



AERA – Members Travel Insurance

Summary of Benefits

	Overseas	Domestic / Interstate
Personal Accident - Death & Capital	\$25,000	\$15,000
Personal Accident – Weekly Accident Benefit	\$1,000	\$1,000
Overseas Medical Expenses	Unlimited	Not Applicable
Additional Expenses	Unlimited	Not Applicable
Loss of Baggage and Personal Effects (including riding equipment).	\$15,000	\$15,000
– Limit any one item	\$3,750	\$3,750
– Money (cash)	\$1,000	Not Applicable
Loss of Deposits and Cancellation Charges	Unlimited	Unlimited
Kidnap & Ransom	\$500,000	\$500,000
Hire Car Excess Expenses	\$2,500	\$2,500
Personal Liability	\$5,000,000	\$5,000,000
Security Evacuation Cover	\$50,000	Not Applicable

Deductibles

As set out in the policy terms and conditions.

Important Notices

Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's 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 the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclose of matters –

- that diminish the risk to be undertaken by the insurer;
- that are of common knowledge;
- that you r insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Examples of information which are relevant to insurers are:-

- past claims experience;
- a cancellation of a previous insurance policy or refusal by an insurer to renew a policy previously held by

you;

any unusual features of the subject matter of the insurance which might increase the likelihood of a claim under the policy.

If you are uncertain about whether or not particular matter should be disclosed to the insurer, please contact our office.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Complaints Handling And Feedback

Clients who are not fully satisfied with our services should contact our National Complains Manager in Sydney. This firm also subscribes to the Financial Ombudsman Service, a free customer service, and the General Insurance Brokers Code of Practice. Further information is available from this office.

Privacy Notice

Aon has always valued the privacy of personal information. When we collect, use, disclose or handle personal information, we will be bound by the Privacy Act 1988. If you would like a copy of our Privacy Policy, or wish to seek access to or correct the personal information we collected or disclosed about you, please telephone or email your Aon contact or access our website www.aon.com.au.

Master Policies

The master policy under which this will be issued is subject to a maximum aggregate limit of liability of \$10,000,000. This maximum aggregate limit of liability may be eroded or completely exhausted by claims made under this Master Policy by other "Covered Persons" to whom this policy also provides cover.

Contact Details:

For further assistance contact :



Aon Risk Solutions
Free Call 1800 806 493
equestrian@aon.com.au

To obtain a quotation and/or effect cover please complete and return the application to Aon Risk Solutions, GPO Box 514, Adelaide SA 5001 or fax to (08) 8301 1196 or submit by email equestrian@aon.com.au

Application for Insurance



Name of Member (Covered Person)

Membership Number

Gender

Date of Birth

Telephone Number

Name of Accompanying Person (if applicable)

Relationship

Gender

Date of Birth

Postal Address

Destination

Departure Date

Return Date

I/We hereby declare that I/We have not withheld any information within our/my knowledge likely to effect the decision of the Insurer as to my/our eligibility for insurance. This application shall be the basis of the contract between the Insurer and myself/ourselves and I/We agree to accept the Insurer's Policy subject to the terms and conditions to be contained therein.

Date of application

Signature