

Policy Schedule

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 – PMEL99/0112072

The Insured	GYMNASTICS AUSTRALIA AND ALL STATE ASSOCIATIONS AND AFFILIATED CLUBS
Address	Sports House Albert Park, 375 Albert Road Albert Park 3206 Australia
Sport/Business	Gymnastics
Teams/Members	212898 PLAYERS
Period of Insurance	From 31/12/2021 to 1/11/2022 , 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 & HDI Global Specialty SE-Australia under contract number B1740PGL210963000 & SCA/2021 respectively

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	\$ 100,000
Section 4.2.1	Medical Benefits	The percentage of the Medical Expenses covered under this section is	75%
Section 4.2.2	Physio Benefits	The percentage of physiotherapy expenses covered under this Section is	AS PER POLICY
The Excess payable for each claim under Section 4.2 is \$ 50 Excess The maximum amount payable per claim under Section 4.2 is \$ 5,000			
Section 4.3.1	Loss of Income	The amount payable is the lesser of 75% Net Income Lost or	\$ 300 Per Week
Section 4.3.2	Student Allowance		AS PER POLICY
Section 4.3.3	Domestic Home Help		AS PER POLICY
The Excess Period under Section 4.3 is 14 Days The Maximum Benefit Period under Section 4.3 is 52 Weeks			
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

It is hereby agreed and declared that with effect from inception the policy is amended as follows:

2. Words with Special Meanings

2.9 is deleted and replaced with the following;
Definition of Insured includes:

Gymnastics Australia Limited Trading As Gymnastics Australia and State Associations and Clubs affiliated directly or indirectly Gymnastics Australia Limited Trading As Gymnastics Australia; registered members and non participating officials including coaches, judges, voluntary workers including co-opted voluntary prospective members for up to four weeks after initial approach and, where applicable, guest gymnasts and carers.

2.10 is deleted and replaced with:

Definition of Insured Persons means:

All employees, staff, registered participating and non participating members, officials, volunteers, club committees, office bearers, medical officers, coaches, judges and prospective members for up to four (4) weeks after initial approach and, where applicable, guest gymnasts.

2.18 is deleted and replaced with the following;

Scope of Cover means:

Principally but not limited to administration, organisation, promotion, product sales, office occupiers and all activities associated with the sport of Gymnastics. Such activities shall include but are not limited to coaching, coaching courses and clinics, holiday and school clinics, competitions, practises and training sessions, seminars and meetings, hire of facilities, teacher education and in service courses, working bees, organised fund raising, Clubs formed by member clubs of Gymnastics Australia for the purpose of fundraising.

All duties connected with the business of the Insured must be undertaken with the approval of Gymnastics Australia Incorporated and/or Affiliated Members Associations and/or Affiliated Regional Associations and/or Affiliated District Associations and/or Affiliated Members Clubs including Property Owners/Occupiers and any other incidental occupation

SCHEDULE OF BENEFITS The Events (as per Policy) Each Insured Person

(Death and/or partial disablement caused by injury - as per Table of Insured Events)

Insured Persons \$100,000

Insured Persons - Death Under 18 \$20,000

Insured Persons - 65 to 85 years old \$20,000

Insured Persons - Quadriplegia / Paraplegia \$250,000

Additional Benefits

Student Assistance Benefit 75% actual costs for members under 25 years Maximum Weekly Amount \$400

Elimination Period 14 days

Benefit Period 52 weeks

Home Help Allowance 75% actual costs Weekly Amount \$400

Elimination Period 14 days

Benefit Period 52 weeks

Parents Allowance for every day a child under 20 years spends in hospital Daily Amount \$50

Maximum Claim Amount \$1,500

Elimination Period 24 Hours

Physiotherapy Benefit

1-5 visits 95% reimbursement

6-10 visits 80% reimbursement

All subsequent visits 75% reimbursement

Rehabilitation Benefit as per policy wording

Bed Care Benefit

Reimbursement 100%

Maximum Weekly Amount \$300

Elimination Period 14 days

Benefit Period 52 weeks

Modification Expenses

Reimbursement Up to

Maximum Claim Amount \$3,500

Funeral Expenses

Reimbursement Up to

Maximum Claim Amount \$5,000

Table of Benefits

1. Death Under 18 years and over 65 years 100% 20%

2. Permanent total disablement 100%

3. Permanent disability not otherwise provided The percentage we determine as being consistent with the compensation provided in this table but not exceeding 75%

4. Permanent paraplegia 100%

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5. Permanent quadriplegia 100%
6. Permanent unsound mind to the extent of legal incapacity 100%
7. Permanent and incurable paralysis of all limbs 100%
8. Permanent total loss of the entire sight of one or both eyes 100%
9. Permanent total loss of hearing in both ears 100%
10. Permanent total loss of the use of both hands 100%
11. Permanent total loss of the use of both arms 100%
12. Permanent total loss of the use of both feet 100%
13. Permanent total loss of the use of both legs 100%
14. Permanent total loss of the use of one hand and one foot 100%
15. Permanent total loss of the use of one hand and one arm 100%
16. Permanent total loss of the lens of one eye 50%
17. Permanent total loss of the hearing in one ear 50%
18. Permanent total loss of the use of one foot or one leg 50%
19. Permanent total loss of the use of four fingers and thumb 75%
20. Permanent total loss of the use of four fingers of either hand 40%
21. Permanent total loss of the use of one thumb, both joint 30%
22. Permanent total loss of the use of one thumb, one joint 15%
23. Permanent total loss of the use of a finger, three joints 10%
24. Permanent total loss of the use of a finger, two joints 8%
25. Permanent total loss of the use of a finger, one joint 5%
26. Permanent total loss of the use of all the toes of one foot 15%
27. Permanent total loss of the use of great toe, both joints 5%
28. Permanent total loss of the use of great toe, one joint 3%
29. Permanent total loss of the use of other toe, (each toe) 1%
30. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire body 50%

Aggregate Limit Of Liability \$5,000,000

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.



2/02/2022

DATE

Printed by: B.T.

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INSURING SPORT SINCE 1986
2009, 2010 UNDERWRITING AGENCY OF THE YEAR
2014 GENERATION I YOUTH EMPLOYER OF THE YEAR

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