



Sear & Associates Insurance Brokers Pty. Ltd.  
 ABN 15 006 568 501 AFSL 257706  
 3-4, 73 Robinson Street, Dandenong, Victoria 3175  
 PO Box 7013, Dandenong, Victoria 3175  
 Phone: (03) 9797 2900  
 Email: info@searinsure.com.au  
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For general enquiries please contact - Zoe Carroll  
 zoe@searinsure.com.au

Please check all details and advise of any changes to the risk.  
 You are reminded that the policy detailed will expire at 4pm on the from date shown. Please ensure that your insurance is renewed by paying the total amount due before the from date shown.

AMY DE BEER  
 RURAL GYMBAROO MUNGINDI  
 38 WALKER STREET  
 MUNGINDI NSW 2406

**TAX INVOICE**

This document will be a tax invoice for GST when you make payment

Invoice Date: 25/06/2020

Invoice No: 40583

Our Reference: DE BEER A

Should you have any queries in relation to this account, please contact your Account Manager  
**ZOE CARROLL**

**Class of Policy:** LIABILITY COMBINED  
**Insurer:** AIG AUSTRALIA LIMITED  
 PO BOX 9933, MELBOURNE, VIC 3001  
 ABN: 93 004 727 753  
**The Insured:** AMY DE BEER

**RENEWAL**  
**Policy No:** SUA/009500  
**Period of Cover:**  
 From **30/06/2020**  
 to **30/06/2021** at 4:00 pm

**Details:** See attached schedule for a description of the risk(s) insured

**Duty of Disclosure:**

Before you enter into, renew or vary a contract of general insurance you have a duty under the Insurance Contracts Act to disclose to the Insurer every matter that you know, or could reasonably expect to know is relevant to the Insurer's decision to accept the risk of Insurance and on what terms. Contact us if you require further details or wish to discuss.

**Non-Disclosure:** If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce the liability under the Contract in respect of a claim or may cancel the Contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the Contract from its beginning.

Clients who are not fully satisfied with our services should contact our customer relations/complaints officer. Sear & Associates Insurance Brokers P/L also subscribe to the Australian Financial Complaints Authority (AFCA), a free customer service and part of the Insurance Brokers Code of Practice. Further information is available from this office, or contact the AFCA on 1800 931 678.

**Your Premium:**

Premium	UW Levy	Fire Levy	GST Stamp Duty	RM Levy	Broker Fee
\$125.00	\$0.00	\$0.00	\$24.50	\$0.00	\$120.00
<b>TOTAL</b>					<b>\$269.50</b>



Acct Name: Sear & Associates Insurance Brokers P/L  
 BSB: 033364 Account: 943860  
 Reference: DE BEER A 40583

Our Reference: DE BEER A  
 Invoice No: 40583  
 Acct Man: ZOE CARROLL



Mail this portion with your cheque payable to:  
 Sear & Associates Insurance Brokers P/L  
 PO Box 7013  
 DANDENONG VIC 3175



To pay with your  
 Mastercard or VISA  
 Call 03 9797 2900

**AMOUNT DUE \$269.50**

## Schedule of Insurance

**Class of Policy:** LIABILITY COMBINED  
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### GYMBAROO COMBINED PLATINUM LIABILITY PACKAGE

INSURED : AMY DE BEER

TRADING NAMES : RURAL GYMBAROO MUNGINDI

INTERESTED PARTY : TODDLER KINDY GYMBAROO PTY LTD (FRANCHISOR)

INSURED TYPE : SOLE TRADER

SITUATION ADDRESSES : AUSTRALIA WIDE

THE BUSINESS : PRINCIPALLY THAT OF GYMBAROO - INTELLECTUAL AND SENSORY DEVELOPMENT CENTRES TEACHING INFANTS, TODDLERS AND CHILDREN MOTOR DEVELOPMENT SKILLS EARLY CHILDHOOD NEURO(BRAIN) DEVELOPMENT TO IMPROVE LEARNING ABILITIES VIA REGULAR CLASSROOM AND SOCIAL ACTIVITIES, PLAY GROUPS AND DEVELOPMENT AIDS WITH PARENTAL ENGAGEMENT/PARTICIPATION INCLUDING BUT NOT LIMITED TO ALL ASSOCIATED ACTIVITIES AND ANY ACTIVITIES INCIDENTAL THERETO INCLUDING PROPERTY OWNERS & OCCUPIERS

ADDITIONAL ACTIVITIES : BIRTHDAY PARTIES

NUMBER OF PARTICIPANTS: 15

ESTIMATED TURNOVER : \$5,000

### GENERAL LIABILITY - PART A (OCCURRENCE BASIS) :

PUBLIC LIABILITY ANY ONE OCCURRENCE	\$ 20,000,000
PRODUCTS LIABILITY ANY ONE OCCURRENCE & IN THE AGGREGATE	\$ 20,000,000
PROPERTY IN YOUR PHYSICAL OR LEGAL CONTROL	\$ 500,000
STANDARD EXCESS	\$ NIL

### PERSONAL ACCIDENT - CHILDREN PARTICIPANTS :

CAPITAL BENEFITS (PER PARTICIPANT)	\$ 20,000
AGGREGATE LIMIT	\$ 2,000,000
NON-MEDICARE MEDICAL COSTS (UP TO A MAXIMUM OF \$1,200)	\$ 85%
STANDARD EXCESS	\$ NIL
NON-MEDICARE MEDICAL COSTS EXCESS	\$ 50

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### PROFESSIONAL INDEMNITY - PART B (CLAIMS MADE BASIS) :

LIMIT OF INDEMNITY (AGGREGATE LIMIT)	\$ 5,000,000
RETROACTIVE DATE	THE DATE THE INSURED FIRST HELD CONTINUOUS PROFESSIONAL INDEMNITY COVER, OR THE INCEPTION DATE OF THIS POLICY WHICHEVER IS THE EARLIER
STANDARD EXCESS	\$ NIL
AUTOMATIC EXTENSIONS	COSTS & EXPENSES DISHONESTY AUTOMATIC REINSTATEMENT CONTINUOUS COVER SEVERABILITY EXTENDED REPORTED PERIOD

### MANAGEMENT LIABILITY - PART C (CLAIMS MADE BASIS) :

LIMIT OF INDEMNITY (AGGREGATE LIMIT)	\$ 2,000,000
RETROACTIVE DATE	THE DATE THE INSURED FIRST HELD CONTINUOUS DIRECTORS & OFFICERS LIABILITY OR MANAGEMENT LIABILITY COVER, OR THE INCEPTION DATE OF THIS POLICY WHICHEVER IS THE EARLIER
EXCESSES - DIRECTORS & OFFICERS	\$ NIL
- FIDELITY	\$ 5,000
- POLLUTION DEFENCE COSTS	\$ 5,000
- ALL OTHER CLAIMS	\$ 2,500
AUTOMATIC EXTENSIONS	ADVANCED DEFENCE COSTS ENQUIRY COSTS FINES & PENALTIES DISHONESTY LOSS OF DOCUMENTS INTELLECTUAL PROPERTY ESTATES AUTOMATIC REINSTATEMENT CONTINUOUS COVER RUN OFF COVER SUBSIDIARY RUN OFF COVER RUN-OFF COVER OUTSIDE DIRECTORSHIPS JOINT VENTURE COVER LIBEL & SLANDER NEW SUBSIDIARIES NOT FOR PROFIT ORGANISATION OUTSIDE DIRECTORSHIPS OCCUPATIONAL HEALTH & SAFETY SEVERABILITY SPOUSAL COVER TRADE PRACTICES ACT EXTENDED REPORTING PERIOD RETIREMENT COVER

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### ENDORSEMENTS

#### MOLESTATION DEFENCE COSTS AUTOMATIC EXTENSION

#### **MOLESTATION DEFENCE COSTS FOR SPORTS PLATINUM LIABILITY INSURANCE POLICY**

**WE** AGREE THAT GENERAL EXCLUSION 11 MOLESTATION IS AMENDED AS FOLLOWS:

**11. MOLESTATION** CAUSED BY OR ARISING DIRECTLY OR INDIRECTLY OUT OF OR IN CONNECTION WITH THE MOLESTATION OF, OR PHYSICAL OR PSYCHOLOGICAL INTERFERENCE WITH, ANY PERSON.

THIS EXCLUSION DOES NOT APPLY TO **DEFENCE COSTS** INCURRED BY **YOU** DEFENDING ALLEGATIONS OF MOLESTATION OF OR PHYSICAL OR PSYCHOLOGICAL INTERFERENCE WITH ANY PERSON (OTHER THAN A VOLUNTEER, **MEMBER**, **EMPLOYEE** OR **OFFICER**) PROVIDED THAT:

- A) THE **PERSONAL INJURY** FIRST OCCURS DURING THE **PERIOD OF INSURANCE** WITHIN THE **TERRITORIAL LIMIT** AS THE RESULT OF AN **OCCURRENCE** IN CONNECTION WITH **YOUR CLUB BUSINESS**;
- B) THERE IS NO COVER FOR ANY PERSON WHO IS ALLEGED TO HAVE BEEN INVOLVED IN OR CAUSING, CONDONING OR ASSISTING IN THE MOLESTATION OF, OR PHYSICAL OR PSYCHOLOGICAL INTERFERENCE WITH, ANY PERSON;
- C) THE **LIMIT OF INDEMNITY** UNDER THIS ENDORSEMENT IS \$100,000 ANY ONE **OCCURRENCE** AND IN THE AGGREGATE DURING THE **PERIOD OF INSURANCE**;
- D) AN **EXCESS** OF \$2,500 IS THE FIRST AMOUNT PAYABLE BY **YOU** FOR EACH AND EVERY **OCCURRENCE**; AND WHEN ENGAGING OR EMPLOYING VOLUNTEERS, **MEMBERS**, **EMPLOYEES** OR **OFFICERS** **YOU** ARE ABLE TO SHOW THAT **DUE DILIGENCE** AND CARE HAS BEEN UNDERTAKEN PRIOR TO THE ENGAGEMENT OR EMPLOYMENT OF THE INDIVIDUAL.

FOR THE PURPOSES OF THIS ENDORSEMENT "DUE DILIGENCE" MEANS PERFORMING AND OBTAINING NECESSARY BACKGROUND CHECKS, REFEREE'S REPORTS AND POLICE CHECKS.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS **POLICY** REMAIN UNALTERED.