

Policy Schedule

You will only be entitled to insurance cover under the section or sections which you have selected and for which you have paid the required premium.

Policy Number – PMEL99/0133026

The Insured	GYMNASTICS AUSTRALIA LIMITED AND ALL STATE ASSOCIATIONS AND AFFILIATED CLUBS
Address	Level 3, 100 Albert Road South Melbourne 3205 Australia
Sport/Business	Gymnastics
Teams/Members	199500 PLAYERS
Period of Insurance	From 31/12/2024 to 31/12/2025, at 4:00 pm and any subsequent period for which the insured shall have paid and The Underwriter(s) shall have accepted the new premium.

Cover Details

SPORTS INJURY

UNDERWRITTEN BY Certain underwriters at Lloyd’s & HDI Global Specialty SE-Australia under contract number B1750L240519 & SCA/2024 respectively

Section 4.1 Capital Benefits The percentage of this amount which is Payable for each of Events 1 to 14 is set out in the Policy \$ 100,000

It is hereby agreed and declared that with effect from inception the policy is amended as follows:

2. Words with Special Meanings

2.9 is deleted and replaced with the following;

Definition of Insured includes:

The Australian Gymnastic Federation Inc. Trading As Gymnastics Australia and State Associations and Clubs affiliated directly or indirectly with The Australian Gymnastic Federation Inc; registered members and non participating officials including coaches, judges, voluntary workers including co-opted voluntary prospective members for up to four weeks after initial approach and, where applicable, guest gymnasts and carers.

2.10 is deleted and replaced with:

Definition of Insured Persons means:

All employees, staff, registered participating and non participating members, officials, volunteers, club committees, office bearers, medical officers, coaches, judges and prospective members for up to four (4) weeks after initial approach and, where applicable, guest gymnasts.

2.18 is deleted and replaced with the following;

Scope of Cover means:

Principally but not limited to administration, organisation, promotion, product sales, office occupiers and all activities associated with the sport of Gymnastics. Such activities shall include but are not limited to coaching, coaching courses and clinics, holiday and school clinics, competitions, practises and training sessions, seminars and meetings, hire of facilities, teacher education and in service courses, working bees, organised fund raising, Clubs formed by member clubs of Gymnastics Australia for the purpose of fundraising.

All duties connected with the business of the Insured must be undertaken with the approval of Gymnastics Australia Incorporated and/or Affiliated Members Associations and/or Affiliated Regional Associations and/or Affiliated District Associations and/or Affiliated Members Clubs including Property Owners/Occupiers and any other incidental occupation

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

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

Insured Persons \$100,000

Insured Persons – Death Under 18 \$20,000

Insured Persons – 65 to 85 years old \$20,000

Insured Persons – Quadriplegia / Paraplegia \$250,000

Table of Benefits

1. Death Under 18 years and over 65 years 100% 20%
2. Permanent total disablement 100%
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 all 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 the use of both hands 100%
11. Permanent total loss of the use of both arms 100%
12. Permanent total loss of the use of both feet 100%
13. Permanent total loss of the use of both legs 100%
14. Permanent total loss of the use of one hand and one foot 100%
15. Permanent total loss of the use of one hand and one arm 100%
16. Permanent total loss of the lens of 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 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 joint 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%

AGGREGATE LIMIT OF LIABILITY \$5,000,000

Non-Australian Resident Extension General Condition 3 (the third paragraph) is deleted and replaced as follows:

Please note that cover applies to medical treatment received within Australia only. Medical cover only applies to items that do not have a Medicare item number attached to them, regardless of whether the Insured Person qualifies for Medicare or not. Weekly Benefit cover does not extend to income generated from any Occupation conducted outside of Australia. Any payment for Weekly Benefits or Medical Benefits will cease once the Claimant leaves Australia.

Issued subject to the terms of the attached Policy Wording and signed by the authorised Representative of Sportscover Australia Pty Ltd on behalf of the Underwriter/s detailed above.



23/12/2024

SIGNATURE

DATE

Premium

As Agreed