

## Public Liability Insurance

Public liability insurance provides indemnity against the insured's legal liabilities in respect of death of, or bodily injury to a third party; loss of, or damage to property of a third party caused by the insured, his employees or agents at the insured location.

## 公眾責任保險

公眾責任保險保障投保人因投保人或其僱員或其代理在受保場所運作期間因意外而導致第三者傷亡或財物損失的法律責任。



## Public Liability Insurance - Generali



In your daily operations, it is not uncommon that you will incur liability towards third party due to negligence on your part, such as having a customer tripped over a fold in the carpet and has his arm broken. The public liability insurance protects against any legal liabilities in the event that the insured's negligence caused bodily injury to or

death of or property damage to the public. The policy also covers you against all costs and expenses incurred with the consent of insurance company for defending claims against you

## Product Highlights

- Policy either on stand-alone or combined basis
- Global / regional programs
- Personal and advertising liability
- Flexible wording: broad form or manuscript
- Wide network of over 50 countries
- Availability of casualty risk engineering capabilities
- Large capacity of up to US \$50,000,000 limit

## 公眾責任保險 — 忠利保險

在您的日常業務營運當中，員工可能因為疏忽而需要承擔對第三者的法律責任，例如店內地氈翹起導致顧客摔倒折斷手臂。購買公眾責任保險，保險公司便會為您因第三者傷亡或財物受損而須依法作出賠償。此外，賠償亦包括在保險公司同意下支付的抗辯索償費用及開支。

## 產品亮點

- 各場所可獨立或合併購買
- 全球 / 地區性保險方案
- 提供廣泛保障於「個人權益侵害」及「廣告侵權責任」
- 靈活保單條款
- 遍佈全球50多個國家的服務網絡
- 具有意外責任風險管理能力及技術
- 承保限額高達50,000,000美元



## Public Liability Insurance

### Information Required for Obtaining Quotation:

1. Full Name of Proposer : \_\_\_\_\_
  2. Mailing Address of Proposer : \_\_\_\_\_
  3. Business Operation : \_\_\_\_\_
  4. HKID Card No. / Business Registration No.: \_\_\_\_\_
  5. Period of Insurance: from \_\_\_\_\_ to \_\_\_\_\_
  6. Limit of Liability: HK\$ \_\_\_\_\_
  7. Description of Liability Coverage applied for:- \_\_\_\_\_
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#### A. Premise – Operation:

Location of Premises \_\_\_\_\_

Nature of occupancy (For Owners' Landlords' & Tenants' Liability Policy): \_\_\_\_\_

(1) State whether proposer is owner or  
tenant \_\_\_\_\_

(2) Area of the premises in square feet \_\_\_\_\_

(3) Frontage of the premises in feet \_\_\_\_\_

Nature of operations (For Contractors' & Manufacturers' Liability Policy): \_\_\_\_\_

(1) Location of operations \_\_\_\_\_

(2) Description of operations \_\_\_\_\_

(3) Does the operations include blasting or pile driving? \_\_\_\_\_

Blasting: \_\_\_\_\_

Pile Driving: \_\_\_\_\_

(4) Name of Proposer's Principal \_\_\_\_\_

(5) Approximate number of employees to be used for the contract \_\_\_\_\_

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#### B. Elevators:

(1) Location \_\_\_\_\_

(2) Number of Elevators at Premises  
and capacity of each elevator \_\_\_\_\_



(3) Name of Manufacturer

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C. Products or Completed-operations:

(1) Description

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(2) Amount of annual sales

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D. Others:

Description

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8. Whether cover is required in respect of poisoning arising  
from food or drink consumed on the premises?

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9. Have any claims been made against you in respect of  
bodily injury or property damage at law? If so, give full  
particulars.

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10. Has any Company

(a) Declined your proposal?

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(b) Refused to renew your policy?

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(c) Increased premium on renewal?

If so, state the name of Company

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重要事項：本表格並非保單，有關保單條款細則及不承保範圍，請投保人參閱接納投保書後或在投保人索取時提供的保單。

IMPORTANT NOTE : This form is not a policy of insurance. Please refer to the policy wordings including the applicable terms, conditions and exclusions which will be issued to applicant upon acceptance of this proposal or upon applicant's request.



### 聲明 DECLARATION

本人 / 吾等聲明，本人 / 吾等已填報一切必要的資料，絕對正確，並無隱瞞或保留。本人 / 吾等明白本人 / 吾等提供的資料為泰山保險顧問有限公司提供保險業務所需，並可能使用於下列目的：i) 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；ii) 任何索償，或該等索償的調查或分析；iii) 行使任何代位權；及可能移轉予任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的。

I / We declare that the Statements and particulars given in this application are true and that I / We have not withheld any material information. The information provided by me / ourselves to Taishan Insurance Brokers Ltd. is collected to enable Taishan Insurance Brokers Ltd. to carry on insurance business and may be used for the purpose of: i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; ii) any claim or investigation or analysis of such claim; and iii) exercising any right of subrogation; 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 for any of the above or related purposes.

### 支付經紀佣金 PAYMENT OF BROKER COMMISSION

泰山保險顧問有限公司（「該公司」）藉向保險公司收取的佣金，作為其所提供服務的酬金。閣下同意進行是項保險交易，即構成閣下同意該公司收取佣金。

Taishan Insurance Brokers Limited is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.

本人 / 投保人亦明白泰山保險顧問有限公司必須取得本人 / 投保人以上的同意，才可以處理本人 / 投保人之保險申請。

I / Proposed insured further understand that the above agreement is necessary for Taishan Insurance Brokers Limited to proceed with the application.

日期 Date

保戶簽署 Signature of Insured

聯絡人 Person to Contact:

姓名 Name:

電話 Telephone No. :

電郵 Email Address :