

ABN: 26 053 335 952
AFS Licence No: 238261
Email: ahi@ahiinsurance.com.au
Website: www.ahiinsurance.com.au
Freecall: 1800 618 700
Freefax: 1800 618 755



POLICY SCHEDULE

Policy Type: Voluntary Workers
Policy Number: 0010501
Insured: Cricket Clubs Australia
Insured Persons: All players, prospective players, officials, volunteers (including National and State Volunteers), club and association appointed umpires, coaches, directors, officers, committees, sub-committees, regional boards and work experience students.
Period of Insurance: Inception: 30/06/2019 at 4:00 pm (local standard time in Melbourne)
Expiry: 30/06/2020 at 4:00 pm (local standard time in Melbourne)
Arrangement Date: 30/06/2019
Broker: JLT Sport
Policy Wording: 0010501 Tailored Wording 30062019
Scope of Cover: The coverage afforded by this policy shall only apply whilst an Insured Person is:
1. Playing in club and representation games, competitions or performances organised by The Insured, or
2. Participating in training or practice sessions or official functions arranged by The Insured, or
3. Travelling directly to or from club and representative games, competitions or performances, training or practice sessions or official functions arranged by The Insured unless the Injury is covered under any State or Commonwealth Act, or
4. Engaged in activities connected with The Sport specified in the Schedule whilst staying away from Your home during a tour for the purposes of participating in representative matches, or
5. Engaged in organised social or administrative activities of the Insured.
Territorial Limits: Worldwide

PREMIUM

Premium:	As Agreed
G.S.T.:	As Agreed
Stamp Duty:	As Agreed
Policy Fee:	As Agreed
Policy Fee GST:	As Agreed
Total:	As Agreed

Sydney

Melbourne

Brisbane

Perth

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SCHEDULE OF BENEFITS

Aggregate Limit of Liability	\$10,000,000
Aggregate Limit of Liability per Event for Charter/Non-scheduled flights	\$1,000,000
Policy Currency	AUD

Section	Maximum Benefits Payable Each Insured Person
Death and Capital Benefits	\$100,000
Maximum payable for Insured Persons aged under 19	\$20,000
Weekly Injury Benefit	\$500
Income Limitation	85%
Deferral period	14 Days
Benefit Period	52 Weeks
Student Tutorial Benefit	\$500
Expense Limitation	100%
Deferral period	14 Days
Benefit Period	52 Weeks
Domestic Help Benefit	\$500
Expense Limitation	100%
Deferral period	14 Days
Benefit Period	52 Weeks
Family Accommodation and Transport Expenses Benefit	\$3,000
Daily Benefit	\$100
Deferral period	14 Days
Non Medicare Medical Expenses	\$5,000
Expense Limitation	85%
Excess	\$50
Benefit Period	52 Weeks
Funeral Expenses Benefit	\$9,000
Unexpired Membership Benefit	\$200
Bed Care Benefit	\$1,400
Daily Benefit	\$100
Benefit Period	14 Days
Childcare Benefit	\$13,000
Weekly Benefit	\$500
Deferral period	14 Days
Benefit Period	26 Weeks
Home and Vehicle Modification Benefit	\$5,000
Loss of Teeth or Dental Procedures	\$5,000
Maximum payable per Tooth	\$250

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If there is no amount shown against any one or more of the above Sections, no cover is provided in respect of them.

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ENDORSEMENTS TO POLICY WORDING / SCHEDULE

Full Insured Name

JLT (Australian Cricket) Discretionary Trust including all Australian Cricket Clubs, Affiliations and Associations, participating within organised club competitions of each State and Territory Body (excluding the elite National and State Representative Teams except for Women's Cricket; non elite representative duties and cricket blast) including subsidiary or controlled companies now or previously existing or hereafter formed or acquired.

Client Specific Endorsements

INSURED EVENTS	EACH INSURED PERSON
Insured Events 1, 4-17	That percentage specified in the schedule relating to \$100,000
Insured Event 2a	Permanent and Incurable Quadriplegia \$250,000
Insured Event 2b	Permanent and Incurable Paraplegia \$250,000
Insured Event 3	Permanent and Incurable Insanity \$200,000

ADDITIONAL BENEFITS

Temporary Disablement: 85% of income to a maximum of \$500 per week.
(100% of income to a maximum of \$800 per week for Australian Contracted Women Players with a Nil Elimination Period)

Parents Inconvenience Allowance: 75% of Non-Medical Expenses to a maximum of \$100 per day whilst a Non-Income Earner/Student is hospitalised up to a maximum of \$3,000.

Parents Assistance Allowance: \$15 per day for non-income earner/student whilst hospitalised up to a maximum of \$1,500. (Elimination period: 24 hours)

Non-Medicare Medical Expenses: 85% of expenses up to a maximum of \$5,000. Excess: \$50 There is no cover under this Additional Benefit for any Insured Person returning to their Country of Domicile unless that Country of Domicile is Australia.

Membership Refund: Maximum \$200 to cover the unused portion of membership should an insured person be injured and unable to participate for the remainder of the season.

Permanent Total Loss of:
(Percentage of \$100,000)
Liver 75%
Two Kidneys 75%
One Kidney 35%
Sexual Function 45%
Two Testicles 40%
One Testicle 7.5%
Spleen 30%

Deductible

- 1) \$10,000 any one event
- 2) \$884,500 in the aggregate (excluding \$60,000 allocated for Echelon Claims Handling)

Cardiovascular Accident Endorsement – as follows:

a cardiovascular accident ("heart attack") provided that: -

- a) You are not aware of any congenital defect or existing condition which would render You more than normally susceptible in any way to such "heart attack"
- b) You suffer the "heart attack" whilst actually engaged in training for or participating in an official game or competition
- c) You are 25 years or under (limited to \$50,000)

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- d) You are aged 26 to 30 years (limited to \$25,000)
- e) You are aged 31 to 40 years (limited to \$10,000)
- f) You are aged 41 years or over (limited to \$5,000)

Non-Australian Citizen Exclusion

It is hereby declared and agreed that any Non-Australian citizen whom is covered under this Policy in relation to medical expenses are limited to Non- Medicare Medical coverage only.

Private Health Insurance (policy wording update)

Provided that We shall not be liable to make any refund in respect of:

Any expenses recoverable by You or by the Insured from any other insurance scheme or any plan or any private health insurance policy providing medical or similar coverage or from any other source except for the excess amount recoverable from such other insurance, plan or source.

Dental Non Medicare Medical Expenses Endorsement – \$5,000 in excess of \$5,000

It is hereby declared and agreed the Table of Insured Events include the following:

18. Any Permanent Disability that is not total or is not listed under Events 6-16 above will be compensated for in proportion to the degree of Permanent Disability as compared with the events listed above. Such claims will be limited to a maximum of \$50,000 and will be determined at the sole discretion of the Underwriter. Such determination will not be inconsistent with the benefits provided under events 6 -16 inclusive.

Loss of Teeth or Dental Procedures

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Insured Events Percentage of Benefit Payable

Loss of Teeth or full capping of Teeth: 100%
Partial capping of Teeth: 50%

Compensation

We will pay the Percentage of Benefit Payable stated for the Insured Event, of the amount shown in the Policy Schedule against "Loss of Teeth or Dental Procedures".

Conditions

1. The maximum amount We will pay for any one Tooth is shown in the Policy Schedule against "Maximum per Tooth".
2. The maximum Compensation payable for any one Injury is the amount shown in the Policy Schedule against "Loss of Teeth or Dental Procedures".

Exclusions

1. No cover is provided for any Pre-Existing Condition.