



COMMUNITY ENVIRONMENT INSURANCE **PROGRAM INFORMATION FACT SHEET**

All of the following can be covered by the Community Environment Insurance Program:-

1. Landcare
2. Coast care
3. Bush Regeneration
4. Rivercare
5. River Restoration
6. Catchment Management
7. Bush care
8. Dune Care

All activities directly or indirectly associated herewith.

If your Group does not fall exactly into the above, please contact Alicia Rattray on (07) 3237 8666 or e-mail: aliciarattray@austcover.com.au to ascertain if your Group can be covered by the Community Environment Insurance Program.

The Package consists of:-

1. Public/Products Liability Insurance
2. Accident Insurance for Members, Volunteers and Voluntary Workers

Cover under both Policies has been available since 1st April 1997 and to date has been well supported by Groups around Australia.

The minimum cost including all charges to join this program throughout the policy period will be \$380.00, however, before making payment please contact us to obtain a quote.

Upon receipt of a completed application form, acceptance by the Underwriter and premium payment, the Group is immediately insured and Certificates of Currency are forwarded as proof of cover. The Certificates of Currency can be used for the purposes of complying with Incorporation. The policy will be forwarded to you either in hard copy or by email where possible



Your Group means:-

- | | |
|-----------------------------|----------------------------|
| 1. The Management Committee | 2. Full or Part-time Staff |
| 3. Members | 4. Volunteers |
| 5. Voluntary Workers | |

Details of Cover:-

1. Combined Public/Products Liability

Limit of Liability	\$10,000,000	any one occurrence and in the Aggregate for all claims arising out of all or any of your products during the period of insurance
--------------------	--------------	--

(This limit of liability applies separately to each Group Insured under the Policy)

Excess	\$250	each admitted loss - Property Damage claims only
--------	-------	--

- The Liability Policy is extended to cover use of herbicides, pesticides (including Trailer Mounted Spray Units), and the use of watercraft not exceeding 8 metres in length and Member to member Liability.
- The Liability Policy automatically covers Local Government/Councils anywhere in Australia.
- The Liability Policy is extended to cover Group Activities on private or Government land **but does not indemnify the land owner.**
- The Policy includes cover for “**Fox Shoots**” organised by the group, provided a “fox shoot” form (available from our office) is completed prior to the shoot.
- **\$20,000,000 cover is available on request for an additional minimum cost of \$60**

2. Voluntary Workers Accident

IMPORTANT NOTE: THIS IS NOT WORKER’S COMPENSATION INSURANCE

DEFINED EVENTS	BENEFITS
Death	\$100,000
Permanent total disablement	\$100,000
Permanent total loss of sight of both eyes	\$100,000
Permanent total loss of sight of one eye	\$50,000
Permanent total loss of use of two limbs	\$100,000
Permanent total loss of use of one limb	\$75,000



Permanent total loss of hearing in:	
Both ears	\$70,000
One ear	\$35,000
Third degree burns and/or resultant disfigurement received from fire Or chemical reaction which extend to cover more than 40% of the Entire external body	
	\$50,000
Permanent total loss of four fingers of either hand	
	\$50,000
Permanent total loss of use of one thumb of either hand:	
Both joints	\$35,000
One joint	\$20,000
Permanent total loss of use of fingers of either hand:	
Three joints	\$10,000
Two joints	\$7,500
One joint	\$5,000
Permanent total loss of use of toes of either foot:	
All - one foot	\$15,000
Great - both joints	\$5,000
Great - one joint	\$3,000
Other than great - each toe	\$1,000
Fractured leg or patella with established non-union	\$10,000
Shortening of leg at least by 5cm	\$7,500
Total disablement	100% of weekly benefit
Partial disablement	25% of weekly benefit
Incidental Expenses	\$5,000 maximum per claim

Table of Maims – Children under 5 years

Refer Below

A) FUNERAL BENEFITS	\$1,000
Maximum Benefit for any one accident	
B) AMBULANCE BENEFIT	\$1,000
Maximum Benefit for any one accident	
C) DENTAL	\$1,000
(Cover is provided in respect of sound, natural teeth)	
Maximum Benefit for any one occurrence	
D) BROKERN OR FRACTURED BONES	\$1,000
Maximum Benefit for any one accident	
E) BURNS	\$1,000
(And/or disfigurement which extend to cover more than 10% of the entire external body) - Maximum Benefit for any one accident	
F) CUTS/ABRASIONS	\$200
Maximum Benefit for any one accident where medical treatment is required	
G) LOSS OF SIGHT	\$1,000
Maximum Benefit for any one accident	
H) DISABILITY COVER	\$10,000
EXCESS	\$25.00
	Each & every claim SECTION F ONLY



Voluntary Workers Accident Continued

Weekly Benefit - 85% of salary to a maximum of \$1,500 per week

Excess - 7 days on weekly benefits only
\$50 Incidental Expenses Only - each and every claim

Incidental Expenses - As a result of an accident this policy is extended to cover Incidental Expenses for an amount up to \$5,000 for any one incident for expenses such as: Dental, Ambulance, Hearing Aid Damage, Accommodation, Child Care Fees, Chiropractic, Clothing, Travel, Optical, Pharmaceutical and Parent Loss of Wages.

We are prohibited by law to cover any expense, which can be claimed from Medicare, or the gap between the Doctor's bill and the Medicare payment. Nor can we pay for pharmaceutical products covered by National Health Legislation or claims covered by the compulsory Third Party Vehicle Insurance.

Benefit Period - 104 weeks

Aggregate Limit of
Liability - \$5,000,000

Including Accidents as a result of Motorcycling associated with Group Activities.
The use of underwater breathing equipment associated with Group Activities
The use of equipment such as chain saws associated with Group Activities

This information is of a general nature only and may not be relevant to your individual circumstances. You should refrain from doing anything in reliance on this information without first obtaining professional advice.

Please contact us

Alicia Rattray
PO Box 2780
BRISBANE QLD 4001
Ph: (07) 3237 8666
aliciarattray@austcover.com.au

AUSTCOVER

ADVISE ASSIST ASSURE



PUBLIC LIABILITY / VOLUNTARY WORKERS APPLICATION For the Community Environment Insurance Program

GROUP DETAILS

Name of Group: _____

Address: _____

Contact Name: _____

Phone No.: _____ Fax No.: _____

Mobile No.: _____

Email Address: _____

Years in Operation: _____

Period of Insurance: **From:** _____ **To: 1st April**
(this is our standard expiry date & can not be changed)

Does the Group receive a government subsidy?

Yes

No

COVER REQUIRED

Public Liability \$10,000,000 or \$20,000,000

Personal Accident \$750 per week or \$1,500 per week

Group Activities _____



PREVIOUS INSURANCE

If insufficient space, attach information on additional sheets.

Previous Insurer: _____

Has the Group had insurance refused, cancelled or declined, or has any insurance company ever imposed special terms, conditions or restrictions on your policies?

Yes No

If yes, provide details. _____

PAST CLAIMS

Detail all insurance claims made in the last three years together with any uninsured losses. Please include all dates and amounts.

DECLARATION

I/we declare and agree to the following:

- The information and answers given in this application are true and correct;
- That no information likely to affect the acceptance of this insurance has been withheld;
- That I/we have read the Important Notices referred to in this proposal;
- To make the premises available for inspection if so requested;
- Upon acceptance of this insurance shall be subject to policy wording.

Signature: _____ Date: _____



PAYMENT OPTIONS

IMPORTANT NOTICES REFERRED TO IN THE INSURANCE CONTRACTS ACT 1984 YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with us, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate your contract of general insurance.

Your duty does not however, require disclosure of matters:

- that diminish the risk to be undertaken by us;
- that are of common knowledge;
- that we know or, in the ordinary course of our business ought to know;
- as to which compliance with your duty is waived by us

1. **By cheque payable to Austcover**
2. **By money order payable to Austcover**
3. **By electronic funds transfer(EFT) to:-**

Macquarie Bank Limited - Sydney
BSB - 182 222
Account No. - 204 575 047
Account Name - Austcover Pty Ltd

**Cover under this insurance is subject to acceptance of this proposal
form by the Underwriter.**

Alicia Rattray
PO Box 2780
BRISBANE QLD 4001
Ph: (07) 3237 8666
aliciarattray@austcover.com.au