



雋澤保險服務有限公司
One Harvest Assurance Services Co. Ltd.
Room 02, 17/F., Island Centre,
470 Reclamation Street, Mongkok, Kowloon
Tel: 2155 9935 Fax: 2155 9934, 3747 8107
Email: oneharvestgi@gmail.com

To (Co) :	_____	Ref. No. :	_____
	_____	Date :	_____
Attn. :	_____	From :	_____
Tel / Fax :	_____	Tel / Fax :	_____

REQUEST FOR QUOTATION (工程保險報價表)

Class of Insurance (投保類別)

<input type="checkbox"/>	CONTRACTORS' ALL RISKS INSURANCE (工程全險)
<input type="checkbox"/>	EMPLOYEES' COMPENSATION (僱員保險)
<input type="checkbox"/>	PUBLIC LIABILITY (第三者責任保險)

1. Principal / Employer *	_____
2. Contractor *	_____
3. Postal Address	_____
4. Period of Insurance	_____
i) Construction Period*	_____
ii) Maintenance Period	_____
5. Description of Contract *	_____
6. Working procedure	_____

7. Contract Site *	_____
8. Year built	_____
9. No. of Storeys	_____
10. Home affairs department provide	Yes (pls see attached file) / No
11. Contract Value *	HKD \$ _____
12. Limit of Indemnity * for PL (For Public Liability)	() HKD \$ 5M () HKD 10M
13. Employees Compensation *	() Yes () No
14. Remarks	() 有棚 / () 無棚 / () 有工作台
15. Extorior engineering	Yes(%) / No
16. Building department provide	Yes (pls see attached file) / No

REMARK:補充資料

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | 商業登記證(BR) |
| <input type="checkbox"/> | 工程合約/施工明細(Contract) |