ROTARY INSURANCE PROFORMA

To: **Rotary District** **Insurance Officer**

The Rotary Club of ..... wish to advise that it will be running the following event(s) as part of its activities and requires that this activity be noted and included in the Insurance Policy of District ……..

Brief Description of Activity: .....

.....

Date of Activity: _____/____/____

Time of activity (when and for how long) .....

Location of Activity: .....

.....

Are there Third Parties involved? YES/NO

If "Yes", please provide details: .....

.....

.....

Travel Arrangements: .....

Approximate number of community participants: .....

Risk Management Form Completed: YES/NO

Certificate of Currency required? YES/NO

If yes, provide details of parties to be noted: .....

.....

.....

Rotarian Contact: .....

Details: Phone/Fax Number: .....

Email address: .....

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

Please complete form and return to District 9650 Insurance Officer, Glenn York, PO Box 1647 Coffs Harbour, 2450 OR glenn.york@insuranceadviser.net