

Business Information 業務資料

Name of Applicant 投保人名稱 _____

Shop Address 店舖地址 _____

Postal Address 通訊地址 _____

Telephone 電話 _____ Proposed Effective Date 擬生效日期 (DD/MM/YY) _____ / _____ / _____

Nature of Business 業務性質 辦公室 OFFICE

Basic Cover 基本保障

| Insured Items 受保類別 | Sum Insured 投保額 (HK\$) | Premium 保費 |
|----------------------------|---|------------|
| Office Contents 辦公室財物 | | |
| Stocks and Samples 貨物及樣本 | | |
| Money & Assault 現金及個人意外 | Per Standard Stipulation 參照既定限額 | Free 免費 |
| Public Liability 公眾責任 | Plan 計劃 A: HK\$5,000,000.00 B: HK\$10,000,000.00 | Free 免費 |
| Business Interruption 營業中斷 | | |
| Fidelity Guarantee 忠誠保障 | | |

Optional Cover (Employees' Compensation Insurance) 附加保障 (勞工保險)

| Type of Employees 僱員類別 | Number of Employees 僱員人數 | Total Annual Income 全年收入 (HK\$) |
|---|--------------------------|---------------------------------|
| Indoor Employees 戶內僱員 | | |
| Outdoor Salesman, Messenger, Merchandiser 戶外推銷員、信差、辦貨員 | | |
| Private Car Driver 私家車司機 | | |
| Other Employees (please provide breakdown) 其他僱員 (請詳述) | | |

Other Information 其他資料

- Have you had any losses during the past 3 years from any of the risks now applied for insurance? If "Yes", please provide details.
過去三年中，閣下是否有任何與這次投保申請有關的損失？如果「是」，請詳述之。
 No 否 Yes 是 _____
- Have there been any accidents to your employees during the past 3 years? If "Yes", please provide details.
過去三年中，閣下的僱員有否遭遇任何意外？如果「是」，請詳述之。
 No 否 Yes 是 _____
- Has any insurance company ever at any time declined your application, cancelled your policy, refused to renew a policy, required an increased rate or imposed special terms? If "Yes", please provide details.
閣下是否曾被其他保險公司拒保、取消保單、不允續保、要求增加保費或註明特別條款？如果「是」，請詳述之。
 No 否 Yes 是 _____

Important Notes:

Any other facts known to you which are likely to influence the acceptance and assessment of the insurance proposal must be disclosed. If you are in any doubt about facts considered materials, you should disclose them. We recommend that you keep a record of all information provided (including copies of letters) for future reference. A copy of this proposal form will be supplied upon your request with a period of three months after its completion. For your own interest, please make sure that all materials facts are disclosed to us failing which your policy may not afford the cover you require or may even become void. This proposal form only contains a summary of the coverage. For more details about the terms, conditions and exclusion, please refer to the policy wordings. A policy specimen will be supplied on request.

Declaration:

I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete and that this proposal shall form the basis of my/our contract with MIN XIN INSURANCE CO., Ltd.
I/We agree that the insurance will not be in force until the proposal has been accepted by the Company.

Personal Information Collection Statement:

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:
- any insurance of financial related product or services or any alterations, variations, cancellation or renewal of such product or services;
- any claim or investigation or analysis of such claim; and
- exercising any right of subrogation

This information may be transferred to:
- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or other services provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, MIN XIN INSURANCE CO., LTD. is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.
You have the right to obtain access to and to request correction of any personal information concerning yourself by the Company.

特許保險代理/經紀蓋印：
Authorised Agent/Broker: _____

投保人簽署：
Applicant's Signature: _____

日期：
Date: _____