

# Community Liability Insurance



## COMMUNITY LIABILITY INSURANCE APPLICATION

Please return this section to the Property & Risk Team for assessment

<b>Name and address of the Facility:</b> <i>It is the Hirer's responsibility to ensure that the Council Facility is suitable for the expected number of people attending the event.</i>			
<b>Dates and times of hire:</b> <ul style="list-style-type: none"> <li>Please nominate the duration of the event and start time.</li> <li>If requesting coverage for multiple dates, please supply a calendar indicating dates.</li> </ul> <b>NB: Additional fees may apply</b>			
<b>Contact Name:</b>			
<b>Group/Organisation &amp; contact address:</b> <i>(if applicable)</i>			
<b>Telephone Number:</b>			
<b>Email address:</b>			
<b>Describe the Event:</b> <i>In your description please provide as much detail as possible and include:</i> <ul style="list-style-type: none"> <li>An estimate or approximation of the number of people who will attend as your guests or participants.</li> <li>Describe the intended event or activities which you will hold in the hired facility</li> <li>If this is a fundraising event</li> <li>Venue booking information <i>(if applicable)</i></li> <li>Permit application information <i>(if applicable)</i></li> <li>Special approval <i>(if applicable)</i></li> </ul>			
<b>Will alcohol be served/provided?</b> <ul style="list-style-type: none"> <li>Council may require a risk management plan if alcohol is to be served.</li> </ul>	Choose an item.	<b>If Yes – will the alcohol be sold by the Hirer?</b> <i>(If alcohol is to be sold the Hirer must obtain a temporary Liquor licence and must engage a person(s) with a Responsible Service of Alcohol (RSA)</i>	Choose an item.

If accepted, the insured person, group or organisation, as stated above, acknowledges they are responsible for the applicable excess/deductable fee for each and every claim or series of claims arising out of any one occurrence and agree to abide by the terms of the insurance conditions and policy as provided.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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# Community Liability Insurance



Name: \_\_\_\_\_

Position: \_\_\_\_\_

## FOR OFFICE USE ONLY

Alcohol:	Choose an item.				
Permits or Special Approvals:	Choose an item.				
	Permit/Approval details:				
Notes:					
Approved:	Choose an item.	Reason:			
Fees:	Choose an item.	Date Due:	Click or tap to enter a date.	Date Paid:	Click or tap to enter a date.
Information Sent:	Choose an item.	Date sent:	Click or tap to enter a date.	Email Copy sent to:	
Approver	Name / Position				