

# Aon NFP Insurance Indicative Proposal Form Our Community Fundraising Draw



## Contact Details

Insured Name

Person to contact

Email

Postal address

State

Post Code

Phone No.

ABN

Circle the below Policies you would like indicative quotations for

- Protection Liability

- Public Liability

- Voluntary Workers Personal Accident

- Motor Vehicle – attach schedule

- Property – attach schedule

- Journey

- Cyber

Please state the following:

1. Organisation Employee Numbers:

(a) Paid Employees

(b) Volunteers

(i) Number of Indoor Workers

(i) Number of Outdoor Workers

(i) Number of Manual Labour Workers

2. Revenue details

(a) Total Gross Revenue

3. Details of organisations' activities

Please submit this form to [au.nfp@aon.com](mailto:au.nfp@aon.com)