



Farmsure Proposal Form



INSURANCE
FACILITATORS

IMPORTANT NOTICES AND DUTY OF DISCLOSURE

We, Us, Our, the Insurer

HDI Global Specialty SE – Australia (ABN 58 129 395 544 AFSL No. 458776) is the insurer and issuer of this insurance Policy.

Underwriting Agent

Insurance Facilitators Pty Ltd (ABN 86 441 986 415 AFSL No. 289450)

You, Your, Yours

Means the person(s) or legal entity named in Your Policy Schedule as the Insured.

The following people are also insured, provided they live with You:

- The Insured's partner.
- The Insured's children.
- The Insured's partner's children.
- The Insured's parents.

The Insured's partner's parents.

The children specified above while at boarding school, college or university.

This proposal form Uses words that have special definitions, these words can be found in the Policy document.

YOUR DUTY TO TAKE REASONABLE CARE NOT TO MISREPRESENT

You have a duty to take reasonable care not to make any misrepresentation when entering into, varying, extending or renewing the Policy.

This means that it is essential that You respond to specific questions that We ask honestly and to the best of Your knowledge, including where We ask You to confirm or update information that You have previously given to Us when entering into, varying, extending or renewing the Policy.

If You do not respond honestly and accurately to specific questions that We ask, We may (acting reasonably) cancel Your Policy or reduce the amount We will pay You if You make a claim, or both. It is therefore vital that You be honest and specific in Your responses. If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the Policy as if it never existed (this does not mean that We will refund any premiums that You have already paid).

Please read Our Policy Wording, Notice to Intending Insured, for a full explanation. If You are unclear of any particular question or would like Us to explain it to You, please get in touch with Us and We will explain this to You.

PRIVACY STATEMENT

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. We are bound by the Privacy Act 1988 (Cth), when collecting and handling Your personal information. We have developed a privacy Policy which explains what sort of personal information We hold about You and what We do with it.

We will only collect personal information from or about You for the purpose of assessing Your application for insurance and administering Your Policy, including any claims You make or claims made against You. We will only use and disclose Your personal information for a purpose You would reasonably expect.

We may need to disclose personal information to other entities within Our group, reinsurers (who may be located overseas), insurance intermediaries, insurance reference bureaux, credit reference agencies, Our advisers, Our agents, Our administrators and those involved in the claims handling process (including assessors, investigators and others), for the purpose

of assisting Us and them in providing relevant services and products, or the purpose of recovery or litigation.

We may disclose personal information to people listed as co-insured on Your Policy and to family members or agents authorised by You. Disclosures may also be made to government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law. We will request Your consent to any other purpose.

By providing Your personal information to Us, You consent to Us making the disclosures set out above which require consent. This consent to the use and disclosure of Your personal information remains valid unless You alter or revoke it by giving Us written notice. Without Your personal information We may not be able to issue insurance cover to You or process Your claim.

You also have the opportunity to find out what personal information We hold about You and, when necessary, correct any errors in this information. Generally, We will do this without restriction or charge.

For further information about Our privacy Policy or to access or correct **Your** personal information, please contact **Us** at the following address:

HDI Global Specialty SE - Australia
Tower One, Level 33, 100 Barangaroo Avenue,
Sydney, NSW, 2000

If **You** believe that **We** have interfered with **Your** privacy in Our handling of **Your** personal information **You** may lodge a complaint by contacting Us.

We will attempt to resolve **Your** complaint in accordance with Our Privacy Complaints Handling Procedure.

If **You** are not satisfied with the resolution of **Your** complaint or with the way that **We** have handled **Your** complaint through the Privacy Complaints Procedure, **You** may be able to refer the matter to the Office of the Australian Information Commissioner.

If **You** would like more information about Our Privacy Complaints Procedure please contact **Us**.

FARMSURE INSURANCE PROPOSAL

INSURED DETAILS

Insured Name T/As

Contact Person

Postal Address

Town State Post Code

Telephone Mobile Facsimile

Are You registered for GST? Yes No

If Yes, please provide ABN

What is Your ITC percentage? %

Are there any additional Insureds to be insured under this Policy? Yes No

If Yes, please provide details?

Do You derive any income from activities other than farming? If so, please advise details and % of Turnover?

% of Total Turnover %

FARM DETAILS

Main Property

Situation Name

Situation Address

Percentage of Total Farming Operations at this Situation ? (%)

Latitude Longitude

Closest Town Shire

State Postcode

Farm Size (Ha)

Farm Main Activity Second Activity

Percentage of Total Income Per Activity (ie, Beef Farming 50%, Cereal Growing 50%)

1. %

2. %

3. %

FARM DETAILS

Second Property

Situation Name	
Situation Address	
<i>Percentage of Total Farming Operations at this Situation ? (%)</i>	
Latitude	Longitude
Closest Town	Shire
State	Postcode
Farm Size (Ha)	
Farm Main Activity	Second Activity
<i>Percentage of Total Income Per Activity (ie, Beef Farming 50%, Cereal Growing 50%)</i>	
1.	%
2.	%
3.	%

Third Property

Situation Name	
Situation Address	
<i>Percentage of Total Farming Operations at this Situation ? (%)</i>	
Latitude	Longitude
Closest Town	Shire
State	Postcode
Farm Size	
Farm Main Activity	Second Activity
<i>Percentage of Total Income Per Activity (ie, Beef Farming 50%, Cereal Growing 50%)</i>	
1.	%
2.	%
3.	%

**For further properties please submit additional pages of information

SECTION 1 DOMESTIC PROPERTY

Do You require this cover? Yes No

Domestic Building and Domestic Contents

SITUATION NAME	BUILDING NAME	UNDER MORTGAGE?	OCCUPATION TYPE (Owner/Occ, Farm Employee, Holiday Home, Renter - Contents, Investment Property, Seasonal Workers, Unoccupied)	CONSTRUCTION (Double Brick, Blue or Sandstone, Brick Veneer, Fibro/Asbestos, Timber/Weatherboard, Other)	SECURITY (Does the building have deadlocks and window locks on all external doors and windows)

SITUATION NAME (cont)	YEAR BUILT	YEAR REWIRED	YEAR RE-PLUMBED	UNDER CONSTRUCTION	HERITAGE LISTED (Y/N)

SITUATION NAME (cont)	FINANCE	INTERESTED PARTY	BUILDING SUM INSURED (\$)	CONTENTS SUM INSURED (\$)	INDEMNITY COVER? (Y/N)

TOTAL					

Excess \$500 \$1,000 \$2,500 \$5,000 \$10,000

Are all building(s) watertight, Well maintained, structurally sound and secure? Yes No

If no, please provide details

Will the building(s) be unoccupied for more than 90 consecutive days? Yes No

If yes, please provide details

Do You have Household Contents in storage? Yes No

If yes, please provide details

Specified Domestic Contents

Please advise any Specified Domestic Contents that require a separate listing due to them being of an unusual nature and/or of a greater value than the Domestic Contents Cover Limits (see PDS and Policy Wording for details).

SITUATION NAME	SPECIFIED DOMESTIC CONTENTS DESCRIPTION	SPECIFIED DOMESTIC CONTENTS SUM INSURED
TOTAL		

Specified Personal Items

Note – Contents automatically includes Personal Effects up to certain limits (see PDS and Policy Wording for details)

SITUATION NAME	SPECIFIED PERSONAL ITEMS DESCRIPTION	SPECIFIED PERSONAL ITEMS SUM INSURED (\$)
TOTAL		

SECTION 2 FARM PROPERTY

Compulsory Section

Farm Property Excess	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
Hay, Grain and Silage Excess	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000

Farm Property

SITUATION NAME	IDENTIFIER (Building or Contents)	CONSTRUCTION (Brick, EPS/Foam Panel, Iron on Steel/Iron, Iron on Steel/Brick, Iron on Timber, Timber/Fibro, Transportable/Shelters, Other)	YEAR BUILT	REPLACEMENT / INDEMNITY VALUE	BUILDING SUM INSURED (\$)	CONTENTS SUM INSURED (\$)

UNSPECIFIED FARM BUILDING

SITUATION NAME	BASIS OF CLAIM SETTLEMENT (Replacement or Indemnity)	SUM INSURED (\$)

Unspecified Limits Amount (\$)

Building \$10,000 any one building
 \$50,000 in total for any one Occurrence

FENCING

SITUATION	COVER TYPE (Per Kilometre or First Loss)	FENCE TYPE (Internal, External, Boundary, Shared)	APPROX TOTAL NUMBER KILOMETRES (If Per Kilometre cover chosen)	APPROX VALUE PER KILOMETRE (\$) (If Per Kilometre cover chosen)	SUM INSURED (\$)

ABOVEGROUND FARM IMPROVEMENTS

SITUATION	MACHINERY TYPE (Fixed & Free-standing Improvements, Powepoles/Windmills/Processing Equipment, Freestanding Solar Panels & Wind Turbines) Please use 'Unspecified' for unspecified cover, which is limited to \$10,000 per item / \$50,000 in total	BASIS OF CLAIM SETTLEMENT (Replacement or Indemnity)	DESCRIPTION	SUM INSURED (\$)

MOBILE FARM MACHINERY

SITUATION	MACHINERY TYPE Please use 'Unspecified' for unspecified cover, which is limited to \$10,000 per item / \$50,000 in total	BASIS OF CLAIM SETTLEMENT (Replacement or Indemnity)	DESCRIPTION	SUM INSURED (\$)

HAY, GRAIN, SILAGE

SITUATION	PRODUCT TYPE (Hay, Grain, Grain - In Silo Bags, Silage)	LOCATION (On-Farm or Off-Farm)	SUM INSURED (\$)

LIVESTOCK

SITUATION NAME	ANIMAL TYPE (Cattle, Horses, Sheep, Goats/Alpaca, Other)	ANIMAL DESCRIPTION eg. Merino	TOTAL NUMBER (APPROX)	VALUE PER HEAD (\$)

DISRUPTION EXPENSES

SUM INSURED	\$10,000 <input type="checkbox"/>	\$20,000 <input type="checkbox"/>	\$30,000 <input type="checkbox"/>	\$40,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>
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SECTION 3 FARM THEFT

Do you require this cover? Yes No

	SUM INSURED (\$)	EXCESS (\$)
AGGREGATE OVER ALL SITUATIONS		

SECTION 4 FARM LIABILITY

Compulsory Section

	LIMIT OF LIABILITY (\$)	EXCESS (\$)
AGGREGATE OVER ALL SITUATIONS	\$10,000,000 <input type="checkbox"/> \$20,000,000 <input type="checkbox"/>	

Please advise if You would like to include the following Optional Benefits:

Aerial Spraying Yes No

Farm Hosting Yes No

What is the Incidental Farm Contracting % of total farm income?

0-20%

20-50%

Over 50%

Do You use labour hire? Yes No

If yes, please advise the Annual Labour Hire payment \$

Do You have any vacant land? Yes No

How many Employees?

What is the total farm turnover? \$

SECTION 5 FARM TRANSIT

Do You require this cover? Yes No

	SUM INSURED (\$)	PER EVENT EXCESS (\$)
AGGREGATE OVER ALL SITUATIONS		

SECTION 6 MACHINERY BREAKDOWN

Do You require this cover? Yes No

SPECIFIED MACHINERY

SITUATION NAME	MACHINERY TYPE (*)	UNITS	PER UNIT VALUE (\$)	SUM INSURED (\$)

Types of Machinery (*):

- Air Compressors to 7.5kw
- Boilers 100kw to 200kw
- Boilers up to 100kw
- Diesel motor and pumps more than 10hpa
- Electric motors 4-22kw
- Electric motors 22-37kw
- Electric Welders under 300 amps
- Generators (inc Lighting) to 12kva
- Generators (inc Lighting) to 22kva
- Refrigeration units up to 7.5kw
- Refrigeration units 7.5kw to 15kw
- Submersible/borehole Pumps up to 5.5kw
- Submersible/borehole Pumps 5.5 to 11kw
- Submersible/borehole Pumps 11 to 45kw

UNSPECIFIED FARM MACHINERY

SITUATION NAME	UNSPECIFIED LIMIT PER ITEM (\$2,000, \$5,000 or \$10,000)	UNSPECIFIED LIMIT PER LOSS (\$)

DETERIORATION OF FARM PRODUCE IN COLD STORAGE

SITUATION NAME	FARM PRODUCE TYPE (Fruit and/or Vegetables, Frozen Meat, Other)	SUM INSURED (\$5,000 or \$10,000)

SECTION 7 MOTOR VEHICLE

Do You require this cover? Yes No

PRIVATE VEHICLES: (Sedans, Utilities, Wagons, Vans and 4WD's used predominantly for private use)

Please advise all drivers that will be driving Your Vehicles:

DRIVER NAME	DOB	GENDER	NUMBER OF AT ACCIDENTS OR CLAIMS LAST 5 YEARS	WHAT AGE DID THE DRIVER OBTAIN AN AUSTRALIAN LICENCE

VEHICLE REGO	REGISTERED STATE	POSTCODE GARAGED	GARAGED (Not Garaged, Secured, Unsecured)

VEHICLE REGO (CONT)	MAKE	MODEL	YEAR	BODY TYPE	DESCRIPTION

VEHICLE REGO (CONT)	COVER OPTION (Comprehensive, Third Party Liability Only)	BASIS OF COVER (Market Value, Agreed Value)	PURPOSE OF USE (Private or Farm)	FINANCE (Fully Owned, Lease/Rental, Secured Bank/ Credit Union, Unsecured Loan)	HIRE CAR OPTION (Yes / No)	WINDSCREEN OPTION (Yes / No)

Where there are modifications to Your Vehicle, please advise below:

VEHICLE REGO	MODIFICATION DETAILS	COST (\$)

Where there are non-standard accessories that have been added to Your Vehicle, please advise below:

VEHICLE REGO	ACCESSORIES DETAILS	SUM INSURED (\$)

Please advise the percentage that each driver drives the Vehicles:

VEHICLE REGO	MAIN DRIVER NAME	MAIN DRIVER % USE	ADDITIONAL DRIVER - NAME	DRIVER % USE	ADDITIONAL DRIVER - NAME	DRIVER % USE

VEHICLE REGO (CONT)	ADDITIONAL DRIVER - NAME	DRIVER % USE

FARM VEHICLES:

VEHICLE REFERENCE	CATEGORY * see below	COVER OPTION (Comprehensive, TPPD)	YEAR	VEHICLE DESCRIPTION (Make, Model)

*** Categories:**

- Boomsprays, spray rigs & Irrigators (>\$100,000)
- Caravans & Campers
- Comb or front only (inc trailer)
- Farm Bikes, quad bikes & ATVs
- Farm Box Trailers
- Farm Trailers - heavy inc stock & tipping
- Farm Utes, 4WDs & Vans
- Goods Carrying Vehicles < 10T
- Headers/harvesters & cotton pickers
- Heavy Farm Machinery
- Light Farm Machinery (inc Boomsprays, Spray rigs & Irrigators < \$100,000)
- Prime Movers
- Rigid Vehicles > 10t
- Tractors, FELs
- Unspecified Farm Bikes
- Unspecified Farm Vehicles

VEHICLE REFERENCE (CONT)	ENGINE #	VIN #	VEHICLE SUM INSURED (\$)	VEHICLE REGISTERED?	REGO#	REGISTRATION STATE

VEHICLE REFERENCE (CONT)	CONTRACTING (0-20%, 21-50% OR 51-100%)	HOW MANY TIMES PER YEAR DOES THE VEHICLE* DRIVE GREATER THAN 400KM PER TRIP? <small>(*where Vehicle Category is "Rigid Vehicles > 10t & Prime Movers inc Trailers")</small>	WINDSCREEN COVER (Yes / No)	VOLUNTARY EXCESS (\$500, \$1,000, \$2,500, \$5,000 or \$10,000)	FINANCE (Fully Owned, Lease/Rental, Secured Bank/Credit Union, Unsecured Loan)

Where there are non-standard accessories that have been added to Your Vehicle above the \$5,000 automatic cover, please advise below:

VEHICLE REGO	ACCESSORIES DETAILS	SUM INSURED (\$)

Please list all nominated drivers of Vehicles with a Gross Vehicle Mass (GVM) of 12,000 kilograms or greater:

MAIN DRIVER NAME	DOB	LICENCE NUMBER	LEARNER DRIVER	FIT TO DRIVE	REQUIRE/HAS A MEDICAL CERTIFICATE

Please advise the percentage that each driver drives the Vehicles:

VEHICLE REGO	MAIN DRIVER NAME	ADDITIONAL DRIVER NAME	ADDITIONAL DRIVER NAME	ADDITIONAL DRIVER NAME

MOTOR DUTY OF DISCLOSURE

In the past five (5) years has the Insured or any person who will regularly drive the Vehicle(s):

a) been convicted of or had any fines or had any penalties imposed for any driving related alcohol or drug offences or have charges pending for such offences?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) had a driver's licence cancelled, suspended or restricted or been disqualified from holding a driver's licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) had had any insurer refuse to insure any motor vehicle for You or any person who will regularly drive the insured vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) had any motor claim(s), accident(s), or had a vehicle stolen or maliciously damaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes to any of the above, please provide full details

GENERAL CLAIMS QUESTIONS

In the last five (5) years have You or any person nominated in any risk within this Policy:

a) ever had an insurer:

i) cancel or decline to accept or renew an insurance policy Yes No

ii) impose an additional excess or increase a premium during a policy period? Yes No

b) ever been declared bankrupt or placed into liquidation or receivership? Yes No

c) suffered a loss or damage that would have been insured under this Policy? Yes No

If yes, was a claim made to an insurer? Yes No

In the last 10 years been involved or convicted of any crimes or are currently awaiting a court hearing or have charges pending? Yes No

Please advise all details if any answers to the above questions are Yes:

Please advise of any further information that may be relevant to Our decision on Your cover:

DECLARATION

I/We declare and agree that:

- a copy of the Product Disclosure Statement and Policy Wording has been received,
- the Duty of Disclosure and Important Notices have been read,
- all answers that have been provided in this proposal form are true and correct,
- this proposal form has been completed personally or if not, that all answers have been checked for accuracy,
- if during the Period of Insurance that the circumstances change regarding the information I have provided, I will inform you as soon as possible,
- My claim may be reduced if I do not fulfil my Duty of Disclosure,
- I authorise Insurance Facilitators Pty Ltd to reference the database of Insurance Reference Services Ltd or other insurers to confirm the information supplied.

Please print name:

Signed:

Date

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