

Tresidder Insurance Group Pty Ltd

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CERTIFICATE OF INSURANCE

From: Caleb Agg

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

WestCycle Inc 105 Cambridge Street WEST LEEDERVILLE WA 6007

Date: 18/07/2023
Our Reference: WESTCYCLE

RENEWAL

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Class of Policy: PERSONAL INCOME INSURANCE

Insurer: CHUBB INSURANCE COMPANY OF AUSTRALIA LTD

LEVEL 14 330 COLLINS STREET MELBOURNE

ABN: 69 003 710 647

The Insured: WestCycle Incorporated

Policy No: 93133974 Invoice No: 391382 Period of Cover:

From 30/06/2023

to 30/06/2024 @ 4pm EST

Details:

See attached schedule for a description of the risk insured

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The Proposal/Declaration:					
	is to be received and accepted by the Insurer				
V	has been received and accepted by the Insurer				
The total premium as at the above date is:					
	to be paid by the Insured				
$\overline{\mathbf{V}}$	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.

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93133974

Class of Policy: PERSONAL INCOME INSURANCE Policy No:

The Insured: WestCycle Incorporated Invoice No: 391382
Our Ref: WESTCYCLE

INSURED ORGANISATION:

WestCycle Incorporated

COVERED PERSONS/CATEGORIES:

Category 1

Registered members and registered volunteers of the Policyholder.

Category 2

Any directors, executive officers, committee members or office holders of the Policyholder.

Category 3

All Players, coaches, managers, referees, team workers, trainers, officials and other personnel who are actively engaged in and appropriately registered for the purpose of participating in cycling.

SCOPE OF COVER:

Category 1

Cover under this Policy applies for twenty four (24) hours per day whilst the Covered Person is engaged in the following activities:

- (a) Whilst riding their bicycle/push scooter/e-scooter and/or participating in paid events organised by the Policyholder; or
- (b) Whilst travelling directly to or from or between a competition, game, performance, social function, training session or administrative activity arranged by the Policyholder and the Covered Person's normal place of residence or place of employment: or
- (c) Whilst travelling intrastate, interstate and overseas, provided such travel involves an overnight stay.
- (d) Whilst engaged in unpaid voluntary work performed on behalf of the Policyholder

Whilst on travel described in (d) above, cover shall commence from the time a Covered Person leaves their normal place of residence or place of business, whichever is left last and continue on a fulltime twenty four (24) hour basis until the Covered Person returns to their normal place of residence or place of business, whichever occurs first.

Category 2

Cover under the Policy applies while on the business of the Policyholder, including transit to and from the Covered Persons normal business address.

Category 3

Cover under this Policy applies whilst the Covered Person is participating in cycling events.

HOW DOES COVER APPLY:

The cover is designed to reimburse the Registered Member/Volunteer for related expenses and costs of an injury. Where a Registered Member/Volunteer sustains an injury, and there are costs and expenses associated with the treatment and recovery of that injury, the cover will reimburse such costs and expenses, according to the benefits outlined hereunder.

WHEN DOES COVER NOT APPLY:

There are a number of exclusions in the policy wording. Please refer to them for full details of when an injury will not be covered. In short, for Registered Members cover does not apply when not riding a bicycle and/or not attending a paid Insured Organisation event, where cover applies already under Private Health Insurance, Workers Compensation, TAC and/or the like. For Registered Volunteers, cover does not apply when not officially acting on behalf of Insured Organisation, where cover applies already under Private Health Insurance, Workers Compensation, TAC and/or the like.

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Class of Policy: PERSONAL INCOME INSURANCE Policy No: 93133974

The Insured: WestCycle Incorporated Invoice No: 391382

Our Ref: WESTCYCLE

SCHEDULE OF BENEFITS:

PART A - Personal Accident & Sickness (Category 1, 2, 3)

Event 1 - Accidental Death \$25,000 Event 2-19 Capital Benefits \$50,000

PART B - Weekly Injury Benefit (Category 1, 2, 3)

Temporary Total Disablement 80% of income to a maximum of \$1,000

per week 14 days

Excess Period 14 days
Benefit Period 52 weeks

PART B - Bodily Injury Resulting in Surgery (Category 1, 2, 3) \$20,000

PART C - Weekly Sickness Benefit (Category 1, 2, 3) \$0

PART C - Sickness Resulting in Surgery (Category 1, 2, 3) \$20,000

PART D - Fractured Bones (Category 1, 2, 3)

Fractured Bones Lump Sum Benefit \$0

PART E - Loss of Teeth of Dental Procedures (Category 1, 2, 3)

Limit per Tooth \$250 Lump Sum Benefits \$2,000

ADDITIONAL COVER (Category 1, 2, 3)

Return to Work Assistance \$0 \$10,000 Tuition or Advice Expenses Unexpired Membership Benefit \$3,000 Replacement Staff/Recruitment Costs \$5.000 Visitors Benefit \$5.000 \$5,000 **Funeral Expenses** \$5,000 Independent Financial Advice Corporat Image Protection \$10,000 Coma Benefit \$500 per week

Max 26 weeks
Partner Retraining Benefit \$10,000

Dependent Child Supplement \$10,000 per child \$30,000 max per family

Orphaned Benefit \$10,000 per child

\$30,000 max per family
Modification Expenses \$10,000
Chauffeur Services \$5,000

Bed Care \$500 per week Max 26 weeks

Terrorism Injury Benefit \$0
Accommodation and Transport Expenses \$1,000
Education Fund Benefit \$5,000
Out of Pocket Expenses \$5,000
Childcare Benefit \$5,000

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Class of Policy: The Insured:	PERSONAL INCOME INSURANCE WestCycle Incorporated	Policy No: Invoice No: Our Ref:		
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Work Experience Benefit	\$5,000
Workplace Assault Benefit	\$5,000
Workplace Trauma Benefit	\$5,000
Air or Road Rage Benefit	\$0
Carjacking Benefit - Excess and Vehicle Hire	\$0
Carjacking Assault Benefit	\$0
Reconstructive or Cosmetic Surgery Benefit	\$0
Cancer Benefit	\$0

Plus endorsement covers (see below)

ENDORSEMENT COVERS (APPLICABLE TO ALL INSURED PERSONS):

1. Non Medicare Medical Expenses 85% of costs up to \$7,500

Excess applicable to NMME claims \$150 (nil excess if claiming through Private Health Fund first and

for Volunteers when volunteering for the insured)

2. Parent, Spouse or Partner Inconvenience \$200 per week, maximum \$5,000 per event

Excess period 7 days

(only applies to full time students under 25 years old)

3. Emergency Help Benefit \$200 per week, maximum \$5,000 per event

Excess period 7 days

4. Chauffeur Benefit \$200 per week, maximum \$5,000 per event.

(applies where benefit payable under events 25, 26, 27 or 28)

5. Overseas Medical/Repatriation Expenses \$50,000

6. Loss of Deposits \$1,500

Excess applicable to Loss of Deposit claims \$200 (nil excess for Volunteers when volunteering for the insured)

7. Baggage & Travel Documents \$1,000

Excess applicable to Loss of Deposit claims \$150 (nil excess for Volunteers when volunteering for the insured)

8. Out of Pocket Expenses \$200 per week, maximum \$5,000 per event

(applies where benefit payable under events 25 or 26)

9. Counselling Support \$200 per week, maximum \$2,000 per event

10. Rehabilitation Benefit \$10,000

11. Student Tutorial Costs Amended \$10,000

12. Amendment for Over 75 Year Olds When Not Riding Compensation as a result of an accident whilst not riding a bicycle

is limited to 50% of the sum insured stated in schedule

AGGREGATE LIMITS OF LIABILITY:

Any one Accident or Occurrence (A) \$2,500,000
Non-Scheduled Flights (B) \$0
Any One Event for War / Civil War (C) \$500,000
Any One Period of Insurance for War / Civil War (D) \$1,000,000

ENDORSEMENTS:

Supplementart Product Disclosure Statement Quarterly Instalment Payments

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PERSONAL INCOME INSURANCE Class of Policy:

93133974 **Policy No:** The Insured: WestCycle Incorporated Invoice No: 391382

Our Ref: WESTCYCLE

EXCLUSIONS:

Refer to policy schedule and policy wording

POLICY FORM:

Chubb Group Personal Accident Policy Wording 21PDSGPA01

SPECIAL NOTES:

This is a précis of the cover provided. For full details please refer to the policy wording.