

Issue Date: 24 March 2014

Telephone: +61 2 9285 4000

Fax: +61 2 9283 5268

Website: www.willis.com

To Whom It May Concern

Direct Line: +61 2 9285 4169

Email: pearson@willis.com

Certificate of Placement – Group Student Personal Accident

In our capacity as Insurance Broker to the Named Insured shown below, we confirm having arranged the following insurance, the details of which are correct as at the Issue Date:

Named Insured: Shearwater, The Mullumbimby Steiner School ABN 43 374 156 471

Insurer(s): AIG Australia Limited

Policy Number: 2300107234

Covering: Injury to Registered Full Time Students of the School as per Option 1, including School organised and authorised work experience placement

Limit of Liability: As per Option 1 of the attached Schedule of Benefits

Geographical Limit: Worldwide

Policy Period: 4.00pm, 31st October 2013 to 4.00pm, 31st October 2014



Signed for and on behalf of
Willis Australia Limited

Disclaimer:

This document has been prepared at the request of our client and does not represent an insurance policy, guarantee or warranty and cannot be relied upon as such. All coverage described is subject to the terms, conditions and limitations of the insurance policy and is issued as a matter of record only. This document does not alter or extend the coverage provided or assume continuity beyond the Expiry Date. It does not confer any rights under the insurance policy to any party. Willis Australia Limited is under no obligation to inform any party if the insurance policy is cancelled, assigned or changed after the Issue Date.

The Events Injury as defined, resulting in:		The Compensation Each Insured Person – Option 1
1.	Permanent Quadriplegia	750,000
2.	Permanent Paraplegia	750,000
3.	Death	50,000
4.	Permanent Loss of Independent Existence	750,000
5.	Permanent Total Loss of Entire Sight of Both Eyes	350,000
6.	Permanent Total Loss of Entire Sight of One Eye	150,000
7.	Permanent Total Loss of use of two Limbs	300,000
8.	Permanent Total Loss of Speech	100,000
9.	Permanent Total Loss of use of one Limb	150,000
10.	Permanent Total Loss of Hearing in both Ears	150,000
11.	Permanent Total Loss of Hearing in one Ear	50,000
12.	Permanent Total Loss of use of four Fingers and Thumb of either Hand	80,000
13.	Permanent Total Loss of use of four Fingers of either Hand	50,000
14.	Permanent Total Loss of use of one Thumb of either Hand	
	14.1 Both Joints	30,000
15.	14.2 One Joint	15,000
	Permanent Total Loss of use of Fingers of either Hand	
	15.1 Three Joints	50,000
16.	15.2 Two Joints	20,000
	15.3 One Joint	10,000
	Permanent Total Loss of use of Toes of either Foot	
	16.1 All – one Foot	20,000
17.	16.2 Great – both Joints	15,000
	16.3 Great – one Joint	10,000
	16.4 Other than great, each Toe	5,000
	Shortening of Leg by at least 5cm	10,000
18.	Fractured Leg or Knee Cap with Established Non-Union	20,000
19.	Third degree burns and/or resultant disfigurement due to fire or chemical burns which extend to more than 40% of the entire body	350,000
20.	Permanent Partial Disability not otherwise provided for under Events 4-19 inclusive and 23-25 inclusive.	Such percentage of the maximum compensation which corresponds to the percentage reduction in whole bodily function as certified by not less than two (2) legally qualified medical practitioners one of whom shall be the insured persons' treating doctor and the other shall be nominated by us. In the event of a disagreement between them, a third legally qualified medical practitioner's opinion shall be obtained and the percentage awarded shall be the average of the three options
21.	Bed Care Patient benefit for a period of more than 24 hours as a result of Injury Aggregate Period of this Benefit is up to 52 weeks	550pw and part there of – pro rata
22.	Injury Assistance Benefit – In the event of an Insured Persons suffering Temporary Total Disablement, we will reimburse Domestic Help and Child Minding Services and/or Extra Public Transport Expenses certified as necessary by the Insured Persons' legally qualified and registered medical practitioner. Elimination Period is 7 days per Injury. Aggregate Period for this Benefit is up to 52 weeks.	Up to 350pw
23.	Injury as defined resulting broken and/or fractured bones of the	
	(a) Finger or Toe (each)	200
	(b) Hand or Foot	200
	(c) Arm, Elbow, Wrist, Leg, Ankle or Knee	
	(i) simple fractures	500
	(ii) compound or complicated factures	1,000
	(d) Collarbone	500
	(e) Breastbone	500
	(f) Rib (each)	200
	(g) Shoulder, Cheekbone or Nose	500
	(h) Jaw	500
(i) Skull, Pelvis, Hip, Vertebrae of the Neck or Spine	3,000	
	The maximum amount payable any one Injury is	75,000
24.	Internal Injuries	
	(a) Torn ligament or ruptured internal organ	2,000
	(b) Knee reconstruction	2,500

The Events Injury as defined, resulting in:	The Compensation Each Insured Person – Option 1
25. Injury as defined resulting in a dislocation of the: (a) Hip (b) Knee (c) Shoulder Blade (d) Collarbone or Jaw (e) Ankle, Elbow or Wrist	500 250 250 250 150
26. Dental Expenses Benefit – Second Teeth (except where such payment is prohibited by law) 100% of the actual cost incurred for loss of teeth or crowning of damaged teeth with cast metal or porcelain or similar restorations, provided that this occurs within 24 calendar months from the date of Injury to permanent or second teeth (No cover is provided for milk or first teeth, dentures or fillings) The maximum amount payable for any one Injury is:	Up to 5,000
27. Dental Cash Benefit – Milk Teeth Lump sum payment, provided the Event occurs within 24 calendar months from the date of Injury to milk or first teeth	100 per tooth
28. Student Tutoring Expenses Benefits Elimination Period is 7 days per Injury Aggregate Period for this Benefit is up to 52 weeks	Up to 350pw
29. Fee Relief – Following the death by Injury of the Insured Persons’ parent, guardian or Benefactor, we will pay lump sum Education Fund Benefit	15,000
30. Overseas Medical Expenses Benefit Excess each and every loss is \$Nil	7,500
31. Emergency Transport Benefit (due to Injury or illness)	5,000 maximum per Injury or Illness
32. Non-Medicare Medical Expenses, (except where such reimbursement is prohibited by law) 100% of the actual cost incurred after deduction of the Policy Excess to the maximum amount specified. Excess each and every loss is \$Nil. Please refer to Events 26 for Dental Expenses Benefit	7,500 maximum per Injury
33. Clothing (including spectacles and/or Sports Equipment. We will pay for clothing worn and/or Sporting equipment being used by the Insured Person that has been lost or damaged in the course of an Injury or in the course of treating the Injury.	500 per Injury
34. Psychological Trauma Expenses We will pay for psychological trauma expenses incurred as a result of an Insured Person suffering a Temporary Total Disablement caused by a Traumatic Event provided: (a) the temporary total disablement occurs as a result of a sudden Traumatic Event; and (b) such Insured Person is under the continuous care of a legally qualified registered psychiatrist or psychologist who is not the insured person or his/her family member; and (c) such Insured Person have remained in Australia during the claim period.	10,000 Any one event
35. Kidnap, Ransom and Extortion	300,000