Individual Personal Accident & Sickness

Product Disclosure & Policy Wording

ShieldCover®

ShieldCover is a division of East West Insurance Brokers Pty Ltd. ABN 83 010 630 092 AFSL No. 230041

Shieldcover.com.au

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Important Information

The Purpose of This PDS

This Product Disclosure Statement (PDS) contains important information to assist You to:

- Decide whether this product will meet Your needs; and
- Compare this product with any other products You may be considering.

For full details of the benefits, limitations, exclusions, terms and conditions, You should read the PDS carefully.

The Insurer

The Policy is offered by ShieldCover who underwrites on behalf of Certain Underwriters at Lloyd's of London (Lloyd's) led by Canopius Managing Agents Syndicate 4444. Lloyd's is an Australian Prudential Regulation Authority (APRA) regulated insurer. This insurer is financially liable for any claims that come within the Policy. ShieldCover acts as an agent of Lloyd's under a binding authority to issue a Policy to you.

ShieldCover

ShieldCover is a specialist division of East West Insurance Brokers Pty Ltd ABN 83 010 630 092, Australia Financial Services Licence No. 230041, established in 1984.

ShieldCover issues this Personal Accident & Sickness Insurance Policy under a binding authority given to it by the Insurer to administer and issue policies, alterations and renewals. For all of the services that ShieldCover provides in relation to this Policy, it acts on behalf of the Insurer and not for You.

ShieldCover does not guarantee any benefits payable under the Personal Accident & Sickness Policy.

How to Contact Us

If You have any questions or would like further information about the Policy or the PDS, You may contact ShieldCover:

General enquiries

Telephone: (07) 3510 9535
Email: hello@shieldcover.com.au
Website: www.shieldcover.com.au
Address: 19 Rosedale Street,
Coopers Plains QLD 4108
Broker: Through Your appointed Insurance Broker

Claims

Telephone: (07) 3510 9535
Claims: claims@shieldcover.com.au

Cooling-Off Period

We will refund all Premiums for cover under the Policy if You request cancellation of the Policy within 21 days of its commencement. To do this You must advise Us in writing. You are not entitled to a refund if You have made a claim under the Policy during the cooling-off period.

Privacy Notice

We collect personal information from You that is necessary for the arrangement and administration of Your insurance. This includes information necessary to accept the risk, to assess a claim, to determine competitive and appropriate premiums, etc. This information will be collected directly from You where possible, but may sometimes be collected indirectly (i.e., from Your representative). If You do not provide the personal information required We may not be able to offer You Our services.

We and Our agents may disclose personal information to third parties, including third parties located in the United Kingdom, where We believe it is necessary for them to assist us in doing the above. These parties will only use the personal information for the purposes for which it is provided (or if required by law).

When You give Us and Our agents personal information about other individuals, We rely on You to have made or make them aware that You will or may provide their personal information to Us, the types of third parties it may be provided to, the relevant purposes it will be used for, and how they can access it.

If it is sensitive information, We rely on You to have obtained their consent on these matters. If You have not done or will not do either of these things, You must tell Us (or Your agent) before You provide the relevant information.

You are entitled to access Your information if You wish and request correction if required. You may also opt out of receiving materials sent by Us by contacting Us as follows:

Mail: 19 Rosedale Street,
Coopers Plains Qld 4108.
Telephone: (07) 3510 9535 or
Email: privacy@shieldcover.com.au

Further information on Our privacy practices can be obtained by visiting our website www.shieldcover.com.au.

Your Duty to Take Reasonable Care Not to Make a Misrepresentation

Your application for insurance cover will be treated as if you are applying for a 'consumer insurance contract'. Before the contract of insurance is entered into, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer under the Insurance Contracts Act 1984 (Cth). It is very important that you comply with your duty, as this may impact on your insurance cover.

A misrepresentation is an answer or statement that is not true, only partially true, or does not fairly reflect the truth.

When you apply for insurance, we will ask you clear and specific questions that are relevant to our decision to insure you. Your answers in response to our questions are important as we use them to determine whether we can provide insurance cover to you, and if so, the terms of the policy and the premium we will charge. This means that when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies anytime you answer our questions as a part of an initial insurance application, when extending or making changes to an existing insurance, and reinstating any previous contract of insurance.

We may later investigate the answers you provide to us, for example, when a claim is made.

Guidance for answering our questions:

Important: please ensure that you take care when providing your answers in response to our questions in relation to your insurance application. You should respond fully, honestly and accurately. If you do not, it may affect your insurance cover.

When answering our questions, please:

- Think carefully about your responses. If you do not understand the question or require further explanation, please ask us before responding;
- Make sure your responses are truthful, accurate and complete answers to every question that we ask you;
- Provide us with all relevant information in response to our questions. If you are unsure what information to include, please include it or check with us, your broker or adviser;
- Do not assume that we will contact anyone else for the information we are asking you for;
- Review each answer you have provided on your insurance application carefully and make any corrections (if necessary) before submitting it to us. You are responsible for the answers that you provide us, even if you have had help in preparing your application, for example from your broker, intermediary, adviser or someone else.

Before your insurance cover starts, please tell us of any changes that may be required to the answers you have given to our questions. This may save time as any changes may require further investigation or assessment of the risk.

If, after your insurance cover starts, you think you may not have complied with your duty, please contact us, your broker or adviser immediately and we will let you know whether it has any impact on your cover.

We may contact you after you have submitted your application to clarify or collect any information that you may not have included. The information you provide may be recorded and used by us in assessing your application.

Your duty to take reasonable care not to make a misrepresentation applies to all types of communication with us, including written, electronic, online, when speaking with us in person or on the telephone, or a mix of these.

If you do not comply with your duty

If you do not take reasonable care not to make a misrepresentation, it may have serious consequences for your insurance.

If you have failed to comply with your duty, we have certain rights, which may depend on what your insurance offer may have been had you not made a misrepresentation, and whether or not the misrepresentation was fraudulent. We have different actions available to us, for example, we may do one of the following:

- Avoid your insurance cover. This means that your insurance contract and cover will be treated as if it never existed;
- Change the amount of cover, for example the level of cover may be reduced;
- Change the terms of your insurance contract, for example certain events may be excluded from being covered.

This may mean an insurance claim may not be paid, or the amount or benefit paid may be reduced, or premiums increased.

If we suspect that you may have breached your duty to take reasonable care not to make a misrepresentation, before we exercise any of the actions available to us, we will:

- Explain our reasons why we believe you have breached your duty; and
- Provide you with an opportunity to respond and provide us with further information.

If we decide to make changes to your cover, we will notify you of our decision and provide you with the review process and complaints procedure to follow if you disagree with our decision.

If you need help

It is very important that you understand this information, the questions that we ask you and your duty. If you are having difficulty for any reason, such as a disability, English language, or require further support such as a support person you trust, please contact us so that we may tell you how we may assist in providing additional support.

If you have any questions, please contact us, your broker or adviser.

How to Apply for This Insurance

When You apply for insurance You will need to give ShieldCover information about You and Your circumstances. The information We need will be contained in the Proposal We will provide to You. We will assess the information that You provide Us and if Your application is accepted, We will issue You with a Certificate of Insurance confirming the cover that is in place.

The Cost of This Insurance

The amount We charge for this insurance is based on a range of factors that determine the level of risk, including occupation, age, excess period, type of cover, amount of cover, claims history, and, where applicable, the type of sporting activity. These factors will impact on Your Premium as follows:

Factor	Reduces Premium	Increases Premium
Occupation	Low Risk Occupation – Clerical	High Risk Occupation – Non Clerical
Age	Lower Age	Higher Age
Excess Period	Longer Excess Period	Shorter Excess Period
Type of Cover	Working Hours Only	Full Cover – 24 hours day
Amount of Cover	Lower Lump Sum / Weekly Benefits	Higher Lump Sum / Weekly Benefits
Claims History	Lower Frequency	Higher Frequency
Sporting Activities	Non-Contact / Low Risk Sports	Contact / High Risk Sports

You also have to pay GST and any relevant government charges where applicable. These amounts add up to the total Premium You must pay. Once the Policy is issued, Your Premium, GST and any relevant government charges are shown on the Policy Schedule.

How to Make a Claim

You must notify ShieldCover in writing within thirty (30) days of an event that is likely to give rise to a claim. If it is not possible to notify ShieldCover within that time, You must notify ShieldCover as soon as reasonably possible.

Once notified of a claim, ShieldCover will provide You with the relevant claim forms. You and the Insured Person must fully complete and return the claim forms to ShieldCover together with such other information and documentation that ShieldCover may require in order to consider the claim including but not limited to all relevant health certificates, Doctor's reports, employer reports and related evidence of the claim.

Please note that all benefits are paid without deduction for taxation and may be subject to taxation. See Your tax adviser for information about Your personal circumstances.

Excesses

An Excess Period may apply to this Policy. The Excess Period is the period (of consecutive days) stated in the Policy Schedule. During any Excess Period, no benefits are payable.

An excess may also be payable when You make a claim under this Policy. The amount of any excess is set out in the Policy Schedule.

General Insurance Code of Practice

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice ("the Code"), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry.

Lloyd's has adopted the Code on terms agreed with the Insurance Council of Australia. For further information on the Code please visit www.codeofpractice.com.au.

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code. For more information on the Code Governance Committee (CGC) go to www.insurancecode.org.au.

Complaints and Disputes

If You have any concerns or wish to make a complaint in relation to this Policy, Our services or Your insurance claim, please let Us know and We will attempt to resolve Your concerns in accordance with Our Internal Dispute Resolution procedure. Please contact ShieldCover in the first instance:

Complaints Manager ShieldCover

Email: hello@shieldcover.com.au
Telephone: (07) 3510 9535
Address: 19 Rosedale Street,
Coopers Plains QLD 4108

We will acknowledge receipt of your complaint and do our utmost to resolve the complaint to your satisfaction within 10 business days.

If We cannot resolve Your complaint to Your satisfaction, We will escalate Your matter to Lloyd's Australia who will review Your complaint within 10 business days. You will be kept informed of the review of Your complaint every 10 business days.

Lloyd's contact details are:

Lloyd's Australia Limited
Email: idraustralia@lloyds.com
Telephone: (02) 8298 0783
Post: PO Box R1745, Royal Exchange NSW 1225

A final decision will be provided to You within 30 calendar days of the date on which You first made the complaint unless certain exceptions apply.

You may refer Your complaint to the Australian Financial Complaints Authority (AFCA), if Your complaint is not resolved to your satisfaction within 30 calendar days of the date on which you first made the complaint or at any time.

AFCA can be contacted as follows:

Telephone: 1800 931 678
Email: info@afca.org.au
Post: GPO Box 3 Melbourne VIC 3001
Website: www.afca.org.au

Your complaint must be referred to AFCA within 2 years of the final decision, unless AFCA considers special circumstances apply. If Your complaint is not eligible for consideration by AFCA, You may be referred to the Financial Ombudsman Service (UK) or You can seek independent legal advice. You can also access any other external dispute resolution or other options that may be available to You.

The Insurer accepting this Policy agrees that:

- If a dispute arises under this Policy, this Policy will be subject to Australian law and practice and the Insurer will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
- Any summons notice or process to be served upon the Insurer may be served upon:

  Lloyd's Australia Limited

  Email: idraustralia@lloyds.com
  Telephone: (02) 8298 0783
  Post: PO Box R1745, Royal Exchange NSW 1225

  who has authority to accept service on the Insurer's behalf;

- If a suit is instituted against any of the underwriters, all underwriters participating in this Policy will abide by the final decision of such Court or any competent Appellate Court.

Policy Wording

Section A - Lump Sum Benefits

Table of Insured Events

We will pay benefits as set out in Table 1 of the Table of Insured Events for a Bodily Injury of the Insured Person if:

a. The Bodily Injury resulting in the Insured Event is set out in the Table of Insured Events; and
b. An amount is showing on the Policy Schedule for that Insured Event against section A; and
c. Any Insured Event occurs within twelve (12) months of the Bodily Injury.

Table of Insured Events - Table 1

The Condition	Benefit Per centage The per centage of the amount shown in the Policy Schedule against Section A – Lump Sum Benefits for each Insured Event and Insured Person
1. Accidental Death	**100%**
2. Permanent Total Disablement	**100%**
3. Permanent total loss of sight of both eyes	**100%**
4. Severe Cognitive Impairment	**100%**
5. Permanent total loss of sight of one eye	**100%**
6. Permanent total Loss of Use of two limbs	**100%**
7. Permanent total Loss of Use of one limb	**100%**
8. Paraplegia or Quadriplegia	**100%**
9. Permanent total loss of hearing in: a) both ears b) one ear	 **100%** **30%**
10. Permanent total loss of the lens of a) both eyes b) one eye	 **100%** **60%**
11. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	**75%**
12. Permanent total loss of a) four fingers and thumb of either hand; or b) foot	 **75%** **75%**
13. Permanent total loss of four fingers of either hand	**50%**

14. Permanent total Loss of Use of one thumb of either hand: a) two joints b) one joint	 **30%** **15%**
15. Permanent total Loss of Use of finger of either hand: a) three joints b) two joints c) one joint	 **15%** **10%** **5%**
16. Permanent total Loss of Use of toes of either foot: a) all - one Foot b) great toe (hallux) - both joints c) great toe (hallux) - one joint d) other than great toe (hallux) - each toe	 **15%** **5%** **3%** **1%**
17. Fractured leg or patella with established non-union	**10%**
18. Shortening of leg by at least 5cm	**10%**
19. Any permanent partial disablement not otherwise provided for under Conditions 4 – 18	**The lump sum benefit will reflect the per centage reduction in bodily function, as confirmed by the Insured Person's Doctor and a Doctor appointed by Us. If Our appointed Doctor disagrees with the Insured Person's Doctor, a third independent Doctor will be selected by mutual agreement. If all three Doctors differ, the final per centage will be the average of their opinions. For Event 19, the maximum payout is capped at 75% of the amount listed under Section A – Lump Sum Benefits.**

Section B - Weekly Injury Benefits

We will pay benefits as set out in Table 2 of the Table of Insured Events and subject to the Benefit Period, excess period and per centage of salary shown on the Policy Schedule for a Bodily Injury of the Insured Person if:

a. The Bodily Injury resulting in the Insured Event is set out in the Table of Insured Events; and
b. An amount is showing on the Policy Schedule for that Insured Event against Section B; and
c. Any Insured Event occurs within twelve (12) months of the Bodily Injury.

Basis of Weekly Benefit Payment

For weekly benefits payable under this Section, we will calculate the amount payable as follows:

1. **Agreed Value Basis** – If the Policy Schedule shows that Agreed Value applies, We will pay the Weekly Benefit amount specified in the Policy Schedule.
2. **Indemnity Basis (all other cases)** – If Agreed Value does not apply, We will pay the lesser of:
   i. The per centage of the Insured Person's salary specified in the Policy Schedule; and
   ii. The Weekly Benefit amount specified in the Policy Schedule.

Table of Insured Events - Table 2

Events - Bodily Injury Resulting in:	Benefits
20. Temporary Total Disablement	Starting from the commencement date of Temporary Total Disablement and for the duration it continues, We will pay the Insured Person up to the weekly benefit amount specified in the Policy Schedule under Section B – Weekly Benefits – Bodily Injury, for the defined Benefit Period. This payment will not exceed the Insured Person's Salary.
21. Temporary Partial Disablement	Starting from the commencement date of Temporary Partial Disablement, and for the duration it continues, resulting in a reduction of at least 25% of the Insured Person's Salary, We will pay the Insured Person up to the weekly benefit amount specified in the Policy Schedule under Section B – Weekly Benefits – Bodily Injury, less any current earnings from working in a reduced capacity as assessed by a Doctor. The total amount (earnings plus benefit) will not exceed the per centage of Salary as shown in the Policy Schedule of the Insured Person. If the Insured Person is able to return to work in a reduced capacity, as assessed by a Doctor, but chooses not to, the benefit payable will be 25% of the Insured Person's Salary.

Section C – Surgical Lump Sum Benefits – Bodily Injury Resulting in Surgery

We will pay benefits as set out in Table 3 of the Table of Insured Events for a Bodily Injury that occurs outside of Australia and results in a surgical procedure of the Insured Person if:

a. An amount is showing on the Policy Schedule against Section C; and
b. The surgery occurs outside of and before the Insured Person's return to Australia; and
c. The Insured Event is a direct result of the Bodily Injury and occurs within twelve (12) months of the Bodily Injury.

Table of Insured Events - Table 3

Events	Benefits The per centage of the amount shown in the Policy Schedule against Section C – Surgical Lump Sum Benefits – Bodily Injury resulting in Surgery for each Insured Event and Insured Person.
22. Craniotomy	**100%**
23. Amputation of limb	**50%**
24. Fracture of a limb requiring open reduction	**50%**
25. Dislocation requiring open reduction	**25%**
26. Any other surgical procedure carried out under a general anaesthetic	**5%**

Section D – Weekly Benefits – Sickness

We will pay benefits as set out in Table 4 of the Table of Insured Events and subject to the benefit period, excess period and per centage of salary shown on the Policy Schedule for a Sickness of the Insured Person if:

a. Any Insured Event is solely and directly attributable to a Sickness; and
b. An amount is showing on the Policy Schedule for that Insured Event against Section D; and
c. Any Insured Event must occur within twelve (12) months of the Sickness.

Basis of Weekly Benefit Payment

For weekly benefits payable under this Section, we will calculate the amount payable as follows:

1. **Agreed Value Basis** – If the Policy Schedule shows that Agreed Value applies, We will pay the Weekly Benefit amount specified in the Policy Schedule.
2. **Indemnity Basis (all other cases)** – If Agreed Value does not apply, We will pay the lesser of:
   i. The per centage of the Insured Person's salary specified in the Policy Schedule; and
   ii. The Weekly Benefit amount specified in the Policy Schedule.

Table of Insured Events - Table 4

Insured Events	Benefits
27. Temporary Total Disablement	Starting from the commencement date of Temporary Total Disablement and for the duration it continues, We will pay the Insured Person up to the weekly benefit amount specified in the Policy Schedule under Section D – Weekly Benefits – Sickness, for the defined Benefit Period. This payment will not exceed the Insured Person's Salary.
28. Temporary Partial Disablement	Starting from the commencement date of Temporary Partial Disablement, and for the duration it continues, resulting in a reduction of at least 25% of the Insured Person's Salary, We will pay the Insured Person up to the weekly benefit amount specified in the Policy Schedule under Section D – Weekly Benefits – Sickness, less any current earnings from working in a reduced capacity as assessed by a Doctor. The total amount (earnings plus benefit) will not exceed the per centage of Salary as shown in the Policy Schedule of the Insured Person. If the Insured Person is able to return to work in a reduced capacity, as assessed by a Doctor, but chooses not to, the benefit payable will be 25% of the Insured Person's Salary.

Section E – Surgical Lump Sum Benefits – Sickness Resulting in Surgery

We will pay benefits as set out in Table 5 of the Table of Insured Events for a Sickness that occurs outside of Australia and results in a surgical procedure of the Insured Person if:

a. An amount is showing on the Policy Schedule against Section E; and
b. The surgery occurs outside of and before the Insured Person's return to Australia; and
c. The Insured Event is a direct result of the Sickness and occurs within twelve (12) months of the date of the Sickness.

Table of Insured Events - Table 5

Insured Events	Benefits The per centage of the amount shown in the Policy Schedule against Section E – Surgical Lump Sum Benefits – Bodily Injury resulting in Surgery for each Insured Event and Insured Person.
29. Open heart surgical procedure	**100%**
30. Brain surgery	**50%**
31. Abdominal surgery carried out under general anaesthetic	**50%**
32. Any other surgical procedure carried out under a general anaesthetic	**50%**

Section F - Broken Bones – Lump Sum Benefits

We will pay benefits as set out in Table 6 of the Table of Insured Events for a Bodily Injury of the Insured Person if:

a. The Bodily Injury resulting in the Insured Event is set out in the Table of Insured Events; and
b. An amount is showing on the Policy Schedule for that Insured Event against Section F; and
c. Any Insured Event occurs within twelve (12) months of the Bodily Injury.

Table of Insured Events - Table 6

The condition	Benefit per centage
33. Neck, Skull or spine (complete fracture)	**100%**
34. Hip, pelvis	**75%**
35. Shoulder blade	**50%**
36. Neck, skull or spine (Hairline Fracture, Other Fracture or Simple Fracture), cheekbone, collarbone, upper leg	**30%**
37. Arm, kneecap, elbow	**25%**
38. Lower leg, jaw, wrist, ankle, hand, foot	**20%**
39. Rib	**10%**
40. Finger, thumb, toe	**8%**

The maximum benefit payable for any one (1) Bodily Injury resulting in fractured bones will be the amount specified in the Policy Schedule under Section F – Fractured Bones – Lump Sum Benefits.

In the case of a confirmed non-union of any of these fractures, We will pay an additional benefit of 5% of the amount shown in the Policy Schedule under Section F – Fractured Bones – Lump Sum Benefits, regardless of the maximum benefit limit.

Section G – Dental – Lump Sum Benefits

We will pay benefits as set out in Table 7 of the Table of Insured Events for a Bodily Injury of the Insured Person if:

a. The Bodily Injury resulting in the Insured Event is set out in the Table of Insured Events manifests during the Period of Insurance while the person is an Insured Person; and
b. An amount is showing on the Policy Schedule for that Insured Event against Section G; and
c. Any Insured Event occurs within twelve (12) months of the Bodily Injury.

Table of Insured Events - Table 7

Insured Events Bodily Injury resulting directly in the following dental treatment being carried out within twelve (12) months of the date of the Bodily Injury.	**Benefits** The per centage of the amount shown on the Policy Schedule against Section G - Dental - Lump Sum Benefits. Subject to a maximum of $250 per Tooth.
41. Loss of teeth or full capping of teeth	**100%**
42. Partial capping of teeth	**50%**

The maximum benefit payable for any one (1) event under this Section will be the amount specified in the Policy Schedule under Section G – Dental – Lump Sum Benefits or $1,000, whichever is greater, and limited to $250 per Tooth.

Additional Benefits

There are a number of additional benefits that apply to Your Policy. These additional benefits will be paid in addition to any amount that has been paid under Weekly Benefits or Lump Sum Benefits.

The amount paid, any excess or Excess Period may vary for each additional benefit. These will be shown in the Policy Schedule. Any maximum period for which an additional benefit will be paid is also shown in the Policy Schedule.

Exposure

If an Insured Person has an Accident that occurs within the Scope of Cover, and as a result of the Accident is exposed to the elements and suffers from any of the Insured Events set out in any of the Tables of Insured Events as a direct result of that exposure, We will pay the benefits shown on the Policy Schedule for those conditions.

Disappearance

If an Insured Person, within the Scope of Cover, disappears following the disappearance, wrecking, or sinking of a conveyance on which they were travelling, and their body is not found within one (1) year from the date of disappearance, We will pay benefits on the assumption that the Insured Person died as a result of a Bodily Injury at the time of the disappearance, wrecking, or sinking of the conveyance.

Where Event 1 - Accidental Death benefit is payable because of a disappearance, We will only pay that benefit after the Insured or the legal representatives of the Insured Person's estate has given Us a signed undertaking that the benefit will be repaid to Us if it is found that, to the prior knowledge of the Insured or legal representative, the Insured Person did not die as a result of a Bodily Injury.

Rehabilitation and Return to Work Assistance

If an Insured Person sustains a Bodily Injury or Sickness that occurs within the Scope of Cover, and subsequently results in a benefit being payable under Events 20, 21, 27 or 28, We will assist the Insured or Insured Person in the arrangement of professional assistance recommended by a Doctor or professional rehabilitation coordinator to improve their physical and/or emotional condition in order to return to their usual occupation.

Assistance may include, but is not limited to, special equipment for and/or modifications to the Insured Person's usual workplace.
The maximum amount payable for this benefit will be the amount shown in the Policy Schedule per Insured Person per claim.

Escalation of Claim Benefit

After payment of a benefit under Events 20, 21, 27 or 28 for a continuous period of twelve (12) months, and again after each subsequent twelve (12) month period during which a benefit is paid, the benefit will be increased by 5% per annum. However, any continuation of benefits will still not exceed the total maximum Benefit Period as shown in the Policy Schedule.

Modification Expenses

If an Insured Person sustains a Bodily Injury within the Scope of Cover that results in a benefit under Events 2 or 3, We will reimburse up to the amount shown in the Policy Schedule for actual costs incurred to modify the Insured Person's home or vehicle, or relocate to a more suitable home, provided that the modification or relocation is deemed medically necessary by a Doctor.

Family Counselling Benefit

If an Insured Person sustains an Accidental Death or a Bodily Injury within the Scope of Cover that results in a benefit being payable

under Events 1-9 (a), We will reimburse up to $150 per visit for services provided by a registered psychologist or psychiatrist (who is not a relative of the Insured Person), on referral from a Doctor. This benefit is available for:

a. The Insured Person;
b. The Insured Person's Spouse/Partner; and
c. The Insured Person's Dependent Child/ren.

Reimbursement will be limited to the amount shown in the Policy Schedule per person, subject to the maximum family limit shown on the Policy Schedule.

Funeral Expenses

If an Insured Person suffers an Accidental Death within the Scope of Cover which results in a valid claim being paid under Event 1, We will reimburse the Insured or the estate of the Insured Person up to the amount shown in the Policy Schedule for:

a. All reasonable funeral, burial or cremation and associated expenses; and
b. All reasonable expenses incurred in transporting the Insured Person's body or ashes to a place nominated by the legal representative of the Insured Person's estate.

Emergency Home Help

If an Insured Person suffers a Bodily Injury within the Scope of Cover that results in benefits being payable under events 20, 21, 27 or 28, and a Doctor certifies that the Insured Person is unable to perform their usual domestic duties, We will pay for the incurred cost of reasonable and necessary domestic duties up to the amount shown on the Policy Schedule.

Executor Emergency Cash Advance

If an Insured Person dies due to an Accidental Death within the Scope of Cover, We will provide an emergency cash advance of the amount shown in the Policy Schedule to the executor of the Insured Person's estate, while the estate is being arranged. This amount will be deducted from any subsequent benefit payment for Event 1 - Accidental Death.

Reconstructive or Cosmetic Surgery Benefit

If an Insured Person sustains a Bodily Injury within the Scope of Cover for which a benefit is payable under Events 2 - 19, that necessitates reconstructive or cosmetic surgery, We will pay up to the amount shown in the Policy Schedule. This benefit is only payable once per Accident and will be reduced by any amounts paid under Events 22 to 26 for the same Accident.

Guaranteed Payment

If an Insured Person sustains a Bodily Injury or Sickness within the Scope of Cover for which benefits are payable under Events 20 or 27, and upon receipt of proper medical evidence from a Doctor certifying that the period of Temporary Total Disablement will be at least twenty-six (26) continuous weeks, and We agree with this certification, We will immediately pay twelve (12) weeks of benefits as provided in the Policy Schedule. Any guaranteed payment will not exceed the total maximum Benefit Period shown in the Policy Schedule.

Hospital Admission Benefit

If an Insured Person is admitted to hospital due to a Bodily Injury sustained within the Scope of Cover, and remains there for longer than 72 hours, we will pay the amount shown on the Policy Schedule.

Optional Additional Benefit – Fixed Monthly Business Expenses Benefit

If an Insured Person sustains a Bodily Injury or Sickness that results in a benefit being payable under Events 20 or 27, We will pay the Fixed Monthly Business Expenses Benefit to the Covered Business as per the benefit amount and Excess Period shown on the Policy Schedule.

Claims procedures:

In the case of a Fixed Monthly Business Expenses Benefit, the Insured Person will

be required to provide certification from an accountant as evidence of the Fixed Business Expenses being incurred prior to the date of Temporary Total Disablement and the continuation of the Fixed Business Expenses after the date of Temporary Total Disablement.

What Is Not Covered

No benefits are payable under this Policy for any Bodily Injury or Sickness which:

1. Is deliberately self-inflicted or intentionally caused by the Insured or the Insured Person, including which:
   a. is contributed to or caused by the Insured Person being under the influence of intoxicating liquor or of a drug, other than a drug taken or administered by or in accordance with the advice of a duly qualified Doctor;
   b. is contributed to or caused by the long-term effects of drug or alcohol abuse, other than a drug taken or administered by or in accordance with the advice of a duly qualified Doctor;
   c. occurs while the Insured Person is in charge of a motor vehicle under the influence of intoxicating liquor or of a drug as defined in the motor vehicle laws applicable where the accident occurs.
2. Results from a criminal act committed by the Insured or the Insured Person or a beneficiary of benefits under this Policy.
3. Occurs as a result of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, Terrorism, revolution, insurrection or military or usurped power.
4. Results from engaging in air travel or aerial activities except as a fare paying passenger on an airline with scheduled flights.
5. Results from engaging in or taking part in or training Professional Sports of any kind.
6. Is a sexually transmitted disease, including Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV), unless the condition is contracted as a direct result of an assault on the Insured Person.
7. Is wholly or partly caused by childbirth or pregnancy or any complications of these.
8. Results from the riding of a motorcycle off-road or on unsealed road surfaces. This does not apply to riding a motorcycle as a normal mode of transportation if cover is otherwise provided under this Policy.
9. Is a Pre-Existing Condition.
10. Results from the Insured Person being exposed to the Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction.
11. Any action that would be contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth), Private Health Insurance (Health Insurance Business) Rules as amended from time to time or the National Health Act 1953 (Cth) or any amendment to, or consolidation or re-enactment of, those Acts or Rules.
12. Any Insured Person who is aged seventy-five (75) years of age or over. All cover with respect to an Insured Person shall cease upon their attaining seventy-five (75) years of age. This will not prejudice any entitlement to claim benefits which has arisen before an Insured Person has attained the age of seventy-five (75) years.

Cyber Incidents

No benefits are payable under this Policy for any of the following caused deliberately or accidentally by the use of, or inability to use, any application, software or program in connection with any electronic device (for example, a computer, laptop, smartphone, tablet or internet-capable device):

i. Bodily Injury or Sickness;
ii. Loss, damage, liability, cost or expense.

Fraudulent Claims

We will not pay any benefit if the Insured, an Insured Person, or anyone acting on behalf of either, or with their knowledge or connivance, makes or attempts to make a claim knowing, or reasonably suspecting, it to be false or fraudulent. Making a fraudulent claim is a criminal offence, and We may report any person who lodges a fraudulent claim to the police.

General Conditions

1. The Insured and Insured Person shall co-operate with Us and, upon Our reasonable request, assist in making settlements, conducting proceedings, and enforcing any right of contribution or indemnity against any person or organisation who may be liable to the Insured because of Bodily Injury or damage covered under the Policy. We will keep the Insured informed of the status of any proceedings and consulted where appropriate.
2. The Insured and Insured Person shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Insured or Insured Person shall not, except at their own cost, voluntarily make any payment, assume any obligation, or incur any expense other than for first aid to others at the time of the Accident.
3. The Insured and Insured Person must frankly and honestly provide Us with all information and assistance required by Us and/or Our representatives in relation to any claim or loss. Any unreasonable failure to comply with this obligation may entitle Us to deny cover for the claim or loss, in whole or part. The Insured and Insured Person must do all things reasonably practicable to minimise Our liability in respect of any claim or loss.
4. All Weekly Benefits shall be paid fortnightly in arrears.
5. Weekly Benefits shall not be payable during the Excess Period stated in the Policy Schedule.
6. The following provisions set out how benefits under this Policy apply, interact and are limited where more than one Insured Event, benefit or entitlement arises in connection with the same Bodily Injury or Sickness:
   a. Benefits will not be payable for more than one of the Insured Events 1-19 arising from the same Bodily Injury. In such cases, the highest applicable benefit will be paid.
   b. Any benefit payable for Insured Events 1-19 will be reduced by any benefit paid or payable under Event 20 or 21 in respect of the same Bodily Injury.
   c. No weekly benefits will be payable under Events 20, 21, 27, or 28 for more than 156 weeks in total for any one Bodily Injury or Sickness, unless otherwise stated in the Policy Schedule.
   d. Benefits will not be payable for more than one of the benefits described in Section C, Table 3 for Events 22 to 26 or in Section E, Table 5 for Events 29 to 32 for any single Bodily Injury or Sickness.
   e. We will pay one-seventh (1/7th) of the weekly benefits for each day of disablement if the disablement lasts for less than a week, after the expiry of the excess period for Events 21 and 28.
   f. The weekly benefits payable for Events 20, 21, 27, or 28 will be reduced by the amount of any other weekly benefit the Insured Person is entitled to receive under any workers' compensation, transport accident compensation scheme, or other insurance Policy. The benefit payable under the Policy will be the amount by which the benefit under the Policy exceeds the other benefits to which the Insured Person is entitled.
   g. If, as a result of Bodily Injury or Sickness, benefits become payable under Events 20, 21, 27, or 28 and the Insured Person suffers a recurrence of the same Bodily

Injury or Sickness, the subsequent period of disablement will be considered a continuation of the prior period unless the Insured Person has returned to full-time work for at least 26 consecutive weeks. A new excess period will apply if deemed a new Bodily Injury or Sickness.

h. No cover is provided under the Policy for Insured Events occurring on or after the date an Insured Person reaches the age of 75, unless otherwise indicated in the Policy Schedule.

i. Unless directed otherwise, all benefits will be paid to the Insured Person or, in the case of death, to the Insured Person's legal personal representative.

5. The Insurer may at their own expense conduct any medical examination or examinations or arrange for an autopsy to be carried out.

6. Cover under the Policy will cease in respect of an Insured Person if:

   a. They are paid Weekly Benefits for the maximum period stated in the Policy Schedule or 100% of the Lump Sum Benefit;

   b. The Insured Person dies.

7. Benefits shall cease to be paid to an Insured Person, on claim under the Policy, if that Insured Person:

   a. Receives Weekly Benefits for the maximum period stated in the Policy Schedule;

   b. Receives 100% of the Lump Sum Benefit stated in the Policy Schedule;

   c. The Insured Person retires or stops actively seeking work;

   d. Dies, other than if condition 1 under Section A, Lump Sum Benefits, of the Policy is applicable;

   e. Reaches the age of seventy-five (75) or retires whichever is the earlier;

   f. Is engaged in gainful work or Occupation except if the work or Occupation existed prior to the disablement and it is not related to or replacing the work for which benefits are being claimed under the Policy;

   g. Returns to normal work or duties, or is cleared by a Doctor to return to normal work or duties whether such work is available or not.

8. Where the payment of Weekly Benefits for the maximum period would total more than the payment of a 100% Lump Sum Benefit then, notwithstanding General Conditions 9, Weekly Benefits will continue past the payment of a 100% Lump Sum Benefit, until the total of all payments for the claim reach the sum equivalent to the payment of Weekly Benefits for the maximum period at which time benefits will cease to be payable to that Insured Person.

9. If there is a breach of any of the General Conditions of the Policy, the Insurer shall be entitled to reject a claim to the extent permitted by the Insurance Contracts Act. However, a breach by an individual person will not affect the cover or claims of other Insured Persons.

10. All amounts shown on the Policy are in Australian dollars (AUD).

11. Aggregate Limits of Liability – Policy and Non-Scheduled Flight

    a. We shall not be liable to pay any benefits under the Policy in excess of the aggregate limit of liability shown on the Policy Schedule.

    b. We shall not be liable to pay any benefits under the Policy in excess of the sublimit of liability applying to Non-Scheduled Flights as shown on the Policy Schedule.

Instalment Policies

Where You have selected to pay by instalments, special conditions apply to Your Policy. If You do not pay Your Premium instalment by the agreed date, We can do the following:

- In the event of a claim, not pay for any benefits You may be entitled to if an instalment is more than 14 days in arrears.

- If an instalment is less than 14 days overdue, deduct the overdue amount from any claim settlement.
- Cancel Your Policy if any Premium instalment is unpaid for one month or more.
- For claims, deduct all outstanding Premium instalments which are unpaid from the settlement amount.

You are responsible for any bank fees or charges imposed or associated with lack of sufficient funds in Your account.

If You are renewing Your Policy and You paid Your previous Policy by instalments, We will continue to deduct instalments for Your renewed Policy on the day of the month You previously nominated as Your payment date, unless You tell Us otherwise.

Sanction Limitation Clause

The Insurer shall not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or Australia.

Several Liability Notice

The subscribing Insurers' obligations under contracts of Insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing Insurers are not responsible for the subscription of any co-subscribing Insurer who for any reason does not satisfy all or part of its obligations.

Keeping Us Informed

You must notify Us in writing within 15 days of any changes to the information You provided at the commencement of the Policy including any Covered Business.

Cancellation by You

You can cancel Your Policy at any time by advising Us in writing that You wish to cancel Your Policy. We will subtract from any Premium You have paid Us an amount to cover the period that We have already insured You for. We will then return the remaining Premium to You.

If any claim or claims have been made against the Policy prior to cancellation, You are not entitled to receive a Premium refund.

Where there is more than one Insured under the Policy, We will only cancel the Policy when a written agreement to cancel it is received from all of the Insureds.

Cancellation by Us

We may only cancel the Policy by giving the Insured written notice and in accordance with the provisions contained in the Insurance Contracts Act.

We will subtract from any Premium You have paid Us an amount to cover the period that We have already insured You for. We will then return the remaining Premium to You.

If any claim or claims have been made against the Policy prior to cancellation, You are not entitled to receive a Premium refund.

Other Insurance

You must advise Us in writing of any insurance already effected or which may subsequently be effected providing, whether in total or in part, insurance provided under the Policy.

Claim Payments

For all benefits paid under the Policy, We will make the claim payment to the Insured Person who suffers the Bodily Injury or Sickness. In the event of death of the Insured Person, We will make the claim payment to the estate of the Insured Person.

Words with Special Meaning

For the purpose of the Policy, the following important definitions apply:

Accident means an unforeseen and unintended event that occurs suddenly, resulting in Bodily Injury to an Insured Person, and is not caused by deliberate actions or negligence. The word Accidental shall be construed accordingly.

Accidental Death means death which occurs resulting from a Bodily Injury.

Agreed Value means the Weekly Benefit specified in the Policy Schedule which has been agreed at the inception of the Period of Insurance and which is payable without reference to the Insured Person's actual earnings at the time of a claim.

Basis of Weekly Benefit Payment means the method used to calculate the Weekly Benefit payable under Sections B – Weekly Benefits – Bodily Injury and Section D – Weekly Benefits - Sickness, being either the Agreed Value Basis or the Indemnity Basis, as determined by whether Agreed Value is shown as applying in the Policy Schedule.

Benefit Period means the maximum period of time for which a weekly benefit payment may be paid to or for the benefit of an Insured.

Bodily Injury means an injury to the body that arises solely from an Accident, occurring independently of any illness or other factors. Both the injury and the Accident must take place within the Policy Period while the Insured Person is covered under the Policy. Bodily Injury does not include:

1. Any Sickness, illness, or disease, except for conditions directly resulting from medical or surgical treatment required due to the Bodily Injury; or
2. Any Pre-Existing Medical Condition.

Civil War, whether declared or not, means armed opposition, insurrection, revolution, armed rebellion, sedition, between two (2) or more parties belonging to the same country.

Claimant means the Insured, an Insured Person or any other person entitled to make a claim under the Policy.

Close Relative means a Spouse/Partner, parent, parent-in-law, step-parent, child, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiancé(e), niece, nephew, uncle, aunt, stepchild, grandparent or grandchild.

Complete Fracture means a fracture in which the bone is completely broken into separate pieces.

Covered Business means the Covered Business specified in the Policy Schedule.

Cyber Incident means:

1. Any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Information Technology System; or
2. Any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Information Technology System.

Dentist means a Dentist or Specialist who is registered or licensed and legally qualified to practice dentistry under the laws of the country in which they practice, other than the Insured, the Insured Person, a Close Relative of the Insured Person or an Employee or director of the Insured.

Doctor means a medical practitioner or Specialist who is registered or licensed and legally qualified to practice medicine under the laws of the country in which they practice, other than the Insured, the Insured Person, a Close Relative of the Insured Person or an Employee or director of the Insured.

Excess Period means the period of consecutive days stated in the Policy Schedule immediately following an Insured Event giving rise to a claim, during which no benefits are payable for Temporary Total Disablement or Temporary Partial Disablement.

Fingers, Thumbs or Toes means the digits of a Hand or Foot.

Foot means the entire foot below the ankle.

Fixed Monthly Business Expenses means the regular business expenses the Covered Business has incurred in running costs for at least 6 months prior to the claim of the Insured Person and which continue to be incurred, during the period the Insured Person is receiving the Weekly Benefit payable under Events 20 or 27.

Fixed Monthly Business Expenses includes:

- Employees' wages, superannuation, workers compensation premiums, payroll tax;
- Rent, property rates, electricity, water, gas or telephone charges;
- Lease payments for equipment or motor vehicles;
- Cleaning expenses; and
- Other expenses that are ordinarily incurred for the Covered Business's operations and which are deductible for income taxation purposes (except depreciation).

Fixed Monthly Business Expenses does not include:

- Depreciation;
- Cost of purchase of capital equipment;
- Personal accounts or expenses;
- Withdrawals or cash drawings from the business for personal use;
- Wages, salaries or fees for the Insured Person or the Insured Person's replacement or a replacement for any person who is not an employee of the Covered Business; or
- The cost of stock or merchandise.

Fixed Monthly Business Expenses Benefit means the Fixed Monthly Business Expenses Benefit specified in the Policy Schedule.

Hairline Fracture means cracks in the bone.

Hand means the entire hand below the wrist.

Information Technology System means any computer, hardware, software, information technology and communications system or electronic device, including any associated input, output or data storage device, networking equipment or back up facility.

Insurance Contracts Act means the Insurance Contracts Act 1984 (Cth) as amended from time to time.

Insured/You/Your means the named company, organisation or person listed as the Insured in the Policy Schedule with whom We enter into the Policy. They are the contracting Insured.

Insured Event(s) means the event(s) described in the Table of Insured Events set out in the Policy.

Insured Person means the Insured Person named or described in the Policy Schedule and for whom a premium has been paid.

Insurer means ShieldCover acting as agents for Certain Underwriters at Lloyd's led by Canopius Managing Agents Syndicate 4444.

Limb means the entire arm from the shoulder to the Hand or the entire leg from the hip to the Foot. Loss means in connection with:

a. A Limb, Permanent physical severance of the Limb or Permanent total loss of the use of the Limb;
b. An eye, total and Permanent loss of all sight in the eye;
c. Hearing, total and Permanent loss of hearing;
d. Speech, total and Permanent loss of the ability to speak;

e. Hand, Foot, Finger, Thumb or Toe, Permanent physical severance of the Hand, Foot, Finger, Thumb or Toe;
f. Or Permanent Loss of Use of the Hand, Foot, Finger, Thumb or Toe;
g. And which in each case is caused by Bodily Injury.

Loss of use means loss of, by physical severance or total and permanent loss of the effective use of the part of the body referred to in the Table of Insured Events.

Non-Scheduled Flight(s) means travel on any flight that is not operating under a regular published flight schedule or timetable.

Occupation means the Insured Person's usual occupation, business, trade or profession.

Other Fracture means any fracture not otherwise defined.

Paraplegia means the Permanent Loss of Use of both legs and the Permanent Loss of Use of part of or whole of the lower half of the body.

Period of Insurance means the period stated in the current Policy Schedule or such shorter time if the Policy is terminated.

Permanent means lasting at least twelve (12) consecutive months and at the expiry of that period, in the opinion of a Doctor, is unlikely to improve.

Permanent Total Disablement means where in the opinion of a Doctor, an Insured Person:

a. Who is employed, is unable to entirely and continuously engage in any occupation or employment for which the Insured Person is suited by reason of education, training, experience, or skill; or
b. Who is not employed, is unable to engage in any and every occupation for the remainder of the Insured Person's life, and is under the regular care of and acting in accordance with the instructions or advice of a Doctor.

Policy means the Product Disclosure Statement, the current Policy Schedule, any Endorsements, Supplementary Product Disclosure Statements and any other documents that We may issue and inform you that it forms part of the Policy.

Policy Schedule means the schedule attached to the Policy or any subsequently substituted Policy Schedule.

Premium means the amount that We charge You for the Policy, including any statutory charges such as GST and stamp duty.

Pre-Existing Medical Condition means any injury, illness, disease or condition that existed before the commencement of the Period of Insurance and:

a. Of which You were aware, or a reasonable person in Your circumstances could reasonably be expected to have been aware; or
b. For which You sought or received medical advice, diagnosis, treatment or testing.

Professional Sport means any sport for which an Insured Person receives any fee or monetary reward because of their participation.

Quadriplegia means the Permanent Loss of Use of both arms and both legs.

Salary means:

a. If the Insured Person is an employee, the Insured Person's gross weekly rate of pay excluding overtime payments, bonuses, commissions and allowances averaged over the twelve (12) month period immediately prior to the date the disablement (with respect to which We have agreed to pay a claim under the Policy) commenced, or over such shorter period that an Insured Person has been continuously employed prior to the

date of disablement as certified by a Doctor; or

b. In the case of a self-employed person, the Insured Person's weekly pre-tax income derived from personal exertion, after deduction of all expenses necessarily incurred in connection with that income averaged over the twelve (12) month period immediately prior to the date the disablement (with respect to which We have agreed to pay a claim under the Policy) commenced, or over such shorter period that an Insured Person has been continuously self-employed prior to the date of disablement as certified by a Doctor.

Scope of Cover means the Scope of Cover as set out in the Policy Schedule.

Severe Cognitive Impairment means the Insured Person is diagnosed by a Doctor with a mental disorder directly caused by major head trauma from a Bodily Injury. The Doctor must determine that this condition permanently prevents the Insured Person from performing at least two of the following specified activities independently:

a. Bathing – The Insured Person's ability to bathe themselves, whether by cleaning in the bath or shower (including entering or exiting the bath or shower) or by using alternative methods.
b. Dressing – The Insured Person's ability to dress and undress themselves, including securing and unfastening all clothing and necessary braces, artificial limbs, or other surgical devices.
c. Feeding – the Insured Person's ability to eat independently once food has been prepared and served.
d. Toileting – the Insured Person's ability to use the toilet (with or without aids) or manage bowel and bladder function to maintain an acceptable level of personal hygiene.
e. Mobility – the Insured Person's ability to navigate their environment, whether by walking, using a wheelchair, or with the assistance of a walking aid (including mechanical or motorised devices).

Sickness means any illness, disease or syndrome suffered by the Insured Person, which is not a Pre-Existing Condition and which manifests itself during the Policy Period.

Simple Fracture means a break in the bone that does not involve a break in the skin and has no significant displacement or fragmentation.

Table of Insured Events means the tables set out in this Policy that describe the Insured Events, conditions, and corresponding benefits payable under each Section of the Policy.

Temporary Partial Disablement means where in the opinion of a Doctor:

a. If the Insured Person continues to be employed by the Insured, the Insured Person is temporarily unable to engage in a substantial part of their usual occupation or business duties resulting in more than a twenty-five (25%) per cent loss of income earned prior to the relevant injury; or
b. If the Insured Person ceases to be employed by the Insured, the Insured Person is temporarily unable to engage in at least twenty-five (25%) per cent of any occupation for which they may be suited by way of their education, training or experience, and is under the regular care of and acting in accordance with the instructions or advice of a Doctor.

Temporary Total Disablement means where in the opinion of a Doctor:

a. If the Insured Person continues to be employed by the Insured, the Insured Person is temporarily unable to entirely and continuously engage in any aspect of their usual occupation or any of their business duties; or
b. If the Insured Person ceases to be employed by the Insured, the Insured

Person is temporarily unable to entirely and continuously engage in any occupation for which they may be suited by way of their education, training or experience, and is under the regular care of and acting in accordance with the instructions or advice of a Doctor.

Tooth/teeth means a sound and natural permanent tooth but does not include first or baby teeth, implants, prostheses or other dental restorations.

Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction means:

1. The use of any explosive nuclear weapon or device; or
2. The emission, discharge, dispersal, release or escape of:
   a. Fissile material emitting a level of radioactivity, or
   b. Any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins), or
   c. Any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

We/Our/Us means the Insurer, through its agent, ShieldCover.

ShieldCover

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ShieldCover, a division of East West Insurance Brokers Pty Ltd.
ABN 83 010 630 092, Australian Financial Services Licence No. 230041, acts under a binding authority granted to it by the Insurer of ShieldCover Product, Certain Underwriters at Lloyd's led by Canopius Managing Agents Syndicate 4444.

Refer to the Policy Wording or call us on (07) 3510 9535.

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