# PLANTATION TIMBER INSURANCE PROPOSAL - 2019



| CLIE                                                     | ENT DETAILS                   |                  |                              |                      |  |  |  |  |  |
|----------------------------------------------------------|-------------------------------|------------------|------------------------------|----------------------|--|--|--|--|--|
| Insured Name                                             |                               |                  | T/As                         |                      |  |  |  |  |  |
| Contact Person                                           |                               |                  | ABN                          |                      |  |  |  |  |  |
| Posta                                                    | al Address                    |                  |                              |                      |  |  |  |  |  |
| Town                                                     |                               |                  | State                        | Post Code            |  |  |  |  |  |
| Telephone Mobile                                         |                               |                  | Facsimile                    |                      |  |  |  |  |  |
| Forest Consultant                                        |                               |                  | Mobile                       |                      |  |  |  |  |  |
| Other interested parties (eg. Financiers, partnership)   |                               |                  |                              |                      |  |  |  |  |  |
| PRO                                                      | PERTY DETAILS                 |                  |                              |                      |  |  |  |  |  |
|                                                          | Property Name                 |                  | Latititude                   | Longitude            |  |  |  |  |  |
| <b>1.</b> (                                              | Closest Town                  |                  |                              | Region               |  |  |  |  |  |
|                                                          | Property Name                 |                  | Latititude                   | Longitude            |  |  |  |  |  |
| 2. (                                                     | Closest Town                  |                  |                              | Region               |  |  |  |  |  |
|                                                          | Property Name                 |                  | Latititude                   | Longitude            |  |  |  |  |  |
| <b>3.</b> (                                              | Closest Town                  |                  |                              | Region               |  |  |  |  |  |
| Exce                                                     | \$5,000 \( \bigsim\) \$10,000 | \$50,000 \$100,  | 000 Other \$                 |                      |  |  |  |  |  |
| ADE                                                      | DITIONAL EVENT OPTIONS        |                  |                              |                      |  |  |  |  |  |
| Earthquake & Induced Landslip Yes No                     |                               |                  | Aggregate amount required \$ |                      |  |  |  |  |  |
| Hail S                                                   | Strike                        | Yes No           | Aggregate amou               | nt required \$       |  |  |  |  |  |
| Volca                                                    | nic Eruption                  | Yes No           | Aggregate amou               | nt required \$       |  |  |  |  |  |
| Weat                                                     | her Related Landslip          | Yes No           | Aggregate amou               | nt required \$       |  |  |  |  |  |
| Wind                                                     | storm                         | Yes No           | Aggregate amou               | nt required \$       |  |  |  |  |  |
| ОРТ                                                      | IONAL BENEFITS                |                  |                              |                      |  |  |  |  |  |
| Claim                                                    | ns Preparation Costs          | Yes No           | Aggregate amoun              | t required \$        |  |  |  |  |  |
| Fire Fighting Levies Yes                                 |                               |                  | Aggregate amoun              | t required \$        |  |  |  |  |  |
| Removal of Debris & Replanting Yes                       |                               |                  | Aggregate amoun              | t required \$        |  |  |  |  |  |
| Infrastructure Costs Yes No                              |                               | Max \$50,000 agg | regate cover \$              |                      |  |  |  |  |  |
| CLA                                                      | IMS & INSURANCE HISTORY       |                  |                              |                      |  |  |  |  |  |
| If yes, give details (Year, Name of insurer(s), Reason): |                               |                  |                              |                      |  |  |  |  |  |
| Date of Event Nature of Event                            |                               |                  | Area Affected (Ha)           | Actual Cost of Event |  |  |  |  |  |
|                                                          |                               |                  |                              |                      |  |  |  |  |  |
|                                                          |                               |                  |                              |                      |  |  |  |  |  |
|                                                          |                               |                  |                              |                      |  |  |  |  |  |

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#### LOCATION MANAGEMENT (Complete a new proposal for any locations with differing answers) Please what best describes the land bordering your forest location(s) from the following directions; North West Forest Scrub/Native Horticulture Grazing/Cropping Residential/industrial South West Horticulture Grazing/Cropping Residential/industrial Forest Scrub/Native If there is a forest/plantation bordering your location(s), who owns it? Is weed control undertaken with the 1st year of planting? Yes No Is the planting opportunistically grazed when possible? No Yes Is all public road access gated? Yes No Does a power line border or cut through your planting(s)? Yes No Does a railway line border or cut though your planting(s)? No Is a Residential, Industrial area or campground within 1km? Yes No Does a sealed road border your plantation? No Do you allow recreational activities to take place at your planting(s)? Yes No Do you have a documented Fire Plan including measured response? Yes No Is the Fire Plan Plantation Specific Yes No OR Do you use a Local Area / Group Strategic Fire Plan Yes No Helicopter Utility Unit What Fire equipment is location within 20 minutes of your forest land? Tanker Unit Grader Bulldozer If fire equipment greater than 20 minutes response, nominate actual time? Number of permanent water supplies within 5 km of the forest land Less than 2 More than 2 **Additional Windstorm Questions** - If chosen please answer the following questions Are felling operations occurring either at or adjacent to your location No Yes Was the land used for cropping or pasture less than 6 years ago? Yes No Did you deep rip at planting? Yes No Do you thin prior to the trees reaching 10m top height? No Yes Did you **Thin last year or will** you within the next 12mths Property 1 No Yes Property 2 No Yes Property 3 Yes No

Post Thin Stems/Ha

Pre Thin Stems/Ha

If Thinned:

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# **FOREST LOCATION DETAILS**

| Location Name | Block Name | Species | Year<br>Planted | Harvest<br>Year | Area (ha) | Agreed Value<br>(\$/t) | Estimated Sum<br>Insured |
|---------------|------------|---------|-----------------|-----------------|-----------|------------------------|--------------------------|
|               |            |         |                 |                 |           |                        |                          |
|               |            |         |                 |                 |           |                        |                          |
|               |            |         |                 |                 |           |                        |                          |
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|               |            |         |                 |                 |           |                        |                          |
|               |            |         |                 |                 |           |                        |                          |
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|               |            |         |                 |                 |           |                        |                          |
|               |            |         |                 |                 |           |                        |                          |
|               |            |         |                 |                 |           |                        |                          |
|               |            |         |                 |                 |           |                        |                          |

## **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 Plantation Timber 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

| Signature Date |  |
|----------------|--|

# PLANTATION TIMBER 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 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 Plantation Timber 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.

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