

**ALMOND CROP INSURANCE PROPOSAL****1. CLIENT DETAILS**

Insured Name (T/as) _____

Contact Person _____ ABN _____

Postal Address _____

Town _____ State _____ Postcode _____

Telephone _____ Facsimile _____

Mobile _____ e-mail _____

Other interested parties (eg. Financiers, partnerships) _____

2. DETAILS ABOUT THE ORCHARD

Orchard Name _____ Closest Town _____

Location of Orchard _____ Post Code _____

Shire/County(SA) _____ State _____

Orchard Mapping Longitude _____ Latitude _____ Elevation _____

3. CLAIMS EXPERIENCE

Have you had any claims or yield losses (Insured or not) in the **past Five (5) years** Yes No

How many **Hail** losses Insured or not in the past Five (5) years? Total Value or Estimate of Hail Losses \$

How many **Frost** losses Insured or not in the past Five (5) years? Total Value or Estimate of Frost Losses \$

Please give claim details below;

Date of Event	Nature of Event	Area Affected (Ha)	Actual Cost of Event
			\$
			\$
			\$

Was ever any insurance policy declined or cancelled, renewal refused, special condition imposed, claim rejected, Yes No previously lodged claim withdrawn or a special excess imposed? If yes, give details (Year, Name of insurer(s), Reason):

4. INSURED EVENTS & COVER OPTIONS**1. Insured Events - Standard Cover Hail & Perils**

Additional Options **Fire** Yes No **Frost** Yes No *If yes to frost please complete section 6*

2. Crop Cover Options**Almond Crop Cover Options – Choose 1 option only**

A. Dollar (\$) per Ha	<input type="checkbox"/> Yes	<i>You nominate a fixed \$ per Ha for each variety of almond.</i>
B. Variable Cover <i>Additional Premium applies</i>	<input type="checkbox"/> Yes	<i>Yield (t Ha) is estimated by You. Final Yield is declared by You directly following harvest or no later than 31st May</i>



INSURANCE FACILITATORS Pty Ltd

IMPORTANT NOTICES

The Insurer Vero Insurance Limited ABN 48 005 297 807 AFS Licence No. 230859
Underwriting Agent Insurance Facilitators Pty Ltd ABN 86 441 986 415 AFS Licence No. 289450

We, Us, Our You, Your

Means the Insurer. Means the person or entity listed as the 'Insured Name' in this proposal.

Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that You know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before You renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of a matter;

- that diminishes the risk to be undertaken by the insurer; that is of common knowledge; that Your insurer knows or, in the ordinary course of its business, ought to know; as to which compliance with Your duty is waived by the Insurer.

Non-disclosure

If You fail to comply with Your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of claims or may cancel the contract.

If Your non-disclosure is fraudulent, We may also have the option of avoiding the contract from its beginning.

Privacy Statement

In accordance with the Privacy Act 1988, Your attention is drawn to the following:

Personal information may be collected about You for the purposes of providing insurance services to You, including:

- evaluating Your proposal, evaluating any request for a change to any insurance provided, providing, administering, and managing the insurance following acceptance of a proposal, and investigating and, if covered, managing claims made in relation to any insurance You have with Us.

Apart from Insurance Facilitators Pty Ltd and the Insurer, Your personal information may be disclosed to other persons such as:

- reinsurers and brokers, loss adjusters, claims investigators, mailing houses, claims reference providers, legal and other professional advisors.
You have the right to request access to, and correct, any personal information that is held about You, subject to the Privacy Act 1988.

Cover for Your Insured Property

This Proposal is considered a request for quotation by You, If We accept the Proposal We will send You a quotation. Cover is not accepted until You sign the quotation acceptance and return it to Insurance Facilitators Pty Ltd.

Cover attaches for Hail Strike and other Insured Perils at 9:00am EST on the day following a 48 hour period from when the written acceptance of the quotation is received by Insurance Facilitators Pty Ltd.

Cover attaches for Frost, at 9:00am EST on the day following a 168 hours period from when the written acceptance of the quotation is received by Insurance Facilitators Pty Ltd.

Not a renewable policy

Cover under this policy ceases at the expiry of the Period of Insurance stated in your Certificate of Insurance. If similar cover is required for the next growing season it is necessary for you to complete a new insurance proposal form to allow us to provide terms for your consideration.

Continuity of Cover

If You hold a policy from the previous growing season with Us, then subject to Us accepting a new proposal from You and providing You with a quotation which You accept and return to Us prior to 1st September 5:00pm EST, We will waive the waiting period before cover attaches stated in the Cover for Your Insured Property above.

9. DECLARATION

I/We (The Insured Name or authorised person of the Insured Name)

Have read the section of this Proposal headed "Important Notices" on page 3 of this Proposal.

Declare that the answers and statements made in this Proposal are correct and have fully disclosed everything likely to affect the acceptance of this Proposal

Have read the Insurance Facilitators Pty Ltd Almond Policy Wording and understand and agree, subject insurance being issued, to accept the terms, conditions and exclusions of the policy.

Understand that this Proposal is a request for quotation only.

Form with fields for Name, Position, Signature, and Date.