

VOLUNTARY WORKERS INSURANCE

ACTIVITY DECLARATION

The ANFWDC voluntary workers facility warrants activities **must** be approved by your State 4WD Association and notified to the **TCIS** by the State Association **prior** to the event taking place for cover to be in force.

Please ensure this form is completed and either faxed or scanned and emailed 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 :

STATE ASSOCIATION USE

Please fax or email this form to TCIS Brokers BEFORE commencement date

NB Declaration will not be accepted without State Association authorisation.

This event has been authorised by _____ (state assoc)

Signed _____ Position _____ Date _____

Fax to TCIS Insurance Brokers Pty Ltd on fax no **08 8278 8555**

or

Scan and email to **kai@tcis.com.au**