Federation of Historic Motoring Clubs Inc

PUBLIC / PRODUCTS LIABILITY RENEWAL APPLICATION 2016/2017

Name of	Club:				
Principa	I Address:				
Postal Address:PC					
Affiliated	with which State Association:				
Contact Name: Position:					
Contact Phone No:		Email:			
If you ans	swer YES to any of the following, p	olease attach details;			
Has there	e been or is there now pending any	y claim against the club?	YES	NO	
	on of any incident which may give	mittees or membership, have any knowledge or rise to a claim of the type as would be covered	YES	NO	
Total Nu	mber of Financial Members:				
	**** MINIMUM ANNUA	L PAYABLE IS \$320.00 up to 50 Membe	rs****		
Clubs Clubs Clubs Clubs	51 - 100 members 101 - 300 members 301 - 500 members 500 & over	\$ 5.20 per member			
*Fee pa	ayable is Total Members:	by \$(amount per member) + \$	16.50 I	Policy Fee =	
	TOTAL AN	OUNT PAYABLE \$			
# Premi	um includes GST - on paymen	at a certificate of currency will be issued.			
NB	IB 1. Total members are defined as the maximum number of financial members in the Club during last 12 months.				
	2. Those holding dual club m	nemberships are to be included in both club return	ns.		
Period o	f Insurance: Receipt of Payme	ent to 1/10/17			
		s presented in conjunction with Arthur J Gall de Australia Pty Ltd ABN: 15 066 698 575	agher a	and	
Certifica paymen		warded to all participating clubs on receipt of	this de	eclaration and	
Signed o	on behalf of the club:	Date			
Name		Position:		_	

IMPORTANT NOTICE: COVER IS NOT IN PLACE UNTIL PAYMENT AND APPLICATION FORMS ARE RECEIVED

