

Aon Risk Services Australia Limited

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ACN 000 434 720 ABN 17 000 434 720

David Whitrod
PO Box 1596
STAFFORD CITY QLD 4053

CLIENT COVERAGE SUMMARY

If you have any queries please contact :

Aon Insurance Services
PO Box 246
CALOUNDRA QLD 4551

Your contact is Kelly Townley

Phone 07 5491 4455 Fax 07 5491 6761

Client Name : David Whitrod
Class of Insurance : GROUP PA
Period of Insurance : From - 30th September 2009
: To - 30th September 2010

COVERING (Summary Only)

THE INSURED: WHITROD COMMERCIAL BUILDING
SERVICES
T/AS MINC SERVICES (BNES)

SCOPE OF COVER

PERIOD OF INSURANCE

(A) FROM 4.00 PM ON 30 DAY OF SEPTEMBER 2009 LOCAL
TO 4.00 PM ON 30 DAY OF SEPTEMBER 2010 TIME

(B) OR ANY FURTHER PERIOD FOR WHICH RENEWAL HAS BEEN
AGREED

PREMIUM

\$ 300.00 adjusted throughout the year

GST

\$ 30.00

STAMP DUTY

\$ 24.75

TOTAL

\$ 354.75

COVERING (SUMMARY ONLY)

THIS POLICY PROVIDES FOR THE PAYMENT OF BENEFITS IF
DURING THE PERIOD OF INSURANCE ANY OF THE INSURED
EVENTS REFERRED TO IN THIS POLICY SHALL HAPPEN TO THE
INSURED PERSON.

INSURED PERSONS

CATEGORY A

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CONTRACT CLEANERS OF THE INSURED

OCCUPATION

NOMINATED CONTRACT CLEANERS OF THE INSURED
(WHILST WORKING FOR MINC SERVICES ONLY)

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SCHEDULE OF SELECTED BENEFITS
CATEGORY A

BENEFITS	SUM INSURED	EXCESS PERIOD
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PART A - LUMP SUM BENEFITS		
EVENTS 1-19	\$ 100,000	NOT APPLICABLE
SURGICAL BENEFITS - INJURY		
EVENTS 20-24	\$ NOT INSURED	.
PART B - ACCIDENT WEEKLY BENEFITS		
EVENT 25-26 * \$ 500		14 DAYS
85% OF SALARY TO A MAXIMUM OF \$500 PER WEEK		
PART C - SICKNESS WEEKLY BENEFITS		
EVENT 27-28 * \$ NOT INSURED		NIL DAYS
SURGICAL BENEFITS SICKNESS 29-32		
SUM INSURED	\$ NOT INSURED	
PART D - FRACTURED BONES BENEFIT 33 - 41		
SUM INSURED	\$ NOT INSURED	
PART E - DENTAL BENEFITS 42-43		
SUM INSURED	\$ NOT INSURED	
BENEFIT PERIOD		52 WEEKS
AGGREGATE LIMIT OF LIABILITY		
(A) ANY ONE PERIOD OF INSURANCE		\$ 1,000,000
(B) NON-SCHEDULED AIRCRAFT		\$NOT INSURED

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ENDORSEMENTS

THE FOLLOWING ENDORSEMENTS ARE MADE TO THIS POLICY

PREMIUM TO BE CALCULATED AND CHARGED BASED ON QUARTERLY DECLARATIONS.
QUARTERLY DECLARATIONS OF CONTRACTOR WAGE ROLL TO BE PROVIDED BY THE
INSURED.

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RATE PER WAGE ROLL - \$1.68 + GST & STAMP DUTY, PER \$100 OF WAGES
MINIMUM QUARTERLY PREMIUM OF \$300 + CHARGES + BROKER FEE.

SCOPE OF COVER - WORKING HOURS ONLY ON BEHALF OF THE INSURED
EXCLUDING COMMUTING

POLICY WORDING - ACE GROUP-04 PDSAONGPO 02

AGE LIMIT - 65 YEARS

EXCLUSION OF DRUGS AND ALCOHOL

THE POLICY SHALL NOT APPLY TO ANY EVENT RESULTING
DIRECTLY OR INDIRECTLY FROM THE INSURED PERSON BEING
UNDER THE INFLUENCE OF INTOXICATING LIQUOR, HAVING A
BLOOD ALCOHOL CONTENT OVER THE PRESCRIBED LEGAL LIMIT
WHILST DRIVING OR BEING UNDER THE INFLUENCE OF ANY
OTHER DRUG UNLESS IT WAS PRESCRIBED BY A DOCTOR AND
TAKEN IN ACCORDANCE WITH A DOCTORS ADVICE

THIS SUMMARY/SCHEDULE SHOULD BE READ IN CONJUNCTION
WITH THE FULL POLICY WORDING

INSURER	PROPORTION
ACE INSURANCE LIMITED A.C.N 23 001 642 020	65.00% DX 10146 SSE
AMERICAN HOME ASSURANCE COMPANY A.C.N 67 000 483 267	35.00% DX 10338 SSE

INSURER	POLICY NUMBER	PROPORTION
ACE INSURANCE LIMITED A.B.N. 23 001 642 020 LEVEL 3, ACE BLDG, 28-34 OCONNELL STREET SYDNEY NSW 2000	AGPA 003130QLD	100.0000%