

Group Travel Insurance

Insured: Australian Canoeing Inc – Junior Canoe Slalom Team

Benefits: Per Person

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| • Death & Capital Benefits | \$ 250,000 |
| • Death & Capital Benefits (under 18 years of age) | \$ 20,000 |
| • Alternative Employee Expenses | \$ 10,000 |
| • Political and Natural Disaster Evacuation Expenses | \$ 25,000 |
| • Repatriation of Mortal Remains | \$ 10,000 |
| • Extra Territorial Workers Comp (Common Law) | \$ 500,000 |
| • Kidnap Ransom & Extortion | \$ 250,000 |
| • Baggage / Personal Effects (Limit any one item \$2,500) | \$ 30,000 |
| • Electronic Equipment | \$ 2,500 |
| • Deprivation of Baggage | \$ 2,000 |
| • Money / Travel Documents | \$ 2,500 |
| • Loss of deposits and Cancellation | \$ 10,000 |
| • Missed Transport Connection | \$ 5,000 |
| • Overseas Medical Expenses | \$ Unlimited |
| • Personal Liability | \$ 5,000,000 |
| • Rental Vehicle Collision Damage and Theft Excess Waiver | \$ 5,000 |
| • Additional Curtailment Expenses | \$ 100,000 |
| • Broken Bones benefit-maximum compensation | \$ 2,000 |
| • Hijack & Detention (\$1000 a day) | \$ 30,000 |
| • Aggregate Limit of Liability | \$ 5,000,000 |

Deductible/Excess: Electronic Equipment including Mobile Phones \$250 each and every loss
(and as defined by the wording)
Sporting Equipment \$250 each and every loss

Scope of Cover: Worldwide

Insured Persons: Managers, coaches, authorised members and their accompanying spouses and/or partners and dependent children, whilst engaged on authorised travel provided travel by rail, motor vehicle or passenger steamer outside a radius of 100 kilometres from point of departure to the intended destination, including associated holiday travel and overseas leisure travel.

Security: Accident and Health International Underwriting Pty Ltd underwritten for and on behalf of Allianz Australia Insurance Limited

Period of Insurance: 12th July 2007 to 9th August 2007

Willis Australia Limited – Important Notices

Please read these notices carefully. If there is anything in them that you do not understand or if you would like any further information, please contact us.

GENERAL

Many areas of insurance are complex and some implications may not be evident to you. Your Account Servicer will keep you informed, but if at any time you are unsure of any aspect of your insurances, please contact Willis Australia Ltd to discuss the matter.

YOUR DUTY OF DISCLOSURE

You and everyone who is insured under your policy must comply with the duty of disclosure. Make sure you explain the duty to any other insureds you apply on behalf of.

The duty requires you to tell the Insurer certain matters which will help it decide whether to insure you and, if so, on what terms. The duty applies when you first apply for your policy and on any renewal, variation, extension or replacement of the policy.

The type of duty that applies can vary according to the type of policy.

If we act on your behalf, to assist us in protecting your interests, it is important that you tell us every matter that *you know or a reasonable person in the circumstances could be expected to know*, is relevant to the Insurer's decision whether to insure you and, if so, on what terms. We will then assist you in determining what needs to be disclosed to the Insurer in order to meet your duty.

If we act on behalf of the Insurer, you need to refer to the policy which will set out the duty that applies.

When you answer any questions asked by the Insurer, you must give honest and complete answers and tell the Insurer, in answer to each question, about every matter that is known to you and which a reasonable person in the circumstances could be expected to have told the Insurer in answer to the question.

Examples of matters that should be disclosed are:

- any claims you have made in recent years for the particular type of insurance;
- refusal by an Insurer to renew your policy;
- any unusual feature of the insured risk that may increase the likelihood of a claim.

If you (or anyone who is insured under the policy) do not comply with the duty, the Insurer may cancel the policy or reduce the amount it pays in the event of a claim. If the failure to comply with the duty is fraudulent, the Insurer may treat the policy as if it never existed and pay nothing.

WHERE PLACEMENT IS WITH AN UNAUTHORISED FOREIGN INSURER

The insurance contract may have been placed wholly or partly with a foreign Insurer that is not authorised under the Insurance Act 1973 to conduct insurance business in Australia. Such Insurer(s) are not subject to the provisions of that Act which establishes a system of financial supervision of general Insurer(s) in Australia.

It is a matter for your consideration whether you should obtain any further information from us on matters such as:

- name and postal address of the Insurer;
- country of incorporation of Insurer and whether the country has a scheme of financial supervision of Insurer(s);
- paid up capital of the Insurer; and
- which country's laws will determine disputes under the contract.

COOLING OFF PERIOD RIGHTS

For certain policies covering personal or domestic property (e.g. motor, home buildings and contents, travel, sickness and accident and consumer credit insurance), you may have a right under the Corporations Act to return your policy. The policy will usually set out the right but some may not. You can ask us if it applies.

The period can be no less than 14 days from entry into the policy but it may be longer at the Insurer's option. The right does not apply if you have exercised a right under the policy (e.g. made a claim).

The amount of premium refunded will vary for each Insurer. They are permitted (unless the policy states otherwise) to deduct:

- an amount representing the Insurer's period of time on risk;
- any tax or duty paid or owing for which the Insurer is unable to obtain a refund; and
- any reasonable administrative and transaction costs incurred by the Insurer reasonably related to the acquisition of the policy and termination of the relationship which don't exceed the true cost of an arm's length transaction.

Despite the cooling off period you still may have cancellation rights under your policy which have no time limit. If you want to return or cancel your policy contact us so we can assist.

INTERESTS OF THIRD PARTIES

Many policies do not cover the interests of third parties (eg co-owners, lessors and mortgagees) whose interest is not noted on the policy. If you require the interest of any third party to be covered, please let us know, so that we can ask the Insurer to note that party's interest on the policy.

AVERAGE CLAUSES (UNDERINSURANCE)

Many policies that cover loss of or damage to property contain what is called an "average clause" which, if you are underinsured, may reduce the amount of cover under the policy.

Briefly stated, an average clause provides that where the amount of the loss or damage is greater than the sum insured under the policy, the Insurer is only liable to pay a proportion of the loss or damage. In effect, you are treated as if you self-insured a part of the risk.

If your policy contains an average clause, please read it carefully to see how it affects the amount of cover under the policy.

If your policy provides "new for old" cover, please ensure that the sum insured is the cost of replacing the lost or damaged property with new property.

RECOVERY RIGHTS

Many policies exclude or limit the Insurer's liability if you have entered, or enter, into an agreement that excludes or limits your rights of recovery against third parties whose acts, errors, omissions or other conduct have caused or contributed to your loss or liability. (These are often called "hold harmless" agreements.)

If you have entered, or consider entering, such an agreement, please let us know, so that we can advise you about how the agreement affects, or will affect, your cover.

MATERIAL CHANGE OF RISK

Many policies require you to notify the Insurer in writing of any material change to the insured risk during the period of insurance. The Insurer can then decide whether to cover the new risk. Some examples of material changes are if you:

- change your profession or occupation;
- acquire or merge with another business;
- commence manufacturing plastics, or commence woodworking activity;
- commence manufacturing a new kind of product;
- are unable to pay your debts as they fall due and you enter into an arrangement with your creditors.

If you are in any doubt as to whether the Insurer should be told about any particular change to the insured risk, please ask us.

MAKING CLAIMS

It is important that you notify us of any claim or potential claim or circumstance that may give rise to a claim under your various policies. It is your responsibility to notify these circumstances to us. Failure to adhere to the notification requirements particularly timing, as set out in the policy or other coverage document, may entitle Insurer(s) to deny your claim. In presenting a claim it is your responsibility to disclose all facts which are material to the claim.

It is impossible to give guidelines for procedures in every claim, simply because of the nature of accidents: they cannot be predicted; and they do not follow set patterns. However by following the general procedures outlined below, the impact of an incident or loss on your business operations will be minimised.

1. Report the incident to Willis Australia Ltd by telephone, facsimile or email – wherever practical, within 24 hours of the incident.
2. Regardless of whether or not the claim has been reported or a loss assessor appointed, you must immediately do whatever is necessary to prevent further loss of life or property damage. For example:
 - Call the fire brigade, ambulance, police or other appropriate emergency service.
 - If during business hours, ensure the evacuation, if necessary, of staff and neighbours.
 - If critical machinery fails, commence investigations to locate replacement plant or services.
 - Have a security company install boarding over smashed windows and, if appropriate, employ an overnight security watchman.
 - Remove property which is exposed to further damage to a more secure place if possible.
 - Providing no danger to life or limb is involved, ensure the safe removal and storage of vital business records.
3. Complete all claims documentation and forward to Willis Australia with any supporting documents without delay.
4. Whatever the circumstances of the incident, **DO NOT ADMIT LIABILITY EVEN IF YOU THINK YOU ARE AT FAULT.** Your Insurer is entitled to deny a claim or pay a reduced amount if statements made by you or your employees prejudice the Insurer's position.

"CLAIMS MADE" POLICIES

Some kinds of liability policies (including professional indemnity, directors & officers and trustees liability) are usually issued on a "claims made" basis. This means that (subject to the other terms of the policy) the policy covers claims made against you during the period of insurance.

Under section 40(3) of the Insurance Contracts Act, if your policy is a "claims made" policy, and if you give notice in writing to the Insurer of facts that might give rise to a claim against you as soon as is reasonably practicable after you become aware of those facts but before the period of insurance expires, the policy will cover (subject to the other terms of the policy) any subsequent claim against you that arises from those facts, even if that claim is not made until after the period of insurance has expired. (If you presently have a "claims made" policy, please consider whether there are any facts that should be notified to your present Insurer before that policy expires.)

If your policy is a "claims made" policy, and if it has a "retroactive date", it will not cover any claim that arises from any act, error, omission or conduct that occurred before that date.

UTMOST GOOD FAITH

A contract of insurance is a contract of the utmost good faith. This means that you and the Insurer must act towards each other, in respect of any matter arising under or in relation to the contract, with the utmost good faith. For example:

- you must act with the utmost good faith when submitting any claim to the Insurer
- if you fail to act towards the Insurer with the utmost good faith, it may prejudice the claim; and
- the Insurer must act with the utmost good faith when handling the claim.

MISSTATEMENT OF PREMIUM

We try to tell you the correct amount of premium and statutory charges that applies to your insurance. In the event that we misstate that amount (either because we have made an unintentional error or because a third party has misstated the amount), we reserve the right to correct the amount. By instructing us to arrange insurance for you, you agree, where permitted by law, that you shall not hold us responsible for any loss that you may suffer as a result of any such misstatement.