

**SCHEDULE OF COVER
Sports Combined
Our Reference: 09030983**

INSURED

Central Victoria Hockey Association

BUSINESS OF INSURED

Hockey Association

PERIOD OF INSURANCE

01/04/09 to 01/04/10 At 4pm Local Time

SPORTS COMBINED LEGAL LIABILITY

COVERING:

The Insured's legal liability to pay by way of compensation to third parties in respect of Personal Injury and/or Property Damage happening during the Period of Insurance caused by an occurrence in connection with the Business of the Insured (as per the Insurer's Policy Wording).

Public Liability Limit: \$10,000,000
Any One Loss and in the Aggregate

Products Liability Limit: \$10,000,000
Any One Loss and in the Aggregate

Excess: Nil

Endorsements

Geographical Limits

Worldwide excluding USA & Canada.

SPORTS COMBINED - Professional Indemnity

Covering

Providing indemnity to the Insured for legal liability claims made during the Period of Insurance arising from a breach of professional duty, errors or omissions in connection with the sport.

Insured Parties

Coaches, Trainers, Instructors, Officials, Referees, Umpires, First Aid Personnel

Sum Insured

\$2,000,000 any one claim
\$2,000,000 Annual Aggregate

Excess

\$Nil each and every claim

Geographical Limits

Worldwide excluding USA & Canada.

Retroactive Date

Inception

SPORTS COMBINED PERSONAL ACCIDENT

Insured Persons

150 Juniors. 250 Seniors. 35 Coaches/Officials.

Benefits

CAPITAL BENEFITS

The cover under this section provides \$75,000 for death resulting from accident. All other permanent disabilities are calculated using a percentage of the death benefit depending on the severity of the injury. For full details of these percentages, please refer to the Schedule of Capital Benefits contained in the policy wording. Please Note Death is limited to 20% for Members whose age is less than 18.

MODIFICATION EXPENSES

The cover under this section provides for costs necessary up to a maximum of \$10,000 to modify the Member's home and/or motor vehicle, or relocating to a suitable home if they are entitled to 100% of the Capital Benefit.

FUNERAL EXPENSES

The cover under this section reimburses funeral costs up to a maximum of \$5,000.

IN MEMORIAM BENEFIT

The cover under this section provides for reasonable costs associated with observance of the death of a Member up to a maximum amount of \$1,000.

LOSS OF INCOME

The cover under this section pays 100% of the insured person's actual weekly income, up to a maximum of \$500 per week, subject to a 7 day deferral period. Please note that income earned from participating in the sport is not covered. The benefit will be paid for the period of the Total Disablement as certified by a registered medical practitioner or 52 weeks whichever is the lesser.

HOME HELP EXPENSES

The cover under this section reimburses 100% of the actual costs incurred for Home Help from a recognised and licensed Domestic Help Agency, up to a maximum of \$500 per week and subject to a 7 day deferral period. The benefit will be paid for the period of the Total Disablement as certified by a registered medical practitioner or 52 weeks whichever is the lesser.

FULL TIME STUDENT ASSISTANCE BENEFIT

The cover under this section reimburses 100% of the cost of Home Tutorial by a qualified tutor, up to a maximum of \$500 per week and subject to a 7 day deferral period. The benefit will be paid for the period of the Total Disablement as certified by a registered medical practitioner or 52 weeks whichever is the lesser.

PARENT ALLOWANCE

The cover under this section reimburses \$25 per day in-patient benefit to a full time student under 25 years of age for continuous confinement in hospital because of an accident. The benefit is limited to \$1,500.

DEPENDENT CHILDREN'S ALLOWANCE

The cover under this section provides for reasonable costs incurred by the Dependent Children of a Member whilst the Member is undergoing medical treatment. The benefit is limited to \$500.

MEDICAL AND DENTAL COSTS

The cover under this section reimburses 85% of non-Medical treatment including ambulance, hospital accommodation/theatre fees, orthotics, splints, prosthesis, treatments given by a dentist, chiropractor, masseur, naturopath, osteopath or physiotherapist. The maximum benefit for this section is \$2,500. All treatment must be certified by a registered medical

practitioner and not subject to any Medicare rebate. All claims are subject to a \$50 excess if no private health cover. Any expenses must be incurred within 12 months of the insured person sustaining the injury.

HOME NURSING CARE

The cover under this section provides for nursing care provided by a registered nurse (not related to the Member) where they are confined to bed for a period of not less than 7 days if certified medically necessary. The maximum weekly benefit payable is \$300 per week, and is subject to a 7 day deferral period. The benefit will be paid for the period of the Disablement as certified by a registered medical practitioner or 52 weeks whichever is the lesser.

ANCILLARY NON MEDICAL EXPENSES

The cover under this section provides for ancillary non medical expenses (expenses related to medical treatment if certified as necessary, i.e. expenses include items such as travel to receive treatment, but does not include wages lost by any person). The maximum payable under this benefit is \$1,500.

REHABILITATION BENEFITS

The cover under this section provides for reimbursement of:
a) Tuition or advice fees from a vocational college if certified as necessary and agreed to. The maximum payable under this benefit is \$3,000.
b) Rehabilitation expenses (eg gym membership) certified as necessary and agreed to. The maximum payable under this benefit is \$500.

UNEXPIRED MEMBERSHIP REIMBURSEMENT BENEFIT

The cover under this section provides for pro-rata refund of your club's or association's membership/registration fee from the date of injury if the Member can't play for the rest of the season. The maximum payable under this benefit is \$500.

DOUBLE CAPITAL SUM INSURED

The cover under this section provides for double the Capital Sum Insured to be paid for a person under 12 years of age who suffers: permanent total disablement or permanent paralysis of all limbs.

MISCARRIAGE AND PREMATURE CHILDBIRTH

The cover under this section provides for \$2,500 compensation for Miscarriage and Premature Childbirth as a direct result of an Accident whilst participating.

HIV

The cover under this section provides for 10% of the Permanent Total Disability Benefit 1, as listed in the Schedule of Capital Benefits if contracted as a result of an accident.

KIDNAPPING

The cover under this section provides for 10% of the Permanent Disability Benefit 1 as listed in the Schedule of Capital Benefits.

Geographical Limits

Worldwide excluding USA & Canada.

POLICY WORDING

Insurers Standard Wording

INSURER

Calliden Insurance Limited
PO Box 348 MILSONS POINT NSW 1565

PER CENT POLICY NO.

100.0000 SP300138

LIABILITY FOR GOODS AND SERVICES TAX (GST)

As the services described herein may or will include the provision of services beyond 30th June 2000 (being the expected commencement date of the Goods and Services Tax (GST) or similar tax), we advise that any such liability for the cost imposed by this tax will be in addition to any premiums, charges and/or fees detailed herein and you will fully reimburse us for any such impost.

SPECIAL NOTE

This memorandum is prepared as a summary of the insurance policy. It is not a complete description of all the policy's terms, conditions and exclusions.

In determining a claim, or questions with regard thereto, the provisions of the policy will prevail.

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