



ROTARY INSURANCE PRO FORMA

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

John Rix
PO Box 1070, Berri SA 5343
e-mail johnrix@riverland.net.au

District Insurance Coordinator D9510 D9520
Phone (08) 8583 7188
Mobile 0474 053 562

To: District Insurance Officer – John Rix

Email: - johnrix@riverland.net.au

The Rotary Club of.....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. Brief Description of Activity:
2. Date of Activity: ____/____/____ Duration: From _____ to _____
3. Location of Activity:
4. 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
5. Have you been asked by any other organisation or person to (a) indemnify them as a third party or (b) hold any other organisation "harmless" under the Rotary Insurance for the activity? **YES / NO** (If yes, refer to your District Insurance Officer for advice before entering into any agreement).
6. Will the event involve persons under the age of 18yrs? **YES/NO**
7. Will the event involve amusement rides/devices? **YES/NO**
8. Will the event include markets and stall holders? **YES/NO**
9. Will alcohol be sold or supplied during the event? **YES/NO**
10. Approximate number of community participants:
11. Risk Management Form Completed? **YES/NO**
12. Certificate of Currency required? **YES/NO**
13. If applicable, provide details of parties to be noted:

Rotarian Contact:

Details: Phone/Fax Number:

Email address:

COVER CONFIRMED UNDER ROTARY POLICY YES/NO DATE: ____/____/____