

# VOLUNTARY WORKERS INSURANCE

## ACTIVITY DECLARATION

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

Please ensure this form is faxed 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 :**

\_\_\_\_\_  
\_\_\_\_\_

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### STATE ASSOCIATION USE

Fax to TCIS Insurance Brokers Pty Ltd

Fax No **08 8278 8555**

This event has been authorised by \_\_\_\_\_ (state assoc)

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

**Please fax this form to TCIS Brokers BEFORE commencement date**  
**NB** Declaration will not be accepted without State Association authorisation.