

**INSURED** **Football Federation Victoria** including all Leagues and Clubs, affiliated directly or indirectly with Football Federation Victoria; registered members and non-participating officials including coaches, referees, voluntary workers including co-opted voluntary workers, club committee members, office bearers, medical officers and prospective members for up to four weeks after initial approach.

**INSURED PERSONS** All employees, staff, registered participating and non-participating members, officials, volunteers, club committees, office bearers, medical officers, coaches, referees and prospective members for up to four (4) weeks after initial approach.

**ABN AND ITC DETAILS** ABN 97592 993 965 ITC 100%

**BUSINESS** Principally but not limited to administration, organisation, promotion, development, product sales, office occupiers, and all activities associated with the sport of Football (soccer). Such activities shall include but are not limited to coaching and/or refereeing activities, coaching courses and clinics, referee courses and clinics, holiday and school clinics, competitions, state and development squads and training squads, matches, games, practices and training sessions, seminars and meetings, club information sessions and meetings, hire of facilities, grounds, changing rooms, game development programs, teacher education and in service courses, organised fund raising, summer league competition and out of season competitions and all related social and similar activities organised by the Insured.

**GEOGRAPHICAL SCOPE** Worldwide

**JURISDICTIONAL SCOPE** Australia

**GOVERNING LAW OF CONTRACT** Australian

**PERIOD OF INSURANCE** From: 01 November 2010 at 4.00pm Local Standard Time  
 To: 01 November 2011 at 4.00pm Local Standard Time  
 and any further period for which the Insurer agrees to provide cover.

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

**CAPITAL BENEFITS**

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

Insured Persons	\$100,000
Insured Persons – Over 65 years	\$20,000
Insured Persons - Under 18 years	\$20,000
Whilst Travelling – to & from	\$20,000
Permanent & Incurable Quadriplegia / Paraplegia	\$250,000

### **LOSS OF INCOME BENEFITS**

Temporary Total Disablement 75% net weekly income	
Maximum Weekly Amount	\$200
Benefit Period	52 weeks
Elimination Period	14 days or Sick Leave Entitlement (whichever is the greater)

### **NON-MEDICARE MEDICAL BENEFITS**

Reimbursement	80%
Limit per Claim	\$2,000
Excess Per Claim	\$75

### **ADDITIONAL BENEFITS**

#### **Student Assistance Benefit**

Maximum Weekly Amount	\$200
Benefit Period	52 weeks
Excess	14 Days

#### **Home Help Expenses**

Maximum Weekly Amount	\$200
Benefit Period	52 weeks
Excess	14 Days

#### **Parents Inconvenience Benefit**

Maximum Daily Amount	\$25
Maximum Benefit	\$1,500

#### **Modification Expenses**

Reimbursement up to	\$10,000
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### **FUNERAL EXPENSES**

Reimbursement up to	\$5,000
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### **POLICY CONDITIONS**

Limit any one event \$5,000,000

Age Limit – 75 years of age

### **OPTIONAL UPGRADES**

#### **LOSS OF INCOME BENEFITS**

Loss of income upgrades in increments of \$100 / week above the standard \$200 / week.

The costs associated for increased coverage over and above the first \$200 per week coverage are \$190 per senior team and \$65 per junior team (both inclusive of GST).

#### **NON-MEDICARE MEDICAL BENEFITS**

Increase the reimbursement amount to 90% with a maximum claim of \$4,000.

The costs associated for this increased coverage is \$90 per team (inclusive of GST).

**The upgrade options above can only be purchased on a per teams basis (Team refers to up to 20 players).**

## TABLE OF INSURED EVENTS

Insured Events	% of Max Capital Sum payable
Death and Permanent Total Disablement Under 18 years & Over 65 years	100% 20%
Permanent Quadriplegia	250%
Permanent Paraplegia	250%
Permanent loss of use of one limb	60%
Permanent total loss of sight	100%
Permanent total loss of sight in a remaining eye	100%
Permanent total loss of sight                      one eye	50%
Permanent total loss of hearing	75%
Permanent total loss of hearing                      one ear	25%
Permanent total loss of use of a thumb	30%
Permanent total loss of use of one joint of a thumb	15%
Permanent total loss of use of a finger	10%
Permanent total loss of use of two joints of a finger	7.5%
Permanent total loss of use of one joint of a finger	5%
Permanent total loss of use of a foot	15%
Permanent total loss of use of a big toe	5%
Permanent total loss of use of a thumb and all fingers on one hand	50%
Permanent total loss of use of all the fingers on one hand	40%
Permanent total loss of use of one joint of a big toe	3%
Permanent total loss of use of each other toe	3%
Permanent total loss of use of                      one toe	4%
Permanent total loss of                      two kidneys	75%
Permanent total loss of                      One kidney	35%
Permanent total loss of                      spleen	25%
Permanent total loss of                      liver	75%
Permanent total loss of                      two testicles	40%
Permanent total loss of                      one testicle	7.5%
Permanent total loss of                      sexual function	45%
Permanent total loss of                      spleen	30%
Permanent disfigurement to 100% of surface of the head and neck	50%
Permanent disfigurement to 100% of surface of the remainder of the body	25%
Shortening of leg by at least 5 cm	7.5%
Broken leg or kneecap that will not join	10%
Becoming HIV positive but cover for this Event is only provided if the infection was as a direct result of playing or participating in the Sport nominated in the Schedule.	10%
Actual Non-Medicare Medical Expenses incurred following Accidental miscarriage or premature child birth up to max 26 weeks pregnancy.  Cover for this Event is only provided if the miscarriage or childbirth was as a direct result of playing or participating in the Sport nominated in The Schedule.	5%

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.	
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General Conditions: - **Cancellation** – This Policy may be cancelled by you at any time by notifying us in writing, in which case cancellation takes place when we receive the notice or us on any of the grounds set out in the Insurance Contracts Act 1984 (Cth), as amended from time to time, by giving you notice in writing, in which case cancellation takes place at the time you enter into another contract of insurance to replace the policy, or at 4:00pm on the 3<sup>rd</sup> business day after delivery of the notice to you, whichever is earlier.

We will retain or be entitled to retain: (i) if there has been a 100% payment of a Weekly Benefit or Capital Benefit, the entire Premium; (ii) in all other circumstances, the Premium for the period the Policy was in force.

You must supply us with such particulars as we may require to enable a refund of Premium following any cancellation.

**Policy Wording** – CLSUA PAS 1208

**Insurer** – Sports Underwriting Australia Pty Ltd as agent of the insurer Calliden Insurance Limited

THIS IS ONLY A SUMMARY OF COVER PLEASE REFER TO THE POLICY WORDING FOR FULL TERMS AND CONDITIONS.