

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

1.	Property Name	Latitude	Longitude
	If Share Farmed provide Name		Phone
2.	Property Name	Latitude	Longitude
	If Share Farmed provide Name		Phone
3.	Property Name	Latitude	Longitude
	If Share Farmed provide Name		Phone

Insured Crop Yield Cover	After Harvest Declaration <input type="checkbox"/>	Final Revision Date <input type="checkbox"/>
Cover Option Type	Hail & Fire (H & F) <input type="checkbox"/>	Fire Only (F) <input type="checkbox"/>
Decreasing Excess Option	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any of Your Crops Damaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CLAIMS & INSURANCE HISTORY

In the last 5 years, how many **incidents of Hail**, has the Insured Property experienced?

What is the total amount of insurance crop claims paid in the last 5 years?

Has any insurance policy been declined or cancelled, renewal refused, special condition applied? Yes No

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.

have read the Broadacre 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

WINTER BROADACRE INSURANCE PROPOSAL – 2021



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.

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 this duty until We agree to insure You.

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 You to disclose 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 his 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 a claim 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

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 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 Broadacre 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.