

ALMOND CROP INSURANCE PROPOSAL – 2020



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 <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

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 <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

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 – 2020



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 ☐

CROP DETAILS

DECLARATION

- 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

Position

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.

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 **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.