

Mr B Jenkinson  
DeMolay Australia Ltd  
Masonic Memorial Centre  
311 Ann Street  
Brisbane QLD 4000

See third and fourth pages of this document  
for details of cover held for Voluntary Workers

Level 1, 99 Melbourne Street  
South Brisbane QLD 4101  
Tel: (07) 3237 8666

Level 5, 99 Bathurst Street  
Sydney NSW 2000  
Tel: (02) 8913 1777

Level 1, 12-14 Albert Avenue  
Broadbeach QLD 4218  
Tel: (07) 5532 2924

Fax: 1300 654 186  
PO Box 2780  
Brisbane QLD 4001

contactus@austcover.com.au  
[www.austcover.com.au](http://www.austcover.com.au)

Our reference:

AUSSBRQ3117

## CERTIFICATE OF PLACEMENT

In our capacity as insurance broker to The Insured shown below, we confirm that the following insurance contract has been arranged, the details of which are correct as at the Issue Date.

ISSUE DATE:	31 October 2019	
THE INSURED:	DeMolay Australia Ltd	
INSURED PERSONS:	Category A – Children under the care of the Insured (aged up to 18 years of age and provided the child is a registered school student)	
NUMBER OF CHILDREN:	18	
POLICY TYPE:	Group Personal Accident	
INSURER/S:	Accident & Health International Underwriting Pty Ltd	
POLICY NUMBER:	0011441	
SCOPE OF COVER:	The coverage afforded by this policy shall only apply whilst an Insured Person is under the care and control of the Insured including direct travel to and from school/care facility	
COVERING:	Death & Capital Benefits Sum Insured (Insured Events 1-19)	Nil
	Insured Event 20 Temporary Total Disablement caused by Injury	Nil
	Insured Event 23 Temporary Total Disablement caused by Injury	Nil
	Out of pocket expenses	\$ 5,000 any one claim
PRE-EXISTING CONDITION:	There is no cover for pre-existing conditions (as defined) whether or not a proposal form has been received	
AGGREGATE LIMIT OF LIABILITY:	\$5,000,000	

**TERRITORIAL LIMITS:** Worldwide

**EXPIRY DATE:** 31 October 2020 (at 4pm local time)

This certificate is provided for information purposes and is accurate based on our records at the time it is issued. We are under no obligation to inform you of any subsequent changes to the insurance contract or our records. This certificate confers no rights on the certificate holder. All coverage described is subject to the terms, conditions and limitations of the insurance policy and is issued as a matter of record only. It does not amend, extend or alter the coverage provided by the policy in any way.

Kind regards



**KATE BATCHELOR** Diploma Fin. Serv. (Broking)  
**ACCOUNT MANAGER**

Direct: (07) 3237 8629

Mobile: 0420 396 871

[katebatchelor@austcover.com.au](mailto:katebatchelor@austcover.com.au)

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Masonic Memorial Centre  
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In our capacity as insurance broker to The Insured shown below, we confirm that the following insurance contract has been arranged, the details of which are correct as at the Issue Date.

ISSUE DATE:	31 October 2019	
THE INSURED:	DeMolay Australia Ltd	
INSURED PERSONS:	<b>Category C</b> – All Voluntary Workers of the Insured including Club Directors and Committee Members	
NUMBER OF VOLUNTEERS:	41	
POLICY TYPE:	Group Personal Accident	
INSURER/S:	Accident & Health International Underwriting Pty Ltd	
POLICY NUMBER:	0011441	
SCOPE OF COVER:	The coverage afforded by this policy shall only apply whilst an Insured Person is engaged in voluntary work authorised by and under the control of the Insured including direct uninterrupted travel to and from such voluntary work	
COVERING:	Death & Capital Benefits Sum Insured (Insured Events 1-19)	\$ 100,000
	Insured Event 20 Temporary Total Disablement caused by Injury	85% of average gross weekly salary to a maximum of \$1,000
	Insured Event 23 Temporary Total Disablement caused by Sickness	Nil
PRE-EXISTING CONDITION:	There is no cover for pre-existing conditions (as defined) whether or not a proposal form has been received	
AGGREGATE LIMIT OF LIABILITY:	\$5,000,000	

**TERRITORIAL LIMITS:** Worldwide

**EXPIRY DATE:** 31 October 2020 (at 4pm local time)

This certificate is provided for information purposes and is accurate based on our records at the time it is issued. We are under no obligation to inform you of any subsequent changes to the insurance contract or our records. This certificate confers no rights on the certificate holder. All coverage described is subject to the terms, conditions and limitations of the insurance policy and is issued as a matter of record only. It does not amend, extend or alter the coverage provided by the policy in any way.

Kind regards

A handwritten signature in black ink, appearing to read 'Kate Batchelor', written in a cursive style.

**KATE BATCHELOR** Diploma Fin. Serv. (Broking)  
**ACCOUNT MANAGER**

Direct: (07) 3237 8629

Mobile: 0420 396 871

[katebatchelor@austcover.com.au](mailto:katebatchelor@austcover.com.au)

Mr B Jenkinson  
DeMolay Australia Ltd  
7 Rolls Royce Court  
Joyner QLD 4500

**Renewal of Cover**  
**TAX INVOICE** **I0402161**

Our Reference : AUS SBR Q3117 0342057/001

Date : 09.09.2019

Class : Group Personal Accident & Sickness

Insurer : Accident & Health International Underwriting Pty Ltd

Policy No. : 0011441

Period : 31.10.2019 to 31.10.2020 at 4.00pm

<b>Premium</b>	428.90
<b>Stamp Duty</b>	42.46
<b>Broker Fee</b>	50.68
Premium GST	42.89
Fee GST	5.07
<b>GST Total</b>	47.96
<b>Total Amount A\$</b>	<b>570.00</b>

**IMPORTANT NOTES**

**\*\* This policy expires at 4.00pm on the date of expiry, unless otherwise stated \*\***

Your Account Manager is: **Kate Batchelor**  
Representative of: **Austcover Pty Ltd**  
Tel (07) 3237 8636 Fax 1300 654 186 **katebatchelor@austcover.com.au**

**Terms - Net 14 Days.** Please forward your remittance to ensure cover. Claims must be notified immediately as late notification may cause denial of liability in some instances.



**DEFT**  
PAYMENT SYSTEMS

DEFT Reference No  
**4005 7210 4021 613**

Pay by credit card (Visa, Mastercard, Amex or Diners)  
at www.deft.com.au or 1300 78 11 45



Billor Code: 20362  
Reference: 4005 7210 4021 613

**Austcover Direct Debit Details**  
Account Name: Austcover Pty Ltd Trust Account  
BSB: 182-222 Account No: 204575047  
Please Include Reference: 10402161

Please see attached for further payment methods.

Reference : AUS SBR Q3117 0342057/001  
Invoice No : I0402161  
Client Name : DeMolay Australia Ltd  
Account Mgr: Kate Batchelor  
Date : 09.09.2019

**TOTAL PAYABLE 570.00**



**Pay Monthly by Funding with Hunter**

**10 Monthly Instalments of \$ 463.59**

Please note the initial instalment will be \$ 523.59  
and will include an application fee of \$ 60.00  
Total Interest Charged: \$ 385.90  
First Instalment Due Date: 31/10/19

**Total Amount Payable \$ 4,695.90**

To proceed with funding and to complete your application,  
please visit: <https://hpf.online/692k3r2g52>

**Application Reference: 40441368**

## PAYMENT OPTIONS

Outlined below are the instructions for various payment methods, please use the method below which is most convenient to you. We can provide another option which allows you to pay by instalments. Please contact us for a Premium Funding application if required.



**DEFT**  
PAYMENT SYSTEMS

DEFT is a service of Macquarie Bank



Internet

Pay over the Internet from your credit card at [www.deft.com.au/](http://www.deft.com.au/)

Austcover Pty Ltd accepts Mastercard, Visa, American Express & Diner Club Cards.\*

\*Payments by credit card will attract a surcharge.



Contact your participating bank, credit union or building society to make payment directly from your cheque or savings account.

You will be required to enter the Biller Code and BPAY reference number as detailed on the front of your invoice.



Telephone

Pay by phone from your credit card.

Call 1300 78 11 45 to make a payment

Austcover Pty Ltd accepts, Mastercard, Visa, American Express & Diners Club Cards.\*

The phone payment line is a 24-hour Service. Calls are charged at the cost of a local call (mobiles extra).



Mail

Detach payment slip and mail with payment to:

Austcover Pty Ltd  
GPO Box 2780  
Brisbane QLD 4001

Please make cheques payable to Austcover Pty Ltd

Please note that receipts will not be issued for mailed payments.

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

**GROUP PERSONAL ACCIDENT & SICKNESS**

POLICY NUMBER:  
0011441

THE INSURED:  
DeMolay Australia Ltd

INSURED PERSONS:

**CATEGORY A - INSURED**

Children under the care of the declared Community Centre or Individual Home Base Carer (Aged up to 18 years of age and provided the child is a registered school student)

**Number of Children: 18**

**CATEGORY B - NOT INSURED**

Nominated Carers and/or Teachers of the Insured

**Name: Nil**

**CATEGORY C - INSURED**

All Voluntary Workers of the Insured, including Club Directors and Committee Members

**Number of Voluntary Workers: 41**

**During the peak periods please ensure you advise us if an increase in Voluntary Workers is required.**

PERIOD OF INSURANCE:

31/10/2019 at 4.00pm (local standard time Brisbane) to  
31/10/2020 at 4.00pm (local standard time Brisbane)

SCOPE OF COVER:

**CATEGORY A**

The coverage afforded by this policy shall only apply whilst an Insured Person is under the care and control of the Insured including direct travel to and from school/care facility.

**CATEGORY B**

The coverage afforded by this Policy provides worldwide 24 hour 365 day protection.

**CATEGORY C**

The coverage afforded by this policy shall only apply whilst an Insured Person is engaged in voluntary work authorised by and under the control of the Insured including direct uninterrupted travel to and from such voluntary work.

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
 Group Personal Accident & Sickness

TERRITORIAL LIMITS:  
 Worldwide

**SCHEDULE OF BENEFITS**

Aggregate Limit of Liability \$ 5,000,000  
 Maximum Age Limit (sub-limits may apply) 70  
 in respect to Category B

<b>SECTION</b>	<b>MAXIMUM BENEFIT PAYABLE EACH INSURED PERSON</b>
Death and capital benefits - Category A, Category B	\$ Not Insured
Death & capital benefits - Category C	\$ 100,000
Weekly injury benefit - Category A	\$ Not Insured
Weekly injury benefit - Category B	\$ Not Insured
Income limitation	85%
Deferral period	14 days
Weekly injury benefit - Category C	\$ 1,000
Income limitation	85%
Deferral period	7 days
Benefit period - up to and including 59 years of age	104 weeks
Benefit period - 60-65 years	52 weeks
Benefit period - 66 years and over	26 weeks
Weekly sickness benefit - Category A, Category C	\$ Not Insured
Weekly sickness benefit - Category B	\$ Not Insured
Income limitation	85%
Deferral period	14 days
Out of pocket expenses benefit - Category A	\$ 5,000
Franchise applicable to each and every claim	\$ 50
Broken/fractured bones benefits - Category B, Category C	\$ 2,000
Non medicare medical expenses - Category A, Category C	\$ 5,000
Expense limitation	85%
Excess	\$ 50
Student tutorial benefit - Category C	\$ 500
Expense limitation	100%
Deferral period	7 days
Benefit period	26 weeks
Domestic help benefit - Category C	\$ 500
Expense Limitation	85%
Deferral period	7 days
Benefit period	26 weeks
Funeral expenses benefit - Category C	\$ 5,000
Home and vehicle modification benefit - Category C	\$ 2,500
Personal vehicle excess benefit - Category C	\$ 1,000

ENDORSEMENTS:



**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

**CATEGORY A**

OUT-OF-POCKET EXPENSES CAUSED BY INJURY

If an Insured Person suffers an injury during the Scope of Cover, during the Period of Insurance and whilst engaged on authorised activities, we will reimburse the cost of the following listed expenses, provided they are incurred within (12) months of the injury, and upon receipts furnished by the insured for such expenses directly attributable to such disablement. Any expenses or a combination of any of the following expenses will only be reimbursed up to a maximum of \$5,000 in total, for any one claim.

1. NON MEDICARE MEDICAL EXPENSES

Expenses paid to a legally qualified medical practitioner, nurse, hospital or ambulance service for medical, surgical, x-ray, hearing aid damage, chiropractic, physiotherapy, osteopathic, hospital or nursing treatment, including the cost of medical supplies and ambulance hire, but excluding the cost of dental treatment unless such treatment is necessarily incurred to teeth (excluding dentures), and is caused by injury and provided they are incurred within twelve (12) months of the injury, provided that we shall not be liable to make any refund in respect of:

- a) any expenses recoverable by the Insured Person from any other source except for the excess of the amount recoverable from such other source;
- b) the rendering in Australia of a professional service for which Medicare benefit is, or would but for subsection 18(4) of the Health Insurance Act 1973 be payable;
- c) any expense to which section 67 of the National Health Act 1953 (as amended) or any of the regulations made thereunder apply;
- d) expenses claimable through Compulsory Third Party Motor Insurance;
- e) pharmaceutical covered by NHL.

2. CLOTHING

Cost of replacement clothing similar or the same as the clothing damaged during the Insured Injury or damaged in the process of medical treatment.

3. TRAVEL EXPENSES

The reasonable costs of travel for the Insured Person and one accompanying Adult to obtain treatment at the nearest suitable facility, for an Insured Injury. All expenses must be documented, receipted and provide medical substantiation.

4. ACCOMMODATION

The reasonable costs of accommodation for the Insured Person

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

and one accompanying Adult, if suitable medical treatment is unavailable within a 4 hour radius. All expenses must be documented, receipted and provide medical substantiation.

**5. CHILDCARE FEES**

Reimbursement of Childcare Fees that were paid in advance for periods that the Insured Child will not be attending due to an Insured Injury.

**6. PARENT'S LOSS OF WAGES**

If the Insured Person's Parent is required to take time off work to care for the child due to an Insured Injury and as a consequence incurs a loss of income, then we will reimburse that amount. Subject to proof from the Parent's employer, work history and confirmation from the treatment Doctor that is necessary for the Parent to care for the child.

**CATEGORY B**

**BENEFIT PERIOD**

An Insured Persons accrued sick leave entitlement up to a maximum of 26 weeks.

If a teacher becomes disabled during the school holidays and is unable to go back to work when the school holidays have finished, they will have a claim as long as they are off work for longer than their yearly sick leave entitlement and the excess will start from the first day they were due to start back at school after the holidays.

There is no cover during School holidays, if a teacher/carer has a claim under the policy and is on claim once school holidays start, payments will cease to be paid until school holidays have finished and they will re-continue once school has started again.

Note: Policy will respond for teachers/carers covered under the policy whilst undertaking Vacation Care provided the teacher/carer is being paid for such work.

**CATEGORY C**

It is hereby declared and agreed that any Insured Persons not in receipt of pre-disability earnings may be eligible for one of the following benefits; Domestic Help Benefit OR Student Tutorial Benefit, if they suffer an Injury during the Scope of Cover.

**DOMESTIC HELP**

It is hereby declared and agreed that any Insured Persons not in receipt of pre-disability earnings will be paid under Temporary Total Disablement Event 20 for the cost of

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

hiring domestic help and/or child minding services reasonably and necessarily incurred provided that;

- a) Such child-minding services and domestic help are carried out by persons other than members of the Insured Person's family or other relatives or person's permanently living with the Insured Person.
- b) Such child-minding services and domestic help is certified by a legally qualified medical practitioner as being necessary for the recovery of the Insured Person payable from the 8th day of treatment by a legally qualified medical practitioner.

The compensation payable for emergency home help shall be limited to \$500 per week payable for an aggregate period of 26 weeks.

or;

**STUDENT TUTORIAL BENEFITS**

It is hereby declared and agreed that Student Insured Persons not in receipt of pre-disability earnings are entitled to reimbursement of student tutorial fees under Temporary Total Disablement Event 20 provided that;

- a) such fees are paid to a professionally qualified tutor who continues teaching the student during the period in disability
- b) such fees must be certified by a legally qualified medical practitioner. The compensation payable for student tutorial benefits shall be limited to \$500 per week payable for an aggregate period of 26 weeks.

**PERMANENT TOTAL DISABLEMENT AMENDMENT**

It is hereby declared and agreed that Insured Event 2, Permanent Total Disablement, under Section 1, Personal Accident, is replaced with paraplegia/quadruplegia in respect of non-income earners.

**NON MEDICARE MEDICAL EXPENSES**

If an Insured Person suffers an injury during the Period of Insurance and whilst engaged on authorised activities, we will pay the cost of the following expenses, provided they are incurred within twelve (12) months of the Injury, being expenses paid to a legally qualified medical practitioner, nurse, hospital or ambulance service for medical, surgical, x-ray, hospital or nursing treatment, including the cost of medical supplies and ambulance hire, but excluding the cost of dental treatment unless such treatment is necessarily

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

incurred to teeth (excluding dentures) and is caused by Injury, provided that we shall not be liable to make any refund in respect of;

- a) any expenses recoverable by the Insured Person from any other source except for the excess of the amount recoverable from such other source.
- b) the rendering in Australia of a professional service for which Medicare benefit is, or would but for subsection 18(4) of the Health Insurance Act 1973 be payable.
- c) any expenses to which section 67 of the National Health Act. 1953 (as amended) or any of the regulations made there under apply.

**AGE LIMITS**

It is hereby declared and agreed that the compensation provided under this policy shall only be payable to Insured Persons between the ages of 12 years and 90 years.

**FUNERAL BENEFITS**

It is hereby declared and agreed that where an Insured Person suffers death as a result of an accident this Policy extends to cover the expenses of burial or cremation or the cost of returning the Insured Person's body or ashes to his/her home town up to a maximum of \$5,000.

**HOME AND VEHICLE MODIFICATION BENEFIT**

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a claim against this Policy for one of the following Insured Events under Death and Capital Benefits:

- Permanent Total Disablement
- Paraplegia/Quadriplegia
- Permanent and incurable paralysis of all limbs
- Permanent and incurable insanity
- Permanent total loss of sight in:
  - a. Both eyes
  - b. One eye
- Permanent total loss of use of:
  - a. Two limbs
  - b. One limb
- Permanent total loss of use of:
  - a. The lens in both eyes
  - b. Hearing in both ears

and a direct result of such injury is unable to perform the activities of daily living requiring modification to the Insured Person's:

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

1. principal residence (including but not limited to the installation of ramps for external or internal wheel chair access, internal guide rails, emergency alert system and similar disability aids) and/or
2. private vehicle (used for non-commercial purposes) including but not limited to the installation of steering wheel modifications and pedal adjustments,  
  
and incurs expenses for those modifications which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

**Compensation:**

We will pay for or reimburse the above expenses. The maximum amount We will pay is shown in the Policy Schedule against - Home and Vehicle Modification Benefit.

**Conditions:**

1. Modifications must be required in order to perform the activities of daily living such as driving, washing, cooking, bathing, dressing and movement around the Insured Person's residence.
2. Our prior written agreement and the agreement of the Insured Person's attending Medical Practitioner must be obtained prior to modifications being undertaken to certify that these modifications are necessary in order for the Insured Person to perform the activities of daily living.
3. Cover is applicable in respect of the Insured Person's principal residence only.
4. Cover is applicable in respect of one private noncommercial vehicle only.
5. Modifications must be in accordance with any law or by-laws.

**PERSONAL VEHICLE EXCESS BENEFIT:**

If during the Period of Insurance and whilst the person is a Covered Person and engaging on voluntary work on behalf of the Policyholder, the Covered Person uses their personal motor vehicle for such voluntary work, and is involved in a collision for which they become legally liable, We will:

- a) reimburse an amount up to and including the prescribed excess or claim below the excess that would have been payable under the Covered Person's comprehensive motor vehicle policy of insurance relative to the damaged vehicle and which is not legally recoverable from any other source; and/or
- b) reimburse any substantial cumulative loss of any no claim

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

allowance not otherwise recoverable which may occur resulting from accidental damage to the Covered Person's vehicle; and/or

- c) pay a weekly benefit to the Covered Person for the cost of hiring a similar motor vehicle in the event that they have lost total use of the damaged vehicle as a result of a collision.

The maximum amount We will pay in respect to any one (1) collision for (a) and (b) combined is \$1,000 and for (c) is \$500 per week to a maximum of \$2,000.

In the event of a claim regarding a Covered Person's personal motor vehicle, the Covered Person must supply Us with:

- a) receipts (or copies) for the amount of the claim or excess paid and the name of the firm which carried out the repairs on the Covered Person's personal motor vehicle;
- b) a letter from the Covered Person's motor vehicle insurer stating the amount of the excess paid and the amount of any no claim bonus forfeited.

Endorsements as per policy

**EXTENSIONS:**

Conditions/Extensions as per policy

**EXCLUSIONS:**

**Pre-existing conditions**

There is no cover for pre-existing conditions (as defined) whether or not a proposal form has been received.

Exclusions as per policy

**POLICY WORDING:**

GPAS PDS/WRD 01/14 ST

**SUPPLEMENTARY PRODUCT DISCLOSURE STATEMENT:**

**CHANGES TO YOUR PDS:**

Your PDS is amended by the following:

This section of the Supplementary Product Disclosure Statement (PDS) is dated 28 December 2015 and applies to change the Product Disclosure Statement (PDS) for a policy to the extent it relates to an eligible product taken out for the first time, or with a renewal effective date, on or after 28 December 2015. Specifically your PDS is amended by the deletion of the Duty of Disclosure notice.

This section of the Supplementary Product Disclosure Statement (Supplementary PDS) is dated 01 August, 2017 and will apply to any policies taken out, or renewed, on or after this date.

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

The information in this Supplementary PDS updates and should be read with the last Product Disclosure Statement (PDS) you received for the policy specified in your policy schedule and any other applicable Supplementary Product Disclosure Statements.

Change 1: Change to details of CGU Insurance Limited  
ABN 27 004 478 371 AFS Licence No. 238291

All references to "CGU Insurance Limited ABN 27 004 478 371 AFS Licence No. 238291" are deleted and replaced by "Insurance Australia Limited ABN 11 000 016 722 AFSL 227681 trading as CGU Insurance (CGU)".

Change 2: Change to details of CGU Insurance Limited

All reference to "CGU Insurance Limited" are deleted and replaced by "Insurance Australia Limited trading as CGU Insurance (CGU)".

Removal of General Exclusion

If this policy contains a "General Exclusion" in relation to the Insured Person suffering directly or indirectly from "any psychiatric or psychological disorder, stress, stress-related disorders, including, but not limited to depression, stress, anxiety or any psychosomatic, psychotic, mental or nervous disorder" then that General Exclusion is deleted in its entirety.

All other terms, conditions and exclusions of this policy remain unaltered.

**PRIVACY ACT:**

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

For more information about how to access the personal information we hold about you, how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy or visit our website.

**IMPORTANT NOTES:**

- \* The above is a summary only, exclusions and limitations may apply - Refer to the Insurer's Policy for full terms and conditions.
- \* Please ensure that the Sums Insured shown meet your requirements.
- \* Should this document show a variation from your instructions, please notify this office immediately.
- \* This policy does not have a Workers Compensation component. If you employ anyone in your business you are required by law to have adequate Workers Compensation cover.
- \* If additional covers or policies are required, please contact us.

<i>Insurer/Intermediary</i>	<i>POLICY NUMBER</i>	<i>PROPORTION</i>
<i>Accident &amp; Health International Underwri A.B.N. 26 053 335 952 Level 4, 33 York Street SYDNEY NSW 2000</i>	<i>0011441</i>	<i>100.0000%</i>
<i>* Insurer on Risk</i>		
<i>- Insurance Australia Limited Level 26 388 George Street Sydney NSW 2000 ABN 11 000 016 722</i>	<i>100.0000%</i>	



**GENERAL ADVICE WARNING**

CLIENT	INSURER	21.10.19
Mr B Jenkinson DeMolay Australia Ltd 7 Rolls Royce Court Joyner QLD 4500	Accident & Health International Underwriting Pty Ltd GPO Box 4213 Sydney NSW 2001	

CLASS OF RISK	PERIOD OF INSURANCE
Group Personal Accident & Sickness  Policy No : 0011441	From: 4.00 pm on 31st October 2019 To : 4.00 pm on 31st October 2020  Our Ref : AUS SBR Q3117 0342057/001/01

**GENERAL ADVICE WARNING**

**This is an important document. You should read it carefully and ensure that you understand it.  
If you do not understand anything, please contact us.**

In this instance we only provide a "general advice" service. This means that whilst we may generally recommend the products we distribute, we do not consider whether the product is appropriate for your own personal objectives, financial situation or needs in making the recommendation. You need to consider the appropriateness of any information or general advice we give you, having regard to your personal situation, before acting on our advice or purchasing any product.

We also recommend that you review the Product Disclosure Statement prior to making a decision to acquire this product.

ADVISER DETAILS

The financial services offered are provided by Kate Batchelor who is a representative of:

Austcover Pty Ltd  
Level 1, 99 Melbourne Street  
South Brisbane QLD 4101  
Australian Financial Services Licence No: 241799

For further information please refer to the Financial Services Guide (FSG).

**OTHER IMPORTANT INFORMATION****COOLING OFF PERIOD**

If you decide that you do not require the contract of insurance which has been arranged on your behalf, you have fourteen (14) days from the earlier of the date you receive confirmation of the contract and the date it was arranged, to change your mind. Your Insurer may allow you more time. Check the relevant Product Disclosure Statement for details. If you do not want the insurance, you must tell the Insurer in writing that you wish to return the insurance contract and have the premium repaid.

If you do so the insurance contract will be terminated from the time you notified the Insurer. The Insurer may retain its reasonable administration and transaction costs and a short term premium.

You cannot return the contract of insurance if it has already expired or if you have made a claim under it.

**BINDER ARRANGEMENT**

Your insurance contract has been arranged under a binder, which means that we are acting under the authority of the insurer and will be effecting cover as an agent of the insurer.

We also confirm that, in dealing with or settling a claim we will be acting as an agent of the insurer.