



16 October 2015

To Whom it May Concern,

Jardine Lloyd Thompson Pty Ltd
ABN 69 009 098 864

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Certificate of Currency

Our Ref: 076719

INSURANCE CLASS Personal Accident

INSURED Surf Life Saving Australia Ltd; Surf Sports Australia Pty Ltd; Surf Life Saving QLD, NSW, WA, SA, TAS, NT, Life Saving Victoria Ltd, Southern Region SLSA Helicopter Service Pty Ltd including clubs, affiliates and/or branches of these entities, including Volunteer Marine Rescue and Volunteer Coast Guard Services.

ABN AND ITC DETAILS ABN To Be Advised ITC 0.00%

BUSINESS Principally Providers of beach/water and/or emergency rescue services, education, safety advisers, retailers, fundraisers, club and associate managers, activities organisers, property owners and occupiers and any occupation incidental thereto including Property Owners/Occupiers and any other incidental occupation.

SCOPE OF COVER Cover under this policy shall apply whilst the insured person is engaged in officially sanctioned activities involving:

- - Participating in club, representative, state or national events;
- - Training arranged by the insured;
- - In an administrative capacity as an official or trainer or fundraiser;
- - Engaging in unpaid voluntary work performed on behalf of the Insured and officially organised by and under the control of the Insured
- - Travelling directly to and from the above sanctioned activities and insured person's place of residence or place of employment; and
- - Staying away from home whilst engaged in the above sanctioned activities.

This policy will not respond if the insured person is indemnified under a statutory Worker's Compensation policy at the time of injury.

GEOGRAPHICAL SCOPE Worldwide
Limited to Australia in respect of Section E - Non-Medicare Medical Expenses only

JURISDICTIONAL SCOPE Australia

**GOVERNING LAW
OF CONTRACT**

Australian

PERIOD OF INSURANCE

From: 1 October 2015 at 4 PM Australian Eastern Standard Time

To: 1 October 2016 at 4 PM Australian Eastern Standard Time.

SCHEDULE OF BENEFITS

The Events

Each Insured Person

Per QM360-0312 plus agreed amendments and endorsements

**SECTION A
- CAPITAL BENEFITS**

(Death and/or partial disablement caused by injury –
as per Compensation Table – Capital Benefits)

Insured Persons aged 4 to 85 years	\$250,000
Persons over 85 years	Not Covered

Notwithstanding the above, the following Event 1 limits apply:
 Insured Persons aged 4 - 7, Event 1 (Death) limited to: \$50,000
 Insured Persons aged 7 – 18, Event 1 (Death) limited to: \$50,000
 Insured Persons aged 65 - 85, Event 1 (Death) limited to: \$50,000

COMPENSATION TABLE – CAPITAL BENEFITS

EVENTS	% of Max Capital Sum payable
1. Death	100%
2. Permanent Total Disablement	100% subject to a maximum of 5 times annual pre-disablement earnings
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%
5. Permanent quadriplegia	100%
6. Permanent unsound mind to the extent of legal incapacity	100%
7. Permanent and incurable paralysis of 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 use of both hands	100%
11. Permanent total loss of use of both arms	100%
12. Permanent total loss of use of both feet	100%
13. Permanent total loss of use of both legs	100%
14. Permanent total loss of use of one hand and one foot	100%
15. Permanent total loss of use of one hand and one arm	100%
16. Permanent total loss of lens in 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 of either hand	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 joints	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%
31. Broken Bones	
a) Neck or Spine	\$5,000
b) Hip, Pelvis	\$3,000
c) Skull, Shoulder blade	\$1,000
d) Collar bone, upper leg	\$800
e) Upper arm, knee cap, forearm, elbow	\$800
f) Lower leg, jaw, wrist, cheek, ankle, hand, foot	\$300
g) Ribs (per rib)	\$300
h) Finger, thumb, toes (per digit)	\$250
Maximum Compensation any one Injury	\$5,000

**SECTION B -
WEEKLY BENEFITS -
INJURY**

Weekly Benefit (all categories ex-Voluntary Workers) (limited to 80% of pre-disability earnings)	\$1,000
Weekly Benefit (Voluntary Workers)	\$500
Excluded Period of claim	14 days
Maximum Benefit Period	104 weeks

FOR WESTERN AUSTRALIA ONLY:

Weekly Benefit (all categories ex-Voluntary Workers) (limited to 80% of pre-disability earnings)	\$1,500
Weekly Benefit (Voluntary Workers)	\$750
Elimination Period of claim	14 days
Maximum Benefit Period	104 weeks

**SECTION D
INJURY ASSISTANCE
BENEFITS**

As per endorsements listed below.

**SECTION E –
NON-MEDICARE MEDICAL
BENEFITS**

Age Limit – 85 years

Non Medicare Medical Reimbursement	100%
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	Limit per Claim	\$5,000
	Excess Per Claim	\$50
AGGREGATE LIMIT OF LIABILITY	\$5,000,000 any one accident or series of accidents arising out of the one event	

POLICY WORDING AND CONDITIONS

QBE Sports Injury Insurance Policy QM360-0312, endorsements as follows:

VOLUNTEER WORKERS

it is agreed that cover under this policy is extended to individuals, who are not members of a SLS affiliated club, working on a voluntary basis at the request or direction of an insured club or entity. If the injured individual is covered under a separate personal accident policy (not private health insurance) or workers compensation policy at the time of the incident, this endorsement shall not apply.

FUNERAL BENEFITS

It is hereby declared and agreed that Funeral Benefits is added to this policy as follows. If an Insured Person becomes entitled to compensation under Section A payable condition 1 (Death) of this policy, we will pay an amount of up to \$5,000 in respect of any Funeral expenses paid.

AGE LIMITATION

It is hereby noted and agreed that the policy is extended to include Insured Persons aged between 4 years up to 85 years

REDUCED DEATH COVER

It is hereby declared and agreed that section A event 1 (Accidental Death) cover in respect of insured persons under 18 years and over 65 years shall be limited to \$50,000.00

EMERGENCY TRANSPORT EXPENSES

It is hereby noted and agreed that in the event of an occurrence We will pay for the Emergency Travel Expenses incurred up to 1,500.00 for which you are out of pocket.

BROKEN BONES BENEFIT

It is hereby noted and agreed that cover extends to cover broken bones paid to maximum of \$5,000 any one occurrence

REHABILITATION BENEFIT

If we pay you a weekly benefit under this Policy, we will also pay for the costs incurred by you for participation in a return to work program if

1. we consider the program reasonable; and
 2. your medical practitioner agrees.
- up to a maximum of \$5000.00

HOME/CAR MODIFICATION EXPENSES

If during the period of Insurance and whilst the person is Covered Person and participating, the covered person suffers a bodily Injury resulting in the payment of a benefit payable under this policy and as a result of the bodily Injury the covered person requires home, workplace and/or car modifications in order to assist the covered person in maintaining an independent

existence, We will pay for such expenses incurred up to a maximum of \$7,500 with respect to any one bodily Injury

BED CARE

If during the period of Insurance and whilst the person is an Insured Person and engaging in participation on behalf of the Insured, the Insured Person is confined to bed (other than in a hospital or other medical facility) as a result of a Bodily Injury, for a period in excess of forty-eight (48) hours, and the Insured Person presents Us with a written opinion of a Doctor that verifies that the bodily Injury causes the Covered Person to be confined to bed, We will pay the Insured Person a Daily Sum Insured up to a maximum of \$200 per week for a period of 26 weeks.

WORKERS COMPENSATION

If any benefit(s) is payable to an insured person under a policy providing statutory Worker's Compensation benefits, no benefit(s) will be payable under this policy.

INSURER

QBE Insurance (Australia) Ltd

PROPORTION

100.000%

POLICY NUMBER

AQ A023982 PAD

This certificate of currency provides a summary of the policy cover and is current on the date of issue. It is not intended to amend, extend, replace or override the policy terms and conditions contained in the actual policy document. This certificate of currency is issued as a matter of information only and confers no rights upon the certificate holder. We accept no responsibility whatsoever for any inadvertent or negligent act, error or omission on our part in preparing these statements or in transmitting this certificate by email or for any loss, damage or expense thereby occasioned to any recipient of this letter.



Will Prenzler

Account Executive - Affinity Schemes