

CONFIRMATION OF PLACEMENT

Australian Sailing Limited
Tenancy 1001, Building 10
Fleet Workshops Noth Sub base Platypus
120 High Street
North Sydney NSW 2060

Date: 04/12/2020
Account Manager: Joel Steendam

Thank you for using our services to arrange this insurance cover.

Brief details of cover arranged on your behalf are given below. You should refer to the policy documents issued by the insurer for complete policy terms and conditions.

Please read carefully the important notices attached regarding your duty of disclosure. Do not hesitate to contact us with any questions you may have.

Network Insurance Group

A.F.S. 231210
A.B.N. 20 000 669 778

POLICY DETAILS

Type of Policy	Personal Accident
Insured	Australian Sailing Limited
Policy Description	Personal Accident Program
Insurer	AIG Australia Ltd
Policy Number	2300110389
Period of Insurance	01/10/2020 to 01/10/2021

Policy Schedule

Group Personal Accident Insurance

POLICY NUMBER: 2300110389

INSURED: Australian Sailing Limited ABN: 26 602 997 562

POLICY PERIOD: **From: 1st October, 2020** (at 4.00pm. Local Standard Time)
To: 1st October, 2021 (at 4.00pm. Local Standard Time)

INSURED PERSON(S)

Category 1: All current financial members and registered Introductory (SailPass) Members of Australian Sailing Affiliated Clubs.

Category 2: Registered Discover Sailing Centre Students and Discover Sailing Day Participants.

Category 3: Voluntary workers, Directors and Committee members of Australian Sailing Limited and all State and Territory Member Associations.

Category 4: All Guests/Temporary Members of an Australian Sailing Limited Affiliated Club, including SailPass holders:

SCOPE OF COVER:

Category 1: Whilst the Insured Person is:

- (a) Sailing, windsurfing, kite boarding, stand up paddle, cruising, blokarting, motor boating (including navigational events but excluding power boat racing), kayaking/paddling, Rowing and engaging/participating/officiating in organised races.
- (b) Engaging in training or practice for activities as described in (a) above.
- (c) Staying away from the Insured Persons Country of Residence for an extended period for the purposes of participating in activities described above.
- (d) Whilst on the premises of Australian Sailing Limited affiliated club.
- (e) While undertaking an Australian Sailing Limited Training Scheme at an Australian Sailing accredited Discover Sailing Centre.
- (f) On the premises of a Australian Sailing Limited Discover Sailing Centre for the purpose of undertaking an Australian Sailing Limited Training Scheme.
- (g) Travelling directly between the activities described in (a), (b), (d), (e) or (f) and your residence or place of employment or the premises of the Insured

Category 2:

- (a) During an Australian Sailing Limited Discover Sailing Course or Discover Sailing Day.
- (b) For a period of up to 3 months after completion of the course, whilst sailing at an Australian Sailing Limited affiliated club or accredited Discover Sailing Centre

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The Compensation provided will only be payable if an Event listed in this document happens to You whilst:

- (a) You are actually engaged in official unpaid voluntary work and /or activities authorised and under the control of the Insured; or
- (b) You are engaged in necessary direct travel between Your normal place of residence or employment and the place of Your activities.

Category 4:

The Compensation provided will only be payable if an Event listed in this document happens to You whilst :

- (a) on the premises of Australian Sailing Limited affiliated club.
- (b) You are engaged in necessary direct travel between Your normal place of residence or employment and the place of Your activities.

TERRITORIAL LIMIT: Worldwide**AGE LIMITATION:** up to 86 years of age**AGGREGATE LIMITS OF LIABILITY (SPECIAL PROVISIONS – NUMBER 6):**

- (a) \$5,000,000
- (b) \$2,000,000

Section	The Compensation Applicable Under Each Section Of This Policy For Each Insured Person	The Compensation
A	DEATH & CAPITAL BENEFITS	
	Events 1	\$75,000
	Events 2 - 19	\$100,000
	Event 1: Death Benefit is limited in respect of Insured Persons under 18 years to	\$10,000
B	WEEKLY INJURY BENEFITS, Event 20	100% of income to a maximum of \$350/week
	Aggregate Period	52 weeks
	Elimination Period	7 Days
	Events 21 (a) & (b) apply if an amount is shown against Event 20	
C	WEEKLY SICKNESS BENEFITS, Event 22	Nil
	Events 23 applies if an amount is shown against Event 22	

Section	Additional Benefits	The Compensation
1	NON MEDICARE MEDICAL EXPENSES	100% up to \$5,000 Excess \$50
2	PHYSIOTHERAPY BENEFIT	\$750 sub limits apply as per attached endorsement
3	STUDENT TUTORIAL BENEFIT	80% up to a maximum of \$350 per week Excess 7 Days Benefit Period 52 weeks

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4	DOMESTIC HOME HELP BENEFIT	80% up to a maximum of \$350 per week Excess 7 Days Benefit Period 52 weeks
5	DENTAL BENEFIT	\$5,000 sub-limits apply as per attached endorsement
6	FUNERAL BENEFIT	\$10,000 as per attached endorsement
7	PARENT INCONVENIENCE ALLOWANCE	\$25 per day Excess 7 Days Benefit Period 52 weeks
8	FRACTURED BONES BENEFIT	\$5,000, sub-limits apply as per attached endorsement
9	MEDICAL AND EVACUATION EXPENSES	\$100,000

SPECIAL CONDITIONS

Cover under this policy is only extended to claims occurring at an Australian Sailing Affiliated club premises, including organised events; OR at an event that has been organised by or sanctioned by World Sailing or one of World Sailing's Member National Authorities, including but not limited to Australian Sailing. This policy does not extend to cover Members of Affiliated clubs whilst participating in an event or on the premises of a non-affiliated Australian sailing club.

Endorsements

ADDITIONAL BENEFITS SECTION 1: NON-MEDICARE MEDICAL EXPENSES

If an Insured Person sustains an Injury and incurs Non-Medicare Medical Expenses We will pay 100% of the actual Non-Medicare Medical Expenses after deduction of recoveries from any other source and deduction of the Excess OR the maximum amount specified in the Policy Schedule, whichever is the lesser.

Medical Expenses means:

- expenses incurred by, or on behalf of, an Insured Person within 12 calendar months of suffering an Injury, where
- the cost is for treatment by a duly qualified medical practitioner, physician, surgeon, chiropractor, optician, dentist, acupuncturist or other qualified professional alternate therapist, pharmacist, nurse, hospital or ambulance service, for
- medical, surgical, x-ray, hospital or nursing treatment including the cost of medical supplies and ambulance hire but excluding physiotherapy and the cost of dental treatment unless such treatment is necessarily incurred to teeth other than dentures and is caused by an injury, and
- does not include any or part of any expenses for which a Medicare benefit is paid or is payable, nor does it include the balance of monies due or payable by You after deduction of any Medicare benefit or rebate. (Commonly known as the "Medicare Gap".)

There is no cover for Physiotherapy under this section. The only cover provided is under Additional Benefits Section 2 Physiotherapy Benefit.

Refund Not Available:

We shall not be liable to make any refund in respect of:

- Any expense recoverable by You or by the Insured from any other insurance scheme, private health insurance or any plan providing medical or similar coverage or from any other source except for the excess of the amount recoverable from such other insurance plan or source;

More than the specified percentage of each claim less all deductions and the Policy excess;

- Any expense which We are prohibited by Law from paying.

Our Total Liability shall not exceed in the aggregate the amount specified in the Policy Schedule, in respect of any one Injury.

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ADDITIONAL BENEFITS SECTION 2: PHYSIOTHERAPY BENEFIT

If an Insured Person sustains an Injury which within 12 calendar months requires Physiotherapy treatment as recommended by a Doctor, except as per important note below, and treatment is provided by a qualified physiotherapist we will pay the following:

- Visits 1 to 5: 95% of the fees charged less rebates from other sources, subject to a maximum payment of \$45 per visit
- Visits 6 to 10: 80% of the fees charged less rebates from other sources, subject to a maximum payment of \$40 per visit
- All other visits 75% of the fees charged less rebates from other sources, subject to a maximum payment of \$30 per visit.

This benefit is subject to a maximum amount of \$750 any one claim. Important Note:

No Doctors referral is required for the first 5 visits. A Doctors referral is required for all visits thereafter.

ADDITIONAL BENEFITS SECTION 3: STUDENT TUTORIAL BENEFIT - NON-INCOME EARNERS

If You are a full-time student and You suffer Temporary Total Disablement, We will reimburse the cost of student tutorial fees incurred in accordance with the limits and benefit period specified in the Schedule of Benefits, provided that:

- such fees are paid to a professionally qualified tutor, who is not related to the Insured Person, who continues teaching during the period of disability
- such Temporary Total Disablement is certified by a qualified medical practitioner

ADDITIONAL BENEFITS SECTION 4: DOMESTIC HOME HELP BENEFIT - NON-INCOME EARNERS

If You are a non-income earner and You suffer Temporary Total Disablement, We will reimburse the costs of hiring domestic help and/or child minding services reasonably and necessarily incurred provided that:

- such services and domestic help are carried out persons other than members of the Insured Person's family or other relatives permanently living with the injured person
- such child-minding services and domestic help is certified as necessary by a legally qualified medical practitioner.

ADDITIONAL BENEFITS SECTION 5: DENTAL BENEFITS

INSURED EVENTS

Injury resulting directly in the following dental treatment being carried out within twelve (12) months of the date of injury:

Loss of Teeth resulting in prosthetic replacement- \$1,250 per tooth

Damage to Teeth resulting in prosthetic restoration- \$625 per tooth

The Maximum amount payable under this section is limited to \$5,000 any one accident

Cover only applies if the event occurs within twelve (12) calendar months of the date of Injury

ADDITIONAL BENEFIT SECTION 6: FUNERAL BENEFIT

If an Insured Person suffers an Injury resulting in Section A Event 1 Death, we will pay all reasonably incurred funeral expenses.

The maximum amount we will pay is \$10,000.

ADDITIONAL BENEFITS SECTION 7: PARENT INCONVENIENCE ALLOWANCE

If an Insured Person who is:

- under 20 (twenty) years of age, and
- wholly dependent on his/her parents for maintenance and support

is hospitalised as a result of an Injury we will pay the Insured Person \$25.00 (twenty-five dollars) per day they are hospitalised.

This benefit is limited to a maximum of fifty-two (52) weeks and is subject to an excess of 7 days.

ADDITIONAL BENEFITS SECTION 8: FRACTURED BONES

BENEFITS

BENEFIT INSURED EVENTS

Injury resulting in:

As a percentage of the amount shown in the Policy Schedule under Section 8: Fractured Bones Benefit

Skull Fracture	10%
Skull Fracture necessitating surgery	70%
Jaw Fracture	10%
Jaw Fracture necessitating surgery	50%
Cheek Fracture	10%
Cheek Fracture necessitating surgery	40%
Spine Fracture	20%
Spine Fracture necessitating surgery	100%

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Shoulder Blade Fracture	10%
Shoulder Fracture necessitating surgery	60%
Collarbone Fracture	10%
Collarbone Fracture necessitating surgery	30%
Upper arm, forearm Fracture	10%
Upper arm, forearm Fracture necessitating surgery	40%
Elbow Fracture	20%
Elbow Fracture necessitating surgery	30%
Hand Fracture	10%
Hand Fracture necessitating surgery	30%
Finger (one or more) Fracture	5%
Finger (one or more) Fracture necessitating surgery	10%
Rib (one or more) Fracture	5%
Rib (one or more) Fracture necessitating surgery	10%
Hip, Pelvis Fracture	20%
Hip, Pelvis Fracture necessitating surgery	80%
Upper Leg Fracture	10%
Upper leg Fracture necessitating surgery	70%
Kneecap Fracture	10%
Kneecap Fracture necessitating surgery	30%
Lower leg tibia Fracture	10%
Lower leg tibia Fracture necessitating surgery	50%
Lower Leg fibula Fracture	10%
Lower leg fibula Fracture necessitating surgery	20%
Lower Leg tibula and fibula Fracture	30%
Lower leg tibula and fibula Fracture necessitating surgery	60%
Ankle joint Fracture	10%
Ankle joint Fracture necessitating surgery	40%
Foot Fracture	10%
Foot Fracture necessitating surgery	30%
Toe (one or more) Fracture	5%
Toe (one or more) Fracture necessitating surgery	10%

(iii) the cost of emergency dental treatment up to a maximum amount of \$1,000 per person for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth arising out of competing or training.

(iv) The cost of the Insured Persons burial or cremation overseas, or the transporting of the Insured Persons remains to Australia and cost of burial or cremation in Australia.

In the event of the Insured Person death following a valid claim under this Section. The maximum amount WE will pay is \$10,000 for all costs incurred for transportation, burial and/or cremation. The maximum amount we will pay for all claims combined under this benefit are shown is shown on the schedule.

IMPORTANT NOTICES & INFORMATION

We have prepared this document to assist you to understand important issues relating to your insurances. Please contact your Account Executive if you have any questions or require further advice/assistance.

ESSENTIAL READING OF POLICY WORDING

The policy wordings for your insurances are essential reading to understand what is protected by each policy. Read them carefully as soon as possible and contact us if you have any concerns about the extent of your cover.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until they agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

If you do not tell the insurer something you are required to, they may cancel your contract or reduce the amount they will pay you if you make a claim, or both. If your failure to tell them is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

DUTY OF GOOD FAITH

Both parties to an insurance contract, the insurer and the insured, must act towards each other with the utmost good faith. If you fail to do so, the insurer can cancel your insurance. If the insurer fails to do so, you may be able to sue the insurer.

AVERAGE OR CO-INSURANCE

Some policies contain an Average or Co-insurance clause. This means that if you insure for less than the full value of the property, your claim may be reduced in proportion to the amount of the under-insurance.

Some business interruption policies contain an Average/Co-Insurance clause which has a different application. Check your policy and contact us with any questions.

CONTRACTS AND LEASES YOU SIGN

If you sign a contract with an indemnity, "hold harmless" or release, it can invalidate your insurance – unless you obtain the Insurer's consent in advance.

These clauses are often found in leases and other contracts you sign from time to time relating to your business. Do not sign a contract or lease without contacting us and/or taking legal advice as to whether the contract terms will prejudice your policy.

LEASING, HIRING AND BORROWING PROPERTY

When you lease, hire or borrow property, make sure that the contract clearly identifies who is responsible for insuring the property.

Industrial Special Risks policies automatically cover property which you are responsible to insure, subject to the policy excess. Public liability insurance may assist you meet claims relating to property damage to property which you lease or hire. A sub-limit usually applies to the amount you can claim for damage to property in your care, custody or control.

ADDITIONAL INSURED AND NOTING INTERESTS

If a person is to be named on your policy or insured as a co-insured or joint insured, notify us immediately so we can request this in advance from the insurer. Your property and liability policies will not provide automatic cover for the insurable interest of other parties (e.g., mortgagees, lessors).

Check with us whether the insurer will include someone else as an insured or note their interests before you agree to this in a contract or lease. We cannot guarantee that an insurer will agree to include someone as an insured under your policy or to note their interests on your policy.

CLAIMS OCCURRING POLICIES

Most of your policies do not provide indemnity in respect of events that occurred before the insurance commenced. They cover events that occur during the policy period.

CLAIMS MADE POLICIES

Some policies (e.g. professional indemnity insurance) provide cover on a "claims made" basis. This means that claims first advised to you (or made against you) and reported to your insurer during the policy period are insured under that policy, irrespective of when the incident causing the claim occurred. If you become aware of circumstances which could give rise to a claim, notify the insurer during the policy period.

Report all incidents that may give rise to a claim against you to the insurers immediately after they come to your attention and before the policy expires.

INSURER SOLVENCY

We do not warrant or guarantee the current or ongoing solvency or financial viability of the insurer because we have no control over the insurer's performance and this can be affected by many complex commercial and economic factors.

UNAUTHORISED FOREIGN INSURERS

In limited cases, we may recommend that you insure with an unauthorised foreign insurer. An unauthorised foreign insurer is an insurer that is not authorised under the Insurance Act 1973 (**Act**) to conduct insurance business in Australia and is not subject to the system of financial supervision of general insurers in Australia that is monitored by the Australian Prudential Regulation Authority.

If the insurer becomes insolvent, you will not be protected by the Federal Government's Financial Claims Scheme provided under Part VC of that Act.