Insurance Pro Forma

(This form is to be submitted to **DIO prior** to the commencement of any project/event)

To: District Insurance Officer Dallas Brooks *(insert DIO's Name)* Email: insurance@rotarydistrict9685.org.au *(insert DIO's email address)*

The Rotary Club of Northbridge *(insert Rotary Club name)* wishes to advise that it will be conducting the following event/s as part of its activities and requires the event/s to be noted and included under the District Insurance Policies.

1. Is this Event organised and run by Rotary? ☑ **YES /** ☐ **NO**
2. Has the Club Board authorised this Event? ☑ **YES /** ☐ **NO**
3. Brief Description of Activity: Speaker Event (Series)
4. Date of Activity: 17 / 11 / 26 Duration: From: 6:30pm To: 8:30pm
5. Location of Activity: Northbridge Golf Club, Northbridge NSW 2063
6. Will the activity involve participation in any sport, game, match, race, practice,training course, trial, contest or competition? ☐ **YES /** ■ **NO** If "YES", please provide copy of Disclaimer for the event
7. Have you been asked by any other organisation to indemnity them as a third Party? (If yes, refer to your District Insurance Officer for advice before entering into any agreement). ☐ **YES /** ■ **NO**
8. Have you been asked to hold any other organisation "harmless" under the Rotary Insurance for the activity? (If "YES", refer to your District Insurance Officer for advice before entering into any agreement). ☐ **YES /** ■ **NO**
9. Will the event involve persons under the age of 18yrs? ☐ **YES /** ☑ **NO**
10. Will the event involve amusement rides/devices? ■ **YES /** ☑ **NO**
11. Will the event include markets and stall holders? ☐ **YES /** ☑ **NO**
12. Will alcohol be sold or supplied during the event? ☐ **YES /** ■ **NO**
13. Approximate number of community participants: 100
14. Risk Management Form Completed? ☐ **YES /** ☑ **NO**
15. Certificate of Currency required? ☐ **YES /** ☑ **NO**
16. If applicable, provide details of parties **that have requested** to be noted as interested parties.

Rotarian Contact:	*(insert Rotarian's name)*	David Hyde
Details: Phone Number:	*(insert Rotarian's Phone Number)*	0416 028 212
Email address:	*(insert Rotarian's Email Address)*	clubservices@northbridgerotary.com.au

DIO USE

DIO - COVER CONFIRMED UNDER ROTARY POLICY	☐ **YES /** ☐ **NO**
DATE:	17 / 11 / 26

Note: For repetitive events such as BBQ's your DIO only needs this form to be completed once a year.

AON Rotary