

> Viticulture Insurance Proposal

> Important information

Who is Rural Affinity?

Rural Affinity Insurance Agency Pty Ltd (ABN 72 119 838 854 AFS Licence No. 302182) is an underwriting agent. In transacting this insurance, Rural Affinity is acting as an agent for Great Lakes Reinsurance (UK) SE.

Who is the Insurer?

This insurance is underwritten by Great Lakes Reinsurance (UK) SE trading as "Great Lakes Australia".

Great Lakes Australia is a branch of Great Lakes Reinsurance (UK) SE (ARBN 127 740 532, ABN 18 964 580 576, AFS Licence No. 318603), which is a limited liability company incorporated in England and Wales and a wholly owned subsidiary of Münchener Rückversicherungs Gesellschaft AG (Munich Re) part of Munich Re (Group), one of the largest insurance groups in the world.

Great Lakes Reinsurance (UK) SE has strong financial security characteristics. However, please note that ratings can vary from time to time. You can check Great Lakes Reinsurance (UK) SE's current rating at the following website: Standard & Poors: www.standardandpoors.com

Great Lakes Australia can be contacted as follows:

143 Macquarie Street, Sydney, NSW, 2000
PO Box H35 Australia Square, Sydney, NSW, 1215
(02) 9272 2050 | reception@gla.com.au | www.gla.com.au

Great Lakes Australia is a party to the General Insurance Code of Practice. You can access the Code at www.codeofpractice.com.au

Your Duty of Disclosure

This policy is subject to the *Insurance Contracts Act 1984* (Act). Under that Act You have a Duty of Disclosure.

Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway.

You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. 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 the answers are provided to Us or disclosures are made 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:

1. that diminishes Our risk,
2. that is of common knowledge,
3. that We know or should know as an insurer, or
4. that We tell You We do not need to know.

Who does the duty apply to?

Everyone who is insured under this policy must comply with the duty.

What happens if You or they do not comply with the duty?

If You or they do not comply with this duty, We may cancel the policy 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.

Privacy Statement

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth), the Australian Privacy Principles and the terms of this policy. In this privacy section, "We", "Us" and "Our" means the insurer and Rural Affinity as applicable.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and services providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance policy and respond to any claim that You make.

Our privacy policies explain how You may access personal information that each of us holds, how to seek correction of Your personal information, how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access the Great Lakes Australia Privacy Policy and Privacy Statement at www.munichre.com/io/gla/en/privacy_statement.aspx and Rural Affinity's Privacy Policy and Policy Statement at www.ruralaffinity.com.au/privacy.

Dispute resolution

We view seriously any complaint made about Our products or services and will deal with it promptly and fairly.

If You have a complaint please first try to resolve it by speaking to the relevant member of Our staff.

If the matter is still not resolved, please then contact Our Internal Disputes Resolution Officer on (02) 9496 9300.

If the complaint relates to the insurance cover We will work with Great Lakes Australia to resolve the complaint. We will, provided We have sufficient information, complete the review within 15 working days. Where We are unable to do so, We will agree a new timeframe for responding to You. In any case, We will provide You with an update every 10 working days.

If You are a natural person or a small business, and You are not satisfied with the final decision, You may wish to contact the Financial Ombudsman Service Australia ("FOS"). The FOS is a free independent external disputes resolution service provided to customers to review and resolve complaints where We have been unable to satisfy Your concerns.

For further details you can visit their website www.fos.org.au or contact them: GPO Box 3, Melbourne, VIC, 3001 | 1800 367 287 | info@fos.org.au

Important Conditions

In Your policy wording there are conditions which may impact the size of a claim or affect the amount of the premium We will charge. These conditions are explained in the general conditions section of Your policy wording.

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Intermediary / broker details

Intermediary Name _____ Contact Name _____

Contact Details of Insured

Insured Name _____ ABN _____

Contact Name _____ ITC _____

Contact Number _____ Fax Number _____

Email Address _____ Mobile Number _____

Address _____

Underwriting Information / Disclosure

In the past 10 years have you or anyone else insured under this policy:

1. had an insurance policy declined or cancelled, or claim rejected? Yes No

2. had any criminal conviction(s) recorded or have any criminal charges pending? Yes No

If yes to 1. or 2. above, please provide further details: _____

Are any of your crops to be insured damaged? Yes No

If yes, please provide details _____

Are all your crop to be insured? Yes No

If no, please attach a property map to this proposal, showing which crops are to be insured (by block)

Vineyard Details

Vineyard Name _____ Address _____

Wine Region _____ County/Shire _____

Interested Parties

Please list any parties wishing to cover their financial interest in the crop _____

Insured Events Fire Impact by hail

Do you require cover for Frost? Yes No Frost cover is only available if hail is also selected.
If yes, please complete frost questionnaire.

Excess Type Block Vineyard

Where cover is provided for Frost, the excess applies to the vineyard

Excess Level 10% 15% (standard) 20% 25% 30%

Optional Benefits

Do you require cover for:

1. Increased Costs (Vines only) Yes No

2. Future Loss of Profits (Vines only) Yes No Cover is only available if Increased Costs is also selected

3. Ancillary Property Yes No

If you have answered "yes" to optional benefits 1, 2 or 3, please nominate a sum insured per hectare on page 3 of this proposal.

Endorsement

Do you wish to select the Increased Compensation cover? (for the crop) Yes No

Loss History

Please list any hail losses you have suffered in the past 5 years, including uninsured losses:

YEAR	QUANTITY OF LOSS (\$)
2015/16	
2014/15	
2013/14	
2012/13	
2011/12	

> Viticulture Insurance Proposal – Frost Questionnaire

Frost Mitigation

Do you have any automated irrigation systems which can be used for frost control? Yes No

If yes, please provide details _____

Do you have automated frost fans which can be used for frost control? Yes No

If yes, please provide details _____

Do you undertake any other management practices to reduce frost damage on your crop/s? Yes No

If yes, please provide details: _____

Loss History

Please list any frost losses you have suffered in the past 5 years, including uninsured losses:

YEAR	% OF LOSS
2015/16	
2014/15	
2013/14	
2012/13	
2011/12	

Declaration

- I/We**
- Agree that when this proposal is accepted by Rural Affinity, cover is bound and cover cannot be cancelled and I/We agree to pay the premium quoted.
 - Have received a copy of the Rural Affinity Viticulture Policy Wording and agree to accept the insurance subject to the terms, conditions and limitations of this policy.
 - Have read and understood the Privacy information and consent to the collection, storage, use and disclosure of personal information of all persons covered in this Proposal Form. Where personal information has been provided on someone else's behalf, that person has consented to this provision
 - Have read and understood the Duty of Disclosure information and other Important information and I/We realise that if I/we have not complied with the Duty of Disclosure, any claims may not be met.
 - Declare everything on this proposal to be true and correct and I/We have not withheld any relevant information.
 - Have declared each insured block separately on this proposal.

Your signature _____ Date _____

Signed for and on behalf of all insureds

NOTE We have to assess all the answers you have provided before confirming your insurance cover