

# Event Insurance Package Proposal Form

## 活動綜合保險投保書



This form is applicable for applying for Event Public Liability Insurance and/ or Group Personal Accident Insurance. Please check and fill in the required insurance information for each applicable item.

Agent Code (if applicable)  
代理人編號 (如適用) :

此表格適用於投保「活動公眾責任保險」及「團體人身意外保險」。請勾選並填寫每個適用項目所需的投保資料。

<input type="checkbox"/> Public Liability Insurance 活動公眾責任保險	<input type="checkbox"/> Group Personal Accident Insurance 團體人身意外保險
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### A. Applicant's Details 投保人資料

Name of Proposer 投保人姓名 :	Name of Company or Organization 公司或機構名稱 :	Business Nature & Description 業務性質及簡介 :	
Postal Address of Proposer/ Company or Organization 投保人 / 公司或機構郵寄地址 :			
Proposer as 投保人身份 :	<input type="checkbox"/> Principal 主辦人/委托人	<input type="checkbox"/> Organizer 籌辦人	<input type="checkbox"/> Exhibitor 承建商
Period of Insurance 保險期限 :	From 由	To 至	
Max 7 days 最長7天 (both date inclusive and include setup and dismantling. 包括首尾兩天, 佈置場地及拆除佈置。)			
Activity Nature 活動性質 :	Event Name 活動名稱 :		
(Please enclose event brochure or pamphlet if available. 如有, 請附上活動小冊子或單張。)			
Location of Risk 地點 :	No. of Participants 活動參與人數 :		
(Event public liability within the territory of HKSAR. 活動公眾責任保險只限香港特別行政區範圍內。)			

### B. Choose your coverage 選擇保障

<input type="checkbox"/> Public Liability Insurance 活動公眾責任保險
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#### Scope of Cover 承保範圍

To indemnify the Insured against all sums which the Insured shall become legally liable to pay as damages consequent upon Bodily injury and or Property damage happening on the situation of the Insured's event or elsewhere within the Geographical Area caused by an occurrence in connection with the Insured's event. 保障客戶於指定活動中引致第三者身體或財物受損所須承擔之法律賠償責任。有關事故需於受保人設在承保地區內並與其舉辦之活動有關的場所發生。

#### Premium Table 保費表

Event Period Within 7 Days 活動期不多於7日		Premium (HK\$) 保費 港幣(元)			
Category 類別	Limit 限制	Limit of Indemnity (HK\$) 最高賠償限額 港幣(元)			
		5M 500萬	10M 1,000萬	20M 2,000萬	30M 3,000萬
Indoor Talk Show / Seminar / Forum / Press Conference / Award Presentation Ceremony / Store Opening, etc 室內講座、研討會、發佈會、頒獎典禮或店舖開幕等活動	Up to 1000 participants 不多於1000名參加者	1,050	1,400	1,950	2,310
Indoor Exhibition, Promotions or Counter Sales held inside Shopping Centre / Commercial Centre, etc 商場或商業中心內舉辦之展覽、宣傳或攤位銷售活動	Booth Size <100 sq.m 展位面積<100平方米	1,400	1,750	2,100	2,520
Outdoor Ceremony / Sales Promotion / Community Events 戶外典禮、戶外銷售活動或戶外社區活動	Up to 1000 participants 不多於1000名參加者	1,400	2,100	2,950	3,500
Outdoor Flag Day / Local Tour (including transportation services) 戶外賣旗或香港本地旅遊 (包括交通服務)	Up to 500 participants 不多於500名參加者	1,050	1,750	2,625	3,150

For event categories not listed above or that involve setup and dismantling, please contact your Insurance Intermediary. 對於上述未列出價格的活動類別, 或涉及安裝和拆除, 請聯繫您的保險中介人。

Free Extensions 免費附加保障

Food and drinks or supplied clause- Limit: HK\$2,000,000  
提供予他人之食品及/或飲品所引致之法律責任，每一投保期的最高賠償額為200萬港元。  
(Exclude sub-contractor's liability 外判承辦商的責任除外)

Excess 自負額

HK\$5,000 or 10% of loss whichever is the greater for each and every claim.  
每宗索償：5,000港元或賠償額之10%，以較高金額為準。

Group Personal Accident Insurance 團體人身意外保險

Type of Insured Person 受保人類別

☐ Participants 參予者

☐ Volunteers 志願工作者

☐ Performers 表演者

☐ Guests 嘉賓

☐ Helpers 工作人員

☐ Audience 觀眾

Benefits Selected 所選保障 (Please circle the Premium Rate under the selected Plan. 請在所選計劃之保費率上打圈。)

**The applicant may select only one plan.** For example, if an applicant chooses Plan I from Category A, they cannot simultaneously select Plan II from Category B.  
**投保人只能選擇一個計劃。**例如，如果申請人選擇了類別 A 的計劃 I，則不能同時選擇類別 B 的計劃 II。

No. of Insured Person 受保人數	Group Discount 團體折扣
1 - 30	0 %
31 - 100	-10 %
101 - 300	-20 %
301 - 1,000	-30 %
1,001 - 3,000	-35 %
3,001 - 10,000	-40 %

☐ Plan Cover 保障計劃

Premium Rate per Insured Person (HKD) 每人保費率 (港幣)	Category A 類別 A					Category B 類別 B				
	Plan I 計劃 I	Plan II 計劃 II	Plan III 計劃 III	Plan IV 計劃 IV	Plan V 計劃 V	Plan I 計劃 I	Plan II 計劃 II	Plan III 計劃 III	Plan IV 計劃 IV	Plan V 計劃 V
<input type="checkbox"/> Hong Kong / Guangdong / Macau 香港/廣東省/澳門										
1 Day 日	4.4	5.2	8.8	11.2	22.0	5.5	6.5	11.0	14.0	27.5
2-3 Day 日	8.0	9.7	16.2	21.0	40.4	10.0	11.7	19.8	25.2	49.5
4-7 Day 日	12.3	14.6	24.6	31.4	61.6	15.4	18.2	30.8	39.2	77.0
<input type="checkbox"/> Rest of World 其他地區及國家										
1 Day 日	5.5	6.5	11.0	14.0	27.5	7.0	8.0	13.8	17.5	34.4
2-3 Day 日	10.0	12.0	20.2	26.2	50.5	12.4	14.6	24.8	31.5	70.0
4-7 Day 日	15.4	18.2	30.8	39.2	77.0	19.3	22.8	38.5	49.0	96.3

X

No. of Insured Person  
受保人數

X (1-

%

Group Discount  
團體折扣

) =

HK\$  
港幣(元)

☐ Other Selected Cover 自選保障

Premium Rate per Insured Person (HKD) 每受保人保費率港幣(元)	Category A 類別 A		Category B 類別 B	
	Accidental Death or Permanent Disablement 意外死亡或永久傷殘 Per 每 HKD100,000	Accidental Medical Expenses 意外醫療費用 Per 每 HKD1,000	Accidental Death or Permanent Disablement 意外死亡或永久傷殘 Per 每 HKD100,000	Accidental Medical Expenses 意外醫療費用 Per 每 HKD1,000
<input type="checkbox"/> Hong Kong / Guangdong / Macau 香港/廣東省/澳門				
1 Day 日	4.0	1.0	5.0	1.5
2-3 Day 日	7.0	2.0	8.5	2.0
4-7 Day 日	10.5	2.5	13.0	3.0
<input type="checkbox"/> Rest of World 其他地區及國家				
1 Day 日	5.0	1.5	6.0	1.5
2-3 Day 日	8.5	2.5	10.5	2.5
4-7 Day 日	13.0	3.0	16.0	4.0

Benefit Item 保障項目	Sum Insured per Insured Person (HK\$) 每受保人保障金額 港幣(元)	Premium per Insured Person (HK\$) 每受保人保費率 港幣(元)
Accidental Death or Permanent Disablement 意外死亡或永久傷殘 (Max. HKD1,000,000 per Insured Person 每受保人最高港幣1,000,000元)		
Accidental Medical Expenses 意外醫療費用 (Max. HKD100,000 per Insured Person 每受保人最高港幣 100,000元)		
Major Burns 嚴重燒傷	100,000	Free 免費
Premium Per Insured Person (HK\$) 每受保人總保費 (港幣)		

XNo. of Insured Person  
受保人數

X (1-

%

Group Discount  
團體折扣

) = HK\$  
港幣(元)

\* Minimum Premium per Policy at HK\$500. 保單之最低保費為港幣500元。  
\* Important Note: Aggregate Limit per occurrence as HK\$50,000,000 in maximum. 注意事項：總賠償最高為每次意外港幣50,000,000元。

C. Insurance History 投保歷史

	Public Liability Insurance 活動公眾責任保險	Group Personal Accident Insurance 團體人身意外保險
1. Has any insurance company ever declined your company's proposal or imposed special conditions to the same risk now proposed for this insurance? 貴公司是否曾就投保之相同活動被任何保險公司拒絕投保或強加特別條款？ If the answer is "Yes", please provide details below: 如答“有”，請提供資料：	<div><input type="checkbox"/> Yes 有</div> <div><input type="checkbox"/> No 沒有</div>	<div><input type="checkbox"/> Yes 有</div> <div><input type="checkbox"/> No 沒有</div>
2. Were there any claims or incidents that might have resulted in a claim for a similar risk in the past three years? 在過去三年，你曾否就類似活動索賠或類似活動曾否發生可導致索賠申請的事件？ If the answer is "Yes", please provide details below: 如答“有”，請提供資料：	<div><input type="checkbox"/> Yes 有</div> <div><input type="checkbox"/> No 沒有</div>	<div><input type="checkbox"/> Yes 有</div> <div><input type="checkbox"/> No 沒有</div>

## D. Declaration 聲明

I/ We declare and agree that 本人謹此作下列聲明及同意：

1. all answers and statements made in the proposal are true and accurate in every respect and no information has been withheld which is likely to affect acceptance of this proposal.  
本投保書內所有答覆及述詞均為全部真實及正確，並無隱瞞而可能影響有關接納投保與否之決定。
2. this proposal & declaration shall be the basis of the policy and considered as being incorporated therein.  
本投保書及聲明將為保單之根本依據，並視作保單之一部份。
3. the specific details, terms and conditions applicable to this insurance are set out in the Event Public Liability Insurance Policy and/or Group Personal Accident Insurance Policy to be issued by QBE Hongkong and Shanghai Insurance Ltd. QBE Hongkong and Shanghai Insurance Ltd. reserves the right to amend any information contained in this document at any point in time.  
所有條款及細則詳情概以昆士蘭聯保保險有限公司之活動公眾責任保險及團體人身意外保險單為準。昆士蘭聯保保險有限公司保留隨時修改本文件中包含的任何資訊的權利。

## E. Payment Option 付款方法

Upon receiving your submission, your Insurance Intermediary will provide you with comprehensive information regarding the available payment options.  
在收到您的投保書後，您的保險中介人將為您提供付款選項的資料。

## F. Personal Information Collection Statement ("PICS") 個人資料收集聲明

In relation to the personal data collected by QBE Hongkong & Shanghai Insurance Limited ("QBE HK"), I/we agree and acknowledge that:

- a) the personal data requested is necessary for QBE HK to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed.
- b) the personal data collected in this form may be used by QBE HK for the purposes stated in its Privacy Policy found at <https://www.qbe.com/hk/en/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes)
- c) QBE HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:
  - i. third parties providing services related to the administration of my/our policy (including reinsurance);
  - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
  - iii. in the event of a claim, loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
  - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
  - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein
- d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:  
QBE Hongkong & Shanghai Insurance Limited  
Address: 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong  
Email: [info.hk@qbe.com.hk](mailto:info.hk@qbe.com.hk)
- e) That where I/we are providing personal data on behalf of another person to QBE HK, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE HK in accordance with paragraphs (a), (b) and (c) above.
- f) That in the event of differences between the English and Chinese, the English version shall prevail.

關於昆士蘭聯保保險有限公司（“昆士蘭保險”）收集之個人資料，本人 / 我等同意並承認：

- a) 索取之個人資料對於昆士蘭保險處理本人 / 我等之保險或索償申請乃屬於必需。若未提供此類資料，可能導致無法處理此項申請或索償。
- b) 昆士蘭保險可以將此表格所收集的個人資料用於其網頁 <https://www.qbe.com/hk/zh-hk/privacy-policy>。所載私隱政策當中表明之目的，其中包括承保和管理本人 / 我等正在申請之保險（包括獲得再保險、承保續期、理賠、調查、付款、代位索償以及各種相關目的）。
- c) 昆士蘭保險可為以上 (b) 項指明之目的，將個人資料轉交以下無論是在香港還是在海外之各類人士：
  - i. 提供與本人 / 我等的保險（包括再保險）之管理有關的服務的第三方；
  - ii. 為處理此項申請並獲得保單付款，將個人資料轉交金融機構；
  - iii. 在發生索償時，將個人資料轉交有關的損失理算師、評估師、第三方管理人員、緊急服務提供者、法律服務提供者、零售商、醫療服務提供者和旅行社；
  - iv. 昆士蘭保險集團不論位於任何國家或地區的另一成員（為以上 (b) 項所述各種目的而提供該個人資料）；
  - v. 為昆士蘭保險私隱政策所指的各種目的，將個人資料提供予該私隱政策提及的其他人士。
- d) 本人 / 我等可以查閱或要求更正自己的個人資料（在這兩種情況下均需支付一筆合理費用）。提出有關要求，可經電郵或郵遞方式向以下地址發信：  
昆士蘭聯保保險有限公司 -  
地址：香港鰂魚涌英皇道979號太古坊濠豐大廈33樓  
電郵：[info.hk@qbe.com.hk](mailto:info.hk@qbe.com.hk)
- e) 若本人 / 我等乃代表另一人士向昆士蘭保險提供個人資料，本人 / 我等已徵得該人士表示同意根據以上 (a)、(b)、(c) 款將其個人資料發放給昆士蘭保險。
- f) 若本文件之中、英文版之間意義有分歧，應以英文版本為準。

Signature and stamp of Proposer  
投保人簽署及蓋印：

Date  
日期：