



Group Personal Accident and Sickness Policy Schedule

CLASS OF INSURANCE:	Group Personal Accident and Sickness
POLICY No.:	00395
UNIQUE MARKET REFERENCE:	B6839A12027AAA
INSURED:	Central Coast Football Ltd and/or subsidiary and/or related Corporations as defined under Australian Corporations Law and/or financiers and all parties for whom the Insured undertakes to insure for their respective rights, interests and liabilities.
INSURED PERSON(S):	All players and/or non-playing officials including team managers, referees, trainers, coaches, masseurs, committee members, directors, office bearers, administrators, employees, executive officers, selectors, ball boys, medical officers, physiotherapists, ambulance officers, voluntary workers and other match officials of the Insured
INSURANCE PERIOD:	From: 31 December 2020 at 4:00 pm (AEST) To: 31 December 2021 at 4:00 pm (AEST)
SCOPE OF COVER:	<p>Any authorised activities undertaken for, on behalf and under the control of the Insured including:</p> <ul style="list-style-type: none">- Playing in official matches sanctioned by the Insured(s)- Engaged in official training or practice (including practice matches)- Engaged in fundraising activities for the Insured- Staying away from the Insured Person's home district including overseas travel during a tour for the purpose of participating in representative matches and/or any other games duly authorised by the Insured- Actually engaged in administrative or organised social activities of the Insured- Unpaid voluntary work performed on behalf of the Insured <p>Cover extends to include direct travel to and from Insured Person's normal place of residence or place of employment to authorised activities of the Insured</p>
POLICY WORDING:	360GPASPDSV118
INSURER:	Certain Underwriters at Lloyd's
ARRANGEMENT DATE:	18 December 2020
BROKER:	Shortland Insurance Brokers Pty Ltd
TERRITORIAL LIMITS:	Worldwide
AGGREGATE LIMIT OF LIABILITY:	\$5,000,000
NON- SCHEDULED FLIGHT AGGREGATE LIMIT OF LIABILITY:	\$0
TOTAL PREMIUM:	As Agreed

Schedule of Benefit

SECTION	MAXIMUM BENEFIT PAYABLE EACH INSURED PERSON
Section A – Lump Sum Benefits <i>Insured Events 1 & 3 – 18</i> <i>Insured Event 2</i>	\$100,000 \$250,000
Section B – Surgical Lump Sum Benefits – Bodily Injury resulting in Surgery <i>Insured Event 19 – 23</i>	\$20,000
Section C – Surgical Lump Sum Benefits – Sickness resulting in Surgery <i>Insured Events 24 – 27</i>	\$20,000
Section D – Weekly Benefits – Bodily Injury <i>Insured Events 28 – 29</i>	\$250
Section E – Weekly Benefits – Sickness <i>Insured Events 30 – 31</i>	\$0
Maximum % of Salary payable	85%
Excess Period	7 days
Benefit Period	52 weeks
Section F – Fractured Bones Benefit <i>Insured Events 32 – 39</i>	\$5,000
Section G – Dental Benefits <i>Insured Events 40 – 41</i>	\$1,000
Additional Benefits – Domestic Help or Student Tutorial Benefits	\$250 per week for an aggregate period of 52 weeks
Non-Medicare Medical Expenses	Limited to 100% of costs up to a maximum of \$5,000
Non-Medicare Medical Expenses Excess	\$50 Nil if in a health fund



SCHEDULE ATTACHING TO AND FORMING PART OF POLICY NUMBER 00395

Claims Experience Discount (Ced)

Subject to the policy being renewed with 360 Accident & Health Pty Ltd (360) for a further twelve months and the policy period Loss Ratio is 40% or less, 360 will allow a refund calculated as follows, to a maximum of 7.50% of the base premium:

- I. 50% of the final base premium for the period, Less
- II. ii Claims Incurred for the period

"Final Base Premium" means the premium payable for the period inclusive of commission but exclusive of statutory charges.

"Claims Incurred" means claims paid plus reserves for outstanding claims which occurred during the period of insurance, it being understood and agreed that all known losses will be reported promptly to 360 when they come to the Insured's notice. The calculations will be made 180 days after the expiry of the period of insurance and any refund due to the Insured shall be paid accordingly

Rate Guarantee

We will guarantee to retain the current rate subject to the numbers staying constant and the Loss Ratio including IBNR being less than 50%.

Scope of Cover

In respect to direct travel to and from the Insured Person's normal place of residence or place of employment to authorised activities if the Insured including playing in official matches, engaged- in official training or practice (including practice matches) or fundraising activities for the Insured, any Capital Benefit amounts payable shall be limited to 20% of the applicable benefit.

Domestic Help

If, as a result of a bodily injury during the insurance period, an insured person is not in receipt of a pre-disability salary and entitled to claim a benefit under Section D – Weekly Benefits – Bodily Injury, we will pay up to the weekly amount shown on the schedule for the cost of hiring domestic help and/or child-minding services reasonably and necessarily incurred. Cover only applies if:

- I. Such child-minding services and domestic help are carried out by persons other than members of the insured person's family or other relatives or persons permanently living with the insured person.
- II. Such child-minding services and domestic help is certified by a doctor as being necessary for the recovery of the insured person payable from the 8th day of treatment by a doctor.

Student Tutorial Benefits

If, as a result of a bodily injury during the insurance period, an insured person is not in receipt of a pre-disability salary and entitled to claim a benefit under Section D – Weekly Benefits – Bodily Injury, we will pay up to the amount shown on the schedule for the cost of student tutorial fees reasonably and necessarily incurred. Cover only applies if:

- I. The insured person is a registered full time student.
- II. Such fees are certified by a doctor as being necessary for the insured person as they are unable to attend class due to the bodily injury.
- III. Such fees are paid to persons other than members of the insured person's family or other relatives or persons permanently living with the insured person.

Non-Medicare Medical Expenses

If, an insured person suffers a bodily injury during the insurance period and whilst engaged on authorised activities, we will reimburse the Non-Medicare medical expenses up to the amount shown on the schedule, provided they are incurred within twelve (12) months of the bodily injury. Non-Medicare medical expenses may include private hospital, physiotherapy, chiropractic, osteopathy, ambulance and in some cases where there is no Medicare component, fees for doctor, surgeon, x-ray. Dental treatment is not covered unless such treatment is necessarily incurred to sound and natural teeth and is caused by bodily injury and performed by a dentist. Physiotherapy prior to surgery limited to \$350 per claim

Please note:

- Any benefit payable under Non-Medicare Medical Expenses is less any recovery made from any private health insurance fund with respect to the expense.
- We shall not be liable for any payment in respect of the rendering of a professional service for which Medicare benefit is, or would be payable in accordance with the Health Insurance Act 1973.
- No benefit is payable for any expenses where a Medicare benefit is paid or payable including the balance of monies due or payable by the insured person after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly referred to as the “Medicare Gap”).
- In the event of an insured person becoming entitled to a refund or all or part of such expenses from any other source we will only be liable for the excess of the amount recoverable from such other source.

Funeral Expenses

If during the insurance period and whilst the person is an insured person and engaging in work authorised by and under the control of the insured, an insured person dies, we will reimburse the insured or the estate of the insured person up to a maximum of \$6,000:

- i. All reasonable funeral, burial or cremation and associated expenses; or
- ii. All reasonable expenses incurred in transporting the insured person’s body or ashes to a place nominated by the legal representative of the insured person’s estate.

Accommodation and Transport Expenses

If during the insurance period and whilst the person is an insured person and engaging in work authorised by and under the control of the insured, the insured person sustains a bodily injury and is admitted as an in-patient of a hospital, which is more than one hundred (100) kilometres from the insured person’s normal place of residence, we will pay the actual and reasonable transport and/ or accommodation expenses incurred by their spouse or partner and/or dependent children to travel to or remain with the insured person up to a maximum of \$1,500

Return to Work Assistance is increased to \$20,000 and not as stated in the Policy Wording

Out of Pocket Expenses

If during the insurance period and whilst the person is an insured person and engaging in work authorised by and under the control of the insured, the insured person sustains a bodily injury which directly results in otherwise unforeseeable expenses for medical aids, local transportation (other than in an ambulance) for the purpose of seeking medical treatment, and other non-medical equipment such as clothing and non-medical equipment, we will pay the actual and reasonable costs incurred up to a maximum of \$1,500, provided that those costs are not insured elsewhere under this policy, or we are otherwise prohibited by law from making such payments (for example if a Medicare benefit is payable).

Cyber Risks Endorsement

Any benefits for bodily injury or sickness due to:

- i. the use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
- ii. any computer virus;
- iii. any computer related hoax relating to i and/or ii above

are payable, subject to the terms, conditions, limitations and exclusions of this policy.

Any benefits for Bodily Injury or Sickness caused by or arising out of a Cyber Act or a Cyber Incident are payable, subject to the terms, conditions, limitations and exclusions of this policy.

Cyber Act means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **Computer System**.

Cyber Incident means:

- I. any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **Computer System**; or
- II. any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **Computer System**.

Computer System means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.

This Certificate is issued by the Coverholder shown above in accordance with the authority granted to them by certain Underwriters at Lloyd's under the Agreement referred to herein.

IN WITNESS WHEREOF this Certificate has been signed in Sydney

This 21st day of December 2020



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Authorised Signatory
360 Accident and Health Pty Ltd