



Sports Underwriting Australia Pty Ltd

ABN 53 119 852 096 ACN 119 852 096 AFSL 302464

46 KILBY ROAD, KEW EAST, VICTORIA, 3102

PO BOX 288, KEW EAST, VICTORIA, 3102

Tel: (03) 8862 2600 Fax: (03) 8862 2611

info@sportsunderwriting.com.au

www.sportsunderwriting.com.au

CERTIFICATE OF CURRENCY

From: TRAVIS REID

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

FOOTBALL FEDERATION TASMANIA LTD

Date: 2/11/2009

Our Reference: FFT

Page 1 of 4

Class of Policy:	LIABILITY/PI/PA POLICY
Insurer:	CALLIDEN INSURANCE LIMITED ABN 47 004 125 268 AFSL 234438 ABN: 47 004 125 268
The Insured:	FOOTBALL FEDERATION TASMANIA LIMITED

Policy No:	SUA/000968
Invoice No:	18908
Period of Cover:	From 31/10/2009 to 31/10/2010 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.

Schedule of Insurance

Class of Policy: LIABILITY/PI/PA POLICY
The Insured: FOOTBALL FEDERATION TASMANIA LIMITED

Policy No: SUA/000968
Invoice No: 18908
Our Ref: FFT

INSURED:

Football Federation Tasmania Limited
and Registered Members whilst participating on officially organised or sanctioned events of the Insured.

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 occurrence 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 PROFESSIONAL INDMENITY COVER OR INCEPTION DATE OF THIS POLICY, WHICHEVER THE EARLIER.*

Excess - \$1,000 each & every claim

Endorsements attaching to and forming part of the policy schedule:

It is hereby declared and agreed that the following Exclusion 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 Employer's 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 or 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. any 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.

Schedule of Insurance

Class of Policy: LIABILITY/PI/PA POLICY

The Insured: FOOTBALL FEDERATION TASMANIA LIMITED

Policy No: SUA/000968

Invoice No: 18908

Our Ref: FFT

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 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.

Sports Group Personal Accident Insurance Policy

Accident Insurance

Capital Benefits	\$75,000 per member Benefit Scale 1-32
Loss of Income	Death under 18 or over 75 - 20% Lesser of 85% or \$300 per week 7 Day Excess Benefit Period 52 Weeks
Student Assistance Benefit	\$400 Per Week/7 Day Excess Benefit Period 52 Weeks
Home Help Benefit	\$400 Per Week/7 Day Excess Benefit Period 52 Weeks
Parents Inconvenience Benefit	\$25 Per Day Maximum Benefit \$1,500
Non Medicare Medical	75% to maximum \$2,000 Excess \$75/Nil if private health insurance has been claimed
Funeral Expenses	Up to \$5,000
Modification Expenses	Up to \$10,000
Age Limit - 80 Years	

Important Notice

This contract of insurance has been arranged by Sports Underwriting Australia Pty Ltd as agents of the Insurer (Calliden Insurance Limited) under a binding authority issued by Calliden Insurance Limited.

General Insurance Code of Practice

Calliden is a signatory to the General Insurance Code of Practice (Code). The Code aims to raise standards of service between insurers and their customers. Calliden's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact Calliden or The Insurance Ombudsman Service on 1300 78 08 08 or look at www.codeofpractice.com.au