Policy Schedule

Group Personal Accident and Sickness

This Schedule must be attached to and read as part of the Insurer's Product Disclosure Statement and Policy Wording

Issue Date:	19 September 2025
Broker:	Gallagher – QLD
Policy Type:	360 Group Personal Accident and Sickness
Policy Wording:	360GPASPDSV425
Policy Number:	00343
Insurer:	Certain Underwriters at Lloyd's UMR: B0775RCB13824
Insured Name:	Willowbank Raceway Inc
Period of Insurance:	From: 30 September 2025 at 4.00pm To: 30 September 2026 at 4.00pm Both days inclusive Australian Eastern Standard Time Local

Cover Details:

Insured Person:	**Category 1:** All members including drivers, support crew, officials and volunteers **Category 2:** Street drag race drivers whilst driving/racing down drag strip only
Scope of Cover:	The coverage afford by this policy shall only apply whilst an Insured Person is engaged in activities authorised by and under the control of the Insured
Aggregate Limit of Liability:	AUD $1,000,000.00
Non-Scheduled Flight Aggregate Limit of Liability:	AUD $0
Territorial Limits:	Worldwide

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Schedule of Benefits

SECTION	MAXIMUM BENEFIT PAYABLE EACH INSURED PERSON
Section A – Lump Sum Benefits Insured Events 1 – 18	**Category 1:** $75,000 Limited to $30,000 for Insured Persons aged under 18 years of age **Category 2:** $30,000 Limited to $30,000 for Insured Persons aged under 18 years of age
Section B – Surgical Lump Sum Benefits – Bodily Injury resulting in Surgery Insured Event 19 – 23	$0
Section C – Surgical Lump Sum Benefits – Sickness resulting in Surgery Insured Events 24 – 27	$0
Section D – Weekly Benefits – Bodily Injury Insured Events 28 – 29	**Category 1:** $1,000 **Category 2:** $250
Section E – Weekly Benefits – Sickness Insured Events 30 – 31	$0
Maximum % of Salary payable	100%
Excess Period	7 days
Benefit Period	104 weeks
Benefit Period - Mental Health	Nil
Section F – Fractured Bones Benefit Insured Events 32 – 39	$0
Section G – Dental Benefits Insured Events 40 – 41	$0
Return to work assistance/rehabilitation/retraining	$0
Transport to and from work benefit	$0
Re-imbursement of professional or membership fees	$0

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Endorsements:

Additional Benefits – Domestic Help or Student Tutorial Benefits	**Category 1**: $1,000 Domestic Help / $500 Student Tutorial **Category 2**: $250 per week for an aggregate period of 52 weeks
Domestic Help or Student Tutorial Benefits Deferral Period	7 days
Non-Medicare Medical Expenses	Limited to 100% of costs up to a maximum of $10,000
Non-Medicare Medical Expenses Excess	$50

Domestic Help

If, as a result of a bodily injury during the insurance period, an insured person is not in receipt of a pre-disability salary and entitled to claim a benefit under Section D – Weekly Benefits – Bodily Injury, we will pay up to the weekly amount shown on the schedule for the cost of hiring domestic help and/or child-minding services reasonably and necessarily incurred. Cover only applies if:

I. Such child-minding services and domestic help are carried out by persons other than members of the insured person's family or other relatives or persons permanently living with the insured person.

II. Such child-minding services and domestic help is certified by a doctor as being necessary for the recovery of the insured person payable from the 8th day of treatment by a doctor.

Student Tutorial Benefits

If, as a result of a bodily injury during the insurance period, an insured person is not in receipt of a pre-disability salary and entitled to claim a benefit under Section D – Weekly Benefits – Bodily Injury, we will pay up to the amount shown on the schedule for the cost of student tutorial fees reasonably and necessarily incurred. Cover only applies if:

I. The insured person is a registered full time student.

II. Such fees are certified by a doctor as being necessary for the insured person as they are unable to attend class due to the bodily injury.

III. Such fees are paid to persons other than members of the insured person's family or other relatives or persons permanently living with the insured person.

Non-Medicare Medical Expenses

If, an insured person suffers a bodily injury during the insurance period and whilst engaged on authorised activities, we will reimburse the Non-Medicare medical expenses up to the amount shown on the schedule, provided they are incurred within twelve (12) months of the bodily injury.

Non-Medicare medical expenses may include private hospital, physiotherapy, chiropractic, osteopathy, ambulance and in some cases where there is no Medicare component, fees for doctor, surgeon, x-ray. Dental treatment is not covered unless such treatment is necessarily incurred to sound and natural teeth and is caused by bodily injury and performed by a dentist.

Please note:

++ Any benefit payable under Non-Medicare Medical Expenses is less any recovery made from any private health insurance fund with respect to the expense.

++ We shall not be liable for any payment in respect of the rendering of a professional service for which Medicare benefit is, or would be payable in accordance with the *Health Insurance Act 1973.*

++ No benefit is payable for any expenses where a Medicare benefit is paid or payable including the balance of monies due or payable by the insured person after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly referred to as the "Medicare Gap").

++ In the event of an insured person becoming entitled to a refund or all or part of such expenses from any other source we will only be liable for the excess of the amount recoverable from such other source.

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Funeral Expenses

If during the insurance period and whilst the person is an insured person, an insured person dies, we will reimburse the insured or the estate of the insured person up to a maximum of $20,000:

i. All reasonable funeral, burial or cremation and associated expenses; or

ii. 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.

Modification Expenses

If during the insurance period and whilst the person is an insured person, the insured person sustains a bodily injury for which benefits are payable under Insured Events 2 or 3 we will reimburse the insured person up to the maximum $10,000, for actual costs incurred to modify the insured person's home and/or vehicle, or costs associated with relocating the insured person to a more suitable home, provided that evidence is presented from a doctor certifying the modification and/or relocation is medically necessary.

Out of Pocket Expenses

If during the insurance period and whilst the person is an insured person, the insured person sustains a bodily injury which directly results in otherwise unforeseeable expenses for medical aids, local transportation (other than in an ambulance) for the purpose of seeking medical treatment, and other non-medical equipment such as clothing and non-medical equipment, we will pay the actual and reasonable costs incurred up to a maximum of $1,500, provided that those costs are not insured elsewhere under this policy, or we are otherwise prohibited by law from making such payments (for example if a Medicare benefit is payable).

Cyber Risks Endorsement

Any benefits for bodily injury or sickness due to:

i. the use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);

ii. any computer virus;

iii. any computer related hoax relating to i and/or ii above

are payable, subject to the terms, conditions, limitations and exclusions of this policy.

Any benefits for Bodily Injury or Sickness caused by or arising out of a Cyber Act or a Cyber Incident are payable, subject to the terms, conditions, limitations and exclusions of this policy.

Cyber Act means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **Computer System**.

Cyber Incident means:

I. any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **Computer System**; or

II. any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **Computer System**.

Computer System means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.

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This Policy Schedule is issued by the Coverholder shown above in accordance with the authority granted to them by Certain Underwriters at Lloyd's under the Agreement referred to herein.

IN WITNESS WHEREOF this Policy Schedule has been signed in Sydney

This 25th day of September 2025

……..

Authorised Signatory
360 Accident and Health Pty Ltd

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Important Information

Agent of the Insurers

360 Accident & Health Pty Ltd **ABN** 25 623 247 978 (360 Accident and Health) is an Authorised Representative (**AR** 1262596) of 360 Underwriting Solutions Pty Ltd **ABN** 18 120 261 270 **AFSL** 319181. In arranging or effecting this insurance 360 Accident and Health will be acting under an authority given to it by Certain Underwriters at Lloyd's, led by Canopius Managing Agents Ltd, Syndicate 4444. Accordingly, 360 Accident & Health Pty Ltd will be acting as an agent of the insurers and not as your agent.

360 Accident & Health's contact details are:
Telephone. 1800 411 580
Email. ah@360uw.com.au
Post. Suite 1, Level 18, 201 Kent Street
Sydney NSW 2000

You should contact 360 Accident and Health in the first instance in relation to this insurance.

Your Duty to Take Reasonable Care Not to Make a Misrepresentation to Us

What is the duty?

All persons who will be an insured covered by the insurance (referred to as you, your) have a legal duty to take reasonable care not to make a misrepresentation to us).

A misrepresentation includes a statement that is in any way false, misleading, dishonest or which does not fairly reflect the truth. e.g. a statement of fact that is not true, a statement of opinion that is not the subject of an honestly held belief or a statement of intent that never existed at the time provided.

We will not treat something as a misrepresentation merely because you failed to answer a question or gave an obviously incomplete or irrelevant answer to a question.

Answering our Questions

Answers to our questions help us decide whether to provide you with insurance and if so, on what terms. The duty must be complied with when answering them.

When answering our questions:

+ take reasonable care to make sure your answers are true, honest, up to date and complete in all respects. You may breach the duty if you answer without any care as to its truth or if you only guess or suspect the truth. If in doubt, pause the application and obtain the true facts before answering; and
+ if another person is answering for you, we will treat their answers as yours. In such a case you should check the questions have been answered correctly on your behalf by them.

When does the duty apply until?

This duty applies until the time we agree to issue you with insurance for the first time. It also applies where you are applying to renew, extend, vary/change, replace or reinstate your insurance, up until the time we agree to this.

If you have made a statement and this changes before the end of the above relevant time you must tell us about this change before the time ends.

What happens if you breach the duty?

If you do not meet the duty, to the extent permitted by law, we may reject or not fully pay your claim. We may also, or as an alternative, cancel your insurance or if the misrepresentation was fraudulent, treat it as if it never existed.

A misrepresentation made knowingly by you without belief in its truth or recklessly without caring whether it is true or false can be fraudulent.

How we determine if there has been a breach?

A breach is determined having regard to all relevant circumstances.

Without limiting the above, the following matters may be taken into account in determining whether you have taken reasonable care not to make a misrepresentation:

+ the type of this consumer insurance contract and its target market;
+ explanatory material or publicity produced or authorised by us;
+ how clear, and how specific, any questions asked by us were;
+ how clearly we communicated to you the importance of answering those questions and the possible consequences of failing to do so;
+ whether or not an agent was acting for you; and
+ whether the contract was a new contract or was being renewed, extended, varied or reinstated.

We must also take account of any particular characteristics or circumstances about you which we were aware of, or ought reasonably to have been aware of.

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If we believe the duty is breached, we will at least explain why, consider any response to the contrary and provide information on our dispute resolution procedures if we can't agree.

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 360 Accident & Health in the first instance:

Complaints Officer
360 Accident & Health Pty Ltd
Telephone. 1800 411 580
Email. idr360uw.com.au
Post. Suite 1, Level 18, 201 Kent Street
Sydney NSW 2000

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 determine whether it will be reviewed by their office or the Lloyd's UK Complaints team. Lloyd's contact details are:

Lloyd's Australia Limited
Telephone. (02) 8298 0783
Email. idraustralia@lloyds.com
Post. Suite 1603, Level 16, 1 Macquarie Place, Sydney NSW 2000

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
Online. 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.

Jurisdiction and Service

The Underwriters accepting this Insurance agree that:

(i) if a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;

(ii) any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Underwriters' General Representative in Australia
Suite 1603, Level 16,
1 Macquarie Place
Sydney NSW 2000

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

(iii) if a suit is instituted against any of the Underwriters, all Underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

In the event of a claim arising under this Insurance immediate notice should be given to:

360 Accident & Health Pty Ltd
Telephone. 1800 411 580
Email. ah@360uw.com.au
Post. Suite 1, Level 18, 201 Kent Street
Sydney NSW 2000

Cancelling Your Policy

This policy may be cancelled by you at any time by giving us notice in writing. Should you cancel your policy, we shall retain a pro rata proportion of the premium for the time the policy has been in force, subject to our minimum premium, and unless you purchased the policy through an Insurance Broker, will pay any premium refund due to you within fifteen (15) business days (if you purchased the policy through an Insurance Broker, ask your Broker what arrangements apply). You will not receive any refund if you have made a claim or a claim is forthcoming against the policy prior to cancellation.

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We may cancel this policy in the circumstances prescribed by Section 60 of the *Insurance Contracts Act* (Cth) 1984.

Your Cooling-Off Period

You have the right to return the policy to us within twenty-one (21) days from the date the insurance period commences ("cooling-off period") unless a claim is made under the policy within this period.

If you return the policy during the cooling-off period, we will refund the full amount of the premium less any taxes or duties payable and unless you purchased the policy through an Insurance Broker, will pay the amount due to you within fifteen (15) business days (if you purchased the policy through an Insurance Broker, ask your Broker what arrangements apply). The policy will be terminated from the date we are notified of a request to return it. To return the policy, we must be notified in writing within the cooling-off period.

This can be done by contacting us using the contact details found at the back of this PDS, or your Insurance Broker.

Privacy

We are committed to protecting your privacy in accordance with the *Privacy Act 1988* (Cth) and the Australian Privacy Principles (APPs).

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. You have consented to the collection, use, storage and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, hold, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.360uw.com.au.

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

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 insurancecode.org.au