



# Sports Group Personal Accident

Product Disclosure Statement and Policy Wording

**Motor | Liability | Accident & Sickness**

Call **1300 650 670** or email **brokers@rynoinsurance.com.au**  
**rynoinsurance.com.au**



## Table of Contents

### Part A – Important Information

The Purpose of this PDS	3
The Insurer	3
Ryno Insurance Services	3
How to Contact Us	4
Cooling Off Period	4
How We protect Your Privacy	4
Your Duty of Disclosure	5
How to apply for the Insurance	6
The cost of this insurance	6
How to make a Claim	6
Taxation	6
Excesses	6
The General Insurance Code of Practice	7
Dispute Resolution	7
In the Event of a Legal Dispute	7

### Part B – Policy Wording

What You are covered for	8
Section A – Weekly Benefits	8
Loss of Earnings	8
Student Help	9
Home Help	9
Section B – Lump Sum Benefits	10
Lump Sum Benefits Table	10
Aggregate Limit of Liability	11
Additional Benefits	11
Exposure	11
Disappearance	12
Modification Expenses	12
Funeral Expenses	12
Parents' Inconvenience Allowance	12
Non-Medicare Medical Expenses	12
What is not covered	12
Fraudulent claims	13
General Conditions	13
Keeping Us Informed	14
Cancellation by You	14
Cancellation by Us	15
Other Insurance	15
Claim Payments	15
Sanction Limitation and Exclusion Clause	15
Words with Special Meanings	15

## Part A – Important Information

### The Purpose of this PDS

This Product Disclosure Statement (PDS) contains important information to assist You to:

- decide whether this product will meet Your needs; and
- compare this product with any other products You may be considering.

For full details of the benefits, limitations, exclusions, terms and conditions You should read the PDS carefully.

### The Insurer

The Insurer of this Policy and the issuer of this PDS is certain underwriters at Lloyd's.

Since the late seventeenth century, the name Lloyd's has been synonymous with insurance. Many of the world's leading underwriters are based at Lloyd's. The market is internationally renowned and has an impeccable claims record.

In Australia, Lloyd's is proud to be a member of the Insurance Council of Australia, and strives to comply with the agreement it has made under the General Insurance Code of Practice.

Lloyd's Australia is authorised under the Australian Insurance Act 1973 (Cth) to conduct insurance business in Australia. The Act establishes a system of financial supervision of general insurers in Australia.

You can contact Lloyd's in Australia at:

Lloyds Australia Limited  
 Level 9, 1 O'Connell Street  
 Sydney NSW 2000  
 Phone: (02) 8298 0783  
 Fax: (02) 8298 0788  
 Email: [idaustralia@lloyds.com](mailto:idaustralia@lloyds.com)

### Ryno Insurance Services

Ryno Insurance Services is a specialist division of East West Insurance Brokers Pty Ltd ABN 83 010 630 092, Australia Financial Services Licence No. 230041, established in 1984.

Ryno Insurance Services issues this Sports Group Personal Accident Insurance Policy under a binding authority given to it by the Insurer to administer and issue policies, alterations and renewals and manage claims. For all of the services that Ryno Insurance Services provides in relation to this Policy, it acts on behalf of the Insurer and not for You.

Ryno Insurance Services does not guarantee any benefits payable under the Sports Group Personal Accident Policy.

## How to Contact Us

If **You** have any questions or would like further information about the **Policy** or the **PDS**, **You** may contact Ryno Insurance Services:

GENERAL ENQUIRIES		CLAIMS	
Telephone	1300 650 670	Telephone	1300 650 670
Fax	1300 797 768	Fax	1300 797 768
Email	brokers@rynoinsurance.com.au	Email	claims@rynoinsurance.com.au
Website	www.rynoinsurance.com.au	Website	www.rynoinsurance.com.au
Postal	PO Box 239, Coopers Plains QLD 4108		
Visits	19 Rosedale Street, Coopers Plains QLD 4108		
Broker	Through <b>Your</b> appointed Insurance Broker		

## Cooling-Off Period

We will refund all **Premiums** for cover under the **Policy** if **You** request cancellation of the **Policy** within 21 days of its commencement. To do this **You** must advise **Us** in writing. **You** are not entitled to a refund if **You** have made a claim under the **Policy** during the cooling-off period.

## How do We protect Your Privacy?

Ryno Insurance Services is committed to protecting the privacy of the personal information **You** provide to **Us** in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

We collect **Your** personal information to assess **Your** application for insurance, administer **Your Policy** and pay **Your** claims.

If **You** do not provide the information that **We** request, **Your** insurance application may not be accepted, or **We** may not be able to administer **Your Policy** or a claim. Also, **You** may breach **Your** duty of disclosure, the consequences of which are set out in the duty of disclosure section of this PDS.

We may need to share **Your** information with others to decide whether to accept **Your Policy**, administer **Your Policy** and manage and pay **Your** claims. To allow **Us** to do this and to otherwise operate **Our** business **Your** personal information may be given to and used by the following:

The **Insurer** of this **Policy** is certain underwriters at Lloyd's and its own employees and agents. The **Insurer** is located in the United Kingdom. When **Your** information is disclosed to the **Insurer** it will be protected by the Data Protection Act 1998 (UK) which contains similar protection to the Australian Privacy Principles.

Claims adjusters, lawyers and other people appointed by **Us** or the **Insurer**, or on **Our** behalf or the **Insurer's** behalf for claims handling purposes.

By submitting **Your** personal information to **Us**, **You** agree to **Us** using and disclosing **Your** personal information this way. This consent to the use and disclosure of **Your** personal information remains valid unless **You** alter or revoke it by giving **Us** written notice.

We may also use **Your** information to notify **You** about other products or promotions from time to time. We always give **You** the option of electing not to receive these communications. Please let **Us** know if **You** do not wish to receive this information.

If **Your** details or personal information changes **You** should notify **Us** in writing, so **We** can ensure that information **We** hold about **You** is accurate, complete and up-to-date.

For details of **Our** policy on access to and collection of personal information **We** hold and how to make a complaint regarding privacy please download a copy of **Our** privacy policy from **Our** website. Complaints regarding privacy can be made to the Privacy Officer at Ryno Insurance Services on 1300 650 670 or by email to [privacy@rynoinsurance.com.au](mailto:privacy@rynoinsurance.com.au), or by letter addressed to the Privacy Officer, Ryno Insurance Services, PO Box 239, Coopers Plains, Qld 4108.

## Your Duty of Disclosure

**You** have a Duty of Disclosure under law which requires that before a **Policy** is entered into, **You** must give **Us** certain information **We** need to decide whether to insure **You** and anyone else under the **Policy**, and on what terms. **Your** Duty of Disclosure differs depending on whether **You** are entering into a new **Policy** or not.

### New Policy

Before **You** enter into an insurance contract, **You** have a duty of disclosure under the Insurance Contracts Act 1984.

If **We** ask **You** questions that are relevant to **Our** decision to insure **You** and on what terms, **You** must tell **Us** anything that **You** know and that a reasonable person in the circumstances would include in answering the questions.

**You** have this duty until **We** agree to insure **You**.

### If You do not tell Us something

If **You** do not tell **Us** anything **You** are required to tell **Us**, **We** may cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both.

### Renewals

Before **You** renew this contract of insurance, **You** have a duty of disclosure under the Insurance Contracts Act 1984.

If **We** ask **You** questions that are relevant to **Our** decision to insure **You** and on what terms, **You** must tell **Us** anything that **You** know and that a reasonable person in the circumstances would include in answering the questions.

Also, **We** may give **You** a copy of anything **You** have previously told **Us** and ask **You** to tell **Us** if it has changed. If **We** do this, **You** must tell **Us** about any change or tell **Us** that there is no change.

If **You** do not tell **Us** about a change to something **You** have previously told **Us**, **You** will be taken to have told **Us** that there is no change.

**You** have this duty until **We** agree to renew the contract.

### If You do not tell Us something

If **You** do not tell **Us** anything **You** are required to tell **Us**, **We** may cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both.

If **Your** failure to tell **Us** is fraudulent, **We** may refuse to pay a claim and treat the contract as if it never existed.

### Reminder – Your duty of disclosure

**You** have previously been given a notice informing **You** of **Your** duty of disclosure in relation to an eligible contract of insurance.

This is a duty to tell **Us**, in response to **Our** questions, anything that **You** know, and that a reasonable person in the circumstances would include in answering the questions.

**You** have this duty until **We** agree to insure **You**.

## How to apply for this insurance

When **You** apply for insurance **You** will need to give Ryno Insurance Services information about **You** and **Your** circumstances. The information **We** need will be contained in the **Proposal We** will provide to **You**. **We** will assess the information that **You** provide **Us** and if **Your** application is accepted, **We** will issue **You** with a **Certificate of Insurance** confirming the cover that is in place.

## The cost of this insurance

The amount that **We** charge **You** for this insurance is the total that **We** calculate when considering all of the factors which make up the risk, type of sporting activity, age of participant, **Excess Period**, amount of cover, claims history. These factors will impact on **Your Premium** as follows:

FACTOR	REDUCES PREMIUM	INCREASES PREMIUM
Sporting Activity	Low Risk Sport	High Risk Sport
Age of Participants	Lower Age	Higher Age
Excess Period	Longer Excess Period	Shorter Excess Period
Coverage	Lower Lump Sum /Weekly Benefits	Higher Lump Sum /Weekly Benefits
Claims History	Lower Frequency	Higher Frequency

**You** also have to pay GST and any relevant government charges where applicable. These amounts add up to the total **Premium You** must pay. Once the **Policy** is issued, **Your Premium**, GST and any relevant government charges are shown on the **Certificate of Insurance**.

## How to make a Claim

**You** must notify Ryno Insurance Services in writing within thirty (30) days of an event that is likely to give rise to a claim. If it is not possible to notify Ryno Insurance Services within that time, **You** must notify Ryno Insurance Services as soon as reasonably possible.

Once notified of a claim, Ryno Insurance Services will provide **You** with the relevant claim forms. **You** and the **Insured Person** must fully complete and return the claim forms to Ryno Insurance Services together with such other information and documentation that Ryno Insurance Services may require in order to consider the claim including but not limited to all relevant health certificates, **Medical Practitioners'** reports, employer reports and related evidence of the claim.

Please note that all benefits are paid without deduction for taxation and may be subject to taxation. See **Your** tax advisor for information about **Your** personal circumstances.

## Excesses

An **Excess Period** may apply to this insurance. The **Excess Period** is the period (of consecutive days) stated in the **Certificate of Insurance**. During any **Excess Period**, no benefits are payable.

An excess may also be payable when **You** make a claim under this insurance. The amount of any excess is set out in this PDS or will be stated in the **Certificate of Insurance**. **We** calculate the excesses that apply using the same information that **We** use to calculate the cost of this insurance (see table p6).

## General Insurance Code of Practice

Ryno Insurance Services fully supports the General Insurance Code of Practice.

The Insurance Council of Australia has developed a General Insurance Code of Practice, to which Lloyds Australia Ltd is a signatory. The General Insurance Code of Practice aims to raise the standards of practice and service in the insurance industry and includes many standards in relation to:

- buying insurance;
- insurance claims;
- responding to catastrophes and disasters;
- information and education;
- complaints handling procedures; and
- code monitoring and enforcement.

**You** can obtain a copy of the Code from **Our** branch or by going to the website at [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

## Dispute Resolution

**You** may contact **Us** at any time if **You** are dissatisfied with any matter relating to the services provided by Ryno Insurance Services or with **Your** Ryno Insurance Services Personal Accident and Sickness Policy. **You** should contact **Us** on the number set out in the PDS.

If **You** are dissatisfied with **Our** response, **You** may refer the matter to Lloyd's Australia Limited in relation to the aspects of their cover. **We** will direct **You** to the correct avenue of further complaint if **You** ask **Us** to

or refer the complaint directly at **Your** request.

Lloyd's Australia Limited has the appropriate authority to investigate and address matters of this nature on behalf of the various syndicates at Lloyd's.

**You** should contact Lloyd's Australia Limited on the numbers set out in this PDS. Lloyds Australia Limited will respond in writing within 15 days and if **You** remain dissatisfied with their response, **You** will be provided at that time with the details of any other avenues for the resolution that may be available to **You**.

If **Your** dispute remains unresolved **You** will be referred to the Financial Ombudsman Service operated by Financial Ombudsman Services Limited (FOS). **You** can also contact FOS directly about any complaint at any time. FOS is a national scheme for consumers, free of charge and is aimed at resolving disputes between the **Insured** and the insurance company. **You** can contact FOS on 1300 780 808 or at [www.fos.org.au](http://www.fos.org.au)

## In the event of a legal dispute

In the event of a dispute arising in relation to any aspect of **Your Policy** covered by Lloyd's, the underwriters will, at **Your** request, submit to the jurisdiction of any competent court on the Commonwealth of Australia. Such dispute shall be determined in accordance with the law and practice applicable in such court.

Any summons notice or process served upon the underwriters at Lloyd's may be served to the Lloyd's Representative in Australia at the address referred to in this PDS. The Lloyd's Representative has authority to accept service and to enter an appearance on the underwriters' behalf, and is directed, at the request of the policyholder, to give a written undertaking to the policyholder that they will enter an appearance on the underwriter's behalf.

If a suit is instituted against any one of the underwriters at Lloyds, all underwriters will abide by the final decision of any such court or any competent appellate court.

## Part B – Policy Wording

### What You are covered for

This Policy applies to the **Insured Person** named or described in the **Certificate of Insurance** and is limited to the **Scope of Cover** detailed in the **Certificate of Insurance**, subject to the exclusions, conditions and limitations set out in the **Policy**.

If, as a result solely and directly of:

1. **Injury** arising from an **Accident**, the **Insured Person** suffers **Temporary Total Disablement** or **Temporary Partial Disablement** or any of the conditions set out in the Table of Benefits;

The **Insurer** will pay the benefit as specified. However, disablement must occur within twelve (12) months of the date of the **Accident** giving rise to the **Injury**.

### Section A – Weekly Benefits

THE CONDITION	THE BENEFIT
1.0 Temporary Total Disablement caused directly and solely by Injury	For each week of <b>Temporary Total Disablement</b> , the Weekly Benefit stated in the <b>Certificate of Insurance</b> or the percentage of the <b>Insured Person's Earnings</b> stated in the <b>Certificate of Insurance</b> (whichever is the lesser) payable for up to the maximum benefit period stated in the <b>Certificate of Insurance</b>
2.0 Temporary Partial Disablement caused directly and solely by Injury	For each week of <b>Temporary Partial Disablement</b> , the difference between the <b>Insured Person's Temporary Total Disablement</b> benefit as stated in Section A1.0 above and the amount the <b>Insured Person</b> is earning as a direct result of <b>Temporary Partial Disablement</b> , payable up to the maximum benefit period stated in the <b>Certificate of Insurance</b> when combined with any benefit paid for the same condition under Section A1.0. Where an employer refuses to take back an employee who is certified to return to work duties for outside of working hours claims, the full Weekly Benefit is still to be payable to the <b>Insured Person</b> . Should the <b>Insured Person</b> be able to return to work in a reduced capacity, but not elect to do so then the benefit payable will be 30% of the amount payable for A1.0.

We will calculate the Weekly Benefits We pay under only one of the following:

- a) Loss of Earnings;
- b) Student Help; or
- c) Home Help.

The calculation We apply will be the one that provides the highest benefit to the **Insured Person**.

### Loss of Earnings

1. If because of **Injury** the **Insured Person** suffers a **Temporary Total Disablement** which prevents them from working in their **Occupation** at any time within twelve (12) months of the **Injury**, as a result of the **Injury**, We will after the application of the **Excess Period**, pay the lesser of 85% of the **Earnings** the **Insured Person** has lost or the Weekly Benefit shown in the **Certificate of Insurance** for Loss of Earnings.

2. We will reduce Our payment by any other weekly benefits the **Insured Person** is entitled to receive under:

- a) any statutory workers compensation or transport accident scheme;
- b) any enterprise bargaining agreement or similar agreement or arrangement;
- c) any workers compensation legislation;
- d) any workers compensation self-insurance arrangement, top up or similar arrangements unless specifically agreed by Us; and
- e) any sick leave entitlements the **Insured Person** may have.

3. We will not pay any amount for Loss of Earnings:
  - a) during any period the **Excess Period** that applies.
  - b) after the **Insured Person** commences any new work, regardless of whether such is on casual, temporary, part-time or permanent basis, unless We have expressly confirmed to the **Insured**

Person that they may commence in such work without a reduction in their benefits;

- c) for more than one **Injury** at any one time.
  - d) for any period after the **Insured Person's** 75th birthday unless expressly stated in the **Certificate of Insurance**.
  - e) if the **Insured Person** was not engaged in full time employment up to the time of the **Injury**. For the purpose of this clause only, full time employment means being engaged in permanent work in the **Insured Person's Occupation**, for a minimum of 13 hours per week over the 8 week period immediately prior to the **Injury**.
  - f) in connection with **Earnings** derived from sponsorship, promotion or endorsement arrangements.
4. Where the **Insured Person** suffers recurrence of a condition:
- a) for which the **Insured Person** has claimed Weekly Benefits for Loss of Earnings under this or any other **Policy** issued by **Us**; and
  - b) the **Insured Person** first seeks medical assistance for that recurrence while this **Policy** is in force; and
  - c) there has been a period of less than six (6) months between the **Insured Person's** return to work in the **Insured Person's Occupation** and the recurrence; it will be treated as a continuation of the original condition.

## Student Help

This benefit only applies to an **Insured Person** that is under 25 years of age, does not earn an income and is a full time student at an accredited institution of higher learning.

1. If the **Insured Person** suffers a covered **Injury**, **We** will after the application of the **Excess Period**, pay the reasonable cost of a tutor or tutors to attend the **Insured Person's** usual place of residence to continue studies the **Insured Person** had been undertaking in the 12 months prior to the **Injury**, up to the pay up to the Weekly Benefit shown in the **Certificate of Insurance** for Student Help.
2. **We** will only pay for the cost of tutors that provide services during a period that a **Medical Practitioner**

certifies the **Insured Person** is prevented from going to their place of learning as a result of the **Injury**.

3. The payments will be made at the end of each 4 week period of cover.
4. **We** will:
  - a) not pay under this benefit for longer than the period shown in the **Certificate of Insurance** for any one **Injury**.
  - b) not pay until the **Insured Person** has seen a **Medical Practitioner** about the **Injury**.
  - c) only pay for help that the **Insured Person** reasonably needs for their education.
  - d) stop payments once the **Insured Person** can go to their usual place of learning without help.

## Home Help

This benefit only applies to an **Insured Person** that does not earn an income.

1. If the **Insured Person** suffers a covered **Injury**, **We** will pay the **Insured Person** pay the reasonable cost of a recognised agency to attend the **Insured Person's** usual place of residence to provide home help, up to the Weekly Benefit shown in the **Certificate of Insurance** for Home Help if the **Injury** prevents an **Insured Person** from caring for themselves in their home.
2. The payments will be made at the end of each 4 week period of cover.
3. **We** will only pay for the cost of home help that provide services during a period, and for which, that a **Medical Practitioner** certifies the **Insured Person** is prevented from undertaking from as a result of the **Injury**.
4. **We** will only cover home help that is provided by a recognised agency.
5. **We** will:
  - a) not pay under this benefit for longer than the period shown in the **Certificate of Insurance** for any one **Injury**;
  - b) not pay until the **Insured Person** has seen a **Medical Practitioner** about the **Injury**;
  - c) only pay for the home help that the **Insured Person** reasonably needs and incurs to continue to live in their home;
  - d) stop payments once the **Insured Person** can care for themselves at home as they could before the **Injury**.

## Section B – Lump Sum Benefits

### Table of Benefits

Cover under this section of the Policy applies only if an amount is shown on the Certificate of Insurance under Section B – Lump Sum Benefits. The following conditions must occur within twelve (12) months of the date of the Accident.

Benefit Amount – A percentage of the amount shown on the Certificate of Insurance under Section B – Lump Sum Benefits.

THE CONDITION	BENEFIT PERCENTAGE
1 Death	100%
2 Permanent Total Disablement	100%
3 Permanent paralysis of all limbs	100%
4 Permanent loss of use of two limbs	100%
5 Permanent total loss of sight in a remaining eye	100%
6 Permanent total loss of sight	100%
7 Permanent loss of use of one limb	60%
8 Permanent total loss of sight or the lens in one eye	50%
9 Permanent total loss of hearing in: (a) both ears (b) one ear	80% 25%
10 Permanent total loss of: (a) Liver (b) Two Kidneys (c) One Kidney (d) Sexual Function (e) Two Testicles (f) One Testicle (g) Spleen	75% 75% 35% 45% 40% 7.5% 30%
11 Permanent disfigurement to 100% of the surface of the head and neck	50%
12 Permanent disfigurement to 100% of the surface of the remainder of the body	25%
13 Permanent total loss of a thumb and all fingers on one hand	50%
14 Permanent total loss of use of all the fingers on one hand	40%
15 Permanent total loss of use of a thumb	30%
16 Permanent total loss of use of one join of a thumb	15%

## Lump Sum Benefits – Table of Benefits continued...

THE CONDITION	BENEFIT PERCENTAGE
17 Permanent total loss of use of a finger	10%
18 Permanent total loss of use of two joints of a finger	7.5%
19 Permanent total loss of use of one joint of a finger	5%
20 Permanent total loss of a foot	15%
21 Permanent total loss of use of a big toe	5%
22 Permanent total loss of use of one joint of a big toe	3%
23 Permanent total loss of use of each other toe	3%
24 Broken leg or kneecap what will not join	10%
25 Shortening of a leg by at least 5 centimetres	7.5%
26 Any permanent partial disablement not otherwise provided for under Conditions 3 – 25	Such percentage of the lump sum amount as <b>We</b> in <b>Our</b> absolute discretion shall determine and being in <b>Our</b> opinion not inconsistent with the benefits provided under conditions 3 – 25.

### Aggregate Limit of Liability

The total liability for all claims arising under the **Policy** from any one event during the **Period of Insurance** shall not exceed the Aggregate Limit of Liability stated in the **Certificate of Insurance**. In the event that claims made under the **Policy** exceed the Aggregate Limit of Liability, then the amount by which claims exceed this limit will be proportionally reduced.

### Additional Benefits

There are a number of additional benefits that apply to **Your Policy**. These additional benefits will be paid in addition to any amount that has been paid under Weekly Benefits or Lump Sum Benefits.

The amount paid, any excess or waiting period may vary for each additional benefit. These will be shown in the **Certificate of Insurance**. Any maximum period for which an additional benefit will be paid is also shown in the **Certificate of Insurance**.

### Exposure

If as a result of an **Injury** occurring during the **Period of Insurance** the **Insured Person** is exposed to the elements and suffers from any of the conditions set out in the Table of Benefits as a direct result of that exposure, **We** will pay benefits accordingly.

## Disappearance

If during the **Period of Insurance**, the **Insured Person** disappears following the disappearance, sinking or wrecking of a conveyance in which the **Insured Person** was travelling and the body has not been found within one (1) year after the date of disappearance, **We** will pay a benefit on the assumption that the **Insured Person** died as a result of an **Injury** at the time of the disappearance, sinking or wrecking of the conveyance.

## Modification Expenses

If an **Insured Person** is entitled to 100% of the Lump Sum Benefit, **We** will pay up to an additional \$10,000 for costs necessarily incurred to modify the **Insured Person's** home or motor vehicle, or relocating to a suitable home, provided that the modifications or relocation are prescribed by a **Medical Practitioner**.

## Funeral Expenses

**We** will pay up to \$5,000 for funeral expenses in the event of the death of the **Insured Person** where the death is covered by this **Policy**.

## Parents' Inconvenience Allowance

This cover only applies to an **Insured Person** that is a full time student under 25 years of age. **We** will pay the custodial parents of an **Insured Person** up to \$30 per day while the **Insured Person** is in hospital as a result of an **Injury** covered by this **Policy**. The payments will be made at the end of each 4 week period of cover.

## Non-Medicare Medical Expenses

**We** will pay the reasonable **Medical Expenses** of an **Insured Person** which arise when an **Insured Person** who is participating in a sporting activity, or is without receiving payment, providing services to an educational, religious, charitable or benevolent organisation or while that **Insured Person** is travelling to or from the place where those services are provided, suffers an **Injury** covered by this **Policy**.

**We** will not pay:

- a) for **Medical Expenses** that are covered by Medicare, private health insurance, a statutory insurance scheme such as worker's compensation or which can only be covered by Medicare or a registered health insurer, or that **We** are otherwise prohibited from covering at law, such as Medicare 'gaps'.
- b) for treatment that takes place later than 365 days after the **Injury** unless the delay is on the advice of a registered **Medical Practitioner** or dentist.
- c) more than that 85% of relevant **Medical Expenses** up to the maximum **Medical Expenses** benefit which is shown in the **Certificate of Insurance** of the amount spent.
- d) more than the **Medical Expenses** benefit set out in the **Certificate of Insurance** for any one **Injury**.

## What is not covered

**We** will not pay for any **Injury** directly or indirectly caused or contributed to, or in consequence of:

- a) the **Insured Person** engaging in or taking part in any of the following sporting activities:
  - i. winter sports outside Australia or New Zealand;
  - ii. hang-gliding, parachuting or para-gliding; or
  - iii. **Professional Sport** activities or any kind.
- b) of the **Insured Person** undertaking naval, army, air force or any type of military service or operation; of the **Insured Person** engaging in voluntary fire brigade activities or emergency services operations;
- c) of the **Insured Person** driving a motor vehicle whilst having a percentage of alcohol in their breath or blood in excess of that permitted by law;
- d) the **Insured Person** abusing or having abused, or being under the influence of alcohol or drugs other than drugs legally and appropriately prescribed by a qualified **Medical Practitioner** and properly used by the **Insured Person**;
- e) of the **Insured Person** flying, except as a fare-paying passenger on an airline with scheduled flights (including any feeder air route in single-engine aircraft and helicopters where required);
- f) intentional self-injury or suicide;
- g) riot in which the **Insured Person** is participating;

- h) criminal acts or criminal activity;
- i) or occurs as a result of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, **Terrorism**, revolution, insurrection or military or usurped power;
- j) or occurs as a result of the use, existence or escape of nuclear weapons materials or ionising radiation from or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel;
- k) a **Pre-Existing Condition** or **Injury** which You knew about or ought to have reasonably known about;
- l) the **Insured Person** engaging in or taking part in any sport other than the sport shown on the **Certificate of Insurance**;
- m) pregnancy;
- n) hernia;
- o) Human Immune Deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any virus, complex or syndrome that is related to the foregoing or any sexually transmitted disease;
- p) the **Insured Person's** failure to follow the advice of a **Medical Practitioner**;
- q) sickness, disease, illness or disorder or any other kind of medical condition; or
- r) stress, depression, anxiety or any psychosomatic, psychological, psychotic, mental or nervous disorder.

## Fraudulent Claims

We will not pay if You or an **Insured Person**, or anyone acting on Your behalf or with Your knowledge or connivance, should make a claim knowing or reasonably suspecting the same to be false or fraudulent. Making a fraudulent claim is a criminal offence. We may report to the police any person who lodges a fraudulent claim.

## General Conditions

1. No benefits are payable unless as soon as possible after the happening of any **Injury** the **Insured Person** obtains, follows and continues to follow medical advice from a qualified **Medical**

**Practitioner**. Benefit payments will cease if the **Insured Person** stops following medical advice or refuses or delays medical treatment (other than experimental treatment), which in the opinion of an independent **Medical Practitioner** could reduce the period of disablement.

2. All Weekly Benefits shall be paid fortnightly in arrears.
3. All benefits shall be paid to the **Insured Person** or to their nominated legal representative.
4. The **Insurer** will pay one-seventh (1/7th) of the Weekly Benefit for each day of disablement.
5. Weekly Benefits will be reduced by any other benefits or compensation the **Insured Person** is entitled to receive or entitled to claim for loss of income from any other source as a result of the same condition. If the **Insured Person** surrenders, commutes, redeems or releases such claim or entitlement (whether in whole or in part), the total amount of benefits under the **Policy** will reduce by the amount of payment to which the **Insured Person** would have been entitled or had the right to claim. Benefits or entitlements received from other sources after Weekly Benefits have been paid under the **Policy** must be refunded by the **Insured Person** to the **Insurer**.
6. No Weekly Benefits will be paid if the **Insured Person** does not actively and continuously pursue all benefits or compensation from all other sources except personal leave entitlements as detailed below.
7. No Weekly Benefits will be paid for the period the **Insured Person** receives personal leave payments from their employer. The **Insured Person** is not required to exhaust all personal leave entitlements prior to claiming under the **Policy**.
8. No Weekly Benefits shall be payable for disablement during the **Excess Period** stated in the **Certificate of Insurance**.
9. Benefits shall not be payable for more than one of the conditions as set out in the Table of Benefits, in respect of the same condition, in which case the highest benefits will be payable.
10. Any benefits payable for Conditions B1 to B25 in the Table of Benefits shall be reduced by any sum payable for Condition A1.0 in respect of the same **Injury**.

11. If the **Insured Person** suffers a recurrence of an **Injury** while the **Policy** is still in force for which they have claimed **Temporary Total Disablement** benefits, the recurrence shall be treated as the same claim unless there has been a period exceeding 6 months since they were last disabled and unable to attend their usual **Occupation**, business or duties.
12. The **Insurer** may at their own expense conduct any medical examination or examinations or arrange for an autopsy to be carried out.
13. Cover under the **Policy** will cease in respect of an **Insured Person** if:
  - a. they are paid Weekly Benefits for the maximum period stated in the **Certificate of Insurance** or 100% of the Lump Sum Benefit;
  - b. the relationship with the **Insured** which made them eligible for cover under the **Policy** ceases. Cover will cease at the time they depart from work on the last day of employment with the **Insured** or employment ceasing situations where the **Insured Person** does not have a guaranteed and identifiable date to recommence work with the **Insured** within the next 7 days. If the **Insured Person** has a guaranteed and identifiable date to recommence work within the next 7 days then this cover will continue uninterrupted. If the period is greater than 7 days then the cover ceases and may recommence when they resume work;
  - c. the **Insured Person** dies;
  - d. the **Insured Person** reaches an age as specified in the **Certificate of Insurance**.
14. Benefits shall cease to be paid to an **Insured Person**, or claim under the **Policy**, if that **Insured Person**:
  - a. becomes entitled to the payment of Weekly Benefits for the maximum period stated in the **Certificate of Insurance**;
  - b. becomes entitled to the Lump Sum Benefit and they are paid 100% of the Lump Sum Benefit stated in the **Certificate of Insurance**;
  - c. accepts early retirement or voluntary redundancy except if it is as a direct consequence of disablement which is a current, accepted claim under the **Policy**;
  - d. the **Insured Person** retires or stops actively seeking work;
  - e. dies other than in Condition 1 under Section B, Lump Sum Benefits, of the **Policy** is applicable;
  - f. reaches the age as set out in the **Certificate of Insurance** or retires, whichever is the earlier;
  - g. is engaged in gainful work or **Occupation** except if the work or **Occupation** existed prior to the disablement and it is not related to or replacing the work for which benefits are being claimed under the **Policy**;
  - h. returns to normal work duties, or is cleared by the **Medical Practitioner** to return to normal work or duties whether such work is available or not.
15. Where the payment of Weekly Benefits for the maximum period would total more than the payment of a 100% Lump Sum Benefit then, notwithstanding General Conditions 10, Weekly Benefits will continue past the payment of a Lump Sum Benefit B2 to B6 of the Table of Benefits, until the total of all payments for the claim reach the sum equivalent to the payment of Weekly Benefits for the maximum period at which time benefits will cease to be payable to that **Insured Person**.
16. If there is a breach of any of the General Conditions of the **Policy**, the **Insurer** shall be entitled to reject a claim to the extent permitted by the Insurance Contracts Act. However, a breach by an individual person will not affect the cover or claims of other **Insured Persons**.

### Keeping Us informed

You must immediately notify Us in writing of any changes You know of which materially alter any of the facts or circumstances that existed at the commencement of the **Policy**.

### Cancellation by You

You can cancel Your **Policy** at any time by advising Us in writing that You wish to cancel Your **Policy**. We will subtract from any Premium You have paid Us an amount to cover the period that We have already insured You for. We will then return the

remaining **Premium** to **You**. If any claim or claims have been made against the **Policy** prior to cancellation, **You** are not entitled to receive a **Premium** refund.

## Cancellation by Us

We may only cancel **Your Policy** when the law allows **Us** to do so.

We will subtract from any **Premium** **You** have paid **Us** an amount to cover the period that **We** have already insured **You** for. **We** will then return the remaining **Premium** to **You**.

In accordance with the law, **We** may cancel **Your Policy** in the following circumstances:

- **You** failed to comply with the duty of disclosure.
- **You** failed to pay any **Premium** owing.
- **You** failed to disclose a major change in the risk insured.

If any claim or claims have been made against the **Policy** prior to cancellation, **You** are not entitled to receive a **Premium** refund.

## Other insurance

**You** must advise **Us** in writing of any insurance already effected or which may be subsequently be effected providing, whether in total or in part, insurance provided under the **Policy**.

## Claim payments

For all benefits paid under the **Policy**, **We** will make the claim payment to the **Insured Person** who suffers the **Injury**. In the event of death of the **Insured Person**, **We** will make the claim payment to the estate of the **Insured Person**.

## Sanction Limitation and Exclusion Clause

No **Insurer** shall be deemed to provide cover and no **Insurer** shall be liable to pay any claim or

provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that **Insurer** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

## Words with Special Meanings

For the purpose of the **Policy**, the following important definitions apply:

**Accident** means a sudden, unexpected, unusual, specific, violent, external event which occurs at a single identifiable time and place during the **Period of Insurance** and independently of all other causes, results directly, immediately and solely in physical bodily injury.

**Certificate of Insurance** means the most recent **Certificate of Insurance** provided to the **Insured** for this the **Policy**.

**Earnings** means:

1. if an employee, the gross weekly rate of pay inclusive of bonuses, commission, overtime payments and all other allowances, from the personal exertion of the **Insured Person** in their usual **Occupation**, averaged over the number of weeks so engaged during the twelve (12) month period immediately preceding the date disablement commences.
2. if not an employee, the gross weekly income derived from the personal exertion of the **Insured Person** in their usual **Occupation**, after deducting any expenses necessarily incurred in deriving that income averaged over the number of weeks so engaged during the twelve (12) months immediately preceding the date of disablement giving rise to a claim.

**Excess Period** is the period (of consecutive days) stated in the **Certificate of Insurance** during which no benefits are payable, commencing on the day medical treatment is sought for **Injury**.

**Injury** means an identifiable physical bodily injury or death) resulting from an **Accident** and which results any of the conditions set out in the Table of Benefits within 12 months of the date of the **Accident**:

- a) which is not a sickness, illness or disease;
- b) which occurs during the **Period of Insurance**; and
- c) includes any condition resulting from exposure to the elements as a result of bodily injury; and
- d) which occurs while an **Insured Person** is:
  - i. taking part in competition, game or performance;
  - ii. attending a social function or training session;
  - iii. travelling to or from a competition, game, performance, social function, training session or administrative activity;
  - iv. staying away from their usual place of residence overnight in order to take part in a competition, game, performance, social function, training session or administrative activities; or
  - v. engaging in administrative activities, provided that (i) to (v) above occurs in relation to activities promoted, arranged or sponsored by the **Insured**.

**Insured/You/Your** means the sporting club, or member club or sporting association shown in the **Certificate of Insurance** noted as the **Insured**.

**Insured Person** means:

- a) a director, executive officer, committee member, office holder of the **Insured** but only while acting within the scope of their duties in that capacity;
- b) a member or voluntary worker of the **Insured**.  
Any such member or voluntary worker will only be entitled to cover to the extent that the member or voluntary worker is not entitled to indemnity under any other insurance policy; or
- c) players, coaches, managers, referees, team workers, trainers, officials and other personnel who are actively engaged in and appropriately registered for the purpose of participating in **Your** sport.

**Insurer** means certain Underwriters at Lloyd's.

**Medical Expenses** means the costs of:

- a) an ambulance;
- b) hospital accommodation and theatre fees;
- c) orthotics, splints and prosthesis;
- d) treatment given by a registered dentist or **Medical Practitioner**; or
- e) if given on the advice of a **Medical Practitioner** treatment given by a chiropractor; masseur, naturopath, osteopath or physiotherapist.

**Medical Practitioner** means a person legally qualified and registered to practice medicine and who is a person other than the **Insured Person**, their relatives, business partners, shareholders or employees. Chiropractors, physiotherapists and alternative therapy providers are not regarded as a **Medical Practitioner**.

**Occupation** means the **Insured Person's** usual **Occupation**, business, trade or profession.

**Period of Insurance** means the period stated in the current **Certificate of Insurance**.

**Permanent Total Disablement** means disablement resulting from an **Injury** and which has lasted for at least twelve (12) consecutive months from the date of such **Injury** and which thereafter is certified by a **Medical Practitioner** as being beyond hope of improvement and which entirely prevents the **Insured Person** forever from carrying on their usual **Occupation**.

**Policy** means this the Policy Wording in Part B of this PDS and the **Certificate of Insurance** and any additional endorsements **We** subsequently issue **You**.

**Premium** means the amount that **We** charge **You** for the **Policy**, including any statutory charges such as GST and stamp duty.

**Proposal** means the form to be completed by **You** or on **Your** behalf and any other information given to **Us** when applying for this **Policy**.

**Professional Sport** means sports which are an **Insured Person's Occupation** or from which an **Insured Person** earns all their income.

**Pre-Existing Condition** means any **Injury**, medical condition, side-effect or symptoms of a condition which the **Insured Person** has received medical attention, sought or received treatment, undergone tests or taken prescribed medication for in the six (6) months prior to the dates the person first qualified as an **Insured Person**.

**Scope of cover** means the **Scope of Cover** as set out in the **Certificate of Insurance**.

**Temporary Partial Disablement** means disablement which entirely prevents the **Insured Person** from carrying out a substantial part of the duties normally undertaken in connection with their usual **Occupation** or business and is under the regular care of and acting in accordance with the instructions or professional advice from a **Medical Practitioner**.

**Temporary Total Disablement** means, while the **Insured Person** continues to be employed, disablement that either entirely prevents the **Insured Person** from engaging in their usual **Occupation** or business or prevents the **Insured Person** from performing at least one of the duties of their **Occupation** that they must be able to perform to earn their income.

If the **Insured Person** ceases to be employed whilst on an accepted claim, then **Temporary Total Disablement** means disablement which entirely prevents the **Insured Person** from engaging in any **Occupation** for which they may be suited by way of their education, training or experience.

In both instances the **Insured Person** must be under the regular care of and acting in accordance with the instructions or professional advice from a **Medical Practitioner**.

**Terrorism** means, an act, including, but not limited to, the use of force or violence, committed by any person or persons acting on behalf of or in connection with any organisation, creating serious violence against a person or serious damage to property or a serious risk to the health or safety of the public, undertaken to influence a government or civilian populace for the purpose of advancing a political, religious or ideological cause.

**We/Our/Us** means Ryno Insurance Services, other than for Part B of this PDS where it means the **Insurer**.

**LLOYD'S**

Ryno Insurance Services, a specialist division of East West Insurance Brokers Pty Ltd ABN 83 010 630 092, Australian Financial Services Licence No. 230041, acts under a binding authority granted to it by the Insurer of the Ryno Insurance Services product, certain underwriters at Lloyd's. Refer to the Product Disclosure Statement or call Us on 1300 650 670.

Ref: RY.SPGA.LLO.V.010816

This Product Disclosure Statement was prepared on 01/08/16

19 Rosedale Street | PO Box 239  
Coopers Plains QLD 4108

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