

Notes: Renewal 2023 - 2024

Corporate Travel Insurance

Insured: Water Polo Australia Limited

Insured Persons: All Members of National Teams, Coaches, Referees and Officials acting as paid Contractors or Volunteers, Employees, Administrators and Board Members of the Insured including their Accompanying Spouse/Partner and/or Dependent Child(ren).

Period of Insurance:

Inception Date: 30/06/2023 at 4:00 pm (local standard time)

Expiry Date: 30/06/2024 at 4:00 pm (local standard time)

Policy Wording: CT SPDS COVID Cover 16122021, CT 05102021

Scope of Cover: Business Travel: Whilst on Journey to a destination outside the Business Travel Radius stated in the Policy Schedule.

Territorial Limits: Worldwide

Schedule Of Benefits

Aggregate Limit of Liability	\$2,000,000
Aggregate Limit of Liability per Event for Charter Flights/Non-Scheduled Flights	\$1,000,000
Aggregate Limit of Liability per Event for Nuclear, Biological and Chemical Terrorism	\$1,000,000
Maximum Age Limit (sub-limits may apply)	85
Maximum Age Limit (Life Insurance)	65
Policy Currency	AUD
Business Travel Radius (km)	100

Benefits

	Sum Insured
Death and Capital Benefits	\$500,000
Income Multiplier	5
Maximum payable for Insured Persons not earning an Income	\$250,000
Maximum payable for Accompanying Partner	\$250,000
Weekly Injury Benefit	\$1,000
Income Limitation	100%
Deferral Period	Nil
Benefit Period	156 Weeks
Benefit Period (Insured Persons aged 75 and over)	Nil
Weekly Sickness Benefit	\$1,000
Income Limitation	100%
Deferral Period	Nil
Benefit Period	156 Weeks
Benefit Period (Insured Persons aged 75 and over)	Nil
Broken / Fractured Bones Benefits	\$5,000
Injury Resulting In Surgery	\$20,000
Sickness Resulting In Surgery	\$20,000
Loss of Teeth or Dental Procedures	\$2,000
Maximum payable per Tooth	\$250
Accidental HIV Infection Lump Sum Benefit	\$10,000
Childcare Benefit	\$5,000
Coma Benefit	\$18,000
Daily Benefit	\$100
Benefit Period	180 Days
Corporate Image Protection Benefit	\$15,000

Dependent Child Supplement Benefit	\$30,000
Maximum payable per Dependent Child	\$10,000
Driver Services Benefit	\$5,000
Education Fund Benefit	\$22,500
Maximum payable per Dependent Child	\$7,500
Family Accommodation and Transport Expenses Benefit	\$2,000
Financial Advice Benefit	\$10,000
Home and Vehicle Modification Benefit	\$10,000
Orphaned Benefit	\$30,000
Maximum payable per Dependent Child	\$10,000
Partner Accidental Death Benefit	\$30,000
Partner Training Benefit	\$15,000
Retraining and Rehabilitation Expenses Benefit	\$6,000
Unexpired Membership Benefit	\$1,000
Medical and Medical Evacuation Expenses	Unlimited
Ongoing Medical Expenses	Unlimited
Maximum payable for Ongoing Medical Expenses outside Australia	\$50,000
Hospitalisation Overseas Expenses Benefit	\$6,000
Daily Benefit	\$200
Benefit Period	30 Days
Additional and/or Forfeited Expenses	\$100,000
Corporate Event Benefit	\$5,000
Hijack Benefit	\$30,000
Daily Benefit	\$1,000
Benefit Period	30 Days
Illegal Detention Benefit	\$15,000
Daily Benefit	\$500
Benefit Period	30 Days
Legal Expenses	\$50,000
Missed Transport Connection	\$10,000
Overbooked Flight Benefit	\$2,500
Pet Boarding Expenses Benefit	\$2,500
Repatriation of Mortal Remains / Funeral Expenses	\$50,000
Trauma Counselling Benefit	\$10,000
Loss of Deposits and Cancellation Expenses	\$100,000
Leisure Travel Limitation	\$20,000
Baggage Benefit	\$10,000
Maximum payable for Any One Article	50%
Data Connection Benefit	\$2,000
Data Recovery Benefit	\$5,000
Delayed Baggage	\$3,000
Electronic Equipment	\$10,000
Excess	\$250
Identity Theft Extension Benefit	\$20,000
Lost Keys and Locks	\$2,000
Money Benefit	\$5,000
Repatriation of Belongings Benefit	\$2,500
Kidnap, Detention, Extortion and Ransom	\$500,000
Maximum payable for Events in Mexico, Central America or South America	\$250,000
Extra Territorial Workers Compensation	\$1,000,000
Hire Vehicle Excess Benefit	\$10,000
Private Vehicle Excess Benefit	\$5,000
Towing Expenses	\$5,000
Alternative Employee / Resumption of Journey Expenses Benefit	\$20,000
Personal Liability	\$10,000,000
Political Risk, Natural Disaster and Personal Safety Evacuation Expenses	\$50,000
Evacuation Accommodation Expenses	\$7,000
Benefit Period	14 Days

Daily Benefit	\$500
Search and Rescue Expenses	\$20,000
Life Insurance	\$50,000
Financial Collapse Benefit	\$25,000
Death by Specified Sickness	\$25,000
Maximum Age Limit (sub-limits may apply)	65
Domestic Help Benefit	\$13,000
Expense Limitation	100%
Deferral Period	Nil
Benefit Period	26 Weeks
Premature Birth/Miscarriage Benefit	\$5,000

If there is no amount shown against any one or more of the above Sections, no cover is provided in respect of them.

Endorsements To Policy Wording / Schedule

Death By Specified Sickness

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers one of the following Specified Sicknesses which results in their death which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Specified Sicknesses

- myocardial infarction (heart attack) or ischaemic heart disease
- pulmonary embolism or lower respiratory disease
- stroke
- cancer
- rabies
- dementia

Compensation

We will pay the amount shown in the Policy Schedule against "Specified Sickness". Conditions

1. A Sickness will be deemed to have commenced when the symptoms of the Sickness are such that a reasonable Person in the circumstances of the Insured Person would seek medical treatment.
2. Death must occur within twenty-eight (28) consecutive days of the commencement of the Sickness.
3. Death must occur prior to the scheduled end date of the Journey.

Exclusions

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition.
2. No cover is provided for death caused by childbirth, pregnancy or any complications thereof.
3. No cover is provided for a deliberately self-inflicted Injury.
4. No cover is provided for death caused by the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel.
5. No cover is provided for death caused by a sexually transmitted disease, or Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection.
6. No cover is provided for any Journey within the Insured Person's Country of Domicile.
6. No cover is provided for any Journey which did not originate from Australia or New Zealand.
7. No cover is provided for death which occurs as a direct or indirect result of the Insured Person:
 - a. not following any warning issued by the Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent, that recommends travellers do not undertake travel at all (i.e. Travel Advice warning Level 4); or
 - b. not taking appropriate action to avoid or minimise any potential claim from the above by either remaining in the country or region when advised to leave, or travelling into such country or region when advised not to do so.
8. No cover is provided for Insured Persons who, at the time of death, have attained:
 - a. the age of sixty-five (65) or over or;

b. the age shown in the Policy Schedule against "Maximum Age Limit (sub limits may apply)". whichever is the lesser.

Domestic Help Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person who does not generate or earn an Income, sustains an Injury which results in the following:

- Temporary Total Disablement

and as a result incurs reasonable expenses for domestic help, covering at home childcare, routine household cleaning and garden maintenance activities, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay for or reimburse the above expenses. The maximum amount We will pay is 1/7th of the amount shown in the Policy Schedule against "Domestic Help Benefit", per day of continued disablement.

Conditions

1. The Insured Event must occur within three hundred and sixty-five (365) consecutive days of the date of the Injury.
2. The Insured Person must as soon as possible after the happening of any Injury giving rise to a claim, procure and follow proper medical advice from a Medical Practitioner.
3. All Compensation shall be paid monthly in arrears.
4. Domestic help must be certified as necessary by a Medical Practitioner.
5. Domestic help must not be performed by a person who is a Relative of the Insured Person.

Exclusions

1. No cover is provided for any Injury that is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any Pre-Existing Condition.
3. No cover is provided for Insured Persons who have attained:
 - a. the age of seventy-five (75) or over or;
 - b. the age stated in the Policy Schedule against "Maximum Age Limit (sub limits may apply)". whichever is the lesser.

Premature Birth/Miscarriage Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury, which as a direct result causes premature childbirth (prior to twenty-six (26) weeks gestation) or miscarriage, which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay the amount shown in the Policy Schedule against "Premature Birth/Miscarriage Benefit".

Conditions

1. A Medical Practitioner must certify that the premature birth or miscarriage was caused by the Injury.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Changes to General Exclusions

The following exclusion is deleted from the General Exclusions in the Policy Wording.

6. No cover is provided for an Insured Person engaging in or taking part in or training for Professional Sports of any kind.

IMPORTANT NOTICES & INFORMATION

We have prepared this document to assist you to understand important issues relating to your insurances. We recommend that you read it carefully. Please contact your Account Manager / Executive if there is anything you do not understand, or if you have any questions. Further information can be found within our Financial Services Guide.

Information for Retail Clients

The following information relates specifically to Retail Clients.

As per the Corporations Act 2001 (Cth), you are a Retail client if:

- You are an individual or the insurance product is used in connection with a small manufacturing business employing less than 100 people or any other business employing less than 20 people.

and

- You are being provided a financial service or product that relates to the following insurance covers: Motor Vehicle, Home building/contents, Sickness and Accident, Consumer Credit, Travel or Personal and Domestic Property

Product Disclosure Statement

If you are buying a Retail Product, we will also provide you with a Product Disclosure Statement (PDS). This will contain information about the policy to help you to make an informed decision about purchasing that product.

General Advice Warning

If you are a Retail Client (refer above) and a Statement of Advice has not been provided to you with this invoice, then the advice that we are giving you related to this transaction is General Advice. General Advice is advice that has been prepared without considering your current objective's, financial situation or needs. Therefore, before acting on this advice, you should consider the appropriateness of the advice having regard to your current objective's, financial situation or needs. If the advice provided relates to the acquisition or possible acquisition of a new insurance policy, you should consider the enclosed PDS prior to making the decision to purchase this product. Information regarding the income we have been paid by the insurer for this transaction is available upon request

Cooling Off Period

Your PDS will contain information relating to your cooling off rights. You may be entitled to a minimum of 14 days cooling off period, from the date the cover commences, during which you can cancel your policy and receive a refund of all money paid. Cooling off periods can vary so you should check your policy carefully and contact us if you have any questions about your cooling off rights.

Your Duty of Disclosure

When you take out insurance, renew, or vary a policy you hold, you have a duty to disclosure under the Insurance Contracts Act 1984. Your duties will differ depending on the type of insurance you are taking out, renewing, or varying.

The duty not to make a misrepresentation applies to insurances that are wholly or predominately for personal, domestic, or household purpose. This duty will also apply when you are taking out a new policy and the insurer has issued a notice that it is a consumer insurance contract.

This duty applies to all policies entered into that are effective on or after 05th October 2021.

For all insurances that are not a consumer insurance contract, the duty of disclosure applies.

DUTY TO NOT MAKE A MISREPRESENTATION

Applicable to Consumer Insurance Contracts (personal/domestic)

You have a duty under the Insurance Contracts Act 1984 to take reasonable care not to make a misrepresentation to the insurer (your duty).

Your duty applies only in respect of a policy that is a consumer insurance contract, which is a term defined in the Insurance Contracts Act.

Your duty applies before you enter into the policy, and also before you renew, extend, vary, or reinstate the policy.

Before you do any of these things, you may be required to answer questions and the insurer will use the answers you provide in deciding whether to insure you, and anyone else to be insured under the policy, and on what terms.

When you renew your policy, we will include information you have previously told us that is relevant to your policy, which we passed on to the insurer. The insurer requires you to contact us to tell us if this information is incorrect, or if it has changed. If you do not tell us about a change to something you have previously told us, the insurer will take this to mean that there is no change.

To ensure you meet your duty, your answers to the questions must be truthful, accurate and complete. This duty also applies when you contact us to advise of any information that is incorrect or has changed when you renew your policy.

If you fail to meet your duty, the insurer may be able to cancel your contract or reduce the amount it will pay if you make a claim, or both.

If your failure is fraudulent, the insurer may be able to refuse to pay a claim and treat the contract as if it never existed.

DUTY OF DISCLOSURE

Applicable to Non-Consumer Insurance Contracts

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, that 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

Utmost Good Faith

Every contract of insurance is subject to the doctrine of utmost good faith which requires that the parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by Insurers.

Complaints or Disputes

If you have a complaint about the service provided to you, we have a Complaints Management Policy that aims to provide a prompt resolution. Please refer to our website or FSG for full details.

Terms of Payment

When we arrange, renew or vary cover on your behalf, we will invoice you for the premium, statutory charges (e.g. stamp duty, fire services levies, GST, etc.) and our brokerage &/or fees. If you do not pay the amount shown on your invoice within 14 days from the date shown on the invoice, the insurer may have the right to cancel your policy. The insurer may also charge a short-term penalty premium for the time on risk. Check your invoice for payment options.

Disclaimer

This Tax Invoice is a summary only (errors and omissions excepted) and does not purport to be a copy of the insurer's policy or other documents. In case of any discrepancy, the insurer's documents will prevail.

Essential Reading of Policy Wording

The policy wordings for your insurances have either been provided to you or will be sent to you as soon as they are received from your Insurers. We recommend that you read these documents carefully as soon as possible and advise us in writing of any aspects which are not clear to you or if any aspect of the cover does not meet with your requirements.

Unnamed Parties

In most cases, the insurable interest of lessors, financiers, trustees, mortgagees, owners and all other parties who have a legal interest or charge over the Property Insured are automatically included as third-party beneficiaries without needing to be noted on the Policy.

If you require a person to be named as a co-insured, joint insured or insured person to be covered by your policy, you must request this. Please note, we cannot guarantee that an insurer will accommodate a request to include a further party as an insured on your policy.

If this is a requirement under a contract or agreement, do not sign the contract without checking with us as to whether the insurer is prepared to include the other party as an insured.<http://networksteadfast.com.au>

Non-Renewable Insurance

Cover under your policies terminate on the date as indicated on our tax invoice or adjustment note. Some policies are not renewable contracts. If you wish to effect similar insurance for any subsequent period, it will be necessary for you to complete a new proposal prior to the termination of the current policy so that terms of insurance and quotations can then be developed for your consideration.

Subrogation and/or Hold Harmless Agreements

You can prejudice your rights to claim under your insurance if you make any agreement with a third party that will prevent or limit the Insurer from recovering the loss from that party (or another party who would otherwise be liable). This can occur when you sign a contract containing an indemnity clause, "hold harmless" clause or a release – unless you obtain the Insurer's consent in advance. This is because some policies contain a 'contractual liability exclusions' that mean the Insurer can refuse to pay or reduce the amount it is liable to pay by the extent to which it is unable to recover from the third party. These exclusions are often found in public and products liability, broadform liability and professional indemnity policies. Examples of such agreements are the "hold harmless" clauses which are often found in leases, in property management contracts, in maintenance or supply contracts from burglar alarm or fire protection installers and in repair contracts. Other contracts you sign from time to time relating to your business operations (e.g. supply agreements, equipment hire contracts, event hire contracts, labour hire contracts, subcontracts, design and construct contracts, consultancy agreements etc.) may contain indemnity clauses and releases which may trigger the operation of policy exclusions or breach the conditions of your insurance. Do not sign a contract or lease without contacting your broker and/or taking legal advice as to whether the contract terms will prejudice your insurance protection under your policies. If you are in doubt or require further assistance, please consult your Account Manager.

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. This will help avoid arguments after a loss and ensure that any claims are efficiently processed.

Industrial Special Risks policies automatically cover property which you are responsible to insure, subject to the policy excess. The decision as to who should insure the property is not left to your discretion. You may have other insurance (for example, public liability) which may assist you meet claims relating to property damage or personal injury caused to or by property which you lease or hire. Please note, there is usually a sub-limit on the amount of claims that can be made for damage to property in your temporary care, custody or control. If the responsibility to insure lies with the owner, we recommend you try to ensure

the lease or hire conditions waive any rights of recovery against you, even when the damage is due to your negligence. This will prevent the owner's Insurer making a recovery against you. If there are no conditions relating to responsibility to insure in the hire or lease contract, you should write to the owner asking who is to insure the property.

Underinsurance, Average or Co-Insurance Clauses

Some policies contain an Underinsurance 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 underinsurance. These clauses are also called "Average" or "Co-Insurance" clauses.

A simple example is as follows:

Replacement Value	\$580,000
Sum Insured	\$400,000
Amount of Claim	\$80,000

The application of underinsurance is calculated as:

$$\text{claim} \times 80\% \text{ of replacement value} \div \text{sum insured}$$
$$\$80,000 \times \$464,000 \div \$400,000 = \$68,966$$

Some Business Interruption policies contain an underinsurance, but the calculation is different. Generally, the Rate of Gross Profit, Revenue or Rentals (as applicable) is applied to the Annual Turnover, Revenue or Rentals (as applicable) (after adjustment for business trends or other circumstances). If you are in any doubt about whether and how Average/Co-Insurance clauses apply to your insurances, please contact your Account Manager for assistance.

Insurance Placed with 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. If your Account Manager recommends that you insure with an unauthorised foreign insurer, they will provide you with relevant information to make an informed decision.

Claims Occurring Prior to Commencement

Your attention is drawn to the fact that 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 time the policy is current.

Claims Made During the Period of Insurance

Some policies (for example, Professional Indemnity insurance) provide cover on a "claims made" basis, which means that claims first advised to you (or made against you) and reported to your insurer during the Period of Insurance are recoverable irrespective of when the incident causing the claim occurred, subject to the provisions of any clause relating to a "retroactive date".

You should also note that, in terms of the provisions of Section 40(3) of the Insurance Contracts Act 1984, where you give notice in writing to the Insurer of facts that might give rise to a claim against you as soon as is reasonably practicable after you become aware of those facts (but before the insurance cover provided by the contract expires)

then the Insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the Period of Insurance cover provided by the contract.

In order to ensure that any entitlement under the policy is protected, you must therefore report all incidents that may give rise to a claim against you to the Insurers without delay after such incidents come to your attention and prior to the expiration of the policy period.