

**OLIVE 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 GROVE**

Grove Name \_\_\_\_\_ Closest Town \_\_\_\_\_  
 Location of Grove \_\_\_\_\_ Post Code \_\_\_\_\_  
 Shire/County(SA) \_\_\_\_\_ State \_\_\_\_\_  
 Grove 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 \$

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  Yes  No  
 previously lodged claim withdrawn or a special excess imposed? If yes, give details (Year, Name of insurer(s), Reason):  
 List reason \_\_\_\_\_

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

Additional Options  **Fire**  Yes  No

**2. Crop Cover Options**

<b>Dollar (\$) per Ha</b>	<input type="checkbox"/> Yes	<i>You nominate a fixed \$ per Ha for each variety of grape.</i>
<b>Variable Cover</b> <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 31<sup>st</sup> May</i>

**5. EXCESS OPTION**  cross required boxes

**Excess Type** % of Grove Sum Insured  % of Block Sum insured  15% of Claim (min \$25,000 per each 40 ha)   
**Excess %** 10%  20%  30%  40%  50%

**No Claim Bonus** Applies if you have been insured with us for the past 2 consecutive years and have no claims in the last 5 years





## 8. IMPORTANT NOTICES

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

### **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, 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.

### **Insuring The Grove**

You must insure Your entire Grove. If You fail to insure **The Grove** in its entirety, We will in the event of a claim invoke the Underinsurance clause in Our Olive Policy Wording.

### **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**, excluding **Frost**, 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..

### **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 1<sup>st</sup> September 5:00pm ES , We will waive the waiting period before cover attaches stated in the **Cover for Your Insured Property** above.

### **Cut off Date for Insurance**

After 30th November no Olive insurance policies will be issued without the prior written approval of the underwriter.