

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

The Insured	YARRA JUNIOR FOOTBALL LEAGUE INC
Address	PO BOX 172 Bundoora 3073 Australia
Sport/Business	Football (Australian Rules)
Teams/Members	508 TEAMS
Period of Insurance	From 31/03/2023 to 31/03/2024 , 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 B1750L220519 & SCA/2022 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 QUADRIPLEGIA 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 Up to 5% or premature child birth up to a max of 26 weeks of pregnancy.

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.



SIGNATURE

10/05/2023

DATE

AS AGREED

Printed by: S.C.