



SCHEDULE OF COVER
Personal Accident

OUR REFERENCE 10110033

INSURER POLICY NUMBER 500000/08/2015/0077

Name of Insured:

Harness Racing New South Wales, Harness Racing New South Wales Industry Fund, Harness Racing New South Wales Race Course Development Fund, Australian Pacing Gold Ltd, Tabaret Management Pty Ltd, Tabcorp Holdings Limited, Integrity Auditor (in respect of their involvement with Harness Racing New South Wales only), Investigator (in respect of their involvement with Harness Racing New South Wales only), licensed drivers, licensed trainers, stable hands, stewards, swab attendants, starters, mini and maxi trot licensees, stewards/officials from interstate in respect of their involvement with Harness Racing New South Wales, Mini Trot Clubs, veterinarian employees of HRNSW and veterinarian contractors in respect of advice (including taking of swabs) given to registered clubs of Harness Racing NSW only at race meetings, affiliated bodies/clubs (listing attached), together with all members, coaches, officials, first aid personnel, administrators, voluntary workers, work experience personnel whilst licensed by the appropriate licensing authority and licensed visitors from interstate and/or overseas whilst competing in events sanctioned by the Insured.

Insured Persons:

- Category 1 - Licenced Trainers, Drivers, Monte Riders, Nominated Voluntary Stable Hands of Harness Racing New South Wales including licenced visitors from interstate and/or overseas whilst competing in events sanctioned by the Insured.
- Category 2 - Harness Racing NSW management, employees, all voluntary workers and support committee members of the Insured whilst engaged in voluntary work or travelling directly to or from such work, stewards, swab attendants, starters, stewards/officials from interstate in respect of their involvement with Harness Racing New South Wales, veterinarian employees and any other person in respect of their involvement with Harness Racing NSW in a representative capacity.
- Category 3 - All attendant licence holders of the Insured.
- Category 4 - All mini and maxi trotter participants of the Insured.



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Description of Business:

Principally but not limited to the management of Harness Racing NSW, including racing, trialling and training of harness racing horses by licensed drivers, attended licence holders, Trainers and Stable hands, show racing, registered clubs operations in respect of any Harness Racing Business including but not limited to:

Operators of Raceways including licensed premises, Retention Barn Training Centre, Training and education of industry participants, Club House, Bar, Bistro, Beer Garden Lounge/Games room, Organisers of Markets, Management, Totalisator Operations, Trialling Sales, Mini Trot Come and Try Days, Fundraising, Promotion and organisation of Harness Racing in Australia, property owners, use and management of Retention Barn (Menangle) and all associated activities undertaken by the insured.

Note:

A sanctioned activity means an activity involving the direct use and or handling of horses including training and working horses, maintenance to the surface of a privately owned training track, driving at approved shows gymkhanas and trials and direct travel to and from such events. A sanctioned activity does not mean activities such as maintenance work to plant, equipment or the building or maintenance of stables, fences or other structures. No cover applies when participating in race meetings where Workcover applies i.e. TAB betting on the race or any other time when Workcover applies.

Period of Insurance:

From: 4.00pm 1st September 2015

To: 4.00pm 1st September 2016

Both Local Standard Time at the Insureds Australian head office.

Scope of Cover:

Covering all Insured Persons anywhere in the world whilst participating in any recognised and sanctioned activity directly associated with the sport of harness racing, including necessary travel to and from such activities.

Aggregate Limit of Liability:

\$10,000,000 any one Category any one period of insurance.

Age Limit:

5 up to and including 90 years

Geographic Limits:

Worldwide



Sums Insured:

Lump Sum Benefits:

<p>Accidental Death and Capital Benefits Category 1</p>	<p>Maximum Benefit \$250,000</p> <ul style="list-style-type: none"> ⊕ Insured Persons without Dependants Accidental Death Benefit reduced to \$50,000 ⊕ Insured Persons aged up to 76-90 years Accidental Death Benefit \$10,000; Permanent Total Disablement Deleted ⊕ Events 3 -19 Maximum benefit \$50,000
<p>Category 2</p>	<p>\$250,000</p> <ul style="list-style-type: none"> - Insured Persons without Dependants Accidental Death Benefit reduced to \$50,000 ⊕ Insured Persons aged up to 76-90 years Accidental Death Benefit \$10,000; Permanent Total Disablement Deleted Events 3 -19 Maximum benefit \$50,000
<p>Category 3</p>	<p>\$100,000 Accidental Death Benefit \$25,000</p>
<p>Category 4</p>	<p>\$100,000 Accidental Death Benefit \$25,000</p>

Notes:

1. Should an Insured Person turn 91 years within the policy period, coverage will continue until the expiry date of the policy at which time all cover with respect to the Insured Person shall cease.



Section A Capital Benefits:

	% of Maximum Benefit
Death	
1. Death	100%
Permanent Disability	
2. Permanent total disablement	100%
3. Paraplegia / Quadriplegia	100%
4. Permanent and Incurable paralysis of all limbs	100%
5. Permanent total loss of sight of both eyes	100%
6. Permanent total loss of sight in one eye	100%
7. Permanent Total loss of use of two limbs	100%
8. Permanent Total Loss of one limb	100%
9. Permanent and incurable insanity	100%
10. Permanent total loss of hearing in	
(a) both ears	80%
(b) one ear	20%
11. Permanent total loss of lens in one eye	60%
12. Permanent Total Loss of four fingers and thumb of either hand	80%
13. Permanent Total loss of use of four fingers of either hand	50%
14. Permanent Total Loss of use of one thumb of either hand	
a) both joints	30%
b) one joint	15%
15. Permanent Total Loss of use of fingers of either hand:	
a) three joints	10%
b) two joints	7.5%
c) one joint	5%
16. Permanent Total Loss of use of toes either foot:	
a) all u one foot	18%
b) both joints	5%
c) one joint	3%
d) each toe	1%
17. Fractured Leg or patella with established non-union	10%
18. Shortening of leg by at least 5cm	7.5%

Notes:

1. Permanent Disability not otherwise provided for: It is agreed that Permanent Disability not otherwise provided for is included. An amount that we shall in the Insurers absolute discretion determine and being in their opinion not inconsistent with the benefits provided under Events 10 to 18 Inclusive. Limited to a maximum amount of 75% of the Capital Sum Benefit shown in the schedule.



Section A - Weekly Benefits

Category	Maximum Amount	Excess Period	Maximum Benefit Period	% of Salary
1	\$1,000	7 days	104 weeks	85%
2	\$3,000	7 days	104 weeks	85%
3		Nil Loss of Income		
4		Nil Loss of Income		

Notes:

- Category 1 and 2 benefits claimed for weekly benefits injury to a maximum of \$600 per week do not need to be substantiated by proof of income. Any benefit paid over \$600 per week requires the full figure claimed to be substantiated. Weekly benefits payable are subject to doctors certification confirming the person is medically unfit to work.
- Temporary Partial Disablement 25% of the amount payable for Temporary Total Disablement.

Additional Benefits:

- Rehabilitation Expenses**
 Paying expenses incurred following an injury payable under section A of the policy for tuition, advice and/or treatment from a licenced vocational school or occupational rehabilitation institution, excluding benefits payable via Medicare or any private health fund.

Maximum benefit payable 25% of injury annual benefit as stated in the schedule or \$10,000 whichever is the lesser
- Dependent Child Assistance - \$500**
- Home &/or vehicle medication Benefit - \$1,500**
- Funeral Expenses**
 Paying expenses of burial or cremation or the cost of returning the insured persons body or ashes to their country of residence following accidental death.

Maximum benefit payable \$10,000
- Bed Care/Extra Cash**
 Payable if as a result of an accident you are confined to a bed for a period of not less than 48 hours under the direction of a doctor.

Per Day \$50
- Non-Medicare Medical Expenses**
 Paying up to the insured percentage reimbursement for all Non-Medicare expenses incurred as a result of the injury. Should the insured person be insured by Private Health Insurance, or be entitled to receive reimbursement from any other source, the reimbursement will be the amount by which the Non-Medicare expenses exceed the benefit the insured person is entitled to receive from his/her Private Health Insurer or other source, to the maximum benefit per injury, less the excess.

Benefit Percentage 100%
 Maximum benefit per injury \$10,000
 Excess \$50
 Maximum Benefit Period 104 weeks



7. Physiotherapy Benefit

Included with in Non Medicare Medical Benefit

8. Overseas Medical Expenses (Not Insured)

Note: The AGGREGATE LIMIT OF LIABILITY, NON SCHEDULED FLIGHT LIMIT BENEFITS PAYABLE apply in excess of any applicable EXCESS PERIOD

Endorsements:

Section1, LUMP SUM BENEFITS u Additional BENEFIT Covered Event 2a

PERMANENT TOTAL DISABLEMENT means disablement which:

totally restricts a COVERED PERSON from performing his or her usual occupational or employment activities, or any other occupational or employment activities for which the COVERED PERSON has the experience, skills, education or training (or if the COVERED PERSON is not employed, it means disablement which prevents the COVERED PERSON from participating in any and every occupation for the remainder of his or her life.); and lasts at least 12 consecutive months from the occurrence; and at the end of that time, in OUR view is beyond hope of improvement.

TEMPORARY TOTAL DISABLEMENT means disablement (but not PERMANENT inability) which totally restricts a COVERED PERSON from performing his or her usual occupation or employment activities, or any other occupational or employment activities for which the COVERED PERSON has the experience, skills, education or training, in accordance with the treatment, instructions or advice of a DOCTOR.

BODILY INJURY resulting in Fractured Bones

FRACTURE (D) means a break or crack of a bone.

Subject to the terms and conditions (including limits and exclusions) of the POLICY, in the event a COVERED PERSON sustains a BODILY INJURY which directly and solely results in any of the following COVERED EVENTS in the Table of Benefits 4 , WE will pay the corresponding percentage outlined in the Table of Benefits 4 , of the SUM INSURED of \$5,000 for COVERED EVENTS 1-7 below, providing that:

- The BODILY INJURY occurs during the COVERED PERSONS OPERATIVE PERIOD OF COVER and within the GEOGRAPHICAL LIMITS; and
- The resulting COVERED EVENT occurs within 12 months of the BODILY INJURY DATE; and
- The COVERED EVENT is solely and directly attributable to the BODILY INJURY and not any other cause; and

Table of Benefits 4

COVERED EVENTS	Percentage of SUM INSURED as showing on the SCHEDULE
1. Neck, Skull, Spine (complete FRACTURE)	100%
2. Hip FRACTURE	75%
3. Jaw, pelvis, leg, ankle or knee (other FRACTURE)	50%
4. Cheekbone, shoulder or hairline FRACTURE of skull or spine	30%



5. Nose or collar bone FRACTURE	20%
6. Arm, elbow, wrist or ribs (simple FRACTURE)	20%
7. Finger, thumb, foot, hand or toe FRACTURE	7.5%

BODILY INJURY resulting in **LOSS of TEETH** or Dental Procedures.

TOOTH/TEETH means a sound and natural permanent tooth but does not include first or baby teeth, implants, prostheses or other dental restorations.

Subject to the terms and conditions (including limits and exclusions) of the **POLICY**, in the event a **COVERED PERSON** sustains a **BODILY INJURY** which results in any of the **COVERED EVENTS** in Table of Benefits 5 as a sole and direct result of the **BODILY INJURY**, WE will pay the corresponding percentage outlined in the table of benefits 5, of the **SUM INSURED** of \$5,000 showing against the **LUMP SUM BENEFITS COVERED EVENTS 8 and 9** below, providing that:

- The **BODILY INJURY** occurs during the **COVERED PERSONS OPERATIVE PERIOD OF COVER** and within the **GEOGRAPHICAL LIMITS**; and
- The resulting **COVERED EVENT** occurs within 12 months of the **BODILY INJURY DATE**; and
- The **COVERED EVENT** is solely and directly attributable to the **BODILY INJURY** and not any other cause; and

Table of Benefits 5

COVERED EVENTS	Percentage of SUM INSURED as showing on the SCHEDULE
8. LOSS of TEETH or full capping of TEETH	100%
9. 3 partial capping of TEETH	50%

Injury Assistance Benefit (Non Income and Income Earners)

It is hereby noted and confirm that where a **BENEFIT** is payable under the **POLICY** and where the **COVERED PERSON** requires assistance to maintain horse training activities, WE will pay 100% of all actual reasonable incurred charges for the cost of a replacement trainer to a maximum weekly **BENEFIT** of \$1,000 for a maximum benefit period of one hundred and four (104) weeks. An excess period of 7 days applies.

Emergency Transport:

It is hereby noted and confirm that where a **BENEFIT** is payable under the **POLICY** and where the **COVERED PERSON** requires emergency transport as a result of sustaining a **BODILY INJURY** during the **INSURANCE PERIOD**, WE will pay 100% of all actual reasonable incurred charges for the cost of such emergency transport up to a maximum of \$3,000.

Student Tutorial Costs:

It is hereby noted and confirmed that where a **BENEFIT** is payable under the **POLICY** and where the **COVERED PERSON** requires home tuition by a qualified tutor to replace existing tutorage outside of the home, when certified by a **HEALTH CARE PRACTIONER**, WE will pay 100% of all actual reasonably incurred charges for the cost of a tutor to a maximum weekly **BENEFIT** of \$300, for a maximum benefit period of one hundred and four (104) weeks. An excess period of 7 days applies.



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Domestic help EXPENSES BENEFIT

Where a VBENEFIT is payable under the POLICY and where the COVERED PERSON requires domestic assistance as certified by his or her treating HEALTH CARE PRACTITIONER, WE will pay 100% of all actual and reasonable expenses for the services of a recognized and licensed provider of domestic home help services as applicable to the COVERED PERSON, up to a maximum weekly benefit of \$300, for a maximum benefit period of one hundred and four (104) weeks. An excess period of 7 days applies.

For the purposes of this BENEFIT , domestic assistance means the usual and normal duties undertaken by the COVERED PERSON as a home maker , sole provider for dependent children , such as child minding , cleaning, cooking, school pick up and drop offs.

ANNUAL AGGREGATE DEDUCTIBLE

It is hereby noted and confirmed that the POLICY has an annual aggregate deductible of \$250,000 which is payable by the POLICY HOLDER in the event of a claim or series of claims prior to the BENEFIT being payable by US.

Except as otherwise provided in these endorsements, the Insuring Clause and all other POLICY terms and conditions shall have full force and effect.

SANCTIONED ACTIVITY DEFINITION

A sanctioned activity means an activity involving the direct use and or handling of horses including training and working horses, maintenance to the surface of a privately owned training track, driving at approved shows, gymkhanas and trials and direct travel to and from such events. A sanctioned activity does not mean activities such as maintenance work to a plant, equipment or the building or maintenance of stables, fences or other structures. No cover applies when participating in race meetings where Workcover applies i.e. TAB betting on the race or any other time when Workcover applies.

Age Limit Extension

It is hereby noted and confirmed that the Age Limit under this POLICY is 90 years of Age.

Applicants Aged 76 to 90 Years:

Insured persons aged 76 years up to and including 90 years of age are covered for the following events

Events 1	Maximum benefit \$10,000
Events 2	Is deleted
Events 3-20	Maximum benefit \$50,000

Note: Should the insured turn 91 within the policy period coverage will continue until the expiry date of the policy at which time all cover with respect to the insured person shall cease.

Exclusions:

Excluding events resulting from neurosis, psychosis, mental emotional, stress or anxiety condition; physical fatigue and/or associated disease or disorder.

Excluding insured persons under the influence of intoxicating liquor, having a blood alcohol content over the prescribed limit whilst driving, or being under the influence of any other drug, unless prescribed by a doctor and taken in accordance with a doctors advice.



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Excluding:

- a) Any condition for which a doctor, treatment or medication was consulted, prescribed or administered prior to the commencement of the policy.
- b) A condition, the manifestation or symptoms which a reasonable person in the circumstances would be expected to be aware of at the commencement of the policy period.
- c) Any condition known to the insured prior to the commencement of the policy period.

Insurer:

ARCH UNDERWRITING AT LLOYDS (AUSTRALIA) PTY LTD.
ABN 27 139 250 605
FOR AND ON BEHALF OF ARCH SYNDICATE 2012 AT LLOYDS

Policy Wording:

ARCHPDSPAS201504V1



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