

# PUBLIC LIABILITY INSURANCE

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**Please complete this form and fax or email to ICMS Pty Ltd by Friday, 15 May 2009  
(Fax: +61 2 9290 2444, Email: nd@icms.com.au)**

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Exhibitors are required to ensure that they are adequately covered for Public Liability Insurance. This refers to damage or injury caused to third parties/visitors on or in the vicinity of an exhibition stand.

If you prefer, we have retained the services of an insurance brokerage to provide Public Liability coverage, arranged with QBE Insurance (Australia) Limited, for a cost of A\$75.00 plus A\$7.50 GST based on a limit of indemnity of \$10,000,000 any one occurrence. The Insurance has effect from the first day of buildup to the final day of dismantling, being Friday, 19 June 2009 to Friday, 26 June 2009.

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if required:-

I wish to take out Public Liability Insurance for the total period of the exhibition including build-up, exhibition open days and dismantling, Friday, 19 June 2009 to Friday, 26 June 2009, at a cost of A\$75.00 plus A\$7.50 GST. Full payment is enclosed.

## **PAYMENT:**

**CHEQUE:** Please make payable to **ICMS Pty Ltd** and return it with this Order Form, as the insurance charge will not be invoiced separately. Your insurance will not take effect until full payment has been received.

**CREDIT CARD:** Please charge my credit card with \$82.50 for Public Liability Insurance

VISA             MasterCard             American Express

Card Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Card Expiry Date: \_ \_ / \_ \_

Cardholder's Name: (Please print) \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

## **Please Note:**

1. *It is advised that ICMS Pty Ltd receives a fee for arranging and placing this cover.*
2. *This policy provides Public Liability Insurance only and will not respond to any claims arising from the sale or supply of products at the event, except for food or drink.*

Company Name: \_\_\_\_\_ Stand No: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_