
Not-for-Profit

Protector / Association Liability Insurance Policy Wording

Contents

Section 1 – Professional Liability	4
1.1 Insuring Clause	4
1.2 Additional Extensions	4
1.3 Additional Exclusions	6
Section 2 – Management Liability	7
2.1 Insuring Clauses	7
2.2 Additional Extensions	7
2.3 Additional Exclusions	8
Section 3 – Association Liability	9
3.1 Insuring Clause	9
3.2 Additional Extensions	9
3.3 Additional Exclusions	10
Section 4 – Employment Practices Liability (Association Cover)	12
4.1 Insuring Clause	12
4.2 Additional Extensions	12
4.3 Additional Exclusions	12
Section 5 – Employee Fraud or Dishonesty	13
5.1 Insuring Clause	13
5.2 Additional extensions	13
5.3 Additional Exclusions	14
Section 6 – Superannuation Trustees Liability	15
6.1 Insuring Clauses	15
6.2 Additional Extensions	15
6.3 Additional Exclusions	16
Section 7 – General Extensions	16
Section 8 – General Exclusions	19
Section 9 – General Provisions	21
Section 10 – Definitions	25

Section 1 – Professional Liability

In consideration of payment of the premium and subject to the terms and conditions of this coverage section, the General Extensions, General Exclusions, General Provisions and the General Definitions, the Insurer and the Insured agree as follows:

1.1 Insuring Clause

The Insurer will pay to or on behalf of the Insured any Loss for civil liability arising from the performance of the Insured Services by or on behalf of the Insured, and which arises from a Claim first made or commenced against the Insured and notified to the Insurer during the Policy Period, or any applicable Discovery Period.

1.2 Additional Extensions

The following Additional Extensions automatically apply to this coverage section and are subject to all other provisions of this coverage section, the General Extensions, General Exclusions, General Provisions and Definitions.

1.2.1 Attendance at Investigations

The Insurer will pay to or on behalf of the Insured, Investigation Costs arising from any Investigation which:

- a. is first notified to the Insured by an Official Body or Dispute Resolution Body during the Policy Period, or any applicable Discovery Period; and
- b. is notified to the Insurer during the Policy Period, or any applicable Discovery Period; and
- c. arises from the performance of the Insured Services by or on behalf of the Insured, regardless of

whether or not there has been any allegation of civil liability.

1.2.2 Emergency First Aid

The Insurer will pay to or on behalf of the Insured any Loss for civil liability arising from a Claim resulting from the rendering of or failure to render first aid and assistance in an emergency situation or accident, except when such Insured is engaged in a professional capacity by another person or entity.

1.2.3 Fund Raising and Social Activities

The Insurer will pay to or on behalf of the Insured any Loss for civil liability arising from a Claim in connection with the fund raising and social activities of any social club or committee of the Insured where such activities have been sanctioned by, and are conducted for the benefit of, the Insured.

1.2.4 Loss of Documents

The Insurer will pay to or on behalf of the Insured reasonable costs and expenses reasonably incurred by the Insured in replacing or restoring documents for which the Insured is legally liable:

- a. and which costs and expenses are incurred as a result of the loss of or damage to such documents in the course of the performance of the Insured Services during the Policy Period; and
- b. the loss of, or damage to such documents, is reported to the Insurer during the Policy Period, or any applicable Discovery Period,

Provided that such documents were, at the time of the loss or damage:

- i. in the custody of the Insured;
- ii. in the custody of any person to whom the Insured has entrusted them; or
- iii. in transit anywhere.

Cover shall not be provided under this Additional Extension where loss or damage to such documents is caused by fading, mould, vermin, pest infestation, wear, tear or other gradually operating cause.

“Documents” does not include currency or negotiable instruments.

The coverage provided under this Additional Extension is sub-limited to the sum of \$500,000, any one loss or damage to which sub-clause 1.2.4(a) refers and in the aggregate.

1.2.5 Principal’s Previous Business

The Insurer agrees to extend the coverage provided by this coverage section to any director, partner or principal of the Insured for Loss arising from a Claim for civil liability arising in their capacity as a director, partner or principal of a previous business provided that:

- a. such previous business was the same discipline as the Insured Services and the Claim arises from the conduct of this discipline; and
- b. details of such prior business are disclosed to the Insurer in the proposal.

In the event that a natural person becomes a director, partner or principal of the Insured during the Policy Period (but after inception) the Insurer may (but shall not be obliged to), at the request of the Insured, extend the coverage to that person, upon the Insured:

- c. providing such additional information; and
- d. paying such additional premium (if any); and
- e. agreeing to such reasonable provisions,

as the Insurer may require.

This coverage shall only operate excess of any payment made to or on behalf of such director, partner or principal pursuant to any indemnity (other than an indemnity by way of Insurance) from the previous business.

1.2.6 Reinstatement of the Section 1 Limit of Liability

In the event that the Section 1 Limit of Liability is exhausted by Loss relating to one or more Claims, such Limit of Liability shall be automatically reinstated during the Policy Period or any applicable Discovery Period without additional premium provided that:

- a. the reinstatement will only apply to Claims made against the Insured and notified to the Insurer during the Policy Period or Discovery Period which are unrelated to Claims previously notified to the Insurer; and
- b. such reinstatement shall only be made once and shall be limited to the amount of the original Limit of Liability.

This Additional Extension does not apply to any sub-limits of liability applicable to this Policy.

1.2.7 Statutory Liability

Notwithstanding clause 10.30 (Definition of Loss), the Insurer will pay to or on behalf of the Insured:

- a. Defence Costs for proceedings under occupational health and safety law or environmental law first brought against the Insured and notified to the Insurer during the Policy Period, or any applicable Discovery Period, arising from the Insured Services;
- b. to the extent permitted by law, for any pecuniary penalties imposed upon the Insured based on any breach of occupational health and safety law or environmental law as a result of proceedings under occupational health and safety law or environmental law first brought against the Insured and notified to the Insurer during the Policy Period arising from the conduct of the Insured Services, except for any pecuniary penalties:
 - i. resulting from any act, error or omission occurring or committed prior to the Retroactive Date; or

- ii. imposed where the Insured knew or where a reasonable person in the circumstances ought reasonably to have known, prior to the Policy Period that the Insured had contravened such law and committed an offence pursuant to that law, and which lead to the imposition of increased or additional pecuniary penalties.

The coverage provided under this extension will only apply to such pecuniary penalties imposed in the jurisdictions of Australia and New Zealand.

The coverage provided under this Additional Extension is sub-limited to the sum of \$100,000, any one proceeding and in the aggregate.

1.3 Additional Exclusions

Unless otherwise stated, each of the General Exclusions automatically applies to this coverage Section. The following Additional Exclusions apply only to this coverage Section and any endorsements relevant to this Section (unless otherwise provided for, expressly or by implication, in the endorsement).

The Insurer will not provide coverage for any Claim or Loss:

1.3.1 Assumed Liability

for or arising out of, based upon or attributable to any liability assumed by an Insured outside the normal course of the Insured Services.

1.3.2 Directors and Officers

for or arising out of, based upon or attributable to any actual or alleged breach by any Insured Person of a duty where that duty is owed solely in that Insured Person's capacity as a director or officer.

1.3.3 Employment Liability

for or arising out of, based upon or attributable to a breach of any obligation owed by the Insured as an employer to any Employee (including any liability under workers compensation legislation) or prospective employee.

1.3.4 Insured v Insured

made or commenced by or on behalf of any other Insured unless such Claim is for contribution or indemnity, and which, if it were a Claim made against the first-named Insured by an unrelated third party, would be covered by this coverage section.

1.3.5 Occupier's Liability

for or arising out of, based upon or attributable to the occupation or alleged occupation by the Insured of any land or building.

1.3.6 Professional Fees/Commissions

for the refund of fees, commissions or other compensation for any services rendered or required to be rendered by an Insured, or that portion of any judgment, settlement or award corresponding to such fees, commissions or other compensation.

1.3.7 Product Liability

for or arising out of, based upon or attributable to the manufacture, assembly, processing, installation, distribution, installation or supply of any goods (or any workmanship associated therewith) by or on behalf of any Insured, or the supervision of such activities by or on behalf of the Insured.

1.3.8 Trading Debts

for or arising out of, based upon or attributable to any trading debt incurred by an Insured or any guarantee given by an Insured for a debt.

1.3.9 Use of Vehicles

for or arising out of, based upon or attributable to any Insured's liability as an owner or operator of any aircraft, marine craft or motor vehicle of any kind.

Section 2 – Management Liability

In consideration of payment of the premium and subject to the terms and conditions of this coverage section, the General Extensions, General Exclusions, General Provisions and the General Definitions, the Insurer and the Insured agree as follows:

2.1 Insuring Clauses

- 2.1.1 The Insurer will pay to or on behalf of each Manager any Loss for which the Manager is not indemnified by the Association, and which arises from a Claim first made or commenced against that Manager and notified to the Insurer during the Policy Period or any applicable Discovery Period.
- 2.1.2 The Insurer will pay to or on behalf of any Association, all Loss for which the Association indemnifies any Manager as permitted or required by law, and which arises from a Claim first made or commenced against that Manager and notified to the Insurer during the Policy period or any applicable Discovery Period.

2.2 Additional Extensions

The following Additional Extensions automatically apply to this coverage section and are subject to all other provisions of this coverage section, the General Extensions, General Exclusions, General Provisions and Definitions.

2.2.1 Attendance at Investigations

The Insurer will pay to or on behalf of the Insured, Investigation Costs arising from an Investigation which is first notified:

- a. to the Insured by an Official Body or a Dispute Resolution Body; or
- b. by the Insured to an Official Body,

during the Policy Period, or any applicable Discovery Period; and is first notified to the Insurer during the Policy Period, or any applicable Discovery Period.

The Insurer will pay Investigation Costs whether or not there has been any allegation of a Wrongful Act or an Employment Practices Breach.

2.2.2 Civil or Bail Bond Expenses

The Insurer will pay to or on behalf of a Manager, Bail Bond and Civil Bond Premium incurred in respect of a Claim including, but not limited to, an extradition proceeding.

2.2.3 Extradition Costs

The Insurer will pay Extradition Costs.

2.2.4 Reinstatement of Limit of Liability

In the event that the Section 2 Limit of Liability is exhausted by Loss relating to one or more Claims, such Limit of Liability shall be automatically reinstated during the Policy Period or any applicable Discovery Period without additional premium provided that:

- a. the reinstatement will only apply to Claims made against the Manager and notified to the Insurer during the Policy Period or Discovery Period which are unrelated to Claims previously notified to the Insurer; and
- b. such reinstatement shall only be made once and shall be limited to the amount of the original Limit of Liability.

This Additional Extension does not apply to any sub-limits of liability applicable to this Policy.

2.2.5 Retired Insured Persons

If this coverage Section is not renewed or replaced with similar cover at the expiry of the Policy Period with any other policy that covers similar risk exposures as this Policy or the relevant coverage Section of it, the Insurer will grant (without payment of any additional premium)

to any Insured Person who has retired from their position with any Association, an 84 month Discovery Period provided that:

- a. such retirement occurs prior to the end of the Policy Period;
- b. any Claim notified during such Discovery Period is in respect of acts or omissions occurring prior to the retirement;
- c. any Discovery Period referred to in General Extension 7.4 (Discovery Period), with respect to such Insured Person, shall be part of and not in addition to the Discovery Period provided under this Additional Extension.

No cover is provided to the Association under this extension. This extension is not available in the event that the Named Entity ceases operations, merges with or is acquired by another entity or an administrator, receiver, provisional liquidator or liquidator is appointed to any Association, but only in relation to that entity.

2.2.6 Tax Liability

The Insurer will pay to or on behalf of a Manager Loss arising from the personal liability of the Manager for unpaid taxes of an Association where the Association has become insolvent, except to the extent that such liability arises from the wilful intent of the Manager to breach any statutory duty or legislation governing the payment of taxes.

2.3 Additional Exclusions

Unless otherwise stated, each of the General Exclusions automatically applies to this coverage Section. The following Additional Exclusions apply only to this coverage Section and any endorsements relevant to this Section (unless otherwise provided for, expressly or by implication, in the endorsement).

The Insurer will not provide coverage for any Claim or Loss:

2.3.1 Bodily Injury or Property Damage

for bodily injury, sickness, disease, death or emotional distress, or damage to or destruction, impairment or loss of the use of any property. This Additional Exclusion does not apply to:

- a. any Employment Claim; or
- b. Loss in respect of any proceeding for a breach of, or Investigation in relation to, an occupational health and safety law or regulation, including a law or regulation dealing with industrial or workplace manslaughter or industrial or workplace deaths; or
- c. Loss in respect of any proceeding for defamation.

2.3.2 Consensual Claims

arising out of, based upon or attributable to or in any way connected with any Claim which is brought with the assistance, intervention, solicitation or active participation of the Manager against whom it is brought, unless the Manager is legally required to assist, intervene, solicit or participate in the Claim.

2.3.3 Professional Services

in connection with the provision of or failure to provide professional services to a third party. However, this Additional Exclusion will not apply to any Claim to the extent that the Claim is for failure to supervise.

Section 3 – Association Liability

In consideration of payment of the premium and subject to the terms and conditions of this coverage section, the General Extensions, General Exclusions, General Provisions and the General Definitions, the Insurer and the Insured agree as follows:

3.1 Insuring Clause

The Insurer will pay to or on behalf of any Association, all Loss which arises from a Claim first made or commenced against that Association and notified to the Insurer during the Policy Period or any applicable Discovery Period.

3.2 Additional Extensions

The following Additional Extensions automatically apply to this coverage section and are subject to all other provisions of this coverage section, the General Extensions, General Exclusions, General Provisions and Definitions.

3.2.1 Breach of Contract

Notwithstanding Additional Exclusion 3.3.2 (Assumed Liability), the Insurer will pay to or on behalf of an Association, Defence Costs or Investigation Costs arising from any Claim or Investigation alleging a breach of express (written or oral) contract or agreement.

The coverage provided under this Additional Extension is sub-limited to the sum of \$100,000, any one Claim or Investigation and in the aggregate.

3.2.2 Crisis Costs

The Insurer will pay to or on behalf of any Association, Crisis Costs incurred by or on behalf of the Association in connection with a Crisis first arising during and notified to the Insurer during the Policy Period, or applicable Discovery Period.

The coverage under the Additional Extension is sub-limited to the sum of \$50,000 any one Crisis and in the aggregate.

3.2.3 Investigation Costs

The Insurer will pay to or on behalf of the Association, Investigation Costs arising from any Investigation which:

- a. is first notified to the Association by an Official Body or Dispute Resolution Body during the Policy Period, or any applicable Discovery Period; and
- b. is notified to the Insurer during the Policy Period, or any applicable Discovery Period.

The Insurer will pay Investigation Costs whether or not there has been any allegation of an Association Wrongful Act.

The coverage provided under this Additional Extension is sub-limited to the sum of \$500,000 any one Investigation and in the aggregate.

3.2.4 Occupational Health and Safety Defence Costs and Investigation Costs

Notwithstanding Additional Exclusion 3.3.4 (Bodily Injury and Property Damage), the Insurer will pay to or on behalf of any Association, Defence Costs or Investigation Costs in respect of any proceeding for a breach of, or Investigation in relation to, an occupational health and safety law or regulation, including a law or regulation dealing with industrial or workplace manslaughter or industrial or workplace deaths.

The coverage provided under this Additional Extension is sub-limited to the sum of \$500,000 any one Claim or Investigation and in the aggregate.

3.2.5 Pollution Defence Costs and Investigation Costs

Notwithstanding Additional Exclusion 3.3.7 (Pollution), the Insurer will pay to or on behalf of any Association, Defence Costs or Investigation Costs in respect of any proceeding for under, or Investigation in relation to, environmental law.

The coverage provided under this Additional Extension is sub-limited to the sum of \$500,000 any one Claim or Investigation and in the aggregate.

3.2.6 Reinstatement of Limit of Liability

In the event that the Section 3 Limit of Liability is exhausted by Loss relating to one or more Claims, such Limit of Liability shall be automatically reinstated during the Policy Period or any applicable Discovery Period without additional premium provided that:

- a. the reinstatement will only apply to Claims made against the Association and notified to the Insurer during the Policy Period or Discovery Period which are unrelated to Claims previously notified to the Insurer; and
- b. such reinstatement shall only be made once and shall be limited to the amount of the original Limit of Liability.

This Additional Extension does not apply to any sub-limits of liability applicable to this Policy.

3.2.7 Statutory Liability

Notwithstanding clause 10.29 (Definition of Loss) and Additional Exclusions 3.3.4 (Bodily Injury and Property Damage) and 3.3.8 (Pollution), the Insurer will pay to or on behalf of the Association:

- a. Defence Costs; and
- b. to the extent permitted by law, any pecuniary penalties imposed upon the Association, in connection with any proceeding alleging a breach of an Act, and where such proceeding is first brought against the Association and notified to the Insurer during the Policy Period, or any applicable Discovery Period.

Provided that no cover is provided for any pecuniary penalties:

- i. resulting from any act, error or omission occurring or committed prior to the Retroactive Date; or
- ii. imposed where the Association knew, or ought reasonably to have known, prior to the Policy Period that the Association had contravened such law and committed an offence pursuant to that law, and which has led to the imposition of increased or additional pecuniary penalties.

The coverage provided under this extension will only apply to such pecuniary penalties imposed in the jurisdictions of Australia and New Zealand.

The coverage provided under this Additional Extension is sub-limited to the sum of \$500,000, any one proceeding and in the aggregate.

3.2.8 Taxation Audit Costs

The Insurer will pay to or on behalf of the Named Entity, Taxation Audit Costs arising from a Tax Audit Notice first received by the Association and notified to the Insurer during the Policy Period.

The coverage provided under this Additional Extension is sub-limited to the sum of \$250,000 any one audit or investigation and in the aggregate.

3.3 Additional Exclusions

Unless otherwise stated, each of the General Exclusions automatically applies to this coverage Section. The following Additional Exclusions apply only to this coverage Section and any endorsements relevant to this Section (unless otherwise provided for, expressly or by implication, in the endorsement).

The Insurer will not provide coverage for any Claim or Loss:

- 3.3.1 Anti-competitive Practices
 - for or arising out of, based upon or attributable to any breach of any law or regulation restricting anticompetitive business practices.
- 3.3.2 Assumed Liability
 - for or arising out of, based upon or attributable to any liability assumed by an Association under any contract, agreement, guarantee or warranty, except to the extent that the Association would have been liable in the absence of such contract, agreement, guarantee or warranty.
- 3.3.3 Benefits
 - for or arising out, based upon or attributable to any law or obligation pursuant to any workers' compensation, disability benefits, redundancy or unemployment benefits or compensation, unemployment insurance, retirement benefits, social security benefits, superannuation benefits or any similar law or obligation.
- 3.3.4 Bodily Injury and Property Damage
 - for bodily injury, sickness, disease, death or emotional distress, or damage to or destruction, impairment or loss of the use of any property.
- 3.3.5 Employment Practices Liability
 - for or arising out of, based upon or attributable to an Employment Wrongful Act.
- 3.3.6 Insured v Insured
 - made or commenced by or on behalf of any other Insured. Provided that this Additional Exclusion does not apply to:
 - a. any Claim for contribution or indemnity which, if it were a Claim made against the first-named Insured by an unrelated third party, would be covered by this coverage Section;
 - b. Defence Costs.
- 3.3.7 Intellectual Property Rights
 - for or arising out, based upon or attributable to any breach of intellectual property rights or trade secrets.
- 3.3.8 Pollution
 - for or arising out of, based upon or attributable to Pollution.
- 3.3.9 Professional Services
 - in connection with the provision of or failure to provide professional services.
- 3.3.10 Taxation Audit Costs
 - for Taxation Audit Costs which:
 - a. are incurred after the completion of the audit or investigation;
 - b. arise out of or relate to any improper, unwarranted or unjustified delay, refusal or failure to comply with any request made by or on behalf of the Australian Taxation Office for the production of documents or the furnishing of information;
 - c. relate to matters arising under customs legislation;
 - d. arise out of or relate to any audit or investigation conducted or related to income derived outside of Australia and/or New Zealand.
- 3.3.11 Trading Debts
 - for or arising out of, based upon or attributable to any trading debt or business debt incurred by the Association or any guarantee given for a debt.

Section 4 – Employment Practices Liability (Association Cover)

In consideration of payment of the premium and subject to the terms and conditions of this coverage section, the General Extensions, General Exclusions, General Provisions and the General Definitions, the Insurer and the Insured agree as follows:

4.1 Insuring Clause

The Insurer will pay to or on behalf of any Association, any Loss arising from an Employment Claim first made or commenced against the Association and notified to the Insurer during the Policy Period, or any applicable Discovery Period.

4.2 Additional Extensions

The following Additional Extensions automatically apply to this coverage section and are subject to all other provisions of this coverage section, the General Extensions, General Exclusions, General Provisions and

Definitions

4.2.1 Attendance at Investigations

The Insurer will pay to or on behalf of the Association, Investigation Costs arising from an Investigation which is first notified:

- a. to the Association by an Official Body or a Dispute Resolution Body during the Policy Period, or any applicable Discovery Period; and
- b. is first notified to the Insurer during the Policy Period, or any applicable Discovery Period; and
- c. arises in connection with employment, regardless of whether or not there has been any allegation of an Employment Practices Breach.

The coverage provided under this Additional Extension is sub-limited to the sum of \$500,000 any one Investigation and in the aggregate.

4.2.2 Reinstatement of Limit of Liability

In the event that the Section 4 Limit of Liability is exhausted by Loss relating to one or more Claims, such Limit of Liability shall be automatically reinstated during the Policy Period or any applicable Discovery Period without additional premium provided that:

- a. the reinstatement will only apply to Claims made against the Insured and notified to the Insurer during the Policy Period or Discovery Period which are unrelated to Claims previously notified to the Insurer; and
- b. such reinstatement shall only be made once and shall be limited to the amount of the original Limit of Liability.

This Additional Extension does not apply to any sub-limits of liability applicable to this Policy.

4.2.3 Third Party Liability

The Insurer will pay to or on behalf of any Association, any Loss arising from a Third Party Claim first made or commenced against the Association and notified to the Insurer during the Policy Period, or any applicable Discovery Period.

4.3 Additional Exclusions

Unless otherwise stated, each of the General Exclusions automatically applies to this coverage Section. The following Additional Exclusions apply only to this coverage Section and any endorsements relevant to this Section (unless otherwise provided for, expressly or by implication, in the endorsement).

The Insurer will not provide coverage for any Claim or Loss:

4.3.1 Assumed Liability

for or arising out of, based upon or attributable to any liability of others (except for an Employee) assumed by the Association under any contract, agreement, guarantee or warranty except to the extent that the Association would have been liable in the absence of such contract, agreement, guarantee or warranty.

4.3.2 Employee Entitlements

for:

- a. salary or wages earned prior to dismissal or termination;
- b. fringe benefits;
- c. superannuation or pension benefits;
- d. benefits associated with any employee incentive schemes;
- e. any payment in lieu of any termination notice requirement, or for severance or redundancy arising from any statutory obligation or any express obligation assumed by the Association; or
- f. any payment in lieu of future salary which is paid to any Employee in consequence of a failure to comply with an order to reinstate such Employee.

4.3.3 Unfair Contracts

for or in respect of the seeking of relief pursuant to Section 127A of the Workplace Relations Act (Cth) or Section 106 of the Industrial Relations Act (NSW) 1996 or Section 276 of the Industrial Relations Act (Queensland) 1999 or similar legislation in the other states and territories of the Commonwealth of Australia or in New Zealand, provided however that this Additional Exclusion 4.3.3 will not apply unless the contract of employment between the Association and the relevant Employee giving rise to the seeking of relief is one where such Employee earns, or earned, a base annual salary from the Association of more than \$150,000.

4.3.4 Workers Compensation

for or arising out of, based upon or attributable to any obligation of any Insured pursuant to any workers' compensation, unemployment insurance, social security, disability benefits or similar law or regulation.

Section 5 – Employee Fraud or Dishonesty

In consideration of payment of the premium and subject to the terms and conditions of this coverage section, the General Extensions, General Exclusions, General Provisions and the General Definitions, the Insurer and the Insured agree as follows:

5.1 Insuring Clause

The Insurer will pay any Association for Direct Financial Loss sustained by an Association resulting from any acts of fraud or dishonesty committed by an Employee (acting alone or in collusion with others), first Discovered and notified to the Insurer during the Policy Period, or any applicable Discovery Period.

5.2 Additional extensions

The following Additional Extensions automatically apply to this coverage section and are subject to all other provisions of this coverage section, the General Exclusions, General Provisions and the Definitions.

5.2.1 Investigative Fees

The Insurer will pay to or on behalf of any Association reasonable fees, costs and expenses of a fraud investigator, incurred with the Insurer's prior written consent, to establish the existence and/or amount of any Direct Financial Loss.

The coverage provided under this Additional Extension is sub-limited to the sum of \$100,000 any one proceeding and in the aggregate.

5.2.2 Legal Fees

The Insurer will pay to or on behalf of any Association reasonable legal fees, costs and expenses incurred in the defence of any written demand, claim, suit or legal proceeding which results directly from a covered Direct Financial Loss.

The coverage provided under this Additional Extension is sub-limited to the sum of \$50,000 any one proceeding and in the aggregate.

5.2.3 Reinstatement of Coverage Section 5 Limit of Liability

In the event that the Section 5 Limit of Liability is exhausted by Direct Financial Loss, such Limit of Liability shall be automatically reinstated during the Policy Period or any applicable Discovery Period without additional premium, provided that the reinstatement will only apply to Direct Financial Loss discovered by the Insured and notified to the Insurer during the Policy Period or Discovery Period which is unrelated to any Direct Financial Loss previously notified to the Insurer.

5.3 Additional Exclusions

Unless otherwise stated, each of the General Exclusions automatically applies to this coverage Section. The following Additional Exclusions apply only to this coverage Section and any endorsements relevant to this Section (unless otherwise provided for, expressly or by implication, in the endorsement).

The Insurer will not provide coverage for:

5.3.1 Agents, Brokers and Factors

any act, error or omission of any independent contractor (other than an Employee), broker, merchant, external solicitor or external accountant, or other similar agent or representative. This Additional Exclusion shall not apply to any organisation to which the Association has outsourced any normal administrative function under a written contract.

5.3.2 Confidential Information

loss of or damage to any trade secrets, confidential processing methods or confidential information of any kind.

5.3.3 Consequential Loss

indirect or consequential loss or damage; provided that this Additional Exclusion shall not apply to the cover provided under Additional Extension 5.2.1 (Investigative Fees).

5.3.4 Damage to Premises

damage or destruction to any premises or building.

5.3.5 Direct Financial Loss Sustained After Discovery

Direct Financial Loss sustained after a Responsible Person of an Association first becomes aware that:

- a. an Employee has committed a dishonest or fraudulent act during the term of his or her employment with the Association; or
- b. an Employee has previously committed a dishonest or fraudulent act prior to employment with the Association, provided the act or acts involved property valued at \$10,000 or more.

5.3.6 Profit, Loss or Inventory Computation

Direct Financial Loss which can only be proved solely by:

- a. a profit and loss computation or comparison; or
- b. a comparison of inventory with an actual physical event.

Section 6 – Superannuation Trustees Liability

In consideration of payment of the premium and subject to the terms and conditions of this coverage section, the General Extensions, General Exclusions, General Provisions and the General Definitions, the Insurer and the Insured agree as follows:

6.1 Insuring Clauses

- 6.1.1 The Insurer will pay to or on behalf of each Superannuation Trustee, any Loss for which the Superannuation Trustee is not indemnified by an Association or Plan, and which arises from a Claim first made or commenced against that Superannuation Trustee and notified to the Insurer during the Policy Period or any applicable Discovery Period.
- 6.1.2 The Insurer will pay to or on behalf of any Association or Plan, all Loss for which the Association or Plan indemnifies any Superannuation Trustee as permitted or required by law, and which arises from a Claim first made or commenced against that Superannuation Trustee and notified to the Insurer during the Policy period or any applicable Discovery Period.
- 6.1.3 The Insurer will pay to or on behalf of any Association or Plan, all Loss which arises from a Claim first made or commenced against that Association or Plan and notified to the Insurer during the Policy Period or any applicable Discovery Period.

6.2 Additional Extensions

The following Additional Extensions automatically apply to this coverage section and are subject to all other provisions of this coverage section, the General Extensions, General Exclusions, General Provisions and Definitions.

6.2.1 Investigation Costs

The Insurer will pay to or on behalf of the Insured, Investigation Costs arising from an Investigation which is first notified:

- a. to the Insured by an Official Body or a Dispute Resolution Body; or
- b. by the Insured to an Official Body,

during the Policy Period, or any applicable Discovery Period; and is first notified to the Insurer during the Policy Period, or any applicable Discovery Period.

The Insurer will pay Investigation Costs whether or not there has been any allegation of a Wrongful Act, provided that the Investigation relates to the operation and management of the Plan.

The coverage provided under this Additional Extension is sub-limited to the sum of \$500,000, any one Investigation and in the aggregate.

6.2.2 Loss of Documents

The Insurer will pay to or on behalf of the Insured, reasonable costs and expenses reasonably incurred by the Insured in replacing or restoring documents for which the Insured is legally liable:

- a. and which costs and expenses are incurred as a result of the loss of or damage to such documents in the operation and management of the Plan during the Policy Period; and
- b. the loss of, or damage to such documents, is reported to the Insurer during the Policy Period, or any applicable Discovery Period,

Provided that such documents were, at the time of the loss or damage:

- i. in the custody of the Insured; or,
- ii. in the custody of any person to whom the Insured has entrusted them; or,
- iii. in transit anywhere.

Cover shall not be provided under this Additional Extension 6.2 where loss or damage to such documents is caused by fading, mould, vermin, pest infestation, wear, tear or other gradually operating cause.

“Documents” does not include currency or negotiable instruments.

The coverage provided under this Additional Extension is sub-limited to the sum of \$100,000, any one loss or damage to which sub-clause 6.2.2(a) refers and in the aggregate.

6.2.3 Reinstatement of the Section 6 Limit of Liability

In the event that the Section 6 Limit of Liability is exhausted by Loss relating to one or more Claims, such Limit of Liability shall be automatically reinstated during the Policy Period or any applicable Discovery Period without additional premium provided that:

- a. the reinstatement will only apply to Claims made against the Association and notified to the Insurer during the Policy Period or Discovery Period which are unrelated to Claims previously notified to the Insurer; and
- b. such reinstatement shall only be made once and shall be limited to the amount of the original Limit of Liability.

This Additional Extension does not apply to any sub-limits of liability applicable to this Policy.

6.3 Additional Exclusions

Unless otherwise stated, each of the General Exclusions automatically applies to this coverage Section. The following Additional Exclusions apply only to this coverage Section and any endorsements relevant to this Section (unless otherwise provided for, expressly or by implication, in the endorsement).

The Insurer will not provide coverage for any Claim or Loss:

6.3.1 Bodily Injury and Property Damage

for bodily injury, sickness, disease, death or emotional distress, or damage to or destruction, impairment or loss of the use of any property. This exclusion does not apply to emotional distress alleged in any Claim.

6.3.2 Failure to Fund a Plan

for or arising out of, based upon or attributable to a failure to fund a Plan in accordance with the Plan trust document or instrument, or the failure to collect contributions owed to the Plan. This Exclusion does not apply to Defence Costs.

Section 7 – General Extensions

Unless otherwise stated, these General Extensions automatically apply to each of coverage Sections: 1, 2, 3, 4 and 6. Each General Extension is subject to all the provision of this Policy, including the provisions of such coverage Section or Sections.

7.1 Advance Payment of Costs

Except to the extent that the Insurer has denied coverage for any Claim or Investigation, the Insurer shall advance Defence Costs, Investigations Costs, Extradition Costs, Bail Bond and Civil Bond Premium and Public Relations Costs promptly after sufficiently detailed invoices for those costs are received by the Insurer.

Where a Claim contains allegations that the Insured has engaged in conduct of a type referred to in General Exclusion 8.2 (Conduct), the Insurer will not deny indemnity until such time as a written admission by the Insured, or a judgment, award or other finding by a court, tribunal or arbitrator with jurisdiction to finally determine the matter (including the outcome of any appeal in relation to such judgment, award or other finding) has established such conduct.

The Insured shall reimburse the Insurer for any payments, which are determined not to be covered by this Policy, within 60 days of a written request by the Insurer.

7.2 Continuity

In the absence of fraudulent misrepresentation or fraudulent non-disclosure, where a Claim that would otherwise be covered by this Policy is excluded by General Exclusion 8.4, coverage will be provided under this Policy for that Claim, provided always that:

- a. the Insured first became aware of the facts or circumstances that might give rise to the Claim after the Continuity Date set out in the Schedule; and
- b. the Insured has continuously maintained the same type of insurance as appropriate, since the Continuity Date set out in the Schedule; and
- c. the Insurer may reduce the amount of any coverage under this general provision, by the amount of any prejudice it has suffered as a consequence of any delayed notification.

If coverage is provided pursuant to this General Provision, such cover shall be in accordance with the provisions of the policy in force when the Insured first became aware of the facts referred to in 7.2(a) above.

7.3 Court Attendance Costs

The Insurer will pay to any Association \$500 per day in respect of any Insured Person, Manager or Superannuation Trustee for each day that such person is required to attend Court as a witness in a proceeding covered by this Policy. No Deductible shall apply to this extension.

7.4 Discovery Period

If this Policy, or any Section of it, is not renewed or replaced at the end of the Policy Period with any other policy that covers similar risk exposures as this Policy, or the relevant Section of it, for any reason other than non-payment of premium, the Insured will be automatically entitled to a Discovery Period of:

- a. 90 days from the end of the Policy Period without payment of any additional premium; or
- b. 12 months from the end of the Policy Period, subject to the payment of the additional premium set out in the Schedule.

Provided that:

- i. where the Insured obtains a replacement policy with any other insurer at any time during the 60 day period referred to in sub-clause (a) above, that Discovery Period will, from the date on which such replacement policy becomes effective, no longer apply;
- ii. if the Insured wishes to exercise its right to the Discovery Period referred to in sub-clause (b) above, it shall give written notice to that fact and pay the premium not later than 30 days after the end of the Policy Period. The Discovery Period referred to in sub-clause (b) above is noncancellable, other than by the Insurer pursuant to General Provision 9.10 (Cancellation).

This General Extension is not available in the event that an Association ceases operations, merges with or is acquired by another entity, or an administrator, receiver, provisional liquidator or liquidator is appointed to any Association, but only in relation to that entity.

7.5 Emergency Costs

If, due to an emergency, the Insurer's prior written consent cannot reasonably be obtained as required by this Policy before Defence Costs and Investigation Costs are incurred, the Insurer will give retrospective approval of such costs.

The coverage under this General Extension is sub-limited to the greater of \$250,000 or 10% of the Limit of Liability for the relevant coverage Section, and in the aggregate for all such costs.

7.6 Legal Consultation

The Insured is entitled to up to two hours of legal advice from the firm specified in the Schedule on any matter related to the risks insured under this Policy, except in relation to claims disputes or complaints against the Insurer, provided that:

- a. the legal advice is sought during the Policy Period; and
- b. the Insured must provide the legal adviser with the Policy number, Policy Period and name of the Association; and
- c. the legal advice is limited to one hour in relation to any particular matter.

The cost of legal advice is to be paid by the Insurer and not the Insured.

7.7 Public Relations Costs

The Insurer will pay to on behalf of an Insured, any Public Relations Costs incurred by or on behalf of the Insured in connection with any Claim or Investigation first made or commenced against that Insured and notified to the Insurer during the Policy Period, or any applicable Discovery Period, in order to prevent, limit and/or control any negative or potentially negative effect of adverse publicity on the reputation of that Insured.

The coverage provided under this General Extension is sub-limited to the sum of \$1,000,000 any one Claim or Investigation and in the aggregate.

7.8 New Subsidiaries

- a. Subject to sub-clause (b) below, if during the Policy Period an Association acquires or creates a New Subsidiary, the coverage provided by this Policy shall extend to that New Subsidiary, but only for Loss arising from any Claim which is in respect of acts or omissions occurring after the creation or acquisition of the New Subsidiary;
- b. if the Association acquired or creates any Subsidiary during the Policy Period which does not satisfy either or both of conditions (a) or (b) of Definition 10.30, the Insurer will nevertheless extend coverage, subject to all the other provisions of this Policy, to that Subsidiary from the date of acquisition or creation for a period of 60 days only;
- c. the Insurer may (but shall not be obliged to), at the request of the Named Entity, extend coverage to such Subsidiary to the end of the Policy Period upon the Insured:
 - i. providing such additional information;
 - ii. paying such additional premium (if any); and
 - iii. agreeing to such provisions in respect of that Subsidiary;

as are reasonable for the Insurer at the time.

7.9 Run-off Cover for Former Subsidiaries

In the event of a Subsidiary ceasing to be a Subsidiary (whether before or after the commencement of the Policy Period) the Insurer will pay to or on behalf of any Insured, Loss arising from any Claim first made or commenced against that Subsidiary and notified to the Insurer during the Policy Period, or any applicable Discovery Period, relating to that Subsidiary, provided such Claim is in respect of acts or omissions occurring prior to the Subsidiary ceasing to be a Subsidiary.

7.10 Run-off to Expiry of Policy Period

In the event that any Association is merged into, acquired by or comes under the control of another entity, or otherwise ceases to perform or be involved in the performance of the Insured Services during the Policy Period, the coverage provided to such Association by this coverage section shall continue until the end of the Policy Period, provided that such coverage is for:

- a. civil liability arising from an act, error or omission in the performance of the Insured Services; or
- b. a Wrongful Act, Association Wrongful Act, or Employment Wrongful Act, committed prior to the date such Association ceased to perform or be involved in the performance of the Insured Services, or was merged into, acquired by or came under the control of another entity.

7.11 Scheme Run-Off

In the event that any Association is merged into, acquired by or comes under the control of another entity, ceases to operate, or otherwise ceases to perform or be involved in the performance of the Insured Services prior to the commencement of or during the Policy Period, the coverage provided to such Association by this Policy shall be extended for 84 months from the expiry date as shown in the Schedule:

Provided that:

- a. such coverage is for:
 - i. civil liability arising from an act, error or omission in the performance of the Insured Services; or
 - ii. a Wrongful Act, Association Wrongful Act, or Employment Wrongful Act, committed prior to the date such Association ceased to operate, ceased to perform or be involved in the Insured Services, or was merged into, acquired by or came under the control of another entity; and
- b. the Association was insured under this Policy, or under a policy which was a predecessor to this Policy under the same antecedent Aon group scheme facility, at the time such Association ceased to operate, ceased to perform or be involved in the Insured Services, or was merged into, acquired by or came under the control of another entity.

Section 8 – General Exclusions

Unless otherwise stated, these General Exclusions automatically apply to each of coverage Sections: 1, 2, 3, 4, 5 and 6. They also apply to the General Extensions and any endorsements (unless otherwise stated, expressly or by implication, in the endorsements). In the event of any conflict between a General Exclusion and an Additional Exclusion in the coverage Section being considered, the Additional Exclusion shall prevail.

Subject always to General Extension 7.1 (Advance Payment of Costs), the Insurer will not provide coverage to any Insured:

8.1 Asbestos

for any Claim or Loss for or arising out of, based upon or attributable to asbestos.

8.2 Conduct

for any Claim or Loss for or arising out of, based upon or attributable to:

- a. a fraudulent or dishonest act or omission;
- b. a wilful breach of duty, or wilful violation or breach of any law or regulation;
- c. the improper use of information acquired by any Insured Person, Manager or Superannuation Trustee by reason of their position, to gain advantage for themselves or any other person, or to cause detriment to an Association or Plan;
- d. the improper use by any Insured Person, Manager or Superannuation Trustee of their position to gain an advantage for themselves, or for any other person, or to cause detriment to the Association or Plan; or
- e. in relation to any Association or corporate Superannuation Trustee, any conduct of a type referred to in sub-clause (a) or (b) above committed by any Association or Plan.

but only in the event that any of the above is established by a written admission by the Insured, or by judgement, award or other finding by a court, tribunal or arbitrator with jurisdiction to finally determine the matter, including the outcome of any appeal in relation to such judgement, award or other finding.

Provided that this General Exclusion shall not apply to any Insured who:

- i. is not the perpetrator of; or
- ii. did not know of; or
- iii. has not condoned,

such act, omission, violation or breach

This General Exclusion shall not apply in relation to the cover provided by Section 5 (Employee Fraud or Dishonesty) of this Policy.

8.3 Investment Advice

for any Claim or Loss for or arising out of, based upon or attributable to any advice or forecast given by an Insured in relation to the performance of an asset or investment or in the making of any discretionary fund decision by the Insured.

8.4 Prior Claims/Known Circumstances

- a. for Loss arising out of, based upon or attributable to any:
 - i. Claims or losses of which the Insured had knowledge at, or prior to, the start of the Policy Period; or
 - ii. Known Circumstance; or
 - iii. Claims or losses disclosed in the proposal; or
- b. For Direct Financial Loss:
 - i. of which the Association or a Responsible Person had knowledge at, or prior to, the start of the Policy Period; or
 - ii. arising out of, based upon or attributable to losses disclosed in the proposal.

This General Exclusion is subject always to General Extension 7.2 (Continuity).

8.5 Radioactivity

for or arising out of, based upon or attributable to any radioactive, toxic, contaminating, explosive or other hazardous properties of any nuclear or atomic operation, installation, reactor, assembly, component, device, weapon, material, fuel or waste from the combustion of nuclear fuel.

Provided that this General Exclusion shall not apply to the incidental use of any radioisotopes or radium compounds in any industrial, educational, medical or research pursuits.

8.6 Retroactive Date

for or arising out of, based upon or attributable to any act, error or omission occurring or committed by or on behalf of the Insured prior to the Retroactive Date set out in the Schedule.

8.7 Securities Offering

for any Claim or Loss for or arising out of, based upon or attributable to the actual or intended public offering of any share capital of the Association.

8.8 War and Terrorism

for or arising out of, based upon or attributable to:

- a. war, invasion, civil or military uprisings or the usurping of government power; or,
- b. any Act of Terrorism; or
- c. any action taken to control, prevent, suppress, retaliate against or respond to any Act of Terrorism.

Section 9 – General Provisions

Unless otherwise stated, these General Provisions automatically apply to each of the Coverage Sections 1, 2, 3, 4, 5 and 6. They also apply to the General Extensions and any endorsements (unless otherwise stated, expressly or by implication, in the endorsements).

9.1 Limits of Liability

Subject to the provisions of:

- a. Reinstatement clauses: 1.2.6, 2.2.4, 3.2.6, 4.2.2, 5.2.3 and 6.2.3; and
- b. General Provision 9.12 (GST);

the total amount payable by the Insurer for any one Claim (or related Claims deemed to be one Claim pursuant to General Provision 9.9) and in the aggregate for all Claims during the Policy Period and any applicable Discovery Period shall not exceed the Limit of Liability.

Provided that:

- i. Sub-limits of liability are part of, and not in addition to, the Limit of Liability. The Insurer's total liability for Loss (or other payments) in respect of which a sub-limit applies shall be that sub-limit.
- ii. The Limit of Liability shall not accumulate from year to year or from Policy Period to Policy Period.

9.2 Deductible

- a. A single Deductible shall, subject to General Provision 9.9 (Related Claims), apply per Claim.
- b. Should more than one Deductible apply for any claim made under any part of this Policy such Deductibles shall not be aggregated and only the highest single Deductible shall apply.
- c. The Insurer shall be liable only for loss which exceeds the Deductible.
- d. The Deductible is to be borne by the Insured and shall remain uninsured.
- e. The Deductible does not apply to the Loss of any Manager under Section 2 or any Superannuation Trustee under Section 6 of this Policy, unless the Manager or Superannuation Trustee has been indemnified by the Association or Plan for that Loss, in which case the Insurer shall only be liable for the amount of Loss which exceeds the Deductible.
- f. The Deductible is not part of the Limit of Liability.

9.3 Notification

- a. On the Insured becoming aware of any:
 - i. Claim or Investigation; or
 - ii. Direct Financial Loss,

the Insured shall give written notice to the Insurer as soon as practicable and in any event no later than the expiration of the Policy Period or any applicable Discovery Period.

- b. The Insured shall give to the Insurer such information and co-operation as it may reasonably require, including, where possible: a description of the Claim, Investigation or Direct Financial Loss, the nature of the allegation of civil liability, the nature of any alleged or potential loss, the names of actual or potential claimants, and the details of the Official Body or Dispute Resolution Body conducting the Investigation.

9.4 Defence and Settlement of Claims (Sections 1, 2, 3, 4 and 6)

In respect of Sections 1, 2, 3, 4 and 6:

- a. The Insurer has the right, or where the Insurer has confirmed coverage and the Insured so requests, the duty, to conduct the defence of and/or settle any Claim, in the Insured's name.
- b. The Insured shall do, and concur in doing, all things reasonably practicable to avoid or diminish any Loss under this Policy, and shall give such information and assistance to the Insurer as the Insurer may reasonably require to enable it to investigate any Claim under the Policy and determine its liability under this Policy.
- c. The Insured shall not admit or assume liability for, or make any payment in connection with, conduct or negotiations for, or agree to any settlement or judgment in respect of any Claim without the Insurer's prior written consent, or as provided for in General Provision 9.6 (Settlement of Disputes).

9.5 Allocation (Sections 1, 2, 3, 4 and 6)

In respect of Sections 1, 2, 3, 4 and 6:

- a. Where any Loss is incurred in respect of any Claim arising from both matters covered and matters not covered by this Policy, or in respect of both insured and uninsured parties, then the Insurer and the Insured shall make all reasonable efforts to agree on an equitable allocation having regard to the legal and financial exposures of the parties to such matters.
- b. If an allocation cannot be agreed, then the parties shall abide by the opinion and recommendations (which opinion shall be provided as an expert and not as an arbitrator) of a senior lawyer to be mutually agreed upon by the Insured and the Insurer, or in the absence of mutual agreement to be appointed by the President of the Law Society or equivalent organisation in the jurisdiction in which the Claim was made. The senior lawyer's recommendations shall take account of the matters referred to in General Provision 9.5(a) above.
- c. The costs of the senior lawyer's opinion and recommendations shall be borne by the Insurer.

9.6 Settlement of Disputes (Sections 1, 2, 3, 4 and 6)

In respect of Sections 1, 2, 3, 4 and 6:

Should a dispute arise between the Insured and the Insurer as to whether either party should be required to defend or contest any Claim, the parties agree to the appointment of a senior lawyer (to be mutually agreed upon by the Insured and the Insurer, or in the absence of mutual agreement to be appointed by the President of the Law Society or equivalent organisation in the jurisdiction in which the Claim was made) to provide an opinion (which opinion shall be provided as an expert and not as an arbitrator) and make recommendations as to whether or not such Claim should be defended or settlement attempted. The costs of the senior lawyer's opinion and recommendations shall be borne by the Insurer.

The senior lawyer shall take into consideration all relevant issues including the economics of the matter, the damages and costs which are likely to be recovered by the claimant, the likely costs of defence and the prospects of the Insured successfully defending the Claim.

If the senior lawyer recommends that settlement should be attempted and the Insured agrees, the Insurer shall abide by that recommendation.

If the Claim is capable of being settled in accordance with the senior lawyer's recommendation and the Insured refuses to consent, the Insurer's liability for all Loss on account of that Claim (subject always to the application of the Deductible) shall not exceed the amount for which the Insurer could have settled the Claim plus the Defence Costs and Investigation Costs (if any) incurred to the date such consent was refused.

9.7 Subrogation

If any payment is to be made under this Policy in respect of a Claim or Investigation, the Insurer shall be subrogated to all rights of recovery of the Insured. The Insurer shall be entitled to pursue such rights in the name of the Insured who shall provide the Insurer with all reasonable assistance and cooperation in doing so, including the execution of any necessary instruments and papers. The Insured shall do nothing to prejudice these rights. Any amount recovered in excess of the Insurer's total payment shall be restored to the Insured less the cost to the Insurer of such recovery.

9.8 Non-Imputation, Severability and Non-Avoidance

- a. Subject to (b) and (c) below:
 - i. This Policy, including any amendment, renewal or variation or endorsement of it, shall be construed as if each insured party had made a proposal, application or request for the Policy, amendment, renewal, variation or endorsement in respect of their interest only.
 - ii. Statements made, or information possessed by an Insured shall not be imputed to any other Insured.
 - iii. The acts or omissions of one Insured shall not prejudice the rights of any other Insured under the Policy, it being intended that this Policy shall be construed as if a separate contract of insurance has been entered into by each Insured, but not so as to increase the Insurer's Limit of Liability.
 - iv. Only the statements, information, knowledge, acts and omissions of any past, present or future Chairman of the Board of Directors, Chief Executive Officer, Chief Operating Officer or Chief Legal Counsel (or a person operating in an equivalent capacity) of an Association shall be imputed to such Association.
- b. In the event of fraudulent misrepresentation or fraudulent non-disclosure at the time the Policy was entered into by an Insured, the Insurer will have the rights available to it in accordance with section 28(3) of the Insurance Contracts Act 1984 (Cth) with respect to any loss which is based on, arising from or in consequence of such misrepresentation or nondisclosure.
- c. In the event of misrepresentation or non-disclosure, other than fraudulent misrepresentation or non-disclosure, the Insurer waives all rights available to it pursuant to section 28(3) of the Insurance Contracts Act 1984 (Cth).

9.9 Related Claims

All Claims:

- a. arising out of, based upon or attributable to a single act, error or omission; or
- b. involving an act, error or omission caused by or attributable to one originating source or cause, shall be considered to be one Claim.

9.10 Cancellation

- a. The Insurer may only cancel this Policy pursuant to the Insurance Contracts Act 1984 (Cth).
- b. The Named Insured may cancel this Policy at any time by giving written notice to the Insurer.

The Insurer may retain the pro rata proportion of the premium. However, in the event of the notification of a claim which is covered under the Policy, or a notification pursuant to the Insurance Contracts Act 1984 (Cth) being given by an Insured prior to cancellation, the premium shall be regarded as fully earned and may be retained by the Insurer.

9.11 Policy Interpretation

Headings are included for convenience only and do not affect interpretation of the Policy. Words and expressions in the singular shall include the plural and vice versa. Words in bold type have special meaning and are defined in the Policy. Words that are not specifically defined in this Policy have the meaning normally attributed to them.

9.12 Goods and Services Tax (GST)

- a. Where the Insurer makes a payment under this Policy for the Acquisition of goods, services or other Supply, the amount of the payment will be reduced by the amount of any Input Tax Credit that the Insured is, or will be, entitled to in relation to that Acquisition, whether or not the Insured makes that Acquisition.
- b. Where the Insurer makes a payment under this Policy as compensation instead of payment for the Acquisition of goods, services or other Supply, the Insurer will reduce the amount of the payment by the amount of any Input Tax Credit that the Insured would have been entitled to had the payment been applied to acquire such goods, services or other Supply.
- c. Any GST amount paid by the Insurer shall be in addition to the Limit of Liability specified in the Schedule.
- d. No payment shall be made to the Insured for any GST liability that they may acquire upon settlement of a Claim if the Insured has not informed the Insurer of its correct Taxable Percentage.
- e. Input Tax Credit, Acquisition and Supply have the same meaning as given to those expressions in A New Tax System (Goods and Services Tax) Act 1999 and related legislation as amended from time to time. Taxable Percentage is the Insured's entitlement to an Input Tax Credit on the premium as a percentage of the total GST on that premium.

9.13 Governing Law

This Policy is to be construed, and any dispute in respect of this Policy is to be determined, in accordance with the laws of the Commonwealth of Australia and the Australian State or Australian Territory in which the Policy is issued. The parties agree to submit to the exclusive jurisdiction of the Australian courts.

9.14 Other Insurance

If the Insured makes a claim under this Policy in respect of which the Insured is or may be indemnified in whole or part under any other insurance, then the Insured must advise the Insurer of the full details of such other insurance when making the claim under this Policy. Subject to the provisions of the Insurance Contracts Act 1984,(Cth) the Insurer reserves its rights to seek contribution from such other insurers.

This Policy shall apply in excess of and shall not contribute to any policy arranged by any other party which has been endorsed to name the Insured as a beneficiary of cover under that policy and where the Insured is a non-contracting party to that policy.

9.15 Authorisation

It is agreed that the Named Entity acts on behalf of all Insureds with respect to the:

- a. giving of notice of any matter required under this Policy; and
- b. giving or receiving any notice of cancellation; and
- c. payment of premium and the receipt of any refund of premium that may become due; and
- d. negotiation and receipt of any endorsement.

9.16 Assignment

This Policy and any rights under or in respect of it cannot be assigned without the prior written consent of the Insurer.

9.17 Preservation of Right to Indemnity

If the Association or Plan (or New Subsidiary whilst it is covered under this Policy) is legally required or permitted to indemnify any Manager or Superannuation Trustee for Loss but fails or refuses to do so to the fullest extent permitted by law, the Insurer will pay the Loss on behalf of the Manager or Superannuation Trustee. In such event, the Association or Plan (or New Subsidiary) is required to pay the Insurer the Deductible specified in the Schedule in respect of Insuring Clause 2.1.2 and Insuring Clause 6.1.2 unless the Association or Plan (or New Subsidiary) is unable to pay due to insolvency.

Section 10 – Definitions

Unless otherwise stated, these Definitions automatically apply to all the provisions of this Policy.

10.1 Act means any of the following legislation:

- a. Competition and Consumer Act 2010 (Cth),
- b. Privacy Act 1988 (Cth);
- c. Corporations Act 2001 (Cth)
- d. Associations Incorporation Act 2009 (NSW);
- e. Work Health and Safety Act 2011 (Cth);

including any:

- i. amendment, replacement or re-enactment of the legislation; and
- ii. regulation or other subordinate legislation made under the legislation; and
- iii. equivalent legislation in any Australian State or Territory, or in New Zealand.

10.2 Act of Terrorism

means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s) which from its nature or context is done for, or in connection with, political, religious, ideological or similar purposes or reasons with the intention to influence any government and/or to put the public, or any section of the public, in fear.

10.3 Association

means the Named Entity and every Subsidiary at the commencement of the Policy Period. For the purposes of General Exclusion 8.2 (Conduct) only, the definition of Association shall also include an Outside Entity.

10.4 Association Wrongful Act

means any actual or alleged breach of duty, breach of trust, neglect, error, misstatement, misleading statement, omission, breach of warranty of authority or other act done or wrongly attempted by any Association.

10.5 Bail Bond and Civil Bond Premium

means the reasonable premium (but not collateral) for a bond or other financial instrument, incurred with the Insurer's prior written consent (which shall not be unreasonably withheld or delayed), to guarantee a Manager's contingent obligation for a specified amount required by a court hearing a Claim.

10.6 Claim means:

- a. for the purposes of Section 1, any:
 - i. written or oral demand;
 - ii. civil, regulatory, arbitration or dispute resolution proceeding;

for compensation and/or non-pecuniary relief made or commenced against the Insured arising from the performance of the Insured Services.

- b. for the purposes of Section 2, any:
 - i. written or oral demand for compensation or non-pecuniary relief;
 - ii. Civil, regulatory, arbitration or dispute resolution proceeding;
 - iii. Criminal proceeding, alleging a Wrongful Act; or
 - iv. Employment Claim;
 - v. Extradition Proceeding.
- c. for the purposes of Section 3, any:
 - i. written or oral demand for compensation or non-pecuniary relief;
 - ii. Civil, regulatory, arbitration or dispute resolution proceeding; alleging a Wrongful Act.
- d. for the purposes of Section 4, an Employment Claim.
- e. for the purposes of Section 6, any:
 - i. written or oral demand for compensation or non-pecuniary relief;
 - ii. Civil, regulatory, arbitration or dispute resolution proceeding;
 - iii. Criminal proceeding, alleging a Wrongful Act.

10.7 Crisis

means any one of the following events, which in the reasonable opinion of the managing director or chief executive officer (or equivalent position in any Association), has the potential to cause a greater than 30% decrease of the total consolidated annual revenue of the Association (by reference to the most recent financial report of the Association):

- a. the loss of the Association's intellectual property rights, including patents, trade trademarks or copyrights;
- b. the loss of a major customer or contract of the Association;
- c. the loss or cancellation of any funding agreement;
- d. the recall of any product which has been manufactured, produced, packaged, sold or distributed by the Association, due to its potential to cause bodily injury or property damage to others;
- e. any act occurring on the premises of the Association which causes injury, death or emotional distress to an Insured Person or a customer or visitor of the Association; or
- f. any destruction or damage to tangible property belonging to the Association which is not caused by a natural disaster.

10.8 Crisis Costs

means expenses incurred by an Association with the Insurer's prior written consent (which shall not be unreasonably withheld or delayed) as a result of the appointment of a crisis management consultant for the purpose of managing a Crisis in the circumstances described in Additional Extension 3.2.2 (Crisis Costs).

10.9 Deductible

means the amount specified in the Schedule.

10.10 Defence Costs

means reasonable fees, costs and other expenses (other than regular or overtime wages, salaries, fees or commissions payable to any Insured, or any other internal expenses of the Insured) reasonably incurred with the prior written consent of the Insurer (which shall not be unreasonably withheld or delayed) by or on behalf of the Insured in the investigation, defence, settlement or appeal of any Claim or any Employment Claim.

10.11 Direct Financial Loss

means direct financial loss of money, bearer bonds, coupons, bank notes, coins, currency notes, securities, negotiable instruments or stamps in consequence of a single act, or series of continuous or repeated acts, of an Employee.

Direct Financial Loss will not include:

- a. Salary, wages, commissions, fees, bonuses, promotions, awards, profit sharing, pensions or any other remuneration;
- b. Costs, fees or other expenses in establishing the existence or amount of the Direct Financial Loss, except as provided in Additional Extension 5.2.1 (Investigative Fees).

10.12 Disclosure Document

means any prospectus, product disclosure statement, information memorandum, registration statement or similar document whether or not it has been or is required to be filed with the Australian Securities Investments Commission, the United States of America’s Securities and Exchange Commission or any similar regulatory authority in any other jurisdiction.

10.13 Discovered

means the knowledge of any Direct Financial Loss by a Responsible Person or the Association.

10.14 Discovery Period

means the period immediately following the end of the Policy Period during which written notice may be given to the Insurer of a Claim first made or commenced, or Investigation first notified, during that period, or the Policy Period. Provided that any Claim or Investigation notified during such Discovery Period arises from a Wrongful Act, Association Wrongful Act or Employment Wrongful Act occurring prior to the end of the Policy Period.

10.15 Dispute Resolution Body

means a self-regulatory, professional or industry body or institution:

- a. which is established pursuant to any law of the Commonwealth of Australia or any State or Territory of the Commonwealth; and
- b. of which the Insured is a member; and
- c. whose conduct is bound by the rules of natural justice; and which has the power by reason:
 - i. of its status pursuant to sub-clause (a); or,
 - ii. the Insured’s membership of such self-regulatory, professional, or industry body or institution, to resolve disputes between the Insured and its customers or clients.

10.16 Employee

means any person who is, was or becomes engaged as:

- a. a person (whether full-time, part-time, casual, apprenticed or engaged for work experience) under a contract of employment with an Association or Plan, or with a New Subsidiary whilst it is covered under the Policy; or,

- b. a secondee, student or volunteer working under the direct control and supervision of an Insured.

Other than in relation to a secondee or volunteer, Employee does not include consultants, independent contractors, or other agents of an Association, Plan or a New Subsidiary, nor their respective employees (including the employees of labour-hire agencies).

10.17 Employment Claim

means any:

- a. civil, arbitration or dispute resolution proceeding; or
- b. written or oral demand for monetary relief or non-pecuniary relief; made, or communicated to or commenced against an Insured by or on behalf of any past, present or prospective Employee of the Insured alleging an Employment Wrongful Act; or
- c. Investigation in relation to any actual or alleged Employment Wrongful Act.

10.18 Employment Wrongful Act

means any actual or alleged act, error or omission with respect to the employment of a past, present or future Employee of any Association, or the prospective employment of any person.

10.19 External Administrator

means any liquidator, receiver, receiver and manager, administrator, controller, or holder of similar office or position in any jurisdiction.

10.20 Extradition Costs

means the reasonable legal fees, costs and expenses incurred by or on behalf of an Insured Person with the Insurer's prior written consent (which shall not be unreasonably withheld or delayed) to obtain legal advice or bring or defend proceedings including by way of judicial review of proceedings, for extradition in respect of a Claim covered under Section 2 of the Policy.

Extradition Costs also include:

- a. reasonable fees incurred by or on behalf of the Insured Person, with the Insurer's prior written consent (which will not be unreasonably withheld or delayed) of a counsellor or tax advisor in respect of an extradition proceeding covered under Management Liability (Part B) of this Policy; and
- b. reasonable travel, accommodation and living-away-from-home expenses of the lawful spouse or domestic partner of an Insured Person in attending any hearing of such extradition proceeding against that Insured Person.

10.21 Geographical Limits

means anywhere in the world except the United States of America and Canada.

10.22 Insured means:

- a. for the purposes of Section 1, any:
 - i. Association;
 - ii. New Subsidiary whilst it is covered under this Policy;
 - iii. Insured Person;
- b. for the purposes of Section 2, any:
 - i. Association;
 - ii. New Subsidiary whilst it is covered under this Policy;

- iii. Manager;
- c. for the purposes of Section 3, any:
 - i. Association;
 - ii. New Subsidiary whilst it is covered under this Policy;
- d. for the purposes of Section 4, any:
 - i. Association;
 - ii. New Subsidiary whilst it is covered under this Policy;
- e. for the purposes of Section 5, any:
 - i. Association;
 - ii. New Subsidiary;
- f. for the purposes of Section 6, any:
 - i. Association;
 - ii. New Subsidiary whilst it is covered under this Policy;
 - iii. Plan; or
 - iv. Superannuation Trustee
- g. with respect to any natural person Insured Person, Manager or Superannuation Trustee, any:
 - i. spouse or domestic partner of such Insured Person, Manager or Superannuation Trustee solely by reason of:
 - 1. their status as such; or
 - 2. such spouse or domestic partner's ownership interest in property which the claimant seeks to recover in relation to Claims made against such Insured Person,
 - ii. heir, executor, administrator or legal representative of such Insured Person, Manager or Superannuation Trustee in the event of the death or incapacity of the Insured Person, Manager or Superannuation Trustee.

10.23 Insured Person

means any natural person who was, now is or during the Policy Period becomes a director or officer, partner, principal, committee member or Employee of:

- a. an Association; or
- b. any New Subsidiary whilst it is covered under this Policy;

but only whilst acting in that capacity. Insured Person includes any person who is or was a member of any fund raising or ethics committee of the Association or New Subsidiary, but only in respect of Claims or Loss arising from such committee activities sanctioned by and undertaken on behalf of the Association or New Subsidiary and in connection with the Insured Services.

10.24 Insured Services

means the services which are set out in the Schedule.

10.25 Insurer

means the insurer named in the Schedule.

10.26 Investigation

means any hearing, investigation, examination or enquiry by any Official Body or Dispute Resolution Body which arises as a result of written notice given:

- a. to the Insured by the Official Body or Dispute Resolution Body of its intention to conduct such hearing, investigation, examination or enquiry; or,
- b. by the Insured to the Official Body in relation to any matter which the Insured believes may be a breach of its legal or regulatory obligations which if known to the Official Body would be likely to give rise to a hearing, investigation, examination or enquiry by such Official Body.

10.27 Investigation Costs

means the reasonable legal and other professional fees, costs and expenses (other than regular wages, salaries fees or commissions payable to any Insured, or any other internal expenses) reasonably incurred with the prior written consent of the Insurer (which shall not be unreasonably withheld or delayed) by or on behalf of the Insured in the preparation for, or representation or attendance at, any Investigation including the preparation of and provision of documents to an Official Body.

10.28 Known Circumstance

means any fact or circumstance which:

- a. the Insured was aware of prior to inception of this Policy (or the date of any amendment or endorsement to it) and knew; or
- b. a reasonable person engaged in the performance of services of the same type as the Insured Services prior to inception of this Policy (or the date of any amendment or endorsement to it) would have thought, might result in:
 - i. an allegation against the Insured of civil or criminal liability; or
 - ii. an Investigation; or

that might be covered by this Policy (or any amendment or endorsement to it).

10.29 Limit of Liability

means the amount specified in the Schedule as applying to the particular Section.

10.30 Loss

- a. means, for the purpose of Sections 1, 3, and 4:
 - i. any amount which an Insured becomes legally liable to pay for:
 - 1. damages (including interest) and costs awarded against an Insured;
 - 2. settlements;
 - 3. Defence Costs;
 - 4. Investigation Costs;
 - 5. Public Relations Costs; or
 - ii. Any amount which an Insured pays pursuant to an award or finding made by a Dispute Resolution Body;
- b. means, for the purposes of Sections 2:
 - i. any amount which an Insured becomes legally liable to pay for:
 - 1. damages (including interest) and costs awarded against an Insured;
 - 2. aggravated, punitive, multiple or exemplary damages;
 - 3. settlements;
 - 4. Defence Costs;
 - 5. Investigation Costs;
 - 6. (6) Pecuniary Penalties;

- 7. Public Relations Costs;
- 8. Extradition Costs;
- 9. Bail Bond and Civil Bond Premium; or
- ii. Any amount which an Insured pays pursuant to an award or finding made by a Dispute Resolution Body;
- c. means, for the purpose of Section 6, any amount which the Insured becomes legally liable to pay for:
 - i. Damages (including interest) and costs awarded against an Insured;
 - ii. Settlements;
 - iii. Defence Costs;
 - iv. Investigation Costs;
 - v. Pecuniary Penalties;
 - vi. Public Relations Costs; or
 - vii. aggravated, punitive, multiple or exemplary damages.
- d. does not include:
 - i. for the purposes of Sections 1, 3, and 4:
 - 1. costs and expenses of complying with any order for non-pecuniary relief;
 - 2. aggravated, punitive, multiple or exemplary damages awarded outside Australia or New Zealand;
 - 3. taxes, duties, fines or penalties other than civil penalty orders of a compensatory nature; and
 - 4. amounts which are uninsurable at law.
 - ii. for the purposes of Sections 2 and 6:
 - 1. wages, salaries or other remuneration of any Manager or Superannuation Trustee;
 - 2. any employment related benefits;
 - 3. fines or penalties other than Pecuniary Penalties or a compensation order by a court;
 - 4. the multiplied portion of multiple damages awarded outside Australia or New Zealand;
 - 5. taxes other than those covered by Additional Extensions 2.2.6 (Tax Liability) and 3.2.8 (Taxation Audit Costs); and
 - 6. any amounts which are uninsurable at law.

10.31 Manager

means any person who was, now is or during the Policy Period becomes:

- a. a director, principal, partner, officer or committee member of an Association (or a New Subsidiary whilst it is covered under this Policy);
- b. an Employee of an Association (or a New Subsidiary whilst it is covered under this Policy):
 - i. who is concerned in or takes part in the management of an Association or New Subsidiary;
 - ii. with respect to an Employment Claim;
 - iii. named as a co-defendant with a Manager of an Association or New Subsidiary in a Claim for a Wrongful Act in which that Employee is alleged to have been involved; or

- iv. where such Employee is involved in an Investigation;
- c. an Outside Entity Director.

Manager does not include any External Administrator.

10.32 Named Entity

means the entity or organisation specified as such in the Schedule.

10.33 New Subsidiary

means any company which becomes a Subsidiary of the Named Insured during the Policy Period, provided that at the date upon which such company became a New Subsidiary it:

- a. had total assets (by reference to the Subsidiary's most recent financial statements as at the time of acquisition or creation) that are no greater than the total assets of the Named Entity (by reference to the Named Entity's most recent financial statements as at the time of acquisition or creation); and
- b. was not incorporated, domiciled or conducting business in the United States of America.

10.34 Official Body

means any regulator, government body or authority, or governmental or administrative agency having statutory or regulatory authority to investigate or enquire into the conduct of the business of any Insured or Outside Entity, and includes a Royal Commission or other official Commission of Enquiry. Official Body also includes any self-regulatory and professional body legally empowered to investigate the affairs of an Insured.

10.35 Outside Entity

means any entity that is not a Subsidiary. It does not include any entity:

- a. which is a financial or credit institution, bank, clearing house, undertaking for the investment of securities, investment firm or adviser or manager, investment or mutual fund, private equity or venture capital company, stock brokerage firm, insurance company or similar entity; or
- b. which has any securities in the United States of America or its territories or possessions; unless listed by endorsement to this Policy.

10.36 Outside Entity Director

means any natural person who was, is or during the Policy Period begins to serve with the knowledge and consent or at the specific request of the Named Entity, as a director, officer or trustee (or an equivalent position in any jurisdiction) of an Outside Entity.

Provided that:

- a. any cover provided under this Policy is specifically excess of any other applicable insurance in force in respect of the Outside Entity and any indemnification provided to the Outside Entity;
- b. No cover is available to the Outside Entity;
- c. No cover is available to any other director or officer of the Outside Entity.

10.37 Pecuniary Penalties

means fines and pecuniary penalties awarded against any Manager or Superannuation Trustee in or under the laws of the jurisdictions of Australia and New Zealand, provided the Insurer is not legally prohibited from paying the fine or penalty.

10.38 Plan

means any:

- a. past or current employee benefit or welfare benefit plan, including any benefit or welfare benefit plan which is:
 - i. created or acquired by an Association during the Policy Period;
 - ii. merged, transferred or terminated prior to or during the Policy Period; or
- b. past or current superannuation plan established, administered or sponsored by the Association for the sole benefit of its Employees.

10.39 Policy means

- a. this Policy document; and
- b. the Schedule to this Policy document; and
- c. the endorsements (if any) attached to this Policy document.

10.40 Policy Period

means the period of time specified in the Schedule, unless the Policy is cancelled, in which event the Policy Period will end on the effective date of the cancellation.

10.41 Pollutant

means, but is not limited to, any solid, liquid, biological, radiological, gaseous or thermal irritant or contaminant, whether occurring naturally or otherwise, including smoke, vapour, soot, fibres, mould, spores, fungus, germs, fumes, acids, alkalis, chemicals, asbestos products or waste.

Waste includes materials to be recycled, reconditioned or reclaimed.

10.42 Pollution

means the discharge, dispersal, seepage, release or escape of Pollutants into or upon land, the atmosphere or water, including any prevention, monitoring, removal, containment, treatment, detoxification, neutralisation, nullification or cleaning up of Pollutants.

10.43 Public Relations Costs

means reasonable fees, costs and other expenses incurred by an Insured with the Insurer's prior written consent (which shall not be unreasonably withheld or delayed) as a result of the appointment of a public relations, media or crisis management consultant or solicitors for the purpose of managing public relations in the circumstances described in General Extension 7.7 (Public Relations Costs).

10.44 Reinstatement Costs

means the cost to the Association of remuneration, or damages calculated by reference to remuneration, payable to any Employee as a result of an order to reinstate or re-employ such Employee, calculated from the date of dismissal or termination until the date of actual reinstatement or re-employment.

10.45 Retroactive Date

means the date specified in the Schedule.

10.46 Responsible Person

means any Employee acting in a directorial or managerial capacity other than any person who has committed any act of fraud or dishonesty.

10.47 Subsidiary

means any company which is a subsidiary of the Named Entity pursuant to the laws of the Commonwealth of Australia or the Australian State or Australian Territory in which this Policy is issued, and includes any other organisation under the control of the Named Entity and over which it is exercising active management.

10.48 Superannuation Trustee means:

- a. any natural person who was, now is or during the Policy Period becomes
 - i. a superannuation trustee, committee member, administrator or constructive trustee of a Plan; or
 - ii. a director, officer or Employee of an Association, Plan or corporate superannuation trustee company established to act as a superannuation trustee of a Plan, but not an external auditor or insolvency officeholder; or
- b. any corporate superannuation trustee company established to act as a superannuation trustee or administrator of a Plan.

10.49 Taxation Audit Costs

means the reasonable fees, costs and expenses of a qualified accountant or registered tax agent (other than remuneration payable to any Insured Person or Employee) incurred by the Association, with the Insurer's prior written consent, arising from a Taxation Audit Notice issued to the Association.

10.50 Taxation Audit Notice

means a written notification from the Australian Taxation Office relating to the Association's liability to pay income tax, fringe benefits tax, termination payments tax, superannuation payments tax, capital gains tax, A New Tax System (Goods and Services) Tax or sales tax (including the amount of any such tax) only.

10.51 Third Party Claim means any:

- a. civil, arbitration or dispute resolution proceeding; or
- b. written demand for monetary relief or non-pecuniary relief; alleging harassment or discrimination and made or commenced against an Insured by or on behalf of any natural person third party who is not a past, present or prospective Employee.

10.52 Wrongful Act means:

- a. for the purposes of Section 2, any matter claimed against a Manager solely because of his or her capacity as a Manager or any actual or alleged act, error or omission committed or attempted by any Manager in his or her capacity as such;
- b. for the purposes of Section 3, an Association Wrongful Act;
- c. for the purposes of Section 4, an Employment Wrongful Act;
- d. for the purposes of Section 6:
 - i. any matter claimed against a Superannuation Trustee solely because of his or her capacity as a Superannuation Trustee or any actual or alleged act, error or omission committed or attempted by a Superannuation Trustee in his or her capacity as such; or
 - ii. any actual or alleged act, error or omission committed or attempted by any Association or Plan in relation to the operation or management of the Plan.
Third Party Claim means any:
Association or Plan in relation to the operation or management of the Plan.

Privacy Statement

Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at www.chubb.com/au

Personal Information Handling Practices

Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly administrate your insurance proposal, policy or claim.

Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy). When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with our obligations to you under the Privacy Act 1988 (Cth).

Your Choices

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

How to Contact Us

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact:

Privacy Officer
Chubb Insurance Australia Limited
GPO Box 4907, Sydney NSW 2001
t: +61 2 9335 3200
e: Privacy.AU@chubb.com

General Insurance Code of Practice

We are a signatory to the General Insurance Code of Practice (the Code). The objectives of the Code are to further raise standards of service and promote consumer confidence in the general insurance industry. Further information about the Code and your rights under it is available at www.codeofpractice.com.au and on request.

Complaints and Dispute Resolution

We take the concerns of our customers very seriously and have detailed complaint handling and internal dispute resolution procedures that you can access. Please note that if we have resolved your initial complaint to your satisfaction by the end of the 5th business day after we have received it, and you have not requested that we provide you a response in writing, the following complaint handling and internal dispute resolution process does not apply. This exemption to the complaints process does not apply to complaints regarding a declined claim, the value of a claim, or about financial hardship.

Stage 1 – Complaint Handling Procedure

If you are dissatisfied with any aspect of your relationship with Chubb including our products or services and wish to make a complaint, please contact us at:

The Complaints Officer
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001

t: 1800 815 675
e: Complaints.AU@chubb.com

The members of our complaint handling team are trained to handle complaints fairly and efficiently.

Please provide us with your claim or policy number (if applicable) and as much information as you can about the reason for your complaint.

We will investigate your complaint and keep you informed of the progress of our investigation. We will respond to your complaint in writing within fifteen (15) business days provided we have all necessary information and have completed any investigation required. In cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames and, if we cannot agree, you may request that your complaint is taken to Stage 2 and referred to our internal dispute resolution team. We will otherwise keep you informed about the progress of our response at least every ten (10) business days, unless you agree otherwise.

Please note if your complaint relates to Wholesale Insurance (as defined in the General Insurance Code of Practice), we may elect to refer it straight to Stage 2 for review by our Internal Dispute Resolution team.

Stage 2 – Internal Dispute Resolution Procedure

If you advise us that you wish to take your complaint to Stage 2, your complaint will be reviewed by members of our internal dispute resolution team, who are independent to our complaint handling team and are committed to reviewing disputes objectively, fairly and efficiently.

You may contact our internal dispute resolution team by phone, fax or post (as below), or email at:

Internal Dispute Resolution Service
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001

t: +61 2 9335 3200
f: +61 2 9335 3411
e: DisputeResolution.AU@chubb.com

Please provide us with your claim or policy number (if applicable) and as much information as you can about the reason for your dispute.

We will keep you informed of the progress of our review of your dispute at least every ten (10) business days and will respond to your dispute in writing within fifteen (15) business days, provided we have all necessary information and have completed any investigation required. In cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames. If we cannot agree, you may refer your dispute to the Financial Ombudsman Service Australia (FOS) as detailed under Stage 3 below, subject to its Terms of Reference. If your complaint or dispute falls outside the FOS Terms of Reference, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.

Stage 3 – External Dispute Resolution

If you are dissatisfied with our internal dispute determination, or we are unable to resolve your complaint or dispute to your satisfaction within forty-five (45) days, you may refer your complaint or dispute to FOS, subject to its Terms of Reference.

FOS is an independent external dispute resolution scheme approved by the Australian Securities and Investments Commission. We are a member of this scheme and we agree to be bound by its determinations about a dispute. Where a dispute is covered by the FOS Terms of Reference, the General Insurance Division of FOS offers a free and accessible dispute resolution service to consumers.

You may contact FOS at any time at:

Financial Ombudsman Service Australia
GPO Box 3
Melbourne VIC 3001

t: 1800 367 287
f: +61 3 9613 6399
e: info@fos.org.au
www.fos.org.au

If you would like to refer your dispute to FOS you must do so within 2 years of the date of our internal dispute determination. FOS may still consider a dispute lodged after this time if FOS considers that exceptional circumstances apply.

Aon Risk Services Australia Limited

Level 9, 130 George Street
Parramatta NSW 2124

t (02) 8263 4000

f (02) 9253 7299

Toll Free 1800 806 584

e au.nfp@aon.com

aon.com.au/associationliability

Aon is a leading provider of risk management services, insurance and reinsurance broking, financial planning and employee benefit and risk solutions. Aon professionals meet the diverse and varied needs of our clients through our industry knowledge, technical expertise and global resources.

The information contained in the brochure about Aon Risk Services Not-for-Profit Protector/Association Liability is general in nature and should not be relied on as advice (personal or otherwise) because your personal needs, objectives and financial situation have not been considered. So before deciding whether the Not-for-Profit Protector/Association Liability product is right for you, please consider the relevant Financial Services Guide and Product Disclosure Statement or contact us to speak to an adviser.

© 2017 Aon Risk Services Australia Limited ABN 17 000 434 720 AFSL No. 241141

AFF0750D 0717

AON
Empower Results®