

OfficeProtect Insurance Plan 商 貿 寶 辦公室綜合保障計劃

Worrying about your business is our duty, not yours

Being a premier insurance company in Hong Kong, Falcon Insurance knows just how important financial stability is to the success of a company, which is why we offer you **OfficeProtect** - an all-in-one insurance plan, specially designed to ensure smooth running of your office, worry free. Our comprehensive product, coupled with our professional and efficient staff aims to provide you high quality service so that even in the event of an accident, you'd be well protected and in good hands. So, apply now and focus your business hassle free!



Protection Table

Section 1 – Office Contents “All Risks” Protection

This All Risks Section offers protection to the office contents at your premises, including appliances and equipment, trade samples and stock, furniture, interior decoration, fixed glass, fixture and fittings, your property and property for which you are responsible, all replaced by new provided the sum insured represents the full replacement value.

Coverage	Maximum Limited (HK\$)
Trade samples and/or stock	10% of the Sum Insured
All loss or damage in any one event	Up to the Sum Insured

Deductible: The first HK\$1,000 of each and every loss of this Section and its Extensions

Special Free Extension

Coverage	Maximum Limited (HK\$)
1. Accidental breakage of fixed glass in the office	50,000
2. Loss or damage of temporarily removed office contents from the office	15% of the Sum Insured
3. Loss or damage to personal effects of employees	50,000 or 15% of the Sum Insured (maximum 5,000 per employee)
4. Removal of debris following an accident resulting in loss or damage to office contents	10% of the Sum Insured
5. Loss or damage of documents in transit in Hong Kong	5,000
6. Loss or damage to office contents whilst the office is under alteration or repair, provided that the value of each Contract does not exceed HK\$500,000	Up to the Sum Insured
7. Costs incurred by professional architects, surveyors or other such professionals for the reinstatement of your office upon loss or damage	10,000
8. Costs of fire extinguishment	10,000
9. Costs of compiling records for claims verification	5,000

Section 2 – Business Interruption Protection

This gives you free protection for increase in cost of working for up to twelve months resulting from loss or damage to your office contents. The maximum limit here is HK\$500,000 for an indemnity period of 12 months.

Free Extension for the Section 2 includes:

Coverage	Maximum Limited (HK\$)
1. Costs of professional accountants for claims verification	50,000
2. Increase in cost of carrying on your business resulted from being denied access to your business premises	500,000
3. Increase in cost of carrying on your business necessitated by the failure of public utilities	500,000

Section 3 – Money Protection

This gives you free protection for:

Coverage	Maximum Limited (HK\$)
1. Loss of Money in transit between the office and any bank or post office	50,000
2. On the premises during business hours	50,000
3. On the premises out of business hours in a locked safe or strongroom	50,000
4. On the premises out of business hours not in a locked safe or strongroom	5,000
5. In a bank night safe	50,000
6. Loss of crossed cheques and/or postal orders, crossed money orders and crossed bankers drafts	500,000
7. Damage to safes and strongrooms caused by theft	25,000
8. Loss due to fraud or dishonesty by your Employee	50,000
9. Compensate you and your employees following accidental death, loss of both limbs, loss of sight of both eyes, permanent total disability to attend any occupation because of robbery or hold up	Up to 200,000 (maximum 100,000 per insured person)

Section 4 – Public Liability Protection

This gives you free cover for your legal liability in respect of compensation for third party bodily injury and/or property damage arising in connection with your business. The limit of liability provided is HK\$10,000,000.

More free extensions for Section 4:

Coverage	Maximum Limited (HK\$)
1. Legal liability of directors, partners and employees of your company arising from occasional visits outside Hong Kong	10,000,000
2. Legal liability as tenant for damage caused to the office premises	10,000,000
3. Legal liability caused by alteration of your office premises provided that the contract value of such alteration does not exceed HK\$500,000	10,000,000
4. Legal liability arising whilst undertaking activities on behalf of welfare social and/or sporting clubs	10,000,000
5. Legal liability of you and any member of your contracted first aid organization	10,000,000

Deductible: The first HK\$1,000 of each and every loss of third party property damage of this Section and its Extensions with the exception of third party bodily injury.

Section 5 (Optional Cover) – Employees' Compensation

This covers employers' liability to employees in accordance with the Employees' Compensation Ordinance and Common Law up to HK\$100,000,000 per accident, for injuries or death of your employees arising out of and in the course of employment.

This brochure provides the summary for reference only. For full terms and conditions, please refer the policy.

OfficeProtect Insurance Proposal Form 商貿寶保險投保書

Please Complete in BLOCK LETTERS and tick the appropriate box. 請以英文大楷填寫並在適當空格加上[✓]

Business Detail 公司資料:			
Name of Applicant 投保人名稱		_____	
Mailing Address 通訊地址		_____	
Insured Address (If different from the above) 受保地址 (如與上列不同)		_____	
Telephone 電話	_____ (Home 住宅)	_____ (Mobile 手提)	Fax No 傳真: _____
Business Nature 業務性質	_____		E-Mail Address 電郵 _____
Period of Insurance 保險日期	From 由 _____	To 至 _____	
Basic Cover 基本保障:			
Insured Items 保障項目		Sum Insured (HK\$) 投保額 (港幣)	
1. Office Contents "All Risks" Protection 財物綜合保障 a. Contents 室內財物 b. Stock (Total not exceeding 10% of Sum Insured) 貨品 Please state nature of stock 請註明貨品性質		a) _____ b) _____	
2. Business Interruption Protection 營業中斷保障		HK\$500,000	
3. Money Protection 金錢保障		As per standard cover 參照概定保障	
4. Public Liability Protection 公眾責任保障		HK\$10,000,000	
Optional Cover 附加保障:			
Employees' Compensation Insurance 僱員賠償保險			
項目 Item No.	僱員工作類別 Occupation of Employees	僱員人數 No. of Employee	估計總年薪 (港幣) Estimated Total Annual Earnings (HK\$)
1.			
2.			
3.			
4.			
5.			
Insurance History 保險資料:			
1.	Is the insured address premises built of brick, stone or concrete and roofed 投保之辦公室是否用磚、石或石屎建造, 並蓋有石屎屋頂?	Yes 有 <input type="checkbox"/>	No 無 <input type="checkbox"/>
2.	Is a burglary alarm system installed in the insured premises 投保之辦公室是否裝有防盜警報系統?	Yes 有 <input type="checkbox"/>	No 無 <input type="checkbox"/>
3.	During the past 3 years, have you sustained any losses, whether insured or otherwise, in connection with the covers which insurance has been requested 在過去三年內閣下有否蒙受任何與現申請保障項目有關之損失, 不論已投保否?	Yes 有 <input type="checkbox"/>	No 無 <input type="checkbox"/>
4.	Has any insurance company ever at any time declined your proposal, cancelled your policy, refused to renew a policy, required an increased rate or imposed special conditions 閣下曾否被其他保險公司拒絕受保, 取消保單, 不允續保, 要求增加保費或註明特別條件?	Yes 有 <input type="checkbox"/>	No 無 <input type="checkbox"/>
5.	Please answer the following question if you choose to purchase Employees Compensation cover with this Policy. 如選擇於此保單內購買僱員賠償保險, 請回答以下問題 Has there been any accident occurred to your employees during the past 3 years 在過往三年內, 閣下的僱員曾否申請僱員保險賠償?	Yes 有 <input type="checkbox"/>	No 無 <input type="checkbox"/>
If you have answered "YES" to question 2 to 5, please give details 若以上問題 2 至 5 的答案為 "有", 請詳細說明:			

Declaration and Signature 聲明及簽署

1. 本人/吾等下列署名人欲向富勤保險(香港)有限公司(“貴公司”)依據保單條款申請投保。
I/We the undersigned desire to effect an insurance as above stated in terms of the Policy to be issued by Falcon Insurance Company (Hong Kong) Limited (“the Company”)
2. 本人/吾等聲明申請書內所述資料就本人/吾等所知均為事實之全部，並無隱瞞任何足以影響風險估值的資料。
I/We do hereby declare that the particulars given in this application are true and complete to the best of my/our knowledge and belief and nothing materially affecting the insurance risk has been concealed by me/us
3. 本人/吾等明白並同意本申請書及聲明將會作為保險單之根本依據，並視作保單之一部份。
I/We understand and agree that this application and declaration shall be the basis of the policy and considered as being incorporated therein
4. 本人/吾等投保之地址只供作辦公室用途，並無進行製造業或有關之程序。
The insured address is solely occupied by me/us as an office and no processing and/or manufacturing of any kind is carried on within the office
5. 本人/吾等現同意並授權富勤保險(香港)有限公司(貴公司)保留、使用或透露貴公司所收集或保留本人/吾等之任何個人資料，給予有關人仕或機構用作處理與本保險有關的申請，及提供其相關及稍後的服務和推廣資料等用途，及因此等用途與本人/吾等聯絡，直至本人/吾等另作書面通知為止。本人/吾等明白本人/吾等有權以書面聯絡貴公司之保障資料主任查閱及改正本人/吾等之所有個人資料。本人/吾等同時明白貴公司可就有關要求酌量收費。
I/We hereby give my/our consent and authorize that any of my/our personal information collected or held by Falcon Insurance Company (Hong Kong) Limited (the Company) may be used and disclosed by the Company to any individuals/organizations for the purpose of processing this insurance, providing related and subsequent services and marketing materials and to make all form of contacts with me/us for such purposes until I/we give any written instructions to the contrary I/We understand I/we have the right to obtain access to and request correction of any personal information held by the Company by mailing a written request to the Company’s Data Protection Officer. I/We further understand that a reasonable fee may be charged for such request.
6. 本人/吾等明白此申請書需在貴公司審核接納及繳付有關保費後才正式生效。
I/We understand that the insurance will not be in force until this application has been accepted by the Company and the premium has been paid

授權簽署及公司印鑑 Authorized Signature and Company Chop

日期 Date :

註：此單張提供之簡介只可用作參考之用，有關保險之全部條款及細節，請查閱正式之保險單。
Note : This brochure provides the summary for reference only. For full terms and conditions, please refer to the policy.