



ace insurance

GROUP PERSONAL ACCIDENT & SICKNESS POLICY SCHEDULE

Policy Number:	04PO007025
Policyholder(s):	Harness Racing Australia Inc (HRA) and it's Members (State Controlling Bodies excluding Harness Racing New South Wales), Australian Mini Trotting Clubs (as below), Junior Member participants as per schedule including subsidiary or controlled companies now or previously existing or hereafter formed or acquired. Queensland – Mini Trotting Clubs Queensland Junior Harness Racing Assoc Inc Queensland Mini Trotting Sporting Assoc Inc Western Australia – Mini Trotting Clubs WATA Be Active Pony Trots Albany Pony Trots Bunbury Pony Trots Busselton Pony Trots Narrogin Pony Trots Victoria – Mini Trotting Clubs Pony Trots Victoria Tasmania - Mini Trotting Clubs Tasmanian Pacing Club Carrick Park Pacing Club South Australia - Mini Trotting Club SA Pony Association
Broker:	Jardine Lloyd Thompson
Address:	Level 17 607 Bourke Street Melbourne 3000
Period of Insurance:	From: 1 September 2011 (at 4:00pm) To: 1 September 2012 (at 4:00pm) Both dates inclusive including any subsequent period for which We accept a renewal Premium
Premium:	As Agreed
Goods & Services Tax:	As Agreed
Stamp Duty:	As Agreed
Total Payable:	As Agreed Renewal to be reassessed for any subsequent Period of Insurance

Signed at: Melbourne	Authorised Representative
On: 3 October 2011	 Marie Pascuzzi Underwriter, A&H

A copy of Our Product Disclosure Statement (PDS) can be obtained by either contacting the quoting underwriter or by logging onto Our website www.aceinsurance.com.au

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Description of Cover

Covered Person(s)/Categories:	<ol style="list-style-type: none">1. Queensland Junior Members of the Policyholder2. South Australian Junior Members of the Policyholder3. Tasmanian Junior Members of the Policyholder4. Victorian Junior Members of the Policyholder5. Western Australian Junior Members of the Policyholder
Scope of Cover:	1,2,3, Whilst engaged in any recognised and sanctioned activity under 4,5. the control of the organisation, including direct travel to and from such activities.
Policy Wording & PDS:	10PDSACEGPA01 ACE Group Personal Accident & Sickness Insurance Policy Wording and PDS

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Schedule of Benefits

Sum insured each Covered Person

All limits are in the same currency as the premium and taxes displayed

Personal Accident & Sickness Cover

Categories	Table of Events	Part A - Lump Sum Benefits	
1,2,3,4,5	Event 1 - Accidental Death	50,000	
	Events 2-19	500,000	
	Part B - Bodily Injury Resulting in Surgery Benefit	Part C - Sickness Resulting in Surgery - Benefits	
1,2,3,4,5	0	0	
	Part B - Weekly Benefits - Bodily Injury	% of Salary - Part B	Excess Period (Days) - Part B
1,2,3,4,5	0 x 0 weeks	0.00	0
	Part C - Weekly Benefits - Sickness	% of Salary - Part C	Excess Period (Days) - Part C
1,2,3,4,5	0 x 0 weeks	0.00	0
	Part D - Fractured Bones – Lump Sum Benefits	Part E - Loss of Teeth or Dental Procedures – Lump Sum Benefits	
1,2,3,4,5	0	0	

Aggregate Limit of Liability:

Any one (1) Period of Insurance (A):	2,000,000
Non-scheduled aircraft (B):	0

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SUPPLEMENTARY PRODUCT DISCLOSURE STATEMENT (SPDS)

ACE Insurance ACE Group Personal Accident & Sickness Insurance Policy Wording and PDS Product Disclosure Statement Amendment

Important information about this SPDS

This SPDS contains particulars of changes to the ACE Group Personal Accident & Sickness Insurance Policy Wording and PDS Product Disclosure Statement ("PDS"), code number 10PDSACEGPA01, which was prepared on 7 May 2010. This SPDS should be read together with the PDS. The PDS is amended by this document with effect from the date on which this SPDS is given to You.

This SPDS was prepared on 10 August 2011.

Supplementary information

The PDS is updated as follows:

EMERGENCY HOME HELP

If during the Period of Insurance and whilst the person is a Covered Person and engaging in voluntary work on behalf of the Policyholder, a Covered Person who is retired, unemployed or not in receipt of a Salary suffers from Event 25 and/or 26 described in Part B of the Table of Events and is unable to carry out Domestic Duties, We will pay for the cost of reasonably and necessarily incurred Domestic Duties expenses as a result of that Bodily Injury up to the \$350 per week payable from the 8th day of treatment by a Doctor for a maximum of fifty-two (52) weeks.

DEFINITIONS UNDER EMERGENCY HOME HELP

Domestic Duties means the usual and ordinary domestic duties undertaken by someone as a homemaker and could include child-minding and home help services.

CONDITIONS APPLYING TO EMERGENCY HOME HELP

1. Childminding and home help services must be carried out by persons other than the Covered Person's Close Relatives or persons permanently living with the Covered Person.
2. Childminding and home help services must be certified by a Doctor as being necessary for the recovery of the Covered Person.

GROUP PERSONAL ACCIDENT & SICKNESS POLICY SCHEDULE

NON-MEDICARE MEDICAL EXPENSES

If during the Period of Insurance and whilst engaged on behalf of the Policyholder, a Covered Person suffers from a Bodily Injury, We will pay the Non-Medicare Medical Expenses incurred up a maximum of \$5,000, Excess \$50.

DEFINITIONS UNDER NON-MEDICARE MEDICAL EXPENSES

Non-Medicare Medical Expenses means expenses:

(a) incurred within twelve (12) months of sustaining a Bodily Injury; and
(b) paid by a Covered Person or by the Policyholder for Doctor, physician, surgeon, nurse, physiotherapist, chiropractor, osteopath, hospital and/or ambulance services for the following treatments:

- o Medical
- o Surgical
- o X-ray
- o Chiropractor
- o Osteopathic
- o Physiotherapy
- o Hospital
- o Nursing Treatment

but does not include dental treatment, unless such treatment is necessarily required, to teeth other than dentures and is caused by the Bodily Injury referred to in (a) above.

CONDITIONS APPLYING TO NON-MEDICARE MEDICAL EXPENSES

1. The benefit payable is less any recovery made from any private health insurance fund with respect to the expense.
2. No benefit is payable in respect of the Medicare gap, being the difference between the payment made by Medicare and the Medicare Benefits Schedule fee for the expense.

DRUG & ALCOHOL EXCLUSION

The Policy shall not apply to any Event resulting directly or indirectly from a Covered Person being under the influence of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving, or being under the influence of any other drug unless it was prescribed by a Doctor and taken in accordance with a Doctors advice.

FUNERAL EXPENSES

If during the Period of Insurance and whilst the person is a Covered Person, the Covered Person suffers an Accidental Death the Policy extends to cover the expenses of burial or cremation OR the cost of returning the Covered Person's body or ashes to a place nominated by the legal representative of the Covered Person's estate, up to a maximum of \$5,000.

STUDENT TUTORIAL COSTS

If during the Period of Insurance and whilst the person is a Covered Person and on behalf of the Policyholder, a Covered Person who is a student, suffers from Event 25 and/or 26 described in Part B of the Table of Events and is unable to attend registered classes, We will pay the cost of reasonably and necessarily incurred home tutorial services as a result of that Bodily Injury up to \$500 per week for a maximum of fifty-two (52) weeks.

CONDITIONS APPLYING TO STUDENT TUTORIAL COSTS

1. The Covered Person must be registered as a full time student.
2. Home tutorial services must be carried out by persons other than the Covered Person's Close Relatives or persons permanently living with the Covered Person.

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AGE LIMIT: 5 - 16 YEARS

CHAUFFEUR SERVICES

If during the Period of Insurance and whilst the person is a Covered Person, the Covered Person sustains a Bodily Injury or Sickness for which benefits are payable under Events 25, 26, 27 or 28, We agree to pay up to a maximum of \$2,000 for a chauffeur or taxi service to and from the Covered Person's usual place of work and the Covered Person's usual place of residence if the Covered Person recovers sufficiently to return to work but is certified by a Doctor as being unable to drive a vehicle or travel on public transport.

BED CARE/EXTRA CASH

If during the Period of Insurance and whilst the person is a Covered Person and engaging in voluntary work of the Policyholder, the Covered Person is confined to bed (other than in a hospital or other medical facility) as a result of a Bodily Injury, for a period in excess of forty-eight (48) hours, and the Covered Person presents Us with a written opinion of a Doctor that verifies that the Bodily Injury caused the Covered Person to be confined to bed, We will pay the Covered Person \$100 per week up to a maximum of 104 weeks.

In all other respects the PDS remains unchanged.

Ref: SPDS10PDSACEGPA01-GX4221601

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CODE OF PRACTICE

ACE is a signatory to the General Insurance Code of Practice (the Code). The Code sets out the minimum standards that we will uphold in respect of the products and services that we provide. Further information about the Code is available at www.codeofpractice.com.au and on request.

Privacy Statement:

We are committed to protecting the privacy of persons covered under the Policy. We collect, use and retain any personal information in accordance with the National Privacy Principles. Our detailed privacy policy is available on Our website at www.aceinsurance.com.au.

We collect personal information (which may include health information) to determine whether to provide this insurance and the cover under it, to administer it once it is in place and to handle or settle any claims made under it.

We collect information directly from Covered Persons or the Policyholder or via Our agents and/or representatives.

We may disclose the information We collect to third parties, including contractors and contracted service providers engaged by Us to deliver Our products and services or carry out certain business activities on Our behalf (such as assessors and call centres) in relation to them, other companies within the ACE Group, other insurers, Our reinsurers, and government agencies (where We are required to by law) and agents and/or representatives of persons covered under the Policy. These third parties may be located outside Australia.

Anyone covered under the Policy agrees to Us using and disclosing personal information as set out in this Privacy Statement. This consent remains valid unless the person alters or revokes it by giving written notice to our Privacy Officer.

If a person covered under the Policy wishes to access a copy of personal information pertaining to them, or to correct or update such personal information, or has a complaint or wants more information about how We manage a person's personal information, those persons should contact the Privacy Officer, ACE Insurance Limited, GPO Box 4907, Sydney NSW 2001, Tel: +61 2 9335 3200 or email Privacy.AU@acegroup.com.

Consent of Covered Persons to disclosure of information

The Policyholder confirms that each Covered Person has provided their consent to the use and disclosure of their personal information for the purposes specified in this Privacy Statement and the Policyholder agrees to provide Us with evidence of the Policyholder's procedures in this regard and to advise Us if any consent has not been obtained.