

PUBLIC LIABILITY INSURANCE APPLICATION

It is understood that as part of the agreement that the Organisation/User is required to hold Public Liability Insurance cover. If cover is not held, a fee stipulated below depending on the category chosen is payable for insurance associated for the nominated event and date. That insurance cover is retained by Council and in the event of any adverse event Council staff should be notified immediately.

This cover protects the Organiser/User in the event of it being held legally and to pay for loss, damage or injury to others or their property occasioned though their negligent acts or omissions. This agreement does not include cover for the applicants own property items. However, for any damage to Council property or harm/loss to its employees caused by the Hirer/User, it will be the responsibility of that party to make restitution to Council as directed.

Please note: ABN & ACN holders, coverage may not be offered. Please check with your Event Organiser/Council Officer prior to completion of this form.

In the event of a claim arising (Limit of Liability \$20,000,000), the applicant shall pay the first \$500.00 in respect of each and every claim.

For further information regarding this application please contact City of Ballarat Risk & Insurance Administration Officer on 03 5320 5706

Indemnity

I/We understand and acknowledge that in signing this Agreement I agree to indemnify and hold harmless Ballarat City Council, its employees and volunteers against any sums that I/We become legally liable to pay as a result of personal injury, property loss or any other loss occasioned by a Third Party as a result of my/our personal acts or omissions.

A

Hirers of Council Facilities \$33.00 Plus Hire Charges (No more than 52 times per year)

B

Stall Holder \$33.00 Festivals/Programs (one off) Per Stall Holder

Performers \$33.00 Per Performance (per day)

Buskers \$33.00 Per Busker

Street Stall Holders \$33.00 Per Street Stall Holder

Artists \$33.00 Per Artist Per Commission

Name of Organisation

ABN / ACN

Name of Representative

Address: (No PO Box Allowed)

Email

Telephone Number

Name of Event

Brief explanation of the activity the applicant will be undertaking at the event

Location of event

Date of coverage

Payment

Public Liability Insurance: _____ Cheques to be made payable to the City of Ballarat

(1.4330.2920.00000.00000.0000) – Payment can be made at the Phoenix Centre - Customer Service 25 Armstrong Street South Ballarat Vic 3350

Total fees payable to the City of Ballarat:Paid:.....

Signed: Date:.....

(Applicant)

Name (Please print):

Signed:..... Date:.....

(City of Ballarat) (Committee)

Name (Please print):

This completed form together with the Statutory Declaration must be forwarded to the City of Ballarat no later than 2 Weeks prior to the above mentioned event for the procession of your application. Date forwarded _____

Privacy Statement: "Personal and or Health Information collected by Ballarat City Council is used for municipal purposes only as specified in the Local Government Act 1989. The Personal and or Health Information will be used solely by Council for these purposes and or directly related purposes. Council may disclose this information to other organisations if required by legislation. The applicant understands that the Personal and or Health Information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or amendment should be made to Council's Privacy Officer".

Statutory Declaration

I (Full name)

Of (Address)

Do solemnly and sincerely declare that:

The Organiser/User of the above stated event does not have Public Liability insurance and therefor requires Ballarat City Council to cover the Organiser/user for the above mentioned event & date.

All the information in the Public Liability for Events Form is accurate to the best of my knowledge and belief.

I have to the best of my knowledge and belief, disclosed all relevant information to the City of Ballarat and have not withheld any relevant information.

I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to the penalties of perjury.

Declared at

In the State of Victoria, on

Signature of person making this declaration

(to be signed in front of an authorised witness)

Before *(print full name)*

Signature of authorised Witness

Address

Occupation

The authorised witness must print or stamp his or her name, address, and title under Section 109 of the Evidence Act 1988. For a list of who can witness statutory declarations, visit <http://www.justice.vic.gov.au/>

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