



Grand Trust Underwriters

Flat D, 10/F., World Trust Tower,
50 Stanley Street, Central, Hong Kong
<http://www.hkpli.com>

PUBLIC LIABILITY INSURANCE APPLICATION FORM

APPLICANT DETAILS

Full Name of Applicant	
(Property Owner/Occupier)	
Contact No.:	
Email Address:	
Business Operation/Occupation:	
Correspondence Address:	

LOCATION DETAILS

FULL description of trade or business (School/Manufacturer/Trading Company etc)	
How long have you been established	
Floor area of the location	

Loss History

Please provide any details of claims or known circumstances for the past 3 years

Limit of Indemnity required

HK\$	
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Desired Period of Insurance (MM/DD/YYYY):

From:	To:
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Do you wish to extend cover for the follows:

Deleterious Matter in food or drinks sold or supplied for consumption on the premises		YES		NO
Others: Please provide detail:				

Signature of the Applicant :

Date : _____