

A.F.S.L. 241251 A.B.N. 32 116 745 209 PO Box 2243 or North Parramatta NSW 2151

Ph: 02 9630 8788 Email: steve@professionalinsurance.com.au

Web: http://www.unicornriskservices.com.au

## **NEW BUSINESS TAX INVOICE**

Seventh Day Adventist Reform Movement (Australasian Union Conference) Limited P O BOX 132 RIVERSTONE NSW 2765

Date: 23/06/2023 Invoice Number: 045109

Account Manager: UNICORN RISK SERVICES PTY

LTD

Thank you for using our services to arrange this insurance cover.

Brief details of cover arranged on your behalf are given below. You should refer to the policy documents issued by the insurer for complete policy terms and conditions.

Please read carefully the important notices attached regarding your duty of disclosure. Do not hesitate to contact us with any questions you may have,

Type of Policy	PURS NON-PROFIT/COMMUNITY SECTOR SCHEME
Insured	Seventh Day Adventist Reform Movement (Australasian Union Conference) Limited ACN 663 263 330
Policy Description	Combined Liability
Policy Number	713640
Period of Insurance	21/06/2023 to 14/06/2024
Effective Date	21/06/2023
Insurer	ANSVAR INSURANCE LTD

Premium	FSL (	Inderwriter S	tamp Duty	Broker Fee	GST	Invoice Total
440 444 05	+0.00	F86	1004.00			
\$10,141.05	\$0.00	\$0.00	\$926,29	\$0.00	\$1,014.10	\$12,081.44

#### Payment Options



Account Name: Professional Insurance Brokers (NSW)

Pty Ltd

BSB: 122703 Account Number: 22863549

Payment Reference: 045109



Mail this portion with your cheque payable to:

Unicorn Risk Services Pty Ltd

PO Box 2243

North Parramatta NSW 2151

#### Instalments

Premium Finance is available, Call 02 9630 8788 to arrange a quotation. Finance and administration charges apply.

Name: Seventh Day Adventist Reform Movement (Australasian

Union Conference) Limited ACN 663 263 330

Client ID: 9265 Invoice No: 045109



Please call 02 9630 8788 to pay by credit card. Credit card surcharges may apply.

**Total Due:** 

\$12,081.44





Notes: New Policy

#### COMBINED LIABILITY INSURANCE POLICY

#### INSURED

Seventh Day Adventist Reform Movement (Australasian Union Conference) Ltd. As Corporate Trustee For Seventh Day Adventist Reform Movement (Australasian Union Conference) Trust, Reform Movement Pty Ltd., Clayfield Property Trust including Voluntary Workers and/or subsidiary and/or related Corporations as defined under Australian Corporations Law and/or financiers for their respective rights, interests, and liabilities.

#### THE BUSINESS

Principally Seventh Day Adventist Church including Youth Education. Religious organisation; Camps - youth, school etc.; Camp facility.

#### RISK INFORMATION

Turnover

\$1,430,000

## PERIOD OF INSURANCE

21/06/2023 to 14/06/2024 at 4:00PM EST.

## GENERAL LIABILITY

#### COVERING

All sums which you become legally liable to pay as compensation in respect of:

- (a) Personal injury.
- (b) Property damage.
- (c) Advertising Liability.

happening during the Period of Insurance within the Geographical Limits as a result of an occurrence in connection with your business subject to the terms and conditions of the policy wording.

#### GEOGRAPHICAL LIMITS

Worldwide excluding North America

# LIMIT OF INDEMNITY

PUBLIC LIABILITY

In respect of any one occurrence during the

period of insurance \$20,000,000

ADVERTISING LIABILITY \$20,000,000

PRODUCTS LIABILITY

In respect of all claims during the period of

insurance and in the aggregate \$20,000,000

SUB-LIMITS

Property in your Physical or Legal Control \$250,000

Any one occurrence and in the aggregate.

Public Relations \$100,000

Automatic Extensions:

Counsellors Liability \$1,000,000 Indemnifiable Fines and Penalties \$100,000 (Nil excess)

EXCESS

CLAIMS FOR PROPERTY DAMAGE EACH AND EVERY CLAIM \$1,000 CLAIMS FOR PERSONAL INJURY EACH AND EVERY CLAIM \$2,500

## ASSOCIATION (ORGANISATION) LIABILITY

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A.F.S.L. 241251 A.B.N. 32 116 745 209

COVERING

## PROFESSIONAL INDEMNITY:

LIMIT OF INDEMNITY
Aggregate limit of liability

\$1,000,000 any one claim \$1,000,000 any one period of insurance

#### RETROACTIVE DATE

30/06/2014

This retroactive date is allowed from the information supplied to us provided we receive evidence of prior uninterrupted insurance coverage. Retroactive date will be the start date of the policy if there was no previous or non-continuous cover in place.

#### EXCESS:

\$1,000 any one claim

#### MANAGEMENT LIABILITY:

#### Limits of Liability and Excess

Insuring clauses	Limit of liability	Aggregate limit of liability	Excess	
Directors and Officers Liability	\$1,000,000	\$1,000,000	Nil	
Entity Liability	\$1,000,000	\$1,000,000	\$1,000	
Entity Reimbursement	\$1,000,000	\$1,000,000	\$1,000	
Employment Practices Liability	\$500,000	\$500,000	\$5,000	
Trustees Liability	\$1,000,000	\$1,000,000	\$1,000	
Statutory Liability	\$1,000,000	\$1,000,000	\$1,000	
Tax Audit	\$20,000	\$20,000	\$1,000	

## RETROACTIVE DATE

30/06/2014

This retroactive date is allowed from the information supplied to us provided we receive evidence of prior uninterrupted insurance coverage. Retroactive date will be the start date of the policy if there was no previous or non-continuous cover in place.

## GEOGRAPHICAL LIMITS

Please note the geographic limits of this section are:

## Anywhere in Australia

Optional Extensions Employee Fidelity and Third Party Fidelity, Insuring Clause 4. Employment Practices Liability and Insuring Clause 6. Statutory Liability All other Insuring Clauses

## JURISDICTION

Commonwealth of Australia

"Claims Made" policy - Some kinds of liability policies (such as Professional Indemnity, Office Bearer's Liability and Employment Practices Liability) are usually issued on a "claims made" basis. This means that (subject to the other terms of the policy) the policy will only respond to claims which are both made against the Insured and reported to the Insurer during the policy period.

\*\*PLEASE REFER TO YOUR POLICY FOR FULL PARTICULARS\*\*

## SPECIAL NOTE

This document is prepared as a summary of the insurance policy. It is not a complete description of all the policy's terms, conditions and exclusions. In determining a claim, or questions with regard thereto, the provisions of the policy will prevail.

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#### Unicorn Risk Services Pty Ltd A.F.S.L. 241251 A.B.N. 32 116 745 209

IMPORTANT INFORMATION

Clients who are not fully satisfied with our services should contact our customer relations/complaints officer. Professional Insurance Brokers subscribe to the Insurance Brokers Dispute Limited (IBDL), a free customer service, and the General Insurance Brokers Code of Practice. Further information is available from this office. If cover is cancelled before the expiry of the period of insurance we will refund to you only the net return premium which we received from the insurer. We will not refund any part of the brokerage we received for arranging the cover.

Please note that in the event of cancellation of a policy before the expiry date some insurers make refunds of premium based on monthly or quarterly apportionments and therefore may also be a minimum charge.

If premium funding has been arranged, you may also be obliged to pay the interest component for the full year and other charges by the premium funder.

Before making any decision to cancel this policy you should consult us concerning the charges involved and commission and fees which may be retained by us. PRIVACY

This invitation is based on information you have given us and the information received is subject to the information handling guidelines under the Privacy Act 1988. The Privacy Act 1988 requires us to tell you that as a General Insurance Broker we collect your personal and other information in order to:

- \* decide whether to issue cover;
- \* determine the terms and conditions of your policy;
- \* compile data; and
- \* handle claims.

In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, agents, etc or as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact this office and advise us of your wish to access your personal information or to make changes.

Should you have any misgivings or wish to obtain more information about Professional Insurance Brokers (NSW) Pty Ltd's privacy policies, please contact us or go to our website, www.professionalinsurance.com.au.



A.F.S.L. 241251 A.B.N. 32 116 745 209 PO Box 2243 or North Parramatta NSW 2151

Ph: 02 9630 8788

Date: 18/06/2023

Email: steve@professionalinsurance.com.au Web: http://www.unicornriskservices.com.au

## **RENEWAL TAX INVOICE**

Seventh Day Adventist Reform Movement (Australasian Union Conference) Limited P O BOX 132 RIVERSTONE NSW 2765

Invoice Number: 044842

Account Manager: UNICORN RISK SERVICES PTY

LTD

Thank you for using our services to arrange this insurance cover.

Brief details of cover arranged on your behalf are given below. You should refer to the policy documents issued by the insurer for complete policy terms and conditions.

Please read carefully the important notices attached regarding your duty of disclosure. Do not hesitate to contact us with any questions you may have.

Type of Policy	PVOLWOR VOLUNTARY WORKERS
Insured	Seventh Day Adventist Reform Movement (Australasian Union Conference) Limited ACN 663 263 330 as Trustee for Seventh Day Adventist Reform Movement (Australasian Union Conference) Trust ABN 99 815 295 105
Policy Description	08070120 - VOLUNTARY WORKERS
Policy Number	5575411
Period of Insurance	14/06/2023 to 14/06/2024
Effective Date	14/06/2023
Insurer	AFA PTY LIMITED

Premium	FSL Ur	idenwriter Si Fee	emp Duky i	Broker Fee	GST	Invoice Total
\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00	\$55.00

## Payment Options



Account Name: Professional Insurance Brokers (NSW)

Pty Ltd

BSB: 122703 Account Number: 22863549

Payment Reference: 044842



Mail this portion with your cheque payable to:

Unicorn Risk Services Pty Ltd

PO Box 2243

North Parramatta NSW 2151

#### **Instalments**

Premium Finance is available. Call 02 9630 8788 to arrange a quotation. Finance and administration charges apply.

Name: Seventh Day Adventist Reform Movement (Australasian

Union Conference) Limited ACN 663 263 330 Client ID: 9265

Invoice No: 044842

Please call 02 9630 8788 to pay by credit card. Credit card surcharges may apply.

**Total Due:** 

\$55.00





A.F.S.L. 241251 A.B.N. 32 116 745 209

Notes: RENEWAL 2023-2024

#### VOLUNTARY WORKERS PERSONAL ACCIDENT INSURANCE

## INSURED:

Seventh Day Adventist Reform Movement (Australasian Union Conference) Limited ACN 663 263 330 as Trustee for Seventh Day Adventist Reform Movement (Australasian Union Conference) Trust ABN 99 815 295 105.

NON-PROFIT & COMMUNITY ORGANISATIONS

INSURED PERSONS: NUMBER OF VOLUNTEERS: 20 AUTHORISED VOLUNTARY WORKERS OF THE POLICYHOLDER

#### OPERATION OF COVER

THE INSURANCE UNDER THIS POLICY SHALL ONLY APPLY WHILST AN INSURED PERSON IS ENGAGED VOLUNTARY WORK AUTHORISED, ORGANISED AND UNDER THE CONTROL OF THE POLICYHOLDER, INCLUDING DIRECT TRAVEL TO AND FROM VOLUNTARY WORK AUTHORISED BY THE POLICYHOLDER

## AGE LIMITATION

OVER 16 AND UNDER 95 YEARS

## AGGREGATE LIMITS OF LIABILITY

(A) ANY ONE PERIOD OF INSURANCE

\$1,000,000

(B) ANY NON-SCHEDULED FLIGHTS

\$NIL

# SECTION 1 - PERSONAL ACCIDENT COVER:

PART A - ACCIDENTAL DEATH AND CAPITAL BENEFITS

SUM INSURED

PART B - WEEKLY INJURY BENEFITS

\$100,000 EVENTS 1-19

Weekly Benefit:

100% of Earnings up to a

maximum of \$750

Maximum Benefit Period:

104 weeks

Excess Period:

7 days

PART C - INJURY RESULTING IN SURGERY SUM INSURED

\$20,000

PART D - INJURY RESULTING IN FRACTURED BONES

\$2,000

SUM INSURED

SUM INSURED

PART E - INJURY RESULTING IN LOSS OF TEETH OR

DENTAL PROCEDURES

\$1,000 (\$250 PER TOOTH)

## EXTENSION OF COVER

Childcare Benefit:

\$5,000

Disappearance

Included in PDS

Escalation of claim benefit

Included in PDS

Exposure

Included in PDS

Guaranteed Payment

Included in PDS

Post-Traumatic Stress Disorder Weekly Benefit

\$500 per week for a maximum

of 12 weeks

Tuition Expenses:

\$50,000 aggregate \$500 per month for a

maximum of 6 months Student Home Tutorial

\$500 per week up to 26

Weeks

ADDITIONAL BENEFITS:

Accidental HIV Infection Benefit: \$30,000 Accommodation and Transport Expenses: \$3,000

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Bed Care Benefit:	\$500 per week for 26 weeks
COVID-19 Inconvenience Benefit	\$1,500
	\$15,000 aggregate
Carjacking Incident Benefits:	
Excess and vehicle Hire	\$5,000
Lump Sum Benefit	\$5,000
Chauffeur Benefit:	\$200 per week for 26 weeks
Coma Benefit:	\$100 per day up to a
	maximum of 120 days
Corporate Image Protection:	\$15,000
Dependent Child Assistance:	,
Education Fund Supplement	\$5,000 per child and up to
••	\$15,000 per family
Orphaned Benefit:	\$10,000 per child and up to
•	\$30,000 per family
Executor Emergency Cash Advance	\$25,000
Funeral Expenses Benefit:	\$10,000
Home and/or Motor Vehicle Modification Benefit	
Home Help Benefit	\$500 per week for 52 weeks
Independent Financial Advice:	\$5,000
Miscarriage/Premature Childbirth Benefit	\$2,500
Out of Pocket expenses:	\$5,000
Partner Retraining Benefit	\$10,000
Reconstructive/Cosmetic Surgery Benefit	\$20,000
Return to Work Assistance	\$5,000
Terrorism Injury Benefit	\$20,000
· -	\$200,000 aggregate
Trauma Counselling Benefit	\$5,000
Unexpired Membership Benefit	\$500
Assault Benefit	\$5,000
	1-1-1-1
SECTION 2 - NON-MEDICARE MEDICAL EXPENSES	
Sum Insured	85% of expenses up to a
	maximum of \$2,000
Excess: (payable per claim)	\$50

# POLICY WORDING

AFA VOLUNTARY WORKERS POLICY WORDING VERSION NO. 13: 1-OCT-2022-PDS-VW-10097

#### INSURER:

ZURICH AUSTRALIAN INSURANCE LIMITED

## CONDITIONS

AFA Pty Ltd Voluntary Workers Policy Version No.13:25-FEB-2021-PDS-VW-10097. The limitations, exclusions, definitions and conditions specified in the named policy apply, except to the extent it is hereby modified by the following endorsement(s), which are shown in full on the endorsement schedule if applicable.

# ENDORSEMENT SCHEDULE

#### Visitors Benefit

If during the Period of Cover a third party visits the Insured's premises in a business capacity and suffers an Injury for which they would have been paid a benefit under Capital Benefits 1 or 2 if they had been an Insured Person, We will the Insured \$10,000.

# Work Experience Benefit:

If an individual is engaged in Work Experience with the Insured and whilst doing so suffers an Injury for which if they had been an Insured Person under this policy, The insurer will pay the Insured \$5,000.

#### Work Experience:

means engaged in work with and authorised by the Insured for a specific temporary period by a person who is not an employee of the Insured and provided the work has been arranged in conjunction with a licenced education, training or similar institution to enable that person to gain vocational experience.

In all other respects the Policy remains unaltered and is subject to the terms, conditions and exclusions contained therein.