

# JOURNEY PERSONAL ACCIDENT INSURANCE

## CERTIFICATE OF INSURANCE

effected through Arch Underwriting at Lloyd's (Australia) Pty Ltd  
("Service Company Coverholder")

**THIS CERTIFICATE OF INSURANCE** confirms that in return for payment of the Premium shown in the Schedule, Certain Underwriters at Lloyd's have agreed to insure you, in accordance with the policy wording attached to this Certificate.

You or your representative can obtain further details of the syndicate numbers and the proportions of this Insurance for which each of the Underwriters at Lloyd's is liable by requesting them from the Service Company Coverholder shown above. In the event of loss, each Underwriter (and their Executors and Administrators) is only liable for their own share of the loss.

In accepting this Insurance, the Underwriters have relied on the information and statements that you have provided on the Proposal Form (the date of which is stated below). You should read this Certificate carefully and if it is not correct contact the Service Company Coverholder or your broker. It is an important document and you should keep it in a safe place with all other papers relating to this Insurance.

## SCHEDULE

|                                      |   |
|--------------------------------------|---|
| <b>POLICY NUMBER:</b>                | P0092901AH2025AU1   |
| <b>POLICY HOLDER:</b>                | Alternative Risk Management as trustee for the ReddiFund Mutual Benefit Fund Discretionary Trust (HDT) and the members of the HDT.<br>Members of the HDT and other bodies/persons affiliated and admitted to the scheme. This includes the financial members of the CFMEU WA as admitted to the scheme. |
|                                      | The Policy Holder is the full legal name of the entity(ies) in whose name the policy will be issued, as well as any business or trading names.  |
| <b>ADDRESS OF THE POLICY HOLDER:</b> | Perth, Western Australia  |
| <b>TYPE OF INSURANCE:</b>            | Journey Personal Accident Insurance   |
| <b>POLICY WORDING:</b>               | Journey Personal Accident Policy Wording and Product Disclosure Statement (PDS) - ARCHPDSJOUR2023V2   |
| <b>INSURANCE PERIOD:</b>             | 31 August 2025 4.00pm to 31 August 2026 4.00pm local time at the address of the <b>POLICY HOLDER</b>  |
| <b>COVERED PERSONS:</b>              | Category 1: All declared <b>COVERED PERSONS</b> of the <b>POLICY HOLDER</b>   |
| <b>OPERATIVE PERIOD OF COVER:</b>    | Category 1: Whilst undertaking a <b>JOURNEY</b>   |
| <b>MINIMUM AGE LIMIT:</b>            | Category 1: 14  |
| <b>MAXIMUM AGE LIMIT:</b>            | Category 1: Under the age of 76   |

## Limit(s) of Liability

|  |                            |               |
|--|----------------------------|---------------|
| <b>EVENT LIMIT OF LIABILITY:</b>                 | All <b>POLICY</b> Sections | \$ 10,000,000 |
| <b>NON-SCHEDULED FLIGHTS LIMIT OF LIABILITY:</b> | All <b>POLICY</b> Sections | \$ 5,000,000  |
| <b>POLICY AGGREGATE LIMIT OF LIABILITY:</b>      | All <b>POLICY</b> Sections | \$ 10,000,000 |

## Sections of Cover

### CATEGORY: 1

|                           |   |
|---------------------------|---|
| CATEGORY                  | 1   |
| COVERED PERSONS           | All declared <b>COVERED PERSONS</b> of the <b>POLICY HOLDER</b> |
| OPERATIVE PERIOD OF COVER | Whilst undertaking a <b>JOURNEY</b>                             |

| SECTION 1                    | PERSONAL ACCIDENT LUMP SUM BENEFITS  | SUM INSURED       |
|------------------------------|--|-------------------|
| <b>COVERED EVENT 1</b>       | <b>ACCIDENTAL DEATH</b>  | \$ 100,000        |
| <b>COVERED EVENT 2 - 26</b>  | As per Table of Benefits 1   | \$ 100,000        |
| <b>COVERED EVENT 27 - 33</b> | <b>BODILY INJURY</b> resulting in <b>FRACTURED</b> Bones                           | \$ 5,000          |
| <b>COVERED EVENT 34 - 35</b> | <b>BODILY INJURY</b> resulting in <b>LOSS</b> of <b>TEETH</b> or dental procedures | Not Covered       |
| SECTION 2                    | LOSS OF INCOME BENEFITS  | SUM INSURED       |
|                              | <b>TEMPORARY TOTAL DISABLEMENT</b> as a result of <b>BODILY INJURY</b>             | \$ 1,000 per week |
| <b>COVERED EVENT 36</b>      | Maximum Percentage of <b>SALARY</b>  | 100 %             |
|                              | Maximum <b>BENEFIT PERIOD</b>  | 104 weeks         |
|                              | <b>EXCESS PERIOD</b>   | 0 days            |
|                              | <b>TEMPORARY PARTIAL DISABLEMENT</b> as a result of <b>BODILY INJURY</b>           | \$ 1,000 per week |
| <b>COVERED EVENT 37</b>      | Maximum Percentage of <b>SALARY</b>  | 100 %             |
|                              | Maximum <b>BENEFIT PERIOD</b>  | 104 weeks         |
|                              | <b>EXCESS PERIOD</b>   | 0 days            |

| SECTION 3 | ADDITIONAL BENEFITS                            | SUM INSURED   |
|-----------|--|---|
| 3.1       | Accidental HIV Infection BENEFIT               | \$10,000  |
| 3.2       | Bed Care BENEFIT                               | \$750 per week<br><b>BENEFIT PERIOD</b> 2 weeks<br><b>EXCESS PERIOD</b> 48 hours  |
| 3.3       | Carjacking Assault BENEFIT                     | Not Insured   |
| 3.4       | Carjacking Excess and Vehicle Hire BENEFIT     | No Insured  |
| 3.5       | Chauffeur BENEFIT                              | \$5,000<br><b>BENEFIT PERIOD</b> 26 weeks   |
| 3.6       | Childcare BENEFIT                              | \$5,000   |
| 3.7       | Coma BENEFIT                                   | \$700 per week<br><b>BENEFIT PERIOD</b> 26 weeks<br><b>EXCESS PERIOD</b> 7 days   |
| 3.8       | Corporate Image Protection BENEFIT             | \$10,000  |
| 3.9       | Dependent Child Assistance BENEFIT             | \$10,000 per <b>DEPENDENT CHILD</b> up to a maximum of \$30,000                   |
| 3.10      | Domestic Assistance Expenses BENEFIT           | \$1,000 per week<br><b>BENEFIT PERIOD</b> 26 weeks<br><b>EXCESS PERIOD</b> 7 days |
| 3.11      | Education Fund BENEFIT                         | \$5,000 per <b>DEPENDENT CHILD</b> up to a maximum of \$15,000                    |
| 3.12      | Family Accommodation and Transport Expenses    | \$2,000   |
|           | Funeral Expenses BENEFIT                       |   |
| 3.13      | Member   | \$10,000  |
|           | Spouse/Dependent Child                         | \$7,500   |
| 3.14      | Home and/or Motor Vehicle Modification BENEFIT | \$10,000  |
| 3.15      | Identity Theft BENEFIT                         | Not Insured   |
| 3.16      | Independent Financial Advice BENEFIT           | \$5,000   |

|      |   |             |
|------|---|-------------|
| 3.17 | Miscarriage or Premature Childbirth BENEFIT | Not Insured |
| 3.18 | Out of Pocket Expenses BENEFIT              | Not Insured |
| 3.19 | Partner or Spouse Retraining BENEFIT        | \$5,000     |
| 3.20 | Replacement Staff/Recruitment Costs BENEFIT | Not Insured |
| 3.21 | Return to Work BENEFIT                      | \$5,000     |
| 3.22 | Student Tutorial BENEFIT                    | Not Insured |
| 3.23 | Surviving Partner / Spouse BENEFIT          | Not Insured |
| 3.24 | Terrorism Injury BENEFIT                    | Not Insured |
| 3.25 | Tuition or Advice Expenses BENEFIT          | Not Insured |
| 3.26 | Unexpired Membership BENEFIT                | \$1,000     |

**Note:** The **EVENT LIMIT OF LIABILITY**, **NON-SCHEDULED FLIGHT LIMIT OF LIABILITY** and **BENEFITS** payable apply in excess of any applicable **EXCESS PERIOD**.

## ENDORSEMENTS

### Discretionary Trust Condition

This endorsement modifies the **POLICY** and shall be read as if incorporated within it.

Notwithstanding anything to the contrary in the **POLICY**, it is understood and agreed that:

1. This **POLICY** operates as excess of loss insurance to a Discretionary Trust Scheme, namely The ReddiFund Mutual Benefit Fund Discretionary Trust (HDT) and the Members of the HDT; and
2. The following Discretionary Trust Deductibles apply to this **POLICY**:
  - (a) **SINGLE EVENT LIMIT** which applies on a per **COVERED PERSON** basis, to all claims arising out of any one **ACCIDENT**. The **SINGLE EVENT LIMIT** will be paid for by the **POLICY HOLDER**, subject to the **TRUST AGGREGATE**; and
  - (b) The **TRUST AGGREGATE** which is the aggregate amount of coverage provided under the Discretionary Trust.
3. **OUR** liability under this **POLICY** will attach only in the event that:
  - (a) the **SINGLE EVENT LIMIT** is exceeded; and/or
  - (b) the **TRUST AGGREGATE** is eroded, upon which this **POLICY** will provide cover for all eligible claims, subject to its terms, conditions and limits.
4. For the purposes of this endorsement, the following definitions apply:
  - (a) **SINGLE EVENT LIMIT** means the amount specified below.
  - (b) **TRUST AGGREGATE** means the amount specified below.

### DISCRETIONARY TRUST DEDUCTIBLES:

**SINGLE EVENT LIMIT:** \$100,000

**TRUST AGGREGATE:** As per the monthly Trust Statement provided by the **POLICY HOLDER'S** broker.

### Funeral Expenses BENEFIT

This endorsement modifies the coverage provided under this **POLICY** and shall be read as if incorporated within it.

It is hereby noted and agreed that the **OPERATIVE PERIOD OF COVER** in respect of Funeral Expenses **BENEFIT** cover is extended to 24 hours per day, 7 days per week and is not limited to whilst the **COVERED PERSON** is on a **JOURNEY**.

For the avoidance of any doubt, the **OPERATE PERIOD OF COVER** noted in the **POLICY SCHEDULE** remains unchanged for all other **BENEFITS** provided by this **POLICY**.

Except as otherwise provided in this endorsement, all other terms and conditions of the **POLICY** are unchanged.

#### Childcare Insured Death BENEFIT

This endorsement modifies the coverage provided under this **POLICY** and shall be read as if incorporated within it.

If during the **OPERATIVE PERIOD OF COVER**, the **COVERED PERSON's SPOUSE** or **PARTNER** sustains a **BODILY INJURY** causing **ACCIDENTAL DEATH** for which a **BENEFIT** is paid under **COVERED EVENT 1**, **WE** will pay for the actual and reasonable expenses necessarily incurred by a **COVERED PERSON** for the services of a registered childcare provider, the amount we will pay for this **BENEFIT** is;

- a) Dependent Children aged up to and including four (4) years of age, \$250 per week to a maximum of \$13,000; or
- b) Dependent Children aged between five (5) and fourteen (14) years of age, \$100 per week to a maximum of \$5,200

This **BENEFIT** does not include any childcare expenses that would have ordinarily been incurred by the **COVERED PERSON** in the absence of the **BODILY INJURY** causing **ACCIDENTAL DEATH** referred to above.

Except as otherwise provided in this endorsement, all other terms and conditions of the **POLICY** are unchanged.

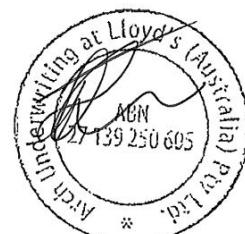
## Premiums

|  |                  |
|--|------------------|
| Base Premium                                     | As Agreed        |
| GST  | As Agreed        |
| Stamp Duty                                       | As Agreed        |
| <b>Total Amount Payable by the POLICY HOLDER</b> | <b>As Agreed</b> |
| Brokerage  | As Agreed        |
| GST on Brokerage                                 | As Agreed        |
| <b>Net Amount Payable</b>                        | <b>As Agreed</b> |

| Insurer:   | Proportion: |
|--|-------------|
| Arch Underwriting at Lloyd's (Australia) Pty Ltd<br>ABN 27 139 250 605<br>For and on behalf of Certain Underwriters at Lloyd's | 100%        |
|  |             |

|                          |                   |
|--------------------------|-------------------|
| UNIQUE MARKET REFERENCE: | B6060500000012025 |
| AGREEMENT NUMBER         | 500000012025      |

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



**Arch Underwriting at Lloyd's (Australia) Pty Ltd**

For and on behalf of Certain Underwriters at Lloyd's

Signed at Melbourne

30 August 2025