

CERTIFICATE OF INSURANCE

From: Integra Insurance Brokers

We hereby confirm that we have arranged the insurance cover mentioned below:

Pro Futsal Port Kennedy Pty Ltd
18 Saltaire Way
PORT KENNEDY WA 6172

Date: 13/03/2026

Our Reference: CUMBRE

ENDORSEMENT

Page 1 of 5

Class of Policy: Personal Accident & Illness

Insurer: Allied World Assurance Company Ltd (Australia)
97-99 Bathurst Street, Sydney NSW 2000
ABN: 54 163 304 907

The Insured: As Per Schedule

Policy No: BLSPA008655

Invoice No: 135998

Period of Cover:

From 6/10/2025
to 31/05/2026 at 4:00 pm

Details:

See attached schedule for a
description of the risk insured

IMPORTANT INFORMATION

The Proposal/Declaration:

- is to be received and accepted
by the Insurer
- has been received and accepted
by the Insurer

The total premium as at the
above date is:

- to be paid by the Insured
- part paid by the Insured
- paid in full by the Insured
- paid by monthly direct debit

Premium Funding

- This policy is premium funded

Schedule of Insurance

Class of Policy: Personal Accident & Illness	Policy No: BLSPA008655
The Insured: As Per Schedule	Invoice No: 135998
	Our Ref: CUMBRE

Insured Name:	Pro Futsal Port Kennedy Pty Ltd (ABN 72 642 791 875)		
Declared sport(s):	Futsal, Floorball, Badminton, Netball, Basketball, Pickleball Risk		
Location:	WA		
Insured Persons:	All registered "Category 2" playing members, and all non-participating trainers, coaches, referees and officials of the Insured.		
Operative Time:	Whilst participating in sanctioned activities on behalf of the Insured, including all: a) Official events b) Playing, training and trialling c) Official social events and fundraising activities d) Travel to and from the above activities		
Maximum Age:	80 years of age		
Geographical Limits:	Australia		
Policy Period:	From:	31st May 2025	at 4pm AEST
	To:	31st May 2026	at 4pm AEST

SECTION 1 - PERSONAL ACCIDENT

PART A LUMP SUM BENEFIT

Event 1:	\$50,000 (\$25,000 for persons under 18 and over 60)
Events 2 and 4 - 19:	\$50,000
Event 3:	\$50,000

PART B WEEKLY BENEFITS - INJURY

Weekly Injury:	\$250 per week
Percentage of Salary:	85%
Max. Benefit Period:	52 Weeks
Waiting Period	14 consecutive days

PART C INJURY RESULTING IN FRACTURED BONES

Injury Resulting in Fractured Bones: \$5,000

PART D INJURY RESULTING IN LOSS OR DAMAGE TO TEETH

Injury Resulting in Damage to Teeth: \$2,000

SECTION 2 - PERSONAL WELLBEING

Accidental HIV Infection:	Not Included
Accommodation and Transport Benefit:	\$2,000
Additional Out of Pocket Expenses:	\$2,000
Advanced Payment:	Included
Bedcare Benefit:	\$100 per day up to 30 days. 48 hour waiting period applies
Childcare Benefit:	\$2,500
Coma Benefit:	\$750 per week up to 20 weeks
Dependent Child Benefit:	\$5,000 per child to a maximum of \$15,000 per family
Domestic Help Benefit:	80% of expenses to \$500 per week for a maximum of 52 weeks. 14 day waiting period applies

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Education Fund Benefit: \$5,000 per child to a maximum of \$15,000 per family
Escalation of Claim: Not Included
Home Care Benefit: Not Included
Hospitalisation Excess Waiver: Not Included
Independent Financial Advice: \$2,500
Modification Benefit: \$10,000
Non-Medicare Medical Benefits: -85% of expenses to a maximum of \$2,500
- \$50 excess each and every claim, NIL excess if covered by Private Health Insurance, 100% of costs for Ambulance claims
Orphan Benefit: Not Included
Parents Inconvenience Benefit: \$25 a day up to \$1,500. 7 day waiting period applies
Rehabilitation Benefit: \$1,000
Spouse Retraining Benefit: \$5,000
Student Tutorial Benefit: 80% of expenses to \$500 per week for a maximum of 52 weeks. 14 day waiting period applies
Unexpired Membership Benefit: \$500

SECTION 3 - CORPORATE PROTECTION

Chauffeur Benefit: \$250 per week up to 6 weeks
Corporate Image Protection: Not Included
Disappearance: Included
Funeral Expenses: \$5,000

AGGREGATE LIMIT OF LIABILITY

Aggregate Limit of Liability \$1,000,000

ESTIMATED EXPOSURE

Number of "Category 2" playing 30 members:
Number of non-participating trainers, 20 coaches, referees and officials:
Total number of Insured Persons: 50

TABLE OF BENEFITS

Extent of Cover

Injury

If during the Period of Insurance an Insured Person suffers an Accident which directly results in an Injury which results in the occurrence of any of the Events set out in the Table of Events shown under Section 1 – Personal Injury – Parts A, B, C, and/or D, We will pay the benefit set out. However, the Event must occur within twelve (12) months of the Accident giving rise to the Injury.

Table of Events

Part A - Lump Sum Benefits

Cover for an Event under this Part applies only if an amount for that Event is shown in the Policy Schedule against Section 1 – Personal Injury – Part A – Lump Sum Benefits.

Schedule of Insurance

Class of Policy: Personal Accident & Illness	Policy No: BLSPA008655
The Insured: As Per Schedule	Invoice No: 135998
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Event	Benefit
1. Accidental Death	100%
2. Permanent Total Disablement	100%
3. Paraplegia or Quadriplegia	100%
4. Permanent and incurable paralysis of all Limbs	100%
5. Permanent and total loss of sight of one (1) or both eyes	100%
6. Permanent physical severance or Permanent total loss of the use of one (1) or more Limbs	100%
7. Permanent and incurable insanity	100%
8. Permanent and total loss of:	
a. use of lens of both eyes	100%
b. use of lens of one (1) eye	60%
9. Permanent and total loss of:	
a. hearing of both ears	80%
b. hearing of one (1) ear	30%
10. Burns:	
a. third degree burns and/or resultant disfigurement which covers more than thirty (30) percent of the entire body	60%
b. second degree burns and/ or resultant disfigurement which covers more than thirty (30) percent of the entire external body	30%
11. Permanent total loss of use of four (4) Fingers and Thumb of either Hand	80%
12. Permanent total loss of use of four Fingers (4) of either Hand	50%
13. Permanent total loss of use of the Thumb of either Hand;	
a. both joints	40%
b. one (1) joint	20%
14. Permanent total loss of use of Fingers of either Hand;	
a. three (3) joints	20%
b. two (2) joints	15%
c. one (1) joint	10%
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 Toe – each Toe	1%
16. Fractured leg or patella with established non-union	10%
17. Loss of at least fifty (50) percent of all Teeth	1% per Tooth up to a maximum of \$10,000 in total
18. Shortening of leg by at least five (5) centimetres	10%
19. Permanent partial disablement not otherwise provided for under Events 8 to 18	Such percentage of the lump sum amount as We in Our discretion and having regard to the Insured's interests, shall determine, but not more than 75%, and being in Our opinion not inconsistent with the benefits provided under Events 8 to 18.

Part B – Weekly Benefits - Injury

Cover for an Event under this Part applies only if an amount for that Event is shown in the Policy Schedule against Section 1 – Personal Injury – Part B – Weekly Benefits – Injury.

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Event	Benefit
20. Temporary Total Disablement From the date Temporary Total Disablement as a result of Injury commences and whilst the Temporary Total Disablement persists and after the Waiting Period:	We will pay up to the amount in the Policy Schedule against Section 1 – Personal Injury – Part B – Weekly Benefits – Injury, but not exceeding the Salary of the Insured Person.
21. Temporary Partial Disablement From the date the Temporary Partial Disablement as a result of Injury commences and whilst the Temporary Partial Disablement persists and after the Waiting Period:	We will pay up to the amount in the Policy Schedule against Section 1 – Personal Injury – Part B – Weekly Benefits – Injury, less any amount of current earnings as a result of working in a reduced capacity with the Insured, provided the combined amount does not exceed the percentage of Salary shown in the Policy Schedule.

Should the Insured Person be able to return to work with the Insured in a reduced capacity but elect not to do so then the benefit payable will be twenty-five (25%) of the amount payable for Event 20.

Part C – Injury Resulting in Fractured Bones

Cover for an Event under this Part applies only if an amount for that Event is shown in the Policy Schedule against Section 1 – Personal Injury – Part C – Injury Resulting in Fractured Bones.

The maximum benefit payable for any one (1) Accident resulting in fractured bones shall be the amount shown in the Policy Schedule against Section 1 – Personal Injury – Part C – Injury Resulting in Fractured Bones.

In the case of an established non-union of any of the above fractures, We will pay an additional benefit of five (5) percent of the amount shown in the Policy Schedule against Section 1 – Personal Injury – Part C – Injury Resulting in Fractured Bones or three thousand dollars (\$5,000), whichever is the greater.

Event	Benefit
22. Complete Fracture of neck, spine or skull	100%
23. Hip	75%
24. Other Fracture of jaw, pelvis leg, ankle or knee	50%
25. Cheekbone, shoulder or Hairline Fracture of neck, skull or spine	40%
26. Other Fracture of arm, elbow, wrist or ribs (per rib)	30%
27. Simple Fracture of jaw, pelvis leg, ankle or knee	25%
28. Nose or Collarbone	25%
29. Simple Fracture of arm, elbow, wrist or ribs (per rib)	25%
30. Finger (per finger), Thumb (per Thumb), Foot, Hand or Toe	10%

Part D – Injury Resulting in Loss or Damage to Teeth

Cover for an Event under this Part applies only if an amount for that Event is shown in the Policy Schedule against Section 1 – Personal Injury – Part D - Injury Resulting in Loss or Damage to Teeth

Event	Benefit
31. Loss of or full capping of Teeth	100% (maximum \$500 per Tooth)
32. Chipping or broken Teeth requiring partial capping	50% (maximum \$250 per Tooth)