

Questionnaire

商業保險投保書 BUSINESS INSURANCE PROPOSAL FORM

基本信息 GENERAL INFORMATION			
投保人姓名/公司名稱 Insured Name:			
投保地址 Full Address of Premises to be insured:			
郵編 Postcode:		生意創立年份 Year Business Established:	
保單生效日期 Inception date:		現任保險公司 Current insurer:	
生意類型 Occupation/Business/Trade Description:			
雇主稅務編號 Employer Reference Number PAYE code:		目標保險費 Target premium:	
物業信息 PROPERTY DETAILS			
物業落成年份 When was the building constructed?			
物業是否屬文物保護建築? Is the property listed? 請選擇 Please select:			
一級文物 Grade I /Scottish A/ NI A <input type="checkbox"/>	二級文物1: Grade II*/NI B+ <input type="checkbox"/>	二級文物2: Grade II/Scottish B/ NI B1 <input type="checkbox"/>	
二級文物3: Preservation order/Scottish C/NI B2 <input type="checkbox"/>			
屋頂材料 Roof covering: 請選擇 Please select:			
石板 Slate <input type="checkbox"/>	瓦 Tile <input type="checkbox"/>	水泥 Concrete <input type="checkbox"/>	金屬 Metal <input type="checkbox"/>
木料 Felt on Timber <input type="checkbox"/>	石棉 Asbestos <input type="checkbox"/>		
瀝青 Asphalt <input type="checkbox"/>	其他不燃材料 Other Incombustible Materials <input type="checkbox"/>		
屋頂架構 Roof frame:			
鋼筋 Steel <input type="checkbox"/>	水泥 Concrete <input type="checkbox"/>	木料 Timber <input type="checkbox"/>	石工 Masonry <input type="checkbox"/>
結構牆的材料 Wall construction:			
水泥 Concrete <input type="checkbox"/>	磚 Brick <input type="checkbox"/>	石 Stone <input type="checkbox"/>	石棉 Asbestos <input type="checkbox"/>
其他 Other <input type="checkbox"/>			
其他請註明 If other, please provide details:			
地基結構 Floor construction:			
木 Wood <input type="checkbox"/>	水泥 Concrete <input type="checkbox"/>	木/水泥混合 Wood & Concrete <input type="checkbox"/>	其他 Other <input type="checkbox"/>
其他請註明 If other, please provide further details:			
保額 SUM INSURED			
房屋 Buildings:			
是否需要投保地基沉陷險 Subsidence cover required? 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>			
存貨變質 ( 冷凍食物 ) Deterioration of stock (frozen food):			
香煙·雪茄及煙草 Cigarettes, Cigars & Tobacco:			
光碟·手機及芯卡 DVDs, Phones & Sim-cards:			
高價值存貨 ( 任何存貨單價過£1,000 請列明 ) Any other high risk stock (Description and Sum Insured):			
租戶添置及內部裝修 Tenants Improvements and Fixtures and Fittings:			
貨物運送保額 Goods in Transit Sum Insured:			
請問多少車輛將用於運輸貨物 How many vehicles are used for transporting the goods in transit?			
專用設備 ( 可攜帶設備離運離房屋 ) Specified Equipment (portable - away from premises):			
英國 UK <input type="checkbox"/>	歐洲 EU <input type="checkbox"/>	世界範圍 World Wide <input type="checkbox"/>	
專業設備保額 Specified Equipment Sum Insured:			
描述專業設備 Description of Specified Equipment:			
營業中斷損失保額 Loss of Profit (Business Interruption) Sum Insured:			
彌償期 Indemnity Period:		12 months <input type="checkbox"/>	24 months <input type="checkbox"/>
		36 months <input type="checkbox"/>	

營業中斷額外費用 Additional Increased Cost of Working (AICOW):	
文件損失 Loss of Documents:	
酒牌吊銷損失 Loss of Licence:	
應收租金損失 Rent Receivable:	
借方差額 Outstanding Debit Balances:	
<b>營業信息 BUSINESS DETAILS</b>	
年營業額 Estimated annual turnover for the next financial year:	
年工資額 Estimated annual wage roll:	
員工人數 Number of employees:	
是否需要 Do you require a quotation for:	公眾責任險 Public Liability <input type="checkbox"/> 員工責任險 Employer's Liability <input type="checkbox"/>
公眾責任險保額 For Public Liability, state Limit of Indemnity required:	
公眾責任險 Public Liability:	£ 1 million <input type="checkbox"/> £ 2 million <input type="checkbox"/> £ 5 Million <input type="checkbox"/>
你、合夥人、董事或員工是否會在店舖以外工作 (除收發貨物)? Work away other than collection and delivery:	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
<b>安全監控及火檢系統 SECURITY AND FIRE DETECTION</b>	
營業時間 Opening hours:	
請問該物業是否達到最低安全標準，例如裝有英國標準五反鎖? Does the premises adhere to the minimum security standard (5LMDL)?	
是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>	
是否安裝防盜警鐘? Is there an intruder alarm fitted at the property?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
警鐘的類型 Type of alarm? (Bells only, Digicom, Redcare, Redacre GSM etc.)	
防盜警鐘是否是NSI或SSAIB核准的承包商安裝的 NSI or SSAIB approved:	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
防盜警鐘有無年維修合同? Annual maintenance contract in force:	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
防盜警鐘是否連接警察局? Police Response:	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
如果警方介入，會是何等級的介入? Level of response:	
請問投保人或其員工是否居住在該投保物業中? Insured or Employee live on site?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
請問您屋內或屋外是否安裝監控錄像? Is there an external or internal closed Circuit Television (CCTV)?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
監控及存檔? Recorded or Monitored:	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
監控錄像是否由投保人獨自監管? CCTV under sole control of the Insured?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
是否安裝防火警鐘 Fire alarm:	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
是否設有其他的安全設備 (鐵閘、柵欄、鐵柵、噴淋系統等) Are there any additional security features? (Shutters, grilles, bars, sprinklers etc.)	
是否在投保物業內設有自動提款機 Is there an ATM inside the Premises?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
供暖設備類型 Method of heating?	電供暖 Electricity <input type="checkbox"/> 燃氣供暖 Gas <input type="checkbox"/>
是否設有可攜帶的供暖系統 Is there any portable method of heating used?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
<b>地基沉陷險 SUBSIDENCE</b>	
請確認該物業近期内，或曾經沒有遭受任何的水患或地基沉陷的損害及維修記錄，並且房屋沒有做過任何底盤托起工程? Can you confirm there's been no recent or historical issues with flooding nor subsidence and that the premises are not underpinned?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
<b>餐飲類的油爆及炸爐 CATERING &amp; FRYING</b>	
外賣食物 Takeaway food:	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
油爆及炸爐 Frying:	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
桌上型電熱油炸機 Basket only <input type="checkbox"/> 魚條炸爐 Fish & Chip frying range <input type="checkbox"/> 獨立式深油炸鍋 Free standing deep fat fryer <input type="checkbox"/>	
其他 Other <input type="checkbox"/>	
有無餐檯 Seats in dining area:	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
有幾張餐檯 How many seats?	
請問您是否每星期至少一次檢視及清洗所有爐頭風罩、抽油煙管、油槽以及隔油器? Do you inspect and clean at least once a week all exhaust hoods, ducting filters and grease traps?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
請問您是否每年至少一次由專業爐頭維修公司清理保養所有爐頭風罩、抽煙管、油槽，並有相關的保養證明? At least once a year are all deep fat fryers, exhaust hoods, ducting and filters extractors hood, impeller and its housing cleaned and serviced by a professional maintenance company and a record of such service maintained and available for inspection?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
所有煮食用煤氣裝置是否符合英國標準規格，並保持安全維修以符合衛生和安全法例? All gas appliances used for cooking and pipe work meet relevant British Standards and are maintained in a safe condition to comply with Health and Safety Regulations:	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
請問物業內是否設有滅火毯及滅火器? Is there a fire blanket and at least once fire extinguisher at the premises?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>
請您確認您每星期至少一次檢視及清洗所有抽油煙管及油槽? Can you confirm that all ducting and filters are inspected and cleaned weekly?	
是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>	
請問您是否每年至少一次由專業維修公司清理保養所有油爆及炸爐，並有相關的保養證明? At least once a year, are all frying ranges cleaned and serviced by a professional maintenance company and a record of such service maintained and available for inspection?	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>

**財政 FINANCIAL**

請問您 (包括以其他名稱營業的生意) Have you:

是否曾有被拒保、續保被拒、或保單由於信息虛假、或錯誤陳述、或刻意隱瞞而保單被取消、或保單被視為無效的記錄? Had an insurance proposal declined, renewal refused or insurance cover cancelled/declared void due to non-disclosure or misrepresentation of information?	是 <b>Yes</b> <input type="checkbox"/> 否 <b>No</b> <input type="checkbox"/>
是否在宣告破產、或已破產、或正在申請破產? Been declared bankrupt or insolvent, or the subject of bankruptcy or insolvency proceedings?	是 <b>Yes</b> <input type="checkbox"/> 否 <b>No</b> <input type="checkbox"/>
是否曾被取消公司董事資格? Been disqualified from being a Company Director?	是 <b>Yes</b> <input type="checkbox"/> 否 <b>No</b> <input type="checkbox"/>
是否曾遭當局反對發牌、續牌或轉讓酒牌、或有任何情況或事件可能影響續牌? Had any opposition to the grant, renewal or transfer of a Liquor Licence or any other circumstances or incidents likely to prevent its renewal?	是 <b>Yes</b> <input type="checkbox"/> 否 <b>No</b> <input type="checkbox"/>
是否曾有被拒保、續保被拒、或保險被中止、或保單被附加特殊條款? Had an insurance proposal declined, renewal refused, insurance cover cancelled/declared void or special terms imposed by an insurer?	是 <b>Yes</b> <input type="checkbox"/> 否 <b>No</b> <input type="checkbox"/>
如以上任何回答是、請提供詳情 If any answers above are 'Yes', please provide additional information:	

**索賠 CLAIMS**

請問您,或任何利益相關者,在過去的三年內有無曾經遭受到無論跟受保物業是否相關的任何損失,損害或法律責任,或被提出任何保險索賠? Have you or any interested parties suffered any losses, or had any claims made against you during the last three years, whether insured or not?	是 <b>Yes</b> <input type="checkbox"/> 否 <b>No</b> <input type="checkbox"/>
在過去的五年內,是否有任何以下損失損害情況出現 Any losses in the last 5 years in respect of any of the following:	
請問受保物業,及物業所在的有無遭受水患,或者物業是否位於有機會水患的區域,又或者有無水患的風險? Has the property been damaged by flood, or is the property in an area liable to flooding, or which you have been informed is at potential risk of flood?	是 <b>Yes</b> <input type="checkbox"/> 否 <b>No</b> <input type="checkbox"/>
請問受保物業有無受到地基沉陷,地面凸起,山泥傾瀉的影響?或者肉眼所見受保物業有無裂痕出現? Is the property free from any sign of damage by subsidence, heave or landslip, and free from any visible sign of cracking?	是 <b>Yes</b> <input type="checkbox"/> 否 <b>No</b> <input type="checkbox"/>
請問受保物業所在地區之前有無遭受過地基沉陷,地面凸起,山泥傾瀉的影響?或者受保物業連同附近物業有無因為相關的情況而要維修? Is the property situated in an area with a history of damage by subsidence, heave or landslip and or has it had repairs in connection with this?	是 <b>Yes</b> <input type="checkbox"/> 否 <b>No</b> <input type="checkbox"/>
如以上任何回答是,請提供詳情(包括受損日期,損失類型,及索賠金額) If Yes to any of the above, please provide details (including date, loss type and sum paid):	

日期 Date:	損失類型 Loss Type:	索償金額 Sum Paid:	索賠進程 Settled/Pending:

Please send your completed form to:

By email: info@cbxinsurance.co.uk  
 By Post: CBX Insurance, 27 Great West Road, Brentford, London, TW8 9BW  
 By Fax: 020 8587 1073

In case of discrepancies between the English and Chinese wordings, the English version shall apply and prevail.  
 中文翻譯僅供參考,如有異議,一律以英文版本為準。

**If you have any questions or queries regarding this form, please call: 020 8587 1073**