



CHUBB CORPORATE TRAVEL INSURANCE

PRODUCT DISCLOSURE STATEMENT

AND

POLICY WORDING

Issued by Chubb Insurance Company of Australia Ltd
ABN: 69 003 710 647 **AFSL No. 239778**

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Dated: 1 February 2007

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PRODUCT DISCLOSURE STATEMENT

What is a Product Disclosure Statement?

This Product Disclosure Statement (“PDS”) is an important document that contains details of Your Corporate Travel Insurance Policy (“the Policy”).

This PDS has been prepared to assist You in understanding the Policy and making an informed choice about Your insurance requirements. This PDS should be read in conjunction with the Policy wording which forms part of this PDS. Before You decide to purchase the insurance product, please read this PDS thoroughly.

Certain words in this PDS and the Policy have special meanings that are set out in the Definitions or the Coverage Section of the Policy.

Who is the Insurer?

Chubb Insurance Company of Australia Limited (“Chubb”) is the insurer.

Chubb’s Australian Business Number (A.B.N.) is: 69 003 710 647 and its Australian Financial Service Licence (AFSL) Number is: 239778.

How to Contact Chubb

You may contact Chubb by writing to or telephoning Chubb using the contact details below.

Chubb Insurance Company of Australia Limited:

Sydney: Citigroup Centre, Level 29, 2 Park Street, Sydney, NSW, 2000, Australia.
Ph: (02) 9273 0100.

Melbourne: Level 14, 330 Collins Street, Melbourne, VIC, 3000, Australia.
Ph: (03) 9242 5111.

Perth: Level 22, Exchange Plaza, 2 The Esplanade, Perth, WA, 6000, Australia.
Ph: (08) 6211 7777.

Brisbane: Comalco Place, Level 24, 12 Creek Street, Brisbane, QLD 4000, Australia.
Ph (07) 3229 4488.

General Insurance Code of Practice

Chubb has adopted and proudly supports the General Insurance Code of Practice and its purpose of raising the standards of practice and service in the general insurance industry.

A copy of this Code is available by contacting Chubb or from the Insurance Council of Australia’s website at: www.ica.com.au

Group Insurance Policies

If Your or the Policyholder are a corporation or any type of group, association or organisation obtaining this Policy for the benefit of Your members or employees, You must ensure that a copy of this PDS and the Policy wording is provided to each member, or employee in Your organisation.

If new members or employees join Your organisation You must ensure they are provided with this PDS and Policy wording when they join.

Significant Benefits of the Corporate Travel Insurance Policy

The Corporate Travel Insurance Policy has a number of benefits. Some of the significant Policy benefits are listed below. For complete details and limits of all the benefits of the Policy You should read the Schedule of Sums Insured, and the Table of Events, Coverage Sections in the Policy Wording attached to this PDS.

Some of the significant benefits of the Corporate Travel Insurance Policy include:

- The Policy is designed to have the flexibility to suit Your needs with the ability to choose which Coverage Sections best meet Your insurance requirements;
- Cover for events resulting from terrorist attacks;
- The Policy definition of Journey automatically includes associated private travel;
- Cover is available for persons up to 85 years of age;
- Extension of the maximum Journey Period of 180 days by arrangement;
- Customer Care 24 hour Emergency Assistance hotline for Your use should a situation arise where You may require assistance under the Policy;
- Worldwide claims settlement for serious claims;
- Medical Expenses are insured for up to 24 months after the Journey;
- Blanket Insured Person coverage;
- Broken Bones Benefits of up to \$5000;
- Surgical Procedure Benefits of up to \$20,000;
- No prior declaration of Journeys required; and
- Flat non-adjustable annual premium.

Policy Deductibles and Excesses

If You make a claim under the Policy You may be required to pay a deductible or excess.

For example, if You have cover provided under Coverage Section 7 and Your baggage is stolen incurring a loss of \$1,000.00, if an Excess or Deductible of \$50.00 applies We would pay You \$950.00.

If You have cover under Section 1 in relation to Temporary Total Disablement and an excess of 15 days applies if You were unable to work for 60 days Your Weekly Benefit Amount would be paid for 45 days up to the Sum Insured.

A standard excess of \$250.00 applies on each and every claim each Insured Person made under Coverage Section 7 in relation to Portable Business Equipment.

Details of applicable Excesses and Deductibles will be contained in Your Policy Schedule.

Cost of the Policy

The cost of Your Policy is the Total Premium Due as detailed in Your Coverage Schedule.

It is made up of Your Premium plus any applicable government taxes and charges. The amount of these taxes and charges will be shown separately on Your Schedule.

The premium payable will be determined by a number of factors which may include:

- the number and average duration of Your Journey,
- Your travel destination,
- the purpose of travel and number of people travelling together,

- the Sums Insured,
- the benefits and level of cover that are selected by You,
- travel in light aircraft or by helicopter,
- any Endorsements to Policy that restrict or extend the Policy cover and
- the Coverage Sections of the Policy selected by You when applying for the insurance.

The premium payable generally may be increased by Endorsements extending the coverage of the Policy, the greater number of Coverage Sections, benefits and levels of cover selected by You, and travel to dangerous or high risk destinations.

The premium payable may also increase or decrease upon renewal.

How to Apply for insurance

To apply for Chubb's Corporate Travel Insurance You should contact a licensed insurance broker who has a current Agency Agreement with Chubb.

Acceptance of insurance coverage will depend upon the information requested and disclosed in the application for insurance. The circumstances of each particular case will determine whether additional coverage or reduced coverage is provided.

You will be advised of these matters when You receive Your premium quotation from Your insurance broker.

Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty to disclose to the insurer every matter that You know, or could reasonably be expected to know that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so on what terms.

You must comply with this duty of disclosure when You apply for insurance with Us and each time You renew or alter Your cover.

Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us;
- that is of common knowledge;
- that We know or, in the ordinary course of its business, ought to know; and
- as to which compliance with Your duty is waived by Us.

When answering any questions asked by Us in Our proposal or renewal form You must answer them honestly and completely. We will rely on the answers provided by You in deciding whether to insure You and anyone else to be insured under the Policy and on what terms.

If You do not answer Our questions in this way, We may reduce or refuse to pay a claim or cancel the Policy. If You answer Our questions fraudulently We may refuse to pay a claim and treat the Policy as never having commenced.

Non-Payment of Premium

Your policy will not operate if You do not pay Your premium as per Your Placing Schedule.

If You do not pay Your premium We may cancel Your premium and charge a minimum fee of \$750 plus taxes or one and a half times the pro rata premium plus taxes whichever is the greater.

If a claim has been made on the Policy there will be no refund given and Your annual premium is due immediately.

Cancelling Your Policy Before it Expires

This Policy may be cancelled by You at any time by giving Us notice in writing. Should You cancel Your Policy within 90 days of the inception of cover We will charge You the greater of:

1. \$750 plus taxes or the amount stated in The Schedule if less than \$750; or
2. one and a half times the pro-rata premium plus taxes.

If the Policy is cancelled after 90 days of inception We will not refund any premium paid.

We may cancel this Policy in the circumstances prescribed by Section 60 of the *Insurance Contracts Act (Cth) 1984*. Should We cancel Your Policy We shall retain a pro rata proportion of the premium for the time the Policy has been in force.

Your Cooling-Off Period

You have the right to return the policy to Us within 21 days of the date that the Policy commences (“cooling off period”) unless a claim is made under the Policy within this period.

If You return the Policy during the cooling off period, We will refund the full amount of the premium less any taxes or duties payable. The Policy will be terminated from the date We are notified of a request to return it. To return the Policy, We must be notified in writing within the cooling off period.

This can be done by contacting Us at any of the Chubb Insurance branches, contact details of which can be found at the front of this PDS.

Confirmation of Transactions

If You wish to confirm that Your insurance is in place, We provide a telephone confirmation service. To use this service, call Us on (Melbourne) 03 9242 5111, (Perth) 08 6211 7777, (Sydney) 02 9273 0100 or 07 3229 4488 (Brisbane) and We will send You written confirmation.

If You do not wish to use Our telephone confirmation service but require confirmation of cover, You can request this by writing directly to Us at the Accident & Health Department:

- Victoria, Tasmania, Northern Territory & South Australia: - Level 14, 330 Collins Street, Melbourne, VIC, 3000
- New South Wales:- Citigroup Centre, Level 29, 2 Park Street, Sydney, NSW, 2000
- Western Australia:- Level 22, 2 The Esplanade, Perth 6000
- Queensland:- Comalco Place, Level 24, 12 Creek Street, Brisbane 4000

Making a Claim

Should an incident occur which may give rise to a claim under this Policy You should report this in writing to Chubb within thirty (30) days of the incident occurring.

Failure to provide Chubb with this written notice within this timeframe may affect Your ability to make a claim under the Policy unless it can be shown that it was not reasonably possible for You to provide written notification within this time period and You did so as soon as reasonably

possible.

Once You have notified Chubb of a claim under Your Policy You will need to provide Chubb with written Proof of Loss as soon as possible and at the latest within thirty (30) days after Chubb received Your written notification.

You will also need to provide original copies of all relevant documentation.

Chubb may request that You provide further evidence, information or certificates which We may require to assess Your claim in a prescribed form. Should Chubb make any such request You will need to provide the information requested at Your expense.

In the event of a claim being made arising out of an Insured Persons death We, upon giving reasonable notice to You, may request to have a post mortem carried out at Our expense.

We, also upon giving reasonable notice, may request You or any other Insured Person making a claim under the Policy to be medically examined with any such medical examination being carried out at Our expense.

In the event You make a claim under Your Policy Chubb will undertake necessary investigations which will require the cooperation of You and any other Insured Person making the claim. Failure to cooperate with Our investigation may result in denial of the claim or cancellation of the Policy.

Should a claim for Accidental Death of the Insured Person be accepted payment of the Insured Sum less any excess or deductible will be paid to You or as You direct.

Unless otherwise specified in a particular Coverage Section, all other payments for claims made under the Policy will be paid to the Insured Person named in the Schedule.

If any claim You make under this Policy is discovered to be fraudulent in any respect, or if any act of fraud is committed by You, the Insured Person, or anyone acting on Your or the Insured Person's behalf in an attempt to obtain benefits under this Policy, Chubb will be under no liability in respect of any such claim.

Our Privacy Policy

In the course of providing insurance and processing insurance claims, We need to collect personal information about persons that We insure and persons associated with Insured Persons. In accordance with the *Privacy Act 1988*, this statement contains the information required to be given to persons about whom We collect personal information.

Our privacy policy statement is readily available. Please contact Us if You would like a copy. Our contact details can be found at the front of this document.

Your access to Your personal information

You can request access to personal information, which We hold about You. Your rights to access and Our rights to refuse access are set out in the *Privacy Act 1988*.

Our use of personal information

We may at any time use personal information We collect about You for any of the following purposes:

- to provide a quotation or assess a proposal for insurance;
- to provide, amend or renew an insurance Policy; and
- to respond to a claim.

Our disclosure of personal information

We may at any time disclose personal information We collect about You to the following types of organisations (some of which may be outside Australia):

- re-insurers;
- external valuers and appraisers;
- loss adjustors and other investigators;
- professional advisers, such as accountants and lawyers; and
- other organisations that provide services to Us in relation to the provision of insurance

If You do not provide Us with the personal information We need

We only collect personal information that We need to provide insurance to You or to a person with whom You are associated, and to respond to any claim that You or that other person makes under an insurance Policy with Us. If You do not give Us this information We may not be able to provide insurance or process Your claim.

Who should You talk to if You have questions, concerns or complaints?

Commitment to service.

Chubb's has implemented an Internal Dispute Resolution Process evidencing its commitment to service.

Recognising the consumer's right to be heard and to be informed, Chubb has also established an Internal Dispute Resolution Panel to handle any unresolved complaints. This underscores Chubb's commitment to acting fairly and honestly with its customers.

If You are not satisfied with any aspect of the service that You receive in relation to Your Policy, then Chubb appreciates You letting Us know.

Who should I talk to?

The Claims Department Manager should be contacted if Your complaint is regarding how Chubb or any of its investigators, assessor or loss adjusters, have handled Your claim under the Policy.

The Claims Department Manager can be contacted by calling Your nearest Chubb Office or by writing to:

Claims Department Manager,
Chubb Insurance Company of Australia Limited'

at the Chubb office nearest You.

If Your complaint is in relation to an issue not referred to above You should contact the Customer Services Department Manager using the Contact Details at the front of this document.

What else will Chubb do?

If Your initial contact with Chubb does not resolve Your complaint to Your satisfaction, You may request that Your complaint be referred to Chubb's Internal Dispute Resolution Panel.

Chubb will acknowledge Your request within 48 hours. The Internal Dispute Resolution Panel will consider Your complaint and give You its decision with 15 business days of Your request for referral.

If the Internal Dispute Resolution Panel is unable to make a decision, the reasons why it is unable to make a decision and the revised timeframe will be given to You within 15 business days of Your request for referral.

If the Internal Dispute Resolution Panel decides that Your complaint is justified then it will authorise such action as is necessary within Chubb to remedy Your complaint. If Your complaint is not considered justified, the Internal Dispute Resolution Panel will inform You and let You know what avenues are available should You wish to pursue Your complaint further.

What if Chubb can not resolve my Complaint?

If Your complaint is not satisfactorily resolved or answered You may refer the matter to the Insurance Ombudsman Service ("IOS").

The IOS are independent operators of the external dispute resolution procedure of which Chubb is a member. The IOS is a free service and they will tell You if they can help You as their services are not available to all customers.

You may contact Us and We will assist You in making a complaint to the IOS or You may contact them directly using the following details:

Insurance Ombudsman Service

Free Call: 1300 78 08 08

PO Box 561

Melbourne VIC 8007

www.insuranceombudsman.com.au

Where the IOS is not able to assist You, You may be able to take Your complaint to the Small Claims or other courts in Your jurisdiction or Your local Consumer Tribunal.

Note: Information in this PDS that is not materially adverse, such as Contact Details and phone numbers, may be subject to change from time to time. Updated information can be obtained at any time from Our web site or by calling Chubb.

CORPORATE TRAVEL INSURANCE POLICY

WORDING

This Policy consists of the proposal (if any) completed and signed by the Policyholder, the Index, the Schedule, the Schedule of Sums Insured, the Policy terms and conditions and any amendments or endorsements attached.

This Policy will not be valid unless a Schedule signed by an Authorised Representative of the Company is attached.

Certain words and phrases that appear in bold print have special meanings. Definitions appear in the General Definitions section and in the various Coverage Sections of this Policy. Please read this Policy carefully.

Throughout this Policy, the words “You” and “Your” refer to the Policyholder shown in the Schedule. The words “We”, “Us” and “Our” refer to the Company providing this insurance.

All cover is subject to You paying or agreeing to pay the premium, and is subject to the terms, conditions and exclusions of the Policy, including the Schedule and the Schedule of Sums Insured.

OPERATION OF COVER

The cover provided by this Policy will only apply during the Period of Insurance stated in the Schedule, as limited by the Operation of Cover stated in the Schedule.

Subject to the following, if no Operation of Cover is stated, then the cover provided by this Policy will apply continuously during the Period of Insurance. If the cover provided by any Coverage Section operates only during or in connection with a Journey, and no Journey is specified in the Operation of Cover stated in the Schedule, then that Coverage Section will not provide any cover.

GENERAL DEFINITIONS

In this Policy:

Accidental Bodily Injury	means any injury to the body of an Insured Person caused by an Accident which occurs during the Period of Insurance but does not include any condition which is a Sickness or Disease or any degenerative condition.
Accident or Accidental	means a sudden, unforeseen and unexpected event, happening by chance.
Assistance Provider	means Customer Care Pty Limited or such other organisation as We may designate from time to time.
Civil War	means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition is armed rebellion, revolution, sedition, insurrection, Coup d’ Etat, the consequences of Martial law.
Close Business Associate	means either: (a) a fellow employee of the Insured Person whose duties and responsibilities directly affect the Insured Person’s work. (b) a business associate not a fellow employee where the business relationship with the Insured Person necessitates the immediate return of the Insured Person; or

Company	means Chubb Insurance Company of Australia Limited A.B.N 69 003 710 647
Country of Residence	means: <ul style="list-style-type: none"> (a) the country of which the Insured Person is a citizen or permanent resident (ie holder of a multiple entry visa or permit which gives the Insured Person resident rights in such country); or (b) the country in which the Insured Person is residing on an overseas expatriate assignment.
Dependant Child / Children	means the Insured Person's unmarried Dependant Children who are under 19 years of age and living with the Insured Person, or under 25 years of age and are full-time students at an accredited institution of higher learning and primarily Dependant upon the Insured Person for maintenance and support. This includes step or legally adopted children.
Insured Person	whether in the singular or the plural, means the person(s) who come within the description of Insured Persons stated in the Schedule, who are nominated by You from time to time and for whom premium has been paid or agreed to be paid.
Journey	means any journey which: <ul style="list-style-type: none"> 1. commences during the Period of Insurance; 2. is undertaken on Your behalf for a business purpose; 3. is authorised by You; 4. begins and ends in the Insured Person's Country of Residence; and 5. does not exceed one hundred and eighty (180) days. <p>A Journey includes associated holiday travel for all Insured Persons and all overseas leisure travel for Your Directors, Chief Financial Officer, Chief Executive Officer, Chief Operating Officer, Company Secretary and their accompanying Relatives if they are Insured Persons.</p> <p>A Journey commences at the time the Insured Person leaves the Insured Person's normal place of residence or work, whichever is the place of departure for the Journey, and ends at the time the Insured Person returns to the Insured Person's normal place of residence or work, whichever occurs first.</p> <p>A Journey does not include any normal commutation travel between the Insured Person's normal place of residence and normal place of work.</p>
Period of Insurance	subject to the following, means the period stated in the Schedule, as limited by the Operation of Cover stated in the Schedule. If any Insured Person commences a Journey during the Period of Insurance which is covered under this Policy, then in respect of the Insured Person only, the Period of Insurance is extended until the Journey ends provided that this extension does not apply in the case of coverage in respect of War or Civil War.
Physician	means a person who is recognised by the laws of the jurisdiction in which medical treatment is received as medically qualified to treat the Sickness or Disease or Accidental Bodily Injury, and who is not a Relative of the Insured Person.
Policyholder	means the organisation stated in the Schedule.
Relative	means the Insured Person's Spouse, parent, parent-in-law, grandparent, step-parent, child, step-child, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancé(e), half-brother, half-sister,

aunt, uncle, niece or nephew of the Insured Person, provided such person(s) reside(s) in the Insured Person's Country of Residence.

Sickness or Disease means illness or disease which occurs during the Operation of Cover stated in the Schedule, which is the direct and independent cause of loss for which a claim is made under this Policy, and which requires the attendance of a Physician.

Spouse means the husband or wife of the Insured Person or any defacto partner with whom the Insured Person has continuously lived with during the 3 months immediately prior to the commencement date of the Journey.

War means armed opposition, whether declared or not, between two countries.

GENERAL EXCLUSIONS

Applicable to all Coverage Sections

We will not be liable for any claim or loss under this Policy caused by or arising out of:

1. An Insured Person travelling in any unlicensed aircraft or flying or engaging in any other aerial activity as part of the aircraft's crew;
2. An Insured Person participating in or training for any professional sport;
3. Suicide, attempted suicide or any deliberately self-inflicted injury;
4. Radiation or radioactivity from any nuclear fuel or nuclear waste arising from the combustion of nuclear fuel and/or any self-sustaining process of nuclear fission;
5. Any sexually transmitted disease;
6. Any criminal act or intentional illegal act committed by You or the Insured Person.

WAR OR CIVIL WAR

Our aggregate limit of liability under all sections in respect of all claims or related claims arising out of War or Civil War shall be the amount stated in the Policy Schedule except in respect of all claims and related claims arising out of War or Civil War occurring in any and all of the following countries: Iraq, Afghanistan, Israel, Somalia or Chechnya, where our limit of liability shall be:

- (a) in respect of any one event the sum stated in the Schedule of Sums Insured or \$100,000 whichever is the lesser; and
- (b) \$500,000 in the aggregate during the Period of Insurance.

Our liability ceases at the end of the Period of Insurance stated in the Schedule, regardless of whether a Journey has been completed or not.

AGE LIMITS

The Policy does not cover any Insured Person unless he or she at the date of the claim is under eighty-five (85) years of age or:

- in respect of Coverage Section 1 – Personal Injury Event 20 Temporary Total Disablement and Event 21 Temporary Partial Disablement is under seventy-five (75) years of age
- in respect of Coverage Section 1 - Personal Injury Event 2 Permanent Total Disablement is under (65) years of age.

GENERAL CONDITIONS

Applicable to all Coverage Sections

Other Insurance

You must inform Us of any other insurance which may also provide an indemnity to You or the Insured Person for the circumstances of any claim under this Policy.

To the extent that any loss insured under this Policy is insured under any other policy, then to the extent to which it is permitted by law, coverage is only provided under this Policy for such loss excess of the coverage provided under such other policy.

Assignment and Beneficiary Change

No assignment of interest under this Policy shall be binding on Us unless and until the original or a duplicate thereof is filed with Us. We assume no responsibility for the validity of an assignment. No Beneficiary change under this Policy shall bind Us unless We receive written notice of such change.

Entire Contract/Alteration

This Policy shall not be modified except by written amendment or endorsement attached hereto and signed by Our Authorised Representative.

Examination of Books and Records

We may examine Your books and records relating to the insurance under this Policy at any time during the Period of Insurance and up to three (3) years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under the Policy.

Jurisdiction

This Policy shall be governed and construed in accordance with the laws of Australia. Any dispute under this Policy shall be resolved in accordance with the laws of Australia.

Limits of Liability and Deductibles

This Policy is subject to the Limits of Liability and Deductible Amounts stated in the Schedule and the Schedule of Sums Insured.

Territory

Worldwide.

Use of Masculine Pronoun

A masculine personal pronoun as used herein includes the feminine, wherever the context requires.

Subrogation

If We make any payment under this Policy, then to the extent of that payment, We may exercise any rights of recovery held by You or the Insured Person. You and the Insured Person must not do anything which reduces any such rights and must provide reasonable assistance to Us in pursuing any such rights.

Cancellation

You may cancel this Policy at any time by giving Us written notice.

If You cancel Your policy within 90 days of the inception of cover under this policy, We will charge You a minimum of \$750 plus taxes or the amount stated in The Schedule if less than \$750 or one and a half times the pro-rata premium plus taxes, whichever is the greater. If the policy is cancelled after 90 days of inception We will not refund any premium.

We may cancel the Policy at any time in accordance with any applicable law and the premium paid shall be adjusted on the basis of Us retaining pro-rata premium.

Currency

All amounts shown are in Australian dollars. If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount to be paid will be the rate of exchange published in the *Australian Financial Review* on the date the expense is incurred or loss is sustained.

CLAIMS PROCEDURES

1. Notice of Claim

Any occurrence or loss which may give rise to a claim under this Policy should be reported to Us in writing within thirty (30) days after the occurrence or loss.

Failure to furnish notice within the time provided in the Policy shall not invalidate any claim if it can be shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as reasonably possible.

2. Proof of Loss

Written Proof of Loss must be given to Us as soon as possible and, in any event, within thirty (30) days after receipt of Notice of Claim, together with original copies of all relevant documentation.

You or the Insured Person shall, at Your or his expense, provide Us with such certificates, information and evidence as We may from time to time require, in a form prescribed by Us.

3. Physical Examination and Autopsy

Provided that We give reasonable notice, We shall be allowed to have any Insured Person medically examined or, in the event of an Insured Person's death, a post mortem examination carried out at Our expense.

4. Claims Investigation

In the event of a claim, We may make any investigation We deem necessary, and both You and the Insured Person shall cooperate fully with such investigation. Failure by You or the Insured Person to cooperate with Our investigation may result in denial of the claim or cancellation of the Policy.

5. Payment of Claim

Indemnity for Accidental death of the Insured Person will be paid to You or as You direct.

Unless otherwise specified in a particular Coverage Section, all other indemnities shall be payable to the Insured Person.

6. Fraudulent Claims

If any claim under this Policy is fraudulent in any respect, or if any fraudulent means or devices are used by You, the Insured Person, or anyone acting on Your or the Insured Person's behalf to obtain benefits under this Policy, We will be under no liability in respect of such claim.

COVERAGE SECTION 1 - PERSONAL INJURY

Description of Cover

If, while on a Journey during the Period of Insurance, an Insured Person suffers Accidental Bodily Injury which results within twelve (12) months in any Event described in the Table of Events, We will pay You or the Insured Person the Benefit Amount stated in the Table of Events.

Exposure and Disappearance

1. We will also pay You the Benefit stated in the Table of Events if as the result of such an Accidental Bodily Injury the Insured Person is exposed to the elements and as the result of that exposure within 12 months suffers an event set out in the Table of Events.
2. If the body of an Insured Person is not found within twelve (12) months after an Accident involving the conveyance in which he was travelling, death will be presumed in the absence of any evidence to the contrary. The Death Benefit Amount set out in the Table of Events shall become payable, subject to a signed undertaking by the Beneficiary that if the Insured Person is subsequently found alive, such Death Benefit Amount shall be refunded to Us.

Definitions Applicable to Coverage Section 1

Employment Training Expense	means the reasonable actual costs incurred by a Spouse for tuition, fees, room and board charged by an Institution of Higher Learning. Employment Training Expense also means costs for required books or course supplies. These costs must be incurred by the Spouse to attend an Institution of Higher Learning for the purpose of obtaining or refreshing skills needed for Employment.
Fingers or Toes	whether in the singular or plural, means the digits of a hand or foot.
Income	means the average weekly gross income net of business expenses, earned by an Insured Person through personal exertion during the twelve (12) months immediately preceding the Accidental Bodily Injury or Sickness, but does not include bonuses, commission, overtime payments and any allowances. Where an Insured Person has elected to salary sacrifice his Income, weekly gross Income shall be deemed to mean the total cost of employment inclusive of such items salary sacrificed.
Institution of Higher Learning	means any accredited public or private college, university, tertiary institution, professional trade or vocational school beyond Year 12 (VCE).
Limb	whether in the singular or plural, means an arm at or above the wrist or a leg at or above the ankle.
Paraplegia	means total paralysis of both legs and part or whole of the lower half of the body.
Permanent	as used with respect to disablement, means disablement lasting at least twelve (12) consecutive months, and at the end of that time being beyond hope of improvement.
Quadriplegia	means total paralysis of both legs and both arms.
Temporary Partial Disablement	means the inability of the Insured Person to engage in a substantial part of his usual occupation or employment.
Temporary Total Disablement	means the inability of an Insured Person to engage in his usual occupation or employment.
Total Disablement	means disablement which entirely prevents the Insured Person from engaging in his usual occupation or employment, or any other occupation or employment for which he is suited by reason of education, training, experience, or skill, or if not employed, from engaging in any and every occupation for the remainder of his life.

TABLE OF EVENTS

THE EVENTS	THE BENEFIT AMOUNT (each Insured Person)
Accidental Bodily Injury resulting in:	being a percentage of the Personal Injury Sum Insured stated in the Schedule of Sums Insured.
1. Death	100%
2. Permanent Total Disablement	100%
3. Permanent Paraplegia or Quadriplegia	100%
4. Permanent and incurable paralysis of all limbs	100%
5. Permanent Total loss of sight of one or both eyes	100%
6. Permanent Total loss of use of one or more limbs	100%
7. Permanent and Incurable Insanity	100%
8. Permanent Total loss of the lens of	
(a) both eyes	100%
(b) one eye	50%
9. Permanent Total loss of hearing of	
(a) both ears	80%
(b) one ear	20%
10. Third degree burns and/or resultant disfigurement which cover more than 40% of the entire external body	50%
11. Permanent Total loss of use of four fingers and thumb of either hand	80%
12. Permanent Total loss of use of four fingers of either hand	50%
13. Permanent Total loss of use of the thumb of either hand	
(a) both joints	30%
(b) one joint	15%
14. Permanent Total loss of use of fingers of either hand	
(a) three joints	10%
(b) two joints	7.5%
(c) one joint	5%
15. Permanent Total loss of use of toes of either foot	
(a) all - one foot	15%
(b) great - both joints	5%
(c) great - one joint	3%
(d) other than great - each toe	1%
16. Fractured leg or kneecap with established non-union	10%
17. Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures	1% (to \$10,000 in total for all teeth)
18. Shortening of leg by at least 5cm	7.5%
19. Permanent Partial Disablement not otherwise provided for under Events 8 to 18	Such percentage of the Personal Injury Sum Insured as We at Our absolute discretion determine being in Our opinion not inconsistent with the Benefit Amount provided under Events 9 to 18. The maximum amount payable under Event 19 is \$50,000.
20. Temporary Total Disablement	The Weekly Benefit Amount stated the Schedule of Sums Insured or the Insured Person's Income, whichever is less.
21. Temporary Partial Disablement	(a) If the Insured Person returns to work in a reduced capacity, The Benefit Amount Payable shall be the difference between the Compensation payable for Event 20 per week and the weekly Income earned from personal exertion per week or (b) If the Insured Person does not return to work, The Benefit Amount Payable shall be 25% of the Compensation payable for Event 20 per week.

22.	Broken Bone Benefits – Accidental Bodily Injury	
(a)	Neck or spine (full break)	\$5,000
(b)	Hip, pelvis	\$2,500
(c)	Skull, shoulder blade	\$1,000
(d)	Collar bone, upper leg	\$1,000
(e)	Upper arm, kneecap, forearm, elbow	\$750
(f)	Lower leg, jaw, wrist, cheek, ankle, hand, foot	\$500
(g)	Ribs (per rib)	\$200
(h)	Thumb, Finger, Toe (per thumb, Finger, Toe)	\$150
	Maximum Compensation any one Accident.	\$5,000

Escalation of Claim Benefit

After payment of the Benefit Amount under Event 20 and/or 21 continuously for twelve (12) months, and again after each subsequent period of twelve (12) months during which a Benefit Amount is paid, the Benefit Amount will be increased by 5 percent per annum compound.

Recurrence of Temporary Total Disablement or Temporary Partial Disablement

If, as a result of Accidental Bodily Injury The Benefit Amount is payable under Event 20 or 21 of this Policy, and if while this Policy is in force an Insured Person suffers a recurrence of Temporary Total or Temporary Partial Disablement from the same or related cause or causes, the subsequent period of Temporary Total or Temporary Partial Disablement shall be deemed a continuation of the prior period of disablement unless between such periods of disablement the Insured Person has performed occupational duties on a full time basis for at least six continuous months, in which event such Temporary Total or Temporary Partial Disablement shall be deemed the result of a new Accidental Bodily Injury and be subject to a new Deductible and Aggregate Benefit Period.

Rehabilitation Expenses

After payment of the Benefit Amount under Event 20 and/or 21, We will pay for expenses incurred for tuition or advice from a licensed vocational school obtained by the Insured Person, provided such tuition or advice is undertaken with Our prior written agreement and the agreement of the Insured Person's attending Physician.

The Benefit Amount payable will be limited to the actual costs incurred not exceeding \$500 per month and will be payable for a maximum of 26 weeks.

Domestic Help Expenses for Accompanying Spouse/Partner

Should the Accompanying Spouse be a non-income earner prior to sustaining Accidental Bodily Injury, Compensation shall be payable under Event 20 and/or 21 up to 85% of the actual cost of Domestic Help, including childcare and outdoor household activities, certified as necessary by a Physician subject to a maximum of \$500 per week and not exceeding 26 weeks for any event. The Domestic Help may not be performed by a person who is a Relative of the Insured Person.

Spouse Employment Training Expense

We will reimburse Spouse Employment Training Expense up to the Benefit Amount if an Insured Person, whilst on a Journey during the Period of Insurance, suffers Accidental Bodily Injury resulting within twelve (12) months in Death. The Benefit Amount for Spouse Employment Training Expense is payable in addition to any other applicable Benefit Amount payable under this Policy.

This benefit applies only if the surviving Spouse incurs Employment Training Expense within twenty-four (24) months following the date of the Insured Person's death and the Benefit Amount payable will be limited to the actual costs incurred not exceeding \$10,000.

Conditions Applicable to Coverage Section 1

1. A Benefit Amount will not be payable for more than one of the Events 1 to 19 in respect of the same Accidental Bodily Injury.
2. Any Benefit Amount payable for Events 1 to 19 or 22 shall be paid in addition to any Benefit Amount already paid for under Events 20 and 21 in respect of the same Accidental Bodily Injury.
3. After the occurrence of any of the Events 2 to 8(a), all cover with respect to that Insured Person under this Coverage Section shall cease.
4. No Benefit Amount shall be payable:

- 4.1 (a) for Events 20 and 21 in aggregate, in excess of a total period of 156 weeks in respect of any one Accidental Bodily Injury for any Insured Person unless he or she at the date of the claim is under sixty-five (65) years of age.
- (b) for Events 20 and 21 in aggregate, in excess of a total period of 52 weeks in respect of any one Accidental Bodily Injury for any Insured Person unless he or she at the date of the claim is over sixty-five (65) years of age and under seventy-five (75) years of age.
- 4.2 at all unless the Insured Person shall as soon as possible after the happening of an Accidental Bodily Injury giving rise to a claim under this Coverage Section, procure and follow proper medical advice from a Physician.
5. If as a result of an Accidental Bodily Injury the Insured Person is entitled to receive disability income benefits under any Workers' Compensation Act or Transport Accident Act or any legislation having a similar effect, the Benefit Amount payable for Events 20 and 21 will be reduced by the amount necessary to limit the total of all such disability income benefits and Benefit Amount under this Section to the Insured Person's Income.
6. The Benefit Amount payable to Insured Persons under 18 years of age for Event 1 (Death) will be 10% of the Personal Injury Sum Insured stated in the Schedule of Sums Insured or \$20,000, whichever is less, unless otherwise specified.
7. **Aggregate Limits of Liability**
- (a) Except as provided in (b), Our total liability for all claims in respect of any one Accident or series of Accidents arising out of any one occurrence, shall not exceed the amount stated in the Schedule.
- (b) Our total liability for all claims directly arising out of air travel in aircraft whose flights are not conducted in accordance with fixed schedules to and from fixed terminals over specific routes, shall not exceed the amount stated in the Schedule.
8. All Benefit Amounts are payable to You or to such person or persons as You nominate.

Exclusions Applicable to Coverage Section 1

We will not be liable, under this Coverage Section, for any claim or loss caused by or arising out of:

1. Sickness or Disease even if contracted through Accidental Bodily Injury, except that this Exclusion shall not apply to medically acquired infections or blood poisoning.

COVERAGE SECTION 2 - MEDICAL EXPENSES

Description of Cover

- We will pay Medical Expenses for the treatment of any Accidental Bodily Injury or Sickness or Disease which occurs while the Insured Person is on an overseas Journey, during the Operation of Cover stated in the Schedule, and which is suffered by the Insured Person, up to the maximum Sum Insured stated in the Schedule of Sums Insured subject to the following:

1.1 compensation payable for Medical Expenses incurred within the Country of Residence shall be limited to \$25,000 following return from the overseas Journey during which the Accidental Bodily Injury or Sickness or Disease occurred, except if such Country of Residence is Australia where the maximum Sum Insured stated in the Schedule of Sums will apply. However We will not pay Medical Expenses incurred in respect of the rendering in Australia of a professional service for which a Medicare benefit is payable.

- If We have paid a claim under item 1.1, We will also pay a lump sum cash benefit to You or the Insured Person if the Insured Person has received any of the following surgical procedures performed by a Physician overseas mean during THE RELEVANT overseas Journey .

Surgical Procedure	Benefit
Craniotomy	- \$20,000
Open Heart Surgery	- \$20,000
Amputation of Limb	- \$20,000
Brain Surgery	- \$20,000
Fracture of Limb requiring open reduction	- \$5,000
Abdominal Surgery carried out under general anaesthetic	- \$5,000

- We will also pay on Your behalf the cost of the provision to the Insured Person of advisory services from Our Assistance Provider to assist in treatments or claims administration should an Insured Person require this assistance.

While considerable effort is made to locate, assess, and reassess medical facilities and other services worldwide, the medical standards, sanitary conditions, reliability of telephone systems, and facilities for urgent medical evacuations differ from country to country.

Chubb Insurance Company of Australia Limited or its contracted Assistance Provider shall not have responsibility for any loss, medical complication, or death resulting from any factor reasonably beyond the control of Chubb Insurance Company of Australia Limited or that of the contracted Assistance Provider

Definitions Applicable to Coverage Section 2

Health Services Provider means an individual or organisation licensed or registered to provide medical treatment in the jurisdiction where such medical treatment is rendered.

Medical Expenses means costs incurred within 24 months of the Insured Person sustaining an Accidental Bodily Injury, Sickness or Disease, to a registered Health Services Provider for medical treatment including surgery, hospitalisation, ambulance services, chiropractic, physiotherapy, and medical supplies, or to a registered and legally qualified dentist for emergency dental treatment or to a Physician or optician for emergency optical treatment.

Exclusions Applicable to Coverage Section 2

We will not be liable for:

1. Any Medical Expenses incurred more than twenty four (24) months after the date of Accidental Bodily Injury, or in the case of Sickness or Disease, after the date on which the Medical Expenses were first incurred;
2. Expenses incurred for continuing treatment, including any medication commenced prior to the commencement date of the Journey, which the Insured Person has been advised by a Physician to continue during the Journey;
3. Any expenses We are prohibited by law from paying;
4. Expenses incurred when the Insured Person has travelled against the advice of a Physician or when the Insured Person is unfit to undertake a Journey.

COVERAGE SECTION 3 - EMERGENCY MEDICAL EVACUATION

Description of Cover

If, during a Journey, the Insured Person sustains Accidental Bodily Injury or Sickness or Disease, and if, in the opinion of the Assistance Provider or its authorised representative, it is judged medically necessary to undertake Emergency Medical Evacuation of the Insured Person to another location for Emergency Medical Treatment, or to arrange for Repatriation of the Insured Person, the Assistance Provider shall arrange for the Emergency Medical Evacuation or Repatriation utilising the means best suited to do so, based on the medical severity of the Insured Person's condition. We shall pay directly to the Assistance Provider the Covered Expenses for such Emergency Medical Evacuation, Emergency Medical Treatment and/or Repatriation, but only up to the maximum Sum Insured stated in the Schedule of Sums Insured.

Definitions Applicable to Coverage Section 3

Covered Expenses	means expenses for services provided and/or arranged by the Assistance Provider for the transportation, medical services and medical supplies necessarily incurred as a result of an Emergency Medical Evacuation/Emergency Medical Treatment or Repatriation of an Insured Person.
Emergency Medical Evacuation	means the emergency transportation of the Insured Person from the location where the Insured Person suffers Accidental Bodily Injury or Sickness or Disease to the nearest hospital where appropriate Emergency Medical Treatment can be obtained.
Emergency Medical Treatment	means necessary medical treatment of any sudden, life threatening Accidental Bodily Injury or Sickness or Disease of the Insured Person during a Journey, where time is of the essence.
Repatriation	means the Transfer of the Insured Person, from the local hospital where Emergency Medical Treatment is initially given to a country nominated by You or Your representative or where no such nomination is made the Country of Residence or Insured Person's place of residence to obtain further medical treatment or to recover.
Transfer	means the reasonable costs for scheduled common carrier transportation available and necessary for the Insured Person's Repatriation.

Conditions Applicable to Coverage Section 3

The means of Emergency Medical Evacuation/Emergency Medical Treatment or Repatriation arranged by the Assistance Provider may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation or the final destination will be made by the Assistance Provider and will be based solely on medical necessity.

Exclusions Applicable to Coverage Section 3

We will not be liable for expenses incurred:

1. for services provided by another party which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled Journey;
2. for services not approved and arranged by the Assistance Provider, except that this Exclusion shall not apply in the event that the Insured Person, Close Business Associate or other travelling companion cannot notify the Assistance Provider during an emergency medical situation for reasons beyond their control. In any event, We reserve the right to reimburse the Insured Person only for those Covered Expenses incurred for services which the Assistance Provider would have provided under the same circumstances, up to the Sum Insured stated in the Schedule of Sums Insured.

COVERAGE SECTION 4 - REPATRIATION OF MORTAL REMAINS

Description of Cover

If, during a Journey, the Insured Person sustains Accidental Bodily Injury or Sickness or Disease resulting in death, the Assistance Provider shall arrange for the Insured Person's Repatriation. We will pay directly to the Assistance Provider the Covered Expenses for such Repatriation.

In no event will Our liability under this Coverage Section exceed the maximum Sum Insured stated in the Schedule of Sums Insured.

Definitions Applicable to Coverage Section 4

Covered Expenses means expenses for services provided and/or arranged by the Assistance Provider for the Repatriation of an Insured Person. Covered Expenses shall include, but not be limited to, expenses incurred by the Insured Person's estate for services rendered by a mortician or undertaker, for the cost of a casket and for the embalming and/or the reasonable funeral and related costs if the Insured Person is buried or cremated at the place of death.

Repatriation means the necessary arrangements for the Transfer of the Insured Person's mortal remains and/or personal effects to the Insured Person's place of residence or the Insured Person's Country of Residence in the event of the Insured Person's death.

Transfer means the reasonable costs for scheduled common carrier transportation available and necessary for Repatriation.

Exclusions Applicable to Coverage Section 4

We will not be liable for:

1. expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled Journey;
2. expenses incurred for the transportation of the Insured Person's mortal remains not approved and arranged by the Assistance Provider.

COVERAGE SECTION 5 - TRAVEL CANCELLATION / CURTAILMENT / ADDITIONAL EXPENSES

Description of Cover

1. We will reimburse:

The reasonable extra travel and accommodation expenses, incurred upon the advice of a Physician and with Our written agreement, for one person to travel to, remain with or accompany an Insured Person back to his or her residence or normal place of business, as a result of the Insured Person suffering an Accidental Bodily Injury or Sickness or Disease during a Journey, which renders the Insured Person unfit to travel.

2. We will reimburse You or the Insured Person the expenses reasonably and necessarily incurred in addition to those already budgeted for or likely to be incurred but less any refund on unused prepaid travel and accommodation arrangements, as a result of:

- (a) The Insured Person having to return to their Country of Residence or place of departure within Australia during the Journey due to the unexpected death, Serious Injury or Sickness of a Relative, Close Business Associate or travelling companion.
- (b) The Insured Person suffering an Accidental Bodily Injury or Sickness or Disease during a Journey; or
- (c) Any other unforeseen circumstances outside the control of You or the Insured Person.

3. We will reimburse You or the Insured Person if You direct Us, the non-refundable unused portion of travel or accommodation arrangements paid for in advance by You or the Insured Person following cancellation, alteration or curtailment of a Journey due to:

- (a) unexpected death, Serious Injury or Sickness happening after the commencement of the Journey, of a Relative, Close Business Associate or travelling companion or
- (b) The Insured Person's death Accidental Bodily Injury or Sickness or Disease; or
- (c) any other unforeseen circumstances outside the control of You or of the Insured Person.

4. We will reimburse the Insured Person for the frequent flyer or similar customer loyalty points lost following cancellation of the Insured Person's airline ticket where an airline ticket was purchased using frequent flyer or similar customer loyalty points. The amount payable will be calculated as follows:

- (a) The cost of the equivalent class airline ticket, based on the quoted retail price at the time the ticket was issued, less Your or the Insured Person's financial contribution towards the airline ticket:

Multiplied by

- (b) The total value of points lost divided by the total value of points used to obtain the airline ticket.

For this Benefit to become payable:

- (a) The reason for cancellation must be an insured event under this Section of the Policy, and
- (b) The loss of such points cannot be recovered from any other source.

5. We will pay:

- (a) \$200 for each completed Twenty Four (24) hour period up to a maximum of \$5,000, if an Insured Person is hospitalised overseas as an in-patient due to Accidental Bodily Injury or Sickness or Disease.
- (b) \$1,000 for each completed Twenty Four (24) hour period that an Insured Person is detained as a result of the public transport on which he or she is travelling being Hijacked up to a maximum of \$20,000 for each Insured Person.
- (c) \$250 for each completed Twenty Four (24) hour period that an Insured Person is detained by any Government, State or other lawful authority for any reason up to a maximum of \$15,000 for each Insured Person.
- (d) The reasonable legal costs up to a maximum of \$50,000 for each Insured Person actually and necessarily incurred as a result of the false arrest or wrongful detention of the Insured Person during the Journey, by any legally recognised foreign government.

The maximum amount We will pay is limited by the Sum Insured stated in the Schedule of Sums Insured.

Definitions Applicable to Coverage Section 5

Detained	means restraint by way of custody or confinement against the Insured Person's will.
Hijacked	means the unlawful seizure or wrongful exercise of control of an Aircraft or other conveyance and its crew, in which the Insured Person is travelling.
Serious Injury or Sickness	is a condition other than pregnancy for which a person has not received regular treatment or advice for treatment at the date of the commencement of a Journey, and for which a Physician certifies that the attendance of the Insured Person is necessary for the health of or treatment of that person or in the case of a Close Business Associate requires the Insured Person to take over that person's business role.

Exclusions Applicable to Coverage Section 5

We will not pay for any expenses arising directly or indirectly out of:

1. Cancellation, curtailment or diversion of scheduled public transport services, including by reason of strikes or other industrial action, if there had been warning before the date the particular Journey was booked that such events were likely to occur;
2. Common carrier caused delays where the cost of the expense is recoverable from the common carrier;
3. Any business or financial or contractual obligations of You or of the Insured Person or of any other person;
4. Any change of plans or disinclination, on the part of the Insured Person or of any other person, to commence a Journey;
5. The inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey;
6. The Insured Person undertaking a Journey against the advice of a Physician or when the Insured Person is unfit to undertake a Journey;
7. The insolvency or bankruptcy of a travel agent, tour operator, accommodation provider or supplier, airline or other carrier, or any other travel or tourism services provider or the insolvency of any person they deal with;
8. Any detention attributable to the Insured Person breaking the law of any Country or State.

COVERAGE SECTION 6 - PERSONAL LIABILITY

Description of Cover

We will reimburse You or the Insured Person all damages, compensation and legal expenses, up to the specified Sum Insured stated in the Schedule of Sums Insured, for which You or the Insured Person become legally liable as a result of Your or the Insured Person's negligence during a Journey causing:

1. Bodily injury including death or illness of another person;
2. Loss of or damage to property.

Conditions Applicable to Coverage Section 6

It is a condition of payment under this Coverage Section that neither You nor the Insured Person admit fault or liability to any other person without Our prior written consent.

Exclusions Applicable to Coverage Section 6

We will not pay damages, compensation or legal expenses in respect of any liability directly or indirectly arising out of or in connection with:

1. Loss of or damage to property or bodily injury, arising out of Your or the Insured Person's ownership, use or possession of any mechanically propelled vehicle, aircraft or waterborne craft, except for the use of motorised golf carts and golf bikes for the purposes of playing golf;
2. Bodily injury to the Insured Person or to any Relative ordinarily residing with him;
3. Bodily injury to any of Your or the Insured Person's employees arising out of or in the course of employment;
4. Loss of or damage to property owned by or in the control of the Insured Person or any Relative ordinarily residing with him;
5. Loss of or damage to property or bodily injury, arising out of Your or the Insured Person's business or trade, or out of professional advice given by You or by the Insured Person;
6. Any contract unless such liability would have arisen in the absence of that contract.

COVERAGE SECTION 7 - LUGGAGE, PERSONAL EFFECTS, TRAVEL DOCUMENTS, MONEY AND CREDIT CARDS

Description of Cover

We will pay You or the Insured Person up to the Sum Insured stated in the Schedule of Sums Insured for the following losses sustained by the Insured Person during a Journey:

1. For Accidental loss of or damage to the Insured Person's accompanying luggage, personal effects (other than Personal Money) and Business Property.
2. Where the Insured Person loses identification and keys at the same time, We will pay up to \$1,000 for the replacement of keys and locks.
3. For emergency replacement of essential luggage up to \$3,000 if the Insured Person's luggage is delayed, misdirected or temporarily misplaced by any common carrier for more than eight (8) hours. Claims must be supported by written confirmation from the common carrier responsible and receipts for the replacement items the Insured Person needed to purchase.
4. For the non recoverable cost of replacing travel documents, credit cards and Insured Person's cheques or travellers cheques.
5. For Your or the Insured Person's legal liability for payment arising out of unauthorised use of Your or the Insured Person's Travel documents, or Personal Money following theft during a Journey by any person not being the Insured Person's Relative, Close Business Associate or travelling companion.
6. For Accidental loss of Personal Money taken with the Insured Person, limited to 25% of the Sum Insured or \$5,000 whichever is less, unless otherwise specified in the Schedule of Sums Insured.
7. For Portable Business Equipment up to \$5,000 any one item unless otherwise specified in the Schedule of Sums Insured.

Extension

In respect of Business Property or Portable Business Equipment taken as part of the Insured Person's accompanied luggage whilst on a Journey, cover shall commence from the time of collection from the Insured Person's normal place of work or 72 hours prior to the start of a Journey, whichever is the later, and shall continue until such Business Property or Portable Business Equipment is either returned to the Insured Person's normal place of work, or for a period of 72 hours after termination of a Journey whichever occurs first.

In respect of Personal Money taken by the Insured Person on a Journey for the purpose of a Journey, cover shall commence at the time of collection from the bank or 72 hours prior to the start of the Journey, whichever is the later, and shall continue until either deposited at the bank or for a period of 72 hours after termination of the Journey, whichever occurs first.

Except as provided in item 6 and 7 above, the maximum amount We will pay for any one item, set or pair of items is the amount specified in the Schedule of Sums Insured. If no amount is shown We will pay up to the limit specified for this Coverage Section.

We may choose to replace, repair, or pay for the loss in cash.

Definitions Applicable to Coverage Section 7

Business Property	means the Insured Person's business plans, business papers, specifications, manuscripts and stationery relating to the Insured Person's work , in respect of their paper value only.
Personal Money	means the Insured Person's personal cash, credit cards, bank cards, bank

or currency notes, cheques, traveller's cheques, postal or money orders or other negotiable instruments.

Portable Business Equipment means personal computers, portable electronic equipment and mobile phones used by the Insured Person for work purposes.

Conditions Applicable to Coverage Section 7

1. It is a condition of payment under this Coverage Section that all loss or damage attributable to theft or vandalism be reported to the local police or appropriate authority as soon as possible after the discovery of the loss and a written acknowledgment of the report obtained. Also, any loss of credit cards, Insured Person's cheques, travellers cheques or travel documents must be reported as soon as possible to the issuing authority and the appropriate cancellation measures taken;
2. The Insured Person shall take all reasonable precautions for the safety and supervision of any insured luggage, personal effects, Business Property, travel documents and Personal Money.

Exclusions Applicable to Coverage Section 7

We will not pay for:

1. Damage or loss arising from electrical or mechanical breakdown of any item;
2. Damage to or replacement of any electronic data or software;
3. Scratching or breakage of fragile or brittle items. This Exclusion does not apply to photographic or video equipment, binoculars, spectacles or contact lenses;
4. Damage or loss arising from wear and tear, deterioration, atmospheric or climatic conditions, mould or fungus, insects, rodents, vermin, or any process of cleaning, ironing, pressing, repairing, restoring or alteration;
5. Luggage, personal effects, Portable Business Equipment, Business Property, travel documents, money shipped under any freight agreement, or items sent by postal or courier services;
6. Losses due to depreciation or devaluation of currency;
7. Loss or damage arising from confiscation or destruction by Customs or any other authorities;
8. Losses recoverable from any other source, e.g. airlines, tour operators, other insurance such as automatic credit card travel insurance;
9. Portable Business Equipment;
 - (a) where theft or attempted theft occurs while such Portable Business Equipment is unattended other than when securely locked inside a building or securely locked out of sight inside a motor vehicle,

however this Exclusion 9(a) shall not apply in circumstances where the Insured Person leaves such property temporarily unattended whilst on any conveyance and takes all reasonable precaution to safeguard the property and has no option other than to leave the property temporarily unattended, or
 - (b) whilst carried in or on any conveyance unless they accompany an Insured Person as personal cabin luggage. However, this exclusion 9 (b) will not apply in circumstances where the Insured Person is prohibited from carrying the Portable Business Equipment as personal cabin luggage. Where the Insured Person is so prohibited, the Portable Business Equipment must be securely locked away within the Insured Persons checked in luggage.
10. Contractual obligations in relation to a mobile phone purchase.

COVERAGE SECTION 8 - ALTERNATIVE EMPLOYEE OR RESUMPTION OF ASSIGNMENT EXPENSES

Description of Cover

1. We will reimburse You for Alternative Employees Expenses if during a Journey You incur expenses as the direct result of the original Insured Person suffering unexpected death, Accidental Bodily Injury or Sickness or Disease, or having to return to Australia or place of departure within Australia following the unexpected death of a Relative in Australia during the Journey.
2. We will reimburse You for Resumption of Assignment Expenses following an event covered under Section 2, 3 or 5 of the Policy.

The maximum amount We will pay is limited to the Sum Insured stated in the Schedule of Sums Insured.

Definitions Applicable to Coverage Section 8

Alternative Employee Expenses means all reasonable and necessary expenses incurred in sending a substitute person to complete the original Insured Person's business commitments and objectives.

Resumption of Assignment Expenses means all reasonable and necessary expenses incurred in returning the original Insured Person to re-commence the assignment within 90 days of the relevant Repatriation to complete his original business commitments and objectives.

Expenses shall be limited to:

- (a) an economy return air flight for interstate air trips within Australia or
- (b) a business class return air flight for international air trips;

and other essential expenses incurred in the transportation of the substitute person or return of the Insured Person.

Exclusions Applicable to Coverage Section 8

We will not pay for any expenses:

1. Which You or the original Insured Person had paid or budgeted for before the commencement of the Journey;
2. When the original Journey is undertaken by the Insured Person against the advice of a Physician, or when the Insured Person is unfit to undertake the Journey.

COVERAGE SECTION 9 - RENTAL VEHICLE COLLISION DAMAGE AND THEFT EXCESS COVER

Description of Cover

We will reimburse You or the Insured Person for any excess or deductible payable under a comprehensive motor insurance policy which You or the Insured Person become legally liable to pay, arising during a Journey, in respect of loss by theft collision or damage to a Rental Vehicle during the rental period, not exceeding the Sum Insured stated in the Schedule of Sums Insured.

Definitions Applicable to Coverage Section 9

Rental Vehicle means an automobile (other than a truck, motorcycle, moped or trailer), rented or hired from a licensed motor vehicle rental company.

Off-Road means the use of the Rental Vehicle other than on a carriageway (whether sealed or unsealed) which is maintained by a local Council, Shire, Government body, Company or private individual.

Conditions Applicable to Coverage Section 9

1. The Rental Vehicle must be rented from a licensed rental agency;
2. The Insured Person must comply with all requirements of the rental company under the hiring agreement and of the insurer under such insurance.

Exclusions Applicable to Coverage Section 9

We will not pay:

1. For loss or damage arising out of operation of the Rental Vehicle in violation of the terms of the rental agreement;
2. For loss or damage arising out of wear and tear, gradual deterioration, damage from insects or vermin, inherent vice or damage.
3. For loss or damage to the Rental Vehicle whilst being used Off-Road.

COVERAGE SECTION 10 - MISSED TRANSPORT CONNECTION

Description of Cover

Cover under this Coverage Section only applies where the Insured Person must attend a Scheduled Meeting which cannot be delayed because of the Insured Person's late arrival.

We will pay the reasonable extra expenses actually and necessarily incurred, net of any recoveries to which You or the Insured Person may be entitled from a common carrier, to enable the Insured Person to use alternative scheduled public transport services and arrive at his destination on time, if due to any unforeseen circumstances outside Your or the Insured Person's control, the Insured Person misses a transport connection and is unable to arrive at the Insured Person's destination by the time originally scheduled.

The maximum amount We will pay is limited by the applicable Sum Insured stated in the Schedule of Sums Insured.

Definition Applicable to Coverage Section 10

Scheduled Meeting means any official, pre-determined meeting or conference arranged by the Policyholder or the Insured Person which cannot be rescheduled.

Exclusions Applicable to Coverage Section 10

We will not pay for:

1. Any missed transport connection arising from a business commitment, or a financial or contractual obligation of the Insured Person or of any travelling companion, Close Business Associate or Relative;
2. Claims arising from the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the number of people required to commence any Journey;
3. Any expenses arising directly or indirectly out of the insolvency or bankruptcy of a travel agent, tour operator, accommodation provider or supplier, airline or other carrier, or any other travel or tourism services provider or the insolvency of any person they deal with.

COVERAGE SECTION 11 - EXTRA TERRITORIAL WORKERS COMPENSATION

Description of Cover

We will indemnify You against Your liability arising during a Journey which begins and ends in Australia to pay:

1. Compensation benefits to an Insured Person under any Workers' Compensation Legislation which provides compensation to injured workers or their dependants for death, personal injury or occupational disease arising out of or in the course of employment in respect of the employment related death, personal injury or occupational disease suffered by an Insured Person happening during the Journey.
2. Damages arising out of the employment related death, personal injury or occupational disease suffered by an Insured Person happening during the Journey, and imposed in connection with a final judgment by a court of competent jurisdiction in the place where loss occurs.

Additional Limits of Liability Applicable to Coverage Section 11

The indemnity provided under this Coverage Section shall be further limited as follows:

1. We shall not pay under this Coverage Section more than the maximum Sum Insured with respect to any one Insured Person stated in the Schedule of Sums Insured and We shall not pay with respect to all claims for all Insured Persons more than the Aggregate Limit of Liability stated in the Schedule.
2. In the case of a claim for workers compensation benefits, to the difference (if any) between the amount of Workers Compensation benefits actually paid in the place where the Insured Person is working when injured and the amount which the Insured Person (or his dependents):
 - (a) is entitled to claim under any Workers Compensation Legislation against which You are required to insure as described in Item 2 of the Conditions clause of this Coverage Section above, in the State or Territory in which the Insured Person's usual place of employment or employment base is located; or
 - (b) would otherwise have been entitled to claim under any such Workers Compensation Legislation if the Insured Person (or his dependents) had not received the amounts so paid.

Subject always to the maximum Sum Insured stated in the Schedule of Sums Insured for all claims with respect to any one Insured Person and the Aggregate Limit of Liability stated in the Schedule with respect to all Insured Persons during the Period of Insurance.

3. Where an Insured Person is working under a contract of service but the Insured Person (or his dependents) is excluded from claiming workers compensation benefits under such Workers' Compensation Legislation by its terms, the Insured Person (or his dependents) shall for the purposes of this Coverage Section be deemed to have an entitlement to claim workers compensation benefits under such Workers Compensation Legislation notwithstanding that the Insured Person (or his dependents) is excluded from claiming such benefits.
4. In the case of a claim for damages at common law, the difference (if any) between the damages and costs actually paid by You in connection with a final judgment imposed by a court of competent jurisdiction in the place where the Insured Person is working and the amount of indemnity to which You would have been entitled under any Employer's Liability Insurance which You are required to take out as described in Item 2 of the Conditions clause of this Coverage Section, above, if the Insured Person or his dependents had made a claim for damages at common law against You in the State or Territory in which the Insured Person's usual place of employment or employment base is located. Subject always to the maximum Sum Insured stated in the Schedule of Sums Insured with respect to any one Insured Person and to the Aggregate Limit of Liability stated in the Schedule with respect to all Insured Persons during the Period of Insurance.

5. The Limit of Liability is the Sum Insured shown in the Schedule of Sums Insured for the following:

The Limit per week for weekly benefit for each Insured Person;

The Limit in respect of all compensation, damages, costs and expenses arising out of any one Accident whether involving one or more Insured Persons.

The Aggregate Limit of Liability for all compensation, damages, costs and expenses for all occurrences, events and Accidents occurring during any one Period of Insurance, whether involving one or more Insured Persons.

6. Any benefits otherwise payable under Coverage Section 1 and/or 2 of this Policy with respect to any Insured Person shall be reduced by the amount of any benefits payable under this Coverage Section with respect to that Insured Person.

Conditions Applicable to Coverage Section 11

1. This Section only applies with respect to Insured Persons who are Your employees or persons who are deemed by any applicable Workers' Compensation Legislation to be Your employees who are employed within Australia in a managerial, clerical administrative or sales/technical capacity and whose duties are to be performed substantially within Australia;
2. You must maintain in force within Australia Workers' Compensation Insurance as required by the law of any State or Territory which applies to the employment of employees by You and insurance for an unlimited amount in respect of Your liability independently of such Worker's Compensation law for any injury to any such employees;
3. This Section only applies whilst an Insured Person is working on a temporary basis outside the State or Territory in which his or her usual place of employment or employment base is located;
4. You must make available to Us all information and documentation in Your possession relating to any claim submitted by any Insured Person;
5. You must authorise Your Workers' Compensation insurer or insurers, upon request to make available to Us all such information and documentation as We may reasonably require.

Exclusions Applicable to Coverage Section 11

1. There is no indemnity under this Section with respect to exemplary, punitive or aggravated damages;
2. No indemnity will be paid where We are prohibited from paying due to government legislation, whether existing or amended.

COVERAGE SECTION 12 - KIDNAP, RANSOM AND EXTORTION

Description of Cover

(Insuring Clauses)

1. We will pay for loss of any property or other consideration actually surrendered:
 - (a) as a ransom payment by You or on Your behalf as the result of an actual or alleged Kidnapping;
 - (b) as an extortion payment by You or on Your behalf as the result of any other Extortion Threat to do bodily harm to, wrongfully abduct or detain any Insured Person;

in connection with the Kidnapping of an Insured Person during a Journey.
2. We will pay for loss caused by the actual destruction, disappearance, confiscation or wrongful abstraction of property or other consideration intended as a ransom or extortion payment covered under Insuring Clause 1 while being held or conveyed by any person(s) duly authorised by You to have custody of such property or other consideration provided such property or other consideration is not actually paid or surrendered.
3. We will be pay for the following expenses incurred by You solely and directly as the result of a ransom or extortion demand which would constitute a loss under Insuring Clause 1:
 - (a) reasonable fees and expenses of any independent negotiators or consultants retained by You;
 - (b) reasonable fees and expenses of any independent public relations consultant;
 - (c) interest costs for any loan taken by You to pay that part of a ransom or extortion payment recoverable under Insuring Clause 1;
 - (d) reasonable travel and accommodation expenses incurred by You;
 - (e) the reward paid by You to an Informant for information not otherwise available which leads to the arrest and conviction of persons responsible for such demand;
 - (f) the Salary which You continue to pay an Insured Person while the Insured Person is being held ransom as the result of a Kidnapping, provided that coverage shall only apply at the salary level in effect prior to the Kidnapping and only for a period commencing upon the abduction of the Insured Person and ending at the time the Insured Person is released, discovered to be dead, one hundred and twenty days after the last positive evidence following the abduction that the Insured Person is alive, or sixty months after the abduction, whichever is earliest;
 - (g) sums which the Insured Person becomes obligated to pay on account of an Insured Person's inability to attend to personal financial matters which result in any actual Consequential Personal Financial Loss;
 - (h) reasonable medical, psychiatric, and legal expenses incurred by an Insured Person with Your approval for a twelve (12) month period following the release of an Insured Person;
 - (i) reasonable fees for independent medical and legal advice incurred by You with Our approval;
 - (j) any other reasonable expenses incurred by the Insured with Our approval.

Definitions Applicable to Coverage Section 12

When used in this Coverage Section:

Consequential Personal Financial Loss	means, but is not limited to, pecuniary loss incurred by an Insured Person resulting directly from the failure to renew insurance contracts, failure to exercise stock options, and failure to respond to margin or loan calls by financial institutions.
Employee	means any person in Your regular service during the Period of Insurance whom You compensate by Salary, wages and/or commissions and whom You have the right to govern in the performance of such service, and any of Your non-compensated officers.
Extortion Threat	means a threat or threats (including actual or alleged Kidnapping), as set forth in Insuring Clause 1, made by a person or group demanding a ransom or extortion payment or a series of such payments as a condition for the mitigation or removal of such threats. All such threats (a) related by a common committed, attempted or threatened wrongful act or (b) made contemporaneously against You and/or the Insured Person shall be deemed to constitute a single Extortion Threat if made by the same person or group.
Informant	means any person providing information solely in return for monetary payment paid or promised by You.
Insured Person	either in the singular or plural, means: <ul style="list-style-type: none"> (a) Insured Person as specified in the Schedule; (b) Relative of an Insured Person; (c) Person legally resident in the household of an Insured Person; and (d) Close Business Associate or travelling companion of the Insured Person
Kidnapping	means the wrongful abduction and holding under duress or by fraudulent means of any Insured Persons by any person or group making a ransom demand or series of ransom demands for the release of such Insured Persons.
Premises	means that portion of any building occupied by You in conducting Your business.
Salary	means the direct compensation which You pay to an Employee for personal services rendered, including normal bonus, commissions, standard incentive payments, health benefits, welfare benefits or pension benefits.

Conditions Applicable to Coverage Section 12

1. In the event of a ransom or extortion demand directed against any Insured Person rather than against You, property or other consideration surrendered or intended to be surrendered by or on behalf of such Insured Person and expenses described in (a), (b), (c), (d), (e), (g), (h) & (j) of Insuring Clause 3 incurred by or on behalf of such Insured Person shall, at Your option, be considered property or other consideration surrendered or intended to be surrendered on Your behalf and expenses incurred by You.
2. Our liability for loss arising from an Extortion Threat which occurred or was communicated to You, directly or indirectly, prior to the effective date of this policy, is subject to the following:

- (a) You or Your predecessor in interest carried some other policy which, at the time of the Extortion Threat afforded You some or all of the coverage of the Insuring Clause of this Coverage Section applicable to the loss;
- (b) such prior coverage and the right of claim continued under the same or some superseding policy without interruption from the time of the Extortion Threat until the effective date of the policy; and
- (c) the Extortion Threat shall have been discovered by You after the expiration of the time allowed for discovery under the last such policy.

Our liability with respect to such loss shall not exceed the Limit of Liability under the coverage in force at the time of the Extortion Threat, or the Limit of Liability under the Insuring Clause of this Coverage Section applicable to the loss, whichever is smaller.

3. The payment of any loss under this Coverage Section shall not reduce Our liability for other losses; provided, however, that Our maximum liability shall not exceed the dollar amount set forth in the Schedule of Sums Insured for this Coverage Section:

- (a) applicable to Insuring Clause 1, Extortion Coverage, for all loss of property and other consideration actually surrendered as ransom and extortion payments arising from one Extortion Threat or a series of related Extortion Threats;
- (b) applicable to Insuring Clause 2, Delivery Coverage, for all losses of property and other consideration intended as ransom and extortion payments arising from one Extortion Threat or a series of related Extortion Threats;
- (c) applicable to Insuring Clause 3, Expense Coverage, for all expenses arising from one Extortion Threat or a series of related Extortion Threats;

Our liability under this Coverage Section is further subject to the Aggregate Limit of Liability stated in the Schedule.

4. Any Extortion Threats made by the same person, group or collaborating groups with the apparent purpose of creating a cumulative or continuing coercive effect upon, or political effect involving, You or the Insured Person shall be considered related threats.
5. From all losses sustained by You arising from any one Extortion Threat or series of related Extortion Threats, after deducting all recoveries (except insurance or sureties held by You or Us for their benefit) on account thereof made prior to payment, shall be deducted the amount specified in the Schedule
6. A loss shall be deemed to have been sustained:
 - (a) under Insuring Clause 1 at the time of the surrender of the ransom or extortion payment;
 - (b) under Insuring Clause 2 at the time of the actual destruction, disappearance, confiscation or wrongful abstraction of the property or other consideration;
 - (c) under Insuring Clause 3 at the time of the payment of incurred expenses by You;
7. If You shall sustain any loss covered by this Coverage Section, all recoveries (except from suretyship, insurance, reinsurance or indemnity taken by Us or for Our benefit) on account of loss, less the actual cost of recovery, shall be distributed as follows: You shall be reimbursed for any loss which exceeds the amount of coverage provided by this Coverage Section less the deductible amount, the balance applied to Our reimbursement to the extent of Our loss and any remainder paid to You.
8. This Coverage Section does not cover any loss arising from any Extortion Threat unless such threat occurs or is communicated directly or indirectly to You or an Insured Person prior to the effective date of termination of coverage hereunder and is discovered by You and communicated to Us in writing prior to one year after the effective date of the termination of this Coverage Section in its entirety.

9. In no event shall We be liable under this Coverage Section for more than:

- (a) the actual market value of lost, damaged or destroyed securities at the close of business on the business day immediately preceding the day on which the loss is discovered, or for more than the actual cost of replacing the securities, whichever is less;
 - (b) the actual cash value at the time of loss of any other property or consideration, or the actual cost of repairing or replacing such property or consideration with property or consideration of similar quality and value, whichever is less;
 - (c) the cost of blank books, pages, tapes or other blank materials to replace lost or damaged books of account or other records; or
 - (d) the Australian dollar value of any foreign currency based on a cash rate of exchange published in the Australian Financial Review on the day any loss involving foreign currency is discovered.
10. Regardless of the number of years coverage shall continue in force, and the number of premiums which shall be payable or paid or any other circumstances whatsoever, Our liability with respect to any loss or losses shall not be cumulative from year to year or from period to period. When there is more than one Policyholder, the aggregate liability for loss or losses sustained by any or all of them shall not exceed the amount for which We would be liable if all losses were sustained by any one of them.

Exclusions Applicable to Coverage Section 12

Exclusions Applicable to All Insuring Clauses.

Coverage under this Coverage Section does not apply to:

- 1. loss due to any fraudulent, dishonest or criminal act by Your identifiable Employee, Director, trustee, authorised representative or messenger acting alone or in collusion with others, unless the loss is in excess of the amount recovered or received by You under any other bond, insurance or indemnity which would cover the loss in whole or in part, in which case this Coverage Section shall cover only such excess;
- 2. loss resulting from fraud or collusion by the person allegedly the subject of an Extortion Threat if the person authorising the ransom or extortion payment had not, prior to the payment, made every reasonable effort under the circumstances to determine that the Extortion Threat was genuine;
- 3. any kidnap, ransom demand or extortion in South America, Mexico or the Insured Person's Country of Residence unless the Country of Residence is Australia;
- 4. Sums which You shall become legally obligated to pay on account of judgments resulting from any suit for damages, and reasonable defence costs incurred by You in defending such suit, brought by an Insured Person (or the estate, heirs or legal representatives of such Insured Person) alleging negligence or incompetence in hostage retrieval operations or negotiations following the Kidnapping of such Insured Person or negligence in not preventing the Kidnapping of such Insured Person or as the result of any extortion attempt to do bodily harm to an Insured Person.

Exclusions Applicable to Insuring Clause 1.

Coverage under Insuring Clause 1 does not apply to loss of property and other consideration:

- 6. surrendered away from Your Premises in any face to face encounter involving the use or threat of force or violence unless surrendered by a person in possession of such property or other consideration at the time of such surrender for the sole purpose of conveying it to pay a previously communicated ransom or extortion demand and unless actually surrendered to those responsible for such demand or their designee; or
- 7. surrendered on Your Premises.

COVERAGE SECTION 13 - POLITICAL AND NATURAL DISASTER EVACUATION EXPENSES

Description of Cover

If the Insured Person is on a Journey in a country outside their Country of Residence and:

- (a) Officials in that country recommend that certain categories of persons, which categories include the Insured Person, should leave that country; or
- (b) The Australian Government, through its Department of Foreign Affairs and Trade, issues a Consular Travel Warning recommending that certain categories of persons, which categories include the Insured Person, should leave that country; or
- (c) If the Insured Person is expelled or declared *persona non grata*; or
- (d) There is wholesale seizure, confiscation or expropriation of Your or the Insured Persons property, plant or equipment; or
- (e) A natural disaster has occurred in the Country the Insured Person is in and a state of emergency has been declared necessitating his immediate evacuation in order to avoid risk of personal Accidental Bodily Injury or Sickness or Disease.

We will pay:

- (i) the cost of returning the Insured Person to their Country of Residence; or
- (ii) the cost of evacuating the Insured Person to the nearest place of safety;
- (iii) where the Insured Person is unable to return to their Country of Residence, the reasonable costs of accommodation, up to a maximum of two hundred and fifty dollars (\$250) per day each Insured Person.

However We will not pay;

- 1 if the Insured Person is holding a valid ticket to return the Insured Person to their Country of Residence or to a place of safety, We will only pay the additional costs, if any associated with the return. (Should the Insured Person be entitled to a refund on an unused ticket We shall be entitled to deduct this amount from the Claim).
- 2. in respect of any necessary air flight, more than the cost of a business flight; and/or
- 3. in respect of the costs of accommodation, for a period in excess of fourteen (14) days any one event.

Exclusions Applicable to Coverage Section 13

We will not pay for losses arising from or attributable to:

- 1. the Insured Person violating the laws or regulations of the country they are in;
- 2. the Insured Person failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation;
- 3. any debt, insolvency, commercial failure, the repossession of any property by a titleholder or any other financial cause;
- 4. Your or the Insured Persons failure to honour any contractual obligation or bond or to obey any conditions in a licence;
- 5. the Insured Person being a national of the country they are in;
- 6. the political unrest or natural disaster that resulted in the Insured Person's evacuation being in existence prior to the Insured Person entering the country or its occurrence being foreseeable to a reasonable person before the Insured Person entered the country.

COVERAGE SECTION 14 - CORPORATE TRAVELLER'S FAMILY ASSISTANCE

Description of Cover

1. If, while the Insured Person is on a Journey and an Insured Person's Spouse suffers Accidental Bodily Injury as defined below which results in death, We will pay \$25,000 to the Insured Person.
2. If, while on a Journey an Insured Person suffers Accidental Bodily Injury which results in death, We will pay \$5,000 for each Dependant Child subject to a maximum of \$10,000 for all Dependant Children in any one family.

Definitions Applicable to Coverage Section 14

(For this Benefit only and in respect of the Insured Person's Spouse)

Accidental Bodily Injury means an injury to the body of an Insured Person's Spouse caused by an Accident which occurs during the Period of Insurance but does not include any condition which is a Sickness or Disease or any degenerative condition provided that the injury results in the death of the Insured Person's Spouse within 12 months from the date of such injury.

Exclusions Applicable to Coverage Section 14

We will not pay:

1. If an Insured Person's Spouse is travelling in an unlicensed aircraft;
2. If an Insured Person's Spouse is flying or engaging in any other aerial activity as part of the aircraft's crew;
3. If an Insured Person's Spouse is participating in or training for any professional sport;
4. For any claim which results from any criminal or illegal criminal act of the Insured Person's Spouse;
5. Under Description of Cover 1 if the Insured Person's Spouse is accompanying the Insured Person on a Journey.