of Insured \_\_\_\_\_

行業 Business \_\_\_\_\_

聯絡電話 Contact Tel. No. \_\_\_\_\_ 傳真 Fax : \_\_\_\_\_

通訊地址 Correspondence Address \_\_\_\_\_

工作地址 Place(s) of Employment \_\_\_\_\_

(請列出所有工作地點若與通訊地址不同 State ALL place(s) of work if different from above) \_\_\_\_\_

保險期 Period of Insurance (日 D /月 M /年 Y) \_\_\_\_\_ 由 From : \_\_\_\_\_ 至 To : \_\_\_\_\_

項目 Section	保障範圍 Cover	投保額 Sum Insured (HK\$)	辦公室專用 For Office Use Only	
			保費率 Rate	保費 Premium
<b>1</b>	<b>辦公室財物全險 Office Contents "All Risks" Insurance</b> A. Office Contents (如其中投保之辦公室器材價值超過HK\$100,000, 請列明 Please list any item of office machinery where the value exceed HK\$100,000) B. 貨版及存貨 Trade Sample or Stock 每件最高價值 Max. Limit per article ( )			
<b>2</b>	<b>營業中斷保險 Business Interruption Insurance</b> A. 額外開支 Increased Cost of Working B. 收入損失 -Loss of Gross Income for next 12 months -Max indemnity period required 12/18/24 M	500,000	免費 Free Cover	
<b>3</b>	<b>金錢損失保險 Loss of Money Insurance</b>	參閱小冊子 as per brochure	免費 Free Cover	
<b>4</b>	<b>公眾責任保險 Public Liability Insurance</b>	10,000,000	免費 Free Cover	
			<input type="checkbox"/> 最低保費 Min.	

**5 僱員賠償保險 Employees' Compensation Insurance (自選保障 Optional Cover)**  
 \*如僱員需要前往海外或中國大陸工作, 請列明於「海外公幹備註」 Please remark employees required to travel "Overseas" or "China"  
 \*\*「預計全年總收入」須包括佣金 / 花紅 / 雙糧 / 津貼等 "The Estimated Annual Total Earnings" has to include commission / bonus / double pay / allowance etc.

項目 Item	僱員人數及工作類別 No. & Description of Employee	海外公幹 備註* Remark	預計全年總收入** Estimated Annual Total Earnings (HK\$)	條款 Warranty	保費率 Rate	保費 Premium
1.						
2.						
3.						
4.						
5.						

小計 Total  最低保費 Min.

**賠償記錄 Claims History** 過往三年有否索償 Any Claim in the past 3 years?  有 Yes  否 No 勞保徵費 Levy 10.8%

詳情 Details:

總保費 Total Premium
佣金 Comm. %
淨保費 Net Premium




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

1. Estimated Annual Turnover 預計全年營業額 [REDACTED]
2. In the last 24 months, has the company been found in violation of the occupational safety and health ordinance (Cap 509) 在過往 24 個月內,公司是否被發現違反職業安全及健康條例(Cap 509) [REDACTED]
3. Are there foreseeable material changes to the company's business in the next 12 months 未來 12 個月公司業務是否有可預見的重大變化 [REDACTED]

 **附加文件 Supplementary Document** - 請提供閣下最新的續保通知書或保險單副本作核保用途  
Please provide copy of latest renewal notice or policy schedule for underwriting purpose

**I/We do hereby declare and warrant that:**

1. All information provided by me/us in connection with this form is true, accurate and complete and already provided correct information for the above on behalf of the proposed insured/ existing insured listed in this application.  
本人作為申請人確認已細閱及明瞭此表格之內容，並代表此計劃所有準受保人/現有受保人就以上問題提供正確無誤之資料。
2. I/ We confirm that I/We have read and understood the contents of the sales documents of the relevant insurance plan and I/We have made my/ our own independent decision in applying for the insurance plan and determining premium amount.  
我/我們確認已細閱及明瞭有關保險計劃之銷售文件內容，而就所選之保險計劃及保費金額乃我/我們之獨立決定。
3. I/We agree to inform if there is any change in any of the details I/we have provided to Sun Flower Insurance Brokers Limited in this form, understand and agree that it is my/our sole responsibility to inform and update Sun Flower of any changes to any information provided in this form. I hereby agree to indemnify and absolve Sun Flower of any liability arising out of any use and/or disclosure by Sun Flower of any inaccurate or incomplete information due to my failure to update Sun Flower promptly of any changes to my personal information. I/ We understand that I/We am/are required to inform Sun Flower promptly if there is any substantial change of information provided in this form before the policy is issued.  
我/我們同意通知我/我們在此表格中提供給新華保險的任何細節有任何變化，理解並同意我/我們有責任通知和更新新華保險更改此表格中提供的任何信息。我/我們在此同意賠償並免除因我/我們未能及時更新新華保險個人信息的任何更改而導致新華保險使用和/或披露任何不準確或不完整信息而引起的任何責任。本人明白在保單簽發前如我/我們就此表格內資料有任何重要更改，我/我們需立刻通知新華保險。
4. I/ We understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability to Sun Flower.  
我/我們明白此表格之分析及選擇乃根據我/我們所提供之資料，並不構成新華保險之任何責任。
5. I/We have read & agreed entirely to all terms in Sun Flower's Data Protection Policy, available at <https://www.sunflowervip.com/privacy-policy> and the Personal Information Collection Statement, available at <https://www.sunflowervip.com/personal-information-collection-statement>.  
我/我們已閱讀並完全同意新華保險個人資料(私隱)條例中的所有條款，可在 <https://www.sunflowervip.com/privacy-policy> 和個人信息收集聲明，可在 <https://www.sunflowervip.com/personal-information-collection-statement>.

Proposer's Signature (投保人簽署)

Date (日期)