

## 2021/2022 Broadacre Crop Insurance

### Insurance Application

If there is insufficient space to answer any questions on this application or to provide all the information You need to disclose to us under Your duty of disclosure, please provide the additional information on a separate sheet of paper.

<b>INTERMEDIARY:</b>	Name	<b>Priag Marketing Pty Ltd</b>	Email:	<b>commodities@priag.com.au</b>
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#### INSURED INFORMATION: – Please complete all sections

<b>Insured Name(s):</b>		ABN No.	
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*Note: this must be the same name and entity as the account holder of any bank account that a potential claim would be paid into.*

<b>Contact Name:</b>		Mobile No	
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<b>Email Address:</b>		Phone	
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<b>Postal Address:</b>			
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<b>Third party interest to be noted on Schedule of Insurance:</b>			
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#### YOUR HISTORY: - You must complete this section.

(a) Do You have any outstanding crop insurance premiums from prior seasons with any insurer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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(b) Have You ever been convicted of an offence in connection with Your agricultural enterprise(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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#### Has any insurer (of any type) ever;

(c) cancelled or threatened to cancel Your insurance due to non-payment of a premium?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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(d) imposed special terms on Your insurance including excesses or restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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(e) declined a claim or declined to renew Your insurance due to fraud or a failure to disclose material information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**If You answered Yes to any of the above, please provide additional information on a separate page or below**

#### COVERAGE OPTIONS: – Please read and complete, select one box only.

<b>Perils &amp; benefits, refer to the Policy wordings</b>	Pre-Harvest Revision Hail and Fire, and other benefits.	<b>Season</b> (select one only)	Winter <input type="checkbox"/>	Summer <input type="checkbox"/>
	Post-Harvest Declaration Hail and Fire, and other benefits.	<b>Season</b> (select one only)	Winter <input type="checkbox"/>	Summer <input type="checkbox"/>

#### EXCESSES APPLICABLE FOR LOSSES OF POTENTIAL YIELD

The Field Excess Percentage is deducted from the Assessed Percentage Loss of Potential Yield per Field to result in the Net Loss Percentage. The Net Loss Percentage is applied to the Field Sum Insured to result in the Net Field Loss. For each Property the Property Excess is deducted from the sum of Net Field Losses. We will only pay that portion of the sum of Net Field Loss amounts that exceeds the Property Excess.

The Field Excess Percentage and the Property Excess will be specified on Your Quotation.

Do You wish to consider a higher Field Excess Percentage? A rate discount may apply if selected;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If You answered "Yes" to the above question, please select one of the following Field Excess Percentage options:	10% <input type="checkbox"/>	15% <input type="checkbox"/>	20% <input type="checkbox"/>
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#### SHAREFARMERS DETAILS (note We will only settle claims to the one insured named in the Schedule of Insurance)

Are the interest of any Sharefarmer to be insured under this Policy (if Yes complete below)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Names(s) in full	ABN No.	Sharefarmer	%
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Are all Fields subject to the Share Farming agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No" please mark the subject fields below.
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#### PROPERTY INFORMATION: -A separate page is required for each Property. Please complete all sections.

All cropped fields owned or managed by You within two (2) kilometres of each other are considered part of the same Property. It is a Policy condition that You provide Us with a map of the Property showing the location of all planted fields. Where the distance between the nearest point of growing Crops is less than two (2) kilometres but the distance between their extremities is greater than five (5) kilometres then, subject to our written agreement, the areas may be evenly split into two or more Properties.

**Property Map Fee:** A detailed Property Map showing the precise location of the Field(s) assists in the prompt determination of where and what to assess. If You are unable to provide a Property Map showing the location of all the Fields within a reasonable time of the Policy being issued and in any event within 72 hours of a claim being lodged, then a Property Map Fee will be applied for the additional time taken by the Loss Adjuster. The fee applies once per Policy and is set at 2.5% of the Policy Premium subject to a minimum of \$250 and a maximum of \$1,000 per Policy. You must confirm Your acceptance of this fee to receive a quotation.

**I agree to pay this fee:**

**2021/2022 Broadacre Crop Insurance**  
Insurance Application

69 Maitland St  
Narrabri NSW 2390  
02 6792 4924



<b>PROPERTY NAME:</b>					Co-ordinates for approx centre of <b>planted area</b>	
Property Location Details	State:	Shire:	P/code:		Latitude:	
	Street address:				Longitude:	

**Note: if We subsequently determine the Property has been incorrectly located, we reserve the right to correct the location and charge any relevant additional premium and charges.**

Are all the fields on this Property to be insured? If "No" the Property Map <b>MUST</b> clearly identify the exact fields to be insured and those uninsured. Please note underinsurance provisions may apply.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any crop(s) on this Property already been affected by Hail, Fire, Chemical Overspray or Straying Livestock? If "Yes" please provide additional information on the extent and cause of damage.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**DETAILS OF CROPS TO BE INSURED** – Please read the Policy wording for definitions of these terms

#	Field name	Crop Type	Planting Date	Crop Purpose -Grain or Fodder	Area (Ha)	Provisional Yield (T/Ha)	Insured Value (\$/Tonne)	Share Farmed (Tick if Yes)
1								Yes <input type="checkbox"/>
2								Yes <input type="checkbox"/>
3								Yes <input type="checkbox"/>
4								Yes <input type="checkbox"/>
5								Yes <input type="checkbox"/>
6								Yes <input type="checkbox"/>
7								Yes <input type="checkbox"/>
8								Yes <input type="checkbox"/>
9								Yes <input type="checkbox"/>
10								Yes <input type="checkbox"/>
Total area (Ha)								

If this space is insufficient, please attach a separate list to this form or provide the information in an electronic format.

**DECLARATION AND SIGNATURE:** – Please read, sign and date

**I/We declare that I have:**

- read and understood all of the information contained in this application and the Notices Page, in particular the Duty of Disclosure, and have complied with my/our Duty of Disclosure;
- read the information about privacy/ I/We consent to the collection, storage, use and disclosure of the personal and sensitive information of all persons covered by this application and have obtained the consent of any other party(ies) on whose behalf personal information has been provided;
- answered every question in this application, honestly, fully and frankly; and
- personally completed this application, or, if it has been completed by another person, I/We have checked that all the questions have been answered honestly, fully and frankly.

**By signing the application, I/We authorise the Intermediary noted above:**

- collect information about my insurance needs and to receive notifications and other correspondence from Crop Risk Underwriting and or the Insurer on my behalf;

**By signing the application, I/We authorise Crop Risk Underwriting or the Insurer to:**

- obtain any information they may need about my claims history from my previous insurer(s) and any other information they may require to decide whether to provide me/us with cover and on what terms;
- make enquiries from third parties, including Insurance Reference Services Ltd to verify the claims history and any other information I have provided; and
- disclose My/Our claims history to any insurance intermediary that I/We have appointed or to any of the previous insurers or a future insurer.

**SIGNATURE:**

I/We the undersigned declare that I/We are duly authorised to sign this application in my own right or on behalf of the Insured(s) named in this application.

(Print Name)	(Signature)	(Date)
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## 2021/2022 Broadacre Crop Insurance

### Insurance Application

#### NOTICES PAGE

**Please read these pages and keep for Your records.**

For the purpose of interpreting the information in the quotation and notices page We/Us/Our means Liberty Specialty Markets and Crop Risk Underwriting as its agent. You/Your/Yourself means the Insured(s) named in the attached quotation.

#### PRIVACY STATEMENT

We are bound by the Australian Privacy Principles of Privacy Act 1988 (Cth) when We collect and handle Your personal information. We will only collect personal information from You that is necessary in order for Us to process and administer the Policy and any claims You may make under the Policy. Where possible, We will collect personal information directly from You or, where that is not reasonably practical, from other sources. We may also use Your personal information for the purpose of designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions, and to comply with our legal obligations.

We may disclose Your personal information to third parties for the purposes described in our privacy policies, including insurers, reinsurers, reinsurance brokers, loss adjusters, external claims data collectors, investigators and others involved in the claims handling process, agents and service providers and related entities some of whom may be located in overseas countries.

In providing personal information, You consent to the collection, use and disclosure, including overseas disclosure of Your personal information for the purposes described in our privacy policies. Where You provide us with personal information about others, You represent to us that You have made them aware of that disclosure and of our privacy policies and that You have obtained their consent. If You do not consent to provide us with the personal information that We request, or withdraw Your consent to the use and disclosure of Your personal information at any stage, We may not be able to offer You the products or provide the services that You seek.

We realise that this information is often very sensitive in nature and will treat it with the utmost care and security. Information on how We handle Your personal information is explained in Our Privacy Policy including:

- 1) What information We collect and how We use it;
- 2) When do We disclose Your information overseas;
- 3) How do We hold and protect Your information;
- 4) How We disclose the information;
- 5) How You can check, update or change the information We are holding;
- 6) What happens if You wish to complain.

A copy of CRU's Privacy Policy is available on Our website –

[www.cropriskunderwriting.com.au](http://www.cropriskunderwriting.com.au)

#### How can You complain about a breach of Your privacy?

If You believe We have breached the Australian Privacy Principles in Our handling of Your personal information and wish to complain, please contact Our Privacy Officer using the contact details listed in our Privacy Policies.

We may ask You to put Your complaint in writing if it cannot be resolved over the phone.

We will investigate Your complaint and notify You of Our decision in relation to Your complaint, as soon as practicable after We receive it. If We are unable to satisfactorily resolve Your concerns about Our handling of Your personal information, You can contact the Office of the Australian Information Commissioner. Further details can be found on their website [www.oaic.gov.au](http://www.oaic.gov.au).

#### DEFINED WORDS

Our documentation uses words that have special meaning. The definition of these words can be found in the Policy wording.

#### INSPECTION OF CROPS

We may need to physically inspect the Crop(s) and Your Harvested Grain or Stored Fodder to establish an estimate of Your yield. We will provide You with no less than seven (7) days' notice of Our intention to do so. You must give Us or Our representative all reasonable access and assistance.

#### PROVIDE ASSISTANCE / PROOF OF LOSS

You must provide all reasonable assistance that We or the Loss Adjuster require to assess the nature and extent of the loss or damage, including access to records (including those held by third parties) to verify the Crop's actual or Potential Yield or otherwise assist in calculating a claim.

This includes, but is not limited to:

- Providing the Loss Adjuster with a Property Map, prior to their initial survey, showing the damaged Field(s) and areas within each where You believe there is evidence of loss,
- Accompanying the Loss Adjuster to each damaged Field, and
- Timely and accurate provision of yield information.

We may also use satellite imagery and any other available technology to assist Us to verify the Crop's actual yield and Potential Yield.

If You do not comply with the above and are not able to substantiate Your loss We may not be liable to make any payments under this Policy.

#### POLICY CANCELLATION

You may cancel this Policy at any time by giving Us written notice, but You will be charged the full premium and Government taxes, duties and other charges other than cancellation allowed under Crop failure as specified in the Policy wording.

#### NOT A RENEWABLE CONTRACT

Cover under this Policy ceases when the Period of Insurance specified in Your Schedule of Insurance ends. If You wish to effect similar insurance for the next growing season, it will be necessary for You to lodge a request for a new quotation.

#### UNDER-INSURANCE

##### Prior to the Final Revision Date:

If the area of a Field is found to be greater than the area that is specified in the Schedule of Insurance by more than 5%, then You shall be considered as being Your own insurer for the difference and shall bear a rateable proportion of the claim accordingly.

If You have omitted to insure a field and the total area of a crop type covered by the Policy and grown on Your Property is found to be greater than the area that is specified in the Schedule of Insurance by more than 5%, then You shall be considered as being Your own insurer for the difference and shall bear a rateable proportion of the claim accordingly.

In the event that the area of a Field has been incorrectly recorded or a field has been omitted and We have agreed to adjust the insured area a commensurate premium adjustment will be made.

##### After the Final Revision Date:

If the area of crops of the type covered by the Policy and grown on Your Property is found to be greater than the area specified in the Schedule of Insurance, then You shall be considered as being Your own insurer for the difference and shall bear a rateable proportion of the claim accordingly.

#### WAITING PERIOD

Your insurance cover will not begin until 9.00 am local time on the second day after We have bound cover as described in the quotation.

#### PLEASE READ THE POLICY

The terms and conditions of the Policy are set out in the Policy wording, Schedule of Insurance and any other document We tell You forms part of the terms and conditions of Your cover. It is important that You read these documents to You understand what Your Policy does and does not cover.

#### YOUR DUTY OF DISCLOSURE

Before You enter into the Policy with Us, the Insurance Contracts Act 1984 requires You to disclose to Us every matter that You know or could reasonably be expected to know is relevant to Our decision whether to insure You and on what terms.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate the Policy. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the time You provide answers or make disclosure and the Relevant Time, You need to tell Us.

#### What You do not need to tell Us

You do not need to tell Us about any matter:

- that diminishes Our risk;
- that is of common knowledge;
- that We know or should know as an Insurer; or
- that We tell You We do not need to know.

#### Who does the duty apply to?

The duty of disclosure applies to You and everyone that is an Insured under the Policy. If You provide information for another Insured, it is as if they provided it to Us.

#### What happens if the duty of disclosure is not complied with?

If the duty of disclosure is not complied with We may cancel the Policy and/or reduce the amount We pay if You make a claim. If fraud is involved, We may treat the Policy as if it never existed, and pay nothing.

#### INSURER

The Insurer for these policies is Liberty Specialty Markets, a trading name of Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited). It is a member of Boston-based Liberty Mutual Group.

#### CROP RISK UNDERWRITING

Crop Risk Underwriting Pty Ltd ABN 65 070 495 162 issues and administers the Policy as the managing agent of the Insurer and not as Your agent or representative.

Crop Risk Underwriting Pty Ltd is an Authorised Representative (AR no. 001274350) of Weather Risk management Solutions Pty Ltd ABN 60 003 720 705 (AFSL 233798)

#### PRIAG MARKETING

Priag Marketing Pty Ltd ABN 65 070 495 162 is an Authorised Representative (AR no. 000281164) of Weather Risk management Solutions Pty Ltd ABN 60 003 720 705 (AFSL 233798).