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| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623 – [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au) – mrsc.vic.gov.au | |

**Community Public Liability Insurance Application $20**

This policy provides indemnity to the Hirer against all sums which the Hirer becomes legally liable to pay by reason of: • Death or Personal • Loss or Damage to Property resulting from an occurrence which arises from the Hirers’ negligence whilst hiring the premises.

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| --- | --- | --- |
| Name of facility |  | |
| Hirer Name |  | Ph: |
|  |  | Email: |
| **Hire Details** |  |  |
| Type of Event: |  | |
| Dates: | From: | To: |
| Times: | Start: | Finish: |
| Expected Attendance: | 0 – 20  20 – 100 | 100 – 250  250 – 500 |
| Will amusement rides or temporary structures such as jumping castles be used?  YES  NO  If yes, please explain: | | |
| Will liquor be available at this event? | | Alcohol Free  BYO Only  Licensed Event |
| Is public liability Insurance required through Council?  Yes  NO | | Excess any one claim $500 |

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| Person’s name (please print): |  | | |
| Person’s signature: |  | Date: |  |

**Payment options**

**In person**: present this form and payment (cash, cheque/money order, eftpos or credit card) to the Hall Committee Secretary or at one of our Service Centres

**By Mail**: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

**Credit card payment authorisation**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mastercard |  | | | | | | | | | | Visa | | |  | | | | | | | | | | |
| I authorise you to charge the following amount to my credit card: $ | | | | | | | | | | | | | | | | | | |  | | | | | |
| Name on card: | |  | | | | | | | | | | | | | | | | | | | | | | |
| Credit card number: | | | |  |  | |  |  |  | | |  |  | |  |  |  |  | |  |  |  |  |  | |
| Expiry date (xx/xx): | | |  | | | Signature: | | | |  | | | | | | | | | | | | | | | |

Submission of this form does not constitute confirmation of insurance cover. Confirmation of cover will be provided by Council on review and acceptance of this application. Council reserves the right to decline cover where events operate outside the terms of coverage provided by Council’s Community Liability Insurance, underwritten by QBE Insurance Ltd.