

Agent No. _____
 代理編號：_____

360° BUSINESS PROTECTION INSURANCE PROPOSAL FORM 商業全面保投保書

(Please use English block letters 請用英文正楷填寫)

Customer Details 客戶資料

Company Name (in full)
 公司名稱 (全名) : _____

The Insured Premises
 投保公司地址 : _____

Correspondence Address
 通訊地址 : _____

Tel 聯絡電話 : _____ Fax 傳真號碼 : _____ Business Registration No. 商業登記證號碼 (請提供影印本) : _____

Email Address 電郵地址 : _____ Website 網址 : _____

Period of Insurance 承保期 From 由 : _____ To 至 : _____
dd日/mm月/yy年 dd日/mm月/yy年

- | | | | | | |
|----------------------|---|---|--|---|---|
| Business Nature 業務性質 | <input type="checkbox"/> Trading Office 貿易公司 | <input type="checkbox"/> Florist 花店 | <input type="checkbox"/> Gift / Toy Shop 心意 / 玩具店 | <input type="checkbox"/> Pharmacy 藥房 | <input type="checkbox"/> Bakery 餅店 |
| | <input type="checkbox"/> Book shop 書店 | <input type="checkbox"/> Fashion Shop 時裝店 | <input type="checkbox"/> Real Estate Agency 地產代理 | <input type="checkbox"/> Dry Cleaners 乾洗店 | <input type="checkbox"/> Beauty / Hair Salon 美容 / 理髮店 |
| | <input type="checkbox"/> Computer Shop 電腦店 | <input type="checkbox"/> Audio & Video Shop 影音店 | <input type="checkbox"/> Home Appliance Shop 家居電器店 | <input type="checkbox"/> Professional Office (Details) 專業服務公司 (請詳述) : _____ | |
| | <input type="checkbox"/> General Office (Details) 一般辦公室 (請詳述) : _____ | | <input type="checkbox"/> General Retail Shop (Details) 一般零售店 (請詳述) : _____ | | |

Sum Insured 投保額

PROPERTY ALL RISKS 綜合財物

Sum Insured must represent full value including allowance for inflation. Otherwise, claim settlements will be proportionately reduced.
 投保金額需要等於重置價值 (包括通脹之增幅), 否則賠償金額將會按比例削減。

Contents including fixtures, fittings, interior decoration, machinery and equipment 財物包括傢俬、設置、室內裝修、機器及設備	HK\$ 港幣/元
Stock in Trade including goods, merchandise and items held in trust 財物包括商品及受托保管之貨物	HK\$ 港幣/元
Shop Front including show windows, glass door and frames 商店門飾包括櫥窗的玻璃、玻璃門及框架	HK\$ 港幣/元
Portable Equipment including portable phones, laptop computers, audio and visual equipment 可攜式設備包括手提電話、手提電腦及視聽器材	HK\$ 港幣/元

BUSINESS INTERRUPTION 業務影響

Besides the Free Additional Expenditure we provide, the Loss of Gross Income / Gross Profit (Optional) is also available to meet your business need.
 除了我們所提供的免費額外開支保障, 您可選擇投保收入 / 毛利損失保障

Professional Office 專業服務公司 Trading Office 貿易公司 General Office 一般辦公室	Florist 花店 Pharmacy 藥房 Book Shop 書店 Real Estate Agency 地產代理 Dry Cleaners 乾洗店 Audio & Video Shop 影音店 General Retail Shop 一般零售店	Gift / Toy Shop 心意 / 玩具店 Bakery 餅店 Fashion Shop 時裝店 Beauty / Hair Salon 美容 / 理髮店 Computer Shop 電腦店 Home Appliance Shop 家居電器店
Loss of Gross Income 收入損失保障		Loss of Gross Profit 毛利損失保障
Estimated Gross Income for the next 12 months 估計未來十二個月的總收入	HK\$ 港幣/元 _____	Estimated Gross Profit for the next 12 months 估計未來十二個月的總毛利
With Indemnity Period 所需保障期	<input type="checkbox"/> 3 months 三個月 <input type="checkbox"/> 6 months 六個月 <input type="checkbox"/> 9 months 九個月 <input type="checkbox"/> 12 months 十二個月 <input type="checkbox"/> Others 其他 _____	With Indemnity Period 所需保障期
		<input type="checkbox"/> 3 months 三個月 <input type="checkbox"/> 6 months 六個月 <input type="checkbox"/> 9 months 九個月 <input type="checkbox"/> 12 months 十二個月 <input type="checkbox"/> Others 其他 _____

Employees' Compensation 勞工保險

Type of Employees 僱員類別	Number of Employees 僱員人數	Total Estimated Annual Earnings* (HK\$) 每年收入約計總額 (港幣/元)
Indoor Staff - Clerical Staff, Administration Staff, Indoor Salesperson,, etc., 內勤僱員包括文員、管理員、戶內售貨員等		
Outdoor Staff - Outdoor Salesperson, Messenger, Merchandiser,, etc., 外勤僱員包括戶外推銷員、信差、辦貨人員等		
Staff who are or will be working outside Hong Kong or working away from your premises (please specify) 僱員需要離開香港工作或經常離開公司工作 (請註明)		
Others (please describe nature of work) 其他僱員 (請列明工作性質)		

* including salaries, commissions, bonuses, overtime,, etc, 包括薪金、佣金、紅利、加班等收入。
Please attach supplementary sheets if necessary. 如有需要，請另附紙張說明。

Previous Insurance Details 過往投保資料

Has your company or employee had any previous loss, damage or injury?
貴公司或員工曾否有過任何損失、損壞或受過損傷? No 否 Yes (please specify) 有 (請詳細說明) _____

Have there been any accidents to your employees during the last 3 years?
在過去三年內貴公司所聘請之員工曾否遇過任何意外? No 否 Yes (please specify) 有 (請詳細說明) _____

Has any insurer declined your proposal, refused to renew your policy or cancelled your policy?
貴公司曾否被任何保險公司拒絕受保 / 拒絕續保 / 取消保單? No 否 Yes (please specify) 有 (請詳細說明) _____

Declaration 聲明

- I declare to the best of my knowledge and belief that the information given is true in every respect.
本人謹此聲明，根據本人所知及所信，本投保表格上所填報之資料均屬屬實無訛。
 - I understand that this Application will not become effective until this proposal has been accepted by Royal & Sun Alliance Insurance plc ("the Company") and agree that this Application and Declaration shall be the basis of the insurance contract between me and the Company.
本人明白本投保書被皇家太陽聯合保險有限公司(「保險公司」)正式接納後，保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。
 - Cover will be effective only with signature on this document and receipt of premium by the Company or its authorised representative.
投保書需經保險公司或其授權代表簽署，並於收妥保費後，此保障計劃始正式生效。
- I do not wish to receive any marketing or promotional materials.
本人不願意收取任何宣傳或推廣的資料。

Authorised Signature 授權簽署 : _____ Company Chop 公司印鑑 : _____ Date 日期 : _____

Notice of Personal Information Collection 個人資料收集聲明

Any person from whom the Company has collected personal information shall have the right to enquire the purpose of using the information, the right of access to and the right to request correction of the personal information concerning themselves. Such request can be made to the Compliance Officer of the Company via, mail to 32/F., Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong, or fax to +852 2968 5111, or email to hk_compliance@hksagroup.com.
任何人士若曾經提供個人資料給本公司，均可查詢其資料用途、查閱及更改有關資料。有關查詢及申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌英皇道979號太古坊多盛大廈32樓，或傳真至+852 2968 5111，或電郵至hk_compliance@hksagroup.com。

Underwritten by 承保公司 : Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司
(incorporated in the United Kingdom with limited liability)