

Insurance Renewal Schedule

Thank you for insuring with Sportscover. Your current policy expires at 4:00pm on 1/01/2023. To ensure Your continued protection, confirmation that renewal is required must be received in writing by 4:00pm on this date. On receipt of payment the Renewal Schedule will become a Tax Invoice.

Policy Number - PMEL99/0107198

The Insured	CALISTHENICS VICTORIA INC
Address	6/104 FERNTREE GULLY ROAD EAST OAKLEIGH, VIC 3166 AUSTRALIA
Sport/Business	CALISTHENICS
Teams/Members	6842 PLAYERS
Period of Insurance	From 1/01/2023 to 1/01/2024 , 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 B1750L220519 & SCA/2022 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	\$ 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
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			
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
The Excess Period under Section 4.3 is 7 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

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 MaxCapital 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.



How to Complete Your Policy

This insurance schedule shows information about You and the policy we offer. On receipt of Your payment this renewal schedule will become Your current schedule and form the basis of our agreement with You. It should be read along with all other policy documents (Policy version *Player_Accident_Wording_10.21*) for all conditions and limitations of cover.

If Your Details Have Changed

This renewal invitation is based on information that You have previously given Us. If the details shown on the schedule are incorrect or have changed (for example a change in membership/participation numbers) You must notify Us or Your insurance intermediary immediately. Please refer to the Important Notices below for more information.



Broker: HONAN INSURANCE BROKERS

Broker Contact:

