



RDA Centre's Insurance Package

These notes have been produced to give Centre's a summary of the various policies provided under the Riding For the Disabled Association of Queensland's insurance package.

This summary does not necessarily incorporate all the terms and conditions of the policies. The Master Policies and Product Disclosure Statements are held at the State Office and are available for further reference and take precedent over anything contained in these notes.

Cover has been structured based on the RDA QLD's activities, risk management procedures, rules and procedures and anyone acting outside these guidelines may prejudice their entitlement under the policy and be left uninsured.

The cover afforded under the Master Policies commences on 31 December 2015 and terminates on 31 December 2016. Where insurance cover will not apply for this period, or is (or is likely to be) cancelled or not renewed, RDA undertakes to notify you of these occurrences by announcement on the webpage and/or newsletters. You may, at any time, check the currency of this Policy by contacting our broker, Aon Risk Solutions ABN 17 000 434 720 AFSL 241141 on 1800 806 493.

PUBLIC & PRODUCTS LIABILITY INSURANCE

This policy covers your Centre and its Clients and Voluntary Workers if you/they are held liable for causing bodily injury or property damage to a third party whilst at authorised and/or sanctioned activities.

If an incident were to occur you may feel morally liable, but this does not necessarily mean that, in a Court of Law, you would be legally liable. It is therefore essential that all incidents that could give rise to a claim are reported to Aon as soon as possible.

It is also imperative that accurate documentation be maintained regarding membership, sub-committees, volunteers and other participants to ensure protection under the policies outlined in this summary.

Approved activities

The Centre is covered for all activities which have been approved by RDA QLD including but not limited to:

- Therapeutic, education and recreational riding for disabled and able bodied clients
- Trail riding, jumping, carriage driving and vaulting
- Hippo-therapy programs
- Led classes, school holiday programs and camps
- Awards, gala dinners, meetings and the like
- National and State competitions, workshops and forums

If you conduct additional activities please contact Aon for extra cover.

Fundraising activities including pony rides, garage sales, raffles, BBQ's, demonstrations as long as they are run in accordance with RDA QLD agreed risk management practices are automatically covered.

Events held in conjunction with another organisation are not advisable due to potential issues which can arise. Any proposed events should be referred to RDAQLD and/or Aon for consideration before entered into.

The Policy also provides cover for:

- ✓ Property owners – at all times including when your grounds are hired out to third parties
- ✓ Third party property owners - for claims against the property owner due to your activities carried out on their land
- ✓ Participation risk - if a participant is injured and sues for personal injury
- ✓ Property in your care custody or control such as goods, property or horses which have been entrusted to you
- ✓ Products liability in respect of the products that you sell i.e. food or beverages or merchandise
- ✓ First aid treatment
- ✓ Activities undertaken by registered volunteers on behalf of the centre at authorised and/or sanctioned activities

The policy does not provide cover for:

- Damage to property owned by the Centre or Clients
- Claims arising out of the ownership and/or use of mechanical bulls and/or mechanical horses
- Tuition to non-members
- Fundraising which includes live entertainment, amusement rides and/or devices or attendance of more than 100 non members or serving of alcohol where a liquor licence is required (additional coverage may be obtained).
- Agistment and/or other commercial activities

Day Members

Day members are permitted and participants who are not members of RDA QLD must be recorded as a Day Member and complete the Non Member Application and be charged the \$5 levy. The Remittance Form should be duly completed after each event and forwarded to RDA QLD with all monies collected.

What is the Sum Insured?

General Liability –	
\$20,000,000	in respect of any one occurrence or series of occurrences arising out of one event.
Products Liability –	
\$20,000,000	in the aggregate during the period of this insurance.
Care, Custody & Control –	
\$250,000	in respect of any one claim
Excess –	\$2,500 each and every claim except where otherwise shown on the policy schedule
Insurer –	Certain underwriters at Lloyds

What do I do in the event of an accident?

"DO NOT UNDER ANY CIRCUMSTANCE ADMIT LIABILITY "

If you do then your insurer could void the policy on the basis that their legal defence has been jeopardised because liability was incorrectly admitted.

- All reasonable steps should be taken following an accident or loss to protect the person or property from any further injury.
- No correspondence should be entered into with a third party except acknowledgement of receipt of the claim.
- Contact Aon Risk Solutions to obtain an incident report form.
- Complete and return together with originals of all correspondence received from a third party

ASSOCIATION'S LIABILITY

The policy provides cover for Committee Members of the Centre following an allegation of a wrongful act committed in the course of their professional duty.

Cover includes:

- ✓ Defence Costs
- ✓ Professional Indemnity for claims arising from any advice given to third parties
- ✓ Office Bearers / Directors & Officers for claims arising from wrongful acts
- ✓ Entity for protection to the Centre if it becomes legally liable for claims not covered under other sections of the policy.

The policy is arranged on a "claims made" basis so any new claim being made against you or incident which may give rise to a claim must be lodged under today's current policy, and not the policy in place when the alleged mistake or event occurred.

It is therefore imperative that accurate documentation be maintained to ensure protection under the policies outlined in this summary.

What is a "Wrongful Act"?

A "Wrongful Act" is defined as:

- (i) in respect of Professional Indemnity Insurance any act, error, misstatement, misleading statement or omission by the Insured in the course of rendering (or failure to render) services or advice.
- (ii) in respect of Office Bearers, Entity Insurance and Fidelity Insurance, any actual or alleged breach of duty, breach of trust, neglect, error, misstatement, misleading statement, omission, breach of warranty of authority or other act wrongly committed or attempted by any Office Bearer in the discharge of their duties in their capacity as Office Bearer of the Centre, or any matter claimed against them solely by reason of serving the Centre."

What is the Sum Insured ?

Professional Liability
\$5,000,000 any one claim and
\$10,000,000 in the aggregate

Management Liability
\$5,000,000 any one claim and
\$10,000,000 in the aggregate

Association Liability
\$5,000,000 any one claim and
\$10,000,000 in the aggregate

Employment Practices Liability
\$5,000,000 any one claim and
\$10,000,000 in the aggregate

Excess –
Professional Liability Nil
Management Liability Nil
Association Liability Nil
Employment Practices Liability Nil
Employee Fraud or Dishonesty \$2,000

Insurer –
Vero Insurance Ltd / CGU Insurance Ltd/ACE Insurance Ltd

What extensions are included?

The following extensions are automatically covered by this policy.

Section 1 Professional Liability
Loss of Documents \$500,000

Section 3 Association Liability
Breach of Contract \$100,000
Crisis Costs \$50,000
Investigation Costs \$500,000
Occupational Health and Safety Defence Costs and Investigation Costs \$500,000
Pollution Defence Costs and Investigation Costs \$500,000
Statutory Liability \$500,000
Taxation Audit Costs \$250,000

Section 4 Employment Practices Liability
Attendance at Investigations \$500,000

Section 5 Employee Fraud or Dishonesty
Investigative Fees \$100,000
Legal Fees \$ 50,000

Section 7 General Extensions
Public Relations Costs \$1,000,000

When do I notify a potential claim?

As soon as you:

- become aware of a problem which involves a loss or potential loss to a client, regardless of whether or not the client knows yet
- receive a verbal complaint which cannot be easily solved and without expense
- receive a client letter threatening legal action
- receive a solicitor's letter threatening legal action
- receive a Writ/Summons/Subpoena/legal court document.

Contact Aon Risk Solutions on 1800 806 493 to obtain a report form.

PERSONAL ACCIDENT – VOLUNTARY WORKERS & CLIENTS

This policy provides cover for registered Voluntary Workers and Clients of the RDA QLD and its Centre's for personal injuries sustained whilst engaged in either organised voluntary work or activities conducted on behalf of RDA QLD and its Centre's.

The Volunteers Act implemented in each state and territory of Australia does not provide immunity against all situations and Centres should undertake background checks on their volunteers to ensure they meet legislative requirements i.e. "working with children" as if not, fines up to \$140,000 can apply in some states.

A Volunteer can be paid in cash, given non-cash benefits or given a combination of both cash and non-cash benefits. These payments are given various descriptions, including honoraria, reimbursements and allowances.

Volunteers also include committee members, side walkers, fundraisers and general hands who are acting on behalf of the Centre warranted they are engaged in a voluntary capacity as defined at law.

It is imperative a register of all Volunteers be maintained including the Volunteers assigned duties to enable evidence to be provided in the event of a claim.

Cover commences once you arrive at the RDA Centre and sign on where applicable.

A Client is deemed a person with or without a disability who receives a service from RDA.

Cover is provided for registered Volunteers and Clients between the ages of 3 months to 90 years of age.

No cover is provided under this policy for day members.

These notes provide a summary of the various policies for information purposes only. These policies are at all times subject to the Terms, Conditions and Exclusions of the Master Policies.

What do I do in the event of a claim?

Contact Aon Risk Solutions on 1800 806 493 to obtain a claim form and return together with your supporting documentation.

If you are claiming for Weekly Benefits:

- A 7 day excess applies
- Proof of your earnings must be supplied
- Supporting medical certificates must be supplied

If you are claiming for Non-Medicare Medical Expenses:

- They must be incurred within 12 months of the date of your injury
- This policy does not cover any expenses claimable through Medicare including the gap
- It is mandatory for you to submit expenses to your Private Health Insurance fund first then forward your providers Statement together with the accounts.

Benefits

Section A - Death & Capital as per attached Table of Benefits

Income earning volunteers and members	Up to a maximum of \$60,000 but limited to \$20,000 for volunteers and members under 18 years of age and over 80 years of age
Non income earning volunteers and members	Up to a maximum of \$60,000 but limited to \$20,000 for volunteers and members under 18 years of age and over 80 years of age

Section B - Weekly Benefits -Injury (Temporary Total Disablement)

Income earning volunteers and members	75% of earnings up to \$500 per week payable up to 52 weeks from the date of injury unless otherwise stated.
Non income earning volunteers and members	Not available to non-income earners. Other Benefits applicable as shown.

The policy is underwritten by QBE Insurance (Australia) Limited

Additional Benefits

Applicable to all Volunteers and Clients

Non Medicare Medical Expenses

If an insured person suffers from an injury we will pay 85% of the Non-Medicare Medical Expenses incurred up to a maximum of \$3,000.

Non-Medicare Medical Expenses means

(a) expenses incurred within twelve (12) months of sustaining an injury and payable for a maximum of twelve (12) months of sustaining an injury

(b) expenses paid by an Insured Person for Doctor, Physician, Surgeon, Nurse, Physiotherapist, Chiropractor, Osteopath, Hospital and/or Ambulance services for the following treatments:

Medical, Surgical, X-ray, Chiropractic, Osteopathic, Physiotherapy, Hospitalisation, Nursing

Expenses which are excluded:

- MRI scans
- Costs associated with prevention of injury
- Costs related to breakage of dentures, optical lenses or spectacles
- Medicare benefits and any gap
- Private Health Fund contributions

Where any part of the medical expense is claimable through Medicare you are unable to claim the expense or gap under this policy.

If you hold Private Health Insurance, it is mandatory that the expense be claimed from your Fund first. You are then entitled to claim the difference under this policy.

What needs to happen injury resulting in: Payable condition	What we will pay: Compensation
1 Medical expenses including private hospital bed fee and theatre fee, dental and ambulance expenses	<ul style="list-style-type: none"> reimbursement of accounts for medical expenses incurred and paid by you or the insured person, at the rate shown as a percentage in the Policy Schedule, up to the maximum amount shown in the Policy Schedule.
2. Post operative treatment prescribed by an orthopaedic surgeon	<ul style="list-style-type: none"> reimbursement of accounts for orthotics incurred and paid by you or the insured person, at the rate shown as a percentage in the Policy Schedule, up to the maximum amount shown in the Policy Schedule
3 Osteopathy, naturopathy, massage, physiotherapy, chiropractic but only if following a referral from a registered medical practitioner	<ul style="list-style-type: none"> reimbursement of accounts incurred and paid by you or the insured person, at the rate shown as a percentage in the Policy Schedule, up to the maximum amount shown in the Policy Schedule

Funeral Expenses

If an insured person suffers an Accidental Death this policy covers the expenses of burial or cremation OR the cost of returning the Volunteers body or ashes to their country or place of residence up to a maximum of \$2,500.

Emergency Transport

If an insured person suffers an injury we will pay up to \$3,500 of expenses incurred relating to emergency transport.

Non-Income Earners

Injury Assistance

In respect of insured persons who have no pre disability earnings, the following benefit is claimable for a benefit period of 52 weeks unless otherwise shown.

What needs to happen injury resulting in: Payable event	What we will pay: Compensation
1 A registered medical practitioner certifies that you or the insured person are unable to attend to usual household duties and functions	Home assistance Schedule 75% of actual non medical related expenses incurred for home help, childminding, payable to a recognised agency up to the maximum weekly amount on the Policy Schedule
2. A registered medical practitioner certifies that you or the insured person are not able to attend your normal place of education	Student assistance 75% of actual expenses incurred for home tutorial by a qualified tutor up to the maximum weekly amount on the Policy Schedule
3 A dependent child who is a full time student under the age of 18 years is hospitalised	Parent inconvenience allowance up to \$25 per day to their parent or guardian to visit them up to maximum of \$1500

The entitlements listed under Injury Assistance are not available to income earners.

Table of Benefits

Injury resulting in:	Compensation as a percentage of the capital sum insured shown in the Policy Schedule
1. Death	100% subject to a maximum of \$10,000 for insured persons without dependent children
2. Permanent total disablement	100% subject to a maximum of 5 times annual pre disability earnings
3. Permanent disability not otherwise provided	The percentage we determine as being consistent with the compensation provided in this table but not exceeding 75%
4. Permanent paraplegia	100%
5. Permanent quadriplegia	100%
6. Permanent unsound mind to the extent of legal incapacity	100%
7. Permanent and incurable paralysis of all limbs	100%

Injury resulting in:	Compensation as a percentage of the capital sum insured shown in the Policy Schedule
8. Permanent total loss of the entire sight of one or both eyes	100%
9. Permanent total loss of hearing in both ears	100%
10. Permanent total loss of the use of both hands	100%
11. Permanent total loss of the use of both arms	100%
12. Permanent total loss of the use of both feet	100%
13. Permanent total loss of the use of both legs	100%
14. Permanent total loss of the use of one hand and one foot	100%
15. Permanent total loss of the use of one hand and one arm	100%
16. Permanent total loss of the lens of one eye	50%
17. Permanent total loss of the hearing in one ear	50%
18. Permanent total loss of the use of one foot or one leg	50%
19. Permanent total loss of the use of four fingers and thumb of either hand	75%
20. Permanent total loss of the use of four fingers of either hand	40%
21. Permanent total loss of the use of one thumb, both joint	30%
22. Permanent total loss of the use of one thumb, one joint	15%
23. Permanent total loss of the use of a finger, three joints	10%
24. Permanent total loss of the use of a finger, two joints	8%
25. Permanent total loss of the use of a finger, one joint	5%
26. Permanent total loss of the use of all the toes of one foot	15%
27. Permanent total loss of the use of great toe, both joints	5%
28. Permanent total loss of the use of great toe, one joint	3%
29. Permanent total loss of the use of other toe, (each toe)	1%
30. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire body	50%

INLAND TRANSIT – RDA HORSES

This policy provides cover for horses owned or used by RDAQ and/or its Centre's.

Horses are covered against Death and/or Physical Injury if killed or injured during transportation by road, subject always to the policy terms conditions and exclusion.

What is the Sum Insured ?

Maximum Value any one load and/or any one conveyance	\$50,000
Death and/or Humane Slaughter -	Market value
Physical Injury -	under 10 years 50% of market value, 11 to 15 years 30% of market value, 15 to 20 years 20% of market value, over 20 years 10% of market value
Medical expenses incurred by a qualified veterinarian as a result of an insured peril	\$1,000 any one event

Excess - Nil each and every loss

What conditions apply?

All vehicles and floats must be appropriately registered and maintained.

All drivers of the vehicles and floats must be over 25 years of age and appropriately experienced and licensed.

Excluding claims arising from illness, death or destruction as a consequence of ticks, equine influenza, hendra virus and/or other contagious / notifiable diseases

What do I do in the event of a claim?

Contact Aon Risk Solutions on 1800 806 493.

- Take all reasonable steps following an accident or loss to protect the person or property from any further injury.
- Obtain an incident report form.
- Complete and return together with proof of ownership and value
- Provide copy of Veterinary report where applicable

TRAVEL INSURANCE

This policy provides cover for all directors, employees, officers, committee members, coaches and clients of RDAQ and/or its Centre's.

Cover will commence from the time the Insured Person leaves his or her normal place of business or normal residence whichever is the point of departure for such travel, and continue on a 24 hour basis until he or she returns to his or her normal place of business or residence whichever first occurs. It does not include normal travel between the insured person's normal place of residence and place of business for the purpose of attending to or returning from work. Cover will also include private travel in association with authorised business travel.

Authorised Business Travel will mean travel undertaken by the Insured Person on behalf of the Insured and/or authorised by the Insured but only where such travel is no longer than 6 months and involves an overseas journey or travel within their country of residence provided that within that country any such travel will involve a trip with a destination in excess of 50 kilometres

Table of benefits

Benefit	Maximum sum insured
Lump Sum - covered person or spouse/partner	\$250,000
Lump Sum – dependent child	\$25,000
Fractured Bones	\$3,000
Loss of teeth or dental procedures	\$5,000
Limit per tooth	\$250
Weekly benefit – accident or illness	\$2,,000
Overseas Medical & additional expenses	Unlimited as per policy
Cancellation & curtailment	Unlimited as per policy
Emergency Travel Assistance	Included
Baggage and personal effects	\$15,000
Money, travellers cheques and credit cards	\$5,000
Personal Liability	\$5,000,000
Kidnap and Ransom and personal extortion	\$500,000
Hijack and detention	\$6,000
Loss of deposits and additional expenses	Unlimited as per policy
Refund of excess following collision damage/theft	\$5,000

Benefit period unless otherwise shown 156 weeks
All other limits, terms, conditions and exclusions, as per policy.

What do I do in the event of a claim?

Contact Aon Risk Solutions on 1800 806 493 to obtain a claim form and return together with your supporting documentation.

If you are claiming for Weekly Benefits:

- A 7 day excess applies
- Proof of your earnings must be supplied
- Supporting medical certificates must be supplied

If you are claiming for Other Benefits

- Please provide substantiation of loss and proof of ownership where applicable



Important things you need to know about your insurance

About this Policy

Riding for the Disabled Association of Queensland Inc does not act as the Insurer's agent and does not hold an Australian Financial Services License. (RDAQLD) is not authorised to provide you with any insurance advice so if you require any information about this insurance, please contact our broker, Aon Risk Solutions on 1800 806 493 or email them at au.equestrian@aon.com. Please note that Aon has arranged this Policy on behalf of RDAQLD.

General Advice Warning

Any information provided about this policy is general in nature and does not take into account your particular objectives, financial situation and needs. Before making a decision, you should carefully consider all information provided to you including the policy wording and comparative table of coverage terms.

Binder Agreement

In arranging this policy, Aon is acting under a binder agreement from the insurer. When acting under a binder, Aon will be acting under an authority given to it by the insurer and will be effecting the insurance contract as agent of the insurer and not as your agent. Our binder arrangement with the insurer is such that we remain your agent in the handling of any claim.

Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client Manager.

Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Changes of circumstances must be notified

It is also important that you advise us of any changes to your business or circumstances (including location change, changes in size or value, increase in number of premises/ sites owned or occupied, or nature of business activities) that may occur once you have arranged the insurance so that we can take the necessary steps to make sure that you are adequately insured. A failure to advise the insurer of such changes may prejudice your cover.

Understanding your policy terms and conditions

Please carefully review all documents we give you (including policies and endorsements) containing the terms of your cover (including applicable limits, sub-limits and deductibles and your obligations) to ensure that the cover suits your needs and so you understand and comply with your obligations under your policies. Failure to do this may result in uninsured losses. Please advise us immediately if you notice any mistakes of fact or believe the contents do not address your needs.

Financial Services Guide

Please take the time to read our Financial Services Guide (enclosed) carefully as it contains some very important information about the products and services Aon Risk Services Australia Limited provides. It also explains how we and our representatives may be remunerated and contains details of how we manage conflicts of interest and information about our complaints process.

Retention of remuneration

Please note that we treat our remuneration as fully earned when we issue you with a tax invoice. You agree that we may retain all our commission, fees and other remuneration in full in the event of any mid-term cancellation of a policy or future downward adjustment of premium. You also agree that the insurer and Aon may offset such remuneration from any premium refund you are entitled to.

Interest of other parties

Your policy may exclude cover for an interest in the insured property held by someone other than the named insured, unless that interest is specifically noted on the policy. For example, if property is jointly owned, or subject to finance, the interest of the joint owner or financier may be excluded if it is not specifically noted on the policy. Generally, the safest course is always to have all interests in all property insured noted on each policy. If anyone other than you has an interest in property you are insuring, please let us know.

Utmost good faith

Every contract of insurance is based on the principle of utmost good faith, requiring each party to act towards the other party in respect of any matter arising under or in relation to the contract, with the utmost good faith. If you fail to do so, you may prejudice your rights under the policy and in particular, any claim. This requirement also applies to third party beneficiaries after the policy is entered into.

Privacy

Aon is committed to protecting your personal information in accordance with the Australian Privacy Principles under the *Privacy Act 1988* (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in as set out in the Aon Privacy Notice. In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the Aon Privacy Notice. Further information about our privacy practices can be located in the Aon Australia Group Privacy Policy Statement which can be viewed on our website at www.aon.com.au or a copy can be sent to you on request by your Aon representative.

You may also gain access to your personal information, or modify your privacy preferences, by contacting your Aon representative or our Privacy Officer at:

- email: privacyofficer@aon.com.au
- mail: Level 33, 201 Kent Street Sydney NSW 2000
- phone: (02) 9253 7000

Claims Made

Directors' and Officers' Liability, Comprehensive Crime, Professional Indemnity, Superannuation Trustees' Liability policies, Molestation sections and some other liability policies are written on a "Claims Made" basis.

This means that the policy responds to claims first made against you and notified to the insurer in writing during the period of insurance, provided that the originating act or omission occurred after the retroactive date. Where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts, but before the expiry of the period of insurance, the policy will, subject to its terms and conditions, provide cover even if that claim is made after the expiry of the period of insurance.

Retroactive Date

If the policy has a retroactive date, the policy coverage is limited to acts and omissions that occur or are alleged to have been committed on or after that date. For example, if you have a retroactive date of 1 July 2013, the policy will not cover a claim arising from acts or omission occurring prior to that date. Please ensure that the retroactive date you select is sufficient and that you have no uncovered periods.

Occurrence Basis

Combined General Liability, Industrial Special Risks, Travel, Aviation, Contract Works, Marine policies and some other policies are written on an occurrence basis. This means that the policy responds to claims on the basis of when the incident occurred or when the injury or damage manifested itself, not when the claim itself was received.

Subrogation and non-admission

This policy contains provisions which have the effect of excluding or limiting the insurer's liability in respect of a loss where you have admitted liability or prejudiced the insurer's rights of subrogation. This may occur where you are a party to an agreement which excludes or limits an insurer's rights to recover the loss from another party.

Average or co-insurance

Property policies and some other policies contain an "average" (also called "co-insurance") clause. This applies if the sum insured does not cover the full cost of your loss, and means that your claim may be reduced in proportion to the amount of this under insurance. If you do not want average to apply, you must ensure that the level of your insurance is adequate whenever you take out or renew the policy.

If the average clause is based on replacement value ("new for old"), you must ensure that your sum insured represents the full cost of replacing the insured property with new property.

If the average clause is based on indemnity value ("replacement to a similar condition"), you must ensure that your sum insured represents the cost of replacing the insured property, taking into account any depreciation.

Master Policy Notice

Where cover is provided under a master policy an aggregate limit may be applicable which is shared by all insured persons. This limit may be eroded or completely exhausted by claims made under the master policy by other insured persons covered under the master policy.



Aon Contact Details:

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