

# TEE-BALL ASSOCIATION OF WESTERN AUSTRALIA

## INSURANCE 2007-2008

Dear Secretary or Contact Person

Please find attached the Tee-Ball Insurance Plan for the season 2007-2008.

Clubs **MUST** be affiliated before Insurance **WILL** be accepted.

Please include 2-3 officials per Club team from your weekly competition.

Public & Products Liability limit is \$10,000,000

The Professional Indemnity limit is \$2,000,000.

If you wish to partake of this cover, please fill in the form below and return to T.B.A.W.A. with the payment.

T.B.A.W.A. strongly suggests that you insure sufficient officials per team.

WARREN LAKE  
SECRETARY.

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To the Secretary  
T.B.A.W.A.

Please insure the following numbers of players and officials through Sportscover Insurance.

Please make all cheques payable to **McKenna Hampton Insurance Brokers Pty Ltd.**

All payments are to be posted to **T.B.A.W.A. P.O. Box 328, Wembley W.A. 6913**

Name of Club: \_\_\_\_\_

Number of Players

Post 14/11/07

Number of Officials

Post 14/11/07


@ \$1.95

@ \$2.15

@ \$5.50

@ \$6.05

Total


Signed: \_\_\_\_\_ Position: \_\_\_\_\_

**All premiums due by 31st October 2007.**

Note: A 10% loading applies for Clubs/Associations that do not have the premium and completed forms to TBAWA by the 14<sup>th</sup> of November 2007 (this does not apply to Clubs/Associations situated in the North West of W A or who's season runs at a different time to the Metropolitan Clubs/Associations)

**PERSONAL ACCIDENT**

**AND**

**SPORTS LIABILITY INSURANCE**

**FOR**

**TEE-BALL ASSOCIATION OF WESTERN AUSTRALIA**

**2007 - 2008 SEASON**

**PREPARED BY**

**MCKENNA HAMPTON INSURANCE BROKERS PTY LTD**

## PERSONAL ACCIDENT INSURANCE PLAN

### **Insured Persons**

All playing members, their coaches/umpires/scorers/managers and other officials

### **Scope of Cover**

Cover is provided while participating or conducting voluntary work for the insured Clubs including benefits during direct travel to the venue.

### **SECTION 1 - CAPITAL BENEFITS**

#### **The events**

#### **The Compensation**

Injury as defined, resulting in:

<b>Item</b>	<b>Description</b>	<b><u>ADULTS</u></b>	<b><u>JUNIORS</u> <b>(Under 18)</b></b>
1.	Death	\$50,000	\$10,000
2.	Permanent Quadriplegia or Permanent Paraplegia	\$50,000	\$50,000
3.	Permanent and incurable total loss of all limbs	\$50,000	\$50,000
4.	Permanent Total Loss of sight of both eyes	\$25,000	\$25,000
5.	Permanent Total Loss of sight of one eye	\$12,500	\$12,500
6.	Permanent Total Loss of the use of two limbs	\$37,500	\$37,500
7.	Permanent Total Loss of use of one limb	\$17,500	\$17,500
8.	Permanent Total Loss of the lens of two eyes	\$25,000	\$25,000
9.	Permanent Total Loss of the lens in one eye	\$12,500	\$12,500
10.	Permanent Total Loss of hearing in: a) both ears b) one ear	\$37,500 \$ 7,500	\$37,500 \$ 7,500
11.	Third degree burns and/or resultant disfiguration received from fire or chemical reaction extend to cover more than 40% of the entire body	\$25,000	\$25,000
12.	Permanent Total Loss of use of four fingers and thumb or either hand	\$35,000	\$35,000

Item	Description	<u>ADULTS</u>	<u>JUNIORS</u> (Under 18)
13.	Permanent Total Loss of use of the four fingers of either hand a) both joints b) one joint	\$20,000 \$ 7,000 \$ 3,000	\$20,000 \$ 7,000 \$ 3,000
14	Permanent Total Loss of the use of fingers of either hand a) three joints b) two joints c) one joint	\$ 5,000 \$ 3,500 \$ 2,500	\$ 5,000 \$ 3,500 \$ 2,500
15.	Permanent Total Loss of the use of toes of either foot a) all - one foot b) great - both joints c) great - one joint d) other than great, each toe	\$ 7,500 \$ 2,500 \$ 1,500 \$ 500	\$ 7,500 \$ 2,500 \$ 1,500 \$ 500
16.	Fractured leg or arm with estimated TOTAL non union	\$ 3,500	\$ 3,500
17.	Shortening of a leg by at least 5 cm	\$ 3,500	\$ 3,500
18.	Any permanent total disability or permanent total loss of use of any body part not shown above will be compensated at a percentage of the capital benefits as determined at the sole and absolute discretion of the underwriters. Such determination will not be inconsistent with the benefits provided under events 4 - 17 inclusive		
19.	You becoming totally and permanently disabled as a result of injury sustained while travelling to or from an event in which you are engaged to play for the Insured - 20% of the capital benefit listed above		

## **SECTION 2 - MEDICAL BENEFITS**

Non Medicare medical benefits	50%
Physiotherapy expenses	75%
Maximum claim	\$1,200 (under this section)
Excess	\$20 each and every claim

## **SECTION 3 - WEEKLY INJURY BENEFIT**

1) Adult Income Earners	\$210 per week (maximum)
Maximum claim period	52 weeks
Excess	10 days
ii) Injury Assistance & Parent Inconvenience benefit	Maximum claim \$1,500

## **SECTION 4 - PUBLIC & PRODUCTS LIABILITY**

**Covering:** The Insured's legal liability to pay compensation to Third Parties in respect of:-

- 1) Personal Injury (including death)
- 2) Property Damage

Arising out of an occurrence and happening during the policy period

### **Limit of**

**Indemnity:** General Liability - \$10,000,000 each and every claim  
Products Liability - \$10,000,000 each and every claim and in the aggregate in any one policy period

## **SECTION 5 - PROFESSIONAL INDEMNITY**

**Covering:** The Insured's legal liability in respect to claims made by Third Parties in respect to professional negligence arising during the policy period.

### **Limit of**

**indemnity:** \$2,000,000

### **THE COST**

Players	\$1.95 per player
Adults:(Coaches/Umpires/Scorers/Managers/Officials)	\$5.50 per person

**Note: A 10% loading applies for Clubs/Associations that do not have the premium and completed forms to TBAWA by the 16<sup>th</sup> of November 2007 (this does not apply to Clubs/Associations situated in the North West of W A or whose season runs at a different time to the Metropolitan Clubs/Associations).**

### **HOW TO ENROL**

1. Determine the numbers of players and adults requiring cover.
2. Calculate premium using the costs as shown above.
3. Forward cheque (payable to McKenna Hampton Insurance Brokers) and details of numbers, name of Club and contact name to:-

**TEE-BALL ASSOCIATION OF WESTERN AUSTRALIA  
P O BOX 328  
WEMBLEY W A 6913**

**NOTE: FULL POLICY WORDING IS AVAILABLE ON REQUEST FROM THE OFFICE**