

Liability Policy Plus Excursion Rider

Policy Number: 22INT07058L

Eligibility:

The Rider is available to Interns that are either: a) travelling on an excursion outside of Australia for no more than 30 days or b) Interns who already have purchased a valid travel insurance policy elsewhere and are purchasing this insurance in order to cover them for third party liability as defined herein.

The Rider is in excess of any other valid and collectible insurance, Policy or plan under which You are entitled to claim including but not limited to: a government health insurance plan, group or personal accident and sickness insurance or extended health/medical care coverage, any automobile insurance or benefits plan, homeowner, tenant, or other multi-peril insurance, credit card benefit insurance, and other travel insurance whether or not claim is made for such benefits.

The General Conditions, Definitions and Exclusions already stated will apply to the Rider, unless specifically stated otherwise below.

The Rider is only available if the appropriate Premium has been paid to Us.

BENEFIT TABLE

BENEFIT	SUM INSURED (AUD\$)
Section A – Excursion Emergency Healthcare	
MEDICAL EXPENSES Maximum In case of illness or accident	\$2,000,000
In-Patient Psychiatrist's Fees	Up to \$10,000 (lifetime)
Out-Patient Psychotherapy	Up to \$1,000
Private Duty Nursing Care	Up to \$15,000
Out-Patient Physiotherapy and Speech Therapy	Up to \$1,000
Emergency Transport by taxi to or from hospital or medical clinic	Up to \$100
Paramedical Services (chiropractor, osteopath, naturopath, acupuncturist, chiropodist, podiatrist)	Up to \$500
Accidental Dental Care	Up to \$4,000 for emergency dental treatment to repair or replace natural or permanently attached artificial teeth as the result of an Accidental Injury or; Up to \$500 for emergency repairs to artificial teeth including bridges and denture plates.
Emergency Dental Care	Up to \$600 dental expenses due to sudden and acute pain
EMERGENCY MEDICAL EVACUATION or repatriation home (must be pre-approved)	Up to \$250,000

EMERGENCY REUNION - Personal support and accompaniment	Up to \$6,500 when You are hospitalized for more than 7 days, includes round trip economy airfare (\$5,000), hotel expenses and meals (\$1,500) for close relative (Benefit allows up to 2 people)
REPATRIATION of REMAINS or BURIAL	Up to \$5,000
PERSONAL ACCIDENT Accidental Death, loss of sight, loss of limb(s), permanent total disablement	\$50,000
Security Evacuation	Up to \$100,000
Section B – Third Party Liability	
PERSONAL LIABILITY Physical injury and Property Damage	\$2,000,000
Host Family Homeowner/Other Applicable Insurance Coverage	Up to \$1,000
LEGAL EXPENSES	Up to \$50,000

This policy provides cover for unforeseen medical events only. No Pre-existing Medical Conditions are covered. You are not covered for any claims that you make that relates to a Pre-existing Medical Condition as defined herein.

CLAIMS PROCEDURES

Claims Information

It is a condition precedent to liability that on the happening of any event which may give rise to a claim You must tell Us immediately and give Us all the assistance We may reasonably require whether or not You intend to claim. When You tell Us about an incident or claim We may pass on information relating to it to any relevant claims related database.

We and other insurers may search relevant claims related database when You apply for insurance, in the event of incident or claim or at the time of renewal to validate Your claims history or that of any other person or property likely to be involved in the policy or claim.

Who to contact in the event of an Emergency Medical Claim

Emergency Medical Assistance is provided by our Assistance Company Northcott Global Solutions:

Northcott Global Solutions

Phone 24/7: +44 (0) 207 183 8927 Press 1

Email: ops@northcottglobalsolutions.com

Who to contact for Emergency Security Assistance:

To obtain security assistance, please contact Our Crisis Management Company, Northcott Global Solutions:

Northcott Global Solutions

Phone 24/7: +44 (0) 207 183 8927 Press 1

Email: ops@northcottglobalsolutions.com

You must obtain their prior authorisation if you go into a Hospital or a clinic as an In-Patient or Day Patient or wish to return home by any other means than originally booked.

Use the NGS One Tap App

Who to contact in the event of a Non-Emergency Claim

For all non-emergency medical claims, Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement, Personal Liability, Legal Advice, Loss of Personal Belongings, Search and Rescue or Catastrophe Cover claims to be notified to the Third Party Administration and Claims Management Company:

Van Ameyde at

E mail NGSclaimsUK@vanameyde.com

Telephone: 0208 315 0733

Our Crisis Management Company provides responses in respect of

- Political or Natural Disaster Evacuation Section
- Kidnap and Ransom Section
- Personal Security Specialist Expenses Section

If You require any of the following whilst on a Trip You must ring Our Crisis Management Company on the telephone number provided above and obtain their authorisation before:

- You go into Hospital or clinic as an In-Patient or Day-Patient.
- You wish to return home by any means other than originally booked.

Claims provisions

As soon as possible after the occurrence of any Accidental Bodily Injury or Illness the Insured Person must obtain and follow the advice of a Medical Practitioner. We shall not be liable for any consequences arising due to Your failure to obtain and follow such advice or use such appliance or remedies as may be prescribed.

You must immediately pass on to the Claims Handler unanswered, all communications from third parties in relation to any event that may result in a claim under this Policy. You must not admit or repudiate liability, nor offer to settle, compromise, make payment or pay any claim under this Policy without their written agreement.

In the event of a claim the Claims Handler will ask for the completion of a claim form and all reasonable and necessary evidence to support Your claim which will include receipts and invoices as applicable, medical certificates, police

evidence or in the case of Bodily Injury evidence to show that this was caused as a result of an Accident. If the information supplied is insufficient, they will identify the further information required. If they do not receive this information they may reject the claim or withhold payment until the information they may reasonably require is received.

The claimant must give the Claims Handler or Assistance Company permission to obtain any medical reports or other records needed from the Medical Practitioner who has treated them otherwise We may not pay the claim.

The claimant must grant our Assistance Company permission to transfer personal information outside the European Economic Area or if different their Home Country where necessary to enable them to provide the services described in Your policy documents (such as dealing with claims or providing Security or Medical Assistance). Failure to grant such permission may result in Our inability to provide such services or pay claims where the payment of such a claim is reliant on this information.

The Claims Handler may ask You to attend one or more medical examinations. If they do We will pay the cost of the examination(s) and for any medical reports and records (and the reasonable costs of any person required to travel with You provided these costs have been agreed by our Claims Handler first). If the claimant refuses to attend such examinations without reasonable cause We may reject their Claim.

In the event of Your death We have the right to request a post-mortem examination at our own expense. If this is refused We may not pay the claim.

The Claims Handler may also contact third parties who have or who were to provide services to You, for example airlines or hotels, to verify the information provided to them to support a claim.

If You do not comply with any reasonable request made by Claims Handler or Us under this Claims Procedure We may not pay the claim.

The payment of a claim in full will fully discharge our liability under this Policy.

Proof of Claim

When Our Claims Handler receives notice of claim, they will provide You with forms for filing Proof of Claim. The following is considered to be Proof of Claim:

1. A completed and signed Claimant's Statement and Authorization Form (provided to you by the Claims Handler), together with all attachments reasonably request (as set out in paragraph 2 above, under "Claims provisions") and
2. Original itemized bills from Physicians, Hospitals and other medical providers; and
3. Original receipts for any expenses which have already been paid by or on behalf of You.

You shall submit Proof of Claim to the Claims Handler as soon as reasonably possible after receiving the forms for filing Proof of Claim from them but in any event no later than 60 days beginning on the date of receipt of such forms. If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by You or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Us.

GENERAL CONDITIONS APPLICABLE TO THE LIABILITY POLICY PLUS EXCURSION RIDER

Each Section of the Policy contains specific conditions. They must be read in conjunction with the following Policy Conditions which apply to all Sections unless otherwise stated. Where (i) there has been a failure to comply with a term (express or implied) of this insurance contract, other than a term that defines the risk as a whole; and (ii) compliance with such term would tend to reduce the risk of loss of a particular kind and/or loss at a particular location and/or loss at a particular time, We cannot rely on the breach of such term to exclude, limit or discharge Our liability if You show that the failure to comply with such term could not have increased the risk of the loss which actually occurred in the circumstances in which it occurred.

Eligibility Criteria

To be eligible for cover under this Policy You must satisfy the following criteria:

At the time of purchasing or extending this Policy and during the Coverage Period You must be no older than 40 years of age.

- You must be travelling outside of Your Home Country (including Incidental Travel days) for the purpose of Internship programs
- You must be resident in your Home Country when applying for this Policy and, at the time of purchasing or extending this Policy and during the Coverage Period, You must not be a Legal Permanent Resident of the Host Country.

Termination of Cover:

Cover under this Policy terminates on the earlier of:

1. 12:01am EST on the last day of the Coverage Period for which premium has been paid; or
2. the moment You return to Your Home Country
3. the expiration of 12 months from the Effective Date unless You are on an excursion or unless declared to and accepted by Us in writing; or
4. the maximum amount of benefits payable under this Policy as set out in the Benefits Table has been paid; or
5. the date You cease to be an Eligible Person.

Benefit payments

All benefits will be paid directly to You unless Our Claims Handler has guaranteed Your expenses or charges and has made payment on Our behalf. In the event of Your death any benefits payable will be made to Your executors or administrators. In the event of You not having an executor or administrator the benefits will be paid out in accordance with the inheritance laws of Your Home Country.

Currency

The monetary limits stated in the Policy and any Certificate issued hereunder are in AUD.

Excess Insurance Limitation

The insurance provided by this plan shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

Valid indemnities include the following:

1. Workers' Compensation law,
2. Occupational Disease law or similar law concerning job related conditions of any country; government.
3. Any other valid and collectible insurance, Policy or plan under which You are entitled to claim including but not limited to, a government health insurance plan, group or personal accident and sickness insurance or extended health/medical care coverage, any automobile insurance or benefits plan, homeowner, tenant, or other multi-peril insurance, credit card benefit insurance, and other travel insurance whether or not claim is made for such benefits.
4. Any government entity due to an epidemic or public emergency.

Fraudulent claims.

1. If You or anyone acting on Your behalf makes a fraudulent claim under the Policy, We:

- a) Are not liable to pay the claim; and
- b) May recover from You any sums paid by Us to You in respect of the claim; and
- c) May by notice to You treat the Policy as having been terminated with effect from the time of the fraudulent act.

2. If We exercise Our right under clause 1(c) above:

- a) We shall not be liable to You in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to Our liability under the Policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and,
- b) We need not return any of the premiums paid.

3. If a fraudulent claim is made under the Policy by or on behalf of an Insured Person, We may exercise the rights set out in clause 1 above as if there were an individual insurance contract between Us and the Insured Person. However, the exercise of any of those rights shall not affect the cover provided under the Policy for any other Insured Person or You.

Measures outside Our control

We and Our Assistance Company will use Our best efforts to arrange any Emergency Medical Evacuation or Repatriation of Remains within the least amount of time possible. The timeliness of Emergency Medical Evacuation or Repatriation of Remains can be affected by circumstances which are not within Our or their control, such as delays of or restrictions on flights caused by mechanical problems, government officials, telecommunications problems and weather and other acts of God. We and Our Assistance Company shall not be liable for any delays that are not within Our or their direct and immediate control.

Medical Advice

You cannot undertake a Trip from Your Home Country either against the advice of Your Physician or after You have received a terminal prognosis or if you are travelling purely for the purpose of medical treatment. If You choose to do so all Our liability under this Policy shall cease.

Pre-authorization requirements for treatments, costs charges or expenses.

All Inpatient Hospital treatments or care, Surgery or Surgical Procedure, computerized tomography (CAT Scan) and Magnetic Resonance Imaging (MRI), Emergency Medical Evacuations and Repatriations, Repatriation of Remains and Burial, Emergency Reunions and Trip Interruption must be pre-authorized by Our Assistance Company,

If You do not comply with this pre-authorization requirement We will be unable to pay for Your treatments or costs, charges or expenses that You incur.

To comply with the pre-authorization requirements, You or a third party must:

4. Contact the Assistance Company at the telephone number contained in Your Certificate as soon as possible before the expense is to be incurred; and
5. Comply with the reasonable instructions of the Assistance Company and submit any information or documents they may reasonably require; and
6. Take reasonable steps to notify your treating Physicians, Hospitals and other providers that this Policy contains pre-authorization requirements and ask them to fully cooperate with Our Assistance Company.

If in an emergency it is not reasonably possible for You to obtain pre-authorization from Our Assistance Company for Inpatient Hospital treatments or care, Surgery or Surgical Procedure or Emergency Medical Evacuations and Repatriations. You or a third party must notify them as soon as reasonably practicable of admission as an In-patient in which case all Your charges will be paid by Us subject to the terms and conditions, benefit limits, restrictions and exclusions contained in this Policy.

Reasonable Precautions

You must take all reasonable precautions to avoid accident, injury or illness to any person, or loss, destruction or damage to their property, and You must comply with all legal requirements and safety regulations and conduct The Business in a lawful manner. If in relation to any claim You have failed to fulfil any of these conditions, You will lose your right to indemnity or payment for that claim.

Recovery from third parties

In the event that a third party is held liable for all or part of any claim paid under this Policy We may exercise Our legal right to pursue the third party to recover Our outlay. You or the Insured person will upon Our request agree to and permit Us to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. We will pay the costs and expenses involved in exercising the right against third parties.

Residency

You must be resident in your Home Country or within 14 days of arrival in Your Host Country when applying for this Policy

You cannot be a Legal Permanent Resident of the Host Country. Cover under this Policy will cease immediately once you become a Legal Permanent Resident or citizen of the Host Country.

Right of Recovery

If any benefit paid to You or on Your behalf under this Policy is in excess of the amount allowed in the Benefit Table, or if a payment is made to You due to clerical or administrative error, then We reserve the right to recover such payment from You or any institution, insurer or other organisation or party to whom such payment has been made.

Right of Repatriation

In the event of You requiring any medical treatment or Hospital or medical services, We may at our sole discretion arrange Your Repatriation to Your Home Country either before or after You receive medical treatment or Hospital or medical services if in the opinion of Our Assistance Company and Your treating Physician You are medically fit to travel and it is safe for You to do so. If You refuse to return when declared medically fit to do so We will not pay for any continuing medical treatment or Hospital or medical services or any recurrence or complications arising from or directly or indirectly related thereto.

Subrogation

Under the law applicable to this Policy, We have the legal right to stand in your shoes in the event that you make a claim under this policy and another party is responsible for causing the loss or damage. This is called Subrogation. We will be entitled to pursue Our rights of Subrogation in Your name and in doing so You will give Us reasonable information, documentation, co-operation and assistance to allow Us to do so. You agree not to make any payment, admit liability, offer or promise to make any payment without written consent from us.

GENERAL EXCLUSIONS APPLICABLE TO THE LIABILITY POLICY PLUS EXCURSION RIDER

Each Section of the Policy contains Exceptions. They must be read in conjunction with the following Exceptions which apply to all Sections unless otherwise stated.

We will not pay any expenses resulting indirectly or directly from:

- a) Your claim for any losses that are not directly covered by the terms and conditions of this Policy.
- b) Your claim which is recoverable under some other scheme that provides coverage for any medical treatment. For example, Medicare, a private health fund, national reciprocal health fund or scheme, workers' compensation scheme, travel compensation fund or accident compensation scheme.
- c) Your claim occurring because you act illegally or break any government prohibition or regulation including visa requirements
- d) Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance
- e) Your claim occurring from You being in control of or a motor cycle or vehicle with an engine capacity greater than 250cc without a current motorcycle or vehicle license valid for the country you are travelling in and without wearing a helmet.
- f) (i) Political, Security and Natural Disaster Evacuation:
Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official body's warning (United States Department of State Travel Advisories or Warnings Levels "3 - reconsider travel" and "4 -do not travel" , UK Government Foreign & Commonwealth Office Warning 'do not travel' and CDC Travel Advisories or Warnings Level "3 – avoid nonessential travel" or any higher level) against travel to a particular country or parts of a country unless this has been accepted by Us and the appropriate additional premium has been paid by You.
This exclusion DOES NOT apply to Charges resulting from COVID-19/SARS-CoV-2.
- f. (ii) Medical Expenses, Emergency Medical Evacuation, Repatriation of Remains or Burial, Emergency Reunion or any Extensions provision.
Your claim arising from any Illness or Injury incurred in the Host Country/Destination Country, Affected Area or Home Country/Country of Residence as a result of a Public Health Emergency of International Concern, Epidemic, Pandemic, or other disease outbreak, that may affect an Insured Person's health, unless coverage is expressly provided under the PUBLIC HEALTH EMERGENCY provision of this insurance
This exclusion DOES NOT apply to Charges resulting from COVID-19/SARS-CoV-2.
- g) Your claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of your service in the military, naval or air service of any country or Acts of Terrorism (other than for Personal Accident, Medical Expenses, Emergency Medical Evacuation, Repatriations, Repatriation of Remains and Burial and Emergency Reunion, Trip Interruption and Cancellation of Trip where You have no direct or indirect involvement in the Act of Terrorism).
- h) Your claim arising from Your participation in any Sporting or Athletic Activity on a professional, semi-professional or intercollegiate basis.
- i) Your claim arising from Your participation in any activity or sport not engaged in solely for leisure, recreation, entertainment or fitness purposes.
- j) Your claim arising from any of the following:
 - i. You intentionally and recklessly placing yourself in circumstances, or undertaking activities, which pose a risk to Your personal safety (except in an attempt to save a human life)
 - ii. Your participation in the following sport or activities: hunting, polo, racing (except on foot), mountaineering, rock climbing, abseiling, base jumping, running with bulls, or pot holing
 - iii. Travelling in international waters in a private sail vessel or privately registered sail vessel
 - iv. Your participation in, or training for, a professional sporting activity
 - v. Riding a 4 wheel motor cycle, even as a pillion passenger
- k) Your claim arising because You dive underwater using an artificial breathing apparatus, unless you are PADI or NAUI certified or hold an open water diving license issued in the Australia or you were diving under licensed instruction.
- l) Your claim arising from Your use of drugs, narcotic agents or Substance Abuse, other than for drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of drug, narcotic agents or Substance Abuse.
- m) Your claim arising whilst You are under the influence of alcohol as defined by the motor vehicle laws at Your Trip destination.
- n) Your claim arising as a result of or in connection with intentionally self-inflicted Injury or Illness, suicide or attempted suicide.

- o) Your claim occurring out of You flying other than as a passenger in a licensed passenger carrying aircraft or charter company.
- p) Your claim if You had attained the age of 41.
- q) Your claims arising from Your failure to comply with the current safety rules and regulations in place for the sport or activity You are undertaking.
- r) Your claim arising from Your engaging in any form of Physical Manual Labour.
- s) Any expenses incurred within Your Home Country.
- t) We will not be liable for Medical Expenses incurred by the Insured Person for services provided by any government Hospital or agency, or government sponsored-plan for which the Insured Person would not be responsible for such medical expenses in the absence of this policy.

SECTION A – EXCURSION EMERGENCY HEALTHCARE

Medical Expenses and Hospitalization

We will pay up to the amount stated in the Benefits Table if You sustain an Injury or suffer from an Illness which results in You being charged by a Hospital for services that are Usual, Reasonable and Customary and relate to services and supplies that are Medically Necessary for:

1. A semi private room and board including daily room and board and nursing services in an Intensive Care Unit, and other necessary services and supplies whilst confined in a Hospital for medical reasons.
2. Surgery at an Outpatient surgical facility, including services and supplies, the use of operating, treatment or recovery room, dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician.
3. Charges made by a Physician for professional services, including Surgery and reconstructive Surgery when it is directly related to Surgery which is covered hereunder.
4. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
5. Prescription drugs which require prescription by a Physician for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, for a maximum supply of 60 days per prescription.
6. Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
7. Home Nursing Care provided by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization.
8. Emergency local ambulance transport necessarily incurred in connection with Your Accidental Bodily Injury or Illness.
9. Emergency Dental Treatment and dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
10. Emergency Dental Treatment necessary to resolve the Acute Onset of Pain.
11. Physical therapy if prescribed by a Physician who is not affiliated with the physical therapy practice providing the physical therapy, provided that it is necessary, to continue recovery from a covered Injury or Illness.

Maximum Benefit

The aggregate amount payable by Us for incurred Medical Expenses and Hospitalisation for any one Accidental Bodily Injury or Illness will never exceed the amount stated in the Benefits Table.

Emergency Room Deductible (Co-Pay Amounts)

In you are travelling in the USA, there is an Emergency Room Deductible of US\$ 350 co-pay for an emergency room for Illness if you are not admitted for treatment. This does not apply to any Accident or Injury treatment

Emergency Medical Evacuations

If You require Emergency Medical Evacuation We will pay up to the amount stated in the Benefits Table for Your emergency transportation to the nearest suitable Hospital.

Emergency Reunion

We will pay up to the amount stated in the Benefits Table for the following Emergency Reunion expenses, following a covered Emergency Medical Evacuation

The cost of an economy round-trip air or ground transportation ticket for --- up to two of Your Close Relatives to visit You if You are or are to be hospitalized for more than 7 days following Emergency Medical Evacuation; and

1. Reasonable expenses for lodging and meals up to two Close Relative to remain whilst You are hospitalised, for a period not to exceed 10 days.

2. The cost of any additional Hotel charges You incur following discharge but during any convalescence period with the Close Relative(s) prior to Your return to Your Home Country, for a period not exceeding 30 days.

The following Exclusions apply to Medical Expenses, Emergency Medical Evacuation, Repatriation of Remains or Burial and Emergency Reunion. Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not be liable for any expense arising directly or indirectly from:

- a) Charges resulting directly or indirectly from any Pre-existing Medical Condition.
- b) Pregnancy other than Complications of Pregnancy up to a maximum of \$25,000.
- c) Treatment for or related to any congenital condition or Mental Health Disorders, as defined herein, in excess of \$10,000 for In-Patient and \$1,000 for Out-Patient
- d) Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
- e) Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery, modifications of the physical body in order to improve Your psychological, mental or emotional well-being such as sex-change Surgery, Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
- f) Treatment for HIV+, AIDS or ARC and conditions or procedure that either promotes or prevents conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
- g) Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
- h) Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism, Immunizations and Routine Physical Exams.
- i) Any services or supplies performed or provided by a Close Relative of Yours or any other family member of Yours or any person who ordinarily resides with You
- j) The supply of medications commonly available without prescription.

Personal Accident - Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement

We will pay You, Your executors or Your administrators the relevant amount shown in the Benefit Table if, as a result of an Accident which results in Your Accidental Bodily Injury You suffer in one or more of the following:

- Your Accidental Death
- Your Loss of Sight (in one or both of Your eyes)
- You Loss of Limb
- Your Permanent Total Disablement

Payment of Benefit

We will not pay a claim for more than one of the accidental death, loss of sight, loss of limb or Permanent Total Disablement arising in conjunction with the same Accident.

Disappearance

If You have been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that Your death has been caused by Accidental Bodily Injury, You will be presumed to have died and the amount stated in the Benefit Table will be paid to Your executors or Your administrators. However they will repay any benefit if You are subsequently found to have been alive or are found alive.

The following exclusions apply to Accident death, Loss of Sight, Loss of Limb or Permanent Total Disablement. Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not be liable for any claim arising directly or indirectly from;

- a. Accidental Bodily arising as a result of Your Illness, sickness or disease where such illness, sickness or disease does not itself arise from prior Accidental Bodily Injury.
- b. Your Accidental Bodily Injury if it is caused directly or in-directly by any degenerative medical condition.

Emergency Security Evacuation Expenses (Political and Natural Disaster Evacuation)

We will pay up to the amount stated in the Benefits Table if You require emergency evacuation to Your Home Country or the nearest place of safety as a result of an Insured Event as shown hereunder.

Insured Event

1. Your Appropriate Authority issues travel advices for the Host Country You are staying in, recommending that certain categories of person which includes You should leave that country or region.
- or -
2. The recognized Government in Your Host Country:
 - a) Declares a state of emergency necessitating immediate evacuation or
 - b) Formally recommends or instructs that You should leave that country or region for safety or
 - c) Expels You or declares You "persona non grata".
3. Natural Disaster within Your Host Country which puts Your life in Imminent Physical Danger.
4. The political or military events in the Host Country put Your life in Imminent Physical Danger.
5. Following a verified physical attack or threat of physical attack on You.

For benefits to be payable under this section:

1. You must contact Our Crises Management Company as soon as reasonably practicable after You became aware of any situation that may give rise to an Insured Event or as soon as reasonably possible after the occurrence of the Insured Event. If the Crisis Management Company is not so contacted, Our liability to pay any subsequent claim under this section will cease.
2. You must provide the Crises Management Company with all reasonable assistance and information requested in a timely manner.
3. You must follow the reasonable advice of the Crises Management Company at all times.
4. If You are entitled to any refund on unused tickets or returnable deposits or advanced payments We are entitled to deduct these from the value of any claim
5. You must be able to reasonably prove that there is Imminent Physical Danger to Your Life with either physical or documented evidence.
6. You must be able to prove that, In the event of physical attack or threat of physical attack, such attack or threat occurred by either physical or documented evidence

The following exclusions apply to Emergency Security Evacuation Expenses. Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not pay any expense arising directly or indirectly from:

- a. Your failure to reasonably prove that there is any Imminent Physical Danger to Your Life
- b. Your taking part in any political activity or operations of any security or armed forces unless declared to and agreed by Us.
- c. Your failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in Your Host Country.
- d. Any evacuation expenses or costs incurred more than 30 days after the event giving rise to your evacuation.
- e. Any expense attributable in whole or in part to debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
- f. Any Losses incurred by You or claim costs that have been unnecessarily increased by Your unreasonable failure to follow the reasonable advice of Our Crisis Management Company

With this insurance policy you have access to the NGS One Tap App.



The app, at a touch of a button, sends all information from the insured's phone to the NGS 24/7/365 Operations Room, along with the GPS location of the device at that time.

The app is designed to speed up transfer of information to NGS Ops, whilst providing generic advice for the following; security, localized incidents and large-scale incidents.

To download the app, please type **Northcott Global Solutions** into the search bar of the App Store or Google Play. Follow the instructions to download the app onto your device. On an Android press accept to allow NGS to access to the information displayed on your screen. When filling out the details please make sure your email address and policy number is correct. Once you have completed the details stage press 'Activate App' you will have to wait for NGS to manually approve you. Once approved by NGS, you will be emailed an activation code to enter into the device. You will be granted once you hit '*Activate APP*'.

Please ask for a step-by-step guide for more information.

Any queries contact InsExec@northcottglobalsolutions.com.

If the app is pressed without an accompanying phone call to NGS Ops, NGS is not required to contact the holder of the app. It is for the insured to officially inform NGS of a request for assistance by a phone call or email.

A request for NGS assistance using the app is to be communicated verbally in line with their policy instruction through the initial phone call that automatically opens up when the app is triggered.

For the avoidance of doubt, the purpose of the app is for information transfer only and not for triggering any kind of emergency response. This information consists of the information that the app holder entered into the device on setup.

For the call to go through successfully, the device will need signal. The email specifying the GPS coordinate requires data coverage in your area. Data on your device will also need to be switched on. There is an option to manually switch to SMS should you not have data coverage or your device is not data enabled; you will need GSM coverage for this.

SECTION B – THIRD PARTY LIABILITY

Coverage

The coverage provided in this Rider is included for the Liability Plus Insurance Policy to which this Rider is appended upon full payment of the appropriate additional premium.

This Rider provides insurance for Your Legal Liability for Bodily Injury or Property Damage arising from Your personal actions as described below. Where a law suit is brought against You We will pay all sums which You become legally liable to pay as compensatory damages because of unintentional Bodily Injury or Property Damage arising out of Your personal actions anywhere in the world other than Your Home Country or any country in respect of which Your Home Country's Government has issued a travel advisory. Coverage is up to the Benefit Maximum of \$2,000,000 per 365 day period.

Our maximum liability for any negotiated settlement or court ordered award is the lower of:

1. the negotiated settlement or court ordered award plus all associated legal costs and disbursements;
- or,
2. the Benefit Maximum.

We will also reimburse Legal Defense Costs up to a maximum of \$50,000 incurred in defending charges brought against You under the Criminal Code or similar legislation alleging physical or sexual abuse or harassment which is alleged to have occurred during the period of coverage under this Rider.

We will only indemnify you if:

- 1) All charges are withdrawn by the authorities responsible for laying the charges, or
- 2) You are found not guilty of the charges following final judgment or adjudication.

Host Family Homeowner/Other Applicable Insurance Coverage: This coverage applies while You are residing in Your Host Country. If an Accident results in an eligible claim under a valid and collectible homeowner's insurance policy of Your host family or similar insurance policy covering property damage to Your temporary residence, We will pay the loss incurred up to the amount of the deductible under the Your host family's homeowner's policy (or similar insurance policy), not to exceed \$1,000 per 365 day period. We will pay the benefit pursuant to this provision only after You have submitted to Us due proof of the property damage amount which was incurred.

You are covered up to the Benefit Maximum for:

1. compensation You must pay, as approved by Us, for any settlement or legal verdict; and
2. associated legal fees pre-approved by Us, for Your representation in any legal proceedings. Legal representation must be by a person or persons other than an Immediate Family Member and pre-approved by Us.

Our maximum liability for any negotiated settlement or court ordered award is the lower of:

1. the negotiated settlement or court ordered award plus all associated legal costs and disbursements;
- or,
2. the Benefit Maximum.

Conditions And Limitations

1. No admission, offer, promise or indemnity shall be made without Our consent. We shall be entitled to take over and conduct the defense of any legal action brought against You and to settle such action in Your name.
2. You are obligated to take all possible steps to prevent and minimize the loss including notifying Us as soon as possible and supplying all information in respect of the circumstances surrounding a potential claim.
3. You shall provide all the information and assistance that is required by Us. You shall provide Us with copies of all letters, pleadings and other relevant documents and materials received by You.
4. We may, at Our sole discretion, in respect of any occurrence(s) covered by this Rider, pay to You the Benefit Maximum applicable to such occurrence(s), less any amounts already paid, or any lesser amount for which the claim(s) arising from such occurrences(s) can be settled. We shall thereafter be under no further liability in respect of such occurrence(s) except that where the Benefit Maximum has not been paid, We will pay for legal costs and disbursements, which have been pre-approved by us up to the remaining limits of the Benefit Maximum.
5. Benefits payable are in excess of any homeowner, tenant, or other insurance, and all other sources of recovery. If any other insurance is available to You, Your Host Family, or any third party for a covered

loss under this Rider, Our obligations under this Rider are excess of such insurance. In no event shall this insurance apply until all other insurance has paid its applicable limit of insurance.

6. To qualify for coverage under this Rider, You must notify Us at the time You are first advised of a legal action/claim against You.

The following exclusions apply to this Section:

- A. There is no coverage for any claims/actions presented that result or arise from:
 1. war, invasion, act of a foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or military power;
 2. any claim that arises directly or indirectly, in whole or in part, out of Terrorism or by any activity or decision of a government agency or other entity to prevent, respond to or terminate Terrorism regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage;
 3. Your participation in riot or insurrection;
 4. the use of any weapons;
 5. bodily injury or property damage which is required to be insured under a nuclear energy liability policy issued by the Nuclear Insurance Association of Canada, or any other group or pool of insurers;
 6.
 - a) sexual, physical, psychological or emotional abuse, molestation or harassment, including corporal punishment by, or at Your direction, or with Your knowledge; or
 - b) Your failure to take steps to prevent sexual, physical, psychological or emotional abuse, molestation or harassment or corporal punishment;
 7. Your transmission of an illness/disease;
 8. damage caused by Your commission of or attempt to commit a willful, illegal or malicious act;
 9. business pursuits;
 10. the rendering or failure to render any professional service;
 11. property that You sell, rent, lease or lend for use by third parties;
 12. damage that is due to wear or tear;
 13. damage caused by animals owned by or being cared for by you;
 14.
 - a) the erasure, destruction, corruption, misappropriation, misinterpretation of data,
 - b) erroneously creating, amending, entering, deleting or using data, including any loss of use arising from any of these actions or events; or
 - c) the distribution or display of data by means of an Internet Website, the Internet, an Intranet, extranet, or similar device or system designed or intended for electronic communication of data;
 15. the ownership, use (including loading/unloading) or operation of any automobile, watercraft, aircraft, motorized vehicle or trailer attached to any of the foregoing;
 16. the occupation or ownership of any land or building except any building You temporarily occupy during the Policy Coverage Period;
 17. the use of drugs, alcohol or any medication which results directly or indirectly in the condition causing a claim.
 18. expenses which are recoverable or which could have been recovered from any other source including but not limited to any individual, group or prepaid employee or private health insurance plan, credit card coverage or government health insurance plan or third party liability plan/policy;
 19. fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder; and
 20. Your travel to or within a country, city or region listed in any level of a travel warning that has been issued by Your Home Country or Your Host Country to warn its residents against travel.
- B. Nor will any coverage be provided in relation to claims and/or actions brought:
 1. by Your Immediate Family;
 2. by any person who is employed by You;
 3. for any punitive or exemplary damages;

PDS and Policy Wording

The PDS is designed to assist You in Your decision to purchase travel insurance. It contains information about key benefits and significant features.

Any advice in this document is of a general nature only and has not considered Your objectives, financial situation or needs. This booklet contains the following sections which provide:

- Part 1 – information about this travel insurance product (Important Information); and
- Part 2 - the detailed terms and conditions

About Dale Underwriting Limited

This Travel Insurance Policy is arranged by Dale Underwriting Limited (also known herein as Us, We or Our) trading as DUL. In arranging this Travel Insurance Policy, we have appointed the Plan Administrator-ARB International Limited to directly issue or supply DUL travel insurance under a delegated authority in accordance with our underwriting guidelines. In some cases ARB International Ltd may need to arrange for us to do this if they are not able to act under the underwriting guidelines. We, as the insurer of the product, and ARB International Ltd, as our agent, do not act on Your behalf. ARB International Ltd does not have any authority to give You any advice (i.e. recommendation or opinion about the financial product). They can provide You with factual information on the product to help You decide if it is right for You.

The choice is Yours.

Remuneration arrangements

ARB International Ltd receives commission from us which is a percentage of the total premium paid by You to us for the product. The commission is paid monthly by us based on policies issued. You can request full details of the remuneration payable to ARB International Ltd for the issue of Your policy by contacting ARB International Ltd at info@arbint.co.uk at any time until the end of Your cooling off period. (refer cooling off period).

Part 1 – Important Information

Throughout the booklet words that have specific meanings. These meanings are set out in the definitions section of the Policy wording.

Applying for travel insurance

To apply for insurance please complete the relevant forms and submit to Your programme provider. If Your application is approved ARB International Ltd will issue Your policy and provide You with a Certificate of Insurance. Your Certificate of Insurance confirms the cover that You have chosen, the total amount paid by You and information about the terms of Your policy.

Significant risks

This policy may not match Your expectations (for example, because an exclusion applies). You should therefore read this PDS and Policy wording carefully.

This policy does not meet the minimum health insurance standard as specified by the Australian Government under condition 8501 for a range of visa types, including Student visas. Please refer to <http://www.immi.gov.au> for the current minimum standard of specific visa subclasses.

Please ask ARB International Ltd if You are unsure about any aspect of the policy.

Are You sure You have the right level of cover?

You need to make sure the limits of cover are appropriate for Your needs. Otherwise You may be under insured and have to bear part of any loss that exceeds the limits Yourself. Please refer to the applicable limits as set out in the Schedule of benefits and the Policy wording.

A claim may be refused

We may refuse to pay or reduce the amount we pay under a claim if You do not comply with the policy conditions, if You do not comply with Your Duty of Disclosure or make a misrepresentation, or if You make a fraudulent claim.

Unattended luggage and personal effects under the Personal Belongings benefit.

There is no cover under this policy for luggage and personal effects that are left unattended. Please refer to the definition of unattended in the Policy wording and “What is not covered?” under Personal Belongings.

Existing Medical Condition(s)

There is no cover under this policy for an existing medical condition.

The cost of this insurance

What You have to pay

The length of Your trip will be taken into account when calculating the cost of Your policy.

The premium paid by You will be shown on Your Certificate of Insurance, including compulsory government charges (including Stamp Duty and GST where applicable). This policy is only valid when You pay the premium and ARB International Ltd issues a Certificate of Insurance to You.

Amendment of travel details

If You wish to change Your personal details or travel dates after Your Certificate of Insurance has been issued, please contact ARB International Ltd. They may ask You to complete and submit to guard.me a Policy Change Request Form which needs to be assessed and approved prior to any amendment to Your policy. Also refer to section headed "Changing the period of insurance"

Updating this PDS

We will update the information in this PDS when necessary. A copy of any updated information is available to You at no cost by contacting ARB International Ltd. We will issue You with a new PDS or a supplementary PDS, where the update is to correct a misleading or deceptive statement or an omission which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

Jurisdiction

The terms and conditions of the policy are subject to the laws of the Australian state or territory where the Certificate of Insurance is issued. You agree to the jurisdiction of the courts of that state or territory for any legal proceedings relating to this policy.

Cooling off period

If, having purchased the policy, You want to return it, You can do so within 14 days of the date of issue of the Certificate of Insurance and obtain a full refund, provided no right or power has been exercised under it by You (e.g. no claim has been made) and Your trip has not commenced. The Cooling off period does not apply to policy or trip extensions. ARB International Ltd will arrange for a refund of any premium entitlement within 14 business days of You cancelling Your policy.

Confirming transactions

A Certificate of Insurance must be issued once You have completed the application process and You have paid the appropriate premium. If You want to confirm a transaction, for example whether the Certificate of Insurance has been issued, You may contact ARB International Ltd at info@arbint.co.uk

Duty of disclosure - what You must tell Us

Before You enter into a policy with Us, we will ask You a series of questions. You must tell us everything You know or which a reasonable person in the circumstances would be expected to know in answer to the questions in the Application Form. Before You extend or vary a policy, You must tell Us:

- If You continue to meet the Eligibility Criteria and have not become a Legal Permanent Resident or citizen of the Host Country, and
- whether You remain in good health and have not made or intend making any claim, and
- You do not have to tell us about any matter:
- that diminishes the risk;
- that is of common knowledge;
- that we know or should know in the ordinary course of our business as an insurer; or
- which we indicate we do not want to know.

Everyone who is insured under the policy must comply with the Duty of Disclosure. If You provide information about another insured, You do this on their behalf. If You (or they) don't comply with the Duty of Disclosure, We may reduce the amount of any claim and/or cancel Your insurance. If fraud is involved, We may treat Your insurance as void from the beginning.

Our Service to You

Our goal is to give excellent service to all Our customers but We recognize that things do go wrong occasionally. We take all complaints We receive seriously and aim to resolve all of Our customers' problems promptly. To ensure that We provide the kind of service You expect We welcome Your feedback. We will record and analyze Your comments to make sure We continually improve the service We offer.

What is a complaint?

A Complaint is an expression of dissatisfaction not resolved to Your satisfaction within 48 hours.

This does not include normal claims negotiation where offers are rejected/discussed unless You specifically state the matter is to be treated as a complaint or if negotiations have reached deadlock.

A complaint does include the rejection of a claim or the settlement amount for a claim where the parties have reached deadlock in negotiations and where You believe You have been offered a poor service.

Who to tell

In the event of You having a complaint please contact Us by addressing Your complaint to Our “Complaints Department” at Our registered address, set out above. We will acknowledge Your complaint promptly.

What happens next

We will write directly to You to acknowledge receipt of the complaint and explain the complaints process. We will investigate by requesting information / evidence where needed from the parties involved and will write directly to You with any updates. We will then issue You with Our final response to Your complaint.

If You remain dissatisfied with the Our final response, You may be entitled to refer the matter to the Financial Ombudsman Service (FOS). Following this complaints procedure, does not affect Your right to take legal action.

Please note, the FOS will only consider a complaint if We have issued Our final response to Your complaint or eight weeks have elapsed since We received the complaint.

The FOS's contact details are:

Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR

website: www.financial-ombudsman.org.uk

email: complaint.info@financial-ombudsman.org.uk

phone: 0800 023 4567 or 0300 123 9123

Financial Services Compensation Scheme (FSCS)

The Insurer is a member of the FSCS. You may be entitled to compensation from FSCS in the event We are unable to meet Our obligations.

The FSCS's contact details are:

Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU

website: www.fscs.org.uk

phone: 0800 678 1100 or 020 7741 4100



47 Mark Lane
London EC3R 7QQ
and at Lloyd's
Telephone- [44] (0) 207 377 0123 Fax- [44] (0) 207 377 2738

Broker at LLOYDS

Global Secutive LLC
116 Village Blvd
Princeton, NJ 08540
USA

2nd May, 2023
Our Ref: 22INT07058
Your Ref: ED LANE

ADDENDUM No. 001
ATTACHING TO & FORMING PART OF COVER NOTE No. 22INT07058

POLICY HOLDER: Internships Down Under

It is hereby noted and agreed that the following amendments are made to this Insurance:-

**NOTICE IN THE EVENT
OF LOSS:**

For all emergency medical claims please contact our Emergency Assistance Company
Northcott Global Solutions at:

Phone 24/7: +44 (0) 207 183 8927 Press 1
Email: ops@northcottglobalsolutions.com

You must obtain their prior authorisation if you go into a Hospital or a clinic as an In-Patient or Day Patient or wish to return home by any other means than originally booked.

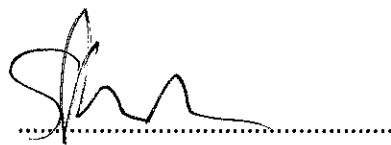
For all non-emergency or any other claims please contact **Van Amedye** at:
Telephone +44 (0) 208 315 0733
Email ngsclaimsuk@vanameyde.com

Monthly Claims bordereaux to be provided within 15 days at the end of each month

It is further noted and agreed that the policy wording is amended as attached.

All other terms and conditions remain unaltered.

Yours faithfully,
ARB INTERNATIONAL LIMITED


.....
Authorised Signatory

You are requested to examine this document and notify us in the event of any discrepancy. E. & O. E.