

# LTM RISK PARTNERS

ABN 75 801 934 420

ACN 009.030.862

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Attention: Bev

Fax: Email

From: Rod Tancred 08 9216 6402

We hereby confirm that we have arranged the insurance cover mentioned below:

Calisthenics Association Of  
South Australia Inc  
65 Angus St  
ADELAIDE SA 5000

## CONFIRMATION OF PLACEMENT OF COVER

Date: 15/02/2010

Our Reference: CALSAA

**RENEWAL**

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**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 Association Of South Australia Inc

**Policy No:** SUA/1071  
**Invoice No:** 102841  
**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 insured

### IMPORTANT INFORMATION

The Proposal/Declaration:-

- is to be received and accepted by the Insurer
- has been received and accepted by the Insurer

The total premium as at the above date is:-

- to be paid by the Insured
- part paid by the Insured
- paid in full by the Insured

Please note that the policy defined above is subject to the receipt of the Proposal Declaration and acceptance by the Insurer (if not already completed and accepted) and subject to the full receipt and clearance of the total premium payable by the insured.

<b>Class of Policy:</b> Prof Ind / Liab / Pers Acc	<b>Policy No:</b> SUA/1071
<b>The Insured:</b> Calisthenics Association Of South Australia Inc	<b>Invoice No:</b> 102841
	<b>Our Ref:</b> CALSAA

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

Insured Activities: Calisthenics

Sports Liability / Professional Indemnity Insurance Policy Schedule  
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**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 Indemnity  
 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 for any one occurrence and for all claims during the period of insurance in the aggregate

**Schedule of Insurance**

<b>Class of Policy:</b> Prof Ind / Liab / Pers Acc	<b>Policy No:</b> SUA/1071
<b>The Insured:</b> Calisthenics Association Of South Australia Inc	<b>Invoice No:</b> 102841
	<b>Our Ref:</b> CALSAA

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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