

LTM RISK PARTNERS

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ACN 009.030.862

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CONFIRMATION OF PLACEMENT OF COVER

From: Rod Tancred 08 9201 3402

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

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

Date: 14/12/2011

Our Reference: CALSAA

RENEWAL

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Class of Policy:	Prof Ind / Liab / Pers Acc
Insurer:	Calliden Insurance Limited PO Box 3208 Melbourne VIC 3000 ABN: 47 004 125 268
The Insured:	Calisthenics Association Of South Australia Inc

Policy No:	SUA/1071
Invoice No:	122082
Period of Cover:	From 31/12/2011 to 31/12/2012 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
- paid by Monthly Direct Debit

Premium Funding

- This policy is Premium Funded

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.

Schedule of Insurance

Class of Policy:	Prof Ind / Liab / Pers Acc	Policy No:	SUA/1071
The Insured:	Calisthenics Association Of South Australia Inc	Invoice No:	122082
		Our Ref:	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

Situation: SA

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 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

Schedule of Insurance

Class of Policy: Prof Ind / Liab / Pers Acc	Policy No: SUA/1071
The Insured: Calisthenics Association Of South Australia Inc	Invoice No: 122082
	Our Ref: CALSAA

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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