AVIATION INSURANCE

AUSTRALIA

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10 JUN 2016

9 June 2016

Mr David Shorter
The Gliding Federation Of Australia Inc.
Unit C4 / 1-13 The Gateway
BROADMEADOWS VIC 3047

Dear David,

Re: Group Personal Accident Insurance – Voluntary Workers

Further to my email dated 3rd May 2016, please find enclosed Accident & Health International's renewal schedule covering the above insurance. This document has been checked by our office and found to be in order, however we ask that you carefully check same before filing with previously issued policy documentation.

Also enclosed for your records is our original invoice E7118 for the annual premium, duly marked paid. We thank you for your prompt remittance.

If you have any queries regarding the enclosed, please do not hesitate to contact our office.

Yours sincerely,

DYLAN JONES

Encl.

AVIATION INSURANCE BROKERS OF AUSTRALIA PTY LTD
A.B.N. 52 647 799 869 A.F.S.L. 241408
BUILDING 221, QANTAS AVENUE, ARCHERFIELD AIRPORT
PO BOX 616, ARCHERFIELD 4108
PHONE: (07) 3274 4732 A/HOURS: (07) 3374 1699
FAX: (07) 3274 4758 WEB: www.aviationinsurance.com.au

AVIATION INSURANCE
AUSTRALIA

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BUILDING 221, QANTAS AVENUE, ARCHERFIELD AIRPORT
PO BOX 616 ARCHERFIELD QLD AUSTRALIA 4108
TEL: (07) 3274-4732 FAX: (07) 3274-4758
ABN 52 647 799 869

TAX INVOICE

This document will be a tax invoice for GST when you make payment

Invoice Date: 20/04/2016
Invoice No: E7118
Our Reference: GLIDINGFED

The Gliding Federation Of Australia Inc.
Unit C4 / 1-13 The Gateway
BROADMEADOWS VIC 3047

Class of Policy: Personal Accident / Illness Insurance
Insurer: Accident & Health International Underwriting P/L
GPO Box 4213, SYDNEY NSW 2001
ABN 26 053 335 952
The Insured: The Gliding Federation Of Australia Inc

RENEWAL
Policy No: 0009779
Period of Cover:
From **30/04/2016**
to **30/04/2017** at 4.00 pm

Details: See attached schedule for a description of the risk(s) insured.

Direct Credit option:
BANK OF QUEENSLAND
Acct Name: Aviation Insurance Brokers

BSB No: 124104
Acct No: 20314493
Please use reference:
GLIDINGFED E7118

On the Web?
For the latest information about our products and services, check out our Web site @:
http:// www.aviationinsurance.com.au

Payment Options:

Mail
Post cheque or forward credit card details attaching the remittance slip below to our office. (See address above)

Phone
Call our office on 07 3274 4732 with your credit card details during office hours.

Duty of Disclosure
Please see attached important information relating to your insurance.

If you have any queries in relation to this invoice, please contact our office.

**Note: An administration fee of 1.15% applies to all credit card payments.

Your Premium:

Premium	UW Levy	Fire Levy	GST	Stamp Duty	Instal. Fee	Broker Fee
$1,400.00	$50.00	$0.00	$145.00	$154.00	$0.00	$0.00

TOTAL **$1,749.00**

Credit Card fee (inc GST) is $20.11

PAID

REMITTANCE ADVICE

Please detach and return with your payment or Credit Card authority to:
Aviation Insurance Brokers of Australia Pty Ltd
PO Box 616
Archerfield QLD 4108

Please charge **$1,769.11** (Inc CC fee & GST) to my ☐ Mastercard ☐ Visa Card

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Cardholder Name: _____

Expiry: ___ / ___ Signature: _____

Our Ref: **GLIDINGFED** **RENEWAL**
Invoice No: E7118
Due Date: 30/04/2016
Policy No: 0009779

In accordance with standard business practices, receipts will not be issued unless requested.

AMOUNT DUE **$1,749.00**
(Excluding Credit Card fee)

Federal Legislation, Insurance Contracts 1984, requires that you be given the following notice.

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms.

You have the same duty to disclose these matters to the insurer before you renew, extend, vary or reinstate a contract of insurance.

Your duty does not require disclosure of any matter

- which diminishes the risk to be undertaken by the insurer.
- which is of common knowledge.
- which the insurer knows, or in the ordinary course of his business, ought to know.
- as to which compliance with your duty is waived by the insurer.

HOLD HARMLESS AGREEMENTS, CONTRACTING OUT, REMOVAL OF SUBROGATION RIGHTS

You will prejudice your rights to a claim if, without prior agreement from your insurer, you make any agreement that will prevent the insurer from recovering the loss from a third party. These "hold harmless" clauses are often found in leases, licences and contracts for maintenance, supply, construction and repair.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.
If your non-disclosure is fraudulent the insurer may also have the option of voiding the contract from its beginning.

INSURER'S DOCUMENTS

Where applicable we send you herewith notice(s) issued by your insurer(s) pursuant to the provisions of the Insurance Contracts Act 1984. Should these documents include details of variations to cover or should a new policy document or wording have been issued by the insurer and be attached hereto, we urge you to read carefully the details included therein.

PREMIUM REFUNDS

Please note that Return Premiums issued under this contract of insurance may be calculated on a "Net" basis ie. Net of Broker's Earnings.

CUSTOMER RELATIONS/COMPLAINTS

Clients who are not fully satisfied with our services should contact our Customer Relations/Complaints Officer, Mr Ian Tait on (07) 3274 4732. Aviation Insurance Brokers of Australia also subscribe to the General Insurance Brokers, Code of Practice. Further information is available from our office.

Schedule of Insurance

Class of Policy:	Personal Accident / Illness Insurance	**Policy No:**	0009779
The Insured:	The Gliding Federation Of Australia Inc.	**Invoice No:**	E7118
		Our Ref:	GLIDINGFED

Invoice Details

Annual premium covering your Insurance as listed below

Policy Period

Incepting.....30.04.2016

Expiring.....30.04.2017

Covering

Group Personal Accident Insurance - Voluntary Workers

PLEASE NOTE
This schedule is only a summary of your insurance cover.
Please refer to your policy document for full details of your insurance.
If you have any queries concerning your insurance, please contact our office.

Accident & Health International
Underwriting Pty Limited

Accident & Health

POLICY SCHEDULE

Policy Type:	Voluntary Workers
Policy Number:	0009779
Insured:	The Gliding Federation of Australia Incorporation
Insured Persons:	Up to 100 Executive Members, Councillors, Committee Members, Regional Technical Officers, International Teams and National Competition Committees and other appointed Officials of the Insured
Period of Insurance:	From: 30th day of April 2016 at 4.00pm To: 30th day of April 2017 at 4.00pm
Broker:	Aviation Insurance Brokers of Australia Pty Ltd
Insured Events:	**Each Insured Person**
Death & Capital Benefits Sum Insured (Insured Events 1-19)	$50,000
Insured Event 20 Temporary Total Disablement caused by Injury	85% of average gross weekly Salary to a maximum of $500
Domestic Help or Student Tutorial Benefits	$500 per week for a maximum of 26 Weeks (non-income earners)
Non-Medicare Medical Expenses	85% of expenses incurred to a maximum of $1,000 ($50 excess)
Deferral Period	7 Days
Maximum Benefit Period (Refer to policy wording and Endorsements)	Up to and including 59 years of age: 104 weeks from the date you first become entitled to the payment of weekly compensation. 60 years - 65 years: 52 weeks. 66 years - 70 years: 26 weeks. 71 years - 79 years: Nil weeks.
Scope of Cover:	The coverage afforded by this policy shall only apply whilst an Insured Person is engaged in voluntary work authorised by and under the control of the Insured including direct uninterrupted travel to and from such voluntary work.
Pre-existing Condition:	There is no cover for Pre-existing Conditions (as defined) whether or not a proposal form has been received.
Territorial Limits:	Australia Wide
Aggregate Limit of Liability	$1,000,000

Premium:	$1,400.00
GST:	$140.00
Stamp Duty:	$154.00
Policy Fee (Incl GST):	$55.00
Total:	$1,749.00

Wording: VWGPA PDS/WRD 01/14 ST

In witness whereof, this policy has been countersigned by an authorised officer of Accident and Health International on behalf of the Company at Sydney on this 25th day of May 2016.

ACCIDENT & HEALTH INTERNATIONAL UNDERWRITING PTY LTD
ABN 26 053 335 952 AFS Licence No. 238261
Underwritten For and on behalf of
CGU Insurance Limited ABN 27 004 478 371 100%

Sydney
Level 4, 33 York Street
SYDNEY NSW 2000
GPO Box 4213, SYDNEY NSW 2001
T: +61 2 9251 8700
F: +61 2 9251 8755

Melbourne
Suite 1507 Exchange Tower
530 Lt Collins Street
MELBOURNE VIC 3000
T: +61 3 9909 7322
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Level 20
260 Queen Street
BRISBANE QLD 4000
T: +61 7 3221 1919
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ABN 26 053 335 952
AFS Licence No:238261
Email: enquiries@acchealth.com.au
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