

(Please return completed form to Garden Clubs Australia – C/- Insurance Officer, Three Ponds 1601 Coomba Road Coomba Bay NSW 2428 or insurance@gardenclubs.org.au)

EVENT FORM – SINGLE EVENTS

Your Details

Club Full Name & ABN: _____

Single Events

Date of the event? _____

Name of the Event? _____ Event Turnover _____

What is the **maximum** number of attendees* at this event, across the entire event? _____

What is the **average** number of attendees* expected at any one time? _____

** (Please note, number of attendees does not need to include the number of members attending from the hosting club)

Please provide a brief summary of the activities at this event:

Do your events involve public participation? Yes No

If yes, how many participants take part? _____

What events do they participate in? _____

Third Party Agreements

Give details on any agreements you have made under which you have:

- | | | |
|--|------------------------------|-----------------------------|
| (a) Accepted Liability which would not normally be your responsibility | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Given away your legal rights of recovery from other parties: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Do you engage contractors &/or sub-contractors | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What services are contracted out? You must ensure that all Contractors have their Public & Products Liability insurance.

What steps do you take to ensure that contractors have valid insurances in place?

Are there any stunt performances, firework displays, sporting activities, etc. that are required to be covered by this insurance policy? Yes No

If so, please advise what activity is required to be covered: _____

Spectator Safety

What protection is in place for spectators to ensure their safety? _____

Event History

Have you held this event before, and if so did you have any losses and/or incident which could give rise to a claim? If yes, please provide details.

Other Details

Please supply any other relevant information

The information I have provided is true and correct. I understand no insurance is in place until such time as the insurer has confirmed acceptance of this proposed insurance

Signature: _____

Position Title _____ Date ____/____/____

Email address _____

Phone Number _____