**The Policy**

At Council's discretion, Community Liability Insurance may be provided to persons/groups using a Council or Council Managed facility, who are otherwise not insured, under the conditions of the Community Liability Pack policy.

There are 3 options for cover and each cover has differing requirements, including locations and deducatables, so please refer to the appropriate brochure for an overview of the summary of cover.

**Part A: Hirers Liability** – Various Hirers and members of hiring party of Council owned or controlled facilities (not otherwise insured) providing that the number of hires do not exceed 52 times per annum (per hirer).



**Part B: Presenters, Performers, Stallholders, Artists, Buskers, Tutors** – Uninsured persons or groups utilising Council owned or operated premises or facilities for their own use, including but not limited to presenters, performers, stallholders, artists, buskers, street stallholders and tutors/instructors.



**Part C: Permit Holders** – Various uninsured Local Trader Permit Holders and Community Gardens Permit Holders.

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The following are **not** eligible for cover under this policy:

* Incorporated associations
* Commercial activities where admission is charged or is for-profit (admission or charges for fundraising are permitted)
* A hire period of more than 5 consecutive days
* Events which include attendance by more than 1000 people
* The sale of alcohol

**Additional Policy Exclusions** include:

* Sexual Abuse
* Amusements
* Products Liability – Children’s Toys / Second Hand
* Electrical Items & Tools
* Security Personnel
* Fireworks / Pyrotechnics
* Rock / Pop Concerts
* Child Minding / Child Care Services
* Participation in Sporting Activities
* Stallholders Sporting Activities
* Buskers Participation where activities include the use of knives, swords, and the use of fire.
* Total Listed Human Disease Exclusion

**Note:** these exclusions are additional to the exclusions contained in the Insurer’s base policy document. You should refer to the policy document for all exclusions, terms and conditions before applying for insurance ocover.



**This service attracts a fee of $30 (including GST), payable on approval of this application.** Payment of the fee is an acknowledgement that the applicant/hirer accepts the exclusions and conditions as set out in the insurance brochures and policy document.

Payment of the fee does not constitute a booking of the facility or approval of a permit. These will need to be obtained separately prior to applying for the insurance cover.

Once the application has been completed, please forward the application request form to:

The Property and Risk Teamvia email at [mail@cgoldshire.vic.gov.au](mailto:mail@cgoldshire.vic.gov.au),

You may also deliver in person at the Council Office or post to:

22 Nolan Street, Maryborough VIC 3465

Once the application has been assessed by the Property & Risk Team, you will be advised if the application has been successful and an invoice sent for payment. Once the payment has been made, you will be provided with an email advising coverage for the event and a copy of the Certificate of Currency for the event.

**If further information is required, please contact the Central Goldfields Shire Office on 035461 0610 and ask to speak to the Property and Risk Officer.**

**COMMUNITY LIABILITY INSURANCE APPLICATION**

**Please return this section to the Property & Risk Team for assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Application Number:** |  | | |
| **Name and address of the Facility:**  *It is the Hirer’s responsibility to ensure that the Council Facility is suitable for the expected number*  *of people attending the event.* |  | | |
| **Dates and times of hire:**   * *Please nominate the duration of the event and start time.* * *If requesting coverage for multiple dates, please supply a calendar indicating dates.*   ***NB: Additional fees may apply*** |  | | |
| **Contact Name:** |  | | |
| **Group/Organisation & contact address:** *(if applicable)* |  | | |
| **Telephone Number:** |  | | |
| **Email address:** |  | | |
| **Describe the Event:**  *In your description please provide as much detail as possible and include:*   * *An estimate or approximation of the number of people who will attend as your guests or participants.* * *Describe the intended event or activities which you will hold in the hired facility* * *If this is a fundraising event* * *Venue booking information (if applicable)* * *Permit application information*   *(if applicable)*   * *Special approval (if applicable)* |  | | |
| **Will alcohol be served/provided?**   * *Council may require a risk management plan if alcohol is to be served.* | Choose an item. | **If Yes – will the alcohol be sold by the Hirer?** *(If alcohol is to be sold the Hirer must obtain a temporary Liquor licence and must engage a person(s) with a Responsible Service of Alcohol (RSA)* | Choose an item. |

*If accepted, the insured person, group or organisation, as stated above, acknowledges they are responsible for the applicable excess/deducatable fee for each and every claim or series of claims arising out of any one occurrence and agree to abide by the terms of the insurance conditions and policy as provided.*

Signature of applicant: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# For Office Use Only

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Alcohol: | Choose an item. | | | | | | |
| Permits or Special Approvals: | Choose an item. | | | | | | |
| Permit/Approval details: | |  | | | | |
| Notes: |  | | | | | | |
| Approved: | Choose an item. | Reason: |  | | | | |
| Fees: | Choose an item. | Date Due: | Click or tap to enter a date. | Date Paid: | Click or tap to enter a date. | |  |
| Information Sent: | Choose an item. | Date sent: | Click or tap to enter a date. | Email Copy sent to: | |  | |
| Approver | Name / Position | | |  | | | |