

CERTIFICATE OF INSURANCE

Insured:	Mazenod College
Class of Insurance:	Student Personal Accident
Insurer:	Chubb Insurance
Policy Number:	PEM106551433
Period of Insurance:	31/10/2025 to 31/10/2026 24 hours, 365 days per year whilst on School authorised activities. 25% of the benefits are payable whilst outside of school hours and/or authorised activities.
Interest Insured:	* Non-Medicare medical and dental expenses may be prohibited by law from being paid in certain circumstances, typically outside School or organised sporting / youth activities
Aggregate Limits:	\$3,000,000 - Any one School
Situation:	Worldwide
Grange Insurance Solutions confirm that this Certificate of Insurance is valid as at the date of issue. This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the policy or assume continuity of the policy beyond the expiry date shown above.	
For and on behalf of Grange Insurance Solutions:	Dean Cook
Date of Issue:	18 November 2025

Schedule of Insurance

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Class of Policy:	Personal Accident and Illness	Policy No:	PEM106551433
The Insured:	Mazenod College	Invoice No:	0013221
		Our Ref:	MAZENOD

Student and Staff Personal Accident

Section 1: Personal Accident Insurance - Group Student

Insurer	Chubb Insurance
Insured persons:	Enrolled students of the school
Aggregate limits:	\$2,500,000 - Any one School
Scope of cover:	24 hours, 365 days per year whilst on School authorised activities. 25% of the benefits are payable whilst outside of school hours and/or authorised activities. * Non-Medicare medical and dental expenses may be prohibited by law from being paid in certain circumstances, typically outside School or organised sporting / youth activities.
Situation:	Worldwide
Deductible:	Nil except for various time deductibles as per schedule
Principal uninsured property/perils/risks:	Intentional self-injury or suicide Criminal or intentional illegal acts Training or participation in professional sports Air travel except as passenger in properly licensed aircraft Deliberate exposure to exceptional danger Driving or riding in any race or on any motor powered conveyance Sickness, disease or any kind of infection (except for Emergency Transport benefit and as described in Event 29 and 34) Pregnancy, childbirth or miscarriage Sexually transmitted disease, AIDS or HIV infection Medical expenses prohibited by law and Medicare GAP expenses Non-Medicare medical expenses which are recoverable from other sources Radioactive contamination or radioactivity Under the influence

Schedule of Events and Compensation

Total and Permanent Disability	Cover - Standard Maximum Benefit
Part A	\$750,000
Part B	\$300,000
Part C	\$125,000

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Part D	\$75,000
Part E - Burns	\$375,000
Part F - Death	\$50,000
Part G - Dislocation	\$500
Part H - Fractures	\$7,500
Part I – Ligaments/Organs	\$2,000
Part J – Teeth/Dental	\$300

Schedule of events and compensation

Section 1	Benefit	
Part A - Total and Permanent Disablement	Percentage Payable	Maximum Event Benefit
1. Total and Permanent disablement	100%	\$750,000
2. Permanent and incurable quadriplegia	100%	
3. Permanent and incurable paraplegia	100%	
4. Permanent and incurable loss of mental powers	100%	
5. Total and Permanent loss of use of two limbs	50%	
6. Total and Permanent loss of use of one limb	50%	
Part B - Total and Permanent Disablement		
7. Total and Permanent loss of sight of both eyes	100%	\$300,000
8. Total and Permanent loss of sight in one eye	65%	
9. Total and Permanent loss of hearing in both ears	70%	
10. Permanent and incurable loss of speech	75%	
Part C - Total and Permanent Disablement		
11. Total and Permanent loss of use of both hands	100%	\$125,000
12. Total and Permanent loss of use of one hand	80%	
13. Total and Permanent loss of use of both feet	80%	
14. Total and Permanent loss of hearing in one ear	60%	
15. Total and Permanent loss of use of one foot	40%	
Part D - Total and Permanent Disablement		
16. Total and Permanent loss of use of one thumb of either hand		\$75,000
(a) both joints	100%	
(b) one joint	50%	
17. Total and Permanent loss of use of fingers of either hand		
(a) three joints	50%	
(b) two joints	25%	
(c) one joint	15%	
18. Total and Permanent loss of use of toes of either foot		
(a) all of one foot	35%	
(b) great, both joints	15%	
(c) great, one joint	10%	
(d) other than great, each toe	7%	

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Part E - Burns		
19. Third degree burns and/or resultant disfigurement due to fire or chemical reaction which extends to between 20% and 40% of the entire body	67%	\$375,000
20. Third degree burns and/or resultant disfigurement due to fire or chemical reaction which extends to more than 40% of the entire body	100%	
Part F - Death		
21. Death	100%	\$50,000
Part G - Dislocation		
22. Dislocation of the hip	100%	\$500
23. Dislocation of the knee	50%	
24. Dislocation of the shoulder blade	50%	
25. Dislocation of the collarbone	50%	
26. Dislocation of the jaw	50%	
27. Dislocation of the ankle	50%	
28. Dislocation of the elbow	50%	
29. Dislocation of the wrist	50%	
Part H - Fractures		
30. The fracture of a leg or knee cap with established non-union	100%	\$7,500
31. The fracture of the skull or spine	60%	
32. The fracture of the neck or pelvis or hip	40%	
33. The fracture of a jaw	10%	
34. The fracture of a shoulder	10%	
35. The fracture of a rib (one or more)	4%	
36. The fracture of a breastbone	10%	
37. The fracture of a collarbone	15%	
38. The fracture of an arm or an elbow or a wrist or a leg or a knee or an ankle:		
(a) Simple (closed) fractures (one or more)	5%	
(b) Compound open fractures (one or more)	20%	
39. The fracture of a finger or a thumb or a toe	4%	
40. The fracture of a hand or a foot	4%	
41. The fracture of a facial bone or bones (other than jaw)	10%	
Part I – Ligaments/Organs		
42. A knee reconstruction	100%	\$2,000
43. A torn ligament or tendon	100%	
44. A ruptured internal organ	100%	
45. Loss of testicle	50%	
Part J – Teeth/Dental		
46. Loss of or damage to teeth		\$300
(a) Permanent or second teeth (not being dentures or dental fittings)		

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(i) loss of teeth	100%
(ii) full capping of damaged teeth	100%
(iii) partial capping or repair of damaged teeth	100%
(iv) Damage to teeth not provided for in (ii) or (iii) above	50% per accident
(b) Milk or first teeth: loss of teeth	34%
OTHER	
47. Any permanent disability, burns, fractures, dislocations/tears/ruptures not otherwise provided for in this table of benefits	Such amount that Chubb shall in its sole and absolute discretion determine and being in its opinion not inconsistent with the benefits provided for Events 1 – 46 inclusive.
Section 2 - Expenses	Benefit
48. Clothing allowance	Up to \$500
49. Emergency accommodation	\$75 each day
50. Emergency transport	Up to \$7,500
51. Prescription glasses or contact lenses	Up to \$1,000
52. Hospital inconvenience allowance	\$35 each day
53. Non-Medicare medical fees	Up to \$7,500
54. Nursing allowance	\$35 each day
55. Surgical aids and appliances	Up to \$2,500
56. Travel expenses	\$35 each day
57. Tuition costs	Up to \$2,500
Section 3 – Professional counselling	
58. Professional Counselling	Up to \$2,500
Section 4 – School fee relief	
59. School fee relief	
(a) death by accident	Up to \$15,000
(b) death by illness	\$10,000 per family
Section 5 – Accidental HIV infection	
60. Accidental HIV infection	Up to \$25,000

Section 2: Journey/Commuter Cover	
Insured persons:	Teachers and employees of the Insured.
Scope of cover:	Whilst travelling directly to and from their place of employment including activities undertaken during lunchtimes and meal breaks.
Sums insured:	Death and capital benefits \$250,000

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	Accident weekly benefits (limited to 104 weeks) \$2,000/week
Aggregate Limit:	\$1,000,000

Table of Events and Compensation	
Event	Compensation
Bodily injury resulting, within twelve calendar months of the date of such bodily injury, solely and directly and independently of any other cause in:	For Events 1 to 18, the percentage specified below of the Capital Sum Insured as stated in the Schedule. For Events 19 and 20, the percentage specified below, of the Weekly Sum Insured for injury as stated in the Schedule in respect of each week of such disablement.
1. Death	100%
2. Total and irrecoverable loss of all sight in both eyes	100%
3. Total and permanent loss of the use of both hands	100%
4. Total and permanent loss of the use of both feet	100%
5. Total and permanent loss of the use of one hand and one foot	100%
6. Total and permanent disablement (other than disablement resulting from Events described in 2,3,4 and 5 herein) from engaging in or attending to any profession, business or occupation whatsoever, provided always that the Compensation for this Event shall not be payable until such disablement has continued for a period of 12 calendar months	100%
7. Total and permanent loss of the use of one arm or of the greater part of one arm	80%
8. Total and permanent loss of the use of one leg	75%
9. Total and irrecoverable loss of at least 50% of the sight in the other eye	75%
10. Total and permanent loss of the use of one hand or of five fingers of one hand, opr the lower part of one arm	70%
11. Total and permanent loss of the use of one foot or the lower part of one leg	60%
12. Total and permanent loss of hearing	50%
13. Total and irrecoverable loss of all sight in one of two eyes	50%
14. Total and irrecoverable loss of the lens of one of two eyes	50%
15. Total and permanent loss of the use of one thumb	
i. both phalanges	30%
ii. one phalanx	15%
16. Total and permanent loss of the use of any one finger	
i. three phalanges	10%
ii. two phalanges	8%

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iii. one phalanx	4%
17. Total and permanent loss of the use of toes	
i. all of each foot	30%
ii. great – both phalanges	10%
iii. great – one phalanx	5%
iv. other than great, each toe	4%
18. Total and permanent deafness of one ear	2.50%
19. Total disablement from engaging in or attending to usual profession, business or occupation	100%
20. Partial disablement from engaging in or attending to usual profession, business or occupation	25%

Principal uninsured property/perils/risks:

Intentional self-injury or suicide
Criminal or intentional illegal acts
Training or participation in professional sports
Air travel except as passenger in properly licensed aircraft

Deliberate exposure to exceptional danger
Child birth and/or pregnancy
Sickness, disease or any kind of infection

Section 3: Voluntary Workers Personal Accident Insurance Policy

Insurer	Chubb Insurance	
Insured persons:	Voluntary workers, council, committee members, board of directors, voluntary lecturers/teachers	
Scope of cover:	While an Insured Person is engaged in Voluntary work, board and/or school committee activities. Includes direct travel to and from such activities.	
Sums insured:	Per person:	
	Death and capital benefits	\$250,000
	Persons aged to 18 Years	\$50,000
	Accident weekly benefits (limited to 104 weeks)	\$2,000/week
	Domestic home help (limited to 104 weeks)	\$1,500/week
	Home tutorial (limited to 104 weeks)	\$500/week
	Non-Medicare medical benefits	\$10,000
	Broken or fractured bones	as per policy
	Home Renovation Benefit	\$10,000
	Damage to teeth	
	(1) Loss of teeth, per tooth	\$300
	(2) Chipped or broken teeth, per tooth	\$150

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Annual aggregate limit:	\$2,500,000
Situation:	Worldwide
Deductible:	Weekly benefits - Nil
	Medical expenses - Nil

Principal uninsured
property/perils/risks:

Intentional self-injury or suicide
Criminal or intentional illegal acts
Training or participation in professional sports
Air travel except as passenger in properly licensed aircraft
Deliberate exposure to exceptional danger
Child birth and/or pregnancy
Sickness, disease or any kind of infection