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HARNESS RACING VICTORIA RISK PROTECTION PROGRAMME

OPTIONAL LOSS OF INCOME UPGRADE FORM

PERIOD OF INSURANCE: 30th April 2025 TO 30th April 2026

PLEASE NOTE: UPGRADES ARE EFFECTIVE FROM THE DATE THAT WRITTEN CONFIRMATION IS RECEIVED FROM THE INSURER.

PLEASE SEND YOUR COMPLETED FORM	
STANDARD COVERS WITHIN THE PROGRAM	
WHAT ARE WE COVERED FOR WITHIN THE RISK PROTECTION PROGRAMME?	
All registered trainers/drivers receive the following standard covers within the Harness Racing Victoria Risk Protection Programme as per the policy wordings, terms and conditions	
STANDARD COVERS PROVIDED:	
• General Public Liability	(\$50,000,000 any one occurrence)
• Products Liability	(\$50,000,000 in the aggregate)
• Professional Liability	(\$5,000,000 any one claim any one year)
• Personal Accident Cover Including:	
- Capital Benefits	(up to a maximum of \$250,000 – age limits apply)
- Non-Medicare Medical	(up to a maximum of \$10,000 / \$50 excess / 12-month benefit period)
- Loss of Income	(85% reimbursement of net weekly income up to a maximum of \$750 per week – age limits apply to this section and no cover applies for 81+ years of age)
LOSS OF INCOME UPGRADES	
WHAT IS LOSS OF INCOME COVER?	
The standard Loss of Income provides reimbursement for either 85% of the injured person's net weekly income or the maximum of \$750 per week – whichever is the lesser. Coverage is for a maximum of 104 weeks and a 7 day waiting period applies. Additional cover may be purchased (above the \$750 already provided under the Program).	
Please note – age limits apply to this section of cover (no cover for 81+ years of age)	
HOW TO PURCHASE ADDITIONAL LOSS OF INCOME COVER?	
1. Complete Section A and B of this Upgrade Form	
2. Attach your payment to the Upgrade Form and send to SLE Worldwide	
Any advice contained within this brochure is general advice and does not take into account your objectives, financial situation or needs. You should consider the relevant Product Disclosure Statement and your objectives, financial situation or needs before acting on this advice.	

SECTION A – PERSONAL DETAILS			
STEP 1: INDIVIDUAL DRIVER/TRAINER DETAILS			
Licensed Trainer/Driver Full Name:			
Date of Birth:			
Email Address:			
Contact Phone Number:			
Postal Address:			
State:		Postcode:	
STEP 2: ACKNOWLEDGEMENT			
1. Have you ever had medical or surgical advice or treatment, or been hospital confined during the past 5 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered 'yes', please provide details:			
2. Have you ever been declined accident, sickness or life insurance, or been issues such insurance which has been postponed, modified, rated up, cancelled or renewal refused?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered 'yes', please provide details:			
3. Have you ever claimed for benefits under any accident or sickness insurance?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered 'yes', please provide details:			
4. Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered 'yes', please provide details:			
5. Have you ever had abdominal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, urinary, digestive or circulatory systems, or of the back, spine, eyes or heart?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered 'yes', please provide details:			
6. If you answered 'yes' to any of the 5 questions above, do any of the above conditions have any impact on your current health?			
If you answered 'yes', please provide details:			
If you answered 'no' or 'yes', please provide details of any other reasons why you do not presently consider yourself to be in good health.			

STEP 3: DECLARATION			
I, the undersigned, declare that I am a licensed trainer/driver of _____			
Registered State Body			
I hereby declare and warrant that the answers given above are in every respect true and correct, and that I have not withheld any information within my knowledge likely to affect the decision of the Insurer as to my eligibility for Insurance. The application and declaration shall be the basis of the contract between the Insurer and myself, and I agree to accept the Insurer's policy subject to the terms and conditions to be contained therein.			
Licensed Trainer/Driver Name:			
Licensed Trainer/Driver Signature:			
Date:			
SECTION B – UPGRADE OPTIONS			
UPGRADING LOSS OF INCOME COVER			
The standard Loss of Income Cover provides reimbursement for either 85% of the injured person's net weekly income or the maximum of \$750 per week – whichever is the lesser.			
Your registration with Harness Racing Victoria entitles you to this standard cover and no additional contribution is required. Please note that income derived from non-harness racing related activities has a maximum 8 week benefit period.			
PERIOD OF COVER			
FROM:		The date that written confirmation is received from the Insurer.	
TO:		30 th April 2026	
Each individual trainer/driver can choose to increase their weekly benefit to one of the following options:			
LOSS OF INCOME UPGRADE OPTIONS			
	WEEKLY BENEFIT	TOTAL PREMIUM PAYABLE	I WOULD LIKE TO PURCHASE THIS COVER
OPTION 1	85% of weekly income up to \$2,000 maximum per week	TBA	<input type="checkbox"/>
OPTION 2	85% of weekly income up to \$3,500 maximum per week	TBA	<input type="checkbox"/>
Please note: <ul style="list-style-type: none"> • Age limits apply to this cover (no cover for 81+ years of age) • All rates on this form are inclusive of government charges, GST and fees • Loss of Income benefits are payable in accordance with the policy wording, terms and conditions 			