

ALMOND CROP INSURANCE PROPOSAL - 2021



INSURANCE
FACILITATORS

CLIENT DETAILS

Insured Name	T/As		
Contact Person	ABN		
Postal Address			
Town	State	Post Code	
Telephone	Mobile	Facsimile	
Other interested parties (eg. Financiers, partnership)			

PROPERTY DETAILS

Property Name	Latitude	Longitude	
Location Address	Town	Shire	
Crop Revision Type	\$ per Hectare <input type="checkbox"/>	Variable Cover	<input type="checkbox"/>
Additional Options	Fire Yes <input type="checkbox"/> No <input type="checkbox"/>	Frost Yes <input type="checkbox"/> No <input type="checkbox"/>	
Excess Type	% of Block Sum Insured <input type="checkbox"/>	% of Block Sum Insured <input type="checkbox"/>	
Excess % Hail	Standard (10%) <input type="checkbox"/>	20% <input type="checkbox"/>	30% <input type="checkbox"/> 40% <input type="checkbox"/>
Excess % Frost	*Standard <input type="checkbox"/>	20% <input type="checkbox"/>	30% <input type="checkbox"/> 40% <input type="checkbox"/>

*Excess Important Notice: Standard Frost Excess depends on the shire and individual history of the orchard nominated in this policy

Any of **Your** Crops Damaged? (if yes an assessor must inspect the crop before **We** will issue cover) Yes No

CLAIMS & INSURANCE HISTORY

In the last 5 years, to the best of **Your** knowledge, how many incidents of **Hail Strike**, has the Insured Property experienced (all regardless of whether any insurance claim has been lodged, paid or any damage has been occasioned)?

How many **Frost** Losses Insured or not has the Insured Property experienced in the past five (5) years?

Any insurance policy declined or cancelled, renewal refused, special condition applied Yes No

If yes to any of the above questions, give details (Year, Name of insurer(s), Reason):

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

ALMOND CROP INSURANCE PROPOSAL - 2021



FROST COVER DETAILS (Only complete if frost coverage is required)

Is Frost Coverage required? (if no go to CROP DETAILS section) Yes No

If Your Orchard is on a slope, hillside or valley which way does it predominately face?

Orchard Aspect N/A East North West South

Water Supply

100% Automated frost alarm system with full access to water for Frost control Yes No

100% Manual (incl. partly automated) system with access to water for Frost control Yes No

Irrigation with limited access to water and/or unlikely to use for Frost control Yes No

Irrigation System

Yes No

Overhead / Under Tree Sprinklers 100% cover Yes No

Sprinklers all low lying areas, drip on remaining Orchard Yes No

Drip Irrigation only to 100% coverage Yes No

No Irrigation Yes No

Weather Logger/Station

Yes No

On site - Full Coverage Yes No

Wind Machine(s)

Yes No

Coverage Total Orchard Yes No

Cover low lying areas only Yes No

ALMOND CROP INSURANCE PROPOSAL – 2021



INSURANCE
FACILITATORS

CROP DETAILS

Field Name / Number	Variety of Crop	Tree Age	Area (ha)	Option A	Option B		Sum Insured A Ha x \$/Ha B Ha x (t/ha) x (\$/t)
				\$ per Hectare Agree Value	Adjustable Policy		
					Estimated Yield (t/Ha)	Insured \$ per Tonne (\$/t)	

DECLARATION

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

- have read the section of this Proposal headed 'Notice To Intending Insured' on page 2 of this Proposal.
- have read the Almond Crop Policy Wording and understand and agree, subject insurance being issued, to accept the terms, conditions and exclusions of the policy.
- declare that the answers and statements made in this Proposal are correct and 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 stated in this Proposal.
- agree to pay the premium if insurance is issued and that cover cannot be cancelled once it is issued.
- agree to declare My/Our entire harvest yield from My/Our insured Property within 30 days of harvest completion

Name	Position
Signature	Date

ALMOND CROP INSURANCE PROPOSAL



IMPORTANT NOTICES

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
We, Us, Our	Means the Insurer.
You, Your	Means the person or entity listed as the 'Insured Name' in this Proposal.

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

The **Insurer** and its **Underwriting Agent** are bound by the obligations of the **Privacy Act 1988** (Cth).

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 the **Underwriting Agent** 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 and amendment. **The Insurer** and its **Underwriting Agent** also have a Privacy Policy which can be obtained by contacting the **Underwriting Agent** and/or **The Insurer**.

Insuring Part of Your Crop;

You must insure **Your** entire area planted unless **You** provide **Us** with a property map with this Proposal showing paddocks to be insured and paddocks not to be insured under **Your** policy. If **You** are not insuring **Your** entire area planted and **You** fail to provide a map, **We** will in the event of a claim invoke the underinsurance clause of the IF Almond Policy Wording.

Cover for Your Insured Property

This Proposal from **You** is to request terms of insurance from **Us**. Cover will attach as follows:

1. You want to Request a Quote

- **You** must read and complete all questions of this Proposal. Sign the declaration, and send to **Us** (via **Your** broker).
- If **We** accept **Your** Proposal, **We** will send **You** (via **Your** broker) a quotation.

If **You** do not receive a confirmation within 5 working days of sending the signed quotation, please contact **Your** broker immediately.

2. You want to Request Cover

- **You** accept by signing **Our** quotation. Cover will not attach until 9:00am on the morning 48hrs after **We** receive **Your** signed quotation. **We** will send to **You** (via **Your** broker) **Our** Certificate of Insurance to confirm cover has been placed.
- Cover will not attach until **We** receive and accept **Your** Proposal. Cover attaches at 9:00am on the morning 48hrs after **We** have accepted **Your** Proposal. **Our** Certificate of Insurance sent to **You** via **Your** broker is confirmation of cover.

If **You** do not receive a confirmation of cover within 5 working days please contact **Your** broker immediately.