INSURANCE PLAN

PREPARED

FOR

SPORTS TAEKWONDO AUSTRALIA LTD

AND/OR ASSOCIATED
COMPANIES/PERSONS

FOR THE PERIOD

1/1/2016 TO 1/1/2017

DATE OF ISSUE: 4th December 2015

CONTACT

Adam D’Argent
Luke Prior

The perfect policy at the best price
SECTION 3

SCHEDULE OF COVER
SECTION A Capital Benefits

$ 50,000

The percentage of this amount which is payable for each of events 1 - 14 is set out below.

Injury sustained by an Insured Person which within twelve calendar months results in:-

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death (Persons aged less than 18 years)</td>
<td>20%</td>
</tr>
<tr>
<td>2. Permanent Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>3. Permanent Paraplegia</td>
<td>100%</td>
</tr>
<tr>
<td>4. Permanent Total Loss of sight of both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>5. Permanent Total Loss of sight of one eye</td>
<td>50%</td>
</tr>
<tr>
<td>6. Permanent Total Loss of hearing in both ears</td>
<td>75%</td>
</tr>
<tr>
<td>7. Permanent Total Loss of hearing in one ear</td>
<td>25%</td>
</tr>
<tr>
<td>8. Permanent Total Loss of use of two arms</td>
<td>75%</td>
</tr>
<tr>
<td>9. Permanent Total Loss of use of one arm</td>
<td>35%</td>
</tr>
<tr>
<td>10. Permanent Total Loss of use of two legs</td>
<td>75%</td>
</tr>
<tr>
<td>11. Permanent Total Loss of use of one leg</td>
<td>35%</td>
</tr>
<tr>
<td>12. Permanent Total Loss of use of two fingers</td>
<td>40%</td>
</tr>
<tr>
<td>13. Permanent Total Loss of use of two fingers</td>
<td>14%</td>
</tr>
<tr>
<td>14. Permanent Total Loss of use of one finger</td>
<td>4%</td>
</tr>
<tr>
<td>15. Permanent Total Loss of use of one thumb</td>
<td>5%</td>
</tr>
<tr>
<td>16. Permanent Total Loss of use of two toes</td>
<td>40%</td>
</tr>
<tr>
<td>17. Permanent Total Loss of use of two toes</td>
<td>14%</td>
</tr>
<tr>
<td>18. Permanent Total Loss of use of one toe</td>
<td>4%</td>
</tr>
<tr>
<td>19. Permanent Total Loss of use of two kidneys</td>
<td>75%</td>
</tr>
<tr>
<td>20. Permanent Total Loss of use of one kidney</td>
<td>30%</td>
</tr>
<tr>
<td>21. Permanent Total Loss of use of one spleen</td>
<td>25%</td>
</tr>
<tr>
<td>22. Permanent Total Loss of use of one liver</td>
<td>70%</td>
</tr>
<tr>
<td>23. Permanent Total Loss of use of two testicles</td>
<td>40%</td>
</tr>
<tr>
<td>24. Permanent Total Loss of use of one testicle</td>
<td>6%</td>
</tr>
<tr>
<td>25. Permanent Total Loss of use of one sexual function</td>
<td>45%</td>
</tr>
<tr>
<td>26. Total &amp; permanent disfigurement</td>
<td>up to 45%</td>
</tr>
<tr>
<td>27. Total &amp; permanent shortening of leg</td>
<td>7%</td>
</tr>
</tbody>
</table>

(For the purpose of this event 11 only, disfigurement means disfigurement that extends to more than 20% of the entire external body. The total percentage paid to be at our sole and absolute discretion).

12. Any permanent total disability or permanent total loss of use of any body part not shown above will be compensated at a percentage of the capital benefit as determined at the sole and absolute discretion of the underwriters. Such determination will not be inconsistent with the benefits provided under events 4-11 inclusive.

13. Becoming HIV positive but cover for this event is only provided if the infection was as a direct result of playing or participating in the sport nominated in the schedule. 10%
14. Actual Non Medicare medical expenses incurred following accidental miscarriage or premature child birth up to max 26 weeks of pregnancy (Cover for this event is only provided if the miscarriage or childbirth was as a direct result of playing or participating in the sport nominated in the schedule and is subject to the deduction of the excess specified in the schedule for medical benefits). up to 5%

This benefit is subject to deduction of the excess specified in the schedule and a maximum payment per claim as specified in the schedule.

SECTION B Medical Benefits - Non Medicare
We will pay 80% towards the following expenses incurred as a result of injury:

Private Hospital Accommodation
Ambulance Transport Cost
Chiropractic
Dental Services (to sound whole teeth only)
Ancillary Medical Procedures
Theatre Fees in Private Hospital where Medicare does not apply
Orthotics, splints and prothesis where an insured person's medical practitioner considers them medically necessary for the treatment of the bodily injury

The percentage of physiotherapy expenses covered under this section is:
Visits 1 to 5 95%(of the fee charged less rebates from other sources)
Visits 6 to 10 80%(of the fee charged less rebates from other sources)
All other visits 75%

This benefit covers only items which are not covered by Medicare. Further, it only applies to the difference between any private health insurance rebate and the actual cost incurred by you.

EXCESS: $20 each claim

The maximum amount payable per claim under this section is $2,500 limit.

SECTION C Loss of Income
The amount payable is the lesser of 80% Net Income Lost or $350 per week.
The maximum claim period is 104 weeks.
The period of days not covered is 7 days.

PRODUCTS & PUBLIC LIABILITY

Limit of Indemnity $20,000,000
EXCESS: Nil
All cover granted under this policy excludes the following activities unless specifically included:

Exclusions
- Thai Kickboxing
- Brazilian Jujitsu – unless a suitable club waiver is in place (in which case it will be covered)
- Kickboxing - All Styles
- Muay Thai
- Shoot Wrestling

EXTENSION OF COVER:
Goods in Care, Custody & Control $100,000

PROFESSIONAL INDEMNITY

EXCESS: Nil

Limit of Indemnity $5,000,000
Goods Sold or Supplied Included
Participation Risk Included

The Professional Indemnity insurance is written on a "claims made" basis. This means that it only covers claims made against you and notified to the insurance company(s) during the period of insurance. Therefore, provided that you give the insurance company(s) notice of any circumstances that may give rise to a claim against you, immediately you become aware of those facts, and during the period of insurance, then you will still be entitled to have your claim considered, notwithstanding that no claim has actually been made against you during the period of insurance.

Underwritten by: Sportscover Syndicate 3334 at Lloyd’s

ENDORSEMENTS

Cooling Off Period Applies
Electronic Data Exclusion Applies
Asbestos Exclusion Applies
Terrorist Exclusion Applies