

# 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