

Chubb Residential Mortgage
Protect Product Disclosure
Statement and Policy Wording

CHUBB®

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Chubb Residential Mortgage Protect

Product Disclosure Statement and Policy Wording

About our Residential Mortgage Protect Insurance

Insurer

The policy is underwritten and issued by Chubb Insurance Australia Limited ABN 23 001 642 020 AFSL 239687 (Chubb also referred to as us, we or our).

Please read the Product Disclosure Statement (PDS) and the policy carefully and do not hesitate to contact Chubb should you wish to comment on any aspect of our service to you.

What is the Product Disclosure Statement?

The policy is underwritten and issued by Chubb. The PDS provides general information only, and should be read in conjunction with the attached policy wording and any endorsements attaching to it. The PDS and policy contain important information that you should read carefully before deciding to take out any insurance cover.

Policy Terms and Conditions

The information contained in the PDS is general information only and does not form part of your contract with us. The policy is our legal contract with you and contains the terms, conditions and exclusions relating to the insurance cover to be provided by us.

The PDS and the policy, which includes the policy schedule, are important documents, so please check them carefully for the coverage they provide and retain them safely for future reference. Certain types of cover under this insurance require you to provide documentary evidence to us where a claim is made (e.g. medical certificates, proof of earnings or employment). You should also keep those documents in a safe place in case we need them to settle a claim.

Should you require any further information about this or any other product, please contact your authorised financial services provider.

Updating our PDS

We may need to update the information contained in our PDS from time to time (where allowed or required by law). We will issue you with a new PDS or a Supplementary PDS when this happens.

How to Apply for this Policy

When applying for Chubb Residential Mortgage Protect insurance together with the mortgage of your residential property, you will after you have paid the premiums indicated, receive from us a policy schedule, confirming the cover commencement date as well as the benefits and sums insured of the insurance cover.

Significant Risks and Benefits of the Residential Mortgage Protect Insurance Policy

This document has been prepared to assist you in understanding Residential Mortgage Protect Insurance provided by the policy and to help you make an informed choice about it. You must decide what cover you need, so please read this PDS, the policy which includes, the policy schedule, the Table of Events and the Benefit Amounts, and any other documents that we tell you form part of your policy, carefully. You should be aware of what the policy covers, the limits on cover and the exclusions from cover. There are also conditions of cover with which you must comply; if you do not, we may not have to pay any claim you make. You are not required to take out this insurance and it is purely optional.

We may be prohibited by law from providing cover where:

- trade or economic sanctions or other laws or regulations apply to us, our parent company or its ultimate controlling entity; or
- an insured person is eligible for benefits under Medicare or private health insurance laws or regulations in Australia including the National Health Act 1953 (Cth), Health Insurance Act 1973 (Cth), Private Health Insurance Act 2007 (Cth) and Private Health Insurance (Health Insurance Business) Rules 2010 or any successor legislation. Accordingly, you and all insured persons should check their eligibility for cover under this Chubb Residential Mortgage Protect Insurance policy. They may need to submit claims to Medicare and arrange private health insurance.

Some of the significant benefits of the Residential Mortgage Protect Insurance policy include:

| The Events | Benefit Amounts |
|--|---|
| Part A - Accidental Death | Up to \$100,000 |
| Part B - Temporary Total Disablement - Injury only (30 days excess period) | Up to \$3,000 per month for a maximum of 6 months |
| Part C - Involuntary Loss of Employment (30 days excess period) | Up to \$3,000 per month for a maximum of 6 month |

- cover is available for persons from eighteen (18) to sixty- four (64) years of age;
- benefits from Part A, B and C are not available for claim where at the date of accident resulting in your bodily injury or your involuntary loss of employment and during the period of insurance you were self-employed;
- benefits from Part B and C are not available for
 - claim where at the date of your temporary total disablement or your involuntary loss of employment you were not in permanent employment for a continuous period of twelve (12) consecutive months;
 - claim in the first thirty (30) days of the effective date of coverage or at any time before the mortgage draw down.

The summary of benefits above is a general guide only and does not show all the details of the insurance. The actual details are as outlined in Part A, B and C in this policy. Please read the entire policy to ensure it meets your requirements.

Operation of Cover

The cover provided by this policy will only apply during the period of insurance stated in the policy schedule.

Who receives the benefit under this insurance?

This is mortgage protection insurance. In the event of a valid claim the ultimate beneficiary under this policy is you and not the bank or financier. No payments will be made to the bank or financier under this policy.

Policy Term

This mortgage protection insurance is available for policy terms of up to three (3) years eg. twelve (12) months, twenty- four (24) months or thirty-six (36) months subject to premium payment.

Premium for the full policy term selected is payable at the commencement of the period of insurance as shown in the policy schedule.

However, cover under Part A – Accidental Death Benefit is for a period of twelve (12) months only. For policy terms in excess of twelve (12) months, you are required to affect renewal before the end of each period of twelve (12) months if you wish to renew the cover under Part A – Accidental Death Benefit. A new policy schedule for Part A – Accidental Death Benefit will be issued to you annually for the following twelve (12) month period. A separate premium will be payable if Accidental Death Benefit is issued to you.

The insurance starts from the period of insurance as shown in the policy schedule and terminates at the end date of the period of insurance shown in the policy schedule, unless ending earlier in accordance with your policy terms and conditions.

Policy Excess Period

If you or an insured person makes a claim under the policy you may be required to serve an excess period.

For example, if an insured person has cover provided under Part C – Involuntary Loss of Employment and makes a claim for a period of 65 days and an excess period of thirty (30) days applies. It means the insured person will be compensated starting from the first amount payable under the mortgage from day thirty-one (31) of involuntary loss of employment after the mortgage draw down.

Premium

All cover is subject to payment of premium. In calculating the premium for the policy we take into account a range of factors including but not limited to:

- the occupation and previous employment history; and
- the limits and excess period.

The premium varies depending on the information you give us in relation to the risks to be covered by us. We decide the amount of premium on the basis of our experience and the factors that increase our risk.

The premium also includes amounts that take into account our obligation to pay any relevant compulsory government charges, taxes or levies (e.g. stamp duty) in relation to your policy. These amounts will be set out separately in the policy schedule as part of the total premium payable.

If a claim is made on the policy while the policy is operational, there will be no refund given and your full premium is due immediately. We may deduct any outstanding premium from the claim payment.

Non-Payment of Premium

You must pay your premium or any additional premium we request from you on time otherwise your policy may not operate. We have the right to cancel your policy for non- payment of premium.

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 if you make a fraudulent claim.

Cancelling Your Policy Before it Expires

You may cancel this policy at any time by notifying us in writing. The cancellation will take effect from 4:00pm on the day we receive your written notice of cancellation or such time as may be otherwise agreed.

We may cancel the policy or any Section thereof, for any of the reasons set out in Section 60 of the Insurance Contracts Act 1984 (Cth) by issuing a notice thirty (30) days in advance in writing in accordance with Section 59 of the Insurance Contracts Act 1984 (Cth).

If the policy is cancelled by you or us, we will refund the premium for the policy less a pro-rata proportion of the premium to cover the period for which insurance applied. However we will not refund any premium if we have paid a claim or benefit to you under the policy.

Cover in respect to an insured person will end on the earlier of:

1. the date the insured person no longer meets the criteria for an insured person set out in the policy schedule;
2. the end of the period of insurance; or
3. when this policy is cancelled by you at your request or by us pursuant to the Insurance Contracts Act 1984 (Cth).

Duty of Disclosure

Your Duty of Disclosure

Before You enter into this contract of insurance, You have a duty of disclosure under the Insurance Contracts Act 1984.

The duty applies until We first agree to insure You, and where relevant, until We agree to any subsequent variation, extension, reinstatement or renewal (as applicable).

Answering our questions

In all cases, if We ask You questions that are relevant to Our decision to insure You and on what terms, You must tell Us anything that You know and that a reasonable person in the circumstances would include in answering the questions.

It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

Variations, extensions and reinstatements

For variations, extensions and reinstatements, You have a broader 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.

Renewal

Where We offer renewal, We may, in addition to or instead of asking specific questions, give You a copy of anything You have previously told Us and ask You to tell Us if it has changed. If We do this, You must tell Us about any change or tell Us that there is no change.

If You do not tell Us about a change to something You have previously told Us, You will be taken to have told Us that there is no change.

What You do not need to tell Us

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 tell Us, 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 Statement

Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at www.chubb.com/au.

Personal Information Handling Practices

Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly administrate your insurance proposal, policy or claim.

Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy).

When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with our obligations to you under the Privacy Act 1988 (Cth).

Your Choices

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

How to Contact Us

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001, Tel: +61 2 9335 3200 or email Privacy.AU@chubb.com.

Financial Claims Scheme

We are an insurance company authorised under the Insurance Act 1973 (Cth) (Insurance Act) to carry on general insurance business in Australia by the Australian Prudential Regulation Authority (APRA) and are subject to the prudential requirements of the Insurance Act.

The Insurance Act is designed to ensure that, under all reasonable circumstances, financial promises made by Us are met within a stable, efficient and competitive financial system.

Because of this We are exempted from the requirement to meet the compensation arrangements Australian financial services licensees must have in place to compensate retail clients for loss or damage suffered because of breaches by the licensee or its representatives of Chapter 7 of the Corporations Act 2001 (Cth). We have compensation arrangements in place that are in accordance with the Insurance Act.

In the unlikely event that We were to become insolvent and were unable to meet Our obligations under the Policy, a person entitled to claim may be entitled to payment under the Financial Claims Scheme. Access to the Scheme is subject to eligibility criteria. Please refer to <https://www.fcs.gov.au> for more information.

General Insurance Code Of Practice

We are a signatory to the General Insurance Code of Practice (the Code). The objectives of the Code are to further raise standards of service and promote consumer confidence in the general insurance industry. Further information about the Code and your rights under it is available at www.codeofpractice.com.au and on request.

How to Make a Claim

You should contact Coverforce as soon as possible once you become aware of an event(s) which could lead to a claim.

Coverforce's contact details are:

Address: Level 2, 476 St. Kilda Road, Melbourne VIC 3004
Telephone: (03) 9864 4444
Fax: (03) 9867 5110

If you wish to make a claim please contact Coverforce directly:

Email: vic_claims@coverforce.com.au

Alternatively, you can contact us directly:

E-mail: aus.ahclaims@chubb.com
Post: PO Box 20336
World Square PO NSW 2002

We may only accept responsibility for payment to third parties under a claim where you have told us about them beforehand and we have accepted the claim.

Full details of what you must do for us to consider the claim are provided in the 'How to Make A Claim' section of your policy.

Cooling Off Period

You have twenty one (21) days to consider the information contained in your policy. This is your cooling off period. If you would like, and provided a claim has not been made under your policy, you have the right to cancel your insurance. We will refund in full any premium you have paid.

To exercise this right you must notify Chubb in writing or electronically within twenty one (21) days from the date your policy takes effect.

Complaints and Dispute Resolution

We take the concerns of our customers very seriously and have detailed complaint handling and internal dispute resolution procedures that you can access. Please note that if we have resolved your initial complaint to your satisfaction by the end of the 5th business day after we have received it, and you have not requested that we provide you a response in writing, the following complaint handling and internal dispute resolution process does not apply. This exemption to the complaints process does not apply to complaints regarding a declined claim, the value of a claim, or about financial hardship.

Stage 1 – Complaint Handling Procedure

If you are dissatisfied with any aspect of your relationship with Chubb including our products or services and wish to make a complaint, please contact us at:

The Complaints Officer
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001
O 1800 815 675
E Complaints.AU@chubb.com

The members of our complaint handling team are trained to handle complaints fairly and efficiently.

Please provide us with your claim or policy number (if applicable) and as much information as you can about the reason for your complaint.

We will investigate your complaint and keep you informed of the progress of our investigation. We will respond to your complaint in writing within fifteen (15) business days provided we have all necessary information and have completed any investigation required. In cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames and, if we cannot agree, you may request that your complaint is taken to Stage 2 and referred to our internal dispute resolution team. We will otherwise keep you informed about the progress of our response at least every ten (10) business days, unless you agree otherwise.

Please note if your complaint relates to Wholesale Insurance (as defined in the General Insurance Code of Practice), we may elect to refer it straight to Stage 2 for review by our Internal Dispute Resolution team.

Stage 2 – Internal Dispute Resolution Procedure

If you advise us that you wish to take your complaint to Stage 2, your complaint will be reviewed by members of our internal dispute resolution team, who are independent to our complaint handling team and are committed to reviewing disputes objectively, fairly and efficiently.

You may contact our internal dispute resolution team by phone, fax or post (as below), or email at:

Internal Dispute Resolution Service
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001
O +61 2 9335 3200
F +61 2 9335 3411
E DisputeResolution.AU@chubb.com

Please provide us with your claim or policy number (if applicable) and as much information as you can about the reason for your dispute.

We will keep you informed of the progress of our review of your dispute at least every ten (10) business days and will respond to your dispute in writing within fifteen (15) business days, provided we have all necessary information and have completed any investigation required. In cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames. If we cannot agree, you may refer your dispute to the Financial Ombudsman Service Australia (FOS) as detailed under Stage 3 below, subject to its Terms of Reference. If your complaint or dispute falls outside the FOS Terms of Reference, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.

Stage 3 – External Dispute Resolution

If you are dissatisfied with our internal dispute determination, or we are unable to resolve your complaint or dispute to your satisfaction within forty-five (45) days, you may refer your complaint or dispute to FOS, subject to its Terms of Reference.

FOS is an independent external dispute resolution scheme approved by the Australian Securities and Investments Commission. We are a member of this scheme and we agree to be bound by its determinations about a dispute. Where a dispute is covered by the FOS Terms of Reference, the General Insurance Division of FOS offers a free and accessible dispute resolution service to consumers.

You may contact FOS at any time at:

Financial Ombudsman Service Australia
GPO Box 3
Melbourne VIC 3001
O 1800 367 287
F +61 3 9613 6399
E info@fos.org.au
www.fos.org.au

If you would like to refer your dispute to FOS you must do so within 2 years of the date of our internal dispute determination. FOS may still consider a dispute lodged after this time if FOS considers that exceptional circumstances apply.

Insurance Council of Australia

Where we cannot provide you with insurance cover, we will refer you to the Insurance Council of Australia (the ICA) for information about alternative insurance options (unless you already have someone acting on your behalf). The ICA has established a referral service called 'Find An Insurer'. Information on finding alternative insurers can be found at www.findaninsurer.com.au.

Additional Information

Who can you talk to?

1. Our contact details are listed below, should you wish to contact us.
2. Your complaint can be submitted to Chubb's dedicated e-mail address at aus.complaints@chubb.com
3. If your complaint is not satisfactorily resolved, you may request that the matter be reviewed by management by writing to:

The Compliance Manager
Chubb Insurance Australia Limited
Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000
www.chubb.com/au

4. Our complaints and disputes procedures follow the requirements of the Code.

Visit www.codeofpractice.com.au for more information about the Code.

About the Insurer

The policy is issued by Chubb Insurance Australia Limited ABN: 23 001 642 020 AFSL: 239687 of Grosvenor Place Level 38, 225 George Street, Sydney NSW 2000.

Our website: www.chubb.com/au

About the Promoter

The promoter of this product is Coverforce Insurance Broking Victoria Pty Limited ABN 45 127 707 813, AFSL no. 345986 (Coverforce).

Coverforce's contact details are:

Address: Level 2, 476 St Kilda Road, Melbourne Vic 3004
Telephone: (03) 9864 4444
E-mail: vic_info@coverforce.com.au

Website: www.coverforce.com.au

Payments we make to the Promoter

Coverforce receives a commission from Chubb of up to twenty percent (20%) of the premium paid by you after deduction of taxes and government charges. In referring you to us, Coverforce acts on Chubb's behalf and not on your behalf.

Please refer to the FSG for further details on payments made and received by the Promoter.

This PDS is dated 1 November 2016.

Residential Mortgage Protect Insurance Policy

Our Promise

Subject to the terms, conditions and exclusions contained in this policy, we will cover the insured person for the events described in the sections of this policy, provided that:

1. the insured person has paid or agreed to pay the premium required for this insurance; and
2. the type of cover is specified in the policy schedule as applying to that insured person.

Cover for each insured person under this policy commences on the insured person's effective date of coverage.

General Definitions

The following general definitions apply for the purpose of this policy:

Accident

accident means a single physical event that occurs during the period of insurance and which:

1. is caused by sudden, external and visible means ; and
2. results solely, directly and independently of any other cause in an injury that is both unforeseen and unsolicited by an insured person.

Bank

bank means an authorised deposit-taking institution (ADI) or body corporate in relation to which an authority granted by the Australian Prudential Regulation Authority under subsection 9(3) of the Banking Act 1959 (Cth) is in force and a valid credit license has been granted by the Australian Securities and Investment Commission.

Bodily Injury/Injury

bodily injury means bodily injury resulting solely from an accident and which occurs independently of any illness or any other cause where the bodily injury and accident both occur during the period of insurance and whilst the person is an insured person under the policy.

It does not mean:

1. a sickness; or
2. any pre-existing condition (except where the takeover provisions have been met in relation to the pre-existing condition).

Civil War

civil war means a state of armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition is armed rebellion, revolution, sedition, insurrection, civil unrest, coup d'état and the consequences of martial law.

Close Relative

close relative means the insured person's spouse or partner, child, step-child, parent, parent-in-law, brother, brother-in-law, sister, sister-in-law, daughter-in-law or son-in-law.

Coup d'état

coup d'état means the overthrow of an existing government by a group of its citizens or subjects.

Disappearance

disappearance means that if your body has not been found within twelve (12) months from the date of the disappearance, sinking or wrecking of a conveyance in which you were travelling on that date, we will presume you have died as a result of an accident.

Doctor

doctor means a doctor or specialist who is registered or licensed to practice medicine under the laws of the country in which they practice, other than:

1. the insured person; or
2. a close relative of the insured person.

Effective Date of Coverage

effective date of coverage means the date on which an insured person is approved by us for eligibility under this policy after the commencement of the period of insurance. The coverage for Involuntary Loss of Employment benefit shall commence thirty (30) days after the effective date of coverage and subject to the mortgage draw down.

Event(s)

event(s) means the event(s) described in the relevant Table of Events set out in this policy.

Excess Period

excess period means a period of time following an event giving rise to a claim for which no benefits are payable as specified in the policy schedule under Excess Period.

Financier

financier means the bank providing the mortgage for the construction of or purchase of your residential property.

Insured Person

insured person means any person shown in the policy schedule as an insured person with respect to whom premium has been paid or agreed to be paid and who during the period of insurance:

1. is from eighteen (18) to sixty-four (64) years of age; and
3. is a permanent resident of Australia; and
4. is engaged in permanent employment; and
2. is not a self-employed person; and
3. has obtained unconditional approval for a fully secured mortgage loan on the residential property.

Involuntary Loss of Employment

Involuntary loss of employment or involuntary unemployment or involuntarily unemployed means termination of your employment where you:

1. were, at the date of termination of your employment, in permanent employment; and
2. have been retrenched or made redundant at the instigation of your employer; and
3. have registered as being unemployed with appropriate Australian government authority; or a recognised recruitment or personnel agency; or can provide other satisfactory evidence of unemployment; and
4. are in receipt of unemployment benefits unless you are not eligible to receive unemployment benefits because of the level of income earned by you and/or your spouse or the level of your assets; and

5. are actively seeking work or if you have obtained employment, are working as an employee for less than twenty (20) hours per week.

Involuntary Loss of Employment Excess Period

involuntary loss of employment excess period means a period of time following an event giving rise to a claim for which no benefits are payable as specified in the policy schedule under Involuntary Loss of Employment Excess Period.

Loan Amount

loan amount means the total amount you are borrowing, sometimes referred to as the loan principal.

Mortgage

mortgage means the fully secured first mortgage loan agreement between you and the financier in respect of the residential property. It does not mean refinancing of your existing mortgage loan.

Mortgage Draw Down

mortgage draw down means when your mortgage loan is activated, e.g. when monies from your loan are available to you.

Mortgage Loan

mortgage loan means a Principal and Interest Loan, Interest Only loan or a Line of Credit provided by your financier.

Mortgage Repayment

mortgage repayment means the regular minimum repayment amount you need to pay your financier for borrowing the loan amount, as set out in your mortgage loan.

Period of Insurance

period of insurance means the period stated in the current policy schedule, as limited by the Operation of Cover stated in the policy schedule or such shorter time if the policy is terminated.

Permanent Employment

permanent employment means an insured works as an employee for at least twenty (20) hours per week in continual, permanent and gainful employment for salary or wages for a continuous period of at least twelve (12) consecutive months immediately prior to and including the date of commencement of your involuntary unemployment or temporary total disablement, where such employment is not temporary, seasonal, casual or under a contract based upon a specified period or completion of specified work. It does not mean self-employment.

However if you have been employed for at least twenty (20) hours per week in continual, permanent and gainful employment for salary or wages with more than one (1) employer in the twelve (12) consecutive months immediately prior to and including the date of commencement of your involuntary unemployment or temporary total disablement, your employment will be regarded as continuous if each employment was separated by a period of no more than sixty (60) days.

Permanent Resident

permanent resident means an insured person who is a citizen, naturalised or permanent resident (i.e. holder of a multiple entry visa or permit which gives the insured person resident health care rights in Australia). It does not include holders of a temporary Work (Skilled) visa (subclass 457).

Policy

policy means this policy wording, the current policy schedule and any other documents we may issue to you that we advise will form part of the policy e.g. endorsements.

Policy Schedule

policy schedule means the relevant certificate of currency which we send to you containing your specific insurance details.

Policy Term

policy term means the period of coverage provided by this policy e.g. twelve (12) months), twenty-four (24) months or thirty-six (36) months.

Pre-Existing Condition

pre-existing condition means sickness, bodily injury, disability or other condition including any symptoms or side effects of these of which the insured person is aware or a reasonable person in the circumstance would be expected to have been aware, prior to the policy being purchased.

Premium

premium means the premium as shown in the policy schedule that is payable in respect of the policy by the insured person.

Professional Sport

professional sport means any sport in which an insured person receives a financial reward, fee, sponsorship or gain as a result of their participation.

Residential Property

residential property means the residential home purchased or to be built by the insured person in Australia for the purpose of owner occupancy and is the property described in your mortgage. It does not mean investment or commercial property.

Self-Employed

Self-employed or self-employment means earning an income directly from your business, trade or profession rather than earning a salary or wage from an employer.

Sickness

sickness means

1. any illness, disease or syndrome of the insured person first manifesting itself during the period of insurance and after the insured person's effective date of coverage, including any pre-existing condition, and
2. mental health disorder, including anxiety, depression, stress, adjustment, eating, emotional disorders or behavioural disorders related to fatigue including chronic fatigue syndrome, myalgia, drug or alcohol abuse and psychosomatic disorders.

Specialist

specialist means a doctor recognised for their experience, qualifications and training in a particular branch of medicine or surgery or in the treatment of a specific bodily injury or sickness, to whom the insured person has been referred by another doctor and includes optometrists.

Temporary Total Disablement

temporary total disablement or totally disabled means that in the opinion of a doctor you are:

1. temporarily unable to engage in any part of your usual occupation, and
3. not currently working in any occupation, whether paid or unpaid; and
4. under the regular care of and acting in accordance with the instructions or advice of a doctor.

Temporary Total Disablement Excess Period

temporary total disablement excess period means a period of time following an event giving rise to a claim for which no benefits are payable as specified in the policy schedule under Temporary Total Disablement Excess Period.

Usual Occupation

usual occupation means the occupation in which you are regularly engaged (i.e. you earn your income, salary or wage from) at the time you suffer an injury. If your usual occupation is limited to a recognised speciality within the scope of your degree or licence, your speciality is your usual occupation.

If you become disabled while you are unemployed or on maternity, paternity or other paid or unpaid leave, your usual occupation means the last occupation you performed before you became unemployed, or you went on maternity, paternity or other paid or unpaid leave.

After six months of your unemployment, maternity, paternity, paid or unpaid leave, your usual occupation is any occupation that you are reasonably capable of performing having regard to your education, training and experience.

War

war means a state of armed conflict, whether declared or not, between different nations, states, or armed groups using military force to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

You / Your

you / your means the insured person.

We / Our / Us

we / our / us means Chubb Insurance Australia Limited ABN 23 001 642 020 AFSL 239687 who is the insurer/ issuer of this policy.

Accident Benefits - What We Will Pay

Part A – Accidental Death Benefit

Part A – Accidental Death Benefit is available if it is shown in the policy schedule issued to you annually.

In the event you suffer bodily injury as a direct result of an accident that results in your accidental death, we will pay the actual amount of your outstanding mortgage loan up to the Benefit Amount stated in the Table of Events to your legal personal representative, where:

1. the bodily injury occurs after the insured person's effective date of coverage; and
2. both the accident and the bodily injury occur during the period of insurance; and
3. the death occurs within twelve (12) months of the accident.

Table of Events

Cover for an event under this part applies only if an amount is shown in the policy schedule against Part A – Accidental Death Benefit.

| The Events | Benefit Amount |
|---|-----------------|
| The following event(s) must occur within 12 months of the date of the accident. | |
| Part A - Accidental Death | Up to \$100,000 |

Conditions applicable to Part A – Accidental Death Benefit

In addition to the General Conditions applicable to all Parts and Sections, the following conditions apply to Part A – Accidental Death Benefit:

1. if the Accidental Death Benefit is payable as a result of your disappearance, we will only pay if the legal representative of your estate gives us a signed undertaking that the benefit amounts will be repaid to us, if it is later found that you did not die as a result of an accident.
2. the occurrence of accidental death for which the Accidental Death Benefit is payable will forthwith terminate any and all other insurance cover under this policy in respect of the deceased insured person.
3. if a benefit is paid under Part A – Accidental Death Benefit, no further benefits will be payable under this policy.

Part B – Temporary Total Disablement Benefit

In the event you suffer bodily injury as a direct result of an accident that results in your temporary total disablement, we will pay your mortgage repayment to you up to the corresponding amounts shown in the Table of Events below where:

1. the bodily injury occurs within twelve (12) months of the accident;
2. the bodily injury occurs after the insured person’s effective date of coverage;
3. both the accident and the bodily injury occur during the period of insurance;
4. you have commenced making mortgage repayments under your mortgage following the mortgage draw down; and
5. that temporary total disablement persists after the excess period.

Table of Events

Cover for an event under this part applies only if an amount is shown in the policy schedule against Part B - Temporary Total Disablement

| The Events The following event(s) must occur within 12 months of the date of the accident. | Benefit Amount |
|--|--|
| Part B - Temporary Total Disablement | Up to \$3,000 per month subject to a maximum duration of six (6) months. |

Benefit Excess Period

We will not pay the mortgage repayment amount to you during the excess period of thirty (30) days from the date you first suffer temporary total disablement.

We will only pay the benefits to you starting from the first amount payable under your mortgage following the excess period.

Conditions applicable to Part B – Temporary Total Disablement

In addition to the General Conditions applicable to all Parts, the following conditions apply to Part B – Temporary Total Disablement:

1. you must have been in permanent employment for a continuous period of twelve (12) months at the commencement of your temporary total disablement;
2. you must have completed the mortgage draw down and there is no cover available under this part if the obligation to make mortgage repayments under the mortgage has not commenced;
3. where you claim benefits under Part B – Temporary Total Disablement, you agree upon our written request to:

- i. participate and co-operate with us in establishing and following a plan comprising activities and procedures for the purpose of achieving or expediting your return (either in full or in substantial part) to your usual occupation;
 - ii. provide us with any medical reports that are relevant to a plan to achieve or expedite your return to your usual occupation;
 - iii. consent to your treating doctors, your employer, us or service providers that we nominate associating with each other or exchanging information for the purpose of achieving or expediting your return to your usual occupation; and
 - iv. agree to undertake reasonable medical investigations or attend medical examinations as requested by us.
4. no benefit will be payable under Part B – Temporary Total Disablement in excess of a total benefit period of six (6) months or as otherwise stated in the policy schedule.
 5. no benefit will be payable under Part B – Temporary Total Disablement in respect of any one bodily injury unless you shall as soon as possible after the happening of a bodily injury giving rise to a claim under this part, procure and follow proper medical advice from a doctor.
 6. if you should become totally disabled during the period of insurance, for each month or part thereof that you remain totally disabled after a thirty (30) days excess period and provided you satisfy all policy conditions, we will pay the amount of benefits payable under Part B – Temporary Total Disablement as set out in the policy schedule for each month or part thereof up to a maximum of six (6) months.
 7. if a claim occurs under Part B – Temporary Total Disablement as a result of bodily injury and during the period of insurance you suffer from the same or an associated cause or causes, the subsequent period of total disablement will be deemed a continuation of the prior period unless, between such periods, you have worked on a permanent employment basis for at least six (6) consecutive months, in which case the subsequent period of total disablement will be deemed to have resulted from a new bodily injury and a new excess period will apply.

Exclusions applicable to Parts A and B – Accidental Death Benefit and Temporary Total Disablement

We will not pay benefits, loss, costs or expenses arising out of any:

1. claim for more than one of the Events from Part A and Part B in respect of the same bodily injury;
2. claim under Part B in excess of six (6) months duration;
3. claim for Part B which does not exceed the excess period as shown in the policy schedule;
4. claim for Part B where at the date of your temporary total disablement you were not in permanent employment for a period of twelve (12) consecutive months;
5. claim for Part B in the first thirty (30) days of the effective date of coverage or at any time before the mortgage draw down;
6. claim for Part A and Part B where at the date of the accident resulting in your bodily injury you were self- employed;
7. claim which is in any way attributable to childbirth or pregnancy;
8. pre-existing condition or any condition that has been aggravated during the period of insurance and/or degenerative condition;
9. claim where, at the time of the event, you were the driver of a vehicle and you:
 - i. did not hold a current, valid licence or your licence was cancelled; or
 - ii. were, disqualified or suspended from driving; or
 - iii. did not hold the appropriate class of licence for that vehicle;

- cosmetic, elective or plastic surgery, (except and to the extent that it is necessary for the cure or alleviation of bodily injury to you).

Part C - Involuntary Loss of Employment

In the event you suffer involuntary loss of employment, we will pay the mortgage repayment to you up to the corresponding amounts shown in the Table of Events below where:

- the involuntary loss of employment occurs more than thirty (30) days from the effective date of coverage and subject to the mortgage draw down; and
- the involuntary loss of employment exceeds the excess period; and
- the involuntary loss of employment occurs during the period of insurance.

Table of Events

Cover for an event under this part applies only if an amount is shown in the policy schedule against Part C – Involuntary Loss of Employment.

| The Events The following event(s) must occur within 12 months of the date of the accident. | Benefit Amount |
|--|--|
| Part C - Involuntary Loss of Employment | Up to \$3,000 per month subject to a maximum duration of six (6) months. |

Benefit Excess Period

We will not pay the mortgage repayment amount under your mortgage during the excess period of thirty (30) days from the date you were made involuntarily unemployed.

We will only pay benefits to you starting from the first amount payable under your mortgage following the excess period.

Conditions applicable to Part C – Involuntary Loss of Employment

In addition to the General Conditions applicable to all Parts, the following conditions apply to Part C - Involuntary Loss of Employment benefit:

- you must have been in permanent employment for a continuous period of twelve (12) months at the commencement of your involuntary unemployment; and
- you must have commenced making mortgage repayments under your mortgage following the mortgage draw down and there is no cover available under this part if the obligation to make mortgage repayments under the mortgage has not commenced; and
- you must be an Australian resident residing in Australia at the date of the commencement of your involuntary unemployment.
- if you should suffer involuntary loss of employment during the period of insurance, for each month or part thereof that you remain involuntarily unemployed after a thirty (30) days excess period and provided you satisfy all policy conditions, we will pay the amount of benefits payable under Part C – Involuntary Loss of Employment as set out in the policy schedule for each month or part thereof up to a maximum of six (6) months.

Exclusions applicable to Part C – Involuntary Loss of Employment

We will not pay benefits, loss, costs or expenses arising out of any of the following:

1. your death;
2. a claim which does not exceed the excess period as shown in the policy schedule;
3. a claim which occurs within twelve (12) months after the last day paid under a previous involuntary loss of employment claim;
4. a claim where at the date of your involuntary loss of employment you were not in permanent employment for a continuous period of twelve (12) consecutive months;
5. a claim in the first thirty (30) days of the effective date of coverage or at any time before the mortgage draw down;
6. a claim where at the date of your involuntary loss of employment you were self-employed;
7. a claim where at the date of your involuntary loss of employment you are not residing in Australia;
8. a claim where your involuntary loss of employment is a result of:
 - i. termination of your employment during or at completion of any probation period or apprenticeship,
 - ii. your retirement;
 - iii. you voluntarily resign or accept voluntary redundancy or you abandon your employment;
 - iv. termination due to misconduct or breach of your employment agreement;
 - v. constructive termination due to disciplinary action by your employer, demotion or transfer to another position;
 - vi. termination due to any sickness or injury arising directly or indirectly, from or related to alcoholism, drug addiction, or the influence of alcohol or non-prescribed drugs;
 - vii. termination due to a pre-existing condition, injury or sickness;
 - viii. termination due to pregnancy or childbirth; or
 - ix. the temporary, seasonal or casual nature of your work or the completion of a project of specified work or the completion of a contract for a specified period for which you were employed or self-employed.
9. if prior to the effective date of coverage for Part A and Part B, you were unemployed or advised that your employment would be terminated;
10. claim after you become employed in excess of twenty (20) hours per week; or
11. a claim where you are no longer registered as being unemployed with an appropriate Australian government agency or actively seeking employment via a recognised recruitment or personnel agency.

General Conditions Applicable to this Policy

1. On the occurrence of accidental death, the cover with respect to that insured person under Parts B and C will cease.
2. If the insured person is entitled to the benefit under Part B or Part C and subsequently becomes entitled to a Benefit Amount under Part A, all benefits payable for Part B or Part C will cease from the date of such entitlement.
3. If there is more than one event taking place during the period of insurance, we will pay only one benefit either Part B or Part C under the policy at any one time following the excess period in respect of the same mortgage repayment.

4. In the event of a valid claim, we will pay you or your legal personal representative, not the bank or financier.

General Provisions Applicable to this Policy

Cancellation

The insured person may cancel this policy at any time by notifying us in writing. The cancellation will take effect from 4:00pm on the day we receive your written notice of cancellation or such time as may be otherwise agreed.

We may cancel the policy or any Section thereof, for any of the reasons set out in Section 60 of the Insurance Contracts Act 1984 (Cth) by issuing a notice thirty (30) days in advance in writing in accordance with Section 59 of the Insurance Contracts Act 1984 (Cth).

If the policy is cancelled by either you or us, we will refund the premium for the policy less a pro-rata proportion of the premium to cover the period for which insurance applied. However we will not refund any premium if we have paid a claim or benefit to you under the policy.

Cover in respect to an insured person will end on the earlier of any of the following:

1. your accidental death;
2. the date you no longer meet the criteria for an insured person set out in the policy schedule;
3. the date when you attain the age of sixty-five (65) years;
4. the end of the period of insurance;
5. when this policy is cancelled by you at your request or by us pursuant to the Insurance Contracts Act 1984 (Cth);
6. the date the mortgage is terminated or discharged ;
7. the date you are no longer a permanent resident of Australia, or
8. the date you become self-employed. Cooling Off Period

You have twenty one (21) days to consider the information contained in your policy. This is your cooling off period. If you would like, and provided a claim has not been made under your policy, you have the right to cancel your insurance. We will refund in full any premium you have paid.

To exercise this right you must notify Chubb in writing or electronically within twenty one (21) days from the date your policy takes effect.

Currency

All amounts shown are in Australian dollars. All claims will be paid in Australian dollars.

Entire Contract/Alteration

This policy will not be modified except by written amendment or endorsement attached hereto and signed by our Authorised Representative.

Late Payment of Premium

Your policy may be cancelled automatically and without any written notice from us if you have not paid your premium within thirty (30) days of when it is due. The cancellation takes effect from the date the premium you have paid us ceases to cover the insurance under this policy.

Medical Examination or Post Mortem

At our expense, we will be entitled to have any insured person medically examined or in the event of death, a post mortem examination carried out. We will give the insured person or their legal representative fair and reasonable notice of the medical examination.

Proper Law and Jurisdiction

The construction, interpretation and meaning of the provisions of this policy will be determined in accordance with Australian Law. In the event of any dispute arising under this policy, including but not limited to its construction, validity, performance and/or interpretation, the insured person will submit to the exclusive jurisdiction of any competent court in the Commonwealth of Australia.

Policy Renewal

At least fourteen (14) days before the end of the policy term, we will advise you if you are eligible to renew this insurance policy for a further consecutive term with the applicable premium rate at the time of renewal.

If you are eligible to renew your insurance policy and you wish to do so, you are required to effect renewal before the end of the current period of insurance by paying the renewal premium.

If you do not pay your premium within thirty (30) days of the end date of the current period of insurance as shown in the policy schedule, your policy will lapse and your coverage under the policy will automatically terminate.

Precautions

The insured person must take all reasonable care to prevent or minimise damage, injury, liability, loss, accident or sickness, including complying with any law, by-law, ordinance or regulation that concerns the safety of persons or property.

Providing Proofs

The insured person must keep documents they will need in case of a claim. These documents may include documents to substantiate the insured person's mortgage repayment and any medical certificates or reports that relate to any claim.

Subrogation

If we make any payment under this policy, then to the extent of that payment, we may exercise any rights of recovery held by the insured person. The insured person must not do anything which reduces any such rights and must provide reasonable assistance to us in pursuing any such rights.

General Exclusions Applicable to this Policy

We will not pay benefits, loss, costs or expenses arising out of any:

1. radioactivity, or the use, existence or escape of any nuclear fuel, nuclear material or nuclear waste;
2. professional services rendered in Australia where benefits are payable under Medicare or private health insurance laws or regulations in Australia;
3. claim which would result in us contravening the National Health Act 1953 (Cth), Health Insurance Act 1973 (Cth) or the Private Health Insurance Act 2007 (Cth) or the Private Health Insurance (Health Insurance Business) Rules 2010 or any successor legislation to those Acts;
4. claim where the insured person and/or their representatives refused to follow our instructions and directions;

5. claim by any insured person who has attained the age of sixty-five (65) years. This will not prejudice any entitlement to claim benefits which have arisen or occurred on or before an insured person attained the age of sixty-five (65) years;
6. intentional self-inflicted bodily injury, suicide or any illegal or criminal act committed by the insured person;
7. mental health disorder, including anxiety, depression, stress, adjustment, eating, emotional disorders or behavioural disorders related to fatigue including chronic fatigue syndrome, myalgia, drug or alcohol abuse, psychosomatic disorders;
8. claim by any insured person being under the influence of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit while driving, or being under the influence of any other drug unless it was prescribed by a doctor or specialist and taken in accordance with a doctor or specialist's advice;
9. pre-existing condition;
10. pregnancy or childbirth;
11. claim where at the date of accident resulting in your bodily injury or your involuntary loss of employment you were self-employed;
12. insured person engaging in or taking part in:
 - i. any motor sports as a rider, driver and/or a passenger;
 - ii. flying in an aircraft or aerial device other than as a passenger in any aircraft licensed to carry passengers; or
 - iii. training for or participating in professional sport of any kind;
13. war, civil war, invasion, act of foreign enemy, rebellion, revolution, insurrection or military or usurped power; or
14. trade or economic sanctions or other laws or regulations that prohibit the Insurer, its parent company or its ultimate controlling entity from providing the insurance.

How to Make a Claim

Notice of Claim

Any occurrence or event which may give rise to a claim under this policy should be reported to Coverforce in writing within thirty (30) days or in any event, as soon as reasonably possible after the occurrence or loss. Failure to furnish Coverforce with notice within the time provided in the policy will not invalidate any claim but a failure to do so may result in us being prejudiced and may reduce our liability under the policy.

If you wish to make a claim please contact Coverforce directly:

Coverforce's contact details are:

Address: Level 2, 476 St. Kilda Road, Melbourne, Vic 3004

Telephone: (03) 9864 4444

Fax: (03) 9867 5110

E-mail: vic_info@coverforce.com.au

Making a Claim

If you wish to make a claim under the policy you must:

1. complete a claim form available from Coverforce as shown in the policy schedule and include:
 - i. written notice containing full particulars of any circumstances in respect of which a claim is being made; and
 - ii. any reports that have been obtained from the police, a carrier or other authorities about an accident, loss or damage; and
 - iii. documentation to support the amount of mortgage repayment received from your financier; and
 - iv. documentation to support your registration as unemployed by the appropriate Australian government agency or a recruitment agency.
 - v. provide us with the completed claim form and accompanying documents within thirty (30) days of the event taking place which gives rise to a claim;
2. provide us at your expense, all medical and other certificates and evidence reasonably required by us to assess the claim.

Claims Investigation

In the event of a claim, we may make any investigation we deem necessary, you agree to cooperate fully with such investigation. Failure by you to cooperate with our investigation may result in denial of the claim or cancellation of the policy.

Payment of Claim

Part A - Accidental Death Benefit will be payable to your beneficiary or legal personal representative on production of the death certificate and either Letters of Administration or Probate documentation issued by a relevant Court.

Part B - Temporary Total Disablement benefit and Part C - Involuntary Loss of Employment benefit are payable to you. All such payments will be a discharge to us with respect to all claims under your policy.

Fraudulent Claims

If any claim under this policy is fraudulent in any respect, or if any fraudulent means or devices are used by you or anyone acting on your behalf to obtain benefits under this policy, we will be under no liability in respect of such claim.

Making Claims after Your policy is cancelled

If your policy is cancelled effective from a particular date, this does not affect your rights to make a claim under your policy if the event occurred before the date that the cancellation became effective provided the premium is paid.

Commitment to Service

Chubb's Internal Dispute Resolution Process is evidence of Chubb's commitment to service. Recognising the consumer's right to be heard and to be informed, Chubb established an Internal Dispute Resolution Panel to handle any unresolved complaints.

It underscores Chubb's commitment to acting fairly and honestly with its customers.

If you are not satisfied with any aspect of the service that you receive in relation to the Residential Mortgage Protect Insurance Policy, then Chubb would appreciate you letting us know.

Our website can be visited at www.chubb.com/au or you can contact us on Telephone: +61 2 9335 3200 or Fax +61 2 9335 3411.

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au

Contact Us

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