



PROTECTING
LIVELIHOODS

FARM PACK INSURANCE PROPOSAL

Intermediary details

Intermediary name: Contact number:
Contact Name: Fax number:

Contact details of insured

Insured name: ABN:
Contact name: ITC:
Contact number: Fax number:
Email address: Mobile number:
Address:

Your Duty of Disclosure

Before You enter into a contract of insurance with US, the Insurance Contracts Act 1984 requires You to provide Us with the information We need to enable Us to decide whether and on what terms Your proposal for insurance is acceptable and to calculate how much premium is required for Your insurance.

YOU WILL BE ASKED VARIOUS QUESTIONS WHEN YOU APPLY FOR THIS POLICY.

WHEN YOU ANSWER THESE QUESTIONS, YOU MUST:

1. Give US honest and complete answers,
2. Tell US everything You know, and
3. Tell US everything that a reasonable person in the circumstances would be expected to tell Us.

Who does the duty apply to?

Everyone who is insured under this policy must comply with the duty.

What happens if You or they do not comply with the duty?

If You or they do not comply with the relevant duty, the insurer may cancel the policy or reduce the amount the insurer pay if You make a claim. If fraud is involved, the insurer may treat the policy as if it never existed and pay nothing.

Privacy Act 1988

Personal information Ag Guard obtains in connection with this policy is needed to enable Us to evaluate your proposal and to administer Your policy. You may request Us to provide You with a copy of that information, except information that has been provided to Us in confidence.

We are entitled to disclose your personal information to other entities, such as insurers, reinsurers, loss adjusters and claims consultants. However, We may only do so in accordance with the General Insurance Privacy Principles.

Information Relating To All Sections Of The Policy

In the past 5 years, have You:

1. Made any claim for loss, damage or liability? Yes / No If Yes, please provide details:

Insurer	Amount	Date	Description
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2. Had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected or any special conditions imposed on Your policy? Yes / No If Yes, please provide details:

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3. Or any partner(s) or director(s) become insolvent or subject to any form of insolvency or administration (such as liquidation or receivership)? Yes / No If Yes, please provide details:

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4. Been convicted of any criminal offence (other than minor traffic infringements)?
Yes / No If Yes, please provide details:

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Information Relating To All Sections Of The Policy

Period of Cover Insured name: ABN:

Situation

No.	Situation eg. Waroo	Address Eg. Rmb 123, dubbo nsw 2830	Property size (ha) eg. 1500 Ha	Farming business eg. Mixed farming
1				
2				
3				
4				
5				

Other business

If cover is to be provided for any business (other than described above) please provide details, including the nature of the business and estimated gross turnover (eg. contract harvesting \$50,000).

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Interested parties

Are the interests of any other party to be noted on any of the property insured under this policy?

Yes / No If Yes, please provide details:

Property insured	Interested party Eg. Abc bank	Property of interested party	Nature of interest eg. Mortgagee, lessor

Section 1. Domestic Buildings/Domestic Contents

Situation	Property description Eg. Main homestead	Building sum insured	Contents sum insured	Building construction walls	roof	Estimated year of construction	No. Of bedrooms	Occupied /unoccupied (during last 90 Days)	Power connected yes/no

Unspecified contents and valuables

For Domestic Contents there are limits on the Sum Insured for certain items (refer to page 16 of the PDS). If cover is required for a Sum Insured greater than these limits, please provide details below:

Situation	Property description Eg. Main homestead	Building sum insured

Excess
 \$250 (standard)
 \$500
 \$750
 \$1,000

Flood - Do You wish to insure against loss, damage or destruction caused by Flood? The most We will pay in the Period of Cover is \$20,000. (N.B Additional premium will apply.) Yes / No

Section 2. Farm Property & Machinery

Farm Buildings, Farm Contents and Other structures (including stock yards, free standing grain or feed silos, windmills, water tanks and power/telephone lines and poles).

Situation	Description Eg. Machinery shed, windmill	Type of cover (r) replacement (i) indemnity	Sum insured	Accidental damage yes / no	Est. Year of constr.

Do any of Your Farm Buildings have sandwich panelling greater than 10%? Yes / No If Yes, please provide details:

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Section 2. Farm Property & Machinery (Continued)

Self Propelled Agricultural Machinery or Vehicles

Situation Eg. Waroo	Description of machine / vehicle eg. Tracto	Type of cover (r) replacement (i) indemnity	Automatic fire supression yes / no	Sum insured

Livestock, Fencing, Farm Produce and Farm Trees etc

Situation	Description eg. Fencing, livestock, farm trees, hay etc	Sum insured

Excess \$250 (standard) \$500 \$750 \$1,000

Optional Benefits

1. Do You require cover for Increased costs? (This covers the additional expenses that are not normally incurred to maintain the Farming Business at the same level of productivity as the 12 months before a loss or damage). Yes / No

If Yes, please select a Sum Insured:.....

2. Do You require cover for Loss of stored semen? Yes / No

Note: Cover is limited to \$75 per straw and \$5,000 during the Period of Cover.

3. Do You require cover for Unspecified Farm Buildings? Yes / No

Note: Cover is limited to \$20,000 during the Period of Cover.

4. Do You require cover for Unspecified Farm Machinery? Yes / No

Note: Cover is limited to \$5,000 per item during the Period of Cover

Section 3. Farm Motor

Do any Vehicles to be insured have any existing hail damage? Yes / No

Do any Vehicles to be insured have any unrepaired damage? Yes / No

Do You carry out any commercial carrying operations not associated with the Farming Business? Yes / No

Have any regular drivers to be covered under this policy been charged in the last 5 years (or have charges pending) for:

a) dangerous or culpable driving? Yes / No

b) reckless driving causing death? Yes / No

c) driving under the influence of drugs or alcohol? d) refusing to provide a breath test? Yes / No

d) refusing to provide a breath test? Yes / No

If You have answered Yes to any of the above questions, please provide details:

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Section 3. Farm Motor (Continued)

Utes and Sedans

Vehicle make Eg. Toyota	Model Eg. Landcruiser	Year	Registration number	Type of cover 1. Comprehensive 2. Fire & theft 3. Fire, theft & third party 4. Third party only	Situation where garaged	Basis of settlement agreed value/ market value	Accessories & value	Sum insured
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Section 4. Farm Liability

Total number of full time employees (including proprietors):

Sum Insured: \$5m \$10m \$20m

What is Your estimated gross turnover from farm contracting activities?

Do You require cover for farm hosting activities? (eg. farmstay) Yes / No

If Yes: Estimated annual gross turnover: Number of rooms :

Note: No cover is provided for abseiling, aquaplaning, flying in any air vessel, motor cycling, quad biking, power boating, water skiing, rock climbing, mountaineering, horse riding or equestrian activity.

Optional Benefits

Do You require cover for aerial crop spraying? Yes / No

Note: The Sum Insured for aerial crop spraying is \$500,000 and an Excess of \$5,000 applies.

Note: The Sum Insured for milk tanker contamination is \$25,000 and an Excess of \$250 applies. Yes / No

Note: Cover is limited to \$20,000 during the Period of Cover.

Section 5. Land Transit

Sum Insured for Theft of Your Farm Contents or specified items:

Do You have any specified items that are to be insured? Yes / No

Excess \$250 (standard) \$500 \$750 \$1,000

Section 6. Farm Theft

Sum Insured:

Do You require cover for accidental damage? Yes / No If Yes, please provide details below:

Specified item - description	Sum insured
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Excess \$250 (standard) \$500 \$750 \$1,000

Optional Benefit

Do you require Theft of money? Yes / No

If Yes, please nominate Sum Insured for Theft of Money:

Section 7. Machinery Breakdown

1. Blanket Cover

Shearing Plant Yes / No If Yes, number of stands

Dairy Plant Yes / No If Yes, size of vat

2. Pumps and Motors (below 20Hp)

Diesel/petrol	Above ground / submersible	Size (kw/hp)	Number
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2. Pumps and Motors (below 20Hp)

Description	Sum insured
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Optional Benefits

Do You require cover for refrigerated goods? Yes / No

Note: The Sum Insured for deterioration of refrigerated goods is \$5,000 and an Excess of \$250 applies.

Section 8. Pleasure Craft

Name of Registered Owner:

1. Hull means the shell itself, including permanent attachments to it, (but not including motors), and would normally be sold with similar boats of similar types.

Year built	Length / make	Type of craft	Purchase price & date	Indemnity sum insured	Base premium
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2. Masts/spars, including sails and rigging.

Indemnity sum insured	Base premium
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3. Motor(s) means the inboard and/or outboard motors, including stern drive units, jet units, gear boxes, propellers, shafts and skegs.

Year	Make / model	Hp	Serial number	Indemnity sum insured	Base premium
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4. Equipment and accessories means safety equipment intended for the safety or use of a Boat including but not limited to dinghy, anchors, storm covers, echo sounder, radar, life jackets, bilge pumps, two-way radios, as long as they are not permanently attached to the Hull.

Indemnity sum insured	Base premium
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5. Trailer means a Boat Trailer or a Trailer specifically designed to carry the Boat.

Make / model	Registration & serial number	Hp	Serial number
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6. Do You require water skier's liability extension? Yes / No

7. Do You require sailing boat racing risk extension? Yes / No

Declaration I/We

Total Sum Insured

- Agree that when this proposal is accepted by the insurer, cover is bound and I/We agree to pay the premium quoted
- Have received a copy of the Farm Pack Product Disclosure Statement and agree to accept the insurance subject to the terms and conditions and limitations of this Policy. • Have read the Important Notices relating to this cover
- Declare everything on this proposal to be true and correct and I/We have not withheld any relevant information.

Your signature: Signed for and on behalf of all insureds Date: