

Policy Schedule

TAX INVOICE

You will only be entitled to insurance cover under the section or sections which you have selected and for which you have paid the required premium.

Policy Number – PMEL99/0107198

The Insured	CALISTHENICS VICTORIA LTD
Address	6/104 Ferntree Gully Road East Oakleigh 3166 Australia
Sport/Business	Calisthenics
Teams/Members	8302 PLAYERS
Period of Insurance	From 1/01/2017 to 1/01/2018 , at 4:00 pm and any subsequent period for which the insured shall have paid and The Underwriter(s) shall have accepted the new premium.

Cover Details

SPORTS INJURY

UNDERWRITTEN BY Certain Underwriters at Lloyd's under contract number B133816SCA0009

Section 4.1	Capital Benefits	The percentage of this amount which is Payable for each of Events 1 to 14 is set out in the policy	\$ 50,000
Section 4.2.1	Medical Benefits	The percentage of the Medical Expenses covered under this section is	85%
Section 4.2.2	Physio Benefits	The percentage of physiotherapy expenses covered under this Section is	AS PER POLICY
<p>The Excess payable for each claim under Section 4.2 is \$ 50 Excess The maximum amount payable per claim under Section 4.2 is \$ 2,000</p>			
Section 4.3.1	Loss of Income	The amount payable is the lesser of 75% Net Income Lost or	\$ 350 Per Week
Section 4.3.2	Student Allowance		AS PER POLICY
Section 4.3.3	Domestic Home Help		AS PER POLICY
<p>The Excess Period under Section 4.3 is 7 Days The Maximum Benefit Period under Section 4.3 is 52 Weeks</p>			
Section 4.4	All benefits excluding 4.4.1		AS PER POLICY
Section 4.4.1	Injury Assistance	The maximum amount per claim is	\$ 1,500 Limit

SPORTSCOVER™ • Melbourne • Sydney • London • Shanghai •

Melbourne: 271-273 Wellington Rd, Mulgrave
 Locked Bag 6003, Wheelers Hill, VIC 3150

T: +61 (0)3 8562 9100 **F:** +61 (0)3 8562 9111

Claims Hotline: 1300 134 956 (Aust Only)

Sydney: Suite 305, 25 Lime Street, Sydney
 PO Box Q896, QVB, NSW 1230

T: +61 (0)2 9268 9100 **F:** +61 (0)2 9268 9111

Email: asiapac@sportscover.com

ACN 006 637 903 ABN 43 006 637 903 AFS Licence Number 230914

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UNDERWRITING AGENCY OF THE YEAR INAUGURAL WINNER

Additional Benefits

1. Modification Expenses	Up to \$10,000
2. Funeral Expenses	Up to \$5,000
3. Parents Inconvenience Allowance	\$25 Per Day Maximum Benefit \$1,500
4. Non Medicare Medical Costs	85% to maximum \$2,000
Excess	\$50
Aggregate Limit of Liability	\$2,000,000

TABLE OF INSURED EVENTS

Insured Events % of Max Capital Sum payable

1. Death and Permanent Total Disablement Under 18 years 100% 20%
2. Permanent paralysis of all limbs 100%
3. Permanent loss of use of two limbs 100%
4. Permanent loss of use of one limb 60%
5. Permanent total loss of sight 100%
6. Permanent total loss of sight in a remaining eye 100%
7. Permanent total loss of sight or the lens in one eye 50%
8. Permanent total loss of hearing 75%
9. Permanent total loss of hearing in one ear 25%
10. Permanent total loss of Liver 75%
11. Permanent total loss of two kidneys 75%
12. Permanent total loss of one kidney 35%
13. Permanent total loss of sexual function 45%
14. Permanent total loss of two testicles 40%
15. Permanent total loss of one testicle 7.5%
16. Permanent total loss of spleen 30%
17. Permanent disfigurement to 100% of the surface of the head and neck 50%
18. Permanent disfigurement to 100% of the surface of the remainder of the body 25%
19. Permanent total loss of use of a thumb and all fingers on one hand 50%
20. Permanent total loss of use of all the fingers on one hand 40%
21. Permanent total loss of use of a thumb 30%
22. Permanent total loss of use of one joint of a thumb 15%
23. Permanent total loss of use of a finger 10%
24. Permanent total loss of use of two joints of a finger 7.5%
25. Permanent total loss of use of one joint of a finger 5%
26. Permanent total loss of use of a foot 15%
27. Permanent total loss of use of a big toe 5%
28. Permanent total loss of use of one joint of a big toe 3%
29. Permanent total loss of use of each other toe 3%
30. Broken leg or kneecap that will not join 10%
31. Shortening of a leg by at least 5 centimetres 7.5%
32. Any permanent disability or disfigurement that is not total or is not listed under Events 8 to 31 above will be paid for in proportion to the degree of Permanent Disability as compared with the cases as listed above without taking into account the Occupation of the Insured Person.

Issued subject to the terms of the attached Policy Wording and signed by the authorised Representative of Sportscover Australia Pty Ltd on behalf of the Underwriter/s detailed above.

Premium	As Agreed
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27/02/2017

SIGNATURE

DATE

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