

# COMPAS OFFICE INSURANCE APPLICATION FORM

**COMPANY DATA** (please provide information in English and block letters)

Name of Applicant : \_\_\_\_\_

Nature of Business : \_\_\_\_\_

Postal Address : \_\_\_\_\_  
\_\_\_\_\_

Address of Insured Premises : \_\_\_\_\_  
\_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail : \_\_\_\_\_

Contact Person : \_\_\_\_\_

Period of Insurance : From \_\_\_\_\_

(Day/Month/Year) To \_\_\_\_\_

## ***BASIC COVERS***

**Office Contents “All Risks”**

Total Sum Insured (HK\$)

N.B. : (The sums insured must represent the full cost of replacement of the property with an allowance for inflation and future additions)

Please list below any item of office machinery included in the sum insured above where the value exceed HK\$100,000.

Description	Value (HK\$)

**Public Liability (Free Cover)**

Limit of Indemnity up to HKD5,000,000.

**Loss of Money (Free Cover)**

As stated in this brochure

**Business Interruption (Free Cover)**

Additional Expenditure up to HK\$500,000.

## ***OPTIONAL COVER***

**Employees’ Compensation**

Occupation	No. of Employees	Est. Annual Earnings
1. Admin./Clerical Staff		
2. Salesman		
3. Messenger/Amah		
4. Private Car Driver		
5. Others (please describe)		

**INSURANCE HISTORY**

1. In respect of the Insurance you now propose, have you ever made any claims against any insurer for this or any other premises owned or occupied by you during the past three years?

Yes     No

2. Has any company or insurer ever declined to insured you or your property imposed special terms or cancelled or refused to renew your insurance ?

Yes     No

If “Yes” to any of the above questions, please give details :

**IMPORTANT NOTE**

Any other facts known to you which are likely to affect acceptance of assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance intermediary. We recommend you keep a record (including copy of this application) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether. Please note that this application will not become effective until this proposal has been accepted by the Company.

**DECLARATION**

We hereby declare that the particulars and statements given above are, to the best of my/our knowledge and belief, true and complete. We agree that this proposal shall be the basis of the contract between themselves and GAN Assurances (“the Company”). We understand and agree that the information collected is to enable the Company to carry on business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them; any claim or analysis of it; and may be transferred to 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 or any association or federation of insurance companies that exists or is formed from time to time. We understand that We have the right to obtain access to and to request correction of any personal information concerning ourselves held by the Company. Request for such access can be made to the Company’s Data Protection Officer.

Applicant’s Signature \_\_\_\_\_

\_\_\_\_\_ Date

Authorised Agent/Broker
-------------------------

Please fill in this Application form and mail it or fax it to us