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Liberty International
Member of Liberty Mutual Group
利寶國際保險有限公司

Office Plus Insurance Application Form
辦公室綜合保險星級版申請表

Company & Scheme Details 公司及計劃資料

Company Name (The Policyholder) 投保公司名稱 _____

Insured Premises 投保辦公室地址 _____

_____

Contact Person 負責人姓名 _____ Occupation 職位 _____

Designated E-mail Address 電郵地址 _____ Fax 傳真 _____ Telephone 電話 _____

Business Nature 公司性質 _____

Period of Insurance 承保期： (月MM/日DD/年YYYY) From 由 _____ To 至 _____

Part (A) Basic Cover 基本保障

	Sum Insured 投保額 (HK$)	Premium 保費 (HK$) (office use)
1. Office Contents excluding trade samples & stocks 辦公室財物(除貨版與存貨外)		
Office Stocks 辦公室存貨		
2. Increased Cost of Working 運作成本增加	HK$1,000,000 any one period 每年HK$1,000,000為限	Free 免費
3. Money & Assault 現金及個人意外	Per Standard Stipulation 參照既定限額	Free 免費
4. Public Liability 公眾責任	HK$10,000,000 any one accident, Unlimited any one period 每次事故最高賠償額為HK$10,000,000，全年無限。	Free 免費

Part (B) Optional Cover 附加保障

1. Employees Compensation 勞工保險

Type of Employees 僱員類別	No. of Employees 僱員人數	Total Annual Income 全年總收入 (HK$)	Extend to Temporary Overseas Travel (Y/N) 短暫海外工作（是/否）
Indoor Clerical / Admin. Staff 戶內管理及文職人員			
Outdoor Engineer 戶外工程師			
Outdoor Salesman 戶外推銷員			
Messenger / Office Assistant 信差/辦公室助理			
Stock Keeper 貨物管理員			
Outdoor Clerical / Admin. Staff 戶外文員/管理人員			
IT Technician 電腦技術人員			
Company Passenger Car Driver 公司私家車司機			
Deliverer with car/van or on foot 送貨工人(駕車或步行)			
Employees Stationed Overseas (please specify countries and job nature) 駐守海外的僱員 (請詳述地方與工作)			
Other Employees (please provide breakdown) 其他僱員 (請詳述)			

Note : 1) Total Annual Income includes any allowance, overtime payment. 全年總收入是包括所有津貼及加班津貼。

2. Hospital Benefit Insurance Cover 住院醫療費用保障

Cover include 保障項目包括	
(1) Hospital Benefit upto HK$ 50,000 per year with 80% reimbursement (Non Surgical Schedule) 每次住院八成賠償及每年最多HK$50,000元賠償 (無手術細表) (2) Day Surgery : Maximum HK$ 4,000 (Per Year) 門診外科手術費：每年最多 HK$4,000 (3) Room Class : WARD 住房種類：大房	Yes* 是* ☐ No 否 ☐

* Please complete the enrolment form. 請填寫僱員資料申報表

Part (C) Claims Declaration (Exclude Hospital Benefit Insurance Cover) 聲明（不適用於住院醫療費用保障）

1. Have you had any losses during the past 3 years from any of the risks now applied for insurance? If "Yes", please provide details.
過去三年中，閣下是否有任何與這次投保申請有關的損失？ 如果"是"，請詳述之。

☐ Yes 是 ☐ No 否

2. Have there been any accidents to your employees during the past 3 years? If "Yes", please provide details.
過去三年中，閣下的僱員有否遭遇任何意外？ 如果"是"，請詳述之。

☐ Yes 是 ☐ No 否

3. Has any insurance company ever at any time declined your application, cancelled your policy, refused to renew a policy, required an increased rate or imposed special terms? If "Yes", please provide details.
閣下是否曾被其他保險公司拒保、取消保單、不允續保、要求增加保費或註明特別條款？如果"是"，請詳述之。

☐ Yes 是 ☐ No 否

Part (D) Agreement, Declaration and Authorization 第四部份-協議聲明

I/We declared and agreed that 我(們)謹此聲明及同意：

1. The premises are solely occupied by me/us as an office and no processing and/or manufacturing of any kind is carried on within the office; 我(們)的投保辦公室只作辦公用途，並無製造工作；
2. understands all the information affecting the assessment of the risk has been disclosed, and is true to the best of my/our knowledge and belief;
明白任何足以影響風險估值的資料，均基於誠信原則據實呈報；
3. This application shall be the basis of the insurance contract between me/us and Liberty International Insurance Ltd. I/We further agree to accept Liberty's Policy terms and conditions, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto. 本投保申請書將會作為我(們)與利寶國際保險有限公司訂立保險契約之依據。我(們)同意接受利寶保單的條款及所附之除外責任和背書。

Applicable for Hospital Benefit Insurance Cover only 只適用於投保住院醫療費用保障

1. agrees to furnish all information regarding all employees as required by Liberty for the purpose of premiums and/or benefits calculation.
同意於需要時，提供全體僱員之資料，以便保險公司核算保險費用及福利。
2. agrees to request individual employees (if necessary) to take part in all underwriting requirements by Liberty.
同意要求個別僱員(如必須) 參與保險公司所要求之驗身以便作核保之用。
3. declares that all eligible employees are actively at work on the Policy Commencement Date.
聲明在本保單生效當日，所有符合參加資格之僱員皆為正常在職之僱員。
4. authorizes Liberty to disclose the employee's data to the related assistance company and medical practices in carrying out emergency assistance and medical services.
授權保險公司將僱員資料給予有關之緊急救援及醫療服務公司，以便提供相關服務。
5. agrees to be bound by all the terms and conditions as set forth in the ENDOEX Form provided by Liberty to be used for submission of endorsements of information regarding our employees and /or dependents (e.g. enrollments, benefit changes and/or termination). Liberty is authorized to rely on the completed ENDOEX Form sent via email from the designated Contact Person and corresponding Email Address as indicated to process the endorsements even though it may not bear any signature, company chops or other identification from our company.
同意接受利寶所提供用以提交有關本公司僱員及／或家屬的附帶批單資料（如參與僱員投保登記、福利變動及／或保障終止等）的ENDOEX表格所載的所有條款及條件約束。即使ENDOEX表格並無任何簽名或加蓋公司圖章，或並無本公司的其他標識，利寶仍有權倚賴由指定聯絡人透過所示的相應電郵地址以電郵發送並經填妥ENDOEX表格以處理附帶批單。
6. declares that all statements made in this Application Form and Employees' Enrolment Form are complete and true. The Policyholder understands that this information shall form part of the Policy between the Policyholder and Liberty, and shall be the basis of Liberty's acceptance.
聲明在此投保申請表及僱員登記表內陳述之資料均為完整及真確。投保公司並明白此資料可作為投保公司與保險公司所定保單的一部份，亦會被視為保險公司核保之憑證。
7. agrees that we will notify Liberty if there are any changes to the designated Email Address or Contact Person in writing as soon as the changes take effect. Liberty shall not be held responsible or liable for any harm that our company, our employees and their dependents may suffer in connection with the failure to notify Liberty of such changes.
同意盡快以書面通知利寶，有關指定電郵地址或聯絡人的任何變動。利寶概不就本公司、本公司僱員及彼等家屬因未有通知利寶有關變動而可能蒙受的任何損害承擔或負上責任。
8. agrees to provide enrollment related information of our employees and our company has authorized Liberty to use email for the purpose of distributing various types of reports (Claims Summary reports, Payment/Shortfall Advice, Hospital Analysis Sheet, etc.) indicated or offering insurance services to our Company and our employees.
同意提供本公司僱員參與保險計劃的相關資料，而本公司已授權利寶以電郵方式向本公司及／或本公司僱員發送各類報告（如索償概要報告、付款／差額通知書、住院分析表等）及／或提供保險服務。
9. acknowledges that email services over the internet is not a secure medium where privacy can be ensured and that complete security and confidentiality over the internet is not possible at this time. Liberty shall not be held responsible or liable for any harm that our company, our employees and their dependents may suffer in connection with any such breach of confidentiality or security.
承認互聯網的電郵服務並非可確保私隱的安全媒介，而至現時為止互聯網服務或未能達致完全安全及保密的程度。利寶概不就本公司、本公司僱員及彼等家屬因任何有關違反保密或安全事宜而可能蒙受的任何損害承擔或負上責任。
10. understands that (a) it is duly authorized to release the information of its being the Insured and their Insured Dependants Member and will fully indemnify Liberty for any losses, damages, or claims that might result from the release of such information; (b) Liberty may not process this application if it fails to obtain any information requested in this Application; and (c) it has the right to obtain access to and to request amendments of any personal information held by Liberty concerning the Insured Members and to inform all Members regarding this contract before submitting their personal information to Liberty. Liberty shall not accept any liability for uninformed Members. You may contact Liberty's personal data privacy officer at the address below for any request to access and/or correct any information supplied to us. Moreover, Liberty is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance Industry.
明白(a)本公司獲得正式授權，可以提供其僱員及其家屬的資料予利寶，並全面保障利寶免因提供該資料而遭受任何損失，損害或索償; (b)倘若申請人未能提供本申請所需的資料，利寶可能未能處理本申請;及(c)申請人有權查閱及要求更正利寶持有有關投保人的所有個人資料及在遞交所需之個人資料予利寶前，須就有關合約通知所有投保人。利寶不會就投保人未獲通知而負上任何責任。閣下可聯絡本公司個人資料私隱主任，地址如下，要求查閱/更改任何交予本公司閣下的個人資料。此外，在此授權利寶國際保險有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下的任何資料。

Authorized Signature with Company Chop 簽署連同公司印章 | Date 日期 | Title 職位

Personal Information Collection Statement 收集個人資料聲明

The Information you provide to us is collected to enable us to administer any insurance product or service applied for, or any alternations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising right of subrogation.

The said information may be transferred to

1. 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,
2. 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, and
3. any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, Liberty International Insurance Ltd. is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

閣下提供的資料，為本公司提供保險產品/服務之行政業務所需，或該類產品或服務的任何更改、變更、取消、或續期；任何索償、或該類索償的調查或分析；行使任何代位權。以上資料，可移轉於

1. 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；
2. 現存或不時成立的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]執行其監管功能，或其他基于保險業或任何[聯會]會員的利益而不時在合理要求下賦予[聯會]的職能；
3. 或透過[聯會]移轉與任何[聯會]的會員，以達到任何上述或有關目的。