

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

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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.

Policy Reference:	BAPVSY0000052600
PDS/Policy Wording:	Amateur Sport Group Personal Accident Wording – ASGPAAU 0002 200 (08/25)
Policy Holder:	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.
Insured Person(s):	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, Voluntary Workers , prospective members for up to four (4) weeks after initial approach and guest players where applicable of the Policyholder
Insurance Period	From: 31 March 2026 To: 31 March 2027 Both days at 4:00pm Australian Eastern Standard Time
Operative Period of Cover:	Whilst an Insured Person is engaged in activities authorised by the Policyholder , including direct travel to and from.
Geographical Limit:	Worldwide
Maximum Age:	100 years

Policy Liability Limits

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

POLICY BENEFITS: Category A

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

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

Additional Coverage Enhancements	
BENEFIT	SUM INSURED
Corporate Image Protection	\$5,000
Disappearance	Covered
Escalation of Claim Benefit	Covered
Advanced Payment	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: 13 April 2026