



® 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

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 Postal Address \_\_\_\_\_

工作地址 Place of Employment \_\_\_\_\_

(若與通訊地址不同 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		免費 Free Cover			
	B. 收入損失 -Loss of Gross Income for next 12 months -Max indemnity period required 12/18/24 M	需另行投保 Separate policy required	不適用 N/A			
<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>		免費 Free Cover			
			最低保費 Min.			
<b>5</b>	<b>僱員賠償保險 Employees' Compensation Insurance (自選保障 Optional Cover)</b>					
	*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.	
<b>賠償記錄 Claims History</b>		過往三年有否索償 Any Claim in the past 3 years? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 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		

**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