

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: AUS SBR Q3117

## 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:	22 October 2020	
THE INSURED:	DeMolay Australia Ltd	
INSURED PERSONS:	Category A – 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:	34	
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
	Non-Medicare Medical Expenses	\$ 5,000 any one claim
	Out of Pocket Expenses Benefit	\$ 10,000 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 2021 (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 Number: (07) 3237 8629  
Mobile: 0420 396 871  
[katebatchelor@austcover.com.au](mailto:katebatchelor@austcover.com.au)

Our reference: *AUS SBR Q3117*

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

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## 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:	22 October 2020										
THE INSURED:	DeMolay Australia Ltd										
INSURED PERSONS:	<b>Category B</b> – All Voluntary Workers of the Insured including Club Directors and Committee Members										
NUMBER OF VOLUNTEERS:	33 (at any one time)										
POLICY TYPE:	Group Personal Accident										
INSURER:	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:	<table> <tr> <td>Death &amp; Capital Benefits Sum Insured (Insured Events 1-19)</td> <td>\$ 100,000</td> </tr> <tr> <td>Death &amp; Capital Benefits Sum Insured FOR Insured Persons under 12 years</td> <td>\$ 5,000</td> </tr> <tr> <td>Insured Event 20 Temporary Total Disablement caused by Injury</td> <td>85% of average gross weekly salary to a maximum of \$1,000</td> </tr> <tr> <td>Insured Event 23 Temporary Total Disablement caused by Sickness</td> <td>Nil</td> </tr> <tr> <td>Non-Medicare Medical Expenses</td> <td>\$ 5,000</td> </tr> </table>	Death & Capital Benefits Sum Insured (Insured Events 1-19)	\$ 100,000	Death & Capital Benefits Sum Insured FOR Insured Persons under 12 years	\$ 5,000	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	Non-Medicare Medical Expenses	\$ 5,000
Death & Capital Benefits Sum Insured (Insured Events 1-19)	\$ 100,000										
Death & Capital Benefits Sum Insured FOR Insured Persons under 12 years	\$ 5,000										
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										
Non-Medicare Medical Expenses	\$ 5,000										

**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 2021 (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 Number: (07) 3237 8629  
Mobile: 0420 396 871  
[katebatchelor@austcover.com.au](mailto:katebatchelor@austcover.com.au)

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

<b>Renewal of Cover</b>	
<b>TAX INVOICE</b>	<b>I0423393</b>

**Our Reference :** AUS SBR Q3117 0342057/002

**Date :** 30.09.2020

**Class :** Group Personal Accident & Sickness

**Insurer :** Accident & Health International Underwriting Pty Ltd

**Policy No. :** 0011441

**Period :** 31.10.2020 to 31.10.2021 at 4.00pm

<b>Premium</b>	380.90
<b>Stamp Duty</b>	37.78
<b>Broker Fee</b>	57.48
Premium GST	38.09
Fee GST	5.75
<b>GST Total</b>	43.84
<b>Total Amount A\$</b>	<b>520.00</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@ustcover.com.au](mailto:katebatchelor@ustcover.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 4233 937**

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

Please see attached for further payment methods.

**Reference :** AUS SBR Q3117 0342057/002

**Invoice No :** I0423393

**Client Name :** DeMolay Australia Ltd

**Account Mgr:** Kate Batchelor

**Date :** 30.09.2020

**TOTAL PAYABLE 520.00**

**Pay Monthly using Premium Funding**

There is an option which enables you to spread your payment over monthly instalments. Please contact us to arrange the necessary premium funding quotation if required. Please note, this applies to New Covers and Renewals only.



**Billers Code:** 20362  
**Reference:** 4005 7210 4233 937



**Austcover Direct Debit Details**  
**Account Name:** Austcover Pty Ltd Trust Account  
**BSB:** 182-222 **Account No:** 204575047  
**Please Include Reference:** I0423393

## 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 VOLUNTARY WORKERS**

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: 34**

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.

**CATEGORY B - INSURED**

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

**Number of Voluntary Workers: 33**

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

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.

**NOMINATED CARERS AND/OR TEACHERS - NOT INSURED**

All Nominated Carers and Teachers of the Insured as per the schedule of Insured Persons

**Name: Nil**

SCOPE OF COVER:

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

PERIOD OF INSURANCE:

31/10/2020 at 4.00pm (local standard time Brisbane) to  
31/10/2021 at 4.00pm (local standard time Brisbane)

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

**SCHEDULE OF BENEFITS:**

**CATEGORY A (Children)**

<b>Benefit Type/Limit Type</b>	<b>Sum Insured/Limitation</b>
Death and Capital Benefits	\$ Not Insured
Weekly Injury Benefit	\$ Not Insured
Broken/Fractured Bones Benefit	\$ Not Insured
Non-Medicare Medical Expenses	\$ 5,000
Expense Limitation	85%
Excess	\$ Nil
Accidental HIV Infection Lump Sum Benefit	\$ Not Insured
Childcare Benefit	\$ Not Insured
Coma Benefit	\$ Not Insured
Domestic Help Benefit	\$ Not Insured
Driver Services Benefit	\$ Not Insured
Family Accommodation & Transport Expenses Benefit	\$ 10,000
Financial Advice Benefit	\$ Not Insured
Home and Vehicle Modification Benefit	\$ Not Insured
Injury Assistance Expenses Benefit	\$ Not Insured
Partner Employment Training Benefit	\$ Not Insured
Retraining & Rehabilitation Expenses Benefit	\$ Not Insured
Student Tutorial Benefit	\$ Not Insured
Unexpired Membership Benefit	\$ Not Insured
Out of Pocket Expenses Benefit	\$ 10,000
Clothing Expenses Benefit	\$ 5,000
Childcare Fees Benefit	\$ 10,000

**AGE LIMIT:**

It is hereby declared and agreed that the compensation provided under Category A only be payable to Insured Persons between the ages of 0 to 18 years.

**CATEGORY B (Volunteers)**

<b>Benefit Type/Limit Type</b>	<b>Sum Insured/Limitation</b>
Death and Capital Benefits	\$ 100,000
Maximum payable for Insured Persons under 12 years	\$ 5,000
Weekly Injury Benefit	\$ 1,000
Income Limitation	85%
Deferral Period	(7) days
Benefit Period	104 weeks
Benefit Period (Insured Persons aged 60-64)	52 weeks
Benefit Period (Insured Persons aged 65 and over)	26 weeks
Broken/Fractured Bones Benefits	\$ 2,000
Non-Medicare Medical Expenses	\$ 5,000
Expense Limitation	85%
Excess	\$ Nil
Accidental HIV Infection Lump Sum Benefit	\$ Not Insured



**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

Childcare Benefit	\$ Not Insured
Coma Benefit	\$ Not Insured
Domestic Help Benefit	\$ 500
Expense Limitation	85%
Deferral Period	7 days
Benefit Period	26 weeks
Driver Services Benefit	\$ Not Insured
Family Accommodation and Transport Expenses Benefit	\$ Not Insured
Financial Advice Benefit	\$ 5,000
Home and Vehicle Modification Benefit	\$ 10,000
Injury Assistance Expenses Benefit	\$ Not Insured
Partner Employment Training Benefit	\$ Not Insured
Retraining and Rehabilitation Expenses Benefit	\$ 6,000
Student Tutorial Benefit	\$ 500
Expense Limitation	85%
Deferral Period	7 days
Benefit Period	26 weeks
Unexpired Membership Benefit	\$ Not Insured
Funeral Expenses Benefit	\$ 10,000
Bed Care Benefit	\$ 700
Daily Benefit	\$ 50
Benefit Period	14 days
Private Vehicle Excess Expenses	\$ 1,000
Corporate Image Protection Benefit	\$ 15,000

**AGE LIMIT:**

It is hereby declared and agreed that the compensation provided under Category B only be payable to Insured Persons between the ages of 5 years and 90 years.

**POLICY ENDORSEMENTS - CATEGORY A AND B:**

**Out of Pocket Expenses Benefit**

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an injury and as a direct result incurs otherwise unforeseeable, reasonable expenses for:

1. Medical Mobility Equipment; and/or
2. Local Transportation (other than in an ambulance) for the purpose of seeking medical treatment, and/or
3. Replacement of items damaged as a result of the Injury,

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 reimburse the above expenses. The maximum amount We will pay is shown in the Policy Schedule against "Out of Pocket

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

Expenses".

Conditions

1. Payment under this Benefit is made, provided:
  - a) that those costs are not insured elsewhere under this Policy; or
  - b) the payment of the Benefit does not constitute the carrying on of a "Health Insurance Business" as defined under the Private Health Insurance Act 2007 (Cth) or any succeeding legislation to that Act or would result in a breach of the provisions of the Health Insurance Act 1973 (Cth)
2. The requirement for Medical Mobility Equipment must be certified by a Medical Practitioner.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

**Funeral Expenses Benefit**

Extent of Cover

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

- Death
- Disappearance

and subsequently the Insured Person's Partner or Dependent Children incurs reasonable expenses for a funeral for the deceased Insured Person 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 "Funeral Expenses Benefit".

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

**Clothing Expenses Benefit**

Extent of Cover

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an injury and as a result of such injury incurs expenses for clothing, 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 reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Clothing Expenses Benefit".

**Conditions**

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

**Exclusions**

No specific exclusions apply to this Benefit, only the General Exclusions.

**Childcare Fees Benefit**

**Extent of Cover**

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury and as a result of such Injury is unable to continue childcare which they are enrolled in and for which the Insured Person's parent has pre-paid a fee, 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 reimburse the described fees, on a pro-rata basis. The maximum amount We will pay is shown on the Policy Schedule against "Childcare Fees Benefit".

**Conditions**

1. A Medical Practitioner must certify that the Insured Person will never be able to continue with childcare due to the Insured Event; and
2. A Medical Practitioner must certify in writing that the injury is preventing the Insured Person from continuing their participation at the childcare.

**Exclusions**

1. No cover is provided for any fees for which a refund is available or where fees have not been paid.
2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition.

**Category A - Per Person Aggregate**

The maximum payable against Family Accommodation and

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

Transport Expenses Benefit, Out of Pocket Expenses Benefit, Clothing Expenses Benefit and Childcare Fees Benefit is \$10,000 per Insured Person.

**Private Vehicle Excess Benefit**

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person's privately owned vehicle under the control of the Insured Person:

1. is involved in a collision for which they become legally liable; or
2. is stolen or damaged as the result of a Carjacking Incident, and as a result the Insured or Insured Person incurs expenses for:
  - a) the prescribed excess of the Insured or Insured Person's comprehensive vehicle policy of insurance; or
  - b) the claim below the excess that would have been payable under the Insured or Insured Person's comprehensive vehicle policy of insurance, 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 reimburse the expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Private Vehicle Excess Expenses".

Conditions

1. The following information and documentation number must be supplied to Us:
  - 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 Insured Person's privately owned vehicle; and
  - b) a letter from the Insured Person's privately owned vehicle insurer stating the amount of the excess paid and the amount of any no claim bonus forfeited.

Exclusions

1. No cover is provided for expenses caused or contributed to by the operation of the vehicle in breach of the provisions of the comprehensive vehicle policy of insurance.
2. No cover is provided for expenses involving to any vehicle that is greater than ten (10) years old from the date of manufacture.
3. No cover is provided for expenses arising from the illegal or criminal use of the vehicle by the Insured or Insured Person including racing and/or time trials of any form.

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

4. No cover is provided for expenses arising from the use of the vehicle by an Insured Person without holding a valid driver's license for the vehicle in the country the motor vehicle is being operated in.
5. No cover is provided for expenses arising from the use of the vehicle when the vehicle is not covered by comprehensive motor vehicle insurance.
6. No cover is provided for expenses which are legally recoverable from any other policy or source to the extent permitted by law.

**Bed Care Benefit**

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury and as a result is unable to perform the 'activities of daily living' such as washing, cooking, bathing, dressing and movement around the Insured Person's principal residence and the Insured Person is confined to bed (other than in a Hospital or other medical facility), which is 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 the amount shown in the Policy Schedule against "Daily Benefit" for each completed twenty-four (24) hours of continued bed confinement.

The maximum We will pay is the amount shown in the Policy Schedule against "Bed Care Benefit".

Conditions

1. A Medical Practitioner must certify that the Insured Person is unable to perform the 'activities of daily living' and therefore necessitated the confinement to bed.

Exclusions

1. No cover is provided for bed confinement which lasts less than a period of forty-eight (48) consecutive hours.

**Corporate Image Protection Benefit**

Extent of Cover

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

- Death
- Disappearance
- Permanent Total Disablement

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

and as a result the Insured incurs expenses for:

1. necessary engagement of image consultants and public relations consultants; or
2. release of information through the media, 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 reimburse the above expenses. The maximum amount We will pay is shown in the Policy Schedule against "Corporate Image Protection Benefit".

Conditions

1. The expenses must be incurred within fifteen (15) consecutive days from the date of the injury.
2. The expenses must be in direct connection with the Injury, to protect and/or positively promote the Insured's business and image.
3. The Insured must provide Us with a signed undertaking that any amount paid to the Insured will be repaid to Us if, after Our payment, it is found that a valid claim did not or will not eventuate.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

AGGREGATE LIMIT OF LIABILITY:  
\$ 5,000,000

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

TERRITORIAL LIMITS:  
Worldwide

POLICY WORDING:  
Category A and B - VW23092019  
Nominated Carers and Teachers - GPAS 23092019

PRIVACY ACT:  
We are committed to protecting your privacy. We use the information

**COVERAGE SUMMARY**

DeMolay Australia Ltd  
Group Personal Accident & Sickness

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.

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	15.10.20
Mr B Jenkinson DeMolay Australia Ltd Masonic Memorial Centre 311 Ann Street Brisbane QLD 4000	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 2020 To : 4.00 pm on 31st October 2021  Our Ref : AUS SBR Q3117 0342057/002/01

## 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.