

## AFA SPORTS INJURY POLICY SCHEDULE

**Policy Number:** 5487195  
**Insured:** Squash Australia  
**Insured Persons:** Declared Financial Members of the Association  
**Commencement Date:** 31/12/2008  
**Policy Period:** 31/12/2008 at 4.00pm to 31/12/2009 at 4.00pm  
**Broker:** Marsh Insurance Brokers Pty, Ltd.  
**Scope of Cover:** During all Official Functions including Journey  
**Age Limit:** 5 to 75 years

<p><b>SECTION A – CAPITAL BENEFITS</b></p> <p>EVENTS                  Events 1-19                  Event 1                  Events 2-17</p>	<p><b>CAPITAL SUM INSURED</b>                  \$100,000                  Limited to \$10,000 for persons under 18 years and over 65 years                  Compensation for persons under 18 years and over 65 years is limited to \$50,000</p>
<p><b>SECTION B - WEEKLY INJURY BENEFIT FOR INCOME EARNERS</b></p> <p>EVENTS                  Event 1 a)</p> <p><b>BENEFIT PERIOD</b>                  52 weeks</p> <p><b>WAITING PERIOD</b>                  14 days</p>	<p><b>COMPENSATION</b>                  85% of Income up to a maximum of \$300 per Week</p>
<p><b>SECTION C - BENEFITS FOR NON INCOME EARNERS &amp; STUDENTS</b></p> <p>EVENTS                  HOUSEHOLD HELP BENEFIT &amp; STUDENT ASSISTANCE</p> <p><b>BENEFIT PERIOD</b>                  52 weeks</p> <p><b>WAITING PERIOD</b>                  14 days</p>	<p><b>COMPENSATION</b>                  85% of expenses up to a maximum of \$300 per week</p>

<b>SECTION D – ADDITIONAL BENEFITS</b>	<b>SUM INSURED</b>
1. FUNERAL EXPENSES	\$2,500
2. NON-MEDICARE MEDICAL EXPENSES	100% of expenses up to a maximum of \$2,000
EXCESS	\$50 per person per occurrence per Policy Period
3. PARENTS' INCONVENIENCE ALLOWANCE	\$25 per day
BENEFIT PERIOD	10 weeks

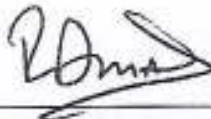
**Aggregate Limit of Liability:**

\$1,000,000 for any one Policy Period.

**Premium:**

\$5.70 per member per annum plus GST & Stamp Duty Charges.

The Underwriter will require numbers/estimated numbers for each club/association declared on each closing.



Dated: 4 March 2009

Signed for and on behalf of:  
AFA Pty Ltd  
on behalf of certain Underwriters at Lloyd's  
19-31 Pitt Street, Sydney NSW 2000  
ABN 83 067 084 333

Endorsement attaching to and forming part of:

**SQUASH AUSTRALIA - POLICY NUMBER 5487195, Commencement Date 31<sup>st</sup> December 2008**

## **ADDITIONAL BENEFITS COVER**

### **1. REHABILITATION BENEFIT**

To assist the Insured Person to return to work, We will reimburse the cost of the Insured Persons participation in a recognized return to work program, up to a maximum of 6 months and maximum of \$500 per month, but only if:

- the expenses are incurred while a weekly benefit is payable for the Insured Persons Total Disability;
- We approve any expenses in writing before they are incurred; and
- the expenses are not being reimbursed from elsewhere

### **2. BROKEN BONES BENEFIT**

If an Insured Person suffers an injury resulting directly (and within 12 months of the date of the injury) from one of the specified broken or fractured bones, we will pay to the Insured Person the corresponding compensation for that event as follows:

<b>EVENT</b>	<b>COMPENSATION</b>
Neck or Spine (full break)	\$5,000
Skull (Other than jaw or cheekbone)	\$1,000
Jaw and Cheekbone	\$300
Shoulder Blade	\$1,000
Ribs (per rib)	\$150 each Rib
Upper Arm, Forearm, Elbow	\$800
Hip, Pelvis	\$3,000
Knee Cap	\$800
Upper Leg	\$800
Lower Leg	\$300
Thumb, Finger, toes (per thumb, Finger or toe)	\$50 each
Collarbone	\$800
Wrist, ankle, hand, foot	\$300
Maximum Compensation \$5,000 per Insured Person	

In the case of an established non-union of any of the above breaks or fractures, we will pay an additional benefit of 5% of the relevant compensation amount as shown above.

Where an Insured Person suffers from more than one incident of broken or fractured bones as listed above arising from any one injury, the maximum Benefit payable shall be the largest compensation Benefit specified in the table of compensation above for the relevant event suffered.

### 3. EMERGENCY TRANSPORT

If an Insured Person suffers an Injury during both the Period of Insurance and while the Insured Person is either:

- engaged in a sporting activity in the capacity of a participant, adjudicator, judge, referee or umpire or in a similar capacity;
- acting as an official at, or otherwise assisting in the conduct of a sporting activity; or
- acting in his or her capacity as an elected or appointed official of a sporting organisation,

or while that person is travelling to or from:

- that activity; or
- the place where that person acts in that capacity as an elected or appointed official,

We will pay the costs of emergency ambulance services provided by road.

The compensation shall only be payable where in the opinion of the attending ambulance officers there is a serious threat to the Insured Person's life or health and the Insured Person requires immediate treatment and transportation by ambulance to hospital.

We will not provide compensation for pre-booked, non emergency ambulance charges or charges for inter-hospital transfer. The most We will pay is \$1,000 any one occurrence (\$50 excess applies), within Australia only.

### 4. MODIFICATIONS BENEFIT

If the Insured Person is covered for Capital Events 2-4 under Section A Capital Benefits, We will reimburse up to \$10,000 of the cost (reasonably incurred by the Insured Person) for modifying their motor vehicle or home or for relocating the Insured Person to a suitable home as a result of suffering from such events and as deemed necessary by their Medical Practitioner. We will only reimburse the Insured Person for these costs if the Insured Person obtains Our written consent prior to making any such modification to their motor vehicle or incurring any such relocation costs.



#### **ENDORSEMENT – ACCIDENTAL HIV BENEFIT**

**Maximum compensation payable for this benefit will be \$25,000**

Notwithstanding Exclusion Number 7: Sexually Transmitted Disease (STD), Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) infection, AFA will cover the following Operative Clause for becoming HIV Positive after Accidental Contact if;

During the period of insurance and arising out of and in the course of their employment, an Insured Person, whilst rendering first aid, medical treatment, surgical procedures, conducting a medical examination, providing rehabilitation therapy or any other medical care or medically related function, is involved in an Accident which then allows Accidental Contact with the ruptured or broken skin or mucous membranes with the blood or bodily fluids of a patient or victim of an accident, such contact resulting in the Insured Person becoming infected with Human Immunodeficiency Virus thus becoming HIV Positive, then the Insured Person shall be entitled to the maximum compensation always to terms, conditions and exceptions of this wording:

(a) Special Testing Procedures for this Operative Clause

- i) The Insured person must undergo an Initial Test within 24 (twenty four) hours of the Accidental Contact.
- ii) If the Initial Test results indicate that the Insured Person is HIV Positive, no further testing is required and no benefits will be payable under this policy.
- iii) If the Initial Test results indicate that The Insured Person is HIV Negative, the Insured Person shall undergo a Second Test and a Third Test. The Third Test will not be required if the results of the Second Test indicate that the Insured Person has sero-converted to HIV Positive.

(b) Special Definitions for this Operative Clause

Accidental Contact means any contact of the Insured Person's ruptured or broken skin or mucous membranes with the blood or bodily fluids of a patient or victim of an accident.

Diagnosed/Diagnosis must result from the relevant tests defined below and must be made prior to the death of the Insured Person.

HIV Positive means that the Insured Person has undergone the relevant tests defined below and has received a positive diagnosis.

Insured Event shall mean that an Insured Person is first diagnosed during their lifetime as being Human Immunodeficiency Virus (HIV) positive as a result of Accidental Contact.

Initial Test means a blood sample taken from the Insured Person within 24 hours of the Accidental Contact and sent immediately to a duly accredited laboratory of the National Pathology Group for testing in accordance with both World Health Organisation testing strategy III (3 ELISA protocol) and for Blood Grouping and World Health Organisation testing strategy Western Blot Test.

Second Test means a blood sample taken from the Insured Person within 90 days of the Accidental Contact and sent immediately to a duly accredited laboratory of the National Pathology Group for testing in accordance with both World Health Organisation testing strategy III (3 ELISA protocol) and for Blood Grouping and World Health Organisation testing strategy Western Blot Test.



Third Test means a blood sample taken from the Insured Person within 180 days of the Accidental Contact and sent immediately to a duly accredited laboratory of the National Pathology Group for testing in accordance with both World Health Organisation testing strategy III (3 ELISA protocol) and for Blood Grouping and World Health Organisation testing strategy Western Blot Test.

(c) Special Claims Procedure for this Operative Clause

i) The Insured Person must give immediate notice to the designated responsible person of the Insured, of any Accidental Contact, together with full details of the incident, and the Insured must in turn pass this information to the Company within 7 days of the Accidental Contact.

ii) The Insured Person must take the Initial Test within 24 (twenty four) hours of the Accidental Contact.

iii) Immediately upon receipt of the results of the Initial Test the Insured must submit full details of the Accidental Contact on the prescribed claim form to the Company, together with the results and confirmation that the results are in respect of the Insured Person who is the subject of the potential claim.

iv) Immediately upon receipt of the results of the Second Test and, where applicable the third test, the Insured must send them to the Company and affirm that they are in respect of the Insured Person who is the subject of the potential claim.

(d) Special General Conditions for this Operative Clause

i) The Insured and the Insured Person shall take all reasonable steps and precautions to prevent Accidental Contacts occurring.

ii) All words and expressions importing the masculine gender shall include the feminine and vice versa, and all words signifying the singular number shall include the plural and vice versa.

This benefit does not cover infection with HIV that was diagnosed and made aware to the Insured Person prior to the Period of coverage. This benefit does not cover any infection which manifests after a negative test result at 6 months has been obtained.