



Risk Management Service

## PUBLIC LIABILITY INSURANCE CONFIRMATION REQUEST FORM

**\*\* PLEASE NOTE**

**2 WEEKS NOTICE IS REQUIRED WHEN SUBMITTING REQUESTS**

(see RMS Manual for Churches & Schools for details)

<b>TODAYS DATE</b>	
<b>DATE REQUIRED BY</b>	
<b>REQUESTED BY (NAME)</b>	
<b>CONTACT PHONE NO.</b>	
<b>SDA GROUP INVOLVED</b>	
<b>ORGANISATION NEEDING CERTIFICATE</b> (ie. council, shopping centre, show society) <b>* INCLUDE ADDRESS OF ORGANISATION</b>	
<b>ACTIVITY</b>	
<b>LOCATION</b> (ADDRESS OF ACTIVITY)	
<b>DATE OF ACTIVITY</b>	
<b>HOW DO WE SEND IT TO YOU?</b> (FAX, E-MAIL, POST)	
<b>YOUR POSTAL ADDRESS, E-MAIL ADDRESS or FAX NUMBER</b>	

**RETURN TO:**

Risk Management Service  
Locked Bag 2014  
WAHROONGA NSW 2076  
Ph: 02 9847 3375  
Fax: 02 9489 7428