

<u>COMMUNITY LIABILITY INSURANCE</u>
(Please refer to Community Liability Pack for further explanation)

Insurers:	QBE Insurance (Australia) Ltd through Victor Insurance	,
	HIRER:	
NAME: ADDRESS:	CONTACT PHONE #:	
	<u>FACILITIES</u>	
DATE OF HIRE	OR IF MORE THAN ONE DAY FROM: TO:	
NAME OF FACILIT	ΓY:	
LOCATION:		
FUNCTION OR PL	JRPOSE OF HIRE:	
Public Liability Insurance required		
Public	Liability Insurance not required (hirer to provide copy of own	insurance)
DI EASE DDOVIDE	E EVENT BOOKING NUMBER HERE: #	PREMIUM INCLUDING GST & STAMP DUTY
FLEASE FROVIDE	E EVENT BOOKING NOMBER HERE. #	\$33.00
	PAYMENT TO BE DEPOSITED TO JOB NUMBER: 01 0	01410 9230
NOTE: COVER IS SUBJECT TO THE FOLLOWING POLICY EXCESS ON CLAIMS: \$500 Each and Every claim		
	<u>NOTE</u>	
	f the prescribed premium and completion of this form your liability a licy issued by QBE Insurance (Australia) Ltd through Victor Insurance	
	aim, or the happening of any circumstances which may give rise to a nit on (03) 8563 7460 asap.	claim, you must advise the Council's
SIGNED: ON BEH	IALF OF HIRER/ HIRING GROUP:	
DATE: /	/	