

TRAVEL 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:	P0217160TR2026AU0
POLICY HOLDER:	Alternative Risk management Services Pty Ltd as trustee for the The ReddiFund Mutual Benefit Fund Discretionary Trust (HDT) and 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. including subsidiary or controlled companies now or previously existing or hereafter formed or acquired, including mortgagees, lessors and other interested parties for their respective rights and interests.
ADDRESS OF POLICY HOLDER:	Perth, Western Australia
TYPE OF INSURANCE:	Travel
POLICY WORDING:	Business Travel ARCHPDSBT2023V7
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 members of the POLICY HOLDER including any ACCOMPANYING SPOUSE or PARTNER and DEPENDENT CHILDREN .
OPERATIVE PERIOD OF COVER:	Category 1: Cover is provided under the POLICY whilst the COVERED PERSON is on a JOURNEY .
TRAVEL RADIUS:	100 kms
MINIMUM AGE LIMIT:	0
MAXIMUM AGE LIMIT:	Under the age of 76

Limit(s) of Liability

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

All **POLICY** Sections

\$1,000,000

POLICY AGGREGATE LIMIT OF LIABILITY:

All **POLICY** Sections

\$10,000,000

Sections of Cover

Category 1

SECTION 1	PART A - PERSONAL ACCIDENT LUMP SUM BENEFITS	SUM INSURED
COVERED EVENT 1	ACCIDENTAL DEATH	\$50,000
	ACCIDENTAL DEATH -ACCOMPANYING SPOUSE or PARTNER	\$20,000
	ACCIDENTAL DEATH - DEPENDENT CHILD(REN)	\$5,000
COVERED EVENTS 2 - 26	As per Table of Benefits 1	\$50,000
	ACCOMPANYING SPOUSE OR PARTNER	\$20,000
	DEPENDANT CHILD(REN)	\$5,000
COVERED EVENTS 27 - 31	Surgical benefits as a result of BODILY INJURY as per Table of Benefits 2	Not Covered
COVERED EVENTS 32 - 35	Surgical benefits as a result of SICKNESS as per Table of Benefits 3	Not Covered
COVERED EVENTS 36 - 42	BODILY INJURY resulting in FRACTURED as per Table of Benefits 4	Not Covered
COVERED EVENTS 43 - 44	BODILY INJURY resulting in LOSS of TEETH or dental procedures as per Table of Benefits 5	Not Covered
SECTION 1	PART B - LOSS OF INCOME BENEFITS	SUM INSURED
COVERED EVENT 45	TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY	\$1,000
	Maximum Percentage of SALARY	100 %
	Maximum BENEFIT PERIOD	13 weeks
	EXCESS PERIOD	14 days
COVERED EVENT 46	TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY	\$1,000
	Maximum Percentage of SALARY	100 %
	Maximum BENEFIT PERIOD	13 weeks
	EXCESS PERIOD	14 days
COVERED EVENT 47	TEMPORARY TOTAL DISABLEMENT as a result of SICKNESS	Not Covered
COVERED EVENT 48	TEMPORARY PARTIAL DISABLEMENT as a result of SICKNESS	Not Covered
SECTION 2	MEDICAL AND ADDITIONAL BENEFITS	
	Medical And Additional Expenses	\$500,000
	Excess	\$100
	Hospital Bed Confinement	\$100
	Maximum BENEFIT PERIOD	15 days
SECTION 3	CANCELLATION, LOSS OF DEPOSITS and MISSED TRANSPORT CONNECTION	
	3.1 Cancellation and Curtailment	\$10,000
	3.2 Loss of Deposits	\$10,000
	– Private travel (including INCIDENTAL PRIVATE TRAVEL)	\$10,000
	3.3 Reward Points	\$10,000
	3.4 Missed Transport Connection	\$10,000
SECTION 4	BAGGAGE AND PERSONAL BELONGINGS	
	4.1 Loss or Damage	\$20,000
	Any ONE ITEM (Excluding PERSONAL ELECTRICAL ITEMS)	20%
	PERSONAL ELECTRICAL ITEMS	\$10,000
	Any ONE ITEM (Excluding Mobile telephones)	40%
	Mobile telephones	\$1,500
	EXCESS	\$100
	MONEY	\$7,500
	CASH	\$1,000
	4.2 DELAYED BAGGAGE AND PERSONAL BELONGINGS	\$3,000
	4.3 IDENTITY THEFT AS A RESULT OF STOLEN OR LOST PERSONAL DOCUMENTS	Not Covered
SECTION 5	ALTERNATIVE EMPLOYEE or RETURN TO ASSIGNMENT	
	ALTERNATIVE EMPLOYEE or RETURN TO ASSIGNMENT	Not Covered

SECTION 6		KIDNAP, HIJACK or DETENTION	
		KIDNAP, HIJACK or DETENTION occurring outside of Mexico, Central America, Colombia, or Venezuela	\$30,000
		KIDNAP, HIJACK or DETENTION occurring in Mexico, Central America, Colombia, or Venezuela	\$30,000
		Aggregate Limit of Liability (Section 6)	\$1,000,000
SECTION 7		RENTAL VEHICLE EXCESS	
		7.1 Rental Vehicle Excess and Administrative Expenses	\$2,500
		7.2 Return of Rental Vehicle	\$500
		7.3 Private Vehicle Excess	Not Covered
SECTION 8		PERSONAL LIABILITY	
		Personal Liability	\$2,000,000
SECTION 9		POLITICAL, AND NATURAL DISASTER EVACUATION	
		Political and Natural Disaster Evacuation	\$20,000
		Accommodation Costs	\$0 per day BENEFIT PERIOD 0 days
		Aggregate Limit of Liability (Section 9)	\$1,000,000
SECTION 10		EXTRA TERRITORIAL WORKERS COMPENSATION BENEFITS	
		Weekly Benefit	Not Covered
		Sum Insured	Not Covered
		Aggregate Limit of Liability (Section 10)	\$1,000,000
SECTION 11		ADDITIONAL BENEFITS	SUM INSURED
11.2		Accommodation and Transport Expenses BENEFIT	\$1,000
11.7	Coma BENEFIT		\$250 per week BENEFIT PERIOD 13 weeks EXCESS PERIOD 14 days
11.30		Search and Rescue Expenses BENEFIT	\$10,000

Note: The EVENT LIMIT OF LIABILITY, NON SCHEDULED FLIGHT LIMIT OF LIABILITY and BENEFITS payable applies 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.

Amended JOURNEY Definition

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

It is understood and agreed that the definition of **JOURNEY** is deleted in its entirety and replaced with the following:

JOURNEY means any trip/journey declared to US which is undertaken by a **COVERED PERSON** on behalf of the **POLICY HOLDER**, provided that such trip/journey:

- a) exceeds the **TRAVEL RADIUS**;
- b) has a minimum duration of 2 days
- c) does not exceed 120 days; and
- d) commences during the **INSURANCE PERIOD**.

A **JOURNEY** is deemed to commence from the time a **COVERED PERSON** leaves their home or normal place of business (whichever is left last) and will continue until arrival back at their home or normal place of business (whichever is reached first). Everyday commuting is not regarded as a **JOURNEY**.

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

EXCESS

This endorsement modifies the contract of insurance and shall be read as if incorporated within it.

It is hereby noted and agreed that each individual claim paid under this **POLICY** are subject to an **EXCESS** of \$100.

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

Run off Clause

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

It is understood and agreed that for the avoidance of any doubt, coverage will continue to apply to **COVERED PERSON'S** whose **JOURNEY** commences prior to the end of the **INSURANCE PERIOD** of this **POLICY** and will continue until the **COVERED PERSON'S JOURNEY** ceases.

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

Repatriation of Mortal Remains 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** and whilst on a **JOURNEY**, a **COVERED PERSON** dies, **WE** will pay the reasonable and actual costs incurred in the transportation of the deceased **COVERED PERSON** back to their **COUNTRY OF RESIDENCE**.

The most we will pay under this **BENEFIT** is \$10,000.

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

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 11.15 Funeral Expenses **BENEFIT** is deleted in its entirety.

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

Money 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 definition of **MONEY** is deleted in its entirety and replaced with the following definitions:

MONEY means traveler's cheques, credit cards and other forms of payment commonly accepted to provide payment for goods and services excluding **CASH**.

CASH means physical cash (coins and notes) in any currency.

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
29 August 2026