

A photograph of a man with short dark hair, wearing a dark blue polo shirt and a red apron, standing in a grocery store. He has his arms crossed and is looking slightly to the right with a gentle smile. The background is filled with various grocery items, including bags of produce and shelves, which are softly blurred.

Individual Personal Accident and Sickness Insurance

Product Disclosure
Statement

Dated 1 July 2008

calliden
insurance limited

Application Form

Individual Personal Accident & Sickness

Form completion

Please answer all questions. Please tick (✓) appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete your answer on a separate sheet of paper and attach it to the Application Form.

Your Duty of Disclosure

Prior to entering into a contract of general insurance You have a duty to disclose certain information. You have the same duty to disclose prior to renewing, extending, varying or reinstating a general insurance contract.

What You must tell Us

When answering Our questions, You must be honest and You have a duty under law to tell Us anything known to You, and which a reasonable person in the known circumstances would include in answer to the question. We will use the answers in deciding whether to insure You and anyone else to be insured under the Policy, and on what terms.

Who needs to tell Us

It is important that You understand You are answering all Our questions in this way for yourself and anyone else whom You want to be covered by the Policy.

If You do not tell Us

If You do not answer the 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 worked.

Important

This duty of disclosure applies to all the people named on the application form. Please read this Policy Disclosure Statement carefully to ensure:

- You are aware of all the contractual rights and obligations
- the Policy provides the cover You require
- You are aware of the limits regarding Policy coverage and what We will pay You under the Policy.

Workers' Compensation

Workers' Compensation is compulsory in all States and Territories of Australia. This package does not include Workers' Compensation Privacy.

Privacy

The information collected on this application form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the application form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348, Milsons Point NSW 1565

Melbourne

Level 9, 11–33 Exhibition Street
Melbourne, Vic 3000
PH 1800 805 899, Fax: 1300 662 215

Sydney Level 7, 100 Arthur Street
North Sydney, NSW 2060

PO Box 348 Milsons Point 1565
PH (02) 9551 1111, Fax (02) 9551 1155

Brisbane Level 23 307 Queen Street
Brisbane, QLD 4000

PO Box 2217 Brisbane QLD 4001
PH (07) 3214 7880, Fax (07) 3214 7890

Perth Level 10, 105 St Georges Terrace,
Perth WA 6001

PO Box 2502 Perth WA 6001
PH (08) 9324 3699, Fax (08) 9324 3599

Adelaide Ground Floor/26 Greenhill Road
Wayville SA 5034

PH (08) 8274 5800, Fax (08) 8274 5899

Policy No. Intermediary

Cover Note No. Replacing Policy No.

Period of Insurance: From / / to 4 pm on / /

The Insured

Full name of proposer

Address for notices

Suburb State Postcode

Phone () Fax () Mobile

Have you ever been declared bankrupt or charged/convicted of any criminal offence? Yes No

If Yes please specify

Your Business

Full description of your occupation

How long have you been in this business? At this location?

Do you engage in any other business? Yes No

If Yes please specify

Personal Accident and Sickness Section

Insured person	
Full name Surname First name Second name	<input type="text"/>
Date of Birth	/ /
Height	cm
Weight	kgs
Occupation	<input type="text"/>
Type of cover required	Accident and or Sickness <input type="checkbox"/> Accident Only <input type="checkbox"/>
Average weekly income	\$
Benefits required	CAPITAL BENEFITS \$ WEEKLY BENEFITS \$ EXCESS BENEFITS DAYS SICKNESS OR INJURY <input type="checkbox"/>
1. Has this person ever been insured against accident or illness, now or before? If "Yes", provide name and address of previous insurer(s).	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>

<p>2. Are there any circumstances of this person's occupation, habits, sporting or other activities which might make them specially liable to accident or illness? If "Yes", provide full details. (e.g. Football, contact sports, Rock Climbing)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Is this person engaged in any work other than Your business? If "Yes", provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Have special terms ever been imposed for life or disability insurance or has such an insurance ever been declined, cancelled or renewal refused by an Insurer? If "Yes", provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5. Has this person ever been disabled for more than 7 days through injury or illness? If "Yes", provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>6. Has this person ever suffered from any of the following: <ul style="list-style-type: none"> • Abnormal blood pressure, hypertension, aneurism, diabetes, gout, rheumatism, rheumatic fever, arthritis, fits, ulcers, cancer, paralysis, varicose veins or hernia? • Any disease or disorder of the nervous, digestive, genito-urinary, reproductive, circulatory or respiratory system? • Any disorder of the back, spine, limbs, heart, mind, sight or hearing? If "Yes", provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>7. Has this person had any medical treatment or advice during the past 5 years other than for minor complaints such as colds? If "Yes", provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>8. Has this person ever been hospitalised or had any surgical treatment of a serious nature? If "Yes", provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>9. Relationship to first person?</p>	

Optional extensions – selecting an optional extension will alter your premium

<p>1. Motor Cycling - Do you wish the policy to be extended to include motor cycling?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Football - Do you wish the policy to be extended to include football?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Leisure time only cover</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Business Expenses - The most You can insure the insured person's business expenses for is the lower of \$950 OR the amount of your weekly injury benefit that you have selected. The maximum benefit period for this Option is 52 weeks in each period of insurance.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>\$ _____ Weekly Benefit</p>

Please fill in this Checklist to get a guide as to how much the insured person's weekly business expenses are:

Checklist item		Amount spent each week
employee salaries	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
property rental	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
electricity and gas	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
business insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
mortgage repayments	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
lease payments	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
superannuation	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
telephone	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
water	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
rates	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
other	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
other	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Total for all checklist items		\$ _____

(Please note this cover is limited please refer to the previous page of your proposal)

Declaration

"I/we have read the duty of disclosure included in this application form. I/we confirm that the answers and statements in this application are correct and that no information has been withheld which may affect the decision to accept this application or the terms and conditions.

I/we acknowledge that the personal information Calliden Insurance collects from me/us is collected for the purpose of processing this application, fulfilling Calliden Insurance obligations in providing services to me/us, for the development of products and services, and to allow the Calliden Group to market products and services. If I/we do not provide relevant information, I/we acknowledge that Calliden Insurance may be unable to process my/our application. I/we acknowledge that information may be disclosed to:

- Intermediaries through which I/we deal with Calliden Insurance (for instance an agent, broker or financial advisor);
- Claims assessment participants (for instance an assessor, investigator and/or loss adjuster);
- Other reputable service providers (for instance mail houses); and/or
- Underwriters, who are responsible for part/all of the risk under a contract of insurance (for instance a reinsurer).

I/we understand that Calliden Insurance may give to or obtain from other insurers and/or Insurance Reference Services information from this application and claims information obtained through the course of the contract.

By signing this application form, I/we consent to the Calliden Group collecting and using this information for these purposes. This is subject to my/our right to opt out of receiving various direct marketing material at any time.

I/we acknowledge that I/we have rights to access our personal information held by Calliden Insurance in accordance with the National Privacy Principles.

I/we understand that this insurance does not operate until acceptance of this application in writing by Calliden Insurance (except for any cover provided under an interim contract of insurance)."

Applicant 1 – Signature

Date

Applicant 2 – Signature

Date

This declaration MUST be signed by or on behalf of all parties who are making this application for insurance.

Table of Contents

Individual Personal Accident and Sickness Insurance Product Disclosure Statement

Important Information	2
General Definitions	7
General Conditions	8
General Exclusions	9
Cover Details	10
Additional Benefits	10
Optional Extensions	11
Table of Benefits	12
Claims	13

Important Information

This product is distributed by authorised representatives and agents of Calliden Insurance Limited who act as our agents and do not act as your agent. The product is also distributed by other insurance intermediaries (brokers) who generally do act as your agent when you purchase this product.

About this Product Disclosure Statement

This product is issued by Calliden Insurance Limited ABN 47 004 125 268 and AFS Licence No. 234438, Level 9, 11–33 Exhibition Street, Melbourne VIC 3000. The information in this booklet is current at the date of preparation. If the information changes We will issue a supplementary or replacement product disclosure statement (PDS).

The information in this PDS will assist you to make an informed decision about your Personal Accident and Sickness insurance. It contains information about the policy, its features, benefits, risks and costs. Please read it carefully.

If we accept your application you will receive a policy schedule that summarises the insurance cover you have selected.

This PDS is effective from 1 July 2008.

Your Records

This PDS, the Policy Schedule and any endorsements are a record of Your cover. They are important documents containing the terms and conditions which apply to Our agreement. You may need to refer to them periodically and particularly when the Policy is due for renewal or at the time of a claim. Please keep them in a safe place.

Our Agreement

The agreement between you and Calliden Insurance consists of:

- Your application
- this PDS
- Your Policy Schedule
- any endorsement.

A Policy Schedule is issued when We agree to cover You and You have paid (or agreed to pay) the premium including any relevant government charges by the inception/due date.

Our liability is limited to:

- the period of insurance shown on Your Policy Schedule
- the policy sections set out on Your Policy Schedule
- the sum(s) insured set out on Your Policy Schedule unless We have agreed to pay more as an additional benefit.

Your Cooling-off Period

Please read this PDS and Your Policy Schedule carefully to make sure You understand the cover provided and that it is adequate. You have fourteen (14) days after You receive the Schedule to alter Your cover should You need to. If, for any reason, You are not completely satisfied with Your Policy We may agree in writing to alter it to meet Your needs. Alternatively, You may cancel Your Policy within the 14-day period by returning it to Us with Your written instruction.

If You cancel within the 14 day period the premium You have paid will be refunded, provided no event has occurred for which a claim is payable under the Policy.

Code of Practice

Calliden is a signatory to the General Insurance Code of Practice (Code). The Code aims to raise standards of service between insurers and their customers. Calliden's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact Us or the Financial Ombudsman Service on 1300 78 08 08 or look at www.codeofpractice.com.au

Privacy

Calliden respects Your privacy and operates at all times in accordance with its privacy policy. This privacy notification provides a summary of how Calliden treats Your privacy, and it is recommended that You read the policy in conjunction with this notice.

Calliden collects personal information to assess Your request for insurance, to administer Your Policy, provide other insurance services as requested by You, and also to notify You about other Calliden services or promotions from time to time. At the time of collecting Your information We will inform You of the purpose for the collection and the consequences if You choose not to provide the information.

In order to provide its insurance services Calliden may need to share Your information with third parties including Your agent or broker and Calliden's reinsurers and claims providers (for a full list see Calliden's privacy Policy).

In accordance with Calliden's privacy policy You may obtain access at any time to information that Calliden or its service providers hold on You. If You would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy You may do so through one of the following means:

- online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer,
PO Box 348, Milsons Point NSW 1565.

Dispute Resolution

How You Can Resolve A Complaint You Have With Us

If You would like to make a complaint, We will do everything We can to try to resolve it as quickly and fairly as possible. The following paragraphs provide details on how You can lodge Your complaint and how Calliden will try to resolve it.

You may contact Us at any time if You are dissatisfied with any matter relating to Your insurance with Calliden, including:

- our decision on Your claim
- our handling of Your claim
- the service of our representatives, assessors, loss adjusters or investigators, and
- Your insurance Policy.

Contact Us

- If You have a complaint regarding Your claim, please contact Your claims consultant
- If You have a complaint regarding Your insurance Policy, please contact Us on 02 9551 1111 and We will try to resolve Your complaint straight away
- You can write to Us at:
 - Fax: 02 9551 1155
 - Address: PO Box 348, Milsons Point NSW 1565

How We resolve complaints

- We will address all complaints, except where specific circumstances apply, in accordance with Calliden's Complaints Handling Process. This process is compliant with the Insurance Council of Australia's Code of Practice. Both the Code of Practice and our Complaints Brochure, which contains a guide to our process, are available upon request
- We will handle all complaints without cost to You
- A complaints consultant will be assigned to the management of Your complaint and will acknowledge Your complaint within 2 business days of receipt. If further information is required to consider the complaint, it will be requested at this time
- The complaints consultant will aim to resolve Your complaint within a further 13 business days. In certain circumstances a longer period may be required, and We will request a later response date
- The outcome of the complaint will be advised to You in writing, stating our reasons and any corrective action that will be undertaken.

If Your complaint is still unresolved

If We cannot resolve Your complaint within 15 business days or You are not happy with our response to Your complaint, You can seek an external review via our external dispute resolution scheme, administered by the Financial Ombudsman Service (FOS).

This national scheme is for consumers, free of charge and is aimed at resolving disputes between insured's and their insurance companies.

For more information call 1300 78 08 08 or visit www.fos.org.au

If the FOS is unable to address Your complaint then Calliden may be able to provide You with details of an alternative external dispute resolution service.

Your Duty of Disclosure

Whether You are entering into a Policy for the first time or are proposing to renew, vary, extend or reinstate a Policy You have a duty of disclosure:

Your Duty of Disclosure for New Policies

When answering our questions You must be honest and You have a duty under law to tell Us anything known to You, and which a reasonable person in the circumstances, would include in the answer to the question. We will use the answers in deciding whether to insure You and anyone else to be insured under the Policy, and on what terms.

Your Duty of Disclosure for Renewals

If You have already entered into a Policy and You are proposing to renew, vary, extend or reinstate the Policy Your duty of disclosure changes. You have a duty to tell Us of everything that You know, or could reasonably be expected to know, that is relevant to our decision to insure You and to the terms of that insurance. If You are not sure whether something is relevant You should inform Us anyway.

Who Needs to Tell Us?

It is important that You understand You are answering our questions in this way for Yourself and anyone else that You want to be covered by the Policy.

What You Are Not Required to Disclose:

Your duty does not require disclosure of matters that:

- reduce the risk
- are common knowledge

- We know or, in the ordinary course of our business, ought to know, and
- We have indicated We do not want to know.

If You do not tell us

If You do not answer our questions in this way or disclosure everything You know, 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 this Policy as never having been in force.

Significant Features and Benefits

The following is a summary of the significant benefits and features of the cover by this Policy. This is a summary only. We suggest that You read the entire Policy to make Yourself aware of all the cover offered and to ensure the cover offered meets Your needs.

Cover	Summary of Cover	Page
Lump Sum Benefit for Personal Accident	If an Insured Person suffers an Injury that within 12 months of suffering the Injury results in Permanent Disablement, We will pay the Benefit applicable to that Permanent Disablement shown in the Table of Benefits	10
Weekly Benefits for Personal Accident	If an Insured Person suffers Total or Partial Disablement, We will pay the weekly compensation specified in the Schedule for an accident or the pre-disablement Earnings, whichever is the lesser, for the period of the Total Disablement but not for longer than the number of weeks shown as the accident period in the Schedule.	10
Weekly Benefits for Sickness	If an Insured Person suffers a Total Disablement for more than 7 consecutive days as a result of Sickness or Disease, We will pay the weekly compensation specified in the Schedule for Sickness and Disease or the pre-disablement Earnings, whichever is the lesser, for the period of the Total Disablement but not for longer than the number of weeks shown as the sickness period in the Schedule.	10
Additional Benefits		
Rehabilitation and Modification Expenses	Up to \$10,000 for the cost of a rehabilitation program or any costs incurred for the modification of a house or car that are required as a result of the Injury when an Insured Person is entitled to compensation for Permanent Disablement under this Policy.	10

Optional Benefits	Summary of Cover	Page
Motor Cycling or Football	If you choose this optional cover, the exclusion relating to Motor Cycling and Football will be removed from the policy.	11
Leisure Time Hours Only	If You choose this cover, benefits under this Policy will be limited by excluding any injury which occurred whilst you were performing any work or other activities that earns or contributes to your income or that is covered under any Workers Compensation Acts or ordinance. Cover for illness can not be purchased using this time restrictive cover.	11
Business Expenses Cover	If You choose this cover and We agree to pay You a weekly benefit for Total Disablement We will also pay the lesser of weekly Business Expenses that the Insured Person actually incurs each week or the amount for Business Expenses shown in the Schedule for a maximum of 52 weeks.	11

Cost of Your Policy

The amount that We charge You for this insurance when You first acquire Your Policy and when You renew Your Policy is called the premium. The premium is the total that We calculate when considering all of the factors which make up the risk. These factors include whether You chose to insure for Personal Accident and Sickness or Sickness only, the type of work You or any person to be insured under the Policy perform, the sums insured You choose for Capital and Weekly Benefits and the Optional Covers that you choose.

The total cost of Your Policy is shown on Your Policy Schedule and is made up of Your premium plus Government Taxes such as, GST and Stamp Duty.

Paying Your Premium

Various options are available for paying your premium including:

- annual payment by cheque, credit card or cash;
- monthly, quarterly or annual instalments by direct debit from your credit card or bank, building society or credit union account.

What happens if you do not pay the cost of your policy by the due date?

We will have the right to cancel Your Policy if You do not pay Your premium by the due date or if Your payment method is dishonoured and therefore We have not received Your payment by the due date. Unless We tell You, any payment reminder We send does not change the expiry of Your cover or the due date of Your premium.

Paying By Instalments

- Where You pay Your premium by instalments:
 - We will not pay any claim if at the time the incident giving rise to the claim occurred, at least one instalment of premium remained unpaid for 14 days or more
 - If any instalment of premium has remained unpaid for 30 days, the policy will come to an end without notice to You
- In the event of a claim, any balance of the annual premium will become due before settlement of the claim. Alternatively, it may be deducted from the settlement of Your claim
- If the financial institution holding Your account return or dishonour a direct debit payment due to lack of funds in Your account, We will charge You for any direct or indirect costs which We incur arising from the payment being returned or dishonoured.

Other costs, fees and charges

Other costs, fees and charges which may be applicable to the purchase of Your insurance Policy include:

Costs or fees	Details
Refund of Premium	<p>You may cancel Your Policy at any time. If You choose to cancel Your Policy We will retain a portion of premium which relates to the period for which You have been insured. We will refund the residue for the unexpired period, less any non-refundable government taxes or charges, provided that:</p> <ul style="list-style-type: none">• no event has occurred where liability arises under the Policy, and• the residue amount is over \$20.
Monthly Instalment Fee	<p>We do not charge any additional fees or charges if you choose to pay your premium in monthly instalments.</p>
Commissions	<p>Your broker or insurance intermediary may receive a commission payment from Us when Your Policy is issued and renewed. If You cancel Your Policy, this commission payment may be non-refundable. For details of the relevant commission paid, please refer to Your FSG, SOA or contact Your broker or insurance intermediary directly.</p>

Excess

The amount of any benefit payable under this Policy may be reduced by an excess period. An excess is a period of time for which We will not pay any benefits. The amount of each excess will be shown on Your Policy Schedule.

In most instances You can select in Your application for insurance, the amount of policy excess You wish to apply should You have a claim. When You select a higher policy excess period, We will normally reduce the amount of premium We charge You.

In some instances, We will impose the excess period that will apply should You have a claim. In deciding to impose an excess period, We take into consideration the type of cover You require and the occupation of the person to be insured.

Excess periods range from 3 to 28 days.

GST Information

When we make a payment for the acquisition of goods, services or other supply, we will reduce the amount of the payment by the amount of any GST input tax credit that you are, or will be, or would have been, entitled to in relation to that acquisition, whether or not that acquisition is actually made.

When we make a payment under this policy as compensation (instead of payment for the acquisition of goods, services or other supply) we will reduce the amount of our payment by the amount of any GST input tax credit that you would have been entitled to had the payment been applied to acquire such goods, services or other supply.

Significant Risks

Duty of disclosure

You are obliged to provide reliable information and to comply with 'Your Duty of Disclosure' on page 7, which outlines your disclosure obligations and the consequences of not complying with these obligations.

Conditions, exclusions and policy limits

Read this PDS carefully so that you are fully aware of the cover provided by the policy and the conditions, exclusions and policy limits that apply to your insurance.

General Definitions

Applicable to All Policy Sections

Act of Terrorism includes any act, or preparation in respect of action or threat of action, designed to influence the government de jure or de facto of any nation or any political division thereof, or in pursuit of political, religious, ideological or similar purposes to intimidate the public or a section of the public of any nation by any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) de jure or de facto, and which:

- involves violence against one or more persons
- involves damage to property
- endangers life other than that of the person committing the action
- creates a risk to health or safety of the public or a section of the public, or
- is designed to interfere with or to disrupt an electronic system.

Benefit means the percentage of the individual sum insured listed in the table of benefits for each Permanent Disablement.

Business means Your trade or occupation which is described in the Schedule.

Earnings means:

1. in the case of an employee, the Insured Person's gross weekly rate of pay exclusive of overtime payments, bonuses, commission or allowances averaged over the period of 12-months prior to the date disablement commenced or over such shorter period that the Insured Person has been continuously employed; or
2. in the case of any other person, their gross weekly income derived from personal exertion after deducting any expenses necessarily incurred in deriving that income averaged over the period of 12-months prior to the date disablement commenced or over such shorter period that the Insured Person has been engaged in their occupation, profession or business.

Excess Period means the period stated in the Schedule during which no benefits are payable for Total or Partial Disablement.

Football means any training or playing of rugby league, rugby union, soccer, touch football, gridiron, Australian rules or similar game.

Injury means bodily Injury caused by an accident which occurs during the period of insurance but does not include any conditions which are also a Sickness and/or an aggravation of a pre existing injury unless caused by a separate accident.

Insured Person is such person or persons described in the Schedule with respect to whom a premium has been paid.

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

Motor Cycling means driving, riding or being a passenger on any mechanically propelled 2 or 3 wheeled vehicle, quad or ATV vehicle; whether or not the vehicles is registered for use on public roads.

Our/We/Us/Calliden Insurance means Calliden Insurance Limited
ABN 47 004 125 268 and AFS Licence No. 234438

Partial Disablement means disablement which prevents the Insured Person from carrying out a substantial part of their usual occupation, profession or business.

Period of Insurance is the period stated in the Schedule during which the insurance cover provided by this Policy is in force.

Permanent Disablement means disablement which has not improved within 12 months from the date of the event which caused the injury and at which point is deemed in all probability to be beyond hope of any improvement.

Permanent Total Disablement means disablement which has lasted for at least 12-months from the date of the Injury and which thereafter is beyond hope of improvement and which entirely prevents the Insured Person from engaging in an occupation, profession or business for which they are reasonably qualified by education, training and experience.

Policy includes this Product Disclosure Statement/Policy Wording, the Schedule and any special conditions or endorsements issued to You.

Proposal means the Individual Personal Accident and Sickness Proposal or other Application form signed by You.

Schedule means the most recent Schedule for Your Policy We have supplied.

Sickness or Disease means a bodily disorder which becomes manifest during the Period of Insurance, but not manifesting itself earlier than 28-days from the commencement of this Policy and which continues for more than 7-days from the date the Insured Person first sought treatment from a legally qualified medical practitioner in respect of that bodily disorder.

Total Disablement means disablement which entirely prevents the Insured Person from engaging in their usual occupation, profession or business.

You/Your means the Insured Person(s) listed in the Schedule.

General Conditions

1. Provided that We give reasonable notice, We shall be allowed to have any Insured Person medically examined or, in the event of death of an Insured Person, a post mortem examination carried out at Our expense.
2. Except for Benefit 15, which We will pay in addition, We will not pay more than one Benefit for all Permanent Disablements arising from any one Injury.
3. As soon as possible after suffering an Injury, Sickness or Disease, the Insured Person must obtain and follow advice from a qualified medical practitioner.
4. In the event of death by accident of the Insured Person We will pay the Benefit to their legal representative.
5. We must be advised of any existing medical conditions that may affect our decision to include an Insured Person.

6. Cancellation

You may cancel this policy at any time by notifying Us in writing in which case We will retain the pro-rata rate for the time the Policy has been in force.

We may cancel this Policy by giving You written notice to the effect where You have:

- Failed to comply with the duty of utmost good faith
- Failed to comply with the duty of disclosure at the time when the Policy was entered into
- Made a misrepresentation to Us during the negotiations for the Policy before We entered in the policy
- Failed to comply with a provision of the Policy
- Failed to pay the premium or failed to pay any instalments for longer than one month
- Made a fraudulent claim under this Policy or any other policy of insurance (whether with Us or some other insurer) that provided insurance cover during any part of the period which the Policy of insurance provides insurance cover

- Failed to notify Us of any specific act or omission where such notification is required under the term of this policy.

We may cancel this Policy pursuant to any right at law but subject to the provisions of the Insurance Contracts Act 1984.

When We cancel the Policy it will have effect from whichever of the following times is the earliest –

- The time when another policy of insurance replacing this Policy is entered into, or
- 4 o'clock in the afternoon of the third business day after the day on which notice was given to You. Unless this policy was in force by Virtue of Section 58 of the Insurance Contracts Act whereby the cancellation will take effect from the fourteenth business day after the day on which notice was given to you. After cancellation, We will refund the premium for the time remaining on the Policy, less any non-refundable duties.

7. Alteration of risk

It is important for You to be aware that We only cover You for the occupation you have described to Us that is shown in Your schedule, You must immediately notify Us if there is any change in Your occupation. We will then review Your new occupation and decide whether it insure you and on what terms.

8. Other insurance

At the time You make a claim, You must give Us written notice of any other insurance covering similar benefits to those covered by this Policy.

9. Excess

No compensation will be paid for total or partial disablement during the excess period.

General Exclusions

We shall not be liable in respect of any Injury, death, disablement or Sickness directly or indirectly caused by or arising out of or in consequence of, regardless of any other cause or event contributing concurrently or in any other sequence, or contributed to by, resulting from or in connection with:

1. Death or Disablement that results from:
 - (a) a deliberately self-inflicted Injury;
 - (b) The Insured person:
 - being under the influence of intoxicating liquor or of a drug, other than a drug taken or administered by or in accordance with the advice of a duly qualified medical practitioner
 - being addicted to intoxicating liquor or to a drug
 - taking part in a riot or civil commotion
 - acting maliciously
 - engaging in any criminal act; or
 - engaging in professional sporting activities.
2. any act of terrorism, regardless of any other cause or event contributing concurrently or in any other sequence to the loss. This also excludes loss, damage, cost or expense directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with any action in controlling, preventing, suppressing, retaliating against, or responding to any act of terrorism
3. war (whether war be formally declared or not), any hostilities, invasion, acts of foreign enemies, war-like operations or civil war
4. mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, military or usurped power, confiscation, nationalisation, requisition, legal seizure or destruction of or damage to property by or under order of any government, public or local authority or looting, sacking or pillage following any of the above
5. the use, existence or escape of nuclear weapons or material, ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste or from the combustion of nuclear fuel
6. any actual or alleged liability whatsoever for any claim or claims in respect of loss or damage, or in any way involving asbestos, or any materials containing asbestos in whatever form or quantity
7. The Insured Person flying, or engaging in aerial activities, other than as a passenger in an aircraft that is authorised to fly under a law that relates to the safety of aircraft
8. Motor Cycling or playing Football unless our consent has been obtained and the Policy endorsed accordingly
9. Underwater activities which are in any way associated with the use of breathing apparatus or skin diving equipment of any description
10. Racing of any kind other than on foot, boxing, polo, water skiing, ski-jumping or competitive snow or ice sports unless Our consent has been obtained and the Policy endorsed accordingly
11. Any form of cosmetic surgery or any other voluntary form of disablement and/or medical procedure You undergo
12. Any sexually transmitted disease, herpes or acquired immune deficiency syndrome (AIDS)
13. neurosis, psychoneurosis, psychosis; mental, emotional, depression, stress or anxiety condition, disease or disorder or is sustained whilst the insured person is in a state of insanity
14. childbirth, miscarriage, termination of birth or any complications with pregnancy that arise after the first thirty (30) weeks of pregnancy
15. any practicing, engagement in or taking part in any defence forces service or operations
16. or during any travel overseas where the insured person has been living overseas for a period exceeding sixty (60) consecutive days unless agreed to in writing by Us prior to the travel commencing.

Cover Details

1. Accident

If, an Insured Person suffers an Injury or is exposed to the elements as a result of an Injury, and as a direct result of that Injury or exposure and within twelve months of the Insured Person first sustaining that Injury or exposure:

- 1.1 the Insured Person suffers a Permanent Disablement, We will pay the Benefit applicable to that Permanent Disablement in the Table of Benefits, and if
- 1.2 the Insured Person suffers Total Disablement, We will pay the weekly compensation specified in the Schedule for an accident or the pre-disablement Earnings, whichever is the lesser, for the period of the Total Disablement but not for longer than the number of weeks shown as the accident period in the schedule
- 1.3 the Insured Person suffers a Partial Disablement, We will pay 25% of the weekly compensation specified in the Schedule for an accident or 25% of the pre-disablement Earnings, whichever is the lesser, for the period of the Partial Disablement but not for longer than the number of weeks shown as the accident period in the schedule.

2. Sickness

If We cover Sickness and Disease and an Insured Person suffers a Total Disablement for more than 7 consecutive days as a result of Sickness or Disease, We will pay the weekly compensation specified in the Schedule for Sickness and Disease or the pre-disablement Earnings, whichever is the lesser, for the period of the Total Disablement but not for longer than the number of weeks shown as the sickness period in the Schedule.

However We will not pay any amount under this clause if You or the Insured Person were aware of any symptoms of the Sickness or Disease or a reasonable person in the circumstances would have been aware of any such symptoms at the time the Insured Person became insured by this Policy.

3. Restrictions to both Sickness and Accident

If the Insured Person is entitled to receive sick leave or any benefits under any Workers Compensation legislation, Transport Accident Legislation or other statutory compensation or benefits scheme; then We will reduce the amounts payable by Us under clauses 1.2,1.3 and 2 of this section by the amount of those entitlements.

4. Limits of Liability

Benefits shall not be payable for more than one of the Permanent Disablement events (1-16) except for event 15 in respect of the same Injury, in which case the highest benefit will be payable.

Any benefit payable for Permanent Disablement events (1-16) shall be reduced by any sum insured paid for Total Disablement in respect of the same injury.

Weekly compensation for Total Disablement shall be limited to the sum insured stated in the Schedule or Your Earnings, whichever is the lesser.

The Accident or Sickness period shown as a number of weeks in the schedule is inclusive of the excess period during which no benefits will be payable.

5. Maximum Age

All cover under this Policy will cease upon You attaining the age of 65 years unless otherwise indicated in the Schedule.

Additional Benefits

1. If the Insured Person has not been found within twelve months of the loss or destruction of any conveyance in which the Insured Person was travelling then the Insured Person will be deemed to have died as a result of an Injury at the time of the loss or destruction.
2. If the Insured Person is entitled to compensation for Permanent Disablement under this Policy, then We will pay for the costs incurred by the Insured Person to undergo a rehabilitation program to adjust to the Injury sustained, plus any costs incurred for the modification of a house or car that are required as a result of the Injury sustained. The maximum amount We will pay under this clause is \$10,000.

Optional Extensions

Options

The following optional extensions are available under this Policy. However they are not automatically included in this Policy unless they have been requested by You, accepted by Us and specified in the Schedule. Each Optional extension is subject to the terms, conditions, exclusions and definitions of this Policy except where they are varied by the extension.

1. Motor Cycling

In consideration of the payment of and acceptance by Us of an additional premium the risk of Motor Cycling is deleted from General Exclusion 7 and for each subsequent Period of Insurance where the renewal premium includes this additional amount.

2. Football

In consideration of the payment of and acceptance by Us of an additional premium the risk of playing Football is deleted from General Exclusion 7 and for each subsequent Period of Insurance where the renewal premium includes this additional amount.

Conditions applicable to Optional Extension 1 and 2

- this cover is only available to amateur football players and motor cyclists, and
- an additional excess period of 14 days will apply to all claims caused by or contributed to by football or motor cycling.

3. Leisure Time Hours Only – Limited to Injury Only

Please note that this option reduces the cover available under this policy, but You will pay less premium for this reduced cover. Subject to this restrictive cover being selected we will limit Your ability to claim benefits under this policy by excluding any injury which occurred whilst you were performing any work or other activities that earns or contributes to your income or that is covered under any Workers Compensation Acts or ordinance.

Cover for illness can not be purchased using this time restrictive cover.

4. Business Expenses Cover

If We agree to pay You a weekly benefit for Total Disablement We will also pay the lesser of:

- weekly Business Expenses that the Insured Person actually incurs each week, or
- the amount for Business Expenses shown in the Schedule.

We will pay the Insured Person's weekly Business Expenses for each week they are Totally Disabled by the Injury or Sickness or Disease – up to a maximum of 52 weeks less any excess period shown in the Schedule. This maximum applies to all Business Expense claims made under this Policy and is not a separate maximum for each individual claim.

Definition

Business Expenses means those expenses the Insured Person reasonably incurs in running their business including:

- employees wages – but only where you are able to show that the employee is unable to work due to your Total Disablement
- rent, property rates
- electricity, water, gas or telephone charges
- laundry and cleaning expenses, and
- leasing payments on equipment or motor vehicles.

Business Expenses does not mean:

- payment of the Insured Person's personal accounts
- any withdrawals the Insured Person makes for personal use
- wages, salary or fees for:
the Insured Person or their replacement, or
a replacement for any person who is not the Insured Person's employee, or
- the cost of stock or merchandise.

Table of Benefits

Permanent Disablement – resulting directly from an injury	sum insured
1. Death	100
2. Permanent Total Disablement	100
3. Permanent total loss of use of one or more arms or legs	100
4. Permanent total loss of sight in one or both eyes	100
5. Permanent total loss of hearing in: 5.1 both ears 5.2 one ear	80 20
6. Permanent total loss of use of four fingers and thumb of either hand	80
7. Permanent total loss of the lens of one eye	60
8. Permanent total loss of use of four digits of either hand	50
9. Third degree burns that cover 40% or more of the external body	50
10. Total loss of use of one thumb of either hand 10.1 both joints 10.2 one joint	30 15
11. Permanent total loss of use of any finger of either hand: 11.1 three joints 11.2 two joints 11.3 one joint	10 7.5 5
12. Permanent total loss of use of the toes of either foot: 12.1 all toes 12.2 great toe – two joints 12.3 great toe – one joint 12.4 any one toe other than the great toe	15 5 3 1
13. Fracture of any bone above the ankle in either leg with established non-union	10
14. Shortening of the leg by 5cm or more	7.5
15. Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth	2
16. Disablement not otherwise provided for in this Table	The percentage of the sum insured as in Our opinion is appropriate.

Claims

Claiming under this Policy

You must follow these procedures if something happens which causes Sickness or Injury which may lead to a claim. If You do not, We may refuse Your claim or reduce the amount We pay You.

If You want to make a claim You must:

- promptly inform Us by telephone, in writing or in person the full details of the Injury or Sickness
- fully complete Our claim form and return it to Us as soon as possible after the event that gave rise to the claim
- give Us all information and documentation which We request. If We ask for it, You must provide Us with a Statutory Declaration verifying the truth of Your claim and any matters connected with it
- the Insured Person must also take any medical or other examinations that We require, if this is reasonably necessary to prove the claim. We will pay for the examination.

Refusing a Claim

We may be able to refuse a claim if:

- You, or the Insured Person, fail in the duty of disclosure
- You make a fraudulent claim
- The Insured Person fails to see a registered medical practitioner for advice and to follow that advice as soon as possible after the Injury or Sickness happens
- You or the Insured Person, unreasonably refuse to give Us the information or documentation We ask for
- You or the Insured Person, unreasonably refuse to cooperate with Us in investigating or assessing the claim (for example if the Insured Person, unreasonably refuses to undertake a medical or other examination that We ask them to take).

calliden

insurance limited

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