



THE PACIFIC GROUP

太平洋保險有限公司 THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

HEAD OFFICE 總行

電話 Tel : 2876 0000 傳真 Fax : 2876 0111

KOWLOON BRANCH 分行

電話 Tel : 2384 0071 傳真 Fax : 2782 1435

SME Office Package Insurance Plan, a new commercial insurance product that covers Property Damage, Public Liability, and Employees' Compensation. Customers can opt for WFH protection at a discounted premium to suit their office working mode. The simplified insurance wordings are easy to understand, making it simple to avoid problematic insurance and legal jargon. By providing only necessary protections and avoiding gimmicks, we make insurance premiums more affordable. We know that as a small business owner, your time is valuable, so we offer you the best choice of simple, personalized insurance services with real people follow-up, and low premiums. Covers as below:

SECTION. 1 CONTENTS

Basic Coverage: Maximum Amount HK\$500,000/Year	
Coverage limit for accidental physical loss of or damage to the Insured Contents within the Insured Premises as below:	
Insured Items	Maximum Coverage
Office furniture, fixture & fittings (except for the following)	HK\$50,000/unit
Personal belongings of the employee	HK\$5,000/person a year
Contracts, documents, magnetic tapes, films and slideshows	HK\$5,000/unit (not exceeding \$10,000/year)
Commissions and stocks in trade	HK\$5,000/unit (not exceeding \$100,000/year)
Office equipment	HK\$50,000/unit (not exceeding \$100,000/year)
Additional Coverage:	
Cost of removing debris of the Contents but shall not exceed HK\$50,000/year. Loss or damage during internal renovation work or during repairing work of machinery of the Premises but the contract value shall not exceed HK\$200,000/job. Cost of additional expenditure necessarily and reasonably covered by the policy from the loss or damage of Insured items up to HK\$50,000/event but shall not exceed HK\$100,000/year.	
Exceptions:	
Money, securities, negotiable documents, travel tickets, works of art, brittle articles, watches, jewellery, furs, manuscripts, antiques, precious metals or precious stones, signboard, frozen food stored for trade, property more specifically insured under any other insurance(s), electric mobility devices and their chargers.	
<i>*Excess: the first HK\$1,000 or 10% of loss amount (whichever the higher) any one occurrence in respect of loss or damage.</i>	

SECTION. 2 BUSINESS INTERRUPTION (FREE COVER)

Basic Coverage: Maximum Amount HK\$500,000/Year (12 Months Indemnity Period)	
Any additional and reasonable expense incurred by interrupted business due to a loss event covered under Section 1.	
Insured Items	Maximum Coverage
Including but not limited to:	
Expenses in leasing of alternative office and/or facilities	HK\$50,000/year
Losses due to the failure of public supply of electricity, gas or water after the first 48 hours	HK\$50,000/year
Exceptions:	
Any expenditure exceeding expected income loss, loss due to the intentional negligence of the Insured, suspension of public electricity, gas or water caused by intended acts of the utility companies, loss after the first 48 hours, loss by equipment used more than 10 years.	

SECTION. 3 MONEY (FREE COVER)

Basic Coverage: HK\$50,000, Maximum Amount HK\$500,000/Year	
Insured Items	Maximum Limit of Indemnity
Within business hours:	
In transit between the Premises and any bank or post office, loss within office	HK\$50,000/accident
Out of business hours:	
Loss secured in a locked safe, drawer or strongroom	HK\$50,000/accident
Loss not secured in a locked safe, drawer or strongroom	HK\$5,000/accident
Loss of crossed cheques, crossed postal orders, crossed money orders, crossed bankers' drafts	HK\$500,000/year
Exceptions:	
Counterfeit money, any shortage due to error or omission, any loss from an unattended or unlocked vehicle or room, any loss occurring outside the Territory of Hong Kong SAR.	
<i>*Excess: the first HK\$1,000 or 10% of loss amount (whichever the higher) any one occurrence in respect of loss or damage.</i>	

SECTION. 4 PUBLIC LIABILITY

Maximum Limit of Liability HK\$10,000,000/Year
Legal liability caused by accidental death or bodily injury or damage to property of third parties. (Include but not limited to litigation costs)
Exceptions:
Property rented or leased to the Insured person, professional liability, product liability, contractual liability, vehicle-related liability, liability in respect of any act or omission which is insured under any other insurance(s), liability in respect of digital data, copyright or slander.
<i>*Excess: the first HK\$1,000 or 10% of loss amount (whichever the higher) any one occurrence in respect of loss or damage.</i>

SECTION. 5 EMPLOYEES' COMPENSATION

Maximum Limit of Indemnity HK\$100,000,000/Accident
Legal liability under the Employees' Compensation Ordinance for bodily injury or death to employees arising out of and in the course of employment.
Exceptions:
Work from home, manual work.

SECTION. 6 PERSONAL ACCIDENT WORK FROM HOME (OPTIONAL COVER)

Maximum Limit of Indemnity HK\$200,000/Year, HK\$100,000/Person	
Company directors and employees, whilst engaged in the Insured's Business at their residential home, sustain bodily injury or death caused by accident.	
Insured Items	Maximum Limit of Indemnity
Death within 12 calendar months of accident	HK\$100,000/person
Total or Permanent loss of one limb or both limbs	HK\$100,000/person
Permanent loss of all sight in one eye or both eyes within 12 calendar months of accident	HK\$ 50,000/person
Permanent loss of ability to work	HK\$ 50,000/person
Any accident arising out of fire, explosion, burglary and other violence acts	HK\$ 50,000/person



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「中小企辦公室綜合保險」投保書

“SME OFFICE PACKAGE INSURANCE” PROPOSAL FORM

公司名稱 Company: _____ 商業登記証 B.R. / C.I.: _____

電郵 Email: _____ 電話號碼 Telephone No.: _____

業務性質 Nature of Business: _____ 營運日期 Operation Since: _____

通訊地址 Postal Address: _____

投保地點 Situation of Risks: _____

保險期由 Period of Insurance From _____ 至 To _____

投保項目 RISK TO BE COVERED (請於適當位置填寫並勾選✓ PLEASE FILL AND TICK AS APPROPRIATE ✓)

第一部分 Section 1.....辦公室財物保障 Office Contents “All Risk” <input type="checkbox"/> HK\$300,000/年 Year <input type="checkbox"/> HK\$500,000/年 Year <input type="checkbox"/> 其他 Other/年 Year (Sum Insured:\$ _____)
第二部分 Section 2.....業務中斷保障 Business Interruption (免費保障 Free Cover) 最高限額 Max. Coverage HK\$500,000/年 Year (賠償期 12 個月 Indemnity Period 12 Months)
第三部分 Section 3.....金錢損失保障 Money (免費保障 Free Cover) 最高賠償額 Max. Limit of Liability HK\$500,000/年 Year
第四部分 Section 4.....公眾責任保障 Public Liability 最高賠償額 Max. Limit of Liability HK\$10,000,000/保險期內 Any One Period
第五部分 Section 5.....僱員補償保障 Employees' Compensation 最高賠償額 Max. Limit of Liability HK\$100,000,000/每次事故 Any One Event
第六部分 Section 6.....在家工作個人意外保障 Personal Accident Work From Home (自選保障 Optional Cover) 最高賠償額 Max. Limit of Liability HK\$200,000/年 Year, HK\$100,000/人 Person 需要 YES <input type="checkbox"/>

樓宇有否提供 Any Provide: 灑水系統 Sprinkler System 物業管理 Estate Management 防火設備 Fire Equipment

樓齡 Age of Building: _____ 樓面面積 (呎) Floor Area (sq.feet): _____

辦公室類型 Office Type: 一般辦公室 Normal Office 工廠辦公室 Factory Office 地鋪辦公室 Ground Office

僱員資料 (如適用) Employee's Details (if applicable):

僱員職務類別 Occupation of Employee(s) by Categories	僱員人數 Number of Employee(s)	估計全年總收入 Estimated Total Annual Earnings
純文職人員 / Pure Clerical Staff		
營銷 / 顧問代表 Marketing / Sales		
戶外工作 / 外勤人員 Outdoor Staff		
其他 Other (請註明 please specify: _____)		
僱員是否需要在香港境外工作? Any employee(s) involve working outside HKSAR? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 如有, 請說明 If yes, please give details: _____		

索償紀錄 (過去3年) Claim Record (past 3 years): 是 Yes 否 No

如有, 請詳列 If yes, please give details: _____

閣下曾否被任何保險公司拒絕受保、續保或於續保時要求增加保費或須附加任何特別條件? 若有, 請說明:

Has any Insurer ever declined your Proposal, refused to renew your Policy or required an increased premium or special conditions on renewal? If so, please state:

投保人/公司名稱

Full Name of Proposer/Company: _____

聲明 DECLARATION

1. 本人/我們謹聲明，本投保書內所提供之資料皆屬真實無訛，並無隱瞞、虛報或歪曲任何事實。
I/We declare that all the particulars of this proposal form are true and that I/we have not withheld, mis-represented or mis-stated any material facts.
2. 本人/我們謹聲明上述資料及所答各項，如非本人/我們親筆或由別人代筆者，皆由本人/我們授意代為填寫，本人/我們茲同意接受太平洋保險有限公司根據本投保書及聲明所發給之公眾責任保單。
I/We hereby declare that if any of such particulars and answers are not in my/our own writing, the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose. I/We hereby agree and accept that this Proposal and Declaration shall be the basis of and be considered as incorporated in the Policy to be issued hereunder which in the ordinary form use by The Pacific Insurance Company, Limited.
3. 本人/我們謹聲明本人/我們已獲得以上所提及第三者之同意使用其個人資料以填寫此投保書。
I/We hereby declare that I/we have obtained the consent of the third parties mentioned hereinbefore for the use of their personal data in completing this proposal form.

收集個人資料聲明 PERSONAL INFORMATION COLLECTION DECLARATION

本人/我們明白並同意本人/我們所提供之資料，為太平洋保險有限公司（“太平洋保險”）提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；
- 由太平洋保險提供的推廣訊息包括有關太平洋保險的財務、保險及相關服務和產品的消息、優惠、推廣及資訊；及/或由太平洋保險的集團公司及商業夥伴提供的有關財務、保險及相關服務和產品的推廣訊息；及

- 可能轉移予：
- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
 - 現存或不時成立之任何保險公司協會或聯會或類同組織（“聯會”），以達到任何上述或有關目的，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；
 - 或透過聯會轉移予任何聯會的會員，以達到任何上述或有關目的；
 - 如上所述的為直接推廣目的之集團公司及商業夥伴。

此外，本人/我們在此授權太平洋保險由聯會從保險業內收集的資料中查閱及/或核對本人/我們的任何資料。

本人/我們明白本人/我們有權查閱及要求更正由太平洋保險持有有關本人/我們的資料。如有此項要求，可向香港灣仔皇后大道東 43-59 號東美中心 10 樓太平洋保險有限公司總經理提出。本人/我們明白並同意太平洋保險為本人/我們辦理有關事項之最低收費為港幣五十元。

The information provided by me/us to The Pacific Insurance Company, Limited (“Pacific Insurance”) is collected to enable Pacific Insurance to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation;
- provision of marketing communications containing news, offers, promotions and information regarding Pacific Insurance’s financial, insurance and related services and products; and/or marketing communications provided by Pacific Insurance’s group companies and business associates regarding their financial, insurance and related services and products; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service 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 from 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;
- any members of the Federation by the Federation for any of the above or related purposes; and
- the group companies and business associates as specified above for direct marketing purposes.

Moreover, Pacific Insurance is hereby authorized to obtain access to and/or verify any of my/our data with the information collected by the Federation from the insurance industry.

I/We understand that I/we have the right to obtain access to and request correction of any personal information concerning myself/ourselves held by Pacific Insurance. Requests for such access can be made to the General Manager of The Pacific Insurance Company, Limited at 10th Floor, Dominion Centre, 43-59 Queen’s Road East, Wanchai, Hong Kong. I/We also understand and agree that Pacific Insurance may charge a fee of minimum HK\$50 for accessing to my/our request.

接收直接推廣訊息指示 RECEIVE DIRECT MARKETING MATERIALS INSTRUCTION

太平洋保險有限公司（“太平洋保險”）不會未經閣下同意而使用或轉移閣下的個人資料給第三方為直接推廣的用途。使用的個人資料包括姓名、電話、地址及電郵地址。如閣下不同意太平洋保險使用或轉移閣下的個人資料給第三方為直接推廣的用途，請勾選以下相關方格。

The Pacific Insurance Company, Limited (“Pacific Insurance”) may not use or transfer your personal data to third parties for direct marketing purposes without your consent. The personal data to be used includes name, telephone number, address and email address. If you object to Pacific Insurance’s use or transfer of your personal data to third parties for use in direct marketing, please tick the relevant box(es) below.

- 1) 本人/我們不**欲**太平洋保險使用本人/我們的個人資料作直接推廣。
I/We **do not wish** Pacific Insurance to use my/our personal data in direct marketing.
 - 如您遞交此投保書而沒有在以上方格內以 “✓” 號顯示您的選擇，即代表您並不拒絕太平洋保險任何形式的直接推廣。
If you return this Proposal Form without ticking “✓” the above box, it means you do not wish to opt-out from any form of direct marketing of Pacific Insurance.
 - 以上代表您現在對是否接收直接推廣資料的選擇，亦取代任何您之前已告知太平洋保險的選擇。
The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to Pacific Insurance prior to this application.
- 2) 為改善及提供更全面的服務予太平洋保險的客戶，太平洋保險可能會將您的個人資料提供予「本集團」* 其他成員及商業夥伴作其包括財務、保險及相關服務和產品的直接推廣。若您不**欲**太平洋保險提供您的個人資料予以上人士作以上用途，請您在這方格上以 “✓” 號表示。
To improve and provide more comprehensive services to our customers, Pacific Insurance may provide your personal data to other members of the Group* and business associates for their use in direct marketing of financial, insurance and related services and products. Please tick “✓” this box if you **do not wish** Pacific Insurance to provide your personal data to the above persons for the above purposes.
*「本集團」包括太平洋保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。
The “Group” means Pacific Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated.

保險經紀佣金同意聲明 CONSENT DECLARATION ON INSURANCE BROKER COMMISSION

本人/我們明白、確知及同意，太平洋保險有限公司（“太平洋保險”）會就本人/我們購買及接受太平洋保險簽發的保單，於保單有效期內（包括續保期），向負責安排有關保單的獲授權保險經紀支付佣金。假如我們為法人團體，代表我們簽署的獲授權人員須向太平洋保險確認他/她已獲我們授權簽署。

本人/我們亦明白太平洋保險必須取得本人/我們以上的同意，才可以處理有關申請。
I/We understand, acknowledge and agree that as a result of my/our purchasing and taking up the policy to be issued by The Pacific Insurance Company, Limited (“Pacific Insurance”), Pacific Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where we are a body corporate, the authorized person who signs on our behalf confirms to Pacific Insurance that he or she is authorized to do so.

I/We further understand that the above agreement is necessary for Pacific Insurance to proceed with the application.

日期
Date _____

投保人簽署及公司蓋章
Signature of Proposer & Company Chop _____

除經發給正式保險單或按保單外，本公司在未接納此投保書及未收妥保費前概不負任何承保責任。

The Company will not undertake any liability until this Proposal has been accepted and Premium received by the Company, except as provided by a Policy or an Official Cover Note issued by the Company.

本公司專用 FOR OFFICE USE ONLY

Policy No. : _____ Replacing Policy No. : _____
Rate : _____ Account Code : _____ Risk Code : _____
Premium : _____ Remarks : _____
Clauses/Warranties : _____
Examiner : _____