

EXTRA RISKS BLANKET COVER PROTECTION REQUEST FORM



Risk Management Service

Conference/Institution

Address

..... State Postcode.....

Cover required from

Cover required to (for temp cover only).....

Existing certificate? Yes No

(Indicate Certificate No.)

Note:

Any level of cover may be chosen up to a maximum of \$5,000 per incident without needing to specify the items but the cover for loss or damage per item will not exceed 25% of the level of cover chosen.

	<u>Maximum Loss Cover</u>	<u>Maximum Per Item Cover (25%)</u>	<u>Tick One Box</u>
	\$ 5,000	\$ 1,250	<input type="checkbox"/>
	\$ 4,000	\$ 1,000	<input type="checkbox"/>
	\$ 3,000	\$ 750	<input type="checkbox"/>
	\$ 2,000	\$ 500	<input type="checkbox"/>
	\$ 1,000	\$ 250	<input type="checkbox"/>
Other	\$ _____	\$ _____	<input type="checkbox"/>

1. Usual location of items

2. Who will be using items

3. Purpose for which items will be used

4. Places other than usual location where items will be used

SIGNED..... Date.....

(PLEASE PRINT NAME HERE)