

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

POLICY NUMBER:	P0092901AH2026AU2
POLICY HOLDER:	Alternative Risk Management as trustee for the ReddiFund Mutual Benefit Fund Discretionary Trust (HDT) and the members of the HDT. 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.
ADDRESS OF THE POLICY HOLDER:	Perth, Western Australia
TYPE OF INSURANCE:	Journey Personal Accident Insurance
POLICY WORDING:	Journey Personal Accident Policy Wording and Product Disclosure Statement (PDS) - ARCHPDSJOUR2023V2
INSURANCE PERIOD:	31 August 2026 4.00pm to 31 August 2027 4.00pm local time at the address of the POLICY HOLDER
COVERED PERSONS:	Category 1: All declared COVERED PERSONS of the POLICY HOLDER
OPERATIVE PERIOD OF COVER:	Category 1: Whilst undertaking a JOURNEY
MINIMUM AGE LIMIT:	Category 1: 14
MAXIMUM AGE LIMIT:	Category 1: Under the age of 76

Limit(s) of Liability

EVENT LIMIT OF LIABILITY:	All POLICY Sections	\$ 10,000,000
NON-SCHEDULED FLIGHTS LIMIT OF LIABILITY:	All POLICY Sections	\$ 5,000,000
POLICY AGGREGATE LIMIT OF LIABILITY:	All POLICY Sections	\$ 10,000,000

Sections of Cover

CATEGORY: 1

CATEGORY	1
COVERED PERSONS	All declared COVERED PERSONS of the POLICY HOLDER
OPERATIVE PERIOD OF COVER	Whilst undertaking a JOURNEY

SECTION 1	PERSONAL ACCIDENT LUMP SUM BENEFITS	SUM INSURED
COVERED EVENT 1	ACCIDENTAL DEATH	\$ 100,000
COVERED EVENT 2 - 26	As per Table of Benefits 1	\$ 100,000
COVERED EVENT 27 - 33	BODILY INJURY resulting in FRACTURED Bones	\$ 5,000
COVERED EVENT 34 - 35	BODILY INJURY resulting in LOSS of TEETH or dental procedures	\$ 500
SECTION 2	LOSS OF INCOME BENEFITS	SUM INSURED
COVERED EVENT 36	TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY	\$ 1,000 per week
	Maximum Percentage of SALARY	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	0 days
COVERED EVENT 37	TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY	\$ 1,000 per week
	Maximum Percentage of SALARY	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	0 days
SECTION 3	ADDITIONAL BENEFITS	SUM INSURED
3.1	Accidental HIV Infection BENEFIT	\$10,000
3.2	Bed Care BENEFIT	\$750 per week
		BENEFIT PERIOD 2 weeks
		EXCESS PERIOD 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
		BENEFIT PERIOD 26 weeks
3.6	Childcare BENEFIT	\$5,000
3.7	Coma BENEFIT	\$700 per week
		BENEFIT PERIOD 26 weeks
		EXCESS PERIOD 7 days
3.8	Corporate Image Protection BENEFIT	\$10,000
3.9	Dependent Child Assistance BENEFIT	\$10,000 per DEPENDENT CHILD up to a maximum of
		\$30,000
3.10	Domestic Assistance Expenses BENEFIT	\$1,000 per week
		BENEFIT PERIOD 26 weeks
		EXCESS PERIOD 7 days
3.11	Education Fund BENEFIT	\$5,000 per DEPENDENT CHILD up to a maximum of \$15,000
3.12	Family Accommodation and Transport Expenses	\$2,000
3.13	Funeral Expenses BENEFIT	
	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 BENEFIT PERIOD
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 BENEFIT PERIOD
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 **OPERATIVE 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.

Loss of Teeth 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 Loss of Teeth **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 **OPERATIVE 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.

Premiums

Base Premium	As Agreed
GST	As Agreed
Stamp Duty	As Agreed
Total Amount Payable by the POLICY HOLDER	As Agreed
Brokerage	As Agreed
GST on Brokerage	As Agreed
Net Amount Payable	As Agreed

Insurer:	Proportion:
Arch Underwriting at Lloyd's (Australia) Pty Ltd ABN 27 139 250 605 For and on behalf of Certain Underwriters at Lloyd's	100%
UNIQUE MARKET REFERENCE:	B6060500000012026
AGREEMENT NUMBER	500000012026

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 2026