

**POLICY SCHEDULE  
AMATEUR SPORT GROUP PERSONAL ACCIDENT INSURANCE**

# AMATEUR SPORT GROUP PERSONAL ACCIDENT INSURANCE

Allied World Assurance Company, Ltd ("Allied World") confirms that in return for payment of the premium shown in the Policy Schedule, Allied World has agreed to insure you, in accordance with the wording attached to this Policy Schedule subject to the terms and conditions of the Policy.

In accepting this insurance, Allied World has relied on the information and statements that you have provided in the proposal form (or declaration). Please read this Policy Schedule carefully and if it is not correct contact Allied World. It is an important document and should be kept in a safe place with all other papers relating to this Policy.

<b>Policy Reference:</b>	BAPVSY0000052600
<b>PDS/Policy Wording:</b>	Amateur Sport Group Personal Accident Wording – ASGPAAU 0002 200 (08/25)
<b>Policy Holder:</b>	Australian Badminton Association Incorporated t/as Badminton Australia Badminton Victoria Inc; Australian Capital Territory Badminton Association Inc; NSW Badminton Association Incorporated; Northern Territory Badminton Association Inc; The Queensland Badminton Association Inc; South Australian Badminton Association Inc; Tasmanian Badminton Association Inc The Badminton Association of Western Australia (Inc), t/as Badminton WA Affiliated National, State, Territory, Regional, District and Branch Associations and Affiliated Member Clubs and/or any subsidiary company as an owner.
<b>Insured Person(s):</b>	All registered members; affiliated regional, district, branch and club members; committee members; club directors; club officers; office bearers; first aid personnel; administrators; talent squads; teachers, coaches, instructors, trainers; masseurs; timekeepers, officers, officials, technical officers, technical officials and <b>Voluntary Workers</b> of the <b>Policyholder</b>
<b>Insurance Period</b>	<b>From:</b> 31 March 2026 <b>To:</b> 31 March 2027 Both days at 4:00pm Australian Eastern Standard Time
<b>Operative Period of Cover:</b>	Whilst an <b>Insured Person</b> is engaged in activities authorised by the <b>Policyholder</b> , including direct travel to and from.
<b>Geographical Limit:</b>	Worldwide
<b>Maximum Age:</b>	70 years

**Policy Liability Limits**

<b>Policy Limit of Liability:</b>	\$4,000,000
<b>Limit of Liability Any one Occurrence:</b>	\$4,000,000
<b>Non-Scheduled Flight Limit of Liability:</b>	N/A
<b>Passive War Limit of Liability:</b>	N/A

## POLICY BENEFITS: Category A

Section 1 – Personal Accident	
<b>Accidental Death &amp; Disablement</b>	
<b>BENEFIT</b>	<b>SUM INSURED</b>
<b>Event 1 - Accidental Death</b>	\$50,000
<b>Event 2 - Permanent Total Disablement</b>	\$50,000
<b>Events 3 to 18</b>	\$50,000
<b>Weekly Injury Benefit</b>	
<b>BENEFIT</b>	<b>SUM INSURED</b>
<b>Event 19 - Temporary Total Disablement</b>	\$300
<b>Event 20 - Temporary Partial Disablement</b>	\$300
<b>Percentage of Income:</b>	80%
<b>Waiting Period (Days):</b>	14
<b>Benefit Period (Weeks):</b>	52
<b>Fractured Bones</b>	
<b>BENEFIT</b>	<b>SUM INSURED</b>
<b>Event 21 to 29:</b>	\$2,000

<b>Bodily Injury Resulting in Loss or Damage to Teeth</b>	
<b>BENEFIT</b>	<b>SUM INSURED</b>
<b>Event 30 to 31:</b>	\$1,000
<b>Bodily Injury Resulting in Surgery Outside Australia</b>	
<b>BENEFIT</b>	<b>SUM INSURED</b>
<b>Event 32 to 36:</b>	\$20,000
<b>Section 2 – Recovery and Assistance Benefits</b>	
<b>BENEFIT</b>	<b>SUM INSURED</b>
<b>Accidental H.I.V. Infection Benefit</b>	\$50,000
<b>Coma Benefit</b>	\$5,000
<b>Home and Vehicle Modification Benefit</b>	\$10,000
<b>Premature Birth/Miscarriage Benefit</b>	\$5,000
<b>Rehabilitation Benefit</b>	\$5,000
<b>Tuition or Advice Expenses Benefit</b>	\$5,000
<b>Funeral Expenses Benefit</b>	\$10,000
<b>Dependent Child Support</b>	
Per Child:	\$5,000
Per Family	\$15,000
<b>Education Fund Benefit</b>	
Per Child:	\$5,000
Per Family:	\$15,000
<b>Trauma Benefit</b>	\$5,000
<b>Chauffeur Benefit</b>	\$2,500
<b>Independent Financial Advice Benefit</b>	\$3,500
<b>Orphan Benefit</b>	
Per Child:	\$5,000
Per Family:	\$15,000
<b>Out of Pocket Expenses Benefit</b>	\$500
<b>Spouse or Partner Employment Training Benefit</b>	\$10,000
<b>Non-Medicare Medical Expenses Benefit</b>	\$2,000
<b>Excess</b>	\$20

<b>Additional Coverage Enhancements</b>	
<b>BENEFIT</b>	<b>SUM INSURED</b>
<b>Corporate Image Protection</b>	\$5,000
<b>Disappearance</b>	Covered
<b>Escalation of Claim Benefit</b>	Covered
<b>Advanced Payment</b>	Covered

## Endorsements:

### Premium

It is hereby noted and agreed, the premium is minimum and deposit.

Except as otherwise provided in this endorsement, the insuring clause and all other **Policy** terms and conditions shall have full force and effect.

### Emergency Home Help

If during the **Insurance Period** and an **Insured Person's Operative Period of Cover**, the **Insured Person's** sustains a **Bodily Injury** resulting in a **Doctor** certifying that the **Insured Person** is temporarily unable to carry out their usual domestic duties, **We** will pay for the cost of reasonably and necessarily incurred additional domestic duties expenses as a result of that **Bodily Injury** up to \$500 per week for a maximum of 26 weeks.

### Student Tutorial Costs

If during the **Insurance Period** and an **Insured Person's Operative Period of Cover**, the **Insured** who is also a full-time student, suffers from a **Bodily Injury** which results in a **Doctor** certifying that the **Insured Person** is temporarily unable to attend their registered classes, **We** will pay the cost of reasonably and necessarily incurred additional home tutorial services as a result of that **Bodily Injury** up to \$500 per week for a maximum of 26 weeks..

This benefit is available where the **Insured Person** is registered as a full-time student with an educational institution.

Home tutorial services must be carried out by persons other than the **Insured Person's** Close Relatives or persons permanently living with the **Insured Person**.

## Important Notices

This contract of insurance is issued by Allied World Assurance Company, Ltd (ABN 54 163 304 907, AFSL 548668).

### Your Duty of Disclosure

Before **you** enter into an insurance contract, **you** have a duty to tell **us** anything that **you** know, or could reasonably be expected to know, may affect **our** decision to insure **you** and on what terms.

**You** have this duty until **we** agree to insure **you**.

**You** have the same duty before **you** renew, extend, vary or reinstate an insurance contract.

**You** do not need to tell **us** anything that:

- reduces the risk **we** insure **you** for; or
- is common knowledge; or
- **we** know or should know as an insurer; or
- **we** waive **your** duty to tell **us** about.

### Your Duty not to misrepresent

This policy is a consumer insurance contract.

When answering our questions in the application form or providing us with information that is relevant to our decision to insure you and on what terms, you have a duty to take reasonable care not to make a misrepresentation to us. This duty applies when you first apply for the policy, when you request changes to your policy or at renewal.

You and other insured person(s) must answer our questions with relevant and complete information, and you must not misrepresent any information that you give to us. You have the same duty in relation to anyone else whom you want to be covered by the policy and before you renew, extend, vary or reinstate an insurance contract.

If you fail to comply with your duty, and we would not have issued the policy for the same premium and on the same terms and conditions, we may be entitled to reduce our liability under the policy in respect of any claim or we may cancel the policy. If your failure to comply with your duty is fraudulent, we may refuse to pay a claim and treat the policy as never having been in existence.

Signature:



Denby Gilhooly – Underwriter, Accident & Health, Australia

**For and on behalf of Allied World Assurance Company, Ltd ("Allied World")**

Dated: 20 March 2026