

# **Cotton Crop Insurance Application**

Where requested You must complete all sections. If there is insufficient space to answer any questions or to provide all the information you will need to disclose to us under Your duty of disclosure, please provide the additional information on a separate sheet of paper.

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INTERMEDIARY	Name:	Email:		
INSURED INFORM	MATION: Please complete all se	ctions		
Insured Name(s)		ABN No.		
Note: this must be	e the same name and entity as t	he account holder of any bank account that a potential claim would be paid	d into.	
Contact Name		Mobile No.		
Email Address		Telephone		
Postal Address				
Third party intere	est to be noted on Schedule of Ir	nsurance:		
YOUR HISTORY	In respect of You personally and	for the entity to be insured. You must complete this section		
(a) Are there an	y outstanding crop insurance p	remiums or claims from prior seasons with any insurer?	Yes	No
(b) Has a convic	ction for an offence in connection	on with the agricultural enterprise(s) been recorded?	Yes	No
In respect of You	r personal insurance or the ins	urance of the entity to be insured has any insurer (of any type) ever:		
(c) cancelled or	threatened to cancel insurance	due to non-payment of a premium?	Yes	No
(d) imposed spe	ecial terms on insurance includi	ng excesses or restrictions?	Yes	No
(e) declined a cl	laim or to renew insurance due	to fraud or a failure to disclose material information?	Yes	No
If You answered Y	Yes to any of the above, please	provide additional information on a separate page.		
YOUR ENTERPRIS	<b>SE</b> Please complete this section	n, it assists us with special requests and claim notifications		
1) Do You obta	nin agronomic advice:			
2) Do You use a	an agronomic management pro	gram?		
		n crops across all properties could You harvest in a single continuous ays, using only Your own harvesting equipment?		%
4) Do you inter	nd to use contract harvesters fo	r more than 50% of your cropped area?	Yes	No
		d with a harvester that provides data for yield <u>maps</u> ? cessing later and monitoring only displays it in real time.		%
DECLARATION A	ND SIGNATURE Please read, si	gn and date		

- read and understood all of the information contained in this application, the Crop Insurance Summary Page 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 or from whom personal information may be sought:
- answered every question in this application honestly and fully; 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 and fully. By signing the application, I/We authorise the Intermediary noted above:
- to 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 from my previous insurer(s), if applicable, in order 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, including Crop Risk Underwriting, 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/Our own right or on behalf of the Insured(s) named in this application.

Name:	Capacity/Role in insured entity:	Signature	Date
Name:	Capacity/Role in insured entity:	Signature	Date

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## **CROP INSURANCE SUMMARY PAGE** Please read and familiarise yourself with the following

No two crop insurance policies are identical, each provider takes a slightly different approach. Before proceeding it is important that You are familiar with how CRU's policies operate.

The following sections summarises and highlights some aspects of Our policies We wish to draw to Your attention. It is not a complete list of the policy terms and conditions. For complete information, You should refer to the policy wording.

#### SETTING THE **SUM INSURED**

The sum insured of any one Field is the product of: Area (ha) x Insured Yield (bales/ha) x Bale Value (\$/bale)

You nominate the Area and Bale Value when You fill in the application and or revise the policy.

The Insured Yield is the Potential Yield subject to the Estimated Insured Yield You nominate and the policy conditions:

- If You select the Capped Yield option the Insured Yield is:
  - If the Potential Yield is equal to or greater than 65% of the Estimated Insured Yield it is the Estimated Insured Yield,
  - In the event of a loss, the Potential Yield is less than 65% of the Estimated Insured Yield it is the Potential Yield.
- If You select the Variable Yield option the Insured Yield is:
  - A maximum of 150% of the Estimated Insured Yield if the Crop Type is Dryland, or 125% of the Estimated Insured Yield for all other Crop Types,
- A minimum of the Potential Yield.

#### % LOSS OF **POTENTIAL** YIELD

The main coverage under our policies is determined by the Percentage Loss of Potential Yield from insured perils. This is calculated as: (Potential Yield – Harvested Yield) ÷ Potential Yield

The Potential Yield is the yield the crop would have achieved had the insured peril(s) not affected it.

If the crop is lost due to an un-insured peril (i.e., flood) after an insured peril the crop's Potential Yield is zero.

#### CONSTRUCTIVE **TOTAL LOSS CLAIMS**

The amount paid for a Field for a Constructive Total Loss of Potential Yield, is calculated as:

(Field Sum Insured x Net Loss Percentage) less (Growing Phase Savings + Harvest Phase Savings)

The Net Loss Percentage is the Percentage Loss less CTL Reducing Excess %. The CTL Reducing Excess % reduces according to how many days after Planting Completion the crop is declared a CTL.

# DAYS SCALE

GROWING PHASE The value specified in the Schedule of Insurance as the number of days over which Growing Phase Savings are deducted in the event of a Constructive Total Loss claim. We provide three options being 107, 127 and 147 days

#### **TOTAL LOSS SAVINGS**

The maximum monetary amount of **Growing Phase Savings** and **Harvest Phase Savings** are either **Fixed** based on a monetary amount selected when the policy incepted or Adjusting by multiplying the percentage selected when the policy incepted by the Sum Insured per ha at the conclusion of the policy.

#### CLAIMS **CO-OPERATION**

You are required to reasonably demonstrate and provide proof of the timing, existence and extent of any loss and provide all reasonable assistance to Us and the Loss Adjuster to assess it. This may include, but is not limited to:

- Providing a Property Map showing the areas within each Field where the greatest loss has occurred,
- Accompanying the Loss Adjuster to each damaged Field, and
- · Timely and accurate provision of yield information regardless of the policy type selected

### PLANTING COMPLETION

The Planting Completion date is a material factor in the acceptance and rating of a policy. Please ensure this date is correct on all documents. Unless We specifically agree otherwise cover is only available for crops planted prior to 15th December 2023.

#### REVISING YIELDS & VALUES

Subject to Our approval and subject to no events having occurred likely to give rise to a claim, You may increase the Bale Value, Estimated Insured Yield and Field area, at any time. This may result in an increased Policy Premium.

Increases to cover will commence at 9:00 am Local Time on the 2nd day after We agree to accept Your request for an increase.

#### YIELD DECLARATION

We will provide You with a Harvest Declaration Form. You are required to complete this form and send it to Us as soon as the Harvested Yield of Your Crop is known. Failure to comply may affect a claim or result in a higher Policy Premium being applied.

#### WHAT IS A PROPERTY

The location where the Crop(s) are situated, incorporating the latitude and longitude coordinates specified in the Schedule of Insurance. All Fields of Crop owned or managed by You within 2 (two) kilometres of each other at the nearest point of the growing Crop will be considered part of the same Property.

## WHERE IS A PROPERTY

The Quotation and Schedule of Insurance specify the latitude and longitude of the location You have indicated as the approx. centre of the planted area being the Property location.

Please ensure this is correct as it is a material factor in our acceptance and rating of the policy.

#### **PROPERTY** MAP FEE

An additional fee applies if, within seventy-two (72) hours of a claim being lodged, We or the Loss Adjuster have not been provided with a Property Map showing all currently insured Fields. Even if not mandated, We strongly recommend You provide a Property Map at inception to ensure the Sown Area and Property location are correct.

#### **PROPERTY** MAP

The Quotation and the Schedule of Insurance will specify whether You are required to provide a Property Map-Detailed or a Property Map-Standard. We may require it before quoting.

Property Map-Detailed: A series of GIS digital shape files as commonly used in GIS based agronomic and mapping programs with corresponding Field names, area (ha) and Crop details that correspond with the Schedule of Insurance incorporating all of the insured Fields on the Property.

Property Map-Standard: A scaled diagrammatic representation of the Property showing the total Sown Area, Field names, area (ha) and Crop details as per the Schedule of Insurance, adjacent physical features, a north indicator and the latitude and longitude for the approx. centre of the Property.

If not professionally drafted or from a GIS program it must be accompanied by a satellite-style photograph of the Property with a common feature marked on both.

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COVERAGE OPTIONS Plea	ase read and complete					
<b>Insured Yield option</b> (pick only one)	Variable Yield	• 150% of the	n Insured Yield is equal to: Estimated Insured Yield if the Crop Type is Dryland, or Estimated Insured Yield for all other Crop Types.			
		The minimum	Insured Yield is the Potential Yield.			
	Capped Yield	The maximum Insured Yield is equal to the Estimated Insured Yield.  • If Your Potential Yield is equal to or greater than 65% of the Estimated Insured Yield Your Insured Yield is the Estimated Insured Yield.  • If Your Potential Yield is less than 65% of the Estimated Insured Yield Your				
Constructive Total Loss	Growing Phase Days Scale to apply (pick only one)	107 127 147	d is the Potential Yield.  Generally, a shorter scale reduces the amount deducted from a constructive total loss claim compared to a longer scale and increases the claim settlement. Premium differences apply.			
		The number of days over which Growing Phase Savings are deduc in the event of a Constructive Total Loss claim.				
	Basis for calculation of deductions (pick only one)	Fixed	The dollar value per ha You nominate per Field below is the maximum value on which the actual deductions are based.			
		Adjusting	The percentage value You nominate per Field below is applied to the final Sum Insured per ha to calculate the maximum value on which the actual deductions are based.			
		The maximum monetary amount of Growing Phase Savings and Harvest Phase Savings are either <b>Fixed</b> based on a monetary amount selected when the policy incepted or <b>Adjusting</b> by multiplying the percentage selected when the policy incepted by the Sum Insured per ha at the conclusion of the policy.				
Optional Perils	Leaf and Colour Downgrade	e Bales produced excess (N/A if not selected):				
Additional premiums apply	Fully Irrigated crops only	\$10.00 \$15.00 \$20.00 \$25.00 \$30.00 \$35.00 \$40.00	We will pay the sum of amounts calculated from applying the % of bale value from the Downgrade Categories table to the Bale Value for each Lint Bale that is classified as falling within one of the downgrade categories less the Leaf & Colour Downgrade Excess.  The total value of the excess is calculated by multiplying the total number of Lint Bales produced on a Property by the per bale excess selected.			
		This optional peril applies to Lint Bales that have been downgraded a price penalty applied due an inferior colour or excessive trash as per the Colour and Leaf categories shown in the Downgrade Categories t the Policy wording.  It is only available for Crops where the Crop Type is noted as Irrigated				
	<b>Delivered Seed Cotton</b> Seed Cotton delivered to a Gin	From the point the Seed Cotton passes the Gin weighbridge to the tin of Ginning, Event Excess applies.  The maximum amount We will pay for Delivered Seed Cotton is \$100,000 per Policy.  Cover under Additional benefit of Harvested Seed Cotton (included by ceases upon delivery to Gin.				
DEPOSIT PERCENTAGE AN	ND DUE DATE: Earlier due date and h	igher percentag	es attract a rate discount			
<b>Due Date</b> (pick only one)		30th Nove				
		31st Janua	ry			
Percentage of Provisiona	l Premium (pick only one)	25% 50%				
		75%				

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PROPERTY NAME:				The latitude and longitude are a material factor in our acceptance	e and rating of tl	ne Property		
Property location details	State:	Postcode: Co-ordinates for approx. ce	Co-ordinates for approx. centre of <i>planted</i>					
Street address:	eet address: Latitude:							
Note: If We subsequently dete	ermine the Property has b	een incorre	ctly 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.  Yes								
Have any crop(s) on this Property already been affected by Hail, Fire or Chemical Overspray? If "Yes" provide additional information.								
SHAREFARMER Note: claims	are settled only to the Ir	nsured nam	ed in the Sch	edule of Insurance. Please provide these details for each Property to be insured, if N/A leave blank				
Sharefarmer name(s) in full:				ABN No.				
Are the sharefarmer's interest	s to be insured?	Yes	No	If "No" please confirm the uninsured sharefarmer's interest and mark below to which Fields the agreer	ment applies:	%		

# **DETAILS OF CROPS TO BE INSURED** Please provide these details for each Property to be insured. Refer to the Policy wording for definitions of these terms

	Field Details	Crop Details		Provisional Values	Claim Settlement Adjustment Values						
#	Field name Area Share	Crop Type: Crop Purpose:	Planting Estima						Partial Loss		
	(Ha) Farmed {A} (tick if	Irrigated, Lint Semi-irrigated, or Refuge	Completion Insure	(11.11.1)	Applied to the Sum Insured per ha, Applie	to the Assessed /o Loss	Partial Loss				
	Yes)	Dryland or	restrictions for (bales/	/ha)	Growing Phase Harvest Phase CTL Redu	cing Excess % (select one)	Savings per Bale:	Field Exc	ess % (sele	ct one)	
		Refuge	late planted {B} crops)		Savings: Fixed =\$, Adjusting = % Adjusting = % Default	Options (\$	\$0 or ≥\$50 & ≤\$150)	Default	Optio	ons	
1	Yes	Irr Semi Dry Ref Lint Ref			10%	0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
2	Yes	Irr Semi Dry Ref Lint Ref			10%	0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
3	Yes	Irr Semi Dry Ref Lint Ref			10%	0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
4	Yes	Irr Semi Dry Ref Lint Ref			10%	0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
5	Yes	Irr Semi Dry Ref Lint Ref			10%	0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
6	Yes	Irr Semi Dry Ref Lint Ref			10%	0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
7	Yes	Irr Semi Dry Ref Lint Ref			10%	0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
8	Yes	Irr Semi Dry Ref Lint Ref			10%	0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
9	Yes	Irr Semi Dry Ref Lint Ref			10%	0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
10	Yes	Irr Semi Dry Ref Lint Ref			10%	0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	

Total Area (Ha)

Note: The cropped area latitude and longitude and the Planting Completion date are material factors in the acceptance and rating of each Field. Unless We specifically agree otherwise cover is only available for crops planted prior to 15th December 2023.

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

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SECOND PROPERTY NAME (if a	applicable):			The latitude and longitude are a material factor in our acceptance and rating of the Prope						
Property location details S	itate:	Shire:		Postcode:	Co-ordinates for approx	pprox. centre of <i>planted area</i>				
Street address:					Latitude:	Longitude:				
Note: If We subsequently detern	nine the Property has bee	n incorrectly lo	ated, we reserve the right to correct the	e location and charge any relevant additiona	l 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.  Yes										
Have any crop(s) on this Property already been affected by Hail, Fire or Chemical Overspray? If "Yes" provide additional information.										
SHAREFARMER Note: claims ar	re settled only to the Insu	ured named in t	e Schedule of Insurance. Please provic	de these details for each Property to be insure	ed, if N/A leave blank					
Sharefarmer name(s) in full:					ABN No.					
Are the sharefarmer's interests t	o be insured?	Yes N	If "No" please confirm the un	insured sharefarmer's interest and mark belo	ow to which Fields the agr	eement applies:	%			

# **DETAILS OF CROPS TO BE INSURED** Please provide these details for each Property to be insured. Refer to the Policy wording for definitions of these terms

	Field Details	Crop Details		Provisional Values		Claim Settlement Adjustment	Values				
#	Field name Area Share	Crop Type: Crop Purpose:	Planting Estimated	Bale Value: Provisional Sum	Constructi	Constructive Total Loss		Partial Loss			
	(Ha) Farmed {A} (tick if	Irrigated, Lint Semi-irrigated, or Refuge	Completion Insured date: (note Yield:	(\$/bale) Insured per ha {C} (D = B x C)	Applied to the Sum Insured per ha,	Applies to the Assessed % Loss	Partial Loss			.1	
	Yes)	Dryland or	restrictions for (bales/ha)		Growing Phase Harvest Phase	CTL Reducing Excess % (select one)	Savings per Bale:	FIEIG EXC	ess % (seiec	.t one)	
		<b>Ref</b> uge	late planted {B} crops)		Savings: Fixed =\$, Adjusting = % Adjusting = %	Default Options	(\$0 or ≥\$50 & ≤\$150)	Default	Optio	ns	
1	Yes	Irr Semi Dry Ref Lint Ref				10% 0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
2	Yes	Irr Semi Dry Ref Lint Ref				10% 0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
3	Yes	Irr Semi Dry Ref Lint Ref				10% 0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
4	Yes	Irr Semi Dry Ref Lint Ref				10% 0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
5	Yes	Irr Semi Dry Ref Lint Ref				10% 0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
6	Yes	Irr Semi Dry Ref Lint Ref				10% 0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
7	Yes	Irr Semi Dry Ref Lint Ref				10% 0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
8	Yes	Irr Semi Dry Ref Lint Ref				10% 0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
9	Yes	Irr Semi Dry Ref Lint Ref				10% 0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	
10	Yes	Irr Semi Dry Ref Lint Ref				10% 0% 5% 15% 20% 25%		10%	5% 20%	15% 25%	

Total Area (Ha)

Note: The cropped area latitude and longitude and the Planting Completion date are material factors in the acceptance and rating of each Field. Unless We specifically agree otherwise cover is only available for crops planted prior to 15th December 2023.

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

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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 the Insurer, Liberty Mutual Insurance Company, ABN 61 086 083 605, AFSL 530842 (for claims handling and settling purposes only), trading as Liberty Specialty Markets (Liberty), 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.

A copy of CRU's Privacy Policy is available on Our website — www.cruw.com.au A copy of Liberty's privacy policy is available on their website -

https://www.libertyspecialtymarkets.com.au/footer/privacy-policy/

#### 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.

#### **DEFINED WORDS**

Our documentation uses words that have special meaning. These words are defined in the Policy wording.

# **INSPECTION OF CROPS**

If We need to inspect the Crop(s) or Harvested Seed Cotton to estimate the yield We will provide You with no less than seven (7) days' notice of Our intention to do so.

## **PROVIDE ASSISTANCE / PROOF OF LOSS**

You are required to demonstrate and provide proof of the timing, existence and extent of any loss and must provide Us with all reasonable assistance that We and the Loss Adjuster may require. If You are not able to substantiate Your loss, coverage will be limited to the part of the loss You can substantiate.

# **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 as 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, You will need to lodge a request for a new quotation.

#### **UNDER-INSURANCE**

# If within 60 days of Planting Completion of the first Field on a Property:

the Property is affected by an insured peril and the total area of the affected Crop Type on the Property is found to be greater than the total area of the Crop Type(s) that is specified in the Schedule of Insurance by more than 10.0%, You shall be considered as being Your own insurer for the difference and shall bear a rateable proportion of the claim accordingly.

# If after 60 days of Planting Completion of the first Field on a Property:

the Property is affected by an insured peril and the total area of the affected Crop Type on the Property is found to be greater than the total area of the Crop Type(s) that is specified in the Schedule of Insurance by more than 5.0%, 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 per the quotation.

Any subsequent increases to the insurance will take effect at 9.00 am local time on the second day after We have accepted the requested increase.

Requests to reduce the extent of or benefits under the insurance take effect immediately they are received by Us.

#### 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 so that 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 Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) trading as Liberty Specialty Markets. 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 53 100 425 385 is an Authorised Representative (AR no. 000281164) of Weather Risk management Solutions Pty Ltd ABN 60 003 720 705 (AFSL 233798)

