



CARBON INSURANCE PROPOSAL

1. CLIENT DETAILS

Insured Name T/As
Contact Person ABN
Postal Address Town State & Postcode
Telephone Facsimile Mobile
Interested Parties Email

2. COVER & EXCESS REQUIRED (Cross required boxes)

Table with 2 columns: Cover Type and Selection. Rows include Standard Cover, Hail & Fire, Additional Cover Options, and Deductible.

3. PLANTING MANAGEMENT

1. Please circle as best describes the land bordering your plantings for the following directions;

Table with 7 columns: Direction, National Park, Bush, If Bush last controlled burn (years), Rainforest, Grazing or Dry Cropping, Irrigated Cropping. Rows for North West and South West.

- 2. Do bordering graziers use fire as part of their grass management?
3. What is the width of your external fire breaks?
4. What is the largest area planted, undivided by a firebreak?
5. Is your planting(s) grazed in the spring to reduce the fire risk?
6. Do you limit access with locked gates at every boundary?
7. Does a power line or easement border or cut through your planting(s)?
8. Does a railway border or cut through your planting(s)?
9. Is a rubbish tip, mill with burner or campground border within 1 km?
10. Does a sealed road border your planting(s)?
11. Do you have a documented Fire Plan?
12. What Fire equipment do you have on hand at your plantation?
13. Is the on site manager/land owner an active member of the local bush Fire Brigade?
14. How far away is the nearest bush fire Brigade?
15. Name of the Brigade & Captain
16. Does someone live within the planting(s) boundary?
17. Nominate number of permanent water supplies within 1 km accessible by water tankers

Please provide a copy of your Emissions Abatement Plan Maps of your planting(s) must indicate water supply points

4. CLAIMS EXPERIENCE OF THE PAST 5 YEARS

Table with 5 columns: Year, Area Affected (Ha), Block, Nature of Event, Actual Cost of Event.



6. DECLARATION

I/We (The Insured Name or authorised person of the Insured Name)
Have read the section of this Proposal headed "Important Notices" below.

Have read the Sequestered Carbon Insurance Policy Wording and understand and agree, subject to insurance being issued, to accept the terms, conditions and exclusions of the policy.

Declare the answers & statements made in this Proposal are correct & I/We have fully disclosed everything likely to affect acceptance of this Proposal.

Understand that, if a claim arises under the Policy, all compensation payable will be paid to the Insured Name in this Proposal.

Agree to pay the premium if insurance is issued and that the premium will not be refunded if the policy is cancelled by me/Us once it is issued.

Signature _____ Name _____ Date _____

7. IMPORTANT NOTICES

Table with 4 columns: Role, Name, ABN, AFS Licence No.
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

Means the Insurer.

You, Your

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, the Insurer 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.

Insuring Part of Your Planting;

You must insure the entire planting unless You provide Us with a property map for each planting with this Proposal showing each block to be insured and block(s) not to be insured under Your policy. If You are not insuring Your entire planting and You fail to provide a map, We will in the event of a claim invoke the Underinsurance clause of the Sequestered Carbon Insurance Policy Wording.

Cover for Your Insured Property

Cover will not attach until We receive and accept Your signed and returned acceptance of quotation. Cover attaches at 9:00am on the morning 168hrs after We have received Your acceptance of quotation. Our Certificate of Insurance is sent as confirmation of cover.

If You do not receive a Certificate of Insurance within 5 working days please contact Us our Your broker immediately.