

## EVENT FORM – SINGLE EVENTS

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)



P (08) 9202 8000 F (08) 9202 8010  
E [info@tridentinsurance.com.au](mailto:info@tridentinsurance.com.au) W [tridentinsurance.com.au](http://tridentinsurance.com.au)  
1st Floor, 186 Scarborough Beach Rd, Mt Hawthorn, WA 6016  
PO Box 191, Mt Hawthorn WA 6915

### 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:

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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 insurance 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

|              |                |                       |             |
|--------------|----------------|-----------------------|-------------|
| Prepared by: | Shirley Haslam | Document Status:      | Final       |
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| Approved by: | Martin Boorer  | Approver's Signature: | MB          |

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