

Savannah Insurance Agency Pty Ltd



**Corporate Travel Insurance
Combined Product Disclosure Statement (PDS)
(including Policy Wording)
and
Financial Services Guide (FSG)**

This Combined PDS & FSG is dated 21st June 2010.

Issued by Savannah Insurance Agency Pty Ltd (ABN 84 130 364 313), (Australian Financial Services Licence No. 329631) ("**Savannah**"), acting under a binding authority arrangement which gives Savannah the authority to act as an Agent of Certain Underwriters at Lloyd's.

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INDEX

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| | |
|--|-----------|
| Part 1 – IMPORTANT INFORMATION | 1 |
| Part 2 - CORPORATE TRAVEL INSURANCE POLICY WORDING | 15 |
| General Exclusions Applying..... | 15 |
| General Conditions and Limitations Applying to all Sections..... | 16 |
| Governing Law and Jurisdiction | 16 |
| Section A – Personal Injury | 17 |
| Section B – Medical Expenses | 21 |
| Section C - Additional Expenses | 22 |
| Section D - Baggage, Travellers' Cheques, Travel Documents, Credit Cards and Money | 24 |
| Section E - Loss of Deposits and Cancellation Charges | 26 |
| Section F – Kidnap, Ransom and Personal Extortion..... | 27 |
| Section G - Extra Territorial Workers' Compensation..... | 28 |
| Section H – Refund of Excess Following Collision or Theft | 30 |
| Section I - Alternative Employee Expenses..... | 31 |
| Section J - Personal Liability | 32 |
| Section K – Evacuation Expenses | 33 |
| Part 3 – FINANCIAL SERVICES GUIDE (FSG) | 34 |



Part 1 – IMPORTANT INFORMATION

ABOUT OUR CORPORATE TRAVEL INSURANCE

1. This Product Disclosure Statement (PDS)

This PDS is designed to assist You to make informed choices about Your insurance needs. It gives a summary of the benefits and risks associated with this insurance product. This document is divided into three sections. The first section (Part 1) includes general information about this insurance. The second section (Part 2) is the Policy wording that sets out the specific terms, conditions and exclusions of the cover that We will provide, which should be read carefully to ensure that it provides the cover You need. Parts 1-2 form the PDS. The third section (Part 3) is the Financial Services Guide designed to help You decide whether to use the services that Savannah provide, and other information that You should read carefully before entering into this Policy.

Please keep this combined PDS and FSG, along with your policy documents, in a safe place for future reference.

In this PDS:

We, Our or Us means certain underwriters at Lloyd's.

You or Your means the Person(s) named in the Policy Schedule as the Insured and includes the Insured Person(s) in connection with:

1. the circumstances in which entitlements to benefits arise (including the application of any exclusions);
2. the general conditions and limitations; and
3. notification and disclosure obligations.

Insured Person(s) means the person(s) named in the Policy Schedule by You from time to time for the insurance cover selected by You and for which the premium has been paid.

As the information in this PDS may change from time to time, You can obtain updated information simply:

- by asking your intermediary (if applicable);
- by visiting: www.savannahgroup.com.au;
- by writing to the address shown below;
- by emailing to: enquiries@savannahgroup.com.au

If the change to the information is materially adverse, We will issue a Supplementary PDS.

2. About Savannah Insurance Agency Pty Ltd

Savannah Insurance Agency Pty Ltd (ABN 84 130 364 313), (Australian Financial Services licence no. 329631) ("**Savannah**"), is an underwriting agency created to provide a range of insurance products including corporate travel insurance. Savannah acts as an agent for and on behalf of certain underwriters at Lloyd's. Savannah does not act on Your behalf. Savannah has full authority to quote contracts of insurance; issue contracts of insurance; collect premiums; and pay claims as an agent of certain underwriters at Lloyd's.

Savannah's contact details are:

Savannah Insurance Agency Pty Ltd
ABN 84 130 364 313; AFS Licence No: 329631
Suite 2, Level 9, 220 George Street, Sydney, NSW 2000

Telephone: (02) 8062 4255
Fax: (02) 8078 0162

Website: www.savannahgroup.com.au
Email: enquiries@savannahgroup.com.au

3. About the Insurer

Lloyd's underwriters are authorised by APRA pursuant to the Insurance Act 1973.

Savannah is authorised by the Insurer to enter into contracts of insurance underwritten by certain underwriters at Lloyd's and Savannah is authorised as agent of the insurer under a binding authority agreement as if it were the Insurer. We do not act on Your behalf.

4. Your Individual Requirements

When preparing this PDS, We and Savannah have not taken into account Your individual objectives, requirements or financial position. We generally distribute Our products through licensed insurance brokers or advisers (intermediaries).

You should discuss with Your intermediary the type of risks You need to insure against and the appropriate amount of cover that You need. Further, if You have any questions about the appropriateness of this product for Your objectives, requirements or financial position, You should seek advice from Your intermediary.

If You wish to contact Us about this PDS, please use the contact details given above. However, We can only provide You with factual information or general advice about this product and cannot advise You whether the product is appropriate for Your objectives, requirements or financial position.

If Your circumstances, relevant to the risks We have agreed to insure, change after taking out this insurance You should notify Us (or ask Your intermediary to do so on Your behalf) as soon as possible.

5. Policy Definitions

Words that begin with a capital letter have a special meaning when used in the Policy. Words with a special meaning that apply to all sections of the Policy are detailed below. Each section of the Policy may contain definitions which are specific only to that section. In addition, some sections of the Policy relating to cover for specific items may amend, limit or extend the definitions below. If there is any inconsistency between a definition provided in the general definitions section of the Policy, and a definition provided in a specific section, the definition in the specific section applies to the extent of any inconsistency.

All Sections Definitions: The following definitions apply to each section of this Policy, unless inconsistent with a section's specific definition/s:

Excluded Period of Claim means the period stated in the Policy Schedule during which no benefits are payable for Temporary, Total or Partial Disablement.

Guaranteed Income means Your Income that You can prove or substantiate to our satisfaction.

Illness means sickness or disease of an Insured Person(s) occurring during the Journey, but does not include a terminal condition of an Insured Person(s), or a Pre-existing Condition of the Insured Person(s), diagnosed prior to the commencement of the Journey.

Income means the following:

1. If You are an employee, Your gross weekly rate of pay exclusive of bonuses, commission, overtime payments and any allowances; or
2. If You are not an employee, Your gross weekly Income derived from personal exertion after deducting any expenses necessarily incurred by You in deriving that Income.

Injury means bodily injury resulting from an accident. It does not include any Pre-Existing Condition or degenerative condition that existed before the accident. The Injury has to occur during the Period of Insurance and within twelve (12) months of the Injury must result solely, and independently of any other cause, in an Insured Event.

Insured means the Insured as specified in the Policy Schedule.

Insured Person(s) means the person(s) named in the Policy Schedule by You from time to time for the insurance cover selected by You and for which the premium has been paid.

Insurer is certain underwriters at Lloyd's.

Journey means authorised business travel as shown in the Policy Schedule by an Insured Person, but does not include any travel that exceeds one hundred and eighty (180) consecutive days.

Occurrence means an event which results in an Injury or Illness, neither expected nor intended from the Insured Person's standpoint.

Period of Journey means the Journey commences from the time the Insured Person leaves his or her home or usual place of business in Australia, and ends when the Insured Person returns to his or her home or usual place of business in Australia.

Period of Insurance is the period referred in the Policy Schedule or any renewal certificate provided thereafter.

Policy means this PDS and the Policy Schedule.

Policy Schedule includes the current Schedule, Schedule of Benefits, renewal or any endorsement to the Schedule.

Pre-existing Medical Condition means an ongoing medical or dental condition, or any complication directly or indirectly related to that medical or dental condition; and:

- (a) diagnosed or documented as a medical or dental condition; and
- (b) a medical or dental condition which has received medical treatment or dental treatment:
 - (i) during the thirty (30) days immediately before the start of the Period of Insurance; or
 - (ii) during the Period of Insurance on the original Policy certificate of insurance, if the Policy is an extension or replacement of the original Policy.

Relative means the Insured Person's spouse; partner; de-facto partner; any unmarried dependent children, stepchildren, or legally adopted children who are living with the Insured Person and who are under 19 years of age, or under twenty-five (25) years of age if they are a full-time student; and primarily dependent on the Insured Person for maintenance and support.

Salary means the following:

1. Your Guaranteed Income for the twelve (12) months following the Injury or Illness.
2. If You have no Guaranteed Income for the twelve (12) months following the Injury or Illness, then the average of Your Income for the preceding twelve (12) months or over such shorter period provided You have been continuously employed or engaged in Your occupation or business for a period of at least three (3) months.
3. If You do not meet 1 or 2 above, then Your salary shall be Nil.

Schedule of Benefits is the Policy Schedule listing the benefits, Sums Insured and limits of liability for each section of the Policy and contained in the Policy Schedule.

Sum Insured means the applicable Sum Insured in respect of each section of the Policy as specified in the Policy Schedule and/or the Policy.

We, Our, or Us means certain underwriters at Lloyd's.

You or Your means the Person(s) named in the Policy Schedule as the Insured and includes the Insured Person(s) in connection with:

1. the circumstances in which entitlements to benefits arise (including the application of any exclusions);
2. the general conditions and limitations; and
3. notification and disclosure obligations.

Specific Section Definitions: The start of each section may contain specific additional definitions which are applicable to that section, as indicated below. These specific definitions have also been repeated at the start of each section to provide an ease of reference when reviewing each section. Please ensure that the definitions in each section are read carefully.

SECTION A – PERSONAL INJURY – Specific Definitions

Income means:

1. If the Insured Person(s) is an employee, the Insured Person's gross weekly rate of pay exclusive of bonuses, commission, overtime payments and any allowances averaged over the period of twelve (12) months prior to the date the disablement commences.
2. If the Insured Person(s) is not an employee, the Insured Person(s) gross weekly income derived from personal exertion after deducting any expenses necessarily incurred by the Insured Person(s) in deriving that income averaged over the period of twelve (12) months prior to the date disablement commences.

Loss of Use means loss of, by physical severance, or total and permanent loss of the effective use of the part of the body referred to in the table of Lump Sum Benefits.

Permanent Disablement means disablement lasting at least twelve (12) consecutive months, and at the end of that time being beyond hope of improvement.

Total Disablement means the Insured Person(s) inability to engage in their usual occupation or employment, or any other occupation or employment for which the Insured Person is suited by reason of education, training, experience, or skill, or if not employed, from engaging in any and every occupation for the rest of the Insured Person's life.

Temporary Partial Disablement means disablement which entirely prevents the Insured Person(s) from carrying out a substantial part of the duties normally undertaken by the Insured Person(s) in connection with their usual occupation or employment for a period of time not exceeding twelve (12) months from the date the disablement commences.

Temporary Total Disablement means disablement which entirely prevents the Insured Person(s) from engaging in their usual occupation or employment for a period of time not exceeding twelve (12) months from the date the disablement commences.

SECTION B – MEDICAL EXPENSES – Specific Definitions

Emergency Evacuation means an evacuation due to medical treatment being immediately required and the medical condition being sudden and life threatening.

Medical Expenses means expenses incurred within twenty-four (24) months from the date the first expense was incurred and paid to a legally qualified medical practitioner, nurse, hospital or ambulance service for medical surgery, hospitalisation or nursing treatment including the cost of medical supplies and ambulance hire but excluding the cost of dental treatment unless such treatment is required urgently. We will also pay those expenses incurred to repair, replace or adjust dentures provided such expenses relate to Injury of the Insured Person to a maximum of four thousand (\$4,000) dollars. We will not pay any benefits for any expense to which Section 118.1 of the Private Health Insurance Act 2007 (Cth) as amended, or any of the regulations made thereunder apply.

SECTION C - ADDITIONAL EXPENSES - Specific Definitions

Relative means the Insured Person's spouse, de-facto partner, parent, parent-in-law, grandparent, step-parent, child, step-child, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancée, half-brother or half-sister.

Scheduled Meeting means any official, pre-determined meeting or conference arranged by the Insured Person which cannot be rescheduled.

Serious Injury or Illness is a condition other than pregnancy which a person has not received regular treatment or advice for treatment at the date of the commencement of the Journey, and for which a medical practitioner certifies that the attendance at hospital of the Insured Person is necessary for the health of or treatment of that Person or in the case of a business partner or co-director require the Insured Person to take over that person's business role.

Unexpected Death means death which occurs fortuitously and does not include the death of a terminally ill person unless the death is caused by any other reason other than a terminal illness.

SECTION D - BAGGAGE, TRAVELLERS' CHEQUES, TRAVEL DOCUMENTS, CREDIT CARDS AND MONEY - Specific Definitions

The Property Insured means:

1. Baggage and other personal effects (other than household furniture) that accompany the Insured Person whilst engaged on a Journey, including tickets, credit cards, travellers' cheques, travel documents and passports (any One Article) limited to 50% of the Sum Insured, or as specified.

One Article is described as one item (including its attached or unattached accessories) or a set or pair of items such as earrings, golf clubs, camera equipment etc.

2. Money, cheques, postal notes, money orders and petrol coupons taken by the Insured Person whilst engaged on a Journey.

SECTION E - LOSS OF DEPOSITS AND CANCELLATION CHARGES - Specific Definitions

Relative means the Insured Person's spouse, de-facto partner, parent, parent-in-law, grandparent, step-parent, child, step-child, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancée, half-brother or half-sister.

Serious Injury or Illness is a condition which a person is not receiving treatment for or advice for treatment at the date of payment of the Journey. Such Serious Injury or Illness must require a medical practitioner to certify the attendance of the Insured Person is necessary for the health of or treatment of that person.

Unexpected Death means death which occurs fortuitously and does not include the death of a terminally ill person unless the death is caused by any other reason other than an Illness.

SECTION F – KIDNAP, RANSOM AND PERSONAL EXTORTION - Specific Definitions

Kidnap means the actual or alleged taking away of an Insured Person against the person's will, usually to hold the person in false imprisonment without legal authority for the purpose of demanding ransom.

Personal Extortion means a physical threat to an Insured Person for demand of Ransom.

Ransom means cash and/or marketable goods surrendered by or on behalf of the Insured Person in connection with a Kidnap, detention or Personal Extortion incident.

SECTION G - EXTRA TERRITORIAL CLAIMS FOR WORKERS' COMPENSATION AND DAMAGES - Specific Definitions

Temporary Employment means employment in relation to a Journey which does not exceed one hundred and eighty (180) days.

SECTION H – REFUND OF EXCESS FOLLOWING COLLISION OR THEFT - Specific Definitions

Rental Vehicle means a passenger class hatchback, sedan, station wagon, or four-wheel drive rented or hired from a licensed motor vehicle rental company for the sole purpose of carrying the Insured Person and their travelling companions on public roadways. It shall not include any other type of vehicle or vehicle use.

SECTION I - ALTERNATIVE EMPLOYEE EXPENSES - Specific Definitions

Alternative Employee Expenses means all reasonable and necessary expenses incurred in sending a substitute person to complete the original Insured Person's Journey and objectives. Expenses shall be limited to:

1. an economy return air flight for interstate and intrastate air trips within Australia; or
2. a business class return air flight for international air trips outside Australia; and
3. other essential expenses incurred in transportation of the substitute person.

Serious Injury or Illness means injury or sickness which entirely prevents the Insured Person from carrying out his or her usual occupation or business and which based on medical evidence is likely to last for at least fourteen (14) days.

SECTION J - PERSONAL LIABILITY – Specific Definitions

No specific definitions apply to this section. Refer to general definitions which are applicable to all sections.

SECTION K – EVACUATION EXPENSES – Specific Definitions

DFAT means the Australian Department of Foreign Affairs and Trade.

6. Types of Cover

This Policy consists of eleven sections that You can choose from. Each section provides the Insured Person(s) with insurance cover under those sections. The details of the cover can be found in each section, along with the applicable conditions and exclusions. You are only covered under the sections selected by You in Your application for insurance as shown on the Policy Schedule. There are also general conditions and general exclusions that apply to all sections of the Policy.

The coverage sections are:

- Section A – Personal Injury.
- Section B – Medical Expenses.
- Section C – Additional Expenses.
- Section D – Baggage, Travellers Cheques, Travel Documents, Credit Cards and Money.
- Section E – Loss of Deposits and Cancellation Charges.
- Section F – Kidnap, Ransom and Personal Extortion.
- Section G – Extra Territorial Claims For Workers' Compensation and Damages.
- Section H – Refund of Excess following Collision or Theft.
- Section I – Alternative Employee Expenses.
- Section J – Personal Liability.
- Section K – Evacuation Expenses.

In addition to the general exclusions applicable to all sections of the Policy, each section may contain additional benefits, conditions and limitations, specific exclusions, specific conditions and optional extensions. These are detailed in the Policy. Each section may also contain information on when the insurance will be paid and information on the limit of liability.

There are differences between each section including different definitions, limits of liability, specific exclusions, and specific conditions. The terms in one section may be different from another section. You should read each section carefully to ensure that the cover chosen is appropriate for Your needs.

Further details and limits on cover are set out in Part 2 of this PDS.

7. Other Issues to Consider before Taking out this Insurance

Like all insurance contracts, the Policy contains exclusions, terms and conditions, as well as limits and sub-limits that You should be aware of when considering whether to purchase this product.

8. Conditions

As well as the conditions that appear in each section, the Policy also includes a number of general conditions that apply to all sections. These conditions are shown in Part 2. In some circumstances, a breach of a condition may entitle Us to refuse to pay a claim or reduce the amount We are liable to pay.

9. Limit of Liability

When You choose which sections of the Policy You want coverage under You must also choose the Sum Insured for each section of the Policy. The maximum We will pay for a claim is the Sum Insured for that section as set out in the Policy Schedule.

The most We will pay for all claims under this Policy, during any period of insurance, is set out under the heading 'Limit of Liability' in the Policy Schedule. The *Aggregate* 'Limit of Liability' does not apply to Section B (Medical Expenses) or Section J (Personal Liability) of the Policy. Once the Aggregate Limit of Liability has been completely used to pay a claim, You will need to pay an additional premium determined by us, at our discretion, to reinstate the cover for that section under the Policy.

In some cases, the maximum amount We are liable to pay for a particular benefit, item, loss or claim within a section of the Policy may be limited and You should refer to each section of the Policy and the Policy Schedule to understand the limits that are applicable.

10. Limits on What We Will Pay

The maximum limits that We will pay under this insurance are set out in each section. Your choice of the type of cover You wish to effect will be shown in the Policy Schedule and the maximum amounts per applicable Section will also be shown in the Policy Schedule.

11. What We do not Pay

There are certain times when there is no cover under this Policy which means We may refuse to pay Your claim. Under each section are a number of specific exclusions that apply. In addition to the specific exclusions, there are a number of general exclusions that apply to the whole of the Policy. The general exclusions are shown in Part 2. For example, We will not pay any claim under this Policy, liability, loss or expense caused by, or arising out of, the following:

1. the Insured Person engaging in air travel, except as a passenger in a properly licensed aircraft;
2. an injury that has been deliberately self-inflicted, including suicide or attempted suicide whether sane, insane or under mental distress.
3. war; invasion; acts of foreign enemies; hostilities (whether war be declared or not); civil war; rebellion; revolution; or insurrection or military or usurped power in your country of domicile, Iraq or Afghanistan;
4. the use, existence or escape of nuclear weapons material; including ionising radiation or contamination by radioactivity, from any nuclear fuel or nuclear waste caused by or arising from the combustion of nuclear fuel;
5. a sexually transmitted disease, or the Human Immunodeficiency Virus (HIV) infection and/or the Acquired Immune Deficiency Syndrome (AIDS) contracted in any manner whatsoever (whether sexually transmitted or not);
6. You engaging in or taking part in naval, military or air force service or operations;
7. a criminal or illegal act committed by You; or
8. the Insured Person travelling on a Journey to any country or destination where there exists a current warning from DFAT in respect of travel to that country or destination that is sufficiently serious to justify either reconsidering your travel arrangements or avoiding travel completely (ie a level 4 or level 5 warning).

Additionally, the Policy does not cover You for Death that occurs through natural causes.

Please ensure that You read all Specific Exclusions and General Exclusions carefully.

12. Selecting a Sum Insured

It is important that You ensure that You have properly selected a Sum Insured for each cover section. The Sum Insured You choose for each section should provide You with sufficient protection for Your needs.

13. Sum Insured

The Sum Insured is the amount We agree to insure You for when You take out the Policy as shown on Your Policy Schedule.

If You suffer an Insured Event as a result of an Injury (Events 1-19) then We will pay You a percentage of the Sum Insured as set out in the Table of Benefits.

14. Basis of Settlement

It is also important that You understand how We settle and pay Your claims. Each section details how claims are calculated for cover in respect of that section.

15. How to Apply for this Insurance and Our Contract with You

You may need to complete an application form. We will use the information You supply in the application form to determine the terms of cover We will provide. The terms of cover are contained in the Policy and the most recent Policy Schedule that We issue to You.

The Policy Schedule will contain important information about Your cover, including the Period of Insurance, the premium, the level of cover (and the insured amounts) You have chosen and whether any standard terms have been varied by way of endorsement to the Policy.

You should keep all of the Policy documents in a safe place.

16. The Cost of this Insurance Policy

The cost of Your Policy will be shown on the quotation we give You once we have received all required information from You. The cost of Your Policy is calculated based on the Period of Insurance, the type of cover You choose, the length of the travel and the destination(s) You intend to travel to.

The cost of the Policy is made up of the premium, government taxes such as goods & services tax (GST) and stamp duty, where applicable.

Please note that the cover We provide is subject to payment of the premium by the due date.

17. Your Duty of Disclosure – What You Must tell Us

When You apply for insurance, You need to tell us certain information which would affect Our decision to insure You. If You do not give us this information, it may affect Your Policy. The duty of disclosure appears in full below. Please ensure You read this carefully.

The duty of disclosure notice will also appear on Your renewal invitation and the duty of disclosure also applies to any endorsements or variations You request.

Before You enter into a contract of general insurance with an insurer, You have a duty, under the *Insurance Contracts Act 1984* (Cth) to disclose to Us every matter You know, or could reasonably be expected to know, that is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate a contract of general insurance.

You do not have to tell Us about any matter that:

- diminishes the risk to be undertaken by Us;
- is of common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We say We do not need to know.

18. Who needs to disclose

You are answering questions on behalf of Yourself and anyone else You want to be covered by this Policy. The duty of disclosure applies to You and everyone else insured by the Policy.

19. Non Disclosure

If You fail to comply with Your duty of disclosure, We may be entitled to reduce Our liability under the Policy in respect of a claim, or We may cancel the Policy. If Your non-disclosure is fraudulent, We may also have the option of avoiding the Policy from its beginning.

20. Taxation Implications

Depending upon You or Your company's entitlement to claim input tax credits under this Policy, We may reduce the payment of Your claim by the amount of any input tax credit.

A claim paid in respect of weekly disability benefits, for example under Section A (Personal Injury and/or Illness) in this Policy, is subject to personal income tax and it is Your responsibility to declare such benefit when completing Your usual tax return.

There may be other taxation implications affecting You, depending upon Your own circumstances. We recommend that You seek professional advice.

21. Making a Claim

If You need to make a claim, please send written notice of Your claim to Your insurance broker or adviser (intermediary) within thirty (30) days of the date of the incident occurring, or as soon as reasonably possible. Your insurance broker or adviser (intermediary) will send You a copy of Our claim form which will need to be fully completed. We will not be responsible for any payments under the Policy unless this form is fully completed and returned to Us. Any costs involved in the collection of information for the form are Your responsibility.

At any time after a claim has been lodged, We may conduct enquiries into the circumstances of the claim. We may ask for medical examinations or, in the event of death, We may request an autopsy. This will be done at Our expense.

Any payments under this Policy will be to You, or in the event of Your death, Your legal representative.

For all claims enquires please contact Proclaim on the below details;

Locked Bag 32012, Collins St East, VIC 8003
Phone: (03) 9660 5200 Fax: 1300858329
Or email: insclaims@proclaim.com.au

Once a payment is made under this Policy, We may attempt to recover the amount We have paid to You if we find someone else is responsible for the loss or damage. We will do this in You or the Insured Person(s) name. We may also need to defend You, or the Insured Person(s), if someone else alleges You caused them loss or damage. You and the Insured Person(s) are required to cooperate with Us at all times.

22. Cooling-Off Period

You have the right to cancel the Policy by notifying the Insurer in writing within twenty-one (21) days of the date the Policy was issued to You (**Cooling-Off Period**). You are entitled, during the Cooling-Off Period, to a complete refund of the amount You have paid for the Policy. If You choose to cancel the policy during the Cooling-Off Period, We will treat the policy as never having existed.

You are not entitled to a refund if, during the Cooling-Off Period, the Policy has already expired or if You have started the travel or if You have made a claim under the Policy.

23. Cancellation

You may cancel the Policy by notifying Us in writing. The cancellation will take effect on the day We receive such notice in writing. We will refund the premium for the unexpired Period of Insurance. If more than one person, company or firm is named on the Policy as an Insured Person, We will only cancel the Policy if a written agreement to cancel the Policy is received by Us from all parties named as an Insured Person.

We may cancel the Policy in any of the circumstances set out in, and in the manner allowed by, the *Insurance Contracts Act 1984* (Cth). We will advise You in writing if the Policy is cancelled by Us. If We cancel the Policy We will refund the premium for the unexpired Period of Insurance.

24. Dispute Resolution

We and Savannah will do everything possible to provide a quality service to You. However, We recognise that occasionally there may be an aspect of Our or Savannah's service or a decision We or Savannah have made that You wish to query or draw to Our or Savannah's attention. Savannah has complaints and dispute resolution procedures which undertake to answer Your queries or complaints within fifteen (15) working days. If You have any queries or complaints, please contact Savannah, Savannah's staff are always available to listen to You and to help where they can.

If You wish to make a complaint or access Savannah's internal dispute resolution service, please contact Savannah and ask to speak to Savannah's dispute resolution manager. The contact details of Savannah's dispute resolution manager are as follows:

Savannah Dispute Resolution Manager

GPO Box 4920, Sydney, NSW 2001
Tel: (02) 8062 4254
Fax: (02) 8078 0162

If You are unhappy with Savannah's response, or Savannah has taken more than fifteen (15) working days to respond, You should contact Peter Fryer at:

Lloyd's Australia Limited

Suite 2, Level 21 Angel Place
123 Pitt Street, Sydney NSW 2000

Telephone: (02) 9223 1433
Facsimile: (02) 9223 1466
Email: peter@lloydsaustralia.com.au

When You lodge Your dispute with Us, We will Usually require the following information:

- Name, address and telephone number of the policyholder
- The type of insurance policy involved
- Details of the policy concerned (policy and/or claim reference numbers, etc)
- Name and address of the insurance intermediary through whom the policy was obtained
- Details of the reasons for lodging the dispute
- Copies of any supporting documentation You believe may assist Us in addressing Your dispute appropriately.

Following receipt of Your dispute, You will be advised whether Your dispute will be handled by either Lloyd's Australia or the Policyholder & Market Assistance Department at Lloyd's in London:

If You are unhappy with this response, You may take Your complaint to the Financial Ombudsman Service (FOS), an Australian Securities & Investments Commission (ASIC) approved external dispute body.

The FOS resolves certain insurance disputes between consumers and insurers and will provide an independent review at no cost to You. We and Savannah are bound by any determination made by the FOS but the determination is not binding on You.

The contact details of the FOS are as follows.

GPO Box 3, Melbourne VIC 3001
Freecall: 1300 78 08 08
Fax: (03) 9613 6399
Email: info@fos.org.au
Web: www.fos.org.au

25. Lloyd’s Australian Alternative Disputes Resolution Clause

In the event that a dispute arises between us and you out of or otherwise in relation to this agreement, then:

- (a) Any party to the dispute shall, without prejudice to any other right or entitlement they may have, give written notice to the other party (the “Dispute Notice”) requiring them within seven (7) days of this notice to negotiate (whether in a face to face meeting or by teleconference) in good faith as to how the dispute can be resolved;
- (b) If a dispute is not resolved within ten (10) days of the Dispute Notice, either party can request the other party within a further ten (10) days to agree on either:
 1. a process for resolving the dispute through means other than litigation or arbitration, such as further negotiation, mediation, or any other alternative dispute resolution technique. The rules governing any such technique shall be agreed as between the parties and where no such agreement as to the process and or guidelines is reached within ten (10) days, then it shall be by mediation by a mediator selected by the Chairperson for the time being of Lawyers Engaged in Alternative Dispute Resolution (LEADR) (or other appropriate professional body as agreed by the parties); or
 2. referral of the matters in dispute to an independent expert for an expert determination. The parties agree that they will not be bound by the determination of the expert. The expert:
 - i) will be a person agreed between the parties within ten (10) days of the dispute being referred to expert determination or failing this, the expert will be a person appointed by the Australian Insurance Law Institute (or other appropriate professional body as agreed by the parties);
 - ii) will act as an expert and not as an arbitrator;
 - iii) will proceed in such a manner as he or she thinks fit without being bound to observe the rules of natural justice or the rules of evidence;
 - iv) will take into consideration all documents, information and other written and oral material that the parties place before him or her including documents, information and material relating to the facts in dispute and to arguments and submissions upon the matters in dispute; and will act with expedition to provide the parties with a determination in writing within thirty-five (35) days of the referral to him or her of the matters in dispute.

Both parties must use their best endeavours to achieve resolution by the selected process and further agree that neither party will initiate litigation (as set out in clause (c) below) without first pursuing such informal resolution techniques in good faith;

In the event that the dispute is not resolved by such informal process within thirty-five (35) days of the Dispute Notice (or such other period as agreed in writing between the parties) the dispute shall be referred to litigation.

- (c) Following either a mediation or an expert determination pursuant to clause (b) of this provision, either party may then initiate proceedings in any competent Court in the Commonwealth of Australia in relation to the matters in dispute.

Such proceedings may only be commenced on 14 days written notice to the other party and shall be determined in accordance with the law and practice applicable in such Court.

Any summons, notice or process to be served upon Underwriters may be served upon:

Lloyd's Underwriters' General Representative in Australia
Suite 2, Level 21, Angel Place
123 Pitt Street, Sydney
NSW 2000, Australia

who has authority to accept service and to appear on Underwriters' behalf.

If proceedings are instituted against any one of the Underwriters, all Underwriters participating in this insurance will abide by the final decision of such Court or any competent Appellate Court.

- (d) Except where the dispute renders it impossible to do so, the parties will continue performing their respective obligations under the Policy while the dispute is being resolved, unless and until such obligations are terminated or expire in accordance with this agreement.
- (e) Each party must use its reasonable endeavours to ensure that where a dispute is reasonably foreseeable, it is dealt with at a sufficiently early stage to ensure that there is a minimal effect on the ability of either party to perform its obligations under the Policy.
- (f) Notwithstanding anything in this schedule, either party may at any time commence Court proceedings in relation to any dispute or claim arising under, or in connection with the Policy where the party seeks urgent interlocutory relief.

26. Service of Suit Clause (Australia)

The Underwriters hereon agree that:

- (i) In the event of a dispute arising under this Policy, Underwriters at the request of the insured (or reinsured) will submit to the jurisdiction of any competent Court in the Commonwealth of Australia. Such dispute shall be determined in accordance with the law and practice applicable in such Court.
- (ii) Any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Australia Limited
Suite 2, Level 21 Angel Place
123 Pitt Street, Sydney NSW 2000
Telephone: (02) 9223 1433
Facsimile: (02) 9223 1466

who has authority to accept service and to enter an appearance on Underwriters' behalf, and who is directed at the request of the insured (or reinsured) to give a written undertaking to the insured (or reinsured) that he will enter an appearance on Underwriters' behalf.

- (iii) If a suit is instituted against any one of the Underwriters all Underwriters hereon will abide by the final decision of such Court or any competent Appellate Court.

27. Privacy

We are committed to protecting Your privacy. We Use the information You provide Us to quote on Your application for a Policy, to provide the insurance, administer the Policy and asses and manage any claims. We only provide personal information to Our underwriters and reinsurers (and their representatives) and those We appoint to assist Us with claims under Your Policy.

If You do not provide Us with full information, We cannot properly quote for Your insurance and We cannot insure You. You can check the personal information We hold about You at any time. Such application should be directed to Savannah, in writing, where it will be considered by its internal privacy disputes department.

If You provide Us with personal information about anyone else, We rely on You to have obtained their consent and to have informed them:

- to whom We may provide their personal information;
- the purposes for which We will Use their personal information; and
- how they can access that information.

If the information is sensitive, We rely on You to have obtained their consent on these matters.

For more information about Our privacy policy, please visit Our Website.

28. Code of Practice

This Policy is Insurance Council of Australia's General Insurance Code of Practice compliant, apart from any claims adjusted outside Australia. Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry.

When You lodge a claim Savannah will tell You in plain language what information Savannah needs and how You should go about making Your claim.

Savannah will respond promptly to any requests You make for assistance with Your claim and it will be considered and assessed promptly.

29. Emergency Assistance Provider

The Insured Person is entitled to the worldwide services of Our emergency assistance provider in the event of a medical emergency or political, natural disaster or personal safety issue while travelling. To contact the emergency assistance provider, telephone the toll free number set out on the Emergency Card which is given to the Insured Person before they travel.

The services provided by the emergency assistance provider include:

Medical

- Pre-departure health information
- Hospital case management
- Emergency assistance worldwide
- Arranging transport to a medical centre for the Insured Person if they are unwell
- Emergency evacuation and transport home
- Payment guarantees to hospitals and insurance verification

Political, Natural Disaster Evacuation and Personal Safety

- Pre-travel advice regarding security and emergency information
- Web-based travel guides
- Protection in real time situations of personal danger and threats

Part 2 - CORPORATE TRAVEL INSURANCE POLICY WORDING

IMPORTANT INFORMATION

Savannah gives notice that this contract has been effected under an authority, given to Savannah by certain underwriters at Lloyd's. Savannah has entered into this contract as an agent of certain underwriters at Lloyd's and not as Your agent or an agent of any Insured Person(s).

All cover provided under this Policy is subject to:

1. the payment of premium;
2. the terms and conditions contained in this Policy and in the Policy Schedule; and
3. the limits of liability referred to in this Policy.

This Policy consists of eleven (11) sections. An Insured Person(s) is covered for insurance under those sections selected by You, as indicated in the Policy Schedule.

We hereby agree to insure such person or persons as You shall nominate from time to time on the terms and conditions of this Policy, and subject to the exclusions set out in this Policy.

There is a maximum amount payable under each section of the Policy with respect to each Insured Person(s), and with respect to all claims payable under this Policy during each Period of Insurance. The limits of the Sum Insured under each section are stated in the Policy Schedule.

If You are not entirely satisfied with this Policy, and provided You have not started the travel, the Policy has not already expired, or You have not made any claim upon it You may cancel it by returning it to Us within twenty-one (21) days of the date the Policy was issued to You. We will refund Your premium and the Policy will be treated as though it never existed.

General Exclusions Applying

We are not liable to pay and will not pay any claim under this Policy, liability, loss or expense caused by, or arising out of, the following:

1. the Insured Person(s) engaging in air travel, except as a passenger in a properly licensed aircraft;
2. an injury that has been deliberately self-inflicted, including suicide or attempted suicide whether sane, insane or under mental distress;
3. Death occurring from natural causes;
4. war; invasion; acts of foreign enemies; hostilities (whether war be declared or not); civil war; rebellion; revolution; or insurrection or military or usurped power in your country of domicile, Iraq or Afghanistan;
5. the use, existence or escape of nuclear weapons material; including ionising radiation or contamination by radioactivity, from any nuclear fuel or nuclear waste caused by or arising from the combustion of nuclear fuel;
6. a sexually transmitted disease, or the Human Immunodeficiency Virus (HIV) infection and/or the Acquired Immune Deficiency Syndrome (AIDS) contracted in any manner whatsoever (whether sexually transmitted or not);
7. You engaging in or taking part in naval, military or air force service or operations;
8. Expenses to which Section 118.1 of the Private Health Insurance Act 2007 (Cth) as amended, or any of the regulations made thereunder apply;
9. a criminal or illegal act committed by You; or
10. the Insured Person travelling on a Journey to any country or destination where there exists a current warning from DFAT in respect of travel to that country or destination that is sufficiently serious to justify either reconsidering your travel arrangements or avoiding travel completely (i.e. a level 4 or level 5 warning).

General Conditions and Limitations Applying to all Sections

1. Notice Of Claim

Written notice of claim must be given to Us within thirty (30) days after the Occurrence of any circumstances giving rise to a claim or as soon thereafter as is reasonably possible.

2. Subrogation

If We make a payment under this Policy We are subrogated to all of the Insured Person(s) rights of indemnity, contribution or recovery. The Insured Person(s) must not surrender or prejudice any of these rights without Our prior written consent.

Any Insured Person(s) claiming under this Policy shall at Our request and expense do and allow all things necessary or reasonably required to enable Us to sue in their name for indemnity, contribution or recovery to which We shall be entitled or subrogated upon Us paying for or making good any loss, damage or liability under this Policy.

If We make any recovery using Our right of subrogation, the Insured Person may only recover from Us the amount recovered by Us to the extent that it exceeds the amount We paid to the Insured Person under this Policy in relation to the loss, damage or liability and only to the extent of the Insured Person(s) uninsured loss, damage or liability.

3. Claim Forms

Upon receipt of a notice of claim, We shall submit Our usual claim form for completion. We shall not be liable to make any payment under this Policy unless the claim form is properly completed and all information reasonably required by Us has been furnished to Us.

4. The Insured's Duty to Cooperate

The benefits of this Policy depend on the Insured Person(s) giving Us any reasonable information and help We require. This includes giving Us written statements and documents We consider relevant. We may also require the Insured Person(s) covered by this Policy to attend Court to give evidence. The Insured Person must help Us even when We have paid the claim. If the Insured Person(s) does not cooperate, payments may be suspended.

5. Physical Examination and Autopsy

We may, at Our own expense, conduct any medical examination or examinations of any Insured Person(s) or arrange at Our own expense for an autopsy to be carried out.

6. Legal Action

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after Our reasonable requirements in connection with a claim have been met. No such action shall be brought after the expiration of three (3) years after the time of the loss or damage or the time the liability was incurred (as the case may be). No action at law or equity shall be brought or maintainable unless and until the parties have first participated in a formal mediation process before a mediator appointed by agreement or failing that by the president of the law society of the state in which the claimant ordinarily resides. The costs of any mediator shall be borne equally by the parties.

7. Limit of Liability

Our total liability for all claims arising under this Policy during any Period of Insurance shall not exceed the amount stated in the Schedule of Benefits other than with respect to Section B – Medical Expenses and Section J - Personal Liability. In the event this limit is reached, the amount will be automatically reinstated with the appropriate additional premium plus charges being charged.

8. Currency

Any claim or benefit paid under this Policy will be paid in the same currency as the premium quoted.

Governing Law and Jurisdiction

This Policy is governed by the Laws of the Australian State or Territory it was issued in and any dispute or action in connection therewith shall be conducted and determined in Australia.

Section A – Personal Injury

Specific Additional Definitions for the purpose of Section A:

Income means the following:

1. If the Insured Person(s) is an employee, the Insured Person(s) gross weekly rate of pay exclusive of bonuses, commission, overtime payments and any allowances averaged over the period of twelve (12) months prior to the date the disablement commences.
2. If the Insured Person(s) is not an employee, the Insured Person(s) gross weekly Income derived from personal exertion after deducting any expenses necessarily incurred by the Insured Person(s) in deriving that Income averaged over the period of twelve (12) months prior to the date disablement commences.

Loss of Use means loss of, by physical severance, or total and permanent loss of the effective use of the part of the body referred to in the table of Lump Sum Benefits.

Permanent Disablement means disablement lasting at least twelve (12) consecutive months, and at the end of that time being beyond hope of improvement.

Total Disablement means the Insured Person(s) inability to engage in their usual occupation or employment, or any other occupation or employment for which the Insured Person(s) is suited by reason of education, training, experience, or skill, or if not employed, from engaging in any and every occupation for the rest of the Insured Person(s) life.

Temporary Partial Disablement means disablement which entirely prevents the Insured Person(s) from carrying out a substantial part of the duties normally undertaken by the Insured Person(s) in connection with their usual occupation or employment for a period of time not exceeding twelve (12) months from the date the disablement commences.

Temporary Total Disablement means disablement which entirely prevents the Insured Person(s) from engaging in their usual occupation or employment for a period of time not exceeding twelve (12) from the date the disablement commences.

What We Will Pay

We will pay the amounts as set out in the table of Lump Sum Benefits in this section of the Policy.

When We Will Pay

If, whilst engaged in a Journey during the Period of Insurance and as a result solely and directly of:

1. An Injury, the Insured Person(s) suffers from Temporary Total Disablement or any of the Insured Events set out in the table of Lump Sum Benefits in this section of the Policy; or
2. An Illness, the Insured Person(s) suffers from Temporary Total Disablement,

We will pay the amounts set out in the table of Lump Sum Benefits in this section of the Policy.

All 'Insured Events', including without limitation disablement, must occur within twelve (12) months of the Injury or Illness as the case may be.

Exposure

If, as a result of an Injury occurring during the Period of Insurance and whilst engaged on a Journey, the Insured Person(s) is exposed to the elements and suffers from any of the Insured Events set out in the table of Lump Sum Benefits as a direct result of that exposure, We will pay the corresponding benefits accordingly.

Disappearance

If an Insured Person(s) disappears on a Journey, as a result of a disappearance, sinking or wrecking of a conveyance, during the Period of Insurance and his or her body has not been found within twelve (12) months after the date of the disappearance, We shall pay a benefit on the basis that the Insured Person(s) died as a result of an Injury at the time of the disappearance, sinking or wrecking of the conveyance.

Lump Sum Benefits

| Insured Events | The Benefits |
|--|---|
| | (being a percentage of the Lump Sum Benefits Sum Insured shown in the Policy Schedule for each Insured Person(s)) |
| Injury resulting directly in: | |
| 1. Death | 100% |
| 2. Permanent Total Disablement | 100% |
| 3. Permanent and incurable paralysis of all limbs | 100% |
| 4. Permanent total loss of sight of both eyes | 100% |
| 5. Permanent total loss of sight of one eye | 100% |
| 6. Permanent total Loss of Use of two limbs | 100% |
| 7. Permanent total Loss of Use of one limb | 100% |
| 8. Permanent and incurable insanity | 100% |
| 9. Permanent total loss of hearing in: | |
| a. both ears | 80% |
| b. one ear | 20% |
| 10. Permanent total loss of four fingers and thumb of either hand | 80% |
| 11. Permanent total loss of the lens of one eye | 60% |
| 12. Permanent total Loss of Use of four fingers of either hand | 50% |
| 13. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body | 50% |
| 14. Permanent total Loss of Use of one thumb of either hand | |
| a. both joints | 30% |
| b. one joint | 15% |
| 15. Permanent total Loss of Use of fingers of either hand | |
| a. three joints | 10% |
| b. two joints | 8% |
| c. one joint | 5% |
| 16. Permanent total Loss of Use of toes of either foot: | |
| a. All – one foot | 15% |
| b. Great – both joints | 5% |
| c. Great – one joint | 3% |
| d. Other than great – each toe | 1% |
| 17. Fractured leg or patella with established non-union | 10% |
| 18. Shortening of leg by at least 5cm | 7.5% |
| 19. Permanent disablement not otherwise falling into Insured Events 9 – 18 inclusive will be compensated as determined at Our absolute discretion. Such determination will not be inconsistent with the benefits provided under Insured Events 9-18 inclusive. | The maximum amount payable is \$50,000. |
| 20. Temporary Total Disablement caused by Injury | During such disablement, the weekly compensation as specified in the Policy Schedule or 80% of Your Salary whichever is the lesser. |
| 21. Temporary Partial Disablement caused by Injury | 40% of the amount payable for Event 20. |

| Insured Events | The Benefits |
|---|--|
| | (being a percentage of the Lump Sum Benefits Sum Insured shown in the Policy Schedule for each Insured Person(s)) |
| 22. Broken bone benefits – Injury | |
| a. Neck or spine (full break) | \$5,000 |
| b. Hip, Pelvis | \$1,000 |
| c. Skull, shoulder blade | \$400 |
| d. Collar bone, upper leg | \$400 |
| e. Upper arm, kneecap, forearm, elbow | \$300 |
| f. Lower leg, jaw, wrist, cheek, ankle, hand, foot | \$200 |
| g. Ribs | \$100 |
| h. Finger, thumb, toe | \$150 |
| Maximum compensation any one accident | \$5,000 |
| 23. Temporary Total Disablement caused by Illness | During such disablement, the weekly compensation as specified in the Policy Schedule or 80% of Your Salary whichever is the lesser |
| 24. Temporary Partial Disablement caused by Illness | 40% of the amount payable for Event 23. |

Maximum Benefit Period: We will insure You for a maximum period of up to one hundred and four (104) weeks from the date the Insured Person(s) first becomes entitled to the payment of weekly compensation where the Policy Schedule does not specify coverage as being for a lesser period.

Additional Benefits

1. Rehabilitation Expenses

We will pay, after the happening of an Insured Event for Temporary Total Disablement under this Policy, expenses incurred by the Insured Person(s) for tuition or advice from a licensed vocational school, provided such tuition or advice is undertaken with Our prior written agreement and the agreement of the Insured Person(s) attending physician. Benefits under this provision will be limited to the actual costs incurred up to a maximum of \$8,000.

2. Escalation of Claim Benefit

After payment of the benefit for Temporary Total Disablement continuously for twelve (12) months, We will increase the compensation by seven (7) percent compounded per annum while the benefit is being paid.

Conditions and Limitations

- Benefits will not be payable for more than one of the Insured Events 1 to 19 in the table of Lump Sum Benefits in respect of the same Injury.
- After the occurrence of any of the Insured Events 2 to 8 in the table of Lump Sum Benefits, all cover with respect to that Insured Person(s) under this Section A shall cease other than any entitlement under Insured Events 20, 21 and 22.
- No benefits will be payable for Death that occurs through natural causes;

4. Benefits shall not be payable:
 - 3.1 for Insured Events 20, 21, 23 and 24 in excess of a total period of one hundred and four (104) weeks from the date the Insured Person(s) first becomes entitled to the payment of weekly benefit in respect of any one Injury or Illness;
 - 3.2 unless the Insured Person(s) shall, as soon as possible after the happening of any Injury or Illness giving rise to a claim under this Section A, procure and follow proper medical advice from a legally qualified medical practitioner.
5. The weekly benefit payable for Temporary Total Disablement shall be reduced by the amount of any workers' compensation entitlement for incapacity for work or any other payment which the Insured Person(s) is entitled to receive for disability from any insurance policy.
6. No benefits shall be payable for any expense to which Section 118.1 of the Private Health Insurance Act 2007 (Cth) as amended, or any of the regulations made thereunder apply.
7. Benefits payable to Insured Persons under nineteen (19) years of age for Insured Events 1 to 19 will be 20% of the minimum Sum Insured stated in the Policy Schedule unless otherwise specified.

What We Will Not Pay

No benefits shall be payable with respect to any Insured Event which results from the Insured Person(s) engaging in, or taking part in, training for professional sports of any kind.

Section B – Medical Expenses

Specific Section Definitions for the purpose of Section B:

Emergency Evacuation means an evacuation due to medical treatment being immediately required and the medical condition being sudden and life threatening.

Medical Expenses means expenses incurred within twenty-four (24) months from the date the first expense was incurred and paid to a legally qualified medical practitioner, nurse, hospital or ambulance service for medical surgery, hospitalisation or nursing treatment including the cost of medical supplies and ambulance hire but excluding the cost of dental treatment unless such treatment is required urgently. We will also pay those expenses incurred to repair, replace or adjust dentures provided such expenses relate to Injury or Illness of the Insured Person(s) to a maximum of four thousand (\$4,000) dollars. We will not pay any benefits for any expense to which Section 118.1 of the Private Health Insurance Act 2007 (Cth) as amended, or any of the regulations made thereunder apply.

What We Will Pay - We will pay:

1. the amounts as set out in the Schedule of Benefits in this section of the Policy if an Insured Person(s) sustains an Injury or suffers an Illness or disease and incurs Medical Expenses whilst engaged in a Journey during the Period of Insurance We will pay Medical Expenses reasonably incurred provided they are incurred outside Australia;
2. on-going Medical Expenses incurred after the Insured Person(s) returns to Australia provided they relate to a condition which first manifests itself during the Journey;
3. the expenses related to the Emergency Evacuation of an Insured Person(s) provided such evacuation is recommended by a legally qualified medical practitioner and is authorised by the emergency assistance provider or Savannah.

What We Will Not Pay

We will not pay for any medical or other expenses under this section of the Policy which:

1. are incurred when the Insured Person(s) has undertaken a Journey for the purpose of obtaining medical treatment.
2. result from the Insured Person(s) engaging in or taking part in or training for any professional sports of any kind.
3. are incurred in relation to any Pre-existing Condition which the Insured Person(s) knew would require treatment during the Journey.
4. are recoverable by the Insured Person(s) from any other source to the extent to which they are so recoverable.
5. are incurred when the Insured Person(s) travelled against the advice of a physician or when the Insured Person(s) is unfit to undertake the Journey.
6. are incurred in respect of the rendering in Australia of a professional service the payment for which, or reimbursement of, is considered to be 'health insurance business' as defined within the *Private Health Insurance Act 2007 (Cth)* and its Regulations.
7. are incurred when the Insured Person(s) has travelled against the advice of a physician or when the Insured Person(s) is unfit to undertake the Journey.

Additional Benefits

Emergency Assistance Provider

An Insured Person(s) is also entitled to the services of an emergency assistance provider in the event of a medical emergency or Illness by using a toll-free or reverse-charge telephone number stated on Savannah's Emergency Travel Assistance card which we have made available to You.

Emergency assistance provider provides many travel and emergency services, including:

1. pre-travel advice on matters relating to health;
2. case management, if hospitalised;
3. emergency assistance worldwide;
4. the arrangement for transport by road, aircraft or special air ambulance to an appropriate medical centre if this is required for treatment, accompanied if necessary by a doctor or nurse; and
5. arrangements for Emergency Evacuation and transportation home if necessary.

Section C - Additional Expenses

Specific Additional Definitions for the purpose of Section C:

Relative means the Insured Person(s) spouse, de-facto partner, parent, parent-in-law, grandparent, step-parent, child, step-child, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancée, half-brother or half-sister.

Scheduled Meeting means any official, pre-determined meeting or conference arranged by the Insured Person(s) which cannot be rescheduled.

Serious Injury or Illness is a condition other than pregnancy for which the Insured Person(s) has not received regular treatment or advice for treatment at the date of the commencement of the Journey, and for which a medical practitioner certifies that the attendance at hospital of the Insured Person(s) is necessary for the health of or treatment of that Insured Person(s) or in the case of a business partner or co-director require the Insured Person(s) to take over that person's business role.

Unexpected Death means death which occurs fortuitously and does not include the death of a terminally ill person unless the death is caused by any other reason other than a terminal illness.

What We Will Pay

We will pay the amounts as set out in the Schedule of Benefits or as set out below under this Policy section.

1. Reimburse an Insured Person(s) or other persons in the Insured Person(s) travelling party for additional and/or forfeited expenses reasonably and necessarily incurred, or forfeited provided such expenses are authorised by the Emergency Assistance Provider or Savannah and are as a direct consequence of the following.
 - 1.1 The Unexpected Death, Injury or Illness of the Insured Person(s) or a member of the Insured Person(s) travelling party, happening after the commencement of the Journey and resulting in the Insured Person(s), or any of those persons, having to return to the point of origin of the Journey.
 - 1.2 The Unexpected Death, Serious Injury or Illness of a Relative, business partner or co-director of the Insured Person(s) happening after the commencement of the Journey and resulting in the Insured Person(s) or any of those persons having to return to the point of origin of the Journey. We will also pay for the return of the Insured Person(s) so he/she can continue with his/her Journey.
 - 1.3 The necessity on written advice of a medical practitioner for a Relative, friend, business partner or co-director of the Insured Person(s) to travel to or remain with or escort him or her directly back to the point of origin of the Journey if the Insured Person(s) has suffered Injury or Illness during the Journey.
 - 1.4 Any other unforeseen Injury or Illness of the Insured Person(s) happening after the commencement of the Journey which results in the Journey being delayed or disrupted and which is outside the control of the Insured Person(s) not otherwise excluded under Section C.
 - 1.5 Loss of passport and/or travel documents.
2. If an Insured Person(s) necessarily and reasonably incurs legal costs by reason of false arrest or wrongful detention by any government or foreign power during the Journey, We will reimburse those legal costs up to fifty thousand (\$50,000) dollars for each Insured Person(s). We will also pay an amount of five hundred (\$500) dollars per day for every day the detention continues but not exceeding a period of thirty (30) days.

3. If the Journey is delayed or interrupted in excess of twelve (12) hours and the Insured Person(s) is prevented from reaching his or her scheduled destination as a result of an aircraft on which he or she is travelling being hijacked, We will pay an amount of one thousand (\$1,000) dollars per day for every day the hijack continues but not exceeding a period of thirty (30) days.
4. If an Insured Person(s) dies whilst engaged on a Journey, We will pay reasonable costs relating to either funeral or cremation expenses if the body is buried at the place of death, or the cost of returning the Insured Person(s) body or ashes to his or her home address.
5. We will reimburse an Insured Person(s) for additional expenses reasonably and necessarily incurred as a direct consequence of cancellation including strikes, riot, hijacking, civil commotion, flood, adverse weather conditions or natural disasters.
6. If an Insured Person(s) is hospitalised overseas as an in-patient for more than twenty-four (24) hours due to an accident, Injury or Illness We will pay two hundred (\$200) dollars per day for each completed twenty-four (24) hours to a maximum of six thousand (\$6,000) dollars in addition to any charges made by the hospital in which the Insured Person(s) is hospitalised.
7. If an Insured Person(s) necessarily and reasonably incurs expenses in circumstances outside the control of the Insured Person(s) which cause a missed transport connection so that the Insured Person(s) is unable to arrive at a Scheduled Meeting which cannot be delayed because of the Insured Person(s) late arrival, We will pay to the Insured Person(s) a sum of up to ten thousand (\$10,000) dollars (clear of any amount paid by any carrier) to enable the Insured Person(s) to use alternative scheduled public transport to arrive at the specified destination by the scheduled time.

What We Will Not Pay

We will not pay for any claim under this section of the Policy caused by:

1. any person engaging in, or taking part in, or training for professional sports of any kind;
2. carrier-caused delays that are recoverable from the carrier;
3. death occurring through natural causes;
4. any business or financial contractual obligations;
5. any changes of plans or disinclination to travel;
6. the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey;
7. death of a Relative with a known short life span as a consequence of an Illness; or
8. or in any way arising out of, or incurred in the course of, the Insured Person(s) travelling against the advice of a physician or when the Insured Person(s) is unfit to undertake the Journey.

Section D - Baggage, Travellers' Cheques, Travel Documents, Credit Cards and Money

Specific Additional Definitions for the purpose of Section D:

The Property Insured means:

1. Baggage and other personal effects (other than household furniture) that accompany the Insured Person(s) whilst engaged on a Journey, including tickets, credit cards, travellers' cheques, travel documents and passports (any One Article) limited to 50% of the Sum Insured, or as specified.

One Article is described as one item (including its attached or unattached accessories) or a set or pair of items such as earrings, golf clubs, camera equipment etc.

2. Money, cheques, postal notes, money orders and petrol coupons taken by the Insured Person(s) whilst engaged on a Journey.
-

What We Will Pay

We will pay:

1. amounts as set out in the Schedule of Benefits for this section of the Policy for loss of or damage to the Property Insured occurring during the Period of Insurance and whilst the Insured Person(s) is engaged on a Journey;
2. if the Insured Person(s) baggage is misplaced by a carrier for more than eight (8) hours whilst the Insured Person(s) is engaged on a Journey during the Period of Insurance, We will pay up to three thousand (\$3,000) dollars to cover the emergency purchase of essential replacement items;
3. amounts as set out in the Schedule of Benefits in this section of the Policy to the Insured Person(s) for accidental loss of cash, bank or currency notes, cheques, postal or money orders or petrol coupons occurring on a Journey during the Period of Insurance, together with the cost of replacing them and the legal liability of the Insured Person(s) for payment as a result of loss by theft or by unauthorised use by other persons. In respect of money taken with the Insured Person(s) for the purpose of a Journey, cover shall commence from the time of collection from the bank or seventy-two (72) hours prior to the start of the Journey, whichever occurs last and continue up to seventy-two (72) hours after termination of the Journey or until deposited at the bank, whichever occurs first;
4. if an Insured Person(s) loses their identification and keys at the same time and whilst on a Journey, We will pay up to one thousand (\$1,000) dollars for the replacement of the Insured Person(s) keys and locks.

Conditions

1. The amount payable for loss of or damage to the Property Insured will be no more than the cost to repair or replace the articles in the same condition but not better or more extensive than the article when new.
2. We may choose to repair or replace lost or damaged property or pay for the loss in cash. The decision to either repair, replace or pay cash for the damaged or lost property remains at all times at the discretion of Savannah.
3. Should We replace damaged goods, then the salvaged goods remain the property of Savannah. If We replace or pay cash for lost or stolen goods, and those goods are subsequently recovered, We may seek recovery of those goods.
4. The Insured Person(s) must substantiate their loss and provide receipts evidencing the purchase of articles claimed for and provide withdrawal confirmation of money lost or stolen.
5. The Insured Person(s) must take all reasonable precautions for the safety and supervision of any Property Insured.

What We Will Not Pay

We will not pay any claim under this section of the Policy for:

1. wear and tear, deterioration or losses caused by atmospheric or climatic conditions, mechanical or electrical breakdown, insects, rodents or vermin or by any process of cleaning, repairing, restoring or alteration;
2. Loss, theft or misplacement not reported within twenty-four (24) hours to the police or responsible officer of any aircraft, vehicle or vessel on which the Insured Person(s) is travelling. All such reports must be verified by a written statement from that authority;
3. loss of credit cards, travellers' cheques, travel documents, cheques, postal or money orders or petrol coupons unless reported to the issuing authority as soon as possible after discovery;
4. loss or damage to unaccompanied baggage and personal effects unless collected from the Insured Person(s) by a carrier in order to be taken on the Journey;
5. loss or damage of any goods over five thousand (\$5,000) dollars that are intended for use in connection with any trade, business or occupation unless otherwise specified in the Schedule of Benefits;
6. personal computers including laptops, cameras and camera equipment, and all electronic equipment including mobile phones, personal digital assistants (PDA), electronic organisers, palm pilots and other hand held computers:
 - (a) where theft or attempted theft occurs whilst such equipment is unattended unless securely locked inside a building or securely locked out of sight inside a motor vehicle; or
 - (b) whilst carried in or on any aircraft, aerial device, waterborne vessel or craft unless they accompany the Insured Person(s) or an employee as personal cabin baggage;
7. loss or damage occurring through confiscation by quarantine, customs regulations or by order of any Government or Public Authority or losses due to devaluation of currency;
8. loss of money in excess of the amount allowed by any applicable currency regulation at the time of commencement of the Journey; and
9. any item which is recoverable by the Insured Person from any other source to the extent to which they are so recoverable eg airline tour operators or other domestic or travel insurance policies.

Section E - Loss of Deposits and Cancellation Charges

Specific Additional Definitions for the purpose of Section E:

Relative means the Insured Person(s) spouse, de-facto partner, parent, parent-in-law, grandparent, step-parent, child, step-child, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancée, half-brother or half-sister.

Serious Injury or Illness is a condition for which the Insured Person(s) is not receiving treatment for or advice for treatment at the date of payment of the Journey. Such Serious Injury or Illness must require a medical practitioner to certify the attendance of the Insured Person(s) is necessary for the health of or treatment of that person.

Unexpected Death means death which occurs fortuitously and does not include the death of a terminally ill person unless the death is caused by any other reason other than an Illness.

What We Will Pay

We will pay the amounts as set out in the Schedule of Benefits for this section of the Policy to any Insured Person(s) for loss of travel and accommodation expenses paid in advance by the Insured Person(s) and for the loss of which he or she is legally liable and which are not recoverable from any other source, consequent upon the cancellation of travel occurring between the date of payment of those expenses and the date of commencement of the Journey caused only by:

1. the Unexpected Death, Injury or Illness, compulsory quarantine or jury service of an Insured Person(s) or any person with whom the Insured Person(s) intended to travel;
2. the Unexpected Death, Serious Injury or Illness of any Relative, business partner or co-director of the Insured Person(s);
3. any unforeseen circumstances outside the control of the Insured Person(s) not otherwise excluded.

What We Will Not Pay

We will not pay for any claim under this section of the Policy caused by:

1. any person engaging in, or taking part in, or training for professional sports of any kind;
2. carrier-caused delays that are recoverable from the carrier;
3. any business or financial contractual obligations;
4. any changes of plans or disinclination to travel;
5. the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey;
6. death of a Relative with a known short life span as a consequence of an Illness; or
7. in any way arising out of, or incurred in the course of, the Insured Person travelling against the advice of a physician or when the Insured Person(s) is unfit to undertake the Journey.

Section F – Kidnap, Ransom and Personal Extortion

Additional Specific Section Definitions for the purpose of Section F:

Kidnap means the actual or alleged taking away of an Insured Person(s) against the person's will, usually to hold the person in false imprisonment without legal authority for the purpose of demanding ransom.

Personal Extortion means a physical threat to an Insured Person(s) for demand of Ransom.

Ransom means cash and/or marketable goods surrendered by or on behalf of the Insured Person(s) in connection with a Kidnap, detention or Personal Extortion incident.

What We Will Pay

We will pay the amounts as set out in the Schedule of Benefits for this section of the Policy if the Insured Person(s) is Kidnapped or the Insured Person(s) is subject to a Personal Extortion threat while on a Journey.

What We Will Not Pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of:

1. any Kidnapping or Personal Extortion occurring in any country located in Mexico, Central or South America;
2. if the Insured Person(s) has had this type of insurance declined in the past for reasons specified to the Insured Person(s);
3. if the Insured Person(s) has had this type of insurance cancelled or issued with special conditions in the past for reasons specified to the Insured Person(s);
4. if the Insured Person(s) has had a Kidnapping or attempted Kidnapping in the past; or
5. if the Insured Person(s) has had an extortion demand made against them in the past;

We will not pay any more than the amount stated in the Schedule of Benefits for any one Kidnapping or series of Kidnappings, inclusive of monies paid by way of ultimate net loss and expenses, arising out of one event.

Conditions

1. The Insured Person(s) must take all reasonable precautions to protect the confidentiality of the cover provided under this section.
2. We will not act as an intermediary or negotiator for the Insured Person(s) nor will We offer advice to the Insured Person(s) on dealing with any Kidnapper, who should be involved in dealing with any Kidnapper and their details are included in this section.
3. In the event of the reported Kidnapping of an Insured Person(s), the Insured Person(s) shall make every reasonable effort to determine positively that an Insured Person(s) has been Kidnapped, detained, or is the recipient of a Personal Extortion threat and record the serial number of any currency paid to secure the Kidnapped person's release.
4. The Insured Person(s) must do all things necessary to prosecute any person who has acted fraudulently or in collusion with any other person with respect to a Kidnap, detention or a Personal Extortion threat against an Insured Person(s).
5. The Insured Person(s) must make every reasonable effort to notify any relevant law enforcement agency of any demand for Ransom prior to the payment of any ransom monies and the Insured Person(s) must comply with the recommendations and instructions issued by any law enforcement agency if this appears to be in the best interest of the Kidnapped person.

Section G - Extra Territorial Claims For Workers' Compensation and Damages.

Specific Additional Definitions for the purpose of Section G:

Temporary Employment means employment in relation to a Journey which does not exceed one hundred and eighty (180) days.

What We Will Pay

We will indemnify the Insured Person(s) against liability occurring whilst the Insured Person(s) is on a Journey during the Period of Insurance to pay:

1. the difference between the amount so payable and the amount which the Insured Person(s) or his or her dependants are entitled to claim under any workers' compensation policy required by law to be effected for death, personal injury or occupational disease arising out of or in the course of employment but not to exceed the amount stated in the Policy Schedule for all claims for compensation with respect to any one Insured Person(s) and with respect to all Insured Person(s) during the Period of Insurance.
2. the difference between the damages and law costs payable and the amount of indemnity to which the Insured Person(s) would have been entitled to under any workers' compensation legislation required to be effected, but not to exceed the amount stated in the Policy Schedule for all damages payable with respect to the death, Injury or occupational disease of any one Insured Person(s) and with respect to the death, Injury or occupational disease of all Insured Person(s) occurring during the Period of Insurance. This benefit is not payable if the Insured Person's entitlement to damages arises solely pursuant to statute.

but subject to the Conditions set out below.

Conditions

1. This section of the Policy only applies with respect to Insured Person(s) who are employees and with respect to persons who are deemed by any applicable workers' compensation legislation to be a worker, employed within Australia in a managerial, clerical, administrative, technical or sales capacity and whose employment or engagement is to be performed substantially within Australia.
2. The Insured Person(s) must maintain an in-force Policy of insurance for Australian Workers' Compensation Insurance as required by the law of any State or Territory which applies to the employment of employees.
3. This section of the Policy only applies whilst an Insured Person(s) is working in Temporary Employment outside the State or Territory in which his or her usual place of employment or employment base is located.
4. The Insured Person(s) must make available to Us all information and documentation in your possession relating to any claim submitted by any Insured Person(s).
5. The Insured Person(s) must authorise Your Workers Compensation insurer or insurers, upon request, to make available to Us all such information and documentation as We may reasonably require.

What We Will Not Pay

We will not indemnify the Insured Person(s) under this section of the Policy with respect to exemplary, punitive or aggravated damages.

Maximum Limits

We will not pay under this section of the Policy more than the amount of compensation and damages with respect to any one Insured Person(s) stated in the Schedule of Benefits and We will not pay with respect to all compensation, damages, costs and expenses with respect to all claims arising during the Period of Insurance with respect to all Insured Person(s) more than the aggregate Limit of Liability set out in the Schedule of Benefits.

Section H – Refund of Excess Following Collision or Theft

Specific Additional Definitions for the purpose of Section H:

Rental Vehicle means a passenger class hatchback, sedan, station wagon, or four-wheel drive rented or hired from a licensed motor vehicle rental company for the sole purpose of carrying the Insured Person(s) and their travelling companions on public roadways. It shall not include any other type of vehicle or vehicle use.

What We Will Pay

We will pay the amounts as set out in the Schedule of Benefits in this section of the Policy if the Insured Person(s), while on a Journey, hires a Rental Vehicle and as a result of the Rental Vehicle being damaged, stolen or involved in a collision, the Insured Person(s) is responsible to refund the excess, provided:

1. an Insured Person(s) hires a Rental Vehicle from an organisation whose business is to rent rental vehicles in the course of a Journey for the purpose of the Insured Person(s) business;
2. as part of the hiring arrangement the Insured Person(s) effects all insurance (except the excess buy-back) offered by the rental organisation, whether discretionary or mandatory, against loss or damage to the Rental Vehicle during the rental period; or
3. the Insured Person(s) complies with all requirements of the rental organisation under the hiring agreement and of the insurer under such insurance.

What We Will Not Pay

We will not pay any monies with respect to any loss or damage:

1. caused or contributed to by the operation of the vehicle in breach of the provisions of the hiring agreement;
2. to any commercial vehicle, truck or vehicle aged more than twenty (20) years; and
3. that is not indemnifiable under the insurance offered by the rental organisation because of the application of an exclusion clause.

Section I - Alternative Employee Expenses

Specific Additional Definitions for the purpose of Section I:

Alternative Employee Expenses means all reasonable and necessary expenses incurred in sending a substitute person to complete the original Insured Person(s) Journey and objectives. Expenses shall be limited to:

1. an economy return air flight for interstate and intrastate air trips within Australia; or
2. a business class return air flight for international air trips outside Australia; and
3. other essential expenses incurred in transportation of the substitute person.

Serious Injury or Illness means injury or sickness which entirely prevents the Insured Person(s) from carrying out his or her usual occupation or business and which based on medical evidence is likely to last for at least fourteen (14) days.

What We Will Pay

We will pay the amounts as set out in the Schedule of Benefits in this section of the Policy If the Insured Person(s) incurs Alternative Employee Expenses as the direct result of the Insured Person(s) suffering death, Serious Injury or Illness whilst engaged on a Journey during the Period of Insurance.

What We Will Not Pay

We will not pay any claim for any such expenses:

1. where the original Insured Person(s) Journey is undertaken against the advice of a medical practitioner or other practitioner;
2. which Insured Person(s) had paid or budgeted before the commencement of the Journey.

Section J - Personal Liability

What We Will Pay

We will pay the amounts as set out in the Schedule of Benefits in this section of the Policy if the Insured Person(s) becomes legally liable during the Period of Insurance to pay damages as a result of an Occurrence while on a Journey. We will also pay all legal costs and expenses incurred by the Insured Person(s) with Our prior consent in the defence of any claim.

For the purpose of the amounts, all Occurrences or series of Occurrences arising out of the one original cause shall be deemed to be the one event.

What We Will Not Pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

1. Death, Injury or Illness to or loss of or damage to property owned by or in the control of:
 - (a) the Insured Person(s) or members of the Insured Person(s) family ordinarily residing with him or her; or
 - (b) any employee of the Insured Person(s) arising out of or during the course of their employment.
2. The business, trade or professional activities of the Insured Person(s).
3. The ownership, possession or use of mechanically propelled vehicles, aircraft, aerial devices or watercraft powered by motor excluding golf buggies and wheelchairs.
4. Exemplary, punitive or aggravated damages.

Section K – Evacuation Expenses

Specific Additional Definitions for the purpose of Section K:

DFAT means the Australian Department of Foreign Affairs and Trade.

What We Will Pay

1. If an Insured Person(s), whilst engaged on a Journey outside Australia during the Period of Insurance, is in a country or region that Australian officials recommend certain categories or persons (which include the Insured Person(s) in that country or region should leave because of:
 - (a) a security threat such as insurrection, war, rebellion, civil unrest or political instability; or
 - (b) a natural disaster such as earthquake, cyclone, flooding or volcanic eruption;after the Insured Person(s) has arrived in the country or region and it is unsafe for the Insured Person(s) to remain in the country or region, we will pay:
 - 1.1 the cost of evacuating the Insured Person(s) to the nearest place of safety, and the reasonable cost of accommodation, up to a maximum of five hundred (\$500) dollars per day any one Insured Person(s) to a maximum of thirty (30) days any one event; or
 - 1.2 when necessary, the reasonable cost of returning the Insured Person(s) to their country of domicile if commercial flights are unavailable; or if commercial flights are available the cost will be limited to a direct business class flight; and
 - 1.3 provided the evacuation is authorised by Savannah; and
2. if an Insured Person(s), whilst engaged on a Journey outside Australia during the Period of Insurance, is in an emergency situation where their personal safety and security is at risk, We will provide assistance where possible and pay the reasonable and necessary expenses incurred for each Insured Person(s). The emergency situation must be unforeseen and outside the control of the Insured Person(s) and the expenses must be authorised by Savannah before being incurred.

Maximum Limits

The Maximum we will pay in this section of the Policy is five hundred thousand (\$500,000) dollars.

What We Will Not Pay

We will not pay any claim under this section of the Policy arising from any of the following:

1. expenses other than emergency, conveyance or accommodation expenses as outlined above;
2. expenses related to evacuation out of a country which the Insured Person(s) have travelled to after DFAT has issued a Travel Warning which recommends that travellers do not undertake travel at all, i.e. a Level 5 Travel Warning. Such Travel Warning information can be acquired by contacting the Australian Embassy in the country travel is anticipated or DFAT;
3. expenses related to evacuation out of a country or a region which the Insured Person(s) has remained in after the DFAT has issued a Travel Warning which recommends that travellers should leave the area and such warning or recommendation has been ignored. Such Travel Warning information can be acquired by contacting the Australian Embassy in the country travel is anticipated or DFAT;
4. expenses related to evacuation out of a country or a region which the Insured Person(s) has remained in after DFAT has issued a Travel Warning which recommends that travellers should leave the area and such warning or recommendation has been ignored. Such Travel Warning information can be acquired by contacting the Australian Embassy in the country travel is anticipated or DFAT.

Part 3 – FINANCIAL SERVICES GUIDE (FSG)

Date of Preparation of this FSG is 21st June 2010.

Distribution of this FSG has been authorised by Savannah Insurance Agency Pty Ltd (**Savannah**).

This FSG contains important information about Savannah. This FSG is designed to help You decide whether to use the services Savannah provide, how they are remunerated and how any complaints You may have are dealt with.

If You decide to acquire insurance as a retail client, You will be given a Product Disclosure Statement (**PDS**) before or at the time you acquire the insurance. The PDS is designed to assist You to make informed choices about Your insurance needs. It gives a summary of the benefits and risks associated with, including general information about, the insurance as well as a policy wording (that sets out the specific terms, conditions and exclusions of the cover provided).

Please keep this FSG along with Your policy documents in a safe place for future reference.

About Savannah

Savannah is an underwriting agency acting under a binding authority which means Savannah acts as an agent of the Insurer. Savannah does not act on Your behalf.

Savannah's Services

Savannah is authorised under its Australian Financial Services Licence (No. 329631) to provide general financial product advice (but not personal advice) on, and issue, general insurance products. Savannah can offer You the following products:

- Inpatriate & Expatriate Medical Expenses (Emergency and Evacuation) Insurance
- Enterprise Bargaining Agreements (EBA) Insurance
- Individual Personal Injury and Illness Insurance
- Group Personal Accident Insurance
- Voluntary Workers Insurance
- Fidelity Guarantee Insurance
- Corporate Travel Insurance
- Journey Insurance
- Sports Insurance

How Savannah is Remunerated

Savannah will receive a percentage of the gross premium (including taxes and charges) each time You buy a policy (including renewals) and for some variations. This does not increase the amount of premium paid by You.

Savannah may also receive a profit share commission calculated as a percentage of the gross premium (including taxes and charges) from the Insurer based on the profit they earn on the portfolios underwritten by Savannah on their behalf.

Savannah may also charge You an administration fee when You first enter into a policy and on any variation, renewal or cancellation. This amount is payable in addition to Your premium.

Savannah's staff are paid a salary. They may receive bonuses or other incentives and rewards depending on their performance relating to certain specific business criteria.

For details of Savannah's remuneration, please contact Savannah within a reasonable time after receiving this FSG and before Savannah provide any insurance services to You.

What happens if you have a complaint?

Savannah has established formal internal dispute procedures to ensure that all enquiries and complaints are fairly and properly considered and dealt with. If You have an enquiry or complaint about our services please phone our Complaints Manager on (02) 8062 4256.

If Your complaint remains unresolved, please contact:

Savannah Dispute Resolution Manager
GPO Box 4920, Sydney, NSW 2001
Tel: (02) 8062 4256
Fax: (02) 8078 0162
Email: feedback@savannahgroup.com.au

If You are not satisfied with the outcome of our internal dispute resolution process You may lodge a written complaint with the Financial Ombudsman Service Limited (FOS) which can be contacted at:

GPO Box 3, Melbourne, VIC 3001
Freecall: 1300 78 08 08
Fax: (03) 9613 6399
Email: info@fos.org.au
Web: www.fos.org.au

This service is offered to You free of charge and their decisions are binding on Savannah but not You.

Professional Indemnity Insurance

Savannah has professional indemnity insurance in place which covers Savannah and their employees for any errors or mistakes relating to their insurance services. This insurance meets the requirements of the Corporations Act and meets claims relating to an employee even after they cease to be an employee, provided that the Insurer is notified of the claim when it arises and this is done within the relevant policy period.

Privacy

Savannah are committed to protecting Your privacy. Information supplied to them by You (or Your intermediary) will only be used to arrange the insurance product(s) with the Insurer. Savannah do not trade, rent or sell Your information and you can check the information they hold about You at any time. Savannah's complete Privacy Policy can be accessed on our website www.savannahgroup.com.au or by writing to Savannah at the address shown in this FSG.

Contact details

If You need further information about Savannah's products or services, or should You have any queries please contact Savannah or visit our website: www.savannahgroup.com.au.

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