

# 4WD AUSTRALIA

## VOLUNTARY WORKERS INSURANCE ACTIVITY DECLARATION

The Four Wheel Drive Australia voluntary workers facility warrants activities **must** be approved by your State 4WD Association and notified to the insurance company by the State Association **prior** to the event taking place for cover to be in force.

Please ensure this form is faxed to the secretary of your State Association.

NAME OF CLUB : \_\_\_\_\_

CONTACT NAME : \_\_\_\_\_ PHONE NO : \_\_\_\_\_

DURATION & DATE OF ACTIVITY : \_\_\_\_\_

WHERE IS ACTIVITY BEING UNDERTAKEN : \_\_\_\_\_

\_\_\_\_\_

NO OF WORKERS : \_\_\_\_\_ AVERAGE HOURS WORKED : \_\_\_\_\_

DETAILS OF ACTIVITY : \_\_\_\_\_

\_\_\_\_\_

TYPE OF WORK BEING UNDERTAKEN :

\_\_\_\_\_

\_\_\_\_\_

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### STATE ASSOCIATION USE

Fax to Arthur J. Gallagher

Fax No **08 8172 8100**

This event has been authorised by \_\_\_\_\_ (state assoc)

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

**Please fax this form to Arthur J. Gallagher BEFORE commencement date**

**NB Declaration will not be accepted without State Association authorisation.**

