

## Certificate of Cover

# ESSA Students Liabilities Insurance Master Policy

**Date of issue:**

**Nominated member:**

This Certificate of Cover confirms that the Policy specified is current for the stated period, subject to the Policy terms, conditions and exclusions. Changes to the Policy may take place after this certificate has been issued.

Policy Number	P00097682
Policy Type	Students Liabilities Insurance Master Policy
Policy Wording	GLD71251 12/2021
Period of Cover	01/04/2024 – 01/04/2025 at 4:00pm
Insured	Nominated Members of Exercise & Sports Science Australia
Association	Exercise & Sports Science Australia (ESSA)
Professional Services	The professional business services provided by You or on Your behalf whilst taking part in a course or program of study approved by the Exercise and Sports Science Association, its agents, legal predecessors or successors and where such course or program of study leads to an exercise physiologist, exercise scientist or sports scientist qualification required for practice as an exercise physiologist, exercise scientist or sports scientist in Australia.
Business	The activities provided by You or on Your behalf whilst taking part in a course or program of study approved by the Exercise and Sports Science Association, its agents, legal predecessors or successors and where such course or program of study leads to an exercise physiologist, exercise scientist or sports scientist qualification required for practice as a exercise physiologist, exercise scientist or sports scientist in Australia.
Basis of Cover	Claims Made
Retroactive Date	Unlimited
Territorial Limitation	Australia
Jurisdiction Limitation	Australia
Excess (Costs Inclusive)	Nil unless otherwise stated

### Changes to your Cover

#### Endorsements attaching to and forming part of the Policy:

##### Definition 'Nominated Member(s)'

It is agreed that reference to 'Nominated Member(s)' in the Policy (including the Schedule) shall mean a current individual student member of the Exercise and Sports Science Association who is nominated as an Insured ('You, Your, Insured' as defined) included within the Cover under this Policy.

# Important notices

## Your Duty of Disclosure

Before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- > reduces the risk We insure You for; or
- > is common knowledge; or
- > We know or should know as an insurer; or
- > We waive Your duty to tell Us about.

## If You Do Not Tell Us Something

If You do not tell Us anything You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

## Privacy

We are committed to complying with privacy laws and protecting Your personal information. By entering into a contract with Us, You agree to:

- > the collection, use and disclosure of Your personal information to evaluate, effect, manage and administer Your insurance Cover, financial service or product provided to You by Us, any related company, or in conjunction with Us. This applies to personal information provided previously, currently and in the future;
- > the collection, use and disclosure of Your personal information to inform You of other products and services offered by Us, Our related entities or Your representative;

- > the use and disclosure of Your personal information to test and improve upon the systems used to manage Your Policy or financial product;
- > the collection from, and/or disclosure of, Your personal information to a third party which may include Your Professional Association, Your employer and Our service providers (including but not limited to other insurers, medical practitioners, lawyers, claims consultants, loss assessors and investigators), where this is relevant for the administration of Your insurance policy or a claim under this Policy;
- > the disclosure of Your personal information to overseas recipients, where relevant, such as offshoring operational and administrative functions to the Philippines under locally incorporated subsidiary Guild Solutions Inc (GSI), some of Our global reinsurers and Fiji for debt recovery administrative services; and
- > the disclosure of Your personal information to a person, regulatory bodies or other entities if We are required or permitted to do so by law.

If You do not provide the requested personal information We may not be able to evaluate, effect, manage or administer Your Policy and You may also be in breach of Your duty of disclosure.

We will ensure that Your personal information is accurate, up-to-date and complete. You may access personal information We hold about You by contacting Us.

If You would like to make a complaint about how We have handled Your personal information please contact Us and speak to one of Our staff who will assist You.

Our privacy policy contains further information on access, correction and complaints handling procedures and can be accessed online at [guildinsurance.com.au/privacy-policy](https://guildinsurance.com.au/privacy-policy). Alternatively, You can write to Us at Locked Bag 32010, Collins Street East, VIC 8003 or contact Us during office hours and We will arrange for a copy of the privacy policy to be provided to You.

## Claims

When you need to make a claim call Guild Insurance on **1800 810 213**.

We are here for you 24 hours a day, 7 days a week.

### Guild Insurance

171 Collins St, Melbourne VIC 3000

Postal: Locked Bag 32010, Collins Street East, VIC 8003

Telephone: 1800 810 213

Facsimile: (03) 9810 9810

