

**COMMUNITY LIABILITY INSURANCE**

(Please refer to part A of the Community Liability Pack Certificate for further explanation)

**Insurers:** QBE INSURANCE (AUSTRALIA) LTD

 ACN 087 142 569

**Council:** CITY OF PORT PHILLIP

**HIRER:**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FACILITIES**

DATE OF HIRE \_\_\_\_\_\_\_\_\_\_\_\_ OR IF MORE THAN ONE DAY FROM \_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FUNCTION OR PURPOSE OF HIRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Public Liability Insurance required
* Public Liability Insurance not required (hirer to provide copy of own insurance)

 PREMIUM INCLUDING

 STAMP DUTY

PLEASE PROVIDE EVENT BOOKING NUMBER HERE: # \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $25.00

 (The $25.00 fee will be added to your invoice)

 **PAYMENT TO BE DEPOSITED TO JOB NUMBER: 01 01410 9230**

**SUBJECT TO $250 EXCESS EACH AND EVERY LOSS**

**NOTE**

Upon the payment of the prescribed premium and completion of this form your liability as hirer is indemnified, subject to the terms of a master policy issued by QBE Insurance (Australia) Ltd.

In the event of any claim, or the happening of any circumstances which may give rise to a claim, you must advise the Council’s Risk & Insurance Unit on (03) 9209 6588 asap.

**SIGNED**: ON BEHALF OF HIRER/ HIRING GROUP:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_