

Business Protection Package Quotation request form

From:

Agent code:

Date:

**Please provide your best quotation for the Proposed Insured as per particulars stated hereunder.
All monetary amounts stated herein are in Hong Kong dollars.**

Policy class: Business Protection Package

Policy effect date: _____

Proposed insured: _____

Postal address: _____

Business/

Trade risk location: _____

Risk location occupied as: _____

Number of staff: _____

Property sum insured:

_____ on content

_____ on portable equipment

_____ on machinery

_____ on fine art collection

_____ on stock (please specify: _____)

Public liability limit: _____

Claims record in pass three years (Property/BI/Liability/EC):

Date	Description of accident	Claim paid	Claim reserve

Optional cover (subject to additional premium)

Money: On the premises: _____ in addition to standard limit of HKD 30,000
While in transit: _____ in addition to standard limit of HKD 30,000
Increase in cost of working: 750,000 / 1,000,000 (Free standard cover: 500,000)
Loss of income: 100,000 / 200,000 / 300,000

Employees' compensation

Occupation	Description	No. of staff	Wage roll (HKD)

BIP-LAI-OQU-01-2021E