Council may, at its discretion, provide public liability insurance to a person or group hiring a Council owned or controlled facility on a casual basis for non-commercial or non-profit making purposes, under the conditions of its Community Public Liability Insurance Policy (Policy No. QM8341-1223) provided by QBE Insurance (Australia) Ltd

*Note: Insurance under this policy is not available to associations, corporations, incorporated bodies, clubs, sporting bodies or other parties that hold public liability insurance.*

|  |  |  |
| --- | --- | --- |
| **Facility:**  *Please tick facility being hired* |  | Alpine Events Centre – The Pavilion |
|  | Bright Community Centre |
|  | Dinner Plain Community Centre |
|  | Mount Beauty Community Centre |
|  | Mount Beauty Stadium and Foyer Flex Space |
|  | Mount Beauty Auditorium |
|  | Myrtleford Senior Citizens Centre |
|  | Myrtleford Memorial Hall |
|  | Tawonga Hall |
|  | Other *(please specify)* |
| **Name of entity or individual hiring the facility:** |  | |
| **Contact person’s name:** |  | |
| **Contact telephone number:** |  | |
| **Contact email:** |  | |
| **Date(s) of hire of the facility:** | **Date(s):**  **Times:** | |

| **Checklist for casual hirer:** | | **YES** | **NO** | **Comments** |
| --- | --- | --- | --- | --- |
| **1.** | Is this hire by or on behalf of a sporting body, club, association, corporation or incorporated body? |  |  |  |
| **2.** | Is this hire for **commercial** or **profit** making purposes? |  |  |  |
| **3.** | Is this hire by or on behalf of a commercial entity charging admission and/or deriving monetary gain? |  |  |  |
| **4.** | Is this hire a fundraising event where the beneficiary receives all proceeds? |  |  |  |
| **5.** | Is the hirer seeking indemnity for other parties (performers, contractors etc)? |  |  |  |
| **6.** | Is the hire for an event where alcohol will be sold, served or BYO is an option? |  |  |  |
| **7.** | Will this hire involve attendance by **more** than 1000 people? |  |  |  |
| **8.** | Will the hire be for **more** than 5 consecutive days? |  |  |  |
| **9.** | Is the hirer seeking indemnity for more than 52 times per year? |  |  |  |
| **If the answer is ‘YES’ for any of these questions, please contact the Risk Management Officer on phone: (03) 5755 0555 prior to submitting this form to Council.** | | | | |
| **Please note: the following items will not be covered under this policy.**   * Amusements – rides (including animal rides), inflatable recreational equipment * Children’s toys * Second hand electrical items * Security personnel * Fireworks/pyrotechnics * Concerts * Child minding/care * Participation in exercise/sport/games/etc | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *If accepted, the insured party, as stated on this form, acknowledges that they DO NOT have their own public liability insurance AND are responsible for a $250.00 excess fee for each and every claim or series of claims arising out of any one occurrence.* |  |  |  |  |
| **Signed:** |  |  |  |
| **Print Name:** |  |  |  |
| **Date:** |  | **/ /** |  |

|  |  |  |
| --- | --- | --- |
| **OFFICE USE ONLY:** | **Fee:** | **$45.50** |
| **Account:** | **1102** |
| **Officer Name** |  |
| **Officer Signature:** |  |
| **Receipt Number:** |  |