## SPORTSCOVER

### TAX INVOICE

### **Policy Schedule**

You will only be entitled to insurance cover under the section or sections which you have selected and for which you have paid the required premium.

	Policy Number – PMEL99/0073208		
The Insured	EASTERN FOOTBALL NETBALL LEAGUE INCORPORATED		
Address	256 Scoresby Road Boronia 3155 Australia		
Sport/Business	Football (Australian Rules)		
Teams/Members	572 TEAMS		
Period of Insurance	From <b>31/03/2023</b> to <b>31/03/2024</b> , at 4:00 pm and any subsequent period for which the insured shall have paid and The Underwriter(s) shall have accepted the new premium.		

#### **Cover Details**

#### SPORTS INJURY

UNDERWRITTEN BY Certain underwriters at Lloyd's & HDI Global Specialty SE-Australia under contract number B1750L220519 & SCA/2022 respectively

Section 4.1	Capital Benefits	The percentage of this amount which is Payable for each of Events 1 to 14 is set out in the policy		\$ 100,000	
Section 4.2.1	Medical Benefits The percentage of the Medical Expenses covered under this section is		on is	50%	
Section 4.2.2	2 Physio Benefits The percentage of physiotherapy expenses covered under this Section is		AS PER POLICY		
		yable for each claim under Section 4.2 is \$ 100 Excess amount payable per claim under Section 4.2 is \$ 2,000			
Section 4.3.1	Loss of Income	The amount payable is the lesser of 85% Net Income Lost or		\$ 200 Per Week	
Section 4.3.2	Student Allowance	e	AS PER	POLICY	
Section 4.3.3	Domestic Home Help AS Pl		AS PER	POLICY	
		iod under Section 4.3 is 14 Days Benefit Period under Section 4.3 is 52 Weeks			
Section 4.4	All benefits exclud	ling 4.4.1	AS PER	POLICY	
Section 4.4.1	Injury Assistance	The maximum amount per claim is	\$ 1,500	Limit	

SPORTSCOVER<sup>™</sup> MELBOURNE • SYDNEY • LONDON



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**TAX INVOICE** 

It is hereby agreed and declared that Section 4.3.1 is deleted and replaced with:

#### Section 4.3.1 Loss of Income

85% of Gross Weekly Earnings (as per policy definition) up to a maximum of; \$200 per week for weeks 1-7 \$300 per week for weeks 8-26 \$400 per week for weeks 27-52 Or 85% of the insured persons pre disability earnings whichever is the lesser.

In all other respects the Policy remains unaltered.

Issued subject to the terms of the attached Policy Wording and signed by the authorised Representative of Sportscover Australia Pty Ltd on behalf of the Underwriter/s detailed above.	Premium	As Agreed
7/06/2023		
SIGNATURE COLUMN DATE		





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