

Policy Schedule

You will only be entitled to insurance cover under the section or sections which you have selected and for which you have paid the required premium.

Policy Number – PMEL99/0138930

The Insured	NEW SOUTH WALES RUGBY LEAGUE LIMITED
Address	Driver Avenue Moore Park 2021 Australia
Sport/Business	Rugby League
Teams/Members	122491 MEMBERS
Period of Insurance	From 31/12/2025 to 31/12/2026 , at 4:00 pm and any subsequent period for which the insured shall have paid and The Underwriter(s) shall have accepted the new premium.

Cover Details

SPORTS INJURY

UNDERWRITTEN BY Certain Underwriters at Lloyd's led by Blenheim Underwriting Limited, Syndicate 5886 & HDI Global Specialty SE-Australia under contract number B1750L250519 & SCA/2025 respectively

The Insured –

New South Wales Rugby League Limited and affiliated leagues; and Competitions including the New South Wales Junior Rugby Leagues' Association Incorporated; and all affiliated associations, affiliated clubs, referee associations and individual officials of the insured(s).

Insured Person (s) - All registered players, coaches, trainers, managers, administrators, referees, officials, first aid personnel, selectors, ball boys, other officials or supervisors, medical officers, physiotherapists, ambulance officers and volunteer workers; and all directors, officers, employees, executive officers, office bearers, members and committees of the Insured.

Scope of Cover – Engagement in the following specified activities:

- whilst actively engaged in club, representative or heritage, state or national events, or a training session or competitive game;
- whilst actively engaged in an activity which forms part of the Insured Person's official duties;
- whilst actively engaged in any administrative, social or fund-raising activity where such activity is organised by or under the control of the Insured;
- whilst undertaking direct travel to or from (a), (b) or (c) above;
- whilst staying away from home during a tour for the purposes of (a), (b) or (c) above;
- whilst the Insured Person is an appropriately registered and insured player playing rugby league with their school;
- whilst playing in trial games of the Insured Person's own club and/or any game in which the Insured Person is participating in an attempt to be graded for an NRL club;
- whilst actively engaged as a Volunteer Worker (as defined) for and on behalf of the Insured;
- whilst engaging in social matches but only to the extent that they are organised by or under the control of the Insured;
- whilst engaging in end of season trips for social purposes but only to the extent that they are organised by or under the control of the Insured;
- whilst engaging in activities involving parent/child competition but only to the extent that they are organised by or under the control of the Insured;

Categories of Insured Person(s)

Category A - All registered players of NSW Cup; Intrust Super Premiership; Ron Massey Cup; Sydney Shield; Jersey Flegg Cup; NSWRL Women's Premiership including the Tarsha Gale Cup tournament and all other Representative teams and competitions; resident (QLD v NSW) registered players and other representative (amateur) fixtures including but not limited to Andrew Johns/Laurie Daley Cup/s

Category B - All registered senior players (over 18 years old) of affiliated association metropolitan district leagues, country groups and

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competitions, Harmony Cup (registered players), wheelchair/disability rugby league (registered)

Category C - All registered junior players (under 18 years old) of affiliated association metropolitan district leagues, country groups and competitions, schoolboys (registered players), wheelchair/disability rugby league (registered)

Category D - All coaches, trainers, managers, administrators, referees, officials, first aid personnel, selectors, ball boys, other officials or supervisors, medical officers, physiotherapists, ambulance officers and volunteer workers; and all directors, officers, employees, executive officers, office bearers, members and committees of the Insured.

Section 4.1 – Capital Benefits

Benefit:
 All Competitions
 Events 1 then 4 -14 \$200,000
 Event 2 and 3 NSW - \$829,000
 Events
 Event 1: Death (limited to 20% of the Capital Benefit in the Schedule for Insured Persons under 18 years of age) 100%
 Event 2: Permanent Quadriplegia 100%
 Event 3: Permanent Paraplegia 100%
 Event 4: Permanent total loss of sight
 Two eyes 100%
 One eye 50%
 Event 5: Permanent total loss of hearing:
 Two ears 75%
 One ear 25%
 Event 6: Permanent total loss of use of:
 Two arms 100%
 One arm 100%
 Event 7: Permanent total loss of use of:
 Two legs 100%
 One leg 35%
 Event 8: Permanent total loss of use of:
 More than two fingers 70%
 Two fingers 14%
 One finger 10%
 One thumb 40%
 Event 9: Permanent total loss of use of:
 More than two toes 40%
 Two toes 14%
 One toe 5%
 Event 10: Permanent total loss of use of:
 Two kidneys 75%
 One kidney 30%
 Spleen 25%
 Liver 70%
 Two testicles 40%
 One testicle 6%
 Event 11: Total & permanent
 Sexual Function 45%
 Disfigurement up to up to 45%
 Shortening of leg 7%
 For the purposes of this Event 11 only, Disfigurement means disfigurement that extends to more than 20% of the entire external body. The total percentage paid to be at Our sole and absolute discretion.
 Event 12: Any permanent total disability or permanent total loss of use of any body part not shown above will be compensated at a percentage of the capital benefit as determined at Our sole and absolute discretion. Such determination will not be inconsistent with the benefits provided under Events 4-11 inclusive. Benefit: Up to 90%
 Event 13: Becoming HIV positive, but cover for this Event is only provided while the Insured Person is engaged in the activities outlined in Scope of Cover (a) and (b), and the definition of Scope of Cover shall be construed accordingly for the purposes of this Event). Benefit: 10%
 Event 14: Actual Non Medicare Medical Expenses incurred following Accidental miscarriage or premature child birth up to max 26 weeks of pregnancy.
 Cover for this Event is only provided while the Insured Person is engaged in the activities outlined in Scope of Cover (a) and (b), and the definition of Scope of Cover shall be construed accordingly for the purposes of this Event).
 Event 14 is subject to deduction of the Excess specified in the Schedule for medical benefits.
 Benefit: Up to 5%

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Section 4.2 Medical Benefits

4.2.1 Non-Medicare Medical Expenses including physiotherapy

Category A

Benefit Percentage: 80%

Maximum Benefit per Injury: \$7,500

Excess: \$100 if not private health insurance in place. Nil applies if insured person has private health insurance.

Category B, C & D

Benefit Percentage: 80%

Maximum Benefit per Injury: \$5,000

Excess: \$100 if not private health insurance in place. Nil applies if insured person has private health insurance.

4.2.2 Physiotherapy Benefits

This section is deleted and included in 4.2.1 at the benefits stated in that section

Section 4.3 – Weekly Benefits

4.3.1 Loss of Income

Category A

85% of average weekly earned income or \$500 per week (whichever is the lesser).

Excess Period 28 days

Maximum Benefit Period 52 weeks

Category B

85% of average weekly earned income or \$300 per week (whichever is the lesser).

Excess Period 28 days

Maximum Benefit Period 52 weeks

Category C + D

85% of average weekly earned income or \$500 per week (whichever is the lesser).

Excess Period 14 days

Maximum Benefit Period 52 weeks

4.3.2 Student Allowance

Category A

80% up to a maximum Weekly Benefit \$500

Excess Period 21 days

Maximum Benefit Period 52 weeks

Category B

80% up to a maximum Weekly Benefit \$300

Excess Period 28 days

Maximum Benefit Period 52 weeks

Category C and D

80% up to a maximum Weekly Benefit \$500

Excess Period 14 days

Maximum Benefit Period 52 weeks

4.3.3 Domestic Home Help

Category A

80% up to a maximum Weekly Benefit \$500

Excess Period 21 days

Maximum Benefit Period 52 weeks

Category B

80% up to a maximum Weekly Benefit \$300

Excess Period 28 days

Maximum Benefit Period 52 weeks

Category C and D

80% up to a maximum Weekly Benefit \$500

Excess Period 14 days

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Maximum Benefit Period 52 weeks

Section 4.4 Other Benefits

It is noted that the following sections are endorsed to reflect the noted benefits

4.4.1 Parents Inconvenience Benefit

100% up to a maximum of \$2000

4.4.6 Funeral Expenses Benefit

Maximum Benefit: \$10,000

Endorsement - Non-Medicare medical extension

It is hereby noted and agreed that the Policy is amended as follows:

Notwithstanding anything to the contrary contained in the Policy, where covered Non-Medicare Medical Expenses cannot be incurred within the usual twelve (12) calendar month benefit period because the delay in treatment is recommended by the Insured Person's treating Medical Practitioner or dental surgeon and arises solely and directly from the original Bodily Injury, the following shall apply:

1. The original Bodily Injury must have been notified to the Coverholder and a claim lodged within the initial twelve (12) calendar month benefit period; and
2. A medical statement shall be provided confirming that the delayed treatment or procedure is medically required, the reason for such delay, and the anticipated date it can be undertaken; and
3. The Insured Person must continue to follow medical advice from their treating Medical Practitioner or dental surgeon during the extended period.

Subject to compliance with the above, We will reimburse eligible Non-Medicare Medical Expenses incurred up to twenty-four (24) months from the Date of Accident, up to the maximum benefit payable under Section 4.2.1 and only whilst the Policy remains in force.

Acceptance under this extension is at the sole discretion of the Underwriter

Endorsement - 4.4.1 Injury Assistance Non Medicare – Medical Expenses and Parents' Inconvenience Benefit

This benefit is amended to read:

We will reimburse an Insured Person for Injury Assistance Non-Medical Expenses and Parents' Inconvenience Benefit incurred within 12 months and directly relating to the Bodily Injury during the Scope of Cover.

We will not pay more than the maximum limit specified in the Schedule for this benefit.

For the purposes of 4.4.1 only, Injury Assistance Non-Medical Expenses and Parents' Inconvenience means;

- (a) the direct transportation of an Insured Person directly to a hospital or treatment centre when suitable medical treatment is not available within 100 km of their place of residence, and their treating Medical Practitioner confirms that it is medically necessary for them to travel more than 100 km from their place of residence for the medical treatment
- (b) the emergency attendance on the Insured Person of (1) one of the Insured Person's parents, guardian, spouse, partner or children, and which results in the need for overnight accommodation in either a registered hotel or motel

Travel expenses means the reasonable petrol costs associated when a private motor vehicle is used or reasonable domestic airfare charges in a properly licensed aircraft and these expenses are the result of the circumstances set out above in either (a) or (b).

Accommodation expenses means the reasonable cost of overnight accommodation in either a registered hotel or motel.

Food and beverages are not covered under Travel and Accommodation Expenses.

This does not include wages, income, or revenue lost by any person.

Endorsement Medical Evacuation & Cancellation - Category A Only:

Medical Evacuation - We will pay up to a maximum of \$100,000 per Insured Person relating to the evacuation of an Insured Person as a direct result of an Injury overseas, including any expenses relating to qualified medical staff required to travel with the Insured Person.

In the event that evacuation is required the Insured Person or a representative of the Insured MUST contact Crisis 24 as soon as possible and all expenses incurred are required to be certified and agreed by Us.

If the Insured Person does not follow the guidance of Crisis 24 or Us, We will not pay for these expenses or for any evacuation or airfares that have not been approved or arranged by Us

If determined that the Insured Person should return home to Australia for treatment, and the Insured Person does not agree to do so then We will pay the reasonable cost determined by Us to cover the Insured Person's medical expenses and/or related costs had the Insured Person agreed to Our recommendations. The Insured Person will then be responsible for any shortfall, or ongoing or additional costs relating to or

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arising out of the event claimed for.

However:

1. We will only pay for treatment received or hospital accommodation incurred overseas during the 12 month period commencing from the date of the Injury.
2. The treatment must be given or prescribed by a Medical practitioner or qualified paramedic.
3. The Insurer will only pay for the costs of emergency dental treatment up to a maximum of \$1,000 per person for any one Injury, provided that the treating dentist certifies in writing that the treatment is for the relief of sudden and acute pain to sound and natural teeth. Excess: \$500 per Insured Person, per Injury
4. Should there be any other travel insurance coverage in place for any Insured Person then this should respond first.

Cancellation coverage –

Should an insured person, either prior to travel, or whilst on a journey incur a loss of travel or accommodation expenses paid in advance by the insured or the insured person, as a result of a bodily injury, which is not recoverable from any other source, or the insured or insured person incurs reasonable additional expenses following the necessary cancellation, or alterations, or curtailment of the insured person's travel. Maximum Benefit: \$20,000
Excess: \$500

Crisis24 Contact Details

Telephone: +44 (0) 20 7902 7405

Operations Email: opsassist@crisis24.com

Non-Australian Resident Extension

It is hereby agreed and declared that the Policy is amended as follows:

The policy is extended to cover non-residents of Australia on the following basis only

Section 4.2 Medical Benefits

Benefits are payable for medical treatment received in Australia only

Benefits will be paid on the same basis as Australian residents with access to Medicare meaning: If Medicare were to normally apply to an expense, we will not pay any benefit under the policy for that expense to a claimant who does not have access to Medicare

All payments cease if the claimant leaves Australia

Section 4.3 Weekly Benefits

Loss of Wages is only payable to those with appropriate working visas or permanent resident status and where proof of such is supplied

Benefits are payable only for occupations conducted by businesses approved to conduct business in Australia and cease once the claimant leaves Australia.

All other benefits remain as per the wording

Issued subject to the terms of the attached Policy Wording and signed by the authorised Representative of Sportscover Australia Pty Ltd on behalf of the Underwriter/s detailed above.



22/12/2025

DATE

Printed by: A.B.

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