



**(Please return completed form to Garden Clubs Australia – C/- Director of Insurance, 1 Addington Street, Burdell, Townsville, QLD, 4818 or [insurance@gardenclubs.org.au](mailto: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 \_\_\_\_/\_\_\_\_/\_\_\_\_