

AMATEUR SPORT GROUP PERSONAL ACCIDENT INSURANCE POLICY SCHEDULE

THIS IS TO CERTIFY that in accordance with the authorisation granted to the undersigned ("The Service Company Coverholder") by Arch Underwriting at Lloyd's – Syndicate 2012 ("The Underwriter") and in consideration of the premium specified herein, the said Underwriter is hereby bound, to insure in accordance with the terms and conditions contained herein or endorsed hereon and the wording attached to this Certificate.

In the event of loss, each Underwriter (and their executors and administrators) is only liable for their own share of the loss according to the proportion set against its name in the Schedule.

In accepting this insurance, the Underwriters have relied on the information and statements that you have provided on the Proposal Form (or Declaration) the date of which is stated in the Schedule. You should read this Certificate carefully and if it is not correct contact the Service Company Coverholder. It is an important document and you should keep it in a safe place with all other papers relating to this insurance.

POLICY NUMBER:	500000/08/2017/0013
POLICY HOLDER:	Football Federation Australia Limited including subsidiary or controlled companies now or previously existing or hereafter formed or acquired, including mortgagees, lessors and other interested parties for their respective rights and interests.
TYPE OF INSURANCE:	Amateur Sport Group Personal Accident Insurance
POLICY WORDING:	ARCHPDSSGPA201609V1
INSURANCE PERIOD:	30 June 2017 at 4pm to 30 June 2018 at 4pm
COVERED PERSONS:	All declared Australian participants of the POLICY HOLDER in their "Introductory Juniors Program"
OPERATIVE PERIOD OF COVER:	Cover is provided under the POLICY whilst the COVERED PERSON is participating and training in the declared Soccer events as declared to us.
THE SPORT:	Soccer
LIMIT(s) OF LIABILITY:	The amount(s) set out hereunder represent the Insurer(s) maximum limit(s) of Liability any one loss or series of losses arising out of one original source or cause at any one situation subject to any lesser Limit(s) of Liability specified elsewhere in the Policy Wording and Schedule:

Arch Underwriting at Lloyd's (Australia) Pty Ltd

ABN 27 139 250 605 AFSL 426746

Sydney: Level 10, 61 York Street, Sydney NSW 2000 **P:** +61 2 8284 8400 **F:** +61 2 8088 1024**Melbourne:** 8th Floor, 22 William Street, Melbourne VIC 3000 **P:** +61 3 9629 5444 **F:** +61 3 9629 1854**W:** archinsurance.com.au

AGGREGATE LIMIT OF LIABILITY: All POLICY Sections \$1,000,000
AGGREGATE LIMIT OF LIABILITY Non Schedule Flights All POLICY Sections \$0

SECTION 1	PERSONAL ACCIDENT LUMP SUM BENEFITS	SUM INSURED
COVERED EVENT 1	ACCIDENTAL DEATH	\$50,000
COVERED EVENTS 2-26	As per Table of Benefits 1	\$50,000
COVERED EVENTS 27 – 33	BODILY INJURY resulting in FRACTURED Bones	\$2,000
COVERED EVENTS 34 – 35	BODILY INJURY resulting in LOSS of TEETH or dental procedures	NOT COVERED
SECTION 2	LOSS OF INCOME BENEFITS	
COVERED EVENT 36	TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY	NOT COVERED
COVERED EVENT 37	TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY	NOT COVERED
	Maximum Percentage of SALARY	NOT COVERED
	Maximum BENEFIT PERIOD (weeks)	NOT COVERED
	EXCESS PERIOD (days)	NOT COVERED
SECTION 3	NON MEDICARE MEDICAL AND PHYSIOTHERAPY BENEFITS	
	NON MEDICARE MEDICAL EXPENSES	75% up to a maximum of \$1,500
	NON MEDICARE MEDICAL EXPENSES EXCESS	\$50
	PHYSIOTHERAPY BENEFIT	NOT COVERED
	PHYSIOTHERAPY BENEFIT Maximum per Visit	NOT COVERED
SECTION 4	ADDITIONAL BENEFITS	
	Rehabilitation BENEFIT	NOT COVERED
	Return to work BENEFIT	NOT COVERED
	Independent financial advice BENEFIT	NOT COVERED
	Dependent child assistance BENEFIT	NOT COVERED
	Surviving spouse partner BENEFIT	NOT COVERED
	Unexpired membership BENEFIT	NOT COVERED
	Home and or vehicle modification BENEFIT	NOT COVERED
	Funeral expenses BENEFIT	NOT COVERED
	Chauffeur BENEFIT	NOT COVERED
	Bed Care BENEFIT	NOT COVERED
	In Memorium BENEFIT	NOT COVERED
	Kidnapping BENEFIT	NOT COVERED

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Note: The AGGREGATE LIMIT OF LIABILITY, NON SCHEDULED FLIGHT LIMIT BENEFITS PAYABLE apply in excess of any applicable EXCESS PERIOD.

Premium Payable

<i>Base Premium:</i>	<i>\$As Agreed</i>
<i>GST:</i>	<i>\$ As Agreed</i>
<i>Stamp Duty:</i>	<i>\$ As Agreed</i>
<i>Total Amount Payable By Insured:</i>	<i>\$ As Agreed</i>

UNIQUE MARKET REFERENCE: B606050000012017

ENDORSEMENTS:

Domestic Assistance

It is hereby noted and agreed that where the COVERED PERSON requires domestic assistance as a result of BODILY INJURY, WE will pay reasonable expenses for the services of a licensed provider of domestic home help services to the INSURED PERSON to a maximum benefit of \$150.00 per week for a maximum 52 weeks subject to a 7 day EXCESS PERIOD. All domestic assistance must be certified by a DOCTOR as being necessary for the recovery of the COVERED PERSON.

Domestic Assistance – means the usual and normal duties undertaken by the COVEREDPERSON or their parent or caregiver as a homemaker, sole provider of/for dependent children who are also COVERED PERSONS and could include child-minding, cleaning, school pick up and drop offs and general home help services.

Student Education Assistance

It is hereby noted and agreed that where the COVERED PERSON requires Home Tutorial by a qualified tutor as a result of BODILY INJURY as certified by a DOCTOR we will pay a maximum benefit of \$150.00 per week for a maximum period of 52 weeks subject to a 7 day EXCESS PERIOD.

This cover is only available for full time students.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

Parents Inconvenience Allowance

It is hereby noted and agreed that where the COVERED PERSON who is under 25 and a full time student or dependent on a caregiver for day to day care is confined to a hospital bed as a result of a covered BODILY INJURY WE will pay a daily SUM of \$25 per day for a maximum period of 52 weeks subject to a 7 day EXCESS PERIOD to the Parent or caregiver for no longer than the maximum benefit period or the period of continuous confinement which ever is the lesser.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

PREMIUM

It is hereby noted and confirmed that the premium is payable as a minimum and deposit premium adjustable on actual numbers at the agreed rate of \$00.65 (excluding taxes and charges) per participant on a quarterly basis.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

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LLOYD'S Underwriters

INSURER:

ARCH UNDERWRITING AT LLOYD'S (AUSTRALIA) PTY LTD.
ABN 27 139 250 605
FOR AND ON BEHALF OF ARCH SYNDICATE 2012 AT LLOYD'S

PROPORTION:

100%

This POLICY SCHEDULE is issued by the Service Company Coverholder shown above in accordance with the authority granted to them by Arch Syndicate 2012 at Lloyd's under the Agreement referred to herein.

IN WITNESS WHEREOF this POLICY SCHEDULE n has been signed at Sydney.

A handwritten signature in black ink, appearing to be "A. J.", written over a horizontal line.

Arch Underwriting at Lloyd's (Australia) Pty Ltd
For and On behalf of Syndicate 2012 at Lloyd's
16/06/2017