

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 – PMEL99/0112072	
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 SENIOR 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	\$ 0
Section 4.2.1	Medical Benefits	The percentage of the Medical Expenses covered under this section is	75%
Section 4.2.2	Physio Benefits	The percentage of physiotherapy expenses covered under this Section is	AS PER POLICY
The Excess payable for each claim under Section 4.2 is \$ 50 Excess The maximum amount payable per claim under Section 4.2 is \$ 5,000			
Section 4.3.1	Loss of Income	The amount payable is the lesser of 75% Net Income Lost or	\$ 300 Per Week
Section 4.3.2	Student Allowance		AS PER POLICY
Section 4.3.3	Domestic Home Help		AS PER POLICY
The Excess Period under Section 4.3 is 14 Days The Maximum Benefit Period under Section 4.3 is 52 Weeks			
Section 4.4	All benefits excluding 4.4.1		AS PER POLICY
Section 4.4.1	Injury Assistance	The maximum amount per claim is	\$ 1,500 Limit
Aggregate Deductible: \$150,000 in the aggregate during the policy period			
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

Additional Benefits

Student Assistance Benefit 75% actual costs for members under 25 years Maximum Weekly Amount \$400

Elimination Period 14 days

Benefit Period 52 weeks

Home Help Allowance 75% actual costs Weekly Amount \$400

Elimination Period 14 days

Benefit Period 52 weeks

Parents Allowance for every day a child under 20 years spends in hospital Daily Amount \$50

Maximum Claim Amount \$1,500

Elimination Period 24 Hours

Physiotherapy Benefit

1-5 visits 95% reimbursement

6-10 visits 80% reimbursement

All subsequent visits 75% reimbursement

Rehabilitation Benefit as per policy wording

Bed Care Benefit

Reimbursement 100%

Maximum Weekly Amount \$300

Elimination Period 14 days

Benefit Period 52 weeks

Modification Expenses

Reimbursement Up to

Maximum Claim Amount \$3,500

Funeral Expenses

Reimbursement Up to

Maximum Claim Amount \$5,000

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.



30/12/2024

SIGNATURE

DATE

Premium

As Agreed

Printed by: A.B.