**Event Public Liability /** **Group Personal Accident Insurance – Information requested for insurance quotation**

**(團體****活動 第三者責任/意外 保險報價所需要的資料)**

Association / Company Name (團體名稱)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name (活動名稱)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Location (活動地點)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Details (活動性質)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Days (日數)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Participants (參加人數)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protection Include Helpers (保障包括義工幫手)：<number (人數)> \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protection Include Performers (保障包括表演者)：<number (人數)> \_\_\_\_\_\_\_\_\_\_\_\_\_

<what performance (什麼表演)>：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Insureds Age Range (所有受保者歲數上下限)：\_\_\_\_\_\_\_\_\_\_ to (至) \_\_\_\_\_\_\_\_\_\_\_

Public Liability (第三者責任)

* Insurance Amount (保險保額)：HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Personal Accident (團體意外)

* Accident Death & Dismemberment AD&D (意外死亡及斷肢保險)：HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Accident Medical Expense Amount AME (意外醫療費用)：HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Need to include Bonesetter (需要包括跌打保障)：\_\_\_\_\_\_\_\_\_\_\_\_

Other Requirements <if any> (其他要求<如有>)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\* Please provide the Event Leaflets or Poster, if any (請提供活動宣傳單張(如有))*

Contract Person (聯絡人)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position (職位)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile (手提電話)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (電郵)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Internal Remarks (內部備註)

Intro：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code：\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_