

## 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 – PMEL99/0121389**

<b>The Insured</b>	<b>YARRA JUNIOR FOOTBALL LEAGUE INC</b>
<b>Address</b>	PO BOX 172 Bundoora 3073 Australia
<b>Sport/Business</b>	Football (Australian Rules)
<b>Teams/Members</b>	508 TEAMS
<b>Period of Insurance</b>	From <b>31/03/2022</b> to <b>31/03/2023</b> , 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 B1740PGL210963000 & SCA/2021 respectively

Section 4.1 Capital Benefits The percentage of this amount which is Payable for each of \$ 250,000 Events 1 to 14 is set out in the policy

Section 4.2.1 Medical Benefits The percentage of the Medical Expenses covered under this section is 90%

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 \$ 7,500**

Section 4.3.1 Loss of Income NOT INSURED

Section 4.3.2 Student Allowance NOT INSURED

Section 4.3.3 Domestic Home Help NOT INSURED

Section 4.4 All Benefits NOT INSURED

#### CAPITAL BENEFITS INSURANCE - PARAPLEGIA AND QUADRIPLÉGIA EXTENSION

Sum Insured - \$1,000,000 for all claims related to Paraplegia & Quadriplegia Injuries

The Sum Insured for all other Capital Benefit Claims remains at \$250,000

#### Capital Benefits

Event	Benefit
1. Death	100%
If you are under 18 years of age	20%
2. Permanent & Incurable Quadriplegia	100%
3. Permanent & Incurable Paraplegia	100%
4. a) Permanent Total Loss of sight in both eyes	100%
b) Permanent Total Loss of sight in one eye	100%
5. a) Permanent Total Loss of use of two limbs	100%

b) Permanent Total Loss of use of one limb	100%
6. a) Permanent Total Loss of the lens in two eyes	100%
b) Permanent Total Loss of the lens of one eye	50%
7. a) Permanent Total Loss of the use of hearing in both ears	75%
b) Permanent Total Loss of the use of hearing in one ear	30%
8. Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extends to cover more than 40% of the entire external body	50%
9. Permanent Total Loss of use of four fingers & 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 one thumb of either hand –	
a) both Joints	30%
b) one phalanx joint	15%
12. Permanent Total Loss of use of fingers of either hand –	
a) three phalanges joints	10%
b) two phalanges joints	7%
c) one phalanx 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 then great – each toe	1%
14. Permanent Total Loss of –	
a) Liver	75%
b) Two kidneys	75%
c) One kidney	35%
d) Sexual function	45%
e) Two testicles	40%
f) One testicle	7.5%
g) Spleen	30%
15. Fractured Leg or patella with established non – union	10%
16. Shortening of leg by at least 5cm	7%
17. Permanent and incurable Total Loss or use of all limbs	100%
18. Any Permanent Total Loss of use of anybody part not shown above will be compensated At a percentage of \$50,000 as determined at the sole discretion of the underwriter. Such determination will not be inconsistent with the benefits provided under benefit 6-17 inclusive.	

### Special Condition

Any benefit payable in the Schedule above is limited to 20% of the amount if the injury occurs Other than whilst an Insured person is physically playing or training in games or sessions arranged by the Insured. This condition does not apply to club appointed volunteers or umpires.

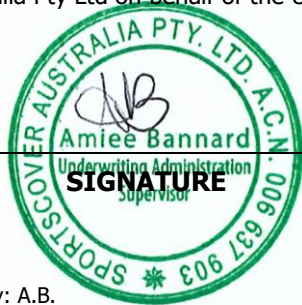
**12.** Any permanent total disability or permanent total loss of any body part not shown above will be compensated at a percentage of the Capital Benefit as determined at the discretion of the Underwriters. Up to 90%  
Such determination will not be inconsistent with the benefits provided under Events 1-14

**13.** Becoming HIV positive but cover for this event is only provided if the infection provided if the infection was as a direct result of playing or participating in the Sport nominated in The Schedule. 10%  
**12.** Actual Non Medicare Medical Expenses incurred following Accidental Miscarriage or premature child birth up to a max of 26 weeks of pregnancy. Up to 5%

Cover for this event is only provided if the miscarriage or childbirth was as a direct result of Playing or participating in the Sport nominated in the Schedule.

Event 14 is subject to deduction of the Excess specified in the Schedule for Medical Benefits.

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.



8/04/2022

**SIGNATURE**

**DATE**

Premium

AS AGREED

Printed by: A.B.