

LTM RISK PARTNERS

ABN 75 801 934 420

ACN 009.030.862

AFS Licence Number : 245374

Suite 6, Level 2, 20 Kings Park Road
WEST PERTH WA 6005
AFS License Number : 245374

Post Office Box 747
WEST PERTH WA 6872

Tel: (08) 9216 6400
Fax: (08) 9216 6444

gi@ltmrisk.com.au

Page 1 of 3

You are reminded that the policy mentioned below falls due for renewal on 31/12/2009. To ensure your continued protection, payment must be received by this due date. Should you require any changes to the cover shown, please contact our office.

Calisthenic South Australia
Coachs Ass. Inc C.Of CASA
65 Angus St
ADELAIDE SA 5000

TAX INVOICE

This document will be a tax invoice for GST when you make payment

Invoice Date: 22/12/2009

Invoice No: 102851

Our Reference: CALSA

Should you have any queries in relation to this account, please contact your Account Manager
Rod Tancred 08 9216 6402

Class of Policy: Prof Ind / Liab / Pers Acc
Insurer: Calliden Insurance Limited
Suite 43 Level 10 105 St Georges Tce PERTH 6000
ABN:
The Insured: Calisthenics SA Coaches Association Inc

RENEWAL

Policy No: SUA/1071

Period of Cover:

From 31/12/2009
to 31/12/2010 at 4:00 pm

Details: See attached schedule for a description of the risk(s) insured

Team Manager - Rod Tancred Director
Alternative Contact - Darryl Morris Director 9216 6403

Your Premium:

Premium	U'writer Levy	Fire Levy	GST	Stamp Duty	Broker Fee
\$4,080.00	\$0.00	\$0.00	\$428.00	\$493.68	\$200.00

TOTAL DUE \$5,201.68

(A processing fee applies for Credit Card payments)

YOUR DUTY OF DISCLOSURE

PLEASE READ IMPORTANT
NOTICE OVERLEAF

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce the liability under the Contract in respect of a claim or may cancel the Contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the Contract from its beginning.

Clients who are not fully satisfied with our services should contact our customer relations/complaints officer.

LTM RISK PARTNERS

also subscribe to the Insurance Brokers Disputes Limited (IBD), a free customer service and the General Insurance Brokers Code of Practice. Further information is available from this office, or contact the IBD on 1300 780 808.

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Class of Policy: Prof Ind / Liab / Pers Acc	Policy No: SUA/1071
The Insured: Calisthenics SA Coaches Association Inc	Invoice No: 102851
	Our Ref: CALSA

for any one occurrence and for all claims during the period of insurance in the aggregate inclusive of all costs, expenses and interest as set out in subsection 1.2 of this **Policy**.

All other terms, exclusions and conditions remain unaltered.

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Sports Group Personal Accident Insurance Policy
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Accident Insurance

Capital Benefits \$50,000 per member Benefit Scale 1-32 Death under 18-20%
Loss of Income \$350 per week/ 7 day excess Benefit period 52 weeks
Student Assistance Benefit \$350 per week/ 7 day excess benefit period 52 weeks
Home Help Benefit \$350 per week/ 7 day excess benefit period 52 weeks
Parents inconvenience benefit \$25 per day Maximum benefit \$1,500
Non Medicare Medical 85% to maximum \$2,000 Excess \$50
Funeral Expenses Up to \$5,000

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Important Notice: This contract of insurance has been arranged by Sports Underwriting Australia Pty Ltd as agents of the insurer (Calliden Limited) under a binding authority issued by Calliden Limited.
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Schedule of Insurance

Class of Policy: Prof Ind / Liab / Pers Acc	Policy No: SUA/1071
The Insured: Calisthenics SA Coaches Association Inc	Invoice No: 102851
	Our Ref: CALSA

Insured: Calisthenics Association of South Australia Coaches Association And registered members whilst participating on officially organised or sanctioned events of the insured.

Insured Activities: Calisthenics

Situation: To Be Advised

Sports Liability / Professional Indemnity Insurance Policy Schedule

Liability Insurance:

Public Liability
Limit of Indemnity any one occurrence \$20,000,000

Products Liability
Limit of Indemnity any one occurrence and in the aggregate \$20,000,000

Professional Indemnit
Limit of Indemnity any one claim and in the aggregate \$5,000,000

Property in your Physical or Legal control
Limit of Indemnity any one occurrence and in the aggregate \$ 100,000

Retroactive Date (Professional Indemnity only): DATE THE INSURED FIRST HELD CONTINUOUS COVER PROFESSIONAL INDEMNITY COVER OF INCEPTION DATE OF THIS POLICY, WHICHEVER IS THE EARLIER.

Excess: - Nil

Endorsements attaching to and forming part of the policy schedule

It is here by declared and agreed that the following exclusions is deleted from the policy wording;

Exclusion 4.16 Participant vs. Participant Liability

It is hereby declared and agreed that Exclusion 4.9 Employers Liability is deleted and replaced with the following:

4.9 Employers Liability

- a) for Personal Injury to any person employed by you or deemed by law to be employed by you; or
b) imposed or implied by or under any workers compensation act or any other similar law, act of ordinance relating to compensation for injury to any person employed by you or deemed by law to be employed by you

Provided that this policy will respond to the extent that Your liability would not be covered under any such policy, fund, scheme or self insurance arrangement had You complied with its obligations pursuant to such law.

- c) imposed or implied by or under:
i. an industrial award, agreement or determination or any contract of employment or workplace agreement, to the extent that you would not have been liable in the absence of that award, agreement, determination or contract or;

- ii. any law relating to wrongful or unfair dismissal, denial of natural justice, defamation, false or misleading conduct or advertising, misrepresentation, harassment or discrimination in respect of employment by you

It is hereby declared and agreed that Exclusion 4.21 Property in your physical or legal control is altered as follows:

The final paragraph starting with "The limit of liability" and ending "subsection 1.2 of the Policy" is deleted and replaced with the following:

The Limit of Liability in respect of coverage provided under subsection 4.21 d) is \$100,000