

Dear customer,

According to the QBE Insurance Group's requirement, with immediate effect, the following two new clauses have become the integral part of this Policy:

- (1) Rights of Third Parties
- (2) Sanction Limitation and Exclusion Clause

QBE General Insurance (Hong Kong) Limited  
(This is a computer printed letter bearing no signature)

親愛的客戶

按昆士蘭保險集團要求，由即日起，本保險單新增以下兩條條款並為組成部分：

- (1) 第三者權利
- (2) 制裁限制及不保事項條款

昆士蘭保險（香港）有限公司謹啟

（此信乃電腦編印，無須簽名）

# Professional Indemnity Insurance 專業彌償保險產品



Please complete in BLOCK LETTERS and tick the appropriate box. 請以英文正楷填寫及於適當位置加上✓號。

## Applicant Details 申請人資料

Name of Company (Hereinafter referred to as 'Company' in this Proposal and in the Policy) 公司名稱

Postal Address 通訊地址

Business Registration No. 商業登記號碼

Telephone No. 電話號碼

Name of Insured 受保人名稱

ID No. of Insured 受保人名稱身份證號碼

Period of Insurance 承保期

From 由 (D日/M月/Y年)

To 由 (D日/M月/Y年)

Please provide the following information for calculation of premium: 請提供以下資料，以便計算保費：

## Basic Cover 基本保障

	Sum Insured 投保額 (HK\$港元)	(For Office Use 本公司專用) Premium 保費 (HK\$港元)
1. Total Consolidate Loan Amount 貸款金額總值	\$10,000,000	\$625,000
2. Business Interruption 業務中斷	\$1,000,000	Free 免費
3. Malicious Attack 惡意襲擊	\$100,000	Free 免費
4. Public Liability 公眾責任	\$10,000,000	Free 免費

## Insurance History 投保歷史

Any question not answered shall be taken as negative.

Yes 是  No 否

所有不作答的問題均視為否定回答。

1. Have you had any losses during the last three years from any of the risks now proposed for insurance? If 'yes', please give details:

Yes 是  No 否

過去三年，貴公司有否任何與是次投保申請有關的損失？若「是」，請詳述。

2. Have there been any related loss to insured during the last three years? If 'yes', please give details:

Yes 是  No 否

受保人於過去三年內有否遭遇任何有關損失？若「是」，請詳述。

3. 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 condition? If 'yes', please give details:

Yes 是  No 否

貴公司曾否被其他公司拒絕受保、取消保單、不允續保、要求增加保費或註明特別條件？若「是」，請詳述。

For Office Use Only 本公司專用

Account No. 賬戶號碼 \_\_\_\_\_

Policy No. 保單號碼 \_\_\_\_\_

## Declaration and Signature 聲明及簽署

I / We, the undersigned authorised Insured Person or Company, after enquiry declare as follows:

本人 / 吾等即下面簽署獲授權之投保人或投保公司經全面垂詢及查核後，作出以下聲明：

- (a) I am / We are authorised by each of the other Applicants to make this Proposal.

本人 / 吾等獲申請人授權作出本投保申請。

- (b) I / We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.

本人 / 吾等已詳閱本投保書及夾附的有關文件，並承諾本投保內容全部真實及完整。

- (c) I / We understand that, up until a contract of insurance is entered into, I am / we are under a continuing obligation to immediately inform QBE-HKSI of any change in the particulars of statements contained in this Proposal or in accompanying documents.

本人 / 吾等明白當此保單生效後，本人 / 吾等即有義務因投保書或夾附的文件內所包含的資料有所更改時，立即通知昆士蘭保險有限公司。

- (d) I / We confirm that I / we have read and agreed the QBE Hongkong & Shanghai Insurance Limited's Personal Information Collection Statement ("Notice"). I / We acknowledge and agree that the personal data and information with respect to me / us which are provided by me / us in our application may be held, used, processed or disclosed to such parties for the purposes as set out in the Notice.

本人 / 吾等確認本人 / 吾等已細閱並同意昆士蘭保險有限公司之收集個人資料聲明（通知），於是次申請由本人 / 吾等所提供的有關本人 / 吾等的個人資料及其他資料，將可能被持有、使用、處理或披露予有關方面以作「通知」所載的用途上。

Although the signing of this Proposal does not bind the Applicants to effect insurance, the Applicants acknowledge that the particular and settlements contained in this Proposal and in the accompanying documents shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal and the accompanying documents will be incorporated in the Policy.

雖然簽署本投保書不能約束申請人令保險生效，但申請人同意，於保單簽發時，在本投保書及所夾附文件上的資料將作為保單之根本依據，並將視為保單之一部份。

Name of Chairman / Chief Executive / Managing Director /

Chief Executive Officer / Chief Financial Officer

公司主席 / 首席執行董事 / 常務董事 / 行政總裁 / 財務總監姓名

(Please delete where appropriate 請刪除不適用者)

Signature

簽署

Signature

簽署

Name of Insured 受保人姓名

Signature

簽署

Signature

簽署