

PUBLIC LIABILITY INSURANCE CONFIRMATION REQUEST FORM



Risk Management Service

Today's Date _____ / _____ / 20 _____

Name of External Organisation asking for Confirmation _____

Address of Organisation _____

_____ State _____ Postcode _____

Location of Activity _____

Name of SDA Church Organisation organising the Activity _____

What is the activity? _____

Date of Activity _____ / _____ / 20 _____ to _____ / _____ / 20 _____

Has the governing Board or Committee of the SDA Church organisation above approved the activity (note: certificates can only be issued for official church activities). Please circle: YES / NO

Name of Board or Committee that approved the activity _____

Date required by other organisation _____ / _____ / 20 _____

Your Name _____

Your Phone Number _____

Your Email address _____

Your Signature _____

**** PLEASE NOTE ****

Confirmation of Public Liability Insurance may be required by another organisation when hiring or using their property. *Gencon Insurance Company* requires specific details. Please fill in all information requested.