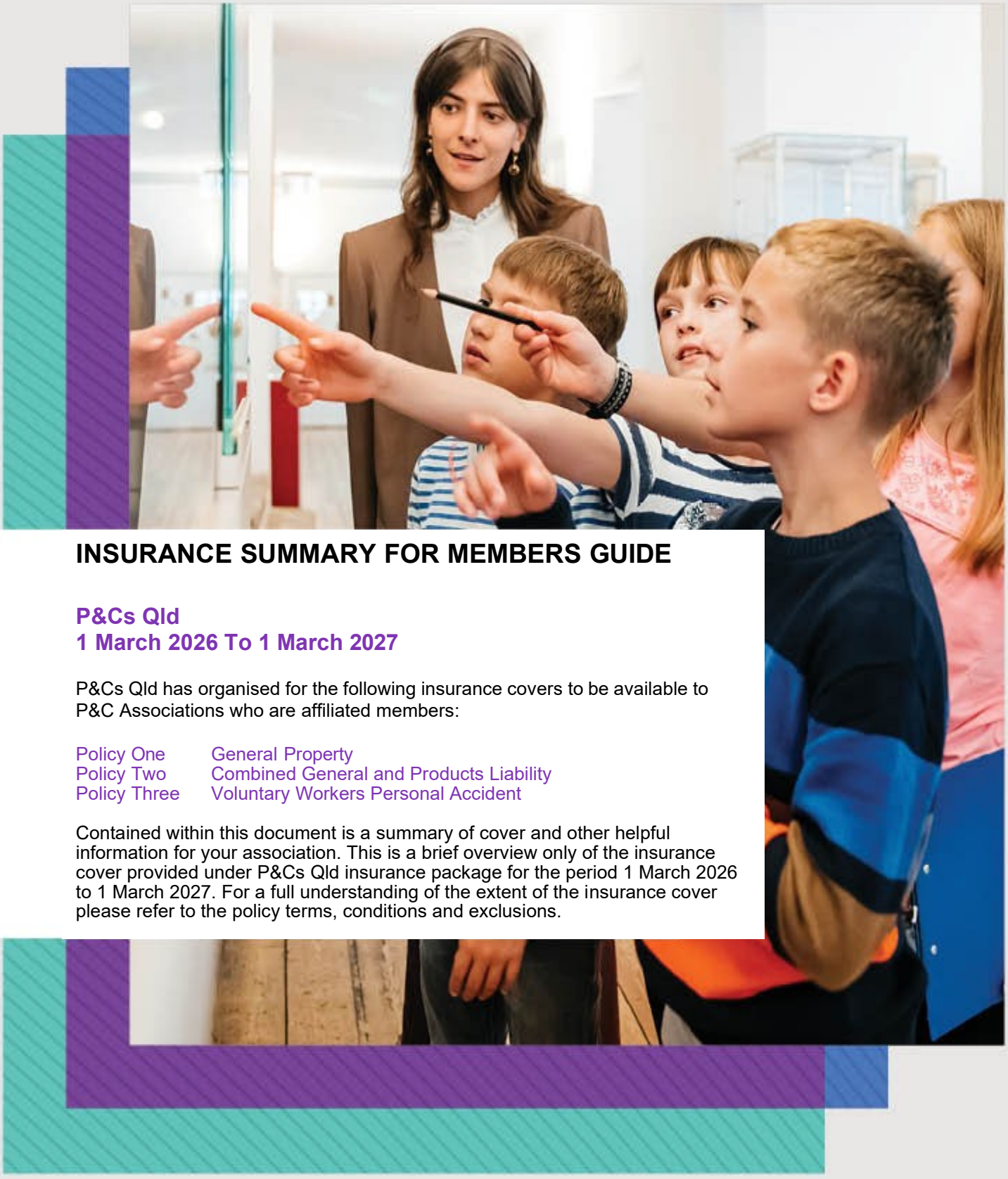

INSURANCE SUMMARY FOR MEMBERS GUIDE

P&Cs Qld
1 March 2026 To 1 March 2027

P&Cs Qld has organised for the following insurance covers to be available to P&C Associations who are affiliated members:

Policy One	General Property
Policy Two	Combined General and Products Liability
Policy Three	Voluntary Workers Personal Accident

Contained within this document is a summary of cover and other helpful information for your association. This is a brief overview only of the insurance cover provided under P&Cs Qld insurance package for the period 1 March 2026 to 1 March 2027. For a full understanding of the extent of the insurance cover please refer to the policy terms, conditions and exclusions.

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Policy One – General Property

Why do P&C Associations need General Property insurance?

The General Property policy relates to the accidental loss or damage to property owned by the P&C Association, including but not limited to such things as:

- Equipment used for the purpose of fundraising (e.g. tuckshop appliances)
- OSHC equipment,
- Stock (e.g., uniforms, tuckshop food),
- Stationery,
- General contents,
- Office equipment (e.g., P&C owned laptops, printers).

Equipment leased by the P&C Association is also often made the responsibility of the P&C.

These are only some examples of the P&C Association's potential exposure to loss which may be protected by the General Property insurance policy. P&C Associations should keep a detailed list of all equipment either owned by them, or for which they have assumed responsibility.

It is the responsibility of the P&C Association on an annual basis to ensure that the Association elects a total sum insured which adequately protects your insurable property. (Refer to the Average or Co-insurance Clauses (Underinsurance) in the Important Notices at the end of this document)

What does the General Property Policy cover?

This policy covers all accidental loss or damage not excluded, which means the following perils would be insured:

- Fire, earthquake, storm and tempest
- Malicious damage
- Impact
- Glass breakage (internal)
- Theft following forcible entry
- Loss of money as a result of forcible entry to any premises or vehicle, armed hold up and loss during transit
- Fusion
- Changes in temperature-controlled environment
- Accidental damage
- Flood

The following is the Table of Benefits available and premium applicable:

General Property (Basic Cover)	Sum Insured
Material Damage	$20,000
Sub-Limits:	
Money (As Defined)	$5,000
Members/Volunteers Personal Property (whilst working on behalf of the P&C)	$500
Changes in Temperature Controlled Environment – Resultant Food Spoilage	$3,000
Accidental Damage / Spoilage of Refrigerated and Frozen Goods	$1,000
Fusion	$3,000
Property undergoing construction, erection, alteration or addition	$20,000
Increased Costs of Working following Damage	$5,000

General Property	Additional Premium (Base Premium Recorded Only – Statutory Charges are in addition)
Increase Material Damage (Sub-Limits remain as stated)	$11.00 per $1,000 sum insured
Increase Money Sub-Limit (Annual Cover)	$20.00 per $1,000 sum insured
Increase Money Sub-Limit (Short Term Cover - maximum period 96 hours, e.g. annual fete, etc.)	$7.70 per $1,000 sum insured

For higher limits and short term cover for Property and/or Money contact P&Cs Qld.

Optional Extensions

Cover	Additional Premium (Base Premium Recorded Only – Statutory Charges are in addition)
Annual theft cover of $5,000 but limited to $2,000 for property in the open air	$80.00
Theft of items intended for sale for the purpose of fundraising	$7.25 per $1,000 sum insured

Cover	Additional Premium (Base Premium Recorded Only – Statutory Charges are in addition)
Theft of and damage to Equipment on Hire, including Colour Run Cannons, Tents, Marquees, Stalls, Trestles and Other Equipment not being intended for sale. Cover is limited to a maximum period of 96 (ninety-six) hours commencing from inception of cover.	$15.00 per $1,000 sum insured
Breakdown or malfunction of electronic equipment - $5,000 limit	$57.50
Employee theft of property or money - $5,000 limit	$22.00
Fusion Sub-Limit increase from $3,000 to $5,000 limit	$27.50
Fusion Sub-Limit increase from $3,000 to $10,000 limit	$75.00
Increase Resultant Food Spoilage from $3,000 to $5,000 limit	$27.50
Increase Resultant Food Spoilage from $3,000 to $10,000 limit	$75.00

These options are only available upon request to P&Cs Qld and are subject to the applicable additional premium being paid prior to cover being affected.

Excess:

$300 each claim or series of claims arising out of any one event.

Policy Wording is available on request from P&Cs Qld in hard copy format or alternatively the document can be requested via email or downloaded from the P&Cs Qld website.

Policy Two – Combined General and Products Liability

Why do P&C Associations need Public and Products Liability insurance?

By the very nature of its activities, a P&C Association has dealings with the general public. If an accident occurs and there is a personal injury or damage to property, a legal action for damages may be commenced by a third party (injured party). The P&C Association could be proven to have a legal liability to pay compensation and thus be held responsible for such accident.

Third parties can include members of the public, parents of school children, school children themselves and even voluntary workers of the P&C. It is therefore essential for every P&C Association to be adequately protected by Liability insurance.

P&C activities where liability exposure occurs:

- School Fetes
- Fundraising Activities
- Preparation and Selling of Food
- Swimming Club
- P&C Meetings
- Before/After School Care
- Vacation Care.

These are only some examples of potential exposures. It is recommended that P&C Associations record the approval of their activities, and the people involved in these activities, in their minutes.

What does the Public and Products Liability policy cover?

This policy indemnifies the P&C Association for all amounts up to the limit of liability where all of the following are satisfied:

- Personal injury or property damage occurs during the period of insurance.
- Which is caused by an occurrence in connection with the activities of the Association.
- For which the insured is legally liable to pay compensation.
- And no admissions of liability are made without the Insurer's consent.

Cover is subject to all conditions and exclusions in the Policy.

The Policy also covers legal costs incurred with the consent of the Insurer.

Policy Endorsements

The following endorsements are also added to the Public & Products Liability policy:

- Sexual Assault and/or Molestation ~ The Insurer will pay to or on behalf of the P&C Association all sums which the P&C Association shall become legally liable to pay by way of compensation as a result of a Claim both first made against the P&C Association and notified to the Insurer during the Period of Insurance by reason of Injury arising out of sexual assault of, sexual abuse of or molestation of any minor committed or alleged to have been committed by the

Insured (or other persons referred to in the Policy), happening after the Retroactive Date and caused by an Occurrence in connection with the P&C Association's' activities.

Deductible of $10,000 per claim, costs inclusive. Retroactive date: 1 March 2007.

- Financial Loss (Products & Services) ~ The Insurer will pay to or on behalf of the P&C Association all sums which the P&C Association shall become legally liable to pay by way of compensation as a result of a Claim for Financial Loss both first made against the P&C Association and notified to the Insurer during the Period of Insurance arising out of any negligence, whether by act, error or omission (which expression shall include any non-deliberate breach of Section 18, Section 29, Section 33, Section 34, Section 54 or Section 55 of the Australian Consumer Law or mirroring provisions of any State Fair Trading Act or similar statute) committed or alleged to have been committed by the Insured in connection with the P&C Association's Products and Services as defined in the Policy Schedule.

  Retroactive date: 1 March 2007.

- Statutory Liability ~ The Insurer will pay to or on behalf of the P&C Association any Loss arising from any Claim in respect of a Wrongful Breach that occurs after the Retroactive Date. "Wrongful Breach" means any act, error or omission which occurs in connection with the Business, within the Territorial Limits and after the Retroactive Date, whereby:

  1. The Insured contravenes an Act or is involved in the contravention of an Act;
  2. The Insured commits an offence pursuant to an Act; or
  3. Such conduct is prohibited under an Act or is the subject of the imposition of a Penalty under an Act

  Nil Deductible, except for any P&C Association who has had any fines &/or penalties during the last five (5) years the Deductible is $1,000 each and every claim. Retroactive date: 1 March 2015.

- Employment Practices Liability Insurance (EPL) ~The Insurer will pay on behalf of the P&C Association the Loss which the P&C Association is legally liable to pay as a result of a Claim alleging an Employment Practice Breach in the conduct of the Business specified in the Schedule.

  Deductible is $2,500 each and every claim. Retroactive date: 1 March 2015.

- Crisis Containment Expenses ~ The Insurer will pay to or on behalf of the P&C Association all Crisis Containment Expenses incurred by the P&C Association during the Recovery Period to maintain or restore public confidence in the Insured to the extent that it has been actually or potentially damaged by significant adverse, regional or national media attention solely and directly relating to an Occurrence &/or a Claim that is covered under this Policy and which first commences after the inception date of this Policy and during the Period of Insurance (excluding EPL related matters).

  Nil Deductible. Retroactive date: 1 March 2018.

The Policy Wording is available upon request from P&Cs Qld in hard copy format or alternatively the document can be requested via email or downloaded from the P&Cs Qld website.

Excess(es):

Property in Care, Custody and Control: $100 any one Occurrence (cost inclusive)

Contractual Liability: $1,000 any one Occurrence (costs inclusive)

Discrimination: $1,000 any one Occurrence (costs inclusive)

All Other Claims NIL (with the exception of Sxual Abuse/Molestation, EPL and Statutory Liability – Excesses are as detailed and defined above).

Activity Disclosure

It is essential that P&C Associations advise our office the full details of any activities/events which are outside the normal day-to-day operations and or are high risk / hazardous, by completing an Activity Declaration Form. This form is now an online version which can be accessed on the P&Cs Qld website, via "P&C Information→Insurance".

Completing the Activity Declaration Form and providing full disclosure of an event / fundraiser, will enable confirmation of cover to be obtained from the respective Insurers, thereby ensuring the interests of the P&C Association are protected accordingly along with electing Optional Event Cover, if required. In particular, this would include P&C Associations entering into any contracts or agreements.

Please complete the form a **minimum of 2 weeks prior** to the event date to allow for processing time with the insurer.

Additional Premiums

Before/After School Care – The additional premium applicable to include before/after school care is available on application.

Vacation Care – The additional premium applicable to include vacation care is available on application.

Swimming Club – The additional premium applicable to include swimming pool activities is available on application.

To arrange any of the above cover extensions, please contact P&Cs Qld.

Policy Three – Voluntary Workers Personal Accident

Why do P&C Associations obtain Voluntary Workers Personal Accident insurance?

Duties and tasks which involve voluntary workers can cover a wide range of activities. These duties and tasks should be noted in the P&C Association's minutes and where possible voluntary workers should be named. It is also necessary that all school voluntary workers sign a register of attendance. The performance of such duties/tasks must be undertaken with all reasonable care and within non-dangerous constraints. (For example, to run across a slippery floor carrying an urn of hot water might constitute unreasonable care.)

Who is covered?

Volunteers on behalf of the P&C Association, engaged in official unpaid voluntary activities authorised by the P&C and under the control of the P&C.

*Note:
Students who assist as voluntary workers in P&C must have written permission from their parents. There is no cover for children accompanying voluntary workers unless such children are voluntary workers.

What does the Personal Accident policy cover?

The policy provides several different benefits for Injuries (as defined) sustained to voluntary workers whilst carrying out voluntary work including travel to and from home provided such travel is without substantial deviation or unnecessary delay. These benefits range from Temporary Total Disablement involving absence from work to serious events such as loss of limbs or even death.

In addition, the policy will cover the expenses incurred for the employment of domestic help if the claimant is not an income earner and is unable to attend to their normal duties. Cover for weekly benefits for lost work time only applies to voluntary workers who have full, casual or part-time employment.

The following is an overview of the Table of Events contained in the Policy Schedule:

The compensation applicable under each section of this policy for each Insured	The Compensation
Capital Benefits	**Section A.**
Event 1 – Accidental Death	
Insured Persons aged 15 years and under	$50,000
Insured Persons aged over 15 years and under 81 years	$250,000
Insured Persons aged over 81 years	$25,000
Events 2-18 – Disablement	
Insured Persons under 85 years	$250,000
Insured Persons aged 90 years and over – Event 2	$250,000
Insured Persons aged 90 years and over – Event 3-18	$25,000

The compensation applicable under each section of this policy for each Insured	The Compensation
Weekly Injury Benefit, Event 19 Temporary Total Disablement Insured Persons Benefit Period Elimination Period	 100% of Income to a maximum of $2,000 per week 104 Weeks NIL Days
Fractured Bones Insured Persons:	 Up to $5,000
Bodily Injury Resulting in Loss or Damage to Teeth Insured Persons:	 Up to $2,000
Non-Medicare Medical Expenses Insured Persons:	 100% to a maximum $10,000 Excess: $50 each and every claim
Berkshire Health and Wellbeing (Including but not limited to the following benefits) - Domestic Health Benefit - Education Fund Benefit - Funeral Expenses Benefits - Independent Financial Advice Benefit - Student Tutorial Benefit - Chauffer Benefit	Refer Compensation Schedule for Benefit limit(s).

Full details of the benefits for all sections of cover are contained in the Policy Wording and Policy Schedule available from P&Cs Qld website. Policy Wording is available upon request from P&Cs Qld in hard copy format.

Excess:

Non-Medicare Medical Expenses $50 each and every claim

All Other Claims Nil

Non-Medicare Medical Expenses

Non Medicare Medical Expenses means expenses that are not subject to any full or partial Medicare rebate nor recoverable by the Insured Person or by the Policyholder from any other source and are incurred and paid by the Insured Person or the Policyholder on the Insured Person's behalf within twelve (12) calendar months of the Insured Person sustaining Bodily Injury for treatment certified necessary by a Doctor to a registered private hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services, excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural Teeth, excluding dentures, and is caused by Bodily Injury.

Non Medicare Medical Expenses do not mean any or part of any expenses for which a Medicare benefit is paid or is 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").

General Information

Who to Contact

For all general enquiries, payments and alteration requirements please contact:

P&Cs Qld

PO Box 3428, Newmarket Qld 4051
Phone: (07) 3352 3900 (between 8.30am and 4.30pm)
Free Call: 1800 218 228
Email: admin@pandcsqld.com.au

For all claims, cover and activity enquiries, please contact:

Willis Australia Limited

Level 14, 201 Charlotte Street, Brisbane, QLD 4000
Phone 07 3167 8566
Email:pandcsqld@wtwco.com

How to Make a Claim

Please complete the Claim Notification Form on P&Cs Qld's website. Willis must be notified immediately of any circumstances involving personal injury or damage to third party property.

Important Notices

General

Many areas of insurance are complex and some implications may not be evident to you. Your Client Servicer will keep you informed, but if at any time you are unsure of any aspect of your insurances, please contact Willis Australia Limited ("Willis") to discuss the matter

Utmost Good Faith

A contract of insurance is a contract of the utmost good faith. This means that you and the Insurer must act towards each other, in respect of any matter arising under or in relation to the contract, with the utmost good faith. For example:

- you must act with the utmost good faith when submitting any claim to the Insurer
- if you fail to act towards the Insurer with the utmost good faith, it may prejudice the claim; and
- the Insurer must act with the utmost good faith when handling the claim.

Everyone who is a beneficiary under the policy is also required to act with the utmost good faith after the contract of insurance has been entered into.

Your Duty of Disclosure

You and everyone who is insured under your policy must comply with the duty of disclosure. The duty requires you to tell the Insurer certain matters which will help it decide whether to insure you and, if so, on what terms. The duty applies when you first apply for your policy and on any renewal, variation, extension or replacement of the policy. The type of duty that applies can vary according to the type of policy.

If we act on your behalf, to assist us in protecting your interests, it is important that you tell us every matter that **you know or could be** reasonably **expected to know**, is relevant to the Insurer's decision whether to insure you and, if so, on what terms. **You do not need to tell us anything that reduces the risk insured, or is common knowledge, or the Insurer knows or should know as an insurer, or the insurer waives your duty to tell them about**.

If we act on behalf of the Insurer, you need to refer to the policy which will set out the duty that applies.

When you answer any questions asked by the Insurer, you must give honest and complete answers and tell the Insurer, in answer to each question, about every matter that is known to you and which a reasonable person in the circumstances could be expected to have told the Insurer in answer to the question.

Examples of matters that should be disclosed are:

- any claims you have made in recent years for the particular type of insurance;
- refusal by an Insurer to renew your policy;
- any unusual feature of the insured risk that may increase the likelihood of a claim.

If you (or anyone who is insured under the policy) do not comply with the duty, the Insurer may cancel the policy or reduce the amount it pays in the event of a claim. If the failure to comply with the duty is fraudulent, the Insurer may treat the policy as if it never existed and pay nothing.

Material Change of Risk

Many policies require you to notify the Insurer in writing of any material change to the insured risk during the period of insurance. The Insurer can then decide whether to cover the new risk. Some examples of material changes are if you:

- change your profession, occupation or type of business;
- acquire or merge with another business;
- commence manufacturing plastics, or commence woodworking activity;
- commence manufacturing a new kind of product;
- are unable to pay your debts as they fall due and you enter into an arrangement with your creditors; or
- Commence operations in new jurisdictions, in particular USA and Canada.

If you are in any doubt as to whether the Insurer should be told about any particular change to the insured risk, please ask us.

Interests of Third Parties

Many policies do not cover the interests of third parties (eg co-owners, lessors and mortgagees) whose interest is not noted on the policy. If you require the interest of any third party to be covered, please let us

know, so that we can ask the Insurer to note that Party's interest on the policy.

Subcontractors and Consultants

It is advisable to check that all insurances held by subcontractors and consultants utilised, including Workers' Compensation, Public Liability and Professional Indemnity are current and comply with any contractual requirements.

Leasing, Hiring and Borrowing Property

When you lease, hire or borrow property, plant or equipment, make sure that the contract clearly identifies who is responsible for insurance. This will help avoid arguments after a loss and ensure that any claims are efficiently processed.

Recovery Rights / Hold Harmless / Waiver of Subrogation

Many policies exclude or limit the Insurer's liability if you have entered, or enter into an agreement that excludes or limits your rights of recovery against third parties whose acts, errors, omissions or other conduct have caused or contributed to your loss or liability. (These are often called "hold harmless" agreements.)

If you have entered into, or are considering such an agreement, please let us know, so that we can advise whether such an exclusion exists in your policy(s), or we can ask for clarification from the Insurer(s). Willis is unable to provide you with legal advice and you may wish to obtain your own independent legal advice on your contractual obligations.

Average or Co-insurance Clauses (Underinsurance)

Many policies that cover loss of or damage to property contain what is called an "average" or "co-insurance clause" which may reduce the amount of a claim payable under the policy.

Briefly stated, an "average" or "co-insurance" clause provides that where the value declared by the insured or the sum insured under the policy is less than the full value of the interest insured, the Insurer is only liable to pay a proportion of the loss or damage, i.e. you are treated as if you self-insured part of the risk.

If your policy contains an "average" or "co-insurance" clause, please read it carefully to see how it affects the amount of cover under the policy.

Areas that are of concern to our clients are the adequacy or otherwise of:

- replacement values for Assets
- Consequential Loss declared values of either Gross Revenue, Gross Profit, Gross Rentals and Wages.

It is preferable that:

- if your policy provides "new for old" cover, the declared value is sufficient to cover the cost of replacing any lost or damaged property with new property;
- when reviewing building values, you make allowance for compliance with current building regulations and building cost increases since your last valuation, lead times for council approval, and the like.
- when reviewing replacement costs for Plant and Machinery, you make allowance for currency fluctuations that can occur in the cost of imports from some countries. You should also consider technological changes, import duties and current and future inflationary trends.

We recommend that you supply us with a copy of your most recent insurance valuation(s) in respect of Buildings, Contents, Plant and Machinery and have these valuations updated so they remain current.

Making Claims

It is important that you notify us of any claim or potential claim or circumstance that may give rise to a claim under your various policies. It is your responsibility to notify these circumstances to us. Failure to adhere to the notification requirements particularly timing, as set out in the policy or other coverage document, may entitle Insurer(s) to deny your claim. In presenting a claim it is your responsibility to disclose all facts which are material to the claim.

It is impossible to give guidelines for procedures in every claim, simply because of the nature of accidents; they cannot be predicted; and they do not follow set patterns. However, by following the general procedures outlined below, the impact of an incident or loss on your business operations will be minimised.

1. Report the incident to Willis preferably by telephone or email – wherever possible, within 24 hours of the incident and make sure you receive an acknowledgment from us.

2. Regardless of whether or not the claim has been reported or a loss assessor appointed, you must immediately do whatever is necessary to prevent further loss of life or property damage. For example:
   - Call the fire brigade, ambulance, police or other appropriate emergency service.
   - If during business hours, ensure the evacuation, if necessary, of staff and neighbours.
   - If critical machinery fails, commence investigations to locate replacement plant or services.
   - Have a security company install boarding over smashed windows and, if appropriate, employ an overnight security watchman.
   - Remove property which is exposed to further damage to a more secure place if possible.
   - Providing no danger to life or limb is involved, ensure the safe removal and storage of vital business records.
3. Complete all claims documentation and forward to Willis with any supporting documents without delay.
4. Whatever the circumstances of the incident, DO NOT ADMIT LIABILITY EVEN IF YOU THINK YOU ARE AT FAULT. Your Insurer is entitled to deny a claim or pay a reduced amount if statements made by you or your employees prejudice the Insurer's position.

"Claims Made" Policies

Some kinds of liability policies (such as Professional Indemnity, Directors' and Officers' Liability, Trustees Liability and Commercial Builders Structural Defects) are issued on a "claims made" basis. This means that (subject to the other terms of the policy) the policy only covers claims first made against you and notified to the insurer during the period of insurance.

Under section 40(3) of the Insurance Contracts Act, if your policy is a "claims made" policy, and if you give notice in writing to the Insurer of facts that might give rise to a claim against you as soon as is reasonably practicable after you become aware of those facts but before the period of insurance expires, the policy will cover (subject to the other terms of the policy) any subsequent claim against you that arises from those facts, even if that claim is not made until after the period of insurance has expired. In order to ensure that any entitlement to indemnity under the policy is protected, you must therefore report all incidents that may give rise to a claim against you to the Insurers without delay after such incidents first come to your attention and prior to the expiration of the policy period.

If your policy is a "claims made" policy, and if it has a "retroactive date", it will not cover any claim that arises from any act, error, omission or conduct that occurred before that retroactive date.

Where Placement Is With an Unauthorised Foreign Insurer

An unauthorised foreign insurer is an insurer that is not authorised under the Insurance Act 1973 (the Act) to conduct insurance business in Australia and is not subject to the provisions of the Act, which establishes a system of financial supervision of general insurers in Australia that is monitored by the Australian Prudential Regulation Authority (APRA).

The insurer cannot be a declared general insurer for the purpose of Part VC of the Act, and, if the insurer becomes insolvent, you will not be covered by the Federal Government's Financial Claims Scheme provided under Part VC of the Act.

Insurance Brokers (and underwriting agencies) are prohibited from dealing in a general insurance products issued by an unauthorised foreign insurer unless certain exemptions apply.

If an unauthorised foreign insurer is an option for you, we will liaise with you regarding placement of your insurance so that an assessment can be made as to whether an exemption applies.

If you agree to use an unauthorised foreign insurer you should consider whether you require further information regarding:

- The country in which the insurer is incorporated, and what scheme of financial supervision of insurers applies;
- The paid up capital of the insurer;
- The insurer's rating by credit rating agencies;
- The insurer's financial reports; and
- Which country's laws will determine disputes in relation to the policy

Statutory Imposts in Overseas Jurisdictions

Your insurance risks may be in more than one international jurisdiction. Where required we will liaise between you and the

Insurers to seek to agree the apportionment of the premium between applicable jurisdictions, and the amounts of local statutory charges and/or taxes payable in each jurisdiction in relation to policies insuring those risks.

In providing such services, Willis is acting in its capacity as an insurance broker and does not hold itself out to provide advice in relation to the statutory charges and/or tax laws of any applicable jurisdiction.
We recommend you seek your own advice in relation to such imposts where you consider it necessary. We will not be liable to you should the apportionment of premium or amount of local imposts payable under the policies be challenged by any local authority, or for any penalties or other charges that may arise. In addition, we will not be liable to you should the Insurers fail, or refuse, to collect and pay such imposts to the relevant authorities.

Cooling Off Period Rights

For certain policies covering personal or domestic property (e.g. motor, home buildings and contents, travel, sickness and accident and consumer credit insurance), you may have a right under the Corporations Act to return your policy during any applicable cooling off period. The policy will usually set out the right but some may not. You can ask us if it applies.

The period can be no less than 14 days from entry into the policy but it may be longer at the Insurer's option. The right does not apply if you have exercised a right under the policy (e.g. made a claim).

The amount of premium refunded will vary for each Insurer. They are permitted (unless the policy states otherwise) to deduct:

- an amount representing the Insurer's period of time on risk;
- any tax or duty paid or owing for which the Insurer is unable to obtain a refund; and
- any reasonable administrative and transaction costs incurred by the Insurer reasonably related to the acquisition of the policy and termination of the relationship which do not exceed the true cost of an arm's length transaction.

Despite the cooling off period you still may have cancellation rights under your policy which have no time limit. If you want to return or cancel your policy contact us so we can assist.

Misstatement of Premium

We try to tell you the correct amount of premium and statutory charges that apply to your insurance. In the event that we misstate that amount (either because we have made an unintentional error or because a third party has misstated the amount), we reserve the right to correct the amount. By instructing us to arrange insurance for you, you agree, where permitted by law, that you shall not hold us responsible for any loss that you may suffer as a result of any such misstatement..

Payment of Premium

Payment of premium is required on receipt of invoice(s). This is an important part of the transaction and often there are strict payment requirements imposed by Insurers. It is important to note, Willis will not be responsible for any consequences that may arise from any delay or failure by you to pay us the amount payable on receipt of invoice(s).

Ranges of Brokerage We May Earn

For an extensive list of the ranges of brokerage we may earn, please refer to our Financial Services Guide.

About WTW

At WTW (NASDAQ: WTW), we provide data-driven, insight-led solutions in the areas of people, risk and capital. Leveraging the global view and local expertise of our colleagues serving 140 countries and markets, we help organizations sharpen their strategy, enhance organizational resilience, motivate their workforce and maximize performance.

Working shoulder to shoulder with our clients, we uncover opportunities for sustainable success—and provide perspective that moves you.

Willis, a WTW business

Willis Australia Limited | ABN 90 000 321 237 | AFSL No. 240600

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