

SHOP COMBINED INSURANCE APPLICATION FORM

SHOP 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

CONTENTS AND STOCK

Description	Sum Insured (HK\$)
(1) Contents	
(2) Stock	
(3) Others (please specify)	

PUBLIC LIABILITY (Free Cover)

HK\$5,000,000 per event

LOSS OF MONEY (Free Cover)

At stated in this brochure

BUSINESS INTERRUPTION (Free Cover)

Additional Expenditure up to HK\$500,000

GLASS (Free Cover)

HK\$3,000 any one period of insurance

OPTIONAL COVER

EMPLOYEES' COMPENSATION

Occupation	No. of Employees	Estimated Annual Earnings (HK\$)
(1) Indoor Shop Sales		
(2) Outdoor Sales and Merchandising Staff		
(3) Hand Delivery Staff		
(4) Others (please specify)		

INSURANCE HISTORY

- In respect of the insurance you now propose, have you made any claims against any insurer during the past three years?
 Yes No
- Has any company or insurer ever declined to insure 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.