



2007/2008 Insurance Manual

Prepared For



Willis

WILLIS AUSTRALIA LIMITED

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NOTE:

This Report is the property of Willis (AFSL No: 240600) and is confidential to Petanque Australia Ltd and Willis. Accordingly, no part of this Report should be reproduced in any form or communicated to any other person, firm or company without the prior approval of Willis."

Willis Group Holdings Limited is a leading global insurance broker, developing and delivering professional insurance, reinsurance, risk management, financial and human resource consulting and actuarial services to corporations, public entities and institutions around the world. With over 300 offices in more than 80 countries, its global team of 13,000 associates serves clients in some 180 countries. Willis is publicly traded on the New York Stock Exchange under the symbol WSH. Additional information on Willis may be found on its web site: www.willis.com

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MISSION STATEMENT

“We provide world class insurance broking services to the Sports, Leisure and Recreation industries. We use our global resources and local expertise to deliver client satisfaction. We provide innovative risk solutions that assist and guide our clients to utilise the most effective strategies to manage their risk exposures.

Our goal is to add value to our clients and become a trusted partner.”

Introduction

This Insurance Manual has been prepared by Willis Australia Limited (Willis) to present a broad outline of the Petanque Australia Ltd Insurance Program and to provide general information and assistance in understanding the various insurances which have been effected.

The Insurance Program set out in this Insurance Manual contains a brief description of individual insurances, but it should not be treated as a replacement for the relevant policy documents. Each policy should be carefully read by the Insured and, in particular, note taken of the description in the policy of the coverage provided as well as the exclusions and policy conditions. These should not in any way be regarded as being fully or minutely described in this Manual.

If there is any matter on which clarification is required, please contact the Account Manager or Account Chairman of Willis as shown under the "Service Contacts" section of this Manual.

IMPORTANT NOTE

To fulfil your moral and legal obligations as a sports administrator, it is important that you inform your members of the insurance that covers them. We recommend that every participant receives a summary of the insurance cover that applies to them (e.g. sports injury and personal accident).

Service Contacts

For insurance advice, claims or risk management services, please contact the following:

Location: Level 5, 179 Elizabeth Street, Sydney. NSW. 2000
 Postal Address: PO Box Q216, QVB Post Shop 1230,
 Telephone: (02) 9285 4111 or 1300 WILLIS (i.e. 1300 945 547)
 Facsimile: (02) 9283 5276
 Website: www.willis.com.au

Service Team

Account Chairman: Rob Veale
 Direct Line: (02) 9285 4135
 Mobile: 0427 998 932
 Email: vealer@willis.com

Account Manager: Phil Scorer
 Direct Line: (02) 9285 4182
 Mobile: 0408 404 954
 Email: scorerp@willis.com

Account Executive: Sarah Whitehall
 Direct Line: (02) 9285 4196
 Email: whitehalls@willis.com

Certificates Of Currency

Certificates of Currency can be obtained by contacting Petanque Australia Ltd or by downloading from the website www.petanqueaustralia.com



TELEPHONE HOTLINE FOR SERVICE
 1300 WILLIS (i.e. 1300 945 547)

Personal Accident Insurance

Who is Insured Under this Policy?

Petanque Australia Ltd, all affiliated Clubs, the following State associations, NSW, SA, TAS, QLD, VIC and WA, Registered members, coaches, umpires, office bearers, controlling bodies, members, voluntary workers, medical officers, appointed sub-committees, development officers and/or subsidiary and/or related Corporations as defined under Australian Corporations Law and/or financiers and all parties for whom the Insured undertakes to insure for their respective rights, interests and liabilities.

Who is the Insurer?

Chubb Insurance Company of Australia Limited

What is the Period of Insurance?

From:4.00pm 7th December 2007 to:4.00pm 7th December 2008
Both Local Standard Time at the Insured's head office

What is the Scope of Cover?

Cover applies in the following circumstances:-

- (a)Competing in official club, state and national events
- (b)Organised training or practice sessions for activities as described in (a) above.
- (c)Travelling directly between activities in (a) or (b) above, and your residence or place of employment.
- (d)Staying away from your home district during a tour for the purpose of participating in sanctioned activities
- (e)Engaging in voluntary, administrative or organised social activities of Petanque Australia or its affiliated Associations or Clubs

Where are you Covered?

Worldwide

What are the Age Limits?

2 - 90 years of age

What is the Summary of Benefits?

There are 6 main benefits under the Personal Accident policy as follows:-

1) Death and Permanent Injuries

THE EVENTS Accidental Bodily Injury resulting in: +	THE BENEFIT AMOUNT (each Insured Person) being a percentage of the Personal Injury Sum Insured stated in the Schedule of Sums Insured. Death Benefit \$250,000 (Members 18-80) Death Benefit \$10,000 (Members under 18 and between 80 and 90 years of age)
1. Death	100%
2. Permanent Total Disablement	100%
3. Permanent and incurable paralysis of all Limbs	100%
4. Permanent Total loss of sight of one or both eyes	100%
5. Permanent Total loss of use of one or more Limbs	100%
6. Permanent Total loss of the lens of	
(a) both eyes	100%
(b) one eye	50%
7. Permanent Total loss of hearing of	
(a) both ears	75%
(b) one ear	15%
8. Third degree burns and/or resultant disfigurement which cover more than 40% of the entire external body	50%
9. Permanent Total loss of use of four Fingers and thumb of either hand	70%
10. Permanent Total loss of use of four Fingers of either hand	40%
11. Permanent Total loss of use of the thumb of either hand	
(a) both joints	30%
(b) one joint	15%
12. Permanent Total loss of use of Fingers of either hand	
(a) three joints	10%
(b) two joints	7%
(c) one joint	5%
13. Permanent Total loss of use of Toes of either foot	
(a) all - one foot	15%
(b) great - both joints	5%
(c) great - one joint	3%
(d) other than great - each Toe	1%
14. Shortening of leg by at least 5cm	7%
15. Permanent Partial Disablement not otherwise provided for under Events 5 to 14	Such percentage of the Personal Injury Sum Insured as We at Our absolute discretion determine being in Our opinion not inconsistent with the Benefit Amount provided under Events 7 to 14. The maximum Sum Insured under Event 15 is \$50,000.

Note: In respect of Insured Persons over 65 years of age, Event 2 Permanent and Total Disablement is deleted and replaced by Permanent Paraplegia or Permanent Quadriplegia.

2) Non-Medicare Medical Expenses

This covers insured persons for NON-MEDICARE MEDICAL Expenses. The policy is for reimbursement only. That is, the member must pay the account and then claim reimbursement under this insurance cover.

NOTE: Only NON-MEDICARE items are claimable (i.e The "Medicare gap" is not claimable due to government legislation).

The most common "Non Medicare" expenses include:-

- Private Hospital
- Dental
- Ambulance
- Chiropractic
- Physiotherapy
- Osteopathy

Medical expenses that are covered by Medicare (i.e. not covered by this sports injury policy) include:-

- Doctors Fees
- Surgeons
- Anesthetists Fees
- X-rays

Benefit

Reimbursement up to 100% of Non Medicare medical costs, up to \$1,500 per injury. (100% up to \$500 for members aged between 80 and 90 years of age)

Excess

\$50 excess applies to each injury.

Conditions

- If a member belongs to a private health fund, they must claim from that fund first.
- Non Medicare Medical costs are only reimbursed by this policy if incurred within 52 weeks from the date of injury.

3) Loss of Income

This benefit provides cover for insured persons who are disabled from an injury relating to events covered and are unable to work.

Benefit

85% of your net weekly income up to a maximum of \$600 per week, whichever is the lesser. (Nil benefit for members aged between 80 and 90 years of age)

Excess

The first 7 days income from the date of injury is excluded.

Benefit Period

52 weeks from the date of injury.

4) Student Tutorial Benefit

Pays up to 100% of cost to a maximum of \$250 per week for cost actually incurred for tutoring, travel costs etc to assist full time student.

Benefit Period

52 weeks from the date of injury. (26 week benefit period for members aged between 80 and 90 years of age with a 7 day excess)

Conditions

- Fees are paid to a professionally qualified tutor who continues teaching the student during the period in disability.
- Fees must be certified by a legally qualified medical practitioner.

5) Domestic Home Help Benefit

Pays non-wage earners up to 100% of cost to a maximum of \$250 per week being for reimbursement of actual costs incurred for cooking, ironing, washing, cleaning, and child minding expenses as a result of injury.

Benefit Period

52 weeks from the date of injury. (26 week benefit period for members aged between 80 and 90 years of age with a 7 day excess)

Conditions

- Such child-minding services and domestic help are carried out by persons other than members of the claimant's family or other relatives or person's permanently living with the claimant.
- Such child-minding services and domestic help is certified by a legally qualified medical practitioner as being necessary for the recovery of the claimant.

6) Broken Bones Benefit

Pays up to \$3,000 for broken bones as per the following schedule:-

Accidental Bodily Injury resulting in:

Broken Bone Benefits – Accidental Bodily Injury

a) Neck or spine (full break)	\$3,000
(b) Hip, pelvis	\$2,000
(c) Skull, shoulder blade	\$600
(d) Collar bone, upper leg	\$500
(e) Upper arm, kneecap, forearm, elbow	\$500
(f) Lower leg, jaw, wrist, cheek, ankle, hand, foot	\$200
(g) Ribs (per rib)	\$200
(h) Thumb, Finger, Toes (per thumb, Finger, Toe)	\$150

Maximum Compensation any one Accident. \$3,000

Important Notes

- Cover does not apply for any event caused as a result of any injury, medical condition, infirmity or weakness known to the insured person or which would have been known to a reasonable person in the circumstances to have existed prior to the commencement of this policy.
- Cover under this section is limited. We strongly recommend that insured persons consider taking out private health insurance.
- Make sure your insured persons understand there could be a shortfall ("gap") in the rebate they received from Medicare. Due to government legislation, this "gap" cannot be insured. Each club should decide who is responsible for this gap, i.e. The club or the participant. Make sure all insured persons are made aware prior to an injury occurring.
- Medical expenses will only be reimbursed by this policy if they are incurred within 52 weeks from the date of injury.

What Are Some Of The Major Exclusions On The Policy?

No compensation is payable under this Policy for any Insured Event resulting from Injury or Sickness:

1. which is deliberately self-inflicted or caused by You, including suicide or attempted suicide whether sane, insane or under any mental distress;
2. which results from You engaging in air travel except as a passenger in any properly licensed aircraft;

3. which results from You engaging in or taking part in or training for professional sports of any kind. A professional is defined as an Insured Person that is earning 100% of their income from the Insured sport/activity;
4. which is attributable wholly or partly to childbirth or pregnancy or the complications of these;
5. which is a sexually transmitted disease, or Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection;
6. which results from You being under the influence of alcohol or an illegal drug or there is more alcohol or drugs in Your blood than the law permits;
7. which results from You directly or indirectly suffering from stress, depression, anxiety or any psychosomatic, psychological, psychotic, mental or nervous disorder;
8. which results from any Pre-Existing Condition (as defined);
9. where You receive sick leave payments;

Please refer to the policy document for details of policy conditions and exclusions.

Public & Products Liability Insurance

Who is Insured Under this Policy?

Petanque Australia Ltd, all affiliated Clubs, the following State associations, NSW, SA, TAS, QLD, VIC and WA, Registered members, coaches, umpires, office bearers, controlling bodies, members, voluntary workers, medical officers, appointed sub-committees, development officers and/or subsidiary and/or related Corporations as defined under Australian Corporations Law and/or financiers and all parties for whom the Insured undertakes to insure for their respective rights, interests and liabilities.

Who is the Insurer?

Calliden Limited via Sports Underwriting Australia

What is the Period of Insurance?

From: 4.00pm 7th December 2007 to:4.00pm 7th December 2008
Both Local Standard Time at the Insured's head office

What is the Scope of Cover?

This policy provides protection for members that are held liable for a negligent act that results in property damage or bodily injury anywhere in the world excluding USA & Canada.

What are the Insured Activities?

Administration, promotion, organisation and participation in petanque activities including sanctioned training sessions and training camps, coaching, the rendering of first aid, provision of food and drink, publication of newsletters, sale of merchandise, property owners or property occupiers liability, social activities including awards presentations, fundraising, BBQs and other social gatherings.

Please note that some fundraising and extreme training techniques may not be covered by the definition of "Activities Covered" in this policy e.g. bungee jumping, car rallies, bull riding rodeos, jumping castles etc. Please contact Willis on 1300 945 547 if you are unsure as to whether you require insurance cover for any other activities.

Where are you Covered?

Anywhere in the world, except the United States of America and Canada.

What are the Limits of Liability?

Public Liability

\$10,000,000 in respect of any one occurrence arising out of the one event during the period of insurance.

Products Liability

\$10,000,000 in respect of any one occurrence during the period of insurance.

Property in Physical or Legal Control of Insured

\$100,000 in respect of any one occurrence during the period of insurance.

What is the Excess?

\$1,000 each and every occurrence.

Note: The payment of the \$1,000 excess is the responsibility of the defending party and will not be paid by Petanque Australia Ltd or its affiliated bodies unless otherwise agreed.

What are the Policy Extensions?

- Products Liability Protecting your Legal Liability arising from the supply of food and drink, sports wear and trophies and the like.
- Care, Custody and Control Cover for property not owned by the insured but in their care, custody and control. This could include any legal liability arising from loss or damage to property such as visitors/members/employees clothing, borrowed equipment etc.
- Member to Member/
Cross Liabilities Members are covered in respect of claims made against them by any other insured person whilst participating in an event or scheduled training activities.
- Medical Aid/
First Aid Relating to liability arising from the rendering of first aid or medical treatment by an insured person. This extension excludes such first aid or medical advice rendered by a professionally qualified medical or paramedical person.
- Tenants Liability Public Liability relating to premises leased or rented by the insured.
- Property Owners Liability Public Liability relating to owned premises of the insured.
- Car Parks Covers legal liability arising from the operating of a car park, used in connection with and by the Insured.
- Sporting Participation The policy provides coverage for liability resulting from sporting participation.

What Are Some Of The Major Exclusions On The Policy?

The following exclusions could affect You:

1. Liability assumed under any contract or agreement;
2. Molestation/Sexual Abuse;
3. Liability for losses of any nature directly or indirectly caused by, resulting from or in connection with any act of Terrorism;
4. Deliberate and/or malicious acts;
5. Libel and slander;
6. Asbestos; and
7. Any compulsory liability insurance (e.g. Workers Compensation; Compulsory Third Party-CTP)

Please refer to the policy document for details of policy conditions and exclusions.

Professional Indemnity Insurance

Who is Insured Under this Policy?

Petanque Australia Ltd Inc including all affiliated State Associations, Clubs and all registered members, officials, accredited coaches, voluntary workers, executives and members of the Board of Management.

Who is the Insurer?

Calliden Limited via Sports Underwriting Australia

What is the Period of Insurance?

From: 4.00pm 7th December 2007 to:4.00pm 7th December 2008
Both Local Standard Time at the Insured's head office

What is the Scope of Cover?

This policy provides indemnity to a coach or official if they are held liable for an error or incorrect advice which results in injury or property damage to a third party.

Where are You Covered?

Anywhere in the world, except the United States of America and Canada,

What are the Limits of Liability?

\$2,000,000 any one period of insurance

What is the Excess?

\$1,000 each and every occurrence

Note: The payment of the \$1,000 excess is the responsibility of the defending party and will not be paid by Petanque Australia Ltd or its affiliated bodies unless otherwise agreed.

What Are Some Of The Major Exclusions On The Policy?

The Insurer shall not indemnify the Insured in respect of any claim against the Insured:

1. as a result of the insolvency, bankruptcy or liquidation of the Insured;
2. for provision of finance or advice in relation to financial matters;
3. brought about or contributed to by the dishonest, fraudulent, criminal or malicious act or omission of the Insured (and/or any Insurer or entity which has a beneficial interest in the Insured) or their predecessors in business;
4. in respect of any claim made against the Insured which relates to any duty or obligation assumed by the Insured which is not assumed in the normal conduct of the Insured's business.

Association Liability Insurance

Who is Insured Under this Policy?

Directors and officers of Petanque Australia Ltd, all affiliated Clubs, the following State associations, NSW, SA, TAS, QLD, VIC and WA, subsidiary and/or related Corporations as defined under Australian Corporations Law and/or financiers and all parties for whom the Insured undertakes to insure for their respective rights, interests and liabilities.

Who is the Insurer?

AIG Australia

What is the Period of Insurance?

From: 4.00pm 26 June 2007 to:4.00pm 26 June 2008
Both Local Standard Time at the Insured's head office

What is the Limit of Indemnity?

\$ 1,000,000 any one claim, \$1,000,000 in aggregate during the period of insurance

What is the Excess?

Fidelity Cover	\$5,000 each and every claim
All Other Claims	\$2,500 each and every claim

Note: The payment of the excess is the responsibility of the defending party and will not be paid by Petanque Australia Ltd or its affiliated bodies unless otherwise agreed.

What is the Scope of Cover?

Association Liability is essentially made up by 4 covers: -

1. Directors & Officers Liability

Directors and Officers insurance is intended to provide cover for honest mistakes made by directors, secretaries and other officers concerned in the management of the affairs for the organisation. Indemnity is provided for loss as a result of a claim arising out of an insured director's "wrongful act".

Cover is for damages and legal costs incurred in defending an action brought against an insured director or officer. In addition, coverage is provided for legal costs incurred in the successful defence of criminal proceedings.

The definition of "wrongful act" includes any error, misstatement or misleading statement, act or omission or neglect or breach of duty of an insured director or officer in the conduct of his or her duties – in short, everything an insured individual does or fails to do.

2. Professional Liability

Liability arising from the breach of professional duty whether such duty is owed in contract or otherwise in respect of the Insured's legal liability arising from negligent acts, errors or omissions whenever or wherever committed or alleged to have been committed in connection with your organisation.

3. Employment Practices Liability

Employment Practices Liability insurance means any of the following practices directed against any employees, contract worker, temporary workers or any applicant for employment by the named insured: -

- Wrongful refusal to employ an applicant for employment
- Wrongful failure to promote an employee
- Wrongful demotion, negligent evaluation, negligent reassignment or disciplinary action.
- Unlawful discrimination which may include discrimination
- Sexual Harassment

4. Fidelity Guarantee

(sub limited to \$250,000)

Provides cover against any loss of money, negotiable instruments, bearer bonds or coupons, stamps, bank or currency notes belonging to the insured or for which the insured is legally liable, where such loss is sustained in consequence of any dishonest or fraudulent act or omission of any insured.

Where Does Cover Apply?

The indemnity provided under this policy shall extend to a wrongful act occurring anywhere in the world but shall not include any claim made in, or determined pursuant to the law of the USA or Canada.

What Are Some Of The Major Exclusions On The Policy?

The following exclusions could affect You:

1. Bodily Injury or Property Damage-there is no cover under this policy for bodily injury, sickness, disease or death;
2. Outside directorships-there is no cover under this policy for directors of other organisations not affiliated to Petanque Australia.
3. Fraud-any claim in consequence of a deliberate fraudulent act or omission as per the policy;
4. Trusteeships- there is no cover under this policy for trustees; and
5. Prior or pending litigation (refer to dates shown in the policy schedule).

2. PROFESSIONAL INDEMNITY

1. Fraud-any claim in consequence of a deliberate fraudulent act or omission as per the policy;
2. Prior or pending litigation (refer to dates shown in the policy schedule).

3. EMPLOYMENT PRACTICES LIABILITY

1. Bodily Injury or Property Damage-there is no cover under this policy for bodily injury, sickness, disease or death;
2. Specified sums under contract;
3. Fraud-any claim in consequence of a deliberate fraudulent act or omission as per the policy;
4. Prior or pending litigation (refer to dates shown in the policy schedule).

4. FIDELITY GUARANTEE

1. Losses sustained prior to Original Inception date of policy (26th June 2007);
2. Losses discovered and notified to insurer more than 30 days.
3. The insurer is not liable to indemnify any insured committing or condoning any dishonest or fraudulent conduct.

Corporate Travel

Who is Insured Under This Policy?

Petanque Australia Ltd Inc including all Directors, Executives, Managers, Coaches, Officials, Volunteers, Authorised members, Australian and State teams.

Who Is The Insurer?

American International Group (AIG Australia)

What Is The Period Of Insurance?

From:4.00pm 7th December 2007 to:4.00pm 7th December 2008
Both Local Standard Time at the Insured's head office

What Are The Policy Benefits?

Per Person	
Death and Capital Benefits (Employees, Directors, Officers and authorised members)	\$500,000
Death and Capital Benefits (Accompanying Spouse and Dependant Children)	\$250,000
Death and Capital Benefits (Accompanying Dependant Children and Insured Persons under 18 yrs)	\$20,000
Accident Weekly Benefit	\$2000 per week
Benefit Period (14 day excess)156 weeks	
Overseas Medical Expenses/Emergency Evac.	Unlimited
Loss of Deposits and Additional Expenses	\$100,000
Personal Liability	\$10,000,000
Luggage, Personal Effects, Travel Documents & Credit Cards	\$20,000
•Mislaid Luggage	\$3,000
•Credit Card Fraud	\$3,000
•Keys and Locks	\$1,000
•Money	\$5,000
Alternative Employee or Resumption of Journey Expenses	\$10,000
Rental Vehicle Excess Cover	\$5,000
Missed Transport Connection	\$2,000
Extra Territorial Workers Compensation Weekly Benefit	\$1000 per week
Kidnap, Ransom & Extortion	\$500,000
Political & Natural Disaster Evacuation Exp.	\$20,000
Broken Bones Benefits	\$5,000
Aggregate Limit of Liability	\$3,500,000

Where Are You Covered?

Worldwide

What Is The Definition Of A Journey?

This means any journey which:-

- commences during the Period of Insurance;
- is undertaken on your behalf for a purpose authorised by Petanque Australia;
- is authorised by Petanque Australia;
- begins and ends in Australia; and
- does not exceed 180 days.
- always involves travel outside a radius of 100 kilometres from the place of departure.

A journey includes associated holiday travel for approved registered players and all overseas leisure travel for approved Directors, Executives, Managers, Coaches, Authorised members and their accompanying spouses and/or partners and dependent children.

A journey commences at the time the insured person leaves the insured person's normal place of residence or work, whichever is the place of departure for the journey, and ends at the time the insured person returns to the insured person's normal place of residence or work, whichever occurs first.

A journey does not include any normal commutation travel between the insured person's normal place of residence and normal place of work.

What Is The Emergency Assistance Benefit Contact Number?

If your approved travellers require assistance anywhere in the world, they can contact the local telephone operator and ask for a reverse charge call to AIG Assist on +61 2 9251 4298

What Are Some Of The Major Exclusions On The Policy?

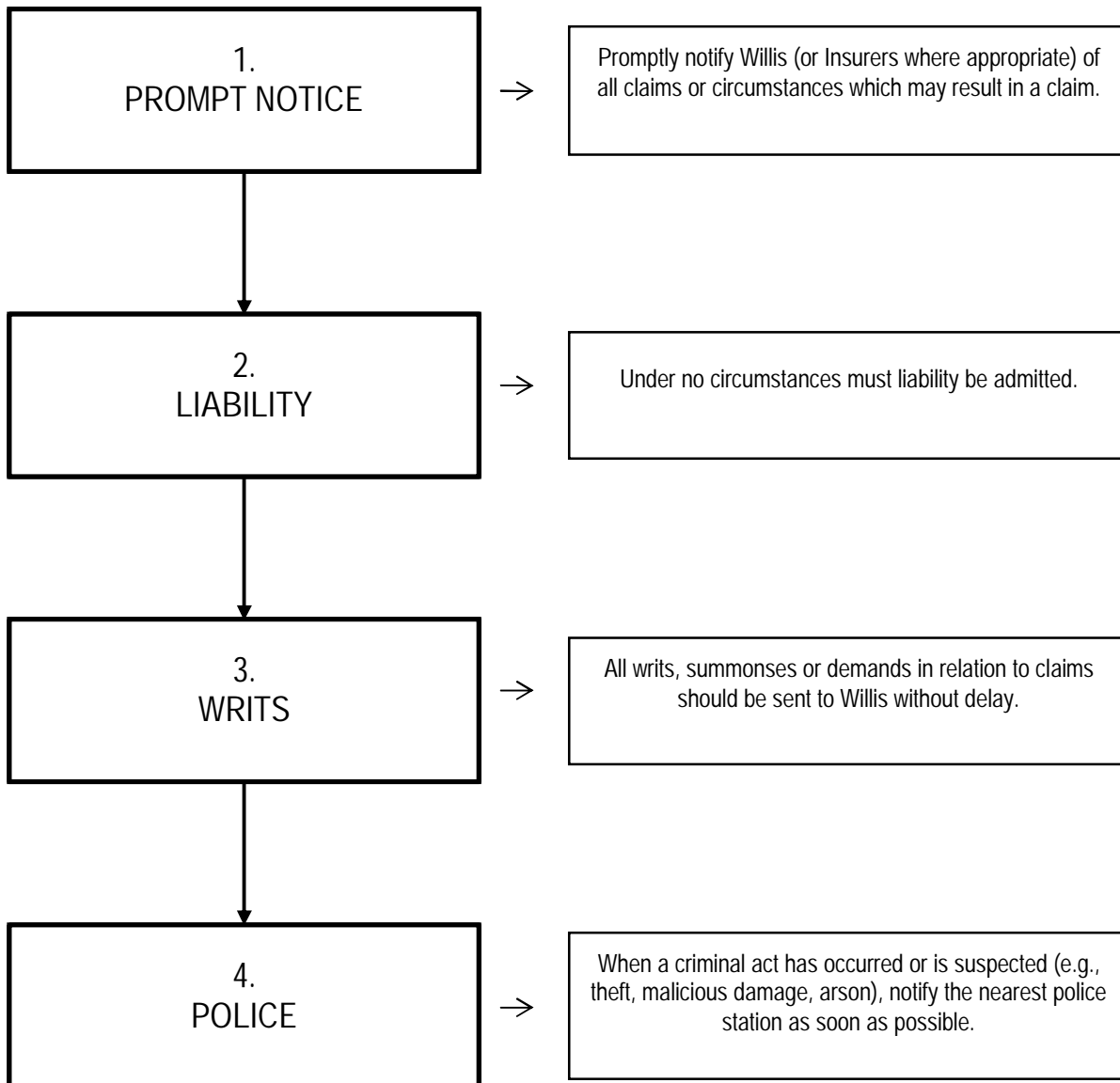
The following exclusions could affect You:

1. An Insured Person engaging in or taking part in
 - a) flying in an aircraft or aerial device other than as a passenger in an aircraft licensed to carry passengers; or
 - b) training for or participating in Professional Sport of any kind
2. Any expenses, the payment of which would constitute "health insurance business" as defined under the National Health Act, 1953

Please refer to the policy document for details of policy conditions and exclusions.

Claims

Detailed claims procedures are set out in the next pages of this Manual. In the general reporting and actioning of claims, there are four core rules which all personnel involved with insurance claims should be aware of:



General Claims Procedures

To complement the careful planning in establishing your Insurance Programme, it is obviously necessary that in the event of an incident which will or may give rise to a claim, a procedure must be adopted for the proper and expeditious conduct of the claim.

By carefully following this procedure, the impact on your business operations will be minimised.

There are number of steps which must be taken immediately:

1. Report the incident to Petanque Australia Ltd and Willis by telephone, facsimile or email, wherever practicable, within 24 hours of the incident.
2. Regardless of whether or not the claim has been reported or a loss assessor appointed, you must immediately do whatever is necessary to prevent further loss of life or property damage. For example:
 - Call the fire brigade, ambulance, police or other appropriate emergency service.
 - If during business hours, ensure the evacuation, if necessary, of staff and neighbours.
 - If critical machinery fails, commence investigations to locate replacement plant or services.
 - Have a security company install boarding over smashed windows and, if appropriate, employ an overnight security watchman.
 - Remove property which is exposed to further loss or damage to a more secure place if possible.
 - Providing no danger to life or limb is involved, ensure the safe removal and storage of vital business records.
3. Complete all claims documentation as soon as practicable (ensuring your ABN No. and Input Tax Credit entitlement are included) and forward to Willis with any supporting documents.
4. Whatever the circumstances of the incident, **DO NOT ADMIT LIABILITY EVEN IF YOU THINK YOU ARE AT FAULT**. Your Insurer is entitled to deny a claim or pay a reduced amount if statements made by you or your employees prejudice the Insurer's position.

It is impossible to give guidelines for procedures to follow in every claim, simply because of the nature of accidents –

- they cannot be predicted
- they do not follow set patterns

However, the following general procedures for various major classes of insurance can be relied upon to cover most circumstances. For any other claim involving other classes of insurance, contact Willis without delay.

Public Liability / Professional Indemnity Claims Procedures

Under No Circumstances Must Liability Be Admitted

Either Verbally or in Writing

Upon the happening of any incident likely to give rise to a claim, the following procedure should be implemented:

1. All reasonable steps should be taken following an occurrence to protect the person or property from any further injury.
2. Obtain all details you can –
 - Of the incident;
 - Of the Third Party;
 - Of the witnesses.
3. In all cases, contact Willis immediately for advice on how to handle the matter.
4. Do not give any interview or make any statement to a loss adjuster or other person investigating any accident of damage UNLESS such person is acting on behalf of your Insurer or your own organisation.
5. No correspondence should be entered into with a third party except acknowledgment of receipt of the claim. The acknowledgment letter should read as follows:

“Without Prejudice”

We acknowledge receipt of your correspondence concerning the incident at.....This is receiving our attention.
6. Forward all letters of demand, writs / summonses to Willis immediately you receive them.

Personal Accident Claims Procedure

Upon the happening of any incident likely to give rise to a claim, the following procedure should be implemented:

The club official should complete an incident report form. A claim form can be obtained by contacting Willis Australia on (02) 9285 4111 or 1300 WILLIS (i.e. 1300 945 547). A staff member will send a claim form to you for completion. Alternatively, a claim form is available on www.petanqueaustralia.com

1. Only one claim form (per injury) is required. A claim form should be completed and submitted as soon as you become aware that you will be making a claim. You do not have to wait until after you have completed treatment for your injury to lodge your claim form.

2. Please ensure that you fully complete pages 4 & 5 of the claim form and sign and date the Declaration.

3. Please ensure that your Club official completes and signs the Club Declaration on page 4.

4. For claims involving Loss of Income:-

a) You must complete page 6 and have your employer/salary officer to complete page 6. If self employed, you must have your accountant complete these details;

b) Have your Attending Physician complete the page titled "Doctor's Statement" on page 8.

5. For claims involving Non-Medicare medical expenses:-

Medical treatment must be certified necessary by an attending physician and incurred within Australia. (An attending physician includes a general practitioner, physiotherapist, chiropractor, dentist).

a) Have your Attending Physician complete the "Attending Physician" statement on page 8.

6. Please attach all original receipts (unless retained by your health fund). Hospital claims must be accompanied by an itemised receipt. If treatment is covered by your Private Health Fund please send their rebate advice with a copy of the relevant account.

Please note:

No cover is provided for Surgeons, Anaesthetists, Doctors, X-rays or other accounts which are partly covered by Medicare. The Australian Health Insurance Act does not permit us to contribute to any charges covered by Medicare (including the Medicare Gap).

The insurer will pay a percentage of the amount, as indicated in the Policy schedule, for private hospital, dental, ambulance (if not otherwise covered), chiropractic, physiotherapy, osteopath, naturopath, massage and pay for orthotics prescribed by a surgeon to aid recovery.

Subject to the Insurance Contracts Act 1984 any treatment rendered necessary by injury must be completed within 12 calendar months from the date of such injury occurring.

7. Once you have fully completed all sections of the claim form, please forward with all relating documentation and receipts to your State Petanque Association.

8. Your State Association will verify your membership and sign the statement on page 4 and forward your claim onto Willis – Level 5, 179 Elizabeth Street, SYDNEY NSW 2000. Willis will then send the documentation to Chubb Insurance Company of Australia Limited. Your reimbursement cheque will be sent to you directly by Chubb Insurance Company of Australia Limited.

9. Once your claim is registered, you can submit ongoing invoices via Chubb Insurance Company of Australia Limited – Level 29, Citigroup Building, 2 Park Street Sydney NSW 2000. Chubb Insurance Company of Australia Limited can also be reached on ph: (02) 9273 0100 should you wish to make enquiries relating to the progress of your claim.

10. If you have any further queries relating to your claim, please do not hesitate to call the Willis Sports Team on (02) 9285 4111 or local call cost only 1300 WILLIS (i.e. 1300 945 547).

Association Liability Claims Procedure

Any circumstance giving rise to an Association liability claim is to be notified to Willis as soon as possible.

Travel Claims Procedure

NOTIFICATION

As soon as reasonably possible advise Willis of any incident/loss.

ACKNOWLEDGMENT

Willis will respond with a claim form for completion with advice as:

- the insurer's investigating/assessing requirement
- supporting documentation required
- repair/replacement procedure

RECORDS

To ensure a thorough claim presentation you must keep detailed accurate records of:

- items lost/stolen/damaged
- medical treatment and accounts
- action taken
- costs incurred

CRIMINAL ACTS

Any claim you know or suspect involves a criminal act must be reported to the police.

AIG EMERGENCY ASSISTANCE BENEFIT

This policy includes an Emergency Assistance Benefit that is accessible 24 hours a day worldwide.

AIG Assist: +61 2 9251 4298 (Reverse charges if necessary)

Frequently Asked Questions

Please find below a list of common insurance enquiries. The questions have been sorted under the following 3 headings:-

1. General
2. Public and Products Liability / Professional Indemnity
3. Personal Accident

If your enquiry is not listed below, please contact Willis Sport and Leisure on (02) 9285 4111 or local call cost only 1300 WILLIS (i.e. 1300 945 547).

1. GENERAL

What is the Period of Insurance for the National Insurance Scheme?

7th December 2007 at 4pm Local Standard Time to 7th December 2008 at 4pm Local Standard Time

What insurance products are insured under the National Insurance Scheme?

Public and Products Liability, Professional Indemnity, Personal Accident (Sports Injury) insurance, Association Liability and Corporate Travel insurance for approved travellers.

Who is insured under the National Insurance Scheme?

This program covers all financial members, temporary members, officials, accredited coaches, umpires, executives and volunteers of Petanque Australia and its affiliated State Associations and clubs.

How do I get this insurance cover?

Coverage is provided automatically as part of your Petanque Australia club membership. For membership enquires please contact Petanque Australia.

Is Building or Property Insurance (i.e. fire and theft) provided under the National Insurance Scheme?

No, your premises and its contents are not covered under this Program for any material damage or theft. If you would like a quotation for this type of insurance please contact Willis Australia on (02) 9285 4111 or 1300 945 547 or send us an email to sports.au@willis.com

What measures can State Associations/Clubs take in order to minimise risks and reduce potential claims?

- a. Ensure that all participants are registered members of Petanque Australia prior to commencing their activities.
- b. Actively encourage coaches to undertake accreditation courses.
- c. Keep an injury register/record of all injuries sustained in any petanque related activity.
- d. Ensure that you are incorporated (and maintain your incorporated status) and your bylaws are current and up to date (including the provision of appropriate Discipline and Grievance clauses and Procedures).

What do I do if I have a complaint about the National Insurance Scheme?

Please address any complaints regarding the Petanque Australia Insurance Program to Willis Sport and Leisure via email to sports.au@willis.com or mail to PO Box Q216, QVB Post Shop 1230

Who is Willis?

Willis is the licensed insurance broker who has arranged this insurance scheme on behalf of Petanque Australia Ltd. They act on behalf of Petanque Australia Ltd and not the insurer. Willis is one of the world's largest insurance brokers. They have operated in Australia for almost 50 years, with offices in all States and the Australian Capital Territory. More information on Willis can be obtained by visiting www.willis.com.au

2. PUBLIC AND PRODUCTS LIABILITY INSURANCE

What is Public and Products Liability insurance?

Public and Products Liability insurance is designed to protect you in the event that you are sued by a third party for injuries caused to them or any damage caused to their property. Public Liability insurance will cover the cost of compensation to the third party, should you be found negligent including any associated defence costs.

What is Products Liability insurance?

Product liability insurance will cover you in the event that any goods that you supply cause injury, illness, loss or damage to a member of the public. This could include food prepared and sold at a fundraising day.

What is Professional Indemnity insurance?

Professional Indemnity insurance will cover you in the event that you are sued by a person who claims they were injured as a result of your professional negligence. This insurance mainly provides cover for registered guides, coaches or instructors who give advice when a member is training or competing in an event

What is the excess on the Public and Products Liability and Professional Indemnity policies?

There is a \$1,000 excess for each and every occurrence for Public and Products Liability and Professional Indemnity claims.

Who is responsible for paying the excess on Public and Products Liability Property Damage and Professional Indemnity claims?

The payment of the \$1,000 excess is the responsibility of the defending party and will not be paid by Petanque Australia Ltd. unless otherwise agreed.

What activities are covered under the Public and Products Liability policy?

Administration, promotion, organisation and participation in Petanque Australia activities including sanctioned training sessions and training camps, coaching, the rendering of first aid, provision of food and drink, publication of newsletters, sale of merchandise, property owners or property occupiers liability, social activities including awards presentations, fundraising, BBQ's and other social gatherings.

Please note that some fundraising and extreme training techniques may not be covered by the definition of "Activities Covered" in this policy e.g. bungee jumping, car rallies, bull riding rodeos, jumping castles etc. Please contact Willis on (02) 9285 4111 or 1300 945 547 if you are unsure as to whether you require insurance cover for any other activities.

What are sanctioned activities?

Sanctioned activities are those activities that are approved by Petanque Australia or their affiliated State Associations or Clubs. Sanctioned activities include training and events that are organised by these groups.

How can we prove that we have Public Liability Insurance?

If you are asked to provide proof of insurance by anyone (e.g. local council or a property owner) you will require a Certificate of Currency. Petanque Australia Certificates of Currency are available from Petanque Australia or by contacting Willis.

Is the Association/Club covered for any fundraising events that we may have throughout the season?

Yes, Association and club fundraising activities are automatically covered under the National Insurance Program. These activities may include but are not restricted to trivia nights, presentation nights, membership drive sausage sizzle at the local shops etc. However, some activities such as the use of jumping castles could be excluded under the policy. Please refer to Willis for confirmation that the activity is covered.

Are external contractors covered?

No, external contractors should carry their own public liability insurance.

What should an Association/Club/Technical Committee do before signing a Hire/Lease/Rental Agreement?

1. Thoroughly read any agreement before signing.
2. Some councils may ask you to sign an agreement which states that they will not be held liable in the event of injury arising as a result of use for training or events.

Please note that there is a policy exclusion on your Public Liability policy if you sign an agreement which contains such "Indemnity and Hold Harmless" clauses.

Should you find any Indemnity/Hold Harmless clauses in the agreement, please refer to Willis on (02) 9285 4111 or 1300 945 547 or sports.au@willis.com We will advise you on the correct wording to insert into the lease agreement.

3. PERSONAL ACCIDENT

What is Personal Accident (Sports Injury) insurance?

Personal Accident insurance is a policy that covers you in the event that you are injured whilst participating or travelling to or from training or events that are sanctioned by Petanque Australia or their affiliated State Associations or clubs. The policy will pay out an income or a lump sum in the event of disability, disablement or death, caused by an accident.

What does the Personal Accident (Sports Injury) insurance cover?

The Personal Accident policy covers items such as death, disablement, non-Medicare medical expenses, loss of income, student tutorial costs and domestic home help costs. You are covered for injuries even if the accident was your fault.

When does the cover apply?

Cover applies in the following circumstances:-

- (a) Competing in official club, state and national events
- (b) Organised training or practice sessions for activities as described in (a) above.
- (c) Travelling directly between activities in (a) or (b) above, and your residence or place of employment.
- (d) Staying away from your home district during a tour for the purpose of participating in sanctioned activities
- (e) Engaging in voluntary, administrative or organised social activities of Petanque Australia or its affiliated Associations or Clubs.

Do I need to have private health insurance if I am covered by the Personal Accident section of this program?

This is a personal decision. However, it must be remembered that the Personal Accident cover has limited benefits to keep the cost as low as possible.

What constitutes organised training?

Organised training is training that is approved by either Petanque Australia or an affiliated State Association, your club or a coach.

What do I do if I am involved in an accident?

1. Advise your club official who will arrange for an incident report form to be completed.
 2. Complete a Personal Accident claim form and submit to Petanque Australia at PO Box 2258 Richmond. VIC. 3121.
- If you have any questions or require assistance, please contact Willis Insurance brokers on (02) 9285 4111 or 1300 945 547

When should I send in a Personal Accident claim form?

A claim form should be completed and submitted to Petanque Australia as soon as you become aware that you will be making a claim. You do not have to wait until after you have completed treatment for your injury. Please note that any treatment rendered necessary by injury must be completed within 12 calendar months from the date of such injury occurring for expenses to be covered.

Is the Medicare Gap claimable under the Personal Accident Policy?

No, the Health Insurance Act (Cth) 1973 does not permit the Insurer to contribute to any charges covered by Medicare (including the Medicare Gap). This means that any charges for treatment from a Doctor, Surgeon, Anesthetist or Surgeon's Assistant are not covered. It also means charges for X-Ray, some MRI Scans (if Medicare registered) and Public Hospitals are not covered. In addition, there will be no refund in respect of:

- a) any expenses recoverable by You from any other insurance scheme or plan providing medical or similar coverage or from any other source except for the excess of the amount recoverable from such other policies/plans.
- b) any expense to which the National Health Act (Cth) 1953 or any of the regulations made there under apply.

What are the age limitations under the Personal Accident Cover?

Capital Benefits section:	Maximum Benefit
Insured Persons Aged 2 to 79 years	\$250,000
Insured Persons Aged 80 to 90 years	\$10,000
Insured Persons Under 18 – Accidental Death Only	\$ 10,000

Non-Medicare Medical section:
 Insured Persons aged 2 to 90 years.
 Note: Cover for persons aged between 80 to 90 yrs is reduced..

Loss of Income
 Insured Persons up to 79 years.

What is the maximum benefit period for Loss of Income and Non Medicare Medical Claims?
 52 weeks.

What is the Excess / Elimination Period under the Personal Accident Policy?

There is a \$50 excess in respect to making a claim for non-Medicare medical treatment. This amount will be deducted from any reimbursements that you are entitled to. If you are making a loss of income claim you are subject to a 7 day elimination period which also takes into account any accrued sick leave or other entitlements. This means that any loss of income during this period is not claimable.

Is the cost of Ambulance Transport covered under the Program?

Yes, Ambulance transport is a non-Medicare medical expense and as such covered under the Personal Accident section of the Program (up to the limits that you are entitled to).

Can I claim on my Private Health Insurance as well as the National Insurance Scheme for personal injury claims?

You must initially claim on your Private Health Insurance and then claim on the National Insurance Scheme for any non-Medicare medical costs that exceed the limits of your Private Health Insurance.

Can I claim loss of income benefits if I only work on a casual basis?

Yes, you can claim loss of income benefits if you work on a full time, part time or casual basis. The weekly accident benefit is 85% of your net weekly income up to a maximum of \$600 per week (for members up to 79 years of age), whichever is the lesser. Please note that your employer needs to complete the loss of income section of the claim form.

Can I make more than one claim during the year?

Yes, you can make more than one claim during the year. It is important however, that you obtain a clearance from your treating physician prior to returning to playing petanque.

Example of a Medical Claim

Barry is a 32 year electrician who has injured his leg whilst competing in a sanctioned Petanque Australia event. He has been advised by his local doctor that he has to undertake physiotherapy treatment, as well as have some x-rays. He is advised that he requires surgery. Barry has a weekly earning of \$1,000 net per week. As a result of his injuries, he has 12 weeks off work.

PAYING THE CLAIM

Medical Expenses

(Government legislation does not allow General insurers to cover any costs subject to a Medicare rebate)

Private practitioner visit	Covered by Medicare*
Surgeon	Covered by Medicare*
X-Ray/MRI	Covered by Medicare*
Anaesthetist	Covered by Medicare*
Public Hospital Accommodation	Covered by Medicare*
Private Hospital accommodation 3 days @\$500	\$1,500
9 Physiotherapy visits@ \$50 per visit	\$450
Sub Total	\$1,950
Maximum Benefit	\$1,500.00
Less Excess Payable	\$50.00
<u>Total non-Medicare Payment</u>	<u>\$1,450.00</u>
<u>Loss of Income 12 weeks @ \$600 per week (less 7 day excess)</u>	<u>\$6,600.00</u>
<u>Total Claim Payment</u>	<u>\$8,050.00</u>

* In most cases Medicare does not cover 100% of the medical provider's costs. The difference is known as the "Medicare Gap" and is not covered by the Petanque Australia Personal Accident program due to government legislation.

Important Notices

General

Many areas of insurance are complex and some implications may not be evident to you. Your Client Servicer will keep you informed, but if at any time you are unsure of any aspect of your insurances, please contact Willis Australia Ltd to discuss the matter.

Utmost Good Faith

A contract of insurance is a contract of the utmost good faith. This means that you and the Insurer must act towards each other, in respect of any matter arising under or in relation to the contract, with the utmost good faith.

For example:

- you must act with the utmost good faith when submitting any claim to the Insurer
- if you fail to act towards the Insurer with the utmost good faith, it may prejudice the claim; and
- the Insurer must act with the utmost good faith when handling the claim.

Your Duty Of Disclosure

You and everyone who is insured under your policy must comply with the duty of disclosure. Make sure you explain the duty to any other insureds you apply on behalf of.

The duty requires you to tell the Insurer certain matters which will help it decide whether to insure you and, if so, on what terms. The duty applies when you first apply for your policy and on any renewal, variation, extension or replacement of the policy. i.e. This is an ongoing responsibility throughout the duration of the policy.

The type of duty that applies can vary according to the type of policy.

If we act on your behalf, to assist us in protecting your interests, it is important that you tell us every matter that you know or a reasonable person in the circumstances could be expected to know, is relevant to the Insurer's decision whether to insure you and, if so, on what terms. We will then assist you in determining what needs to be disclosed to the Insurer in order to meet your duty.

If we act on behalf of the Insurer, you need to refer to the policy which will set out the duty that applies.

When you answer any questions asked by the Insurer, you must give honest and complete answers and tell the Insurer, in answer to each question, about every matter that is known to you and which a reasonable person in the circumstances could be expected to have told the Insurer in answer to the question.

Examples of matters that should be disclosed are:

- any claims you have made in recent years for the particular type of insurance;
- refusal by an Insurer to renew your policy;
- any unusual feature of the insured risk that may increase the likelihood of a claim.

If you (or anyone who is insured under the policy) do not comply with the duty, the Insurer may cancel the policy or reduce the amount it pays in the event of a claim. If the failure to comply with the duty is fraudulent, the Insurer may treat the policy as if it never existed and pay nothing.

Material Change Of Risk

Many policies require you to notify the Insurer in writing of any material change to the insured risk during the period of insurance. The Insurer can then decide whether to cover the new risk. Some examples of material changes are if you:

- change your profession or occupation;
- acquire or merge with another business;
- commence manufacturing plastics, or commence woodworking activity;
- commence manufacturing a new kind of product;
- are unable to pay your debts as they fall due and you enter into an arrangement with your creditors.

If you are in any doubt as to whether the Insurer should be told about any particular change to the insured risk, please ask us.

Interests Of Third Parties

Many policies do not cover the interests of third parties (eg co-owners, lessors and mortgagees) whose interest is not noted on the policy. If you require the interest of any third party to be covered, please let us know, so that we can ask the Insurer to note that party's interest on the policy.

Subcontractors & Consultants

It is advisable to check all insurances held by subcontractors utilised, including Workers Compensation, Public Liability and Professional Liability.

Leasing, Hiring and Borrowing Property

When you lease, hire or borrow property, plant or equipment, make sure that the contract clearly identifies who is responsible to insure. This will help avoid arguments after a loss and ensure that any claims are efficiently processed.

Recovery Rights/Hold Harmless/ Waiver of Subrogation

Many policies exclude or limit the Insurer's liability if you have entered, or enter, into an agreement that excludes or limits your rights of recovery against third parties whose acts, errors, omissions or other conduct have caused or contributed to your loss or liability. (These are often called "hold harmless" agreements.)

If you have entered, or consider entering, such an agreement, please let us know, so that we can advise you about how the agreement affects, or will affect, your cover.

Average or Co-insurance Clauses (Underinsurance)

Many policies that cover loss of or damage to property contain what is called an "average" or "co-insurance clause" which may reduce the amount of a claim payable under the policy.

Briefly stated, an "average" or "co-insurance" clause provides that where the value declared by the insured or sum insured under the policy is less than the full value of the interest insured, the Insurer is only liable to pay a proportion of the loss or damage, i.e. you are treated as if you self-insured part of the risk.

If your policy contains an "average" or "co-insurance" clause, please read it carefully to see how it affects the amount of cover under the policy.

Areas that are of concern to our clients are the adequacy or otherwise of:

- replacement values for Assets
- values for Consequential Loss of either Gross Profit, Gross Rentals and/or Additional Increased Costs of Working. It is preferable that:
- if your policy provides "new for old" cover, the declared value is sufficient to cover the cost of replacing any lost or damaged property with new property;
- when reviewing building values, you make allowance for compliance with current building regulations and building cost increases since your last valuation, lead times for council approval, and the like.
- when reviewing replacement costs for Plant and Machinery, you make allowance for currency fluctuations that can occur in the cost of imports from some countries. You should also consider technological changes, import duties and current and future inflationary trends.

We recommend that you supply us with a copy of your most recent insurance valuation(s) in respect of both Buildings and Plant and Machinery.

Making Claims

It is important that you notify us of any claim or potential claim or circumstance that may give rise to a claim under your various policies. It is your responsibility to notify these circumstances to us. Failure to adhere to the notification requirements particularly timing, as set out in the policy or other coverage document, may entitle Insurer(s) to deny your claim. In presenting a claim it is your responsibility to disclose all facts which are material to the claim.

It is impossible to give guidelines for procedures in every claim, simply because of the nature of accidents; they cannot be predicted; and they do not follow set patterns. However by following the general procedures outlined below, the impact of an incident or loss on your business operations will be minimised.

1. Report the incident to Willis Australia Ltd by telephone, facsimile or email – wherever practical, within 24 hours of the incident.
2. Regardless of whether or not the claim has been reported or a loss assessor appointed, you must immediately do whatever is necessary to prevent further loss of life or property damage. For example:
 - Call the fire brigade, ambulance, police or other appropriate emergency service.
 - If during business hours, ensure the evacuation, if necessary, of staff and neighbours.
 - If critical machinery fails, commence investigations to locate replacement plant or services.
 - Have a security company install boarding over smashed windows and, if appropriate, employ an overnight security watchman.
 - Remove property which is exposed to further damage to a more secure place if possible.
 - Providing no danger to life or limb is involved, ensure the safe removal and storage of vital business records.
3. Complete all claims documentation and forward to Willis Australia with any supporting documents without delay.
4. Whatever the circumstances of the incident, **DO NOT ADMIT LIABILITY EVEN IF YOU THINK YOU ARE AT FAULT.** Your Insurer is entitled to deny a claim or pay a reduced amount if statements made by you or your employees prejudice the Insurer's position.

"Claims Made" Policies

Some kinds of liability policies (such as Professional Liability, Directors & Officers Liability, Trustees Liability and Commercial Builders Structural Defects) are usually issued on a "claims made" basis. This means that (subject to the other terms of the policy) the policy only covers claims first made against you during the period of insurance.

Under section 40(3) of the Insurance Contracts Act, if your policy is a "claims made" policy, and if you give notice in writing to the Insurer of facts that might give rise to a claim against you as soon as is reasonably practicable after you become aware of those facts but before the period of insurance expires, the policy will cover (subject to the other terms of the policy) any subsequent claim against you that arises from those facts, even if that claim is not made until after the period of insurance has expired. In order to ensure that any entitlement to indemnity under the policy is protected, you must therefore report all incidents that may give rise to a claim against you to the Insurers without delay after such incidents first come to your attention and prior to the expiration of the policy period.

If your policy is a "claims made" policy, and if it has a "retroactive date", it will not cover any claim that arises from any act, error, omission or conduct that occurred before that retroactive date.

Where Placement Is With An Unauthorised Foreign Insurer

The insurance contract may be placed wholly or partly with a foreign Insurer that is not authorised under the Insurance Act 1973 to conduct insurance business in Australia. Such Insurer(s) are not subject to the provisions of that Act which establishes a system of financial supervision of general Insurer(s) in Australia.

It is a matter for your consideration whether you should obtain any further information from us on matters such as:

- name and postal address of the Insurer;
- country of incorporation of Insurer and whether the country has a scheme of financial supervision of Insurer(s);

- paid up capital of the Insurer; and
- which country's laws will determine disputes under the contract.

Statutory Imposts In Overseas Jurisdictions

Your insurance risks may be in more than one international jurisdiction. Where required we will liaise between you and the insurers to seek to agree the apportionment of the premium between applicable jurisdictions, and the amounts of local statutory charges and/or taxes payable in each jurisdiction in relation to policies insuring those risks.

In providing such services, Willis is acting in its capacity as an insurance broker and does not hold itself out to provide advice in relation to the statutory charges and/or tax laws of any applicable jurisdiction. We recommend you seek your own advice in relation to such imposts where you consider it necessary. We will not be liable to you should the apportionment of premium or amount of local imposts payable under the policies be challenged by any local authority, nor for any penalties or other charges that may be associated therewith. In addition, we will not be liable to you should the insurers fail, or refuse, to collect and pay such imposts to the relevant authorities.

Cooling Off Period Rights

For certain policies covering personal or domestic property (e.g. motor, home buildings and contents, travel, sickness and accident and consumer credit insurance), you may have a right under the Corporations Act to return your policy. The policy will usually set out the right but some may not. You can ask us if it applies.

The period can be no less than 14 days from entry into the policy but it may be longer at the Insurer's option. The right does not apply if you have exercised a right under the policy (e.g. made a claim).

The amount of premium refunded will vary for each Insurer. They are permitted (unless the policy states otherwise) to deduct:

- an amount representing the Insurer's period of time on risk;
- any tax or duty paid or owing for which the Insurer is unable to obtain a refund; and
- any reasonable administrative and transaction costs incurred by the Insurer reasonably related to the acquisition of the policy and termination of the relationship which don't exceed the true cost of an arm's length transaction.

Despite the cooling off period you still may have cancellation rights under your policy which have no time limit. If you want to return or cancel your policy contact us so we can assist.

Misstatement Of Premium

We try to tell you the correct amount of premium and statutory charges that applies to your insurance. In the event that we misstate that amount (either because we have made an unintentional error or because a third party has misstated the amount), we reserve the right to correct the amount. By instructing us to arrange insurance for you, you agree, where permitted by law, that you shall not hold us responsible for any loss that you may suffer as a result of any such misstatement.

Payment Of Premium

Payment of premium is required on receipt of invoice/s. This is an important part of the transaction and often there are strict requirements imposed by insurers. It is important to note, Willis will not be responsible for any consequences that may arise from any delay or failure by you to pay us the amount payable on receipt of invoice/s.

Ranges of Brokerage We May Earn

The ranges of brokerage we earn on the majority of insurance policies we place generally varies between 0-20% of the insurer premium (before Statutory Charges). For a more extensive list of the ranges of brokerage we may earn, please refer to our Financial Services Guide.

Financial Services Guide (FSG)

Our FSG contains important information about our relationship with you. A copy of our FSG can be obtained by contacting your Client Servicer, or from our website at www.willis.com.au

Uninsured Risks

Risk retention may occur in many ways, for example:

- By under-insurance (e.g., if your sums insured or declared insurable values are inadequate, and Co-Insurance/Average provisions are applied to losses, you are treated as part-Insurer for all such losses).
- By inadequate loss limits (e.g., if your Public Liability limit is insufficient, you are your own Insurer for the excess, plus a proportionate share of any legal fees).
- By non-insurance (e.g., if you elect not to insure a risk like "Motor Vehicle - Own Damage" you must stand all such losses yourselves).
- A self-assumed irremovable Deductible or Excess under a policy.

Our concern lies not so much in the fact that you may retain certain insurable risks, but that you may do so without fully recognising the fact, and without making a conscious decision to do so. Such conscious decisions should be reviewed from time to time in the light of changing circumstances. A potential problem area could arise from a series of losses, each subject to a heavy deductible.

A further concern is the possibility of the aggregation of self-insured risks, which in the event of one incident giving rise to a variety of losses, could lead to a combined loss figure well above the acceptable level of retention (e.g., a fire or explosion at a major location could involve building, plant and stock damage, business interruption, parked trucks and their loads, not to mention legal liability for injured workers and third parties' property or injury).

With this in mind, we have indicated below a number of risks that you do not insure at present. We would emphasise that no list of uninsured risks can ever be exhaustive, but we have aimed to highlight the more significant omissions from your current Insurance Programme. As any business is susceptible to change, we recommend these areas be reviewed regularly to ensure that your company is still comfortable with the limited scope of your existing range of policies.

Class of Insurance / Risk

- | |
|------------------------------------|
| q Business Insurance |
| q Compulsory Third Party |
| q Home & Contents |
| q Key Man |
| q Life Assurance |
| q Marine Cargo: |
| Ø Overseas |
| Ø Inland |
| Ø Inland & Overseas |
| q Medical Crisis / Trauma |
| q Motor Vehicle |
| q Pluvius (Weather) |
| q Superannuation |
| q Taxation Audit |
| q Trailers |
| q Workers' Compensation: |
| Ø Workcover Make Up Pay/Deductible |
| Ø Western Australia |
| Ø Tasmania |
| Ø Northern Territory |
| Ø Australian Capital Territory |
| Ø Extra Territorial |

2007/08 Summary of Insurance Policies and Insurers

1. Personal Accident Insurance

Underwriter: Chubb Insurance Company of Australia Limited
Policy No: 93111826

2. Public and Products Liability/Professional Liability

Underwriter: Calliden Limited via Sports Underwriting Australia
Policy No: SUA/000242

3. Association Liability

Underwriter: AIG Australia
Policy No: 122502

4. Corporate Travel

Underwriter: AIG Australia
Policy No: CT00040792

NOTE: All policies expire on the 7th December 2008, except the Association Liability Insurance policy which expires on 26th June 2008.

Willis Sports, Leisure and Recreation

www.willis.com.au

Contact Information

Sydney – Head Office

Level 5, 179 Elizabeth Street, NSW, 2000

t: +61 2 9285 4111 or toll free within Australia
1300 WILLIS (i.e 1300 945 547)

f: +61 2 9283 5276

e: sports.au@willis.com

Melbourne

Level 5, 570 Bourke Street, VIC 3000

t: +61 3 8681 9800 or toll free within Australia
1300 WILLIS (i.e 1300 945 547)

f: +61 3 8681 9888

Other Offices

Adelaide

Level 1, 190 Flinders Street, SA 5000

t: +61 8 8223 1200

Brisbane

Level 6, 500 Queen Street, QLD, 4000

t: +61 7 3004 8500

Canberra

Griffin Business Centre

8-10 Jardine Street, ACT, 2604

t: +61 2 6234 8014

Hobart

Level 6, 85 Macquarie Street, TAS, 7000

t: +61 3 6235 8500

Perth

Level 4, 182 St Georges Terrace, WA 6000

t: +61 8 9481 4455

Other Specialist Practices

- > Aerospace
- > Affinity Groups
- > Construction
- > Education
- > Financial Institutions
- > Government
- > Manufacturing
- > Mergers, Acquisitions and Reconstruction
- > Marine
- > Mining
- > Oil and Gas
- > Professional Service Firms
- > Retail
- > Sports & Entertainment
- > Transport & Logistics

Appendix One (1)
Sports Injury Claim Form

Appendix (2)

Summary of Insurance Cover Brochure

Appendix Three (3)

Public Liability Certificate of Currency

Appendix Four (4)

Policy Wordings