

APF PERSONAL ACCIDENT INSURANCE PROGRAM

PRODUCT SUMMARY

The purpose of this Summary

This document has been prepared to help you decide:

- Whether this product will meet your needs; *and*
- Compare this product with any other products you may be considering.

It sets out the significant features of the insurance policy including its benefits and the risks calculated. You must still read the policy wording to ensure it meets your needs. The optional covers and benefits are summarised in the “Options and Summary of Cover, including cost” section, below.

This statement is not the Product Disclosure Statement (PDS) and is being provided for summary and comparison purposes. We have not considered your personal needs or financial situation in providing this Summary. The full PDS has been provided to you. It is also available at www.sportscover.com or at www.apf.com.au.

Neither this Summary nor the PDS constitute, and should not be read or relied upon as, the provision of personal or general advice to you. If necessary you should seek separate professional advice.

The Issuer

This product is issued by Sportscover Australia Pty Ltd (Sportscover) (ABN 43 006 637 903) (AFS Licence No.230914) of 271-273 Wellington Rd Mulgrave, Victoria 3170 under an authority from Certain Underwriters at Lloyd’s. It has been designed in conjunction with the Australian Parachute Federation (APF).

You can contact Sportscover by:

Telephone: (03) 8562 9100
Fax: (03) 8562 9111
Email: info@sportscover.com
In Writing: 271-273 Wellington Rd Mulgrave, Vic. 3170

Cooling-off Period

You are entitled to end this insurance cover prior to the expiration of 14 days from the earlier of:

- The date you received confirmation of the insurance transaction; or
- The end of the fifth day after the policy was issued to you.

A full refund of premium you have paid will be made to you (inclusive of Government Taxes and charges) unless you have made a claim under this policy. You can also cancel the policy at other times in accordance with the terms shown in the policy.

Your Privacy

The Privacy Act 1988 seeks to ensure the confidentiality and security of any personal information.

The Sportscover Australia Privacy Policy detailing our handling of personal information is available on request or on our Website www.sportscover.com. You may request access to information held by us about you, by contacting us.

The Purpose of the Cover

The policy provides personal accident cover for individuals. It is an annual renewable cover, however the policy is not guaranteed renewable.

How to Apply for Insurance

Complete this application form and forward it to the APF Office. Upon receipt the APF will advise you of the pro-rata premium that will be applicable for your cover (for options A & B).

Once your application has been received, the APF will debit of your credit card and once payment has been processed the APF will send you a schedule that sets out details of the insurance you have taken out as well as the full policy wording.

How to Make a Claim

Complete this application form and forward it to the APF Office. Upon receipt the APF will advise you of the pro-rata premium that will be applicable for your cover (for options A & B).

Taxation

All Government Taxes and charges are shown separately on the insurance schedule.

Excess Period / Excess Payable

In the event of a claim, you may not receive any payment until an excess period has expired. The excess periods are described in the policy and shown on your schedule. They are also summarised in the “Options and Summary of Cover, including cost” section, below. In some circumstances you will also be required to contribute to your claim. The excess payable is described in the policy and shown on your schedule.

Significant Features and Benefits

Depending on the cover you chose, the policy provides for:

- Weekly payments if you are temporarily totally disabled through injury;
- Payment of a lump sum for events such as Death, Total & Permanent Disability, Quadriplegia, Paraplegia as a result of an accident;
- Non Medicare Benefits covering various expenses that are not covered by the Medicare Act 1983 (this cover is restricted to injuries arising from parachuting activities under the auspices of the APF only).

The activity of Parachuting is covered, conditional upon all APF regulations and procedures being adhered to.

What is Not Covered

This policy will not provide cover for illness, nor in some circumstances, for some injuries. You should read the policy exclusions for full details. Some of the main exclusions are for injury caused by or resulting from:

- Self-infliction
- War and Act of Terrorism
- Contraction of AIDS
- Influence of drugs or alcohol
- Criminal acts
- Psychiatric or psychological disorder
- Contamination by radioactivity
- Pre-existing conditions
- Participation in hazardous activities and organised sports other than parachuting.
- Injury caused by your usual occupation unless "Usual Occupation" optional cover is applied for and accepted.

The Total Cost

Your premium is calculated taking into account the many and varied risk factors.

Your total premium includes all government charges that are shown separately on the schedule. Premium rates may be changed only on renewal of the policy. You will be given at least 14 days notice of the annual expiration date of the policy of the renewal terms.

Dispute Resolution

If you have a complaint please contact us on (03) 8562 9100 or by email at info@sportscover.com. We will attempt to resolve your complaint in a timely manner and refer the matter to our internal dispute resolution process and our internal review panel.

If you are not satisfied with our internal review of your complaint, you may be able to access an independent external dispute resolution body called the Financial Ombudsman Service Limited ("FOS") in relation to general insurance products. The FOS can be contacted on 1300 78 08 08. Further information about our dispute resolution process and the FOS is available from us on request.

Options and Summary of Cover, including cost

Only licensed annual APF Members can apply for this insurance. The details are as follows:

- **Option A: Parachuting Only Cover**
 - i. Capital Benefits: \$75,000.*
 - ii. Non-Medicare Medical \$3,000 (Up to 80% of Non-Medicare Medical Expenses).
 - iii. Loss of income \$750 per week (or 80% of Net Income lost, whichever is less).
 - iv. Cost is \$192.50 per year, including GST and State charges.
 - v. The APF PA Group Policy period commences 30 June 2018 and your coverage commences from date application is received and billed by the APF. The first year will be pro rata, thereafter annual.
 - vi. Excess / Excess Period:
 - Non-Medicare Medical: \$100.
 - Loss of Income: 21 days.
- **Option B. Parachuting plus 24 hour Injury cover, excluding Your usual occupation.**
 - i. Capital Benefits: \$75,000.*
 - ii. Non-Medicare Medical \$3,000 (Up to 80% of Non-Medicare Medical Expenses).
 - iii. Loss of income \$750 per week (or 80% of Net Income lost, whichever is less).
 - iv. Cost is \$285.20 per year, including GST and State charges.
 - v. The APF PA Group Policy period commences 30 June 2018 and your coverage commences from date application is received and billed by the APF. The first year will be pro rata, thereafter annual.
 - vi. Excess / Excess Period:
 - Non-Medicare Medical: \$100.
 - Loss of Income, 21 days.
- **Option C. Parachuting plus 24 hour Injury cover, including Your usual occupation.**
 - i. Capital Benefits: \$75,000.*
 - ii. Non-Medicare Medical \$3,000 (Up to 80% of Non-Medicare Medical Expenses).
 - iii. Loss of income \$750 per week (or 80% of Net Income lost, whichever is less).
 - iv. Cost will be determined on individual application.
 - v. The APF PA Group Policy period commences 30 June 2018 and your coverage commences from date application is received and billed by the APF. The first year will be pro rata, thereafter annual.
 - vi. Excess / Excess Period: Determined by Sportscover.

*** The Capital Benefit may not be \$75,000 in all circumstances. The Capital Benefits cover is limited to a policy aggregate limit of \$750,000 any one conveyance. This is the maximum payable by Sportscover for all claims arising from a single event resulting from a parachuting aircraft accident.**

Cover for options A and B above is automatic (subject to you holding a current APF License) and is provided upon the application and payment being received at the APF head office. Option C is subject to individual underwriting for your particular occupation, health, insurance history and circumstances.

Period of Insurance

This policy is in force from the date you join until 4 pm EST on 30 June 2019. If your joining date is after 30 June 2018, you will be charged on a daily pro-rata basis to 30 June 2019. Thereafter, annual renewals will be at the full annual rate.

APF PERSONAL ACCIDENT OPTION C – including usual occupation cover

If you have chosen Option C on Page 1 of this document, please complete the following. Option C cover must be accepted in writing by Sportscover Australia Pty Ltd and the premium paid before cover is issued.

a) Height:	h) Have you ever claimed for benefits under any injury or sickness insurance or Workers' Compensation? Yes / No
b) Weight:	i) Are there any reasons that would cause you to consider yourself not presently in good health? Yes / No
c) Gender: Male / Female	j) Have you consulted any doctor, physiotherapist, chiropractor or any other health practitioner or been confined in hospital during the past five years? Yes / No
d) What is your usual occupation(s)?.....	k) Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income? Yes / No
e) Are you self employed? Yes / No	l) Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, genito-urinary, digestive, or circulatory systems, or of the back, spine, eyes or heart, or suffered anxiety state, nervous exhaustion or breakdown, psychosis or any form of mental disorder, or any physical impairment or deformity? Yes / No
f) Has any Insurer ever declined, refused or imposed special terms and conditions to any injury, sickness or life insurance application, renewal or policy held by you? Yes / No	
g) Have you ever made a claim on this type of Insurance before? Yes / No	m) Are you currently planning or considering having treatment or advice from any doctor, health practitioner or hospital? Yes / No

If you have answered **Yes** to questions f) to m), please provide details:

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THIS DECLARATION MUST BE COMPLETED FOR ALL OPTION C APPLICATIONS

I represent that the above statements and facts are true and that no material facts have been suppressed or misstated. I understand that completion of this form does not bind coverage. My acceptance of Sportscover's quotation and the Sportscover's acceptance of this proposal are required before cover may be bound and the policy issued.

I further declare that I:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- have read and understood the information concerning, the duty of disclosure, average provisions, utmost good faith, and all other important notices.
- agree to Sportscover obtaining from my previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sportscover making enquires from any third party to verify claims history and other information disclosed herein or statements made by myself in making this application.
- agree to Sportscover disclosing to any insurance intermediary appointed by me, or to any former or future insurer of mine, the claims history or any other information as may be determined.

Full Name

Signature Date / /

SPORTSCOVER AUSTRALIA PTY. LTD. A.C.N. 006 637 903 AFS Licence No.: 230914

AUSTRALIA:	271-273 Wellington Rd, Mulgrave 3170	Tel: +61 3 8562 9100	Fax: +61 3 8562 9111
	Suite 504, 35 Lime Street, Sydney 2000	Tel: +61 2 9268 9100	Fax: +61 2 9268 9111
UNITED KINGDOM:	First Floor, 75/77 Cornhill London EC3V 3QQ	Tel: +44 020 7283 8444	Fax: +44 020 7444 1789
INTERNET EMAIL:	info@sportscover.com	INTERNET SITE:	www.sportscover.com