

# LTM RISK PARTNERS

ABN 75 801 934 420

ACN 009.030.862

AFS Licence Number : 245374

Suite 5 & 6 / 156 Oxford Street  
LEEDERVILLE WA 6007  
AFS License Number : 245374

Post Office Box 495  
LEEDERVILLE WA 6903

Tel: (08) 9201 3400  
Fax: (08) 9201 3444

Email: gi@ltnrisk.com.au

## CONFIRMATION OF PLACEMENT OF COVER

**Attention:** Lillian  
**Company:** Calisthenics WA  
**Fax:** Email  
**From:** Rod Tancred 08 9201 3402

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

Calisthenics Association Of WA  
PO Box 1464  
Midland WA 6936

**Date:** 20/12/2011

**Our Reference:** CALWA

**RENEWAL**

Page 1 of 3

<b>Class of Policy:</b>	Prof Ind / Liab / Pers Acc
<b>Insurer:</b>	Calliden Insurance Limited PO Box 3208 Melbourne VIC 3000 ABN: 47 004 125 268
<b>The Insured:</b>	Calisthenics Association Of WA

<b>Policy No:</b>	SUA/1071
<b>Invoice No:</b>	122080
<b>Period of Cover:</b>	From 31/12/2011 to 31/12/2012 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  
 paid by Monthly Direct Debit

Premium Funding

- This policy is Premium Funded

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**

<b>Class of Policy:</b> Prof Ind / Liab / Pers Acc	<b>Policy No:</b> SUA/1071
<b>The Insured:</b> Calisthenics Association Of WA	<b>Invoice No:</b> 122080
	<b>Our Ref:</b> CALWA

Insured: Calisthenics Association of Western Australia Inc  
And registered members whilst participating on officially organised or sanctioned events of the insured.

Insured Activities: Calisthenics

Situation: WA

Interested Parties: Westfield Shoppingtown Carousel Pty Ltd

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 claim 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 COVER PROFESSIONAL INDEMNITY COVER OF INCEPTION DATE OF THIS POLICY, WHICHEVER IS THE EARLIER.

Excess: - Nil

**Endorsements attaching to and forming part of the policy schedule**

It is here by declared and agreed that the following exclusions 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 Employers 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 of 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. an 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**

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:

Schedule of Insurance

<b>Class of Policy:</b> Prof Ind / Liab / Pers Acc	<b>Policy No:</b> SUA/1071
<b>The Insured:</b> Calisthenics Association Of WA	<b>Invoice No:</b> 122080
	<b>Our Ref:</b> GALWA

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.

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Sports Group Personal Accident Insurance Policy

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**Accident Insurance**

Capital Benefits . . . . .	.\$50,000 per member Benefit Scale 1-32
Loss of Income . . . . .	Death under 18-20% .\$350 per week/ 7 day excess
Student Assistance Benefit . . . . .	Benefit period 52 weeks .\$350 per week/ 7 day excess
Home Help Benefit . . . . .	benefit period 52 weeks .\$350 per week/ 7 day excess
Parents inconvenience benefit . . . . .	benefit period 52 weeks .\$25 per day
Non Medicare Medical . . . . .	Maximum benefit \$1,500 .85% to maximum \$2,000
Funeral Expenses . . . . .	Excess \$50 .Up to \$5,000

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

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**Attention:** Lillian  
**Company:** Calisthenics WA  
**Fax:** Email  
**From:** Rod Tancred 08 9201 3402

## CONFIRMATION OF PLACEMENT OF COVER

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

Calisthenics Association Of WA  
PO Box 1464  
Midland WA 6936

**Date:** 20/12/2011

**Our Reference:** CALWA

**RENEWAL**

Page 1 of 2

<b>Class of Policy:</b>	Directors & Officers Liability
<b>Insurer:</b>	Calliden Insurance Limited PO Box 3208 Melbourne VIC 3000 ABN: 47 004 125 268
<b>The Insured:</b>	Calisthenics Association Of WA

<b>Policy No:</b>	SUA/1072
<b>Invoice No:</b>	122081
<b>Period of Cover:</b>	From 31/12/2011 to 31/12/2012 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  
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Premium Funding

- This policy is Premium Funded

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**

<b>Class of Policy:</b> Directors & Officers Liability	<b>Policy No:</b> SUA/1072
<b>The Insured:</b> Calisthenics Association Of WA	<b>Invoice No:</b> 122081
	<b>Our Ref:</b> GALWA

**Sports Association Liability Package**

Insured: Calisthenics Association of Western Australia Inc

Situation: WA

Occupation: Calisthenics Associations

Limit of Indemnity: \$1,000,000

Excess: \$ 1,000

Retroactive Date: 31/12/2008 or the date from which the insured has held continuous association liability cover whichever is the earlier.

Automatic Extensions: Outside directorship  
Run-off cover for outside directorships (non profit)  
Fidelity  
Severability  
Preservation of Indemnity  
Estates  
Dishonesty of Employees and office bearers  
Reinstatement of limit of indemnity  
Loss of documents  
Libel and slander  
Trade Practices Act  
(Limits and conditions apply. Please refer to the wording for full details of cover.)

Optional Extensions: Employment Practices - Not Selected  
Run-Off cover for subsidiaries - Not Selected

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