



**ace insurance**

**VOLUNTARY WORKERS POLICY SCHEDULE**

<b>Policy Number:</b>	04PO006694
<b>Policyholder(s):</b>	Mini Trotting Clubs and Associations as detailed below including all members, instructors, officials and the like (excluding New South Wales) 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 Club Tasmanian Pacing Club Carrick Park Pacing Club South Australia - Mini Trotting Club SA Pony Association
<b>Broker:</b>	Jardine Lloyd Thompson
<b>Address:</b>	Level 17  607 Bourke Street  Melbourne 3000
<b>Period of Insurance:</b>	
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
<b>Premium:</b>	As Agreed
<b>Goods &amp; Services Tax:</b>	As Agreed
<b>Stamp Duty:</b>	As Agreed
<b>Total Payable:</b>	<b>As Agreed</b>  Renewal to be reassessed for any subsequent Period of Insurance

<b>Signed at:</b> Melbourne	Authorised Representative
<b>On:</b> 3 October 2011	
	<b>Marie Pascuzzi</b> 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](http://www.aceinsurance.com.au)

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## VOLUNTARY WORKERS POLICY SCHEDULE

### Description of Cover

<b>Covered Person(s)/Categories:</b>	<ol style="list-style-type: none"> <li>1. All Victorian Voluntary Workers of the Policyholder</li> <li>2. All South Australian Voluntary Workers of the Policyholder</li> <li>3. All Queensland Voluntary Workers of the Policyholder</li> <li>4. All Tasmanian Voluntary Workers of the Policyholder</li> <li>5. All Western Australian Voluntary Workers of the Policyholder</li> </ol>
<b>Scope of Cover:</b>	<p>1,2,3, 4,5. Cover under the Policy applies to all those hazards to which a Covered Person is exposed whilst actually engaged in voluntary work including necessary direct travel to and from such voluntary work on behalf of the Policyholder. Provided always that the Policy shall only apply in respect of such work officially organised by and under the control of the Policyholder.</p>
<b>Policy Wording &amp; PDS:</b>	10PDSACEVW01 ACE Voluntary Workers 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 Cover

Categories	Table of Events	Part A - Lump Sum Benefits	
1,2,3,4,5	Event 1 - Accidental Death	100,000	
	Events 2-19	100,000	
	<b>Part B - Bodily Injury Resulting in Surgery - Benefits</b>		
1,2,3,4,5	0		
	<b>Part B - Weekly Benefits - Bodily Injury</b>	<b>% of Salary - Part B</b>	<b>Excess Period (Days) - Part B</b>
1,2,3,4,5	1,000 x 104 weeks	85.00	7
	<b>Part C - Fractured Bones – Lump Sum Benefits</b>	<b>Part D - Loss of Teeth or Dental Procedures – Lump Sum Benefits</b>	
1,2,3,4,5	0	0	
	<b>Non Medicare Medical Expenses</b>		
	<b>Sum Insured</b>	<b>Excess</b>	
1,2,3,4,5	5,000	50	
	<b>Emergency Home Help</b>		
	<b>Sum Insured Weekly</b>	<b>Excess (Days)</b>	
1,2,3,4,5	350 x 52 weeks	7	
	<b>Student Tutorial Costs</b>		
	<b>Sum Insured Weekly</b>	<b>Excess (Days)</b>	
1,2,3,4,5	250 x 52 weeks	7	
	<b>Bed Care</b>		
	<b>Sum Insured</b>	<b>Max Number of Days</b>	
1,2,3,4,5	0 per day	0	

### Aggregate Limit of Liability:

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

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## VOLUNTARY WORKERS POLICY SCHEDULE

### SUPPLEMENTARY PRODUCT DISCLOSURE STATEMENT (SPDS)

#### ACE Insurance ACE Voluntary Workers Insurance Policy Wording and PDS Product Disclosure Statement Amendment

##### **Important information about this SPDS**

This SPDS contains particulars of changes to the ACE Voluntary Workers Insurance Policy Wording and PDS Product Disclosure Statement ("PDS"), code number 10PDSACEVW01, 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:

##### NON-MEDICARE MEDICAL EXPENSES

If during the Period of Insurance and whilst on the voluntary work of the Policyholder, a Covered Person suffers from a Bodily Injury, We will pay the Non-Medicare Medical Expenses incurred up to 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.

##### 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.

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### OUT OF POCKET EXPENSES

If a Covered Person does not earn a Salary and is eligible for a benefit under Section 1- Event 25 and/or 26, the sum insured is limited to \$500 per week payable upon receipts furnished by the Covered Person for such expenses attributable directly to such disablement to a maximum of \$5,000.

### 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.

### STUDENT TUTORIAL COSTS

If during the Period of Insurance and whilst the person is a Covered Person 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 \$250 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.

### MINI TROTTHING CLUBS and ASSOCIATIONS INCLUDE:

#### 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 Club

- Tasmanian Pacing Club
- Tasmania - Carrick Park Pacing Club (wef 23/12/09)

#### South Australia - Mini Trotting Club

- SA Pony Association

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### AGE LIMIT EXTENSION

The maximum age limit of Covered Persons under the Policy is extended to eighty (80) years of age. Notwithstanding anything contained in the Policy to the contrary the following conditions shall apply to this extension:

There is no cover under the Policy with respect to any Covered Person who is aged eighty (80) years or more and all cover with respect to a Covered Person shall cease upon their attaining that age. This will not prejudice any entitlement to claim benefits which have arisen before a Covered Person has attained the age of eighty (80) years.

The maximum amount We will pay under Section 1 - Part A - Lump Sum Benefits - Event 1 Accidental Death with respect to any Covered Person aged between seventy (70) and eighty (80) years of age that has no dependents is \$10,000.

There is no cover under the Policy for Part A - Lump Sum Benefits - Event 2 - Permanent Total Disablement with respect to any Covered Person aged between seventy (70) and eighty (80) years of age.

In all other respects the PDS remains unchanged.

Ref: SPDS10PDSACEVW01-GX4728801

## VOLUNTARY WORKERS POLICY SCHEDULE

### 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](http://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](http://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](mailto: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.