

CERTIFICATE OF INSURANCE AND TAX INVOICE

Effected through: Savannah Insurance Agency Pty Ltd – GPO Box 4920, Sydney NSW 2001
(hereinafter called the Coverholder)

THIS CERTIFICATE OF INSURANCE confirms that in accordance with the authorisation granted under Contract Binder Reference No: B0750RNMGT1306144 to the undersigned by certain Underwriters at Lloyd's, whose definitive numbers and the proportions underwritten by them, which will be supplied on application, can be ascertained by reference to the said Contract, and in consideration of payment of the Premium as shown in the Schedule, the said Underwriters are hereby bound, severally and not jointly, each for his own part and not one for another, their Executors and Administrators, have agreed to insure you, in accordance with the terms and conditions of the wording attached to this Certificate, or endorsed hereon.

'PLEASE NOTE – This notice contains important information. PLEASE READ CAREFULLY

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.'

In accepting this Insurance, the said Underwriters have relied on the information and statements that you have provided on the Proposal Form, or Declaration (which shall include your intermediary's submission) the date of which is stated in the Schedule. You should read this Certificate carefully and if it is not correct contact the Coverholder. It is an important document and you should keep it in a safe place with all other papers relating to this Insurance.

This Certificate is Insurance Council of Australia's General Insurance Code of Practice compliant, apart from any claims adjusted outside Australia. Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry.

Any enquiry or complaint relating to this Insurance should be referred to the Coverholder shown above in the first instance. If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

*Lloyd's Underwriters' General Representative in Australia
Suite 2, Level 21, Angel Place,
123 Pitt Street, Sydney, NSW 2000*

Telephone Number: (02) 9223 1433 Facsimile Number: (02) 9223 1466

Following receipt of your dispute, you will be advised whether your dispute will be handled by either Lloyd's Australia or the Policyholder & Market Assistance Department at Lloyd's in London:

Where you are a retail client and your dispute is eligible for referral to the Financial Ombudsman Service (FOS), your dispute will be reviewed by a person at Lloyd's Australia with appropriate authority to deal with your dispute.

Where you are a retail client and your dispute is not eligible for referral to the Financial Ombudsman Service (FOS), or where you are a wholesale client, Lloyd's Australia will refer your dispute to the Policyholder & Market Assistance Department at Lloyd's, who will then liaise directly with you.

The Underwriters accepting this Insurance agree that:

- (i) if a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
- (ii) any summons notice or process to be served upon the underwriters may be served upon:

Lloyd's Underwriters' General Representative in Australia
Suite 2, Level 21, Angel Place,
123 Pitt Street, Sydney, NSW 2000

who has authority to accept service and to appear on the Underwriters' behalf;

- (iii) if a suit is instituted against any of the Underwriters, all Underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.
- (iv) In the event of a claim arising under this Insurance IMMEDIATE NOTICE should be given to:

Corporate Services Network (CSN)
Level 2, 280 George Street,
Sydney, NSW 2000, Australia
Contact CSN Assist
Phone +61 2 8256 1731 Fax +61 2 8256 1735

This Certificate is issued by the Coverholder shown above in accordance with the authority granted to them by certain Underwriters at Lloyd's under the Contract numbers referred to in the Schedule.

You or your representative can obtain further details of the syndicate numbers and the proportions of this Insurance for which each of the said Underwriters at Lloyd's is liable by requesting them from the Coverholder shown above. In the event of loss, each Underwriter (and their Executors and Administrators) is only liable for their own share of the loss.

IN WITNESS WHEREOF this Certificate has been signed at: Sydney, NSW

This 6th day of February, 2014 by Coverholder.

Savannah Insurance Agency Pty Ltd.
T/A SAVANNAH PERSONAL ACCIDENT
(ABN: 84 130 364 313)



SIGNED.....

UNDERWRITTEN BY: CERTAIN UNDERWRITERS
AT LLOYD'S



**Voluntary Workers
Schedule of Insurance and Tax Invoice**

Policy Number: MENS02VWK-0312

Insured: All Financial Members of the Australian Mens Shed Association (AMSA)

Insured Person(s): Australian Mens Shed Association (AMSA) and various sheds throughout Australia that participate in the AMSA Insurance Scheme and who are nominated in the schedule, and who are financial members of the Association.

Period of Insurance: From 01 / 03 / 2014 to 01 / 03 / 2015 at 4pm Local Time

Broker for the Insured: InterRisk Australia Pty Ltd

Geographical Limit: Anywhere in the Commonwealth of Australia

Operation of Cover: Cover shall apply whilst an Insured Person(s) is performing authorised work/voluntary work on behalf of the Insured, including necessary travel to and from such activities. If an Insured Person(s) is on holidays, cover shall extend to the Insured Person(s) performing authorised work or voluntary activities for and on behalf of an alternative shed to his registered shed.

It is agreed that Insured Person(s) may assist with the non-specialised aspects of building Men's Sheds where this work is undertaken by the Association. Qualified Tradesmen will be employed for the specialist skills required but underwriters acknowledge that this policy will extend to cover volunteer workers assisting these tradesmen with non-specialist work – such as assisting with the formwork for the concrete pad; cleaning up the site etc.

Express Exclusion: This Policy will not extend any coverage to any Insured Person where any work is performed above 3.5 metres from the ground.

Age limit (maximum): 95 years of age

Limit of Liability:

We will pay the maximum Limit under the following Sections in respect of any one event:

Sections 1, 2 & 3	\$	2,000,000
Limit of Liability Charter/Unscheduled flights	\$	500,000

Individual Limits of Liability Per Person Sums Insured are shown below

Lump Sum Benefits

Sum Insured

Insured Events

Per Insured Person

Injury resulting directly in an accident:

Sections

1 Personal Injury

Events 1 - 19 - Accidental Death & Lump Sum Benefits

- Up to 85 years	\$	50,000
- 86 years to 95 years	\$	10,000

Event 20 - Broken bones

a. neck or spine (full break)	\$	2,000
b. Hip, pelvis	\$	500
c. Skull, shoulder blade	\$	200
d. Collar bone, upper leg	\$	200
e. Upper arm, kneecap, elbow	\$	150
f. Lower leg, jaw, wrist, cheek, ankle, hand, foot	\$	100
g. Ribs	\$	100
h. Finger, thumb, toe	\$	50
Maximum benefits any one accident	\$	2,000

2 Weekly Benefits – Injury

Insured Events

1. Temporary Total Disablement caused directly and solely by Injury 80% of Salary to a maximum limit of liability of	\$	500 per week for income earners
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Maximum Benefit Period 52 Weeks

Excluded Period of Claim 7 Days

2. Temporary Partial Disablement caused directly and solely by Injury	As per Policy Wording
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Maximum Benefit Period 52 Weeks

Excluded Period of Claim 7 days

3 Injury assistance Benefits

Insured Events

1. Non Medicare Medical Expenses 80% of expenses incurred to a maximum of	\$	2,000 per claim
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Excess – each and every claim: \$ 50

2. Student Tutorial benefits 80% of Expenses incurred to a maximum limit of liability of	\$	200 Per Week
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Aggregate Benefit period 52 Weeks

Excluded Period of Claim 7 days

3. Domestic Help 80% of Expenses incurred to a maximum limit of liability of	\$	200 Per week
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Aggregate benefit period 52 weeks

Excluded Period of Claim 7 days

Policy Wording:

Savannah's Voluntary Workers Insurance Wording

SIA-VWK-LYDW-011011v2

**Endorsements:
(as per attached clauses)**

Premium Adjustment Clause

Out of Pocket Expenses for Non-Income Earners

Funeral Benefit

Home & Car Modification Benefit

Nuclear, Chemical, Biological Terrorism Exclusion Clause

Swine Influenza A (H1N1) Exclusion Clause

Endorsement: Premium Adjustment Clause

This endorsement clause attaches to this insurance with effect from the inception date of the policy as shown in the Schedule.

It is hereby agreed and declared that the Deposit Premium as stated in the Policy Certificate and payable by You, is based on estimated figures for the Period of Insurance as declared by You. A statement of actual figures (audited if requested) must be given to Us within one (1) month after the end of the Period of Insurance.

We will adjust the premium at the end of the Period of Insurance (or end of the quarter) on the basis of Your actual figures. If the adjusted premium is higher than the deposit premium stated in the Certificate You must pay Us the difference.

Any additional premium must be paid in full within one (1) month of the additional premium advice, unless We agree otherwise.

All other terms and conditions remain unchanged.

Endorsement: Out of Pocket Expenses for Non-Income Earners

This endorsement clause attaches to this insurance with effect from the inception date of the policy as shown in the Schedule.

We will reimburse an Insured Person(s) for non medical expenses incurred directly relating to Injury.

For the purposes of Out of Pocket Expenses section only, non medical expenses includes items such as transportation and accommodation costs certified as necessary by the Insured Person(s) medical practitioner. Non medical expenses does not include wages lost by any Insured Person(s).

No compensation shall be payable in respect of Out of Pocket Expenses should there be any amount payable under Section 2 – Weekly Benefits – Injury.

The benefits payable shall be limited to reasonable costs up to \$250 per week

Aggregate Benefit Period: 52 weeks

Excluded Period of Claim: 7 Days

All other terms and conditions remain unchanged.

Endorsement: Funeral Benefit

This endorsement clause attaches to this insurance with effect from the inception date of the policy as shown in the Schedule.

If, as a direct result of Injury, an Insured Person(s) suffers Event 1 of Section 1 – Lump Sum Benefits (Death), We will pay the Insured Person(s) funeral expenses.

The benefits payable for Funeral Expenses Benefit shall be limited to \$5,000 per claim

All other terms and conditions remain unchanged.

Endorsement: Home & Car Modification Benefit

This endorsement clause attaches to this insurance with effect from the inception date of the policy as shown in the Schedule.

If, as a direct result of an Injury, an Insured Person(s) has a valid claim under Events 2 to 7 of Section 1 – Lump Sum Benefits, and the Insured Person(s) is required to renovate his or her Normal Place of Residence or Normal Vehicle, for the purpose of normal daily living (ie washing, cooking, bathing, dressing, driving) We will pay 80% of costs incurred for the installation of necessary items including but not limited to ramps, guide rails, alarm systems and similar household aids.

The benefits payable shall be limited to \$5,000 per claim.

All other terms and conditions remain unchanged.

Endorsement: Nuclear / Chemical / Biological Terrorism Exclusion Clause

This exclusion clause attaches to this insurance with effect from the inception date of the policy as shown in the Schedule.

Nuclear / Chemical / Biological Terrorism Exclusion Clause

It is hereby declared and agreed that, regardless of any contributory cause(s), this insurance does not cover any claim(s) in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.

For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

If the Underwriters allege that by reason of this exclusion any claim is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

All other terms and conditions remain unchanged.

Endorsement: Swine Influenza A (H1N1) Exclusion Clause

This exclusion clause attaches to this insurance with effect from the inception date of the policy as shown in the Schedule.

Swine Influenza A (H1N1) Exclusion Clause

It is hereby declared and agreed that this insurance excludes any loss directly or indirectly arising out of, contributed to by, or resulting from any;

- A. Swine Influenza A (H1N1) virus with a minimum WHO level of influenza pandemic alert phase 3 (confirmed evidence of human-to-human transmission).

and/or

- B. The Swine Influenza A (H1N1) virus leads to the imposition of quarantine or restriction in movement of people or animals by any national or international body or agency and in respect of B) any fear or threat thereof (whether actual or perceived)

Swine Influenza Hours Clause

- C. All losses arising out of Swine Influenza A (H1N1) virus with a minimum WHO level of influenza pandemic alert phase 3 (confirmed evidence of human-to-human transmission) shall be one loss occurrence provided that:
- i) The losses arise from either:
 - a. the same virus; or
 - b. related virus (which shall include, without limitation a disease which arises from another disease by a mutation or re-assortment event); and
 - ii) The losses occur (whether in whole or in part), or arise out of events occurring within a period of 168 hours of the first such loss.

All other terms and conditions remain unchanged.