



餐飲業綜合保險報價表 Food & Beverage Package Insurance Quotation Form

請提供以下資料作報價 Please complete the following questions for insurance quotation:

投保人資料 Proposer's Information		
公司/機構名稱 Name of Company/ Business Entity		
營業地址 Business address		
營業時間 Opening Hours	面積 Gross Floor Area	座位數目 No. of Seats
營業性質 Business Nature	保險期限 Period of Insurance	由 From 至 To

財物保障 Contents Section	
投保下列各項 Interest to be Insured	保額(港元) Sum Insured (HK\$)
<input type="checkbox"/> 傢具及裝修 On Furniture, Fixtures and Fittings	\$
<input type="checkbox"/> 機器及用具 On Machinery, Utensils and Tools of Trade	\$
<input type="checkbox"/> 貨物 On Stock	\$
<input type="checkbox"/> 其他, 請列明 Others, please specify	\$

所有屬於僱員補償條例下之員工均須包括在內 All employees within the scope of the Employee's Compensation Ordinance must be included.

僱員資料 Employee's Information							
僱員工作類別/ 職位 Description of employees / Job title (Indoor - work at business address only/ Outdoor duty involved)	全職/兼職 Full Time/ Part Time	僱員人數 No. of Employees	估計每年總薪酬(港幣) Estimated Total Annual Earnings (HKD)	僱員是否需在香港區域以外工作 Employees Working Abroad?			工作詳情 (例如僱員是否需操作機械, 如是, 請詳細列明) Job Details (e.g. Do employees need to operate machines? If so, please give details)
				否 No	是, 世界各地 Yes, Worldwide	是, 中國 Yes, China	

公眾責任 Public Liability Section	
單一事故最高責任保障額(港元) Limit of Indemnity for Any One Accident (HK\$)	<input type="checkbox"/> 10,000,000 <input type="checkbox"/> 其他請註明 Others Please Specify: _____

最近三年的賠償記錄 Claim Records during the past 3 years				
年份 Year	賠償次數 No. of Claim	已支付之賠償額 Claim Amount Paid	未解決之賠償額 Claim Amount Outstanding	詳情 Details

公司專用 For Office Use Only		
姓名 Name	編號 Code	聯絡電話 Tel. No.