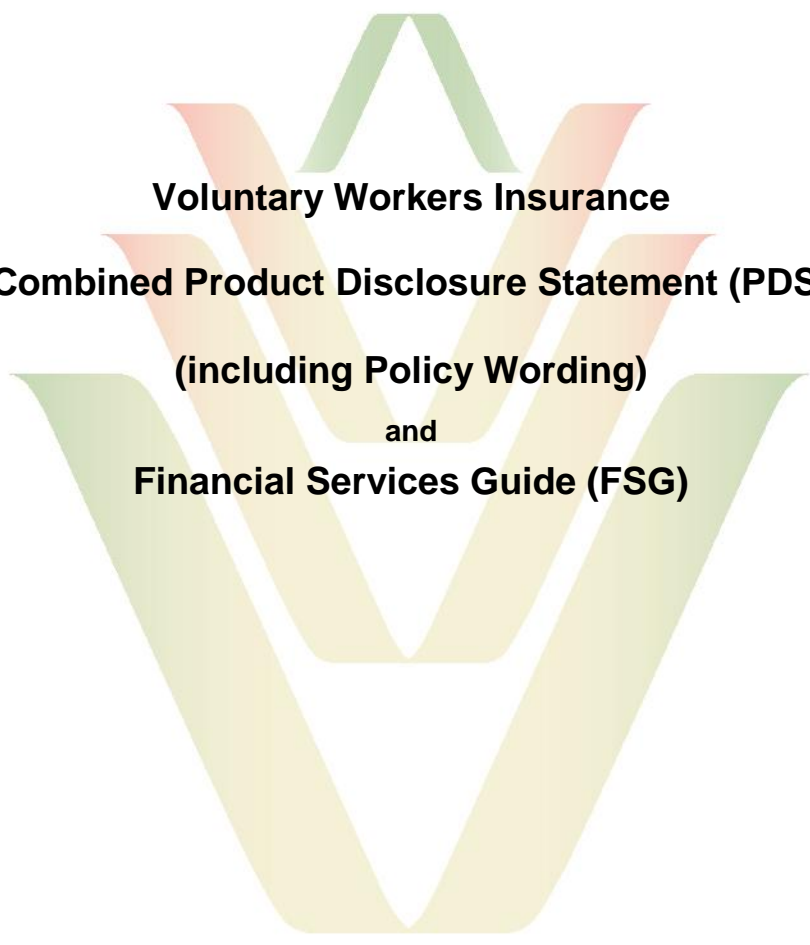


Savannah Insurance Agency Pty Ltd



**Voluntary Workers Insurance
Combined Product Disclosure Statement (PDS)
(including Policy Wording)
and
Financial Services Guide (FSG)**

This Combined PDS & FSG is dated 1st October 2011.

Issued by Savannah Insurance Agency Pty Ltd (ABN 84 130 364 313), (Australian Financial Services Licence No. 329631) ("**Savannah**"), acting under a binding authority arrangement which gives Savannah the authority to act as an Agent of Certain Underwriters at Lloyd's.

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Savannah Insurance Agency Pty Ltd

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Part 1 – IMPORTANT INFORMATION

ABOUT OUR VOLUNTARY WORKERS INSURANCE

1. This Product Disclosure Statement (PDS)

This PDS is designed to assist You to make informed choices about Your insurance needs. It gives a summary of the benefits and risks associated with this insurance product. This document is divided into three sections. The first section (Part 1) includes general information about this insurance. The second section (Part 2) is the Policy wording that sets out the specific terms, conditions and exclusions of the cover that We will provide, which should be read carefully to ensure that it provides the cover You need. Parts 1-2 form the PDS. The third section (Part 3) is the Financial Services Guide designed to help You decide whether to use the services that Savannah provide, and other information that You should read carefully before entering into this Policy.

Please keep this combined PDS and FSG, along with your policy documents, in a safe place for future reference.

In this PDS:

We, Our or Us means Certain Underwriters at Lloyd's.

You or Your means the Person(s) named in the Policy Certificate as Insured Person(s) in connection with:

- (a) the circumstances in which entitlements to benefits arise (including the application of any exclusions);
- (b) the general conditions and limitations of cover;
- (c) notification and disclosure obligations; and
- (d) the obligation to pay the premium.

Insured Person(s) means the person(s) named in the Policy Certificate by You from time to time for the insurance cover selected by You and for which the premium has been paid.

As the information in this PDS may change from time to time, You can obtain updated information simply:

- by asking your intermediary (if applicable);
- by visiting: www.savannahgroup.com.au;
- by writing to the address shown below;
- by emailing us: enquiries@savannahgroup.com.au

If the change to the information is materially adverse, We will issue a Supplementary PDS.

2. About Savannah Insurance Agency Pty Ltd

Savannah Insurance Agency Pty Ltd (ABN 84 130 364 313), (Australian Financial Services licence no. 329631) ("**Savannah**"), is an underwriting agency created to provide a range of insurance products including voluntary workers insurance. Savannah acts as an agent for and on behalf of Certain Underwriters at Lloyd's. Savannah does not act on Your behalf. Savannah has full authority to quote contracts of insurance; issue contracts of insurance; collect premiums; and pay claims as an agent of Certain Underwriters at Lloyd's.

Savannah's contact details are:

Savannah Insurance Agency Pty Ltd
ABN 84 130 364 313; AFS Licence No: 329631
Suite 2, Level 9, 220 George Street, Sydney, NSW 2000

Telephone: (02) 8062 4255
Fax: (02) 8078 0162

Website: www.savannahgroup.com.au
Email: enquiries@savannahgroup.com.au

3. About the Insurer

Lloyd's underwriters are authorised by APRA pursuant to the Insurance Act 1973.

Savannah is authorised by the Insurer to enter into contracts of insurance underwritten by Certain Underwriters at Lloyd's and Savannah is authorised as agent of the insurer under a binding authority agreement as if it were the Insurer. We do not act on Your behalf.

4. Your Individual Requirements

When preparing this PDS, We and Savannah have not taken into account Your individual objectives, requirements or financial position. We generally distribute Our products through licensed insurance brokers or advisers (intermediaries).

You should discuss with Your intermediary the type of risks You need to insure against and the appropriate amount of cover that You need. Further, if You have any questions about the appropriateness of this product for Your objectives, requirements or financial position, You should seek advice from Your intermediary.

If You wish to contact Us about this PDS, please use the contact details given above. However, We can only provide You with factual information or general advice about this product and cannot advise You whether the product is appropriate for Your objectives, requirements or financial position.

If Your circumstances, relevant to the risks We have agreed to insure, change after taking out this insurance You should notify Us (or ask Your intermediary to do so on Your behalf) as soon as possible.

5. Policy Definitions

Words that begin with a capital letter have a special meaning when used in the Policy. For the purposes of this Policy the following important definitions apply:

Accidental Death means death during the Period of Insurance resulting from an accident caused by sudden, violent, external and visible means and occurring solely and directly and independently of any other cause. It does not include any Pre-Existing Condition. It does not mean a sickness or disease.

Excluded Period of Claim means the period stated in the Policy Certificate during which no benefits are payable for Temporary, Total or Partial Disablement.

Guaranteed Income means Your Income that You can prove or substantiate to our satisfaction.

Income means the following:

1. If You are an employee, Income means Your gross weekly rate of pay excluding such things as bonuses, overtime or allowances; or
2. If You are not an employee, Income means any gross weekly income which You have earned by personal effort after deducting any expenses You had while earning the Income.

Injury means bodily injury resulting from an accident which is an external event that occurs fortuitously to the Insured Person(s) during the Period of Insurance and results solely, and independently of any other cause, in any of the Insured Events specified in the Table of Benefits within twelve (12) calendar months from the date thereof. Injury does not include:

- (a) any consequences of an Injury which are ordinarily described as being a disease, including but not limited to any congenital condition, heart condition, stroke or any form of cancer;
- (b) an aggravation of a pre-existing Injury;
- (c) any other Pre-Existing Condition; and
- (d) any degenerative condition.

Insured means the Insured as specified in the Policy Certificate.

Insured Event means an event as defined and described in the Table of Benefits.

Insured Person(s) means the person(s) named in the Policy Certificate by You from time to time for the insurance cover selected by You and for which the premium has been paid.

Insurer is Certain Underwriters at Lloyd's.

Loss of Use means loss of, by physical severance, or total and permanent loss of the effective use of the part of the body referred to in the Table of Benefits.

Period of Insurance means the period stated in the Schedule or such lesser period if this Policy is cancelled. In such circumstances, the Period of Insurance shall end at the effective date of cancellation.

Permanent in relation to disablement, means disablement lasting at least twelve (12) consecutive months, and at the end of that time being beyond hope of improvement.

Pre-Existing Condition means a condition which the Insured Person(s) was aware of (whether diagnosed or not) or has sought treatment for prior to the inception of this Policy.

Policy means this PDS and the Policy Certificate.

Policy Certificate includes any current schedule or renewal, variation or endorsement of this Policy.

Salary means the following:

- (a) Your Guaranteed Income for the twelve (12) months following the Injury or Illness.
- (b) If You have no Guaranteed Income for the twelve (12) months following the Injury or Illness, then the average of Your Income for the preceding twelve (12) months or over such shorter period provided You have been continuously employed or engaged in Your occupation or business for a period of at least three (3) months.
- (c) If You do not meet (a) or (b) above, then Your Salary shall be Nil.

Table of Benefits means the table referred to in sections 1, 2 and 3 of this Policy.

Total Disablement means the Insured Person(s) inability to engage in their usual occupation or employment, or any other occupation or employment for which the Insured Person(s) is suited by reason of education, training, experience, or skill, or if not employed, from engaging in any and every occupation for the rest of the Insured Person(s) life.

Temporary Partial Disablement means disablement which entirely prevents the Insured Person(s) from carrying out a substantial part of the duties normally undertaken by the Insured Person(s) in connection with their usual occupation or employment for a period of time not exceeding twelve (12) months from the date the disablement commences.

Temporary Total Disablement means disablement which entirely prevents the Insured Person(s) from engaging in their usual occupation or employment for a period of time not exceeding twelve (12) months from the date the disablement commences.

We, Our, or Us means Certain Underwriters at Lloyd's.

You or Your means the Person(s) named in the Policy Certificate as the Insured and includes the Insured Person(s) in connection with:

1. the circumstances in which entitlements to benefits arise (including the application of any exclusions);
2. the general conditions and limitations;
3. notification and disclosure obligations; and
4. the obligation to pay the premium.

6. Types of cover

The Policy provides a choice of insurance cover. You may choose one of the following types of insurance cover, which are explained below. The type of insurance cover You choose will be set out on Your Policy Certificate.

We will pay You the benefit set out in Your Policy Certificate if an Insured Person(s) during the Period of Insurance and whilst engaged in voluntary work for You suffers an Injury resulting from an accident during the currency of the Policy. The Injury suffered must:

- be an Insured Event as set out in the Table of Benefits, and
- arise within twelve (12) calendar months from the date of the accident.

We will insure You against Injury for:

Section 1 – Lump Sum Benefits

- Defined events 1-19 in the Table of Benefits
- Broken bones event 20 in the Table of Benefits

Section 2 - Weekly Benefits Injury

We will insure You for a period of up to 104 weeks.

Section 3 – Injury Assistance Benefits

We will insure You for Student Tutorial Benefits and Domestic Home Help.

There are differences between each section including different definitions, limits of liability, specific exclusions, and specific conditions. The terms in one section may be different from another section. You should read each section carefully to ensure that the cover chosen is appropriate for Your needs.

Further details and limits on cover are set out in Part 2 of this PDS.

7. Other Issues to Consider before Taking out this Insurance

Like all insurance contracts, the Policy contains exclusions, terms and conditions, as well as limits and sub-limits that You should be aware of when considering whether to purchase this product.

8. Conditions

As well as the conditions that appear in each section, the Policy also includes a number of general conditions that apply to all sections. These conditions are shown in Part 2. In some circumstances, a breach of a condition may entitle Us to refuse to pay a claim or reduce the amount We are liable to pay.

9. Limit of Liability

The most We will pay for all claims under this Policy during any Period of Insurance is set out under the Limit of Liability in the Policy Certificate. Once the Limit of Liability has been paid, You will need to pay Us an additional premium to reinstate the Policy cover.

10. Limits On What We Will Pay

1. The maximum benefit

The maximum We will pay under this Policy is the Sum Insured set out in the Policy Certificate. We will pay for only one Insured Event, so if Your injuries could fall into more than one of the Insured Events listed in the Table of Benefits, We will pay You the Insured Event benefit which is the highest.

2. Temporary Total Disablement Payments
 - a. The amount of any claim made under this Policy may be reduced where an Excluded Period of Claim applies. An Excluded Period of Claim is the number of days after medical treatment by a registered medical practitioner, for which We will not pay any benefits. An Excluded Period of Claim will apply where You have chosen cover for weekly Benefits – Injury Weekly Benefits (Section 2) and will be stated in Your Policy Certificate.
 - b. Any lump sum benefit payable shall be reduced by any amount of any other lump sum benefit We have paid You or are liable to pay in connection with the same injury.
 - c. Payments from workers' compensation or other statutory schemes - if You receive any payments from any workers' compensation or other statutory schemes for the Injury, then any weekly payments made under this Policy will be reduced by that amount.
 - d. Sick leave payments - no payment will be made under Section 2 if You are already receiving sick leave payments from Your employer for the same Injury.
3. Persons Under nineteen (19) Years of Age
 - a. If You are under nineteen (19) years of age, We will only pay 20% of the amount listed in the Table of Benefits for Insured Events 1 - 19.

11. What We do not Pay

Claims may be excluded in certain circumstances under this Policy which means We may refuse to pay Your claim.

We do not cover Injury which:

1. is deliberately self-inflicted or caused by You, including suicide or attempted suicide whether sane, insane or under any mental distress;
2. occurs as a result of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any Government or Public or Local Authority;
3. results from You engaging in air travel except as a passenger in any properly licensed aircraft;
4. results from You engaging in or taking part in naval, military or air force service or operations;
5. results from You engaging in or taking part in or training for professional sports of any kind;
6. is attributable wholly or partly to childbirth or pregnancy or the complications of these;
7. occurs as a result of the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel;
8. is a sexually transmitted disease, or Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection contracted in any manner whatsoever (whether sexually transmitted or not);
9. results from a criminal or illegal act committed by You;
10. results from You being under the influence of alcohol or an illegal drug or where there is more alcohol or drugs in Your blood than the law permits;
11. results from You directly or indirectly suffering from stress, depression, anxiety or any psychosomatic, psychological, psychotic, mental or nervous disorder;
12. results from any Pre-Existing Condition which is a condition You were aware of or sought treatment for prior to the commencement of the Policy;

13. You receive sick leave payments for;
14. results from training for or participation in any code of football;
15. results from racing and/or time trials of any form, other than on foot; and
16. arises where You have attained the age of sixty-five (65), and there is no cover for Temporary Total Disablement and Temporary Partial Disablement cover is not otherwise provided.

Additionally, the Policy does not cover You for:

1. Death that occurs through natural causes;
2. any expense to which section 118.1 of the Private Health Insurance Act 2007 (Cth) as amended) or any of the regulations made thereunder apply.

Further details on what we do not pay are set out in Part 2 of this PDS.

12. Selecting a Sum Insured

It is important that You ensure that You have selected a Sum Insured for each cover that provides You and the Insured Person(s) with sufficient protection for Your needs.

13. Sum Insured

The Sum Insured is the amount We agree to insure You for when You take out the Policy as shown on Your Policy Certificate.

If You suffer an Insured Event as a result of an Injury (Events 1-19) then We will pay You a percentage of the Sum Insured as set out in the Table of Benefits.

14. Basis of Settlement

It is also important that You understand how We settle and pay Your claims. Each section details how claims are calculated for cover in respect of that section.

15. How to Apply for this Insurance and Our Contract with You

You may need to complete an application form. We will use the information You supply in the application form to determine the terms of cover We will provide. The terms of cover are contained in the Policy and the most recent Policy Certificate that We issue to You.

The Policy Certificate will contain important information about Your cover, including the Period of Insurance, the premium, the level of cover (and the insured amounts) You have chosen and whether any standard terms have been varied by way of endorsement to the Policy.

You should keep all of the Policy documents in a safe place.

16. The Cost of this Insurance Policy

The cost of Your Policy will be shown on the quotation provided, once all required information has been received. The cost of Your Policy is calculated based on a number of considerations including the age, occupation, claims experience and other information about persons covered under this Policy, relevant to the particular risk. These factors, and the degree to which they affect Your premium, will depend on the information that You provide to Us.

The cost of Your Policy is made up of premium, government taxes such as goods & services tax (GST) and stamp duty, where applicable.

Please note that the cover We provide is subject to the payment of the premium by the due date.

17. Your Duty of Disclosure – What You Must tell Us

When You apply for insurance, You need to tell us certain information which would affect Our decision to insure You. If You do not give us this information, it may affect Your Policy. The duty of disclosure appears in full below. Please ensure You read this carefully.

The duty of disclosure notice will also appear on Your renewal invitation and the duty of disclosure also applies to any endorsements or variations You request.

Before You enter into a contract of general insurance with an insurer, You have a duty, under the *Insurance Contracts Act 1984* (Cth) to disclose to Us every matter You know, or could reasonably be expected to know, that is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate a contract of general insurance.

You do not have to tell Us about any matter that:

- diminishes the risk to be undertaken by Us;
- is of common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We say We do not need to know.

18. Who needs to disclose

You are answering questions on behalf of Yourself and anyone else You want to be covered by this Policy. The duty of disclosure applies to You and everyone else insured by the Policy.

19. Non Disclosure

If You fail to comply with Your duty of disclosure, We may be entitled to reduce Our liability under the Policy in respect of a claim, or We may cancel the Policy. If Your non-disclosure is fraudulent, We may also have the option of avoiding the Policy from its beginning.

20. Taxation Implications

Depending upon You or Your company's entitlement to claim input tax credits under this Policy, We may reduce the payment of Your claim by the amount of any input tax credit.

A claim paid in respect of weekly disability benefits in this Policy, is subject to personal income tax and it is Your responsibility to declare such benefit when completing Your usual tax return.

There may be other taxation implications affecting You depending upon Your own circumstances. We recommend that You seek professional advice.

21. Making a Claim

If You need to make a claim, please send written notice of Your claim to Your insurance broker or adviser (intermediary) within thirty (30) days of the date of the incident occurring, or as soon as reasonably possible. Your insurance broker or adviser (intermediary) will send You a copy of Our claim form which will need to be fully completed. We will not be responsible for any payments under the Policy unless this form is fully completed and returned to Us. Any costs involved in the collection of information for the form are Your responsibility.

At any time after a claim has been lodged, We may conduct enquiries into the circumstances of the claim. We may ask for medical examinations or, in the event of death, We may request an autopsy. This will be done at Our expense.

Any payments under this Policy will be to You, or in the event of Your death, Your legal representative.

In the event of a claim arising under this Insurance IMMEDIATE NOTICE should be given to:

*Corporate Services Network (CSN)
Level 2, 280 George Street,
Sydney, NSW 2000, Australia*

*Contact CSN Assist
Phone +61 2 8256 1731 Fax +61 2 8256 1735*

Once a payment is made under this Policy, We may attempt to recover the amount We have paid to You if we find someone else is responsible for the loss or damage. We will do this in You or the Insured Person(s) name. We may also need to defend You, or the Insured Person(s), if someone else alleges You caused them loss or damage. You and the Insured Person(s) are required to cooperate with Us at all times.

22. Cooling-Off Period

You have the right to cancel the Policy by notifying the Insurer in writing within twenty-one (21) days of the date the Policy was issued to You (**Cooling-Off Period**). You are entitled, during the Cooling-Off Period, to a complete refund of the amount You have paid for the Policy. If You choose to cancel the policy during the Cooling-Off Period, We will treat the policy as never having existed.

You are not entitled to a refund if, during the Cooling-Off Period, the Policy has already expired or if You have made a claim under the Policy.

23. Cancellation

You may cancel the Policy by notifying Us in writing. The cancellation will take effect on the day We receive such notice in writing. We will refund the premium for the unexpired Period of Insurance. If more than one person, company or firm is named on the Policy as an Insured Person(s), We will only cancel the Policy if a written agreement to cancel the Policy is received by Us from all parties named as an Insured Person(s).

We may cancel the Policy in any of the circumstances set out in, and in the manner allowed by, the *Insurance Contracts Act 1984 (Cth)*. We will advise You in writing if the Policy is cancelled by Us. If We cancel the Policy We will refund the premium for the unexpired Period of Insurance.

24. Dispute Resolution

We and Savannah will do everything possible to provide a quality service to You. However, We recognise that occasionally there may be an aspect of Our or Savannah's service or a decision We or Savannah have made that You wish to query or draw to Our or Savannah's attention. Savannah has complaints and dispute resolution procedures which undertake to answer Your queries or complaints within fifteen (15) working days. If You have any queries or complaints, please contact Savannah, Savannah's staff are always available to listen to You and to help where they can.

If You wish to make a complaint or access Savannah's internal dispute resolution service, please contact Savannah and ask to speak to Savannah's dispute resolution manager. The contact details of Savannah's dispute resolution manager are as follows:

Savannah Dispute Resolution Manager
GPO Box 4920, Sydney, NSW 2001
Tel: (02) 8062 4250
Fax: (02) 8078 0162

If You are unhappy with Savannah's response, or Savannah has taken more than fifteen (15) working days to respond, You should contact the Compliance Officer at:

Lloyd's Australia Limited
Suite 2, Level 21 Angel Place
123 Pitt Street, Sydney NSW 2000
Telephone: (02) 9223 1433
Facsimile: (02) 9223 1466

Email: tracey@lloydsaustralia.com.au

When You lodge Your dispute with Us, We will Usually require the following information:

- Name, address and telephone number of the policyholder
- The type of insurance policy involved
- Details of the policy concerned (policy and/or claim reference numbers, etc)
- Name and address of the insurance intermediary through whom the policy was obtained
- Details of the reasons for lodging the dispute
- Copies of any supporting documentation You believe may assist Us in addressing Your dispute appropriately.

Following receipt of Your dispute, You will be advised whether Your dispute will be handled by either Lloyd's Australia or the Policyholder & Market Assistance Department at Lloyd's in London:

If You are unhappy with this response, You may take Your complaint to the Financial Ombudsman Service (FOS), an Australian Securities & Investments Commission (ASIC) approved external dispute body.

The FOS resolves certain insurance disputes between consumers and insurers and will provide an independent review at no cost to You. We and Savannah are bound by any determination made by the FOS but the determination is not binding on You.

The contact details of the FOS are as follows.

GPO Box 3, Melbourne VIC 3001
Freecall: 1300 78 08 08
Fax: (03) 9613 6399
Email: info@fos.org.au
Web: www.fos.org.au

If FOS has no jurisdiction or if you are unhappy with its determination then the following Lloyd's Australian Alternative Dispute Resolution Procedure is available.

In the event that a dispute arises between us and you out of or otherwise in relation to this agreement, then:

- (a) Any party to the dispute shall, without prejudice to any other right or entitlement they may have, give written notice to the other party (the "Dispute Notice") requiring them within seven (7) days of this notice to negotiate (whether in a face to face meeting or by teleconference) in good faith as to how the dispute can be resolved;
- (b) If a dispute is not resolved within ten (10) days of the Dispute Notice, either party can request the other party within a further ten (10) days to agree on either:
 1. a process for resolving the dispute through means other than litigation or arbitration, such as further negotiation, mediation, or any other alternative dispute resolution technique. The rules governing any such technique shall be agreed as between the parties and where no such agreement as to the process and or guidelines is reached within ten (10) days, then it shall be by mediation by a mediator selected by the Chairperson for the time being of Lawyers Engaged in Alternative Dispute Resolution (LEADR) (or other appropriate professional body as agreed by the parties); or
 2. referral of the matters in dispute to an independent expert for an expert determination. The parties agree that they will not be bound by the determination of the expert. The expert:
 - i) will be a person agreed between the parties within ten (10) days of the dispute being referred to expert determination or failing this, the expert will be a person appointed by the Australian Insurance Law Institute (or other appropriate professional body as agreed by the parties);
 - ii) will act as an expert and not as an arbitrator;

- iii) will proceed in such a manner as he or she thinks fit without being bound to observe the rules of natural justice or the rules of evidence;
- iv) will take into consideration all documents, information and other written and oral material that the parties place before him or her including documents, information and material relating to the facts in dispute and to arguments and submissions upon the matters in dispute; and will act with expedition to provide the parties with a determination in writing within thirty-five (35) days of the referral to him or her of the matters in dispute.

Both parties must use their best endeavours to achieve resolution by the selected process and further agree that neither party will initiate litigation (as set out in clause (c) below) without first pursuing such informal resolution techniques in good faith;

In the event that the dispute is not resolved by such informal process within thirty-five (35) days of the Dispute Notice (or such other period as agreed in writing between the parties) the dispute shall be referred to litigation.

- (c) Following either a mediation or an expert determination pursuant to clause (b) of this provision, either party may then initiate proceedings in any competent Court in the Commonwealth of Australia in relation to the matters in dispute.

Such proceedings may only be commenced on 14 days written notice to the other party and shall be determined in accordance with the law and practice applicable in such Court.

Any summons, notice or process to be served upon Underwriters may be served upon:

Lloyd's Underwriters' General Representative in Australia
Suite 2, Level 21, Angel Place
123 Pitt Street, Sydney
NSW 2000, Australia

who has authority to accept service and to appear on Underwriters' behalf.

If proceedings are instituted against any one of the Underwriters, all Underwriters participating in this insurance will abide by the final decision of such Court or any competent Appellate Court.

- (d) Except where the dispute renders it impossible to do so, the parties will continue performing their respective obligations under the Policy while the dispute is being resolved, unless and until such obligations are terminated or expire in accordance with this agreement.
- (e) Each party must use its reasonable endeavours to ensure that where a dispute is reasonably foreseeable, it is dealt with at a sufficiently early stage to ensure that there is a minimal effect on the ability of either party to perform its obligations under the Policy.
- (f) Notwithstanding anything in this schedule, either party may at any time commence Court proceedings in relation to any dispute or claim arising under, or in connection with the Policy where the party seeks urgent interlocutory relief.

25. Service of Suit Clause (Australia)

The Underwriters hereon agree that:

- (i) In the event of a dispute arising under this Policy, Underwriters at the request of the insured (or reinsured) will submit to the jurisdiction of any competent Court in the Commonwealth of Australia. Such dispute shall be determined in accordance with the law and practice applicable in such Court.

(ii) Any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Australia Limited
Suite 2, Level 21 Angel Place
123 Pitt Street, Sydney NSW 2000
Telephone: (02) 9223 1433
Facsimile: (02) 9223 1466

who has authority to accept service and to enter an appearance on Underwriters' behalf, and who is directed at the request of the insured (or reinsured) to give a written undertaking to the insured (or reinsured) that he will enter an appearance on Underwriters' behalf.

(iii) If a suit is instituted against any one of the Underwriters all Underwriters hereon will abide by the final decision of such Court or any competent Appellate Court.

26. Privacy

We are committed to protecting Your privacy. We Use the information You provide Us to quote on Your application for a Policy, to provide the insurance, administer the Policy and assess and manage any claims. We only provide personal information to Our underwriters and reinsurers (and their representatives) and those We appoint to assist Us with claims under Your Policy.

If You do not provide Us with full information, We cannot properly quote for Your insurance and We cannot insure You. You can check the personal information We hold about You at any time. Such application should be directed to Savannah, in writing, where it will be considered by its internal privacy disputes department.

If You provide Us with personal information about anyone else, We rely on You to have obtained their consent and to have informed them:

- to whom We may provide their personal information;
- the purposes for which We will Use their personal information; and
- how they can access that information.

If the information is sensitive, We rely on You to have obtained their consent on these matters.

For more information about Our privacy policy, please visit Our Website.

27. Code of Practice

This Policy is Insurance Council of Australia's General Insurance Code of Practice compliant, apart from any claims adjusted outside Australia. Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry.

When You lodge a claim Savannah will tell You in plain language what information Savannah needs and how You should go about making Your claim.

Savannah will respond promptly to any requests You make for assistance with Your claim and it will be considered and assessed promptly.

28. Age Limits

There are certain age limits that apply to this Policy. There is no cover for any Insured Person(s) over the age of eighty (80) years.

PART 2 – VOLUNTARY WORKERS INSURANCE POLICY WORDING

IMPORTANT INFORMATION

Savannah gives notice that this contract has been effected under an Authority, given to Savannah by Certain Underwriters at Lloyd's. Savannah has entered into this contract as an agent of Certain Underwriters at Lloyd's and not as Your agent or an agent of any Insured Person(s).

All cover provided under this Policy is subject to:

1. the payment of premium;
2. the terms and conditions contained in this Policy and in the Policy Certificate; and
3. the limits of liability referred to in this Policy.

Subject to the terms, conditions, exclusions and limitations contained in this Policy, this Policy provides cover for disablement caused by Injury only – it does not cover You for Death arising from natural causes. Benefits are payable in the circumstances set out in this Policy. The particular cover which applies to You and which You selected when You applied for this insurance is referred to in the Policy Certificate.

If You are not entirely satisfied with this Policy, and provided the Policy has not already expired, or You have not made any claim upon it You may cancel it by returning it to Us within twenty-one (21) days of the date the Policy was issued to You. We will refund Your premium and the Policy will be treated as though it never existed.

What We will Pay

If during the Period of Insurance and while on voluntary work for You, as a result solely and directly of Injury, an Insured Person(s) suffers from Temporary Total Disablement or any of the following Insured Events set out in the Table of Benefits We will pay the corresponding benefits set out in that Table of Benefits. However, all Insured Events including disablement must occur within twelve (12) months of the Injury.

What We will not Pay

Claims may be excluded in certain circumstances under the Voluntary Workers Policy which means We may refuse to pay Your claim.

We do not cover Injury which:

1. is deliberately self-inflicted or caused by You, including suicide or attempted suicide whether sane, insane or under any mental distress;
2. occurs as a result of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any Government or Public or Local Authority;
3. results from You engaging in air travel except as a passenger in any properly licensed aircraft;
4. results from You engaging in or taking part in naval, military or air force service or operations;
5. results from You engaging in or taking part in or training for professional sports of any kind;
6. is attributable wholly or partly to childbirth or pregnancy or the complications of these;
7. occurs as a result of the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel;

8. is a sexually transmitted disease, or Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection contracted in any manner whatsoever (whether sexually transmitted or not);
9. results from a criminal or illegal act committed by You;
10. results from You being under the influence of alcohol or an illegal drug or where there is more alcohol or drugs in Your blood than the law permits;
11. results from You directly or indirectly suffering from stress, depression, anxiety or any psychosomatic, psychological, psychotic, mental or nervous disorder;
12. results from any Pre-Existing Condition which is a condition You were aware of or sought treatment for prior to the commencement of the Policy;
13. You receive sick leave payments for;
14. results from training for or participation in any code of football;
15. results from racing and/or time trials of any form, other than on foot; and
16. arises where You have attained the age of sixty-five (65), and there is no cover for Temporary Total Disablement and Temporary Partial Disablement cover is not otherwise provided.
17. any expense to which Section 118.1 of the Private Health Insurance Act 2007 (Cth) as amended or any of the regulations made thereunder apply.

General Conditions and Limitations

1. A benefit shall not be payable for more than one of the Insured Events 1-19 in respect of the same Injury, in which case We will pay You the Insured Event benefit which is the highest.
2. Any benefit payable for Insured Events 1-19 shall be reduced by any sum already paid for Insured Events under sections 2 & 3 in respect of the same Injury.
3. No benefits will be payable for death that occurs through natural causes.
4. A benefit payable to Insured Person(s) under nineteen (19) years of age for Insured Events 1-19 shall be 20% of the minimum Sum Insured stated in the Policy Certificate unless otherwise specified.
5. Weekly benefits for Temporary Total Disablement shall be limited to the Sum Insured stated in the Policy Certificate or 80% of Your Salary, whichever is the lesser. If You receive benefits or Income from any other source, Our payments will be reduced by that amount and We will pay the difference up to 80% of Your Salary. If You redeem or commute or settle Your entitlement to benefits or income from any other source, Our payments under this Policy will immediately cease.
6. We will pay one-seventh (1/7) of the weekly benefits for each day of disablement where disablement lasts for less than a week.
7. No benefits shall be payable for any expense to which Section 118.1 of the Private Health Insurance Act 2007 (Cth) as amended or any of the regulations made thereunder apply.
8. The weekly benefit payable for Temporary Total Disablement shall be reduced by the amount of any workers' compensation entitlement or any other payment which You are entitled to receive from any insurance policy.

9. No weekly benefits shall be payable for disablement during the deferral period shown in the Policy Certificate.
10. No further benefit will be payable under this Policy and all cover under this Policy will cease if:
 - 10.1 You become entitled to the payment of a Sum Insured being 100% of the Sum Insured stated in the Policy Certificate.
 - 10.2 You become entitled to the payment of weekly benefits for the maximum period stated in the Policy Certificate. The maximum period is one hundred and four (104) weeks from the date You first become entitled to the payment of weekly benefits except for persons sixty (60) years and over where the benefit period is fifty-two (52) weeks. Should You become entitled to weekly benefits at the age of fifty-nine (59) Your benefit period ceases when You turn sixty-one (61). The benefit period ceases at the expiration of the maximum period. The maximum period commences from the time You first sought medical attention following an Injury.
 - 10.3 You become entitled to both a Sum Insured as stated in the Policy Certificate and weekly benefits and You are paid 100% of the Sum Insured stated in the Policy Certificate and weekly benefits for the total period stated in the Policy Certificate.
11. No benefits are payable unless, as soon as possible after the happening of any Injury, You obtain and follow medical advice from a legally qualified medical practitioner. Your benefit commences from the time You first sought medical attention following Your Injury.
12. You must give Us immediate written notice if You take out any other insurance with any insurer providing for weekly benefits of a similar kind which, together with this insurance, will exceed Your Salary.
13. Written notice of claim must be given to Us within thirty (30) days after the occurrence of any circumstances giving rise to a claim, or as soon thereafter as is reasonably possible.
14. Upon receipt of a notice of claim, We shall submit Our usual claim form for completion. We shall not be liable to make any payment under this Policy unless the claim form is properly completed and all information reasonably required by Us has been furnished to Us at Your expense.
15. The benefits of this Policy depend on You or any person covered by this Policy giving Us any reasonable information and help We require. This includes giving Us written statements of documents We consider relevant. We may also require You or any person covered by this Policy to attend Court to give evidence. You must help Us even when We have paid Your claim. If You do not co-operate Your payments may be suspended.
16. We may, at Our own expense, conduct any medical examination or examinations or arrange for an autopsy to be carried out. We may also at any time during Your claim ask for further information or appoint a person to conduct further enquiries into the nature and circumstances of the claim.
17. We may request a progressive claim form be completed by Your attending physician or specialist.
18. No action at law or equity shall be brought or maintainable unless and until the parties have first participated in a formal mediation process before a mediator appointed by agreement or failing that by the president of the law society of that state the claimant ordinarily resides. The costs of any mediator shall be borne equally by the parties.
19. No action at law shall be brought to recover on this Policy prior to the expiration of sixty (60) days after Our reasonable requirements in connection with a claim have been met.

No such action shall be brought after the expiration of three (3) years after the date of the Injury giving rise to the claim.

20. You may cancel the Policy by notifying Us in writing. The cancellation will take effect on the day We receive such notice in writing. We will refund the premium for the unexpired Period of Insurance. If more than one person, company or firm is named on the Policy as an Insured Person(s), We will only cancel the Policy if a written agreement to cancel the Policy is received by Us from all parties named as an Insured Person(s). We may cancel the Policy in any of the circumstances set out in, and in the manner allowed by, the *Insurance Contracts Act 1984* (Cth). We will advise You in writing if the Policy is cancelled by Us. We will refund the premium for the unexpired Period of Insurance.
21. All cover under this Policy shall cease upon Your attaining the age of eighty (80) years unless otherwise indicated on the Policy Certificate.
22. All weekly benefits shall be paid monthly in arrears.
23. All benefits shall be paid to You, or in the case of Your death, to Your legal personal representative.
24. If a sum is shown in the Policy Certificate as being the Aggregate Limit of Liability, We shall not be liable to pay benefits under this Policy totalling in all more than the Aggregate Limit of Liability Sum Insured for all claims arising under this Policy during the Period of Insurance shown in the Policy Certificate, including any current Policy Certificate.
25. Any claim or benefit paid under this Policy will be paid in the same currency as premium quoted.

Governing Law and Jurisdiction

This Policy is governed by the Laws of the Australian State or Territory it was issued in and any dispute or action in connection therewith shall be conducted and determined in Australia.

Additional Benefits

1. Exposure

If as a result of an Injury occurring during the Period of Insurance You are exposed to the elements and suffer from any of the Insured Events set out in the Table of Benefits as a direct result of that exposure, We will pay the corresponding benefit accordingly.

2. Disappearance

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

Section 1 - Table of Lump Sum Benefits

INSURED EVENTS	THE BENEFITS	
	(being a percentage of the Lump Sum Insured shown in the Policy Certificate for each Insured Person(s))	
Injury resulting directly in:		
1. Accidental Death	1.	100 %
2a. Permanent Total Disablement – persons	2a.	100 %
2b. Paraplegia/Quadriplegia – persons	2b.	100 %
3. Permanent and incurable paralysis of all limbs	3.	100 %
4. Permanent total loss of sight of both eyes	4.	100 %
5. Permanent total loss of sight of one eye	5.	100 %
6. Permanent total Loss of Use of two limbs	6.	100 %
7. Permanent total Loss of Use of one limb	7.	100 %
8. Permanent and incurable insanity	8.	100 %
9. Permanent total loss of hearing in		
a. both ears	9a.	80 %
b. one ear	9b.	20 %
10. Permanent total loss of four fingers and thumb of either hand	10.	80 %
11. Permanent total loss of the lens of one eye	11.	60 %
12. Permanent total Loss of Use of four fingers of either hand	12.	50 %
13. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	13.	50 %
14. Permanent total Loss of Use of one thumb of either hand		
a. both joints	14a.	30 %
b. one joint	14b.	15 %
15. Permanent total Loss of Use of fingers of either hand		
a. three joints	15a.	10 %
b. two joints	15b.	8 %
c. one joint	15c.	5 %
16. Permanent total Loss of Use of toes of either foot		
a. all – one foot	16a.	15 %
b. great – both joints	16b.	5 %
c. great – one joint	16c.	3 %
d. other than great, each toe	16d.	1 %
17. Fractured leg or patella with established non-union	17.	10 %
18. Shortening of leg by at least 5cm.	18.	7.5 %
19. Permanent disablement not otherwise falling into Insured Events 9 – 18 inclusive will be compensated as determined at Our absolute discretion. Such determination will not be inconsistent with the benefits provided under Insured Events 9-18 inclusive.	19.	The maximum amount payable is \$50,000.
20. Broken bone benefits caused directly and solely by Injury		
a. neck or spine (full break)	20a.	\$ 5,000
b. Hip, pelvis	20b.	\$ 500
c. Skull, shoulder blade	20c.	\$ 200
d. Collar bone, upper leg	20d.	\$ 200
e. Upper arm, kneecap, elbow	20e.	\$ 150
f. Lower leg, jaw, wrist, cheek, ankle, hand, foot	20f.	\$ 100
g. Ribs	20g.	\$ 100
h. Finger, thumb, toe	20h.	\$ 50
Maximum benefits any one accident		\$ 5,000

Section 2 - Weekly Benefits – Injury

1. Temporary Total Disablement caused directly and solely by Injury	During such disablement, the weekly benefits as specified or 80% of Your Salary as defined whichever is the lesser.
2. Temporary Partial Disablement caused directly and solely by Injury	40% of the amount payable for Section 2 Insured Event 1.

Maximum Benefit Period: We will insure You for a maximum period of up to one hundred and four (104) weeks from the date the Insured Person(s) first becomes entitled to the payment of weekly compensation where the Policy Certificate does not specify coverage as being for a lesser period.

Section 3 – Injury Assistance Benefits

1. Non – Medicare Medical Expenses

If an Insured Person(s) suffers an Injury during the Period of Insurance and whilst engaged on authorised voluntary work, We will pay the cost of the following expenses, provided they are incurred within twelve (12) months of the Injury, being expenses paid to a legally qualified medical practitioner, nurse, hospital or ambulance service for medical, surgical, x-ray, hospital or nursing treatment, including the cost of medical supplies and ambulance hire, but excluding the cost of dental treatment unless such treatment is necessarily incurred to teeth (excluding dentures) and is caused by Injury, provided that We shall not be liable to make any refund in respect of:

- a. any expenses recoverable by the Insured Person(s) from any other source except for the excess of the amount recoverable from such other source.
- b. the rendering in Australia of a professional service for which Medicare benefit is, or would but for subsection 18(4) of the *Private Health Insurance Act 2007* (Cth), be payable.
- c. any expenses to which the *Private Health Insurance Act 2007* (Cth) and its regulations applies.

benefits for medical expenses shall be limited to 80% of expenses incurred to a maximum of \$1,500.

2. Student Tutorial Benefits

It is hereby declared and agreed that a Student who is an Insured Person(s) not in receipt of pre-disability earnings is entitled to reimbursement of student tutorial fees under Temporary Total Disablement Event Section 2 provided that:

- a. such fees are paid to a professionally qualified tutor who continues teaching the student during the period in disability;
- b. such fees must be certified by a legally qualified medical practitioner.

2. The benefits payable for student tutorial benefits shall be limited to \$600 per week payable for an aggregate period of twenty-six (26) weeks.

3. Domestic Help

It is hereby declared and agreed that any Insured Person(s) not in receipt of pre-disability earnings will be paid under Temporary Total Disablement Event Section 2 for the cost of hiring domestic help and/or child-minding services reasonably and necessarily incurred provided that:

- a. Such child-minding services and domestic help are carried out by persons other than members of the Insured Person(s) family or other relatives or person’s permanently living with the Insured Person(s).
- b. Such child-minding services and domestic help is certified by a legally qualified medical practitioner as being necessary for the recovery of the Insured Person(s) payable from the eighth (8th) day of treatment by a legally qualified medical practitioner.

3. The benefits payable for emergency home help shall be limited to \$500 per week payable for an aggregate period of twenty-six (26) weeks.

Part 3 – FINANCIAL SERVICES GUIDE (FSG)

Date of Preparation of this FSG is 1st October 2011.

Distribution of this FSG has been authorised by Savannah Insurance Agency Pty Ltd (**Savannah**).

This FSG contains important information about Savannah. This FSG is designed to help You decide whether to use the services Savannah provide, how they are remunerated and how any complaints You may have are dealt with.

If You decide to acquire insurance as a retail client, You will be given a Product Disclosure Statement (**PDS**) before or at the time you acquire the insurance. The PDS is designed to assist You to make informed choices about Your insurance needs. It gives a summary of the benefits and risks associated with, including general information about, the insurance as well as a policy wording (that sets out the specific terms, conditions and exclusions of the cover provided).

Please keep this FSG along with Your policy documents in a safe place for future reference.

About Savannah

Savannah is an underwriting agency acting under a binding authority which means Savannah acts as an agent of the Insurer. Savannah does not act on Your behalf.

Savannah's Services

Savannah is authorised under its Australian Financial Services Licence (No. 329631) to provide general financial product advice (but not personal advice) on, and issue, general insurance including but not limited to the following insurance cover Commercial Motor, Professional Indemnity, Management Liability, Crime & Fidelity Guarantee, Property, Business Interruption and Personal Accident.

How Savannah is Remunerated

Savannah will receive a percentage of the gross premium (including taxes and charges) each time You buy a policy (including renewals) and for some variations. This does not increase the amount of premium paid by You.

Savannah may also receive a profit share commission calculated as a percentage of the gross premium (including taxes and charges) from the Insurer based on the profit they earn on the portfolios underwritten by Savannah on their behalf.

Savannah may also charge You an administration fee when You first enter into a policy and on any variation, renewal or cancellation. This amount is payable in addition to Your premium.

Savannah's staff are paid a salary. They may receive bonuses or other incentives and rewards depending on their performance relating to certain specific business criteria.

For details of Savannah's remuneration, please contact Savannah within a reasonable time after receiving this FSG and before Savannah provide any insurance services to You.

What happens if You have a Complaint?

Savannah has established formal internal dispute procedures to ensure that all enquiries and complaints are fairly and properly considered and dealt with. If You have an enquiry or complaint about our services please phone our Complaints Manager on (02) 8062 4256

If Your complaint remains unresolved, please contact:

Savannah Dispute Resolution Manager
GPO Box 4920, Sydney, NSW 2001
Tel: (02) 8062 4250
Fax: (02) 8078 0162
Email: feedback@savannahgroup.com.au

If You are not satisfied with the outcome of our internal dispute resolution process You may lodge a written complaint with the Financial Ombudsman Service Limited (FOS) which can be contacted at:

GPO Box 3, Melbourne, VIC 3001
Freecall: 1300 78 08 08
Fax: (03) 9613 6399
Email: info@fos.org.au
Web: www.fos.org.au

This service is offered to You free of charge and their decisions are binding on Savannah but not You.

Professional Indemnity Insurance

Savannah has professional indemnity insurance in place which covers Savannah and their employees for any errors or mistakes relating to their insurance services. This insurance meets the requirements of the Corporations Act and meets claims relating to an employee even after they cease to be an employee, provided that the Insurer is notified of the claim when it arises and this is done within the relevant policy period.

Privacy

Savannah are committed to protecting Your privacy. Information supplied to them by You (or Your intermediary) will only be used to arrange the insurance product(s) with the Insurer. Savannah do not trade, rent or sell Your information and you can check the information they hold about You at any time. Savannah's complete Privacy Policy can be accessed on our website www.savannahgroup.com.au or by writing to Savannah at the address shown in this FSG.

Contact Details

If You need further information about Savannah's products or services, or should You have any queries please contact Savannah or visit our website: www.savannahgroup.com.au.

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