



GOW-GATES INSURANCE BROKERS PTY LTD
(A.B.N. 12 000 837 785)

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ARU Sports Injury and Public Liability Insurance Special Event Application

Please ensure that you complete and return this form 7-14 days prior to event

Event Name: _____

Organiser: _____

Contact Name: _____

Phone AH: _____ BH: _____ FAX: _____

Email: _____

Address: _____

Event Details:

Location of Event: _____

Type of Competition: 7 a side 10 a side 15 a side Senior Junior

Max No. of Games: _____ Age Group of Players: _____

Number of Players who are Current Registered Players with the ARU: _____ **

Number of Players who are **NOT** Current Registered Players with the ARU: _____ **

** Please complete attached list of players

Start Date: _____ Finish Date: _____

PLEASE AMEND ANY INFORMATION ABOVE WHICH IS NOT CORRECT OR OMITTED

Signature: _____ Date: _____ Signed by (name) _____

STATE UNION APPROVAL (name of union): _____

* Cover cannot be provided unless the event is sanctioned by a STATE Union.

Signature: _____ Date: _____ Signed by (name) _____

Please forward this form to:

Gow-Gates Insurance Brokers Pty Ltd GPO Box 4731 SYDNEY NSW 2001

IMPORTANT NOTE:

No cover is in place until Insurers have agreed to the cover. Once confirmation has been agreed, you will be notified accordingly.

