



IOOF Insurance Brokers Pty Ltd
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08/06/2020

CERTIFICATE OF PLACEMENT

Acting as broker for IOOF Insurance Brokers Pty Limited we certify that:

- The insurance contract detailed below was arranged on the date shown below.
- We have not received any notice of assignment, cancellation, variation or endorsement of the insurance contract from the insurer or the insured.

| | |
|-----------------------------|---------------------------------------------|
| POLICY NUMBER: | 04PO007903 |
| NAME OF INSURED: | Dayboro Artworks Association Inc |
| INSURER/S: | Chubb Insurance Australia Limited |
| SITUATION: | All Voluntary Workers Of The Insured |
| SUM INSURED: | See following Schedule |
| CLASS OF INSURANCE: | Voluntary Workers |
| PERIOD OF INSURANCE: | 30/10/2019 To 30/10/2020 |

Yours faithfully

Lucy Pearson For
Rebecca Higgs
IOOF Insurance Brokers Pty Ltd

IMPORTANT NOTICES

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. It does not amend, extend or alter the coverage provided by the policy in any way.

Schedule of Insurance

Class of Policy: Voluntary Workers
The Insured: Dayboro Artworks Association

Policy No: 04PO007903
Invoice No: 1906148
Our Ref: DAYBOROART

CHUBB INSURANCE AUSTRALIA
VOLUNTARY WORKERS INSURANCE

POLICYHOLDER(S) Dayboro Artworks Association

COVERED PERSON(S) All Voluntary Workers

SCOPE OF COVER Cover under the Policy applies to all those hazards to which a Covered Person is exposed whilst actually engaged in voluntary work including necessary direct travel to and from such voluntary work on behalf of the Policyholder. Provided always that the Policy shall only apply in respect of such work officially organised by and under the control of the Policyholder.

POLICY WORDING 19PDSVW01 Voluntary Workers Insurance Policy Wording and PDS

SCHEDULE OF BENEFITS

Sum insured each Covered Person.
 All limits are in the same currency as the premium and taxes displayed.

SECTION 1: PERSONAL ACCIDENT & SICKNESS

| Categories | Table of Events | Part A – Lump Sum Benefits |
|------------|----------------------------|----------------------------|
| 1 | Event 1 – Accidental Death | 20,000 |
| | Events 2-19 | 20,000 |

| Categories | Part B - Bodily Injury Resulting in Surgery - Benefits |
|------------|--------------------------------------------------------|
| 1 | 0 |

| | Part B – Weekly Benefits – Bodily Injury | % of Salary – Part B | Excess Period (Days) – Part B |
|---|------------------------------------------|----------------------|-------------------------------|
| 1 | 500 x 26 weeks | 85.00 | 7 |

| | Part C - Fractured Bones - Lump Sum Benefits | Part D - Loss of Teeth or Dental Procedures - Lump Sum Benefits | Part D - Loss of Teeth or Dental Procedures - Limit Per Tooth |
|---|----------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|
| 1 | 3,000 | 1,000 | 250 |

Additional Cover

| Categories | Tuition or Advice Expenses | Unexpired Membership Benefit |
|------------|----------------------------|------------------------------|
| 1 | 4,500 | 0 |

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| | |
|--------------------------------------------------|------------------------------|
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| The Insured: Dayboro Artworks Association | Invoice No: 1906148 |
| | Our Ref: DAYBOROART |

| Categories | Visitors Benefit | Corporate Image Protection |
|------------|------------------|----------------------------|
| 1 | 0 | 15,000 |

| Categories | Independent Financial Advice | Funeral Expenses |
|------------|------------------------------|------------------|
| 1 | 0 | 7,500 |

| Categories | Coma Benefit | Partner Retraining Benefit |
|------------|-----------------------------------|----------------------------|
| 1 | Per Week: 0 Max Weeks: 0 Weeks | 0 |

| Categories | Dependent Child Supplement | Orphaned Benefit |
|------------|-----------------------------------------|-----------------------------------------|
| 1 | Per Dependent Child: 0 Per Family: 0 | Per Dependent Child: 0 Per Family: 0 |

| Categories | Modification Expenses | Chauffeur Services |
|------------|-----------------------|--------------------|
| 1 | 10,000 | 2,500 |

| Categories | Non-Medicare Medical Expenses | Emergency Home Help |
|------------|-------------------------------|----------------------------------|
| 1 | Sum Insured: 100 Excess: 0 | 150 x 26 weeks Excess: 7 days |

| Categories | Student Tutorial Costs | Premature Birth/Miscarriage Benefit |
|------------|----------------------------------|-------------------------------------|
| 1 | 150 x 26 weeks Excess: 7 days | 0 |

| Categories | Accidental HIV Infection Benefit | Bed Care |
|------------|----------------------------------|--------------------------------|
| 1 | 0 | Per Week: 500 Max Weeks: 26 |

| Categories | Terrorism Injury Benefit | Accommodation and Transport Expenses |
|------------|-------------------------------|--------------------------------------|
| 1 | Per Person: 0 Aggregate: 0 | 0 |

| Categories | Education Fund Benefit | Out of Pocket Expenses |
|------------|------------------------|------------------------|
| 1 | 0 | 0 |

| Categories | Childcare Benefit | Work Experience Benefit |
|------------|-------------------|-------------------------|
| 1 | 0 | 0 |

| Categories | Workplace Assault Benefit | Workplace Trauma Benefit |
|------------|---------------------------|--------------------------|
| 1 | 0 | 0 |

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| Categories | Personal Vehicle Excess Benefit | Rental Vehicle Reimbursement |
|------------|---------------------------------|------------------------------|
| 1 | 0 | Per Week: 0 Max: 0 |

AGGREGATE LIMIT OF LIABILITY

| | |
|-------------------------------------------------------------------|-----------|
| Any one (1) Period of Insurance (A) | 1,000,000 |
| Non-Scheduled Flights (B) | 0 |
| Any one (1) event with respect to War/Civil War (C) | 0 |
| Any one (1) Period of Insurance with respect to War/Civil War (D) | 0 |