

AMATEUR SPORT GROUP PERSONAL ACCIDENT INSURANCE POLICY SCHEDULE

THIS IS TO CERTIFY that in accordance with the authorisation granted to the undersigned ("The Service Company Coverholder") by Arch Underwriting at Lloyd's – Syndicate 2012 ("The Underwriter") and in consideration of the premium specified herein, the said Underwriter is hereby bound, to insure in accordance with the terms and conditions contained herein or endorsed hereon and the wording attached to this Certificate.

In the event of loss, each Underwriter (and their executors and administrators) is only liable for their own share of the loss according to the proportion set against its name in the Schedule.

In accepting this insurance, the Underwriters have relied on the information and statements that you have provided on the Proposal Form (or Declaration) the date of which is stated in the Schedule. You should read this Certificate carefully and if it is not correct contact the Service Company Coverholder. It is an important document and you should keep it in a safe place with all other papers relating to this insurance.

| | |
|-----------------------------------|--|
| POLICY NUMBER: | 500000/08/2021/1111 |
| POLICY HOLDER: | Australian Capital Territory Basketball Inc. including subsidiary or controlled companies now or previously existing or hereafter formed or acquired, including mortgagees, lessors and other interested parties for their respective rights and interests. |
| TYPE OF INSURANCE: | Amateur Sport Group Personal Accident Insurance |
| POLICY WORDING: | ARCPDSSGPA202104V1 |
| INSURANCE PERIOD: | 01 September 2021 at 4pm to 01 September 2022 at 4pm |
| COVERED PERSONS: | All registered players, members and volunteers of the POLICY HOLDER including Umpires/Referees, Coaches, trainers, Officials and Employees, Members of the Board of Management and Executives and including non-affiliated clubs as declared, Affiliated Women's National Basketball League. |
| OPERATIVE PERIOD OF COVER: | Whilst participating in sanctioned Basketball States & Territories activities including all: <ul style="list-style-type: none">a) Engaging / Playing in official club matches including club, championship or representative matchesb) Organised training or practice sessions for activities as described in (a) abovec) Travelling directly between matches/activities in (a) or (b) above, and residence or place of employment or the premises of the POLICY HOLDER or its affiliated Associations, Leagues or Clubs.d) Staying away from your home district during a tour for the purpose of participating in representative matches / activities. |

Arch Underwriting at Lloyd's (Australia) Pty Ltd

ABN 27 139 250 605 AFSL 426746

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e) Engaging in administrative or organised social activities or fundraising activities of the POLICY HOLDER or its affiliated Associations, Leagues or Clubs

THE SPORT: Amateur Basketball

LIMIT(s) OF LIABILITY: The amount(s) set out hereunder represent the Insurer(s) maximum limit(s) of Liability any one loss or series of losses arising out of one original source or cause at any one situation subject to any lesser Limit(s) of Liability specified elsewhere in the Policy Wording and Schedule:

AGGREGATE LIMIT OF LIABILITY: All POLICY Sections \$5,000,000 (Aggregate limit applies across all States and Territories)

AGGREGATE LIMIT OF LIABILITY Non Schedule Flights All POLICY Sections Not Covered

| SECTION 1 | PERSONAL ACCIDENT LUMP SUM BENEFITS | SUM INSURED |
|------------------------|---|--|
| COVERED EVENT 1 | ACCIDENTAL DEATH | \$100,000 \$20,000 (under 18 years and over 65 years) |
| COVERED EVENTS 2,4-26 | As per Table of Benefits 1 | \$100,000 |
| COVERED EVENTS 3 | | \$250,000 |
| COVERED EVENTS 27 – 33 | BODILY INJURY resulting in FRACTURED Bones | Lump Sum Benefit Not Covered |
| COVERED EVENTS 34 – 35 | BODILY INJURY resulting in LOSS of TEETH or dental procedures | Lump Sum Benefit Not Covered |
| SECTION 2 | LOSS OF INCOME BENEFITS | |
| COVERED EVENT 36 | TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY | Members: \$250 per week Volunteers: \$700 per week Board Members: \$1,000 |
| COVERED EVENT 37 | TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY | Members: \$250 per week Volunteers: \$700 per week Board Members: \$1,000 |
| | Maximum Percentage of SALARY | 100% |
| | Maximum BENEFIT PERIOD (weeks) | 52 weeks |
| | EXCESS PERIOD (days) | 7 days |
| SECTION 3 | NON MEDICARE MEDICAL AND PHYSIOTHERAPY BENEFITS | |
| | NON MEDICARE MEDICAL EXPENSES | Refer Endorsement Section (Covered under Non Medicare Medical Benefit) |

NON MEDICARE MEDICAL EXPENSES EXCESS

Refer Endorsement
Section (Covered
under Non Medicare
Medical Benefit)

PHYSIOTHERAPY BENEFIT

Refer Endorsement
Section (Covered
under Non Medicare
Medical Benefit)

PHYSIOTHERAPY BENEFIT Maximum per Visit

Refer Endorsement
Section (Covered
under Non Medicare
Medical Benefit)

SECTION 4

ADDITIONAL BENEFITS

| | |
|--|----------------------------------|
| Rehabilitation BENEFIT | 25,000 |
| Return to work BENEFIT | 25,000 |
| Independent financial advice BENEFIT | 5,000 |
| Dependent child assistance BENEFIT | maximum SUM INSURED OF 45,000 |
| Surviving spouse partner BENEFIT | 5,000 |
| Unexpired membership BENEFIT | 1,000 |
| Home and or vehicle modification BENEFIT | 10,000 |
| Funeral expenses BENEFIT | maximum SUM INSURED OF 10,000 |
| Chauffeur BENEFIT | As per POLICY WORDING |
| Bed Care BENEFIT | As per POLICY WORDING |
| In Memoriam BENEFIT | \$1,000 |
| Kidnapping BENEFIT | \$10,000 |

Note: The AGGREGATE LIMIT OF LIABILITY, NON SCHEDULED FLIGHT LIMIT BENEFITS PAYABLE apply in excess of any applicable EXCESS PERIOD.

UNIQUE MARKET REFERENCE: B606050000012021

ENDORSEMENTS:

Non Medicare Medical BENEFIT

If during the INSURANCE PERIOD and within twelve (12) months of the date of BODILY INJURY the COVERED PERSON incurs medical expenses, upon production to US of actual receipts, WE will pay a BENEFIT up to the amount stipulated below, in the aggregate per any INSURANCE PERIOD.

Members: 75% up to \$2,000

Board Members: 75% up to \$5,000

Volunteers: 75% up to \$5,000

The percentage of expense payable under this BENEFIT is 100% with respect to ambulance costs which does not result in US contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth) or any applicable legislation (whether in Australia or not);

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An EXCESS of \$50 applies per claim, however nil EXCESS applies if the COVERED PERSON has private health insurance.

The BENEFITS do not include:

- payment for any health services which within the meaning of the Commonwealth Private Health Insurance Act 2007 or the Private Health Insurance (Health Insurance Business) Rules 2009 would constitute the carrying on of health insurance business. This includes the gap between any Medicare or private health insurance rebate and the actual expense incurred.
- any expense which is claimable against Medicare or any private health insurance fund.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

BODILY INJURY resulting in FRACTURED Bones:

It is hereby noted and confirmed, Section 1 – Lump Sum Benefits: Events 27-33 is covered up to a maximum limit of \$2,500 with respect to COVERED PERSONS who are volunteers working at a state or territory level.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

Geographic Limits:

It is hereby noted and confirmed, the GEOGRAPHIC LIMIT for this POLICY is Worldwide.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

Student Tutorial Benefit

If a COVERED PERSON is a registered full time student and sustains a BODILY INJURY and a doctor certifies that the COVERED PERSON is unable to attend classes, WE will pay the actual costs incurred of home tutorial services to the maximum amount of 80% of expenses up to \$200 per week for maximum 52 weeks, provided that the tutorial service is not carried out by the COVERED PERSON'S close relatives nor a person permanently residing with the COVERED PERSON.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

Domestic Help Expenses BENEFIT

Where a BENEFIT is payable under the POLICY and where the COVERED PERSON requires domestic assistance as certified by his or her treating DOCTOR, WE will pay 80% of all actual and reasonable expenses for the services of a recognised and licensed provider of domestic home help services as applicable to the COVERED PERSON up to a maximum weekly BENEFIT of 80% of expenses up to \$200. The BENEFIT PERIOD is limited to a maximum of fifty-two (52) weeks. An EXCESS PERIOD of seven (7) days applies.

For the purposes of this BENEFIT, Domestic Assistance means the usual and normal duties undertaken by the COVERED PERSON as a homemaker, sole provider for DEPENDENT CHILDREN such as child-minding, cleaning, cooking, school pick up and drop offs.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

Counselling Support

We will pay up to \$1,000 per week, subject to a maximum of \$10,000 for counselling support to a financial member or the financial members' immediate family, provided by legally qualified medical practitioner if you witness the death, quadriplegia or paraplegia of an athlete, or if you suffer quadriplegia or paraplegia.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

Parents Inconvenience benefit

The Insurer will pay any Inconvenience Expenses incurred by the custodial parents of a COVERED PERSON, in order to visit the COVERED PERSON in hospital certified as necessary by a Medical Practitioner.

The benefit is a daily benefit of \$50 up to \$2,000 any one claim.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

Non Australian Residents:

Non Australian Residents are to be covered by this POLICY. BENEFITS will be assessed and paid on the same basis as though Medicare applied, therefore BENEFITS that would normally attract a Medicare rebate for permanent residents will not be claimable for COVERED PERSONS who are non-Australian residents.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

Professional Sports Waiver:

It is hereby noted and confirmed, General Exclusion 7 under this POLICY does not apply to the remunerated coaches or semi-professional players who are covered members under this POLICY.

Except as otherwise provided in this endorsement, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

INSURER:

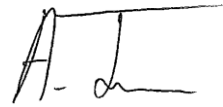
ARCH UNDERWRITING AT LLOYD'S (AUSTRALIA) PTY LTD.
ABN 27 139 250 605
FOR AND ON BEHALF OF ARCH SYNDICATE 2012 AT LLOYD'S

PROPORTION:

100%

This POLICY SCHEDULE is issued by the Service Company Coverholder shown above in accordance with the authority granted to them by Arch Syndicate 2012 at Lloyd's under the Agreement referred to herein.

IN WITNESS WHEREOF this POLICY SCHEDULE has been signed at Sydney.

A handwritten signature in black ink, appearing to be "A. J.", is written above a horizontal line.

Arch Underwriting at Lloyd's (Australia) Pty Ltd
For and On behalf of Syndicate 2012 at Lloyd's

13/09/2021