禹 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 : 2155 9935

BUSINESS PACKAGE QUOTATION (店舖綜合保險報價)

Class of Insurance (投保類別) : ☐ BUSINESS PACKAGE (店舖綜合保險)

1. The Insured Name (投保人名稱) : _____
2. The Insured Address (投保人地址) : _____
3. Location of Risks (受保地址) : _____

_____

4. Period of Insurance (受保期限) : _____
5. Business Nature (商業性質) : _____

(營業時間) : _____

(店舖面積) : _____

(座位數目) : _____

6. **FAP or All Risk** (火險或全險)
   a) Building (樓宇) : _____
   b) Machinery & Utensils (機械及工具) : _____
   c) Contents & FFF (設備/裝修) : _____
   d) Stock in Trade (存貨) : _____

   Sum Insured (總金額) : HKD _____

7. **Employees' Compensation** (僱員保險)

Classification (類別)	No. (人數)	Annual Wageroll (總收入)

8. Public Liability (公眾責任險) : A.O.A. _____ A.O.P. _____

Past Three To Five Years Claim Record

Year 年份	Reason 索償事件因由	Amount 索償金額