22 March 2024

Andrew Dix Senior Account Executive

Marsh Advantage Insurance Pty Ltd ABN 31 081 358 303 Level 6, 225 St Georges Terrace Perth, WA Australia 6000 Tel +61 8 9426 0444 Fax +61 8 9426 0999 www.marshadvantage.com.au Andrew.Dix@marsh.com

TO WHOM IT MAY CONCERN

Certificate of Currency Commercial Package Our Ref: 211621

This certificate of currency provides a summary of the policy cover and is current on the date of issue. It is not intended to amend, extend, replace or override the policy terms and conditions contained in the actual policy document. This certificate of currency is issued as a matter of information only and confers no rights upon the certificate holder. We accept no responsibility whatsoever for any inadvertent or negligent act, error or omission on our part in preparing these statements or in transmitting this Certificate by email or for any loss, damage or expense thereby occasioned to any recipient.

NAMED INSURED	The Literature Centre Incorporated		
ABN AND ITC DETAILS	87 223 138 605 ITC 100 %		
BUSINESS	Education Centre /Services		
PERIOD OF INSURANCE	From: 31 March 2024 at 4 PM Local Time (WA).		
	To: 31 March 2025 at 4 PM Local Time (WA).		
LOCATION OF RISK	The Old Prison Hospital CNR Knutsford Street and Hampton Road FREMANTLE WA 6160		
TYPE OF RISK	10 - Property and Income Protection		
DECLARED VALUES	Section 1 Total Declared Values \$540,000		
Contents \$500,000			
	Stock \$40,000		
BUSINESS INTERRUPTION	SublimitsLoss Of Income (at this location)\$1,171,692Additional Cost of Working\$250,000		

Claims Preparation Costs Indemnity period \$50,000 12 months

TYPE OF RISK	80 – GENERAL PUBLIC & PF	80 – GENERAL PUBLIC & PRODUCTS LIABILITY		
TYPE OF COVER	Broadform Liability			
	PUBLIC: Limit of Liability PRODUCTS Liability Advertising Injury	Sum Insured \$20,000,000 \$20,000,000 \$20,000,000		
	GENERAL PROPERTY Maximum – any one unspe Specified items – more than \$7		\$4,000 Not Insured	
TYPE OF COVER	91 VOLUNTARY WORKERS			
	Capital Benefits Weekly Bodily Injury Benefits Medical Aggregate Limit Personal Accident Aggregate I Benefit Period Deferral Period Number of Volunteers	_imit	\$50,000 \$500 \$250,000 \$2,000,000 52 weeks 7 Days 20	

INSURER Ansvar Insurance Limited PROPORTION 100.000% POLICY NUMBER 03.300.0584215

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