EOI COVER SHEET

**NAME OF EOI:**

**CONTRACTOR’S DETAILS**

Name of Organisation:

ABN: GST Registered: **Yes / No**

Address: (please circle one)

I acknowledge that I am an appointed person will be required to attend an induction by KDSS prior to the show, impart this information to all employees and complete all necessary induction paperwork.

Phone Number: Contact Person:

Email:

***Closing at 5pm on Thursday 31th March 2022***

***They can be emailed to*** [***mail@katherineshow.org.au***](mailto:mail@katherineshow.org.au)

***or posted to PO Box 339 Katherine 0851.***

**OTHER RELEVANT INFORMATION**

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**Documentary evidence of both insurance covers should be provided with this tender.**

**PUBLIC LIABILITY**

Insurer .............................................................

Policy No ..........................................................

Coverage Amount $.....................................

**WORKERS COMPENSATION**

Insurer ............................................................

Policy No .........................................................

**DETAILS OF INSURANCE COVERAGE**

**EOI AMOUNT, including GST:**

TOTAL amount of CONTRACT $ \_\_\_\_\_\_\_\_\_\_\_\_

TOTAL(In words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature........................................................... Name.............................................. Date ......./....../2022