

Insurance Schedule



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**Offshore Market
Placements**
A DIVISION OF ARTHUR J. GALLAGHER

SCHEDULE

Certificate Number: SPT14848

The Insured: Skate Victoria Inc. and affiliated Clubs

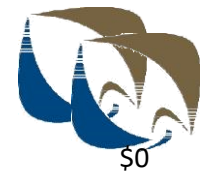
Type of Sport: Rollersports

Address of the Insured: 47 Yarram St YARRAM VIC 3971 3971

Period of Insurance:

From: 30/06/2017 **To:** 30/06/2018

Both days 4pm at local time



Section 1 Sports Injury

Aggregate **sum insured** during the **period of insurance** for all claims by all members of the **insured** during the **period of insurance**:

Capital **Sum Insured**:

\$100,000

Accidental Death	Insured Persons over 18 years	100% of capital sum insured
	Insured Persons under 18 years	20% of capital sum insured
Schedule of Capital Benefits:		
1	Permanent total disablement	100%
2	Permanent paralysis of all limbs	100%
3	Permanent loss of use of two limbs	100%
4	Permanent loss of use of one limb	100%
5	Permanent total loss of sight	100%
6	Permanent total loss of sight in a eye remaining	100%
7	Permanent total loss of sight or the lens in one eye	50%
8	Permanent total loss of hearing	75%
9	Permanent total loss of hearing in one ear	25%
10	Permanent Total Loss of : - Liver	75%
11	Two kidneys	75%
12	One kidney	35%
13	Sexual function	45%
14	Two testicles	40%
15	One testicle	7.50%
16	Spleen	30%
17	Permanent disfigurement to 100% of the surface of the head and neck	50%
18	Permanent disfigurement to 100% of the surface of the remainder of the body	25%
19	Permanent total loss of use of a thumb and all fingers on one hand	70%
20	Permanent total loss of use of all the fingers on one hand	40%
21	Permanent total loss of use of a thumb	30%
22	Permanent total loss of use of one joint of a thumb	15%
23	Permanent total loss of use of a finger	10%
24	Permanent total loss of use of two joints of a finger	7.50%
25	Permanent total loss of use of one joint of a finger	5%
26	Permanent total loss of use of a foot	15%
27	Permanent total loss of use of a big toe	5%
28	Permanent total loss of use of one joint of a big toe	3%
29	Permanent total loss of use of each other toe	3%
30	Broken leg or kneecap that will not join	10%
31	Shortening of a leg by at least 5 centimetres	7.50%
32	Any permanent Disability or Disfigurement that is not total or is not listed under Events 7 to 31, will be paid for in proportion to the degree of permanent Disability as compared with the cases as listed in the certificate of capital benefits without taking into account the occupation of the member.	
Your insurer will pay such a percentage of the capital benefit that we in our absolute discretion determine and being in their opinion not inconsistent with the compensation provided under Events 7 to 31 inclusive, limited always to a maximum of 75% of the Event 1 compensation amount.		

Permanent Disability	Applicable % of capital sum insured shown in the capital benefits schedule
Modification Expenses	Maximum sum insured \$10,000
Funeral Benefit	Maximum sum insured \$5,000
In Memoriam Benefit	Maximum sum insured \$1,000
Weekly Benefit	Weekly Sum - Loss of Income Not covered
Student Help	Weekly Sum insured Not Covered
Home Help	Weekly Sum insured Not Covered
Parents' Allowance	Maximum sum insured \$1,500 for any one accident
Dependant Children's	Maximum sum insured \$500
Medical and Dental Costs	85% of Non Medicare Expenses to Maximum sum insured \$3,000 for any one accident
	Where a member is hospitalised more than 200km from normal residence for 3 days or more maximum \$2,500 for costs of repatriation
	Excess if Private Health Insurance applies \$Nil Excess if No Private Health Insurance applies \$50
Home Nursing Care	Maximum weekly sum insured \$300 for a Maximum Period of 52 weeks
Ancillary Non Medical Expenses	Maximum sum insured \$1,500 for any one accident
Rehabilitation Benefits	Maximum sum insured \$3,000 for tuition or advice fees
	Maximum sum insured \$500 for rehabilitation expenses
Unexpired Membership Reimbursement Benefit	Maximum sum insured \$500 for pro rata refund
HIV Positive Benefit	Maximum Benefit \$7,500
Miscarriage Benefit	Maximum \$2,500
Kidnapping Benefit	Maximum Benefit \$7,500

Double Capital Sum Insured

Double the Capital Sum Insured for a person under 12 who suffers: permanent total disablement or permanent paralysis of all limbs

Section 2 Sports Liability

Part A General Liability

Limit of Indemnity any one occurrence for legal liability arising out of **property damage, personal injury and advertising liability** happening during the **period of insurance**. \$20,000,000

Part B Products Liability

Limit of Indemnity any one occurrence and in the Aggregate during the Period of Insurance for legal liability arising out of **property damage and personal injury** happening during the **period of insurance**. \$20,000,000

Excess: \$0 each and every claim (Part A and B)



Section 3 Professional Indemnity

Retroactive Date:	30/06/2011
Limit of indemnity any one claim	\$5,000,000
Limit of indemnity in the aggregate during the period of insurance for legal liability for a breach of duty that arises from umpiring, officiating, refereeing, training or coaching	\$5,000,000
Excess:	\$0 each and every claim

Special Endorsements

Participant Exclusion Removal

It is hereby noted and agreed that Section 2. Sports Liability, What's Not Covered, Part A, General Liability, Participant to Participant Liability is removed.

Exclusions

Ambulance and Loss of Income are not covered.

Further notes

Skate Victoria have cover for Non Medicare claimable medical expenses such as, but not limited to the following:-

- Physiotherapy
- Remedial Massage (administered by a Physiotherapist, Chiropractor or Osteopath)
- Chemist scripts for medications
- Dressings and bandages
- Hire of aides and appliances
- Orthotics and braces
- Cam boots
- Private hospital charges
- Private hospital excess
- Dental treatment
- Chiropractic
- Acupuncture

The policy covers 85% of non-Medicare claimable costs incurred limited to **\$3,000.00** (net of recoveries from a private health fund).

For any Hospital bills submitted for review of reimbursement, an excess of \$50 will apply. For any other Non-Medicare medical expenses submitted other than hospital expenses, a \$50 excess will not be applied.

Please note a referral from your treating doctor is required for physiotherapy, chiropractic, acupuncture, massage and rehabilitation treatment.

The insurer will process payments in respect of medical expenses once the appropriate invoices/receipts have been submitted.

Please note, due to Federal Government legislation, Non Medicare Medical Expenses does not include any or part of any expenses for which a Medicare Benefit is paid or is payable including the balance of monies due or payable by You after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly known as the Gap). **Please note the Medicare Gap out of pocket expenses and doctor's fees are not compensable**

Please note that each claim is valid for 52 weeks from the date of injury, all expenses to be claimed must be submitted during this period.

Document Revision History

2 January 2017	Insurance Renewal Schedule	Created
9 July 2017	Schedule Renewed	Updated Document

SKATE
VICTORIA
INC