BROADACRE CROP INSURANCE

Request for Quotation ☐ Request for Cover ☐

1. CLIENT DETAILS

Insured Name _____ T/As _____

Contact Person _____ ABN _____

Postal Address _____

Town _____ State _____ Post Code _____

Telephone _____ Mobile _____ Facsimile _____

Email _____

Would you like to receive your correspondences by Email: Yes ☐ No ☐

Our email address is crop@dunkinsurance.com.au

2. INSURED PROPERTY

Farm Name _____

Farm Location _____

Shire _____ State _____ Post Code _____

Closest Town _____ Distance _____km

Direction from nearest town _____

Or

Longitude_____Latitude_____

3. INSURED DETAILS

Crop Yield Revision Type:	1. Final Revision ☐
☒	2. After Harvest Declaration ☐

Type of Cover:	Impact by Hail & Fire	Fire Only	
☒	(H & F) ☐	(F) ☐	By Paddock Decided * ☐

1. Are any of Your Crops damaged: Yes ☐ No ☐
   (If yes, an assessor must inspect the crop before we will issue cover)

2. Are all of Your Crop (Area Planted) to be insured: Yes ☐ No ☐
   (If no, please attach a property map to this proposal, showing which crops are to be insured by paddock)

3. Are you a member of a Buying Group: Yes ☐ No ☐
   (If yes, please provide name of buying Group)

_____

4. Are there any interested parties: (e.g. Banks, Credit Unions & Building societies)
   (If yes, please provide name of buying Group)

_____

5. Are any of Your Crops Share farmed: Yes ☐ No ☐
   (If yes, please provide details below)

Name of Sharefarmer _____ Phone _____

Address _____

4. CLAIMS HISTORY

6. In the last 5 years, to the best of your knowledge, how many incidents of fire, lightning, hail, chemical over-spray or straying Livestock has the site on which the Insured Property is situated experienced (all regardless of whether any insurance claim has Been lodged, paid or any damage has been occasioned)?

How many losses have occurred in the past 5 years? ☐

If so please complete the following table.

DATE OF DAMAGE	NATURE OF EVENT	AREA AFFECTED	AMOUNT PAID OUT

5. DECLARATION

I/We
Have read the section of this proposal headed “Important Notices” on page 4 of this Proposal.
Have read the 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 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 in this Proposal.
Agree to pay the premium that is issued and that cover cannot be cancelled once it is issued.

Name _____ Position _____

Signature _____ Date _____

6. CROP DETAILS

Paddock Name	**Crop Type** (eg Wheat)	**Area** (Ha)	***Cover Required** H & F or F	**Estimated Yield** (t/Ha)	**Agreed Value** ($/t)	**Your Share** (%)	**Sum Insured** ($) (Ha) x (t/Ha) x ($/t) = ($)
	Total (ha)					Total SI	

6. CROP DETAILS

Paddock Name	Crop Type (eg Wheat)	Area (Ha)	*Cover Required H & F or F	Estimated Yield (t/Ha)	Agreed Value ($/t)	Your Share (%)	Sum Insured ($) (Ha) x (t/Ha) x ($/t) = ($)
	Total (ha)					Total SI	

****H & F*** *= (Hail & Fire and Additional Benefits) or* ***F*** *= (Fire Only)*

7. IMPORTANT NOTICES

We, Us, Our means the Insurer.
You, Your means the person or entity listed as the 'Insured Name' in this proposal.
Your Duty of Disclosure means 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 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 disclosure of 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 its business, ought to know;
- as to which compliance with Your duty is waived by the Insurer.

Non-disclosure means 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 claims or may cancel the contract.

If Your non-disclosure is fraudulent, the Insurer may also have the option of voiding the contract from its beginning.

Insuring Part of Your Crop:
You must insure Your entire Area Planted unless You provide Us with a property map with this proposal showing the 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 Our Broadacre Policy Wording.

Privacy Statement

In accordance with the Privacy Act 1988, Your attention is drawn to the following:
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.

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.

Cover for Your Insured Property

This proposal from You is to request terms of insurance from an Insurer. Cover will attach as follows:

If You want to Request a Quote
You tick the 'Request Quotation' box in this proposal, You must read and complete all questions of this proposal. Sign the declaration, and send to Us.
You accept by signing Our quotation. Cover will not attach until the Insurers nominated time 48hours after the signed quotation is received. We will send to You the insurance companies Certificate of Insurance to confirm cover has been placed.

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

If You want to Request Cover
You tick the 'Request Cover' box in this proposal. You must read and complete all questions of this proposal, sign the declaration, and send to Us.
Cover will not attach until We receive and accept Your proposal. Cover attaches at the nominated time 48hours after the Insurers have accepted your proposal. We will send to You the insurance companies Certificate of Insurance to confirm cover has been placed.

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