

## › Plantation Timber Insurance Proposal

### › Important information

#### Who is Rural Affinity?

Rural Affinity Insurance Agency Pty Ltd is an underwriting agent. In transacting this insurance, Rural Affinity is acting as a Lloyd's coverholder pursuant to a binding authority agreement.

#### Who is the Insurer?

This insurance is underwritten by certain underwriters at Lloyd's. More information regarding the insurer can be found on our website at <http://ruralaffinity.com.au/about-the-insurer>

#### Breach of Condition, Misrepresentation or Non-Disclosure

This policy will be void in the event of any misrepresentation or non-disclosure of any material fact. However, this insurance will not be prejudiced by:

- Any innocent misrepresentation or non-disclosure of any material particular;
- The breach of any condition or warranty without the knowledge and consent of the insured. You must inform Us as soon as You become aware of any breach of this condition.

#### Privacy

We are committed to the safe and careful use of Your personal information in the manner required by the Privacy Act 1993, the New Zealand Information 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 New Zealand 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 New Zealand 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 Rural Affinity's Privacy Policy at [www.ruralaffinity.com.au/privacy](http://www.ruralaffinity.com.au/privacy).

#### Dispute Resolution

If you have any queries about your policy or the handling of a claim, please contact your Broker. However, if you have a problem concerning any aspect of your insurance please contact Talbot Underwriting Australia at the address stated above.

In the unlikely event that this does not resolve the matter or you are not satisfied with the way your complaint has been dealt with, you should contact:

Scott Galloway | Lloyd's General Representative in New Zealand  
c/o Hazelton Law  
Level 29, Plimmer Tower, 2-6 Gilmer Terrace  
Wellington 6145, New Zealand  
PO Box 5639, Wellington 6145, New Zealand  
(04) 472 7582 | [scott.galloway@hazelton.co.nz](mailto:scott.galloway@hazelton.co.nz)  
who will initiate the Lloyd's complaints procedure.

Further details regarding our complaints process are available on request.

#### 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 Details

Intermediary Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Contact Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### Insured Details

Insured Name \_\_\_\_\_ NZBN \_\_\_\_\_  
 Contact Name \_\_\_\_\_ IRDN \_\_\_\_\_  
 Contact Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Email Address \_\_\_\_\_ Mobile Number \_\_\_\_\_  
 Address \_\_\_\_\_

**If you are NOT registered for GST, please tick here?**  ITC \_\_\_\_\_

Have you ever had an insurance policy declined or cancelled, or claim rejected?  Yes  No

If yes, please provide further details: \_\_\_\_\_

Have You, any Director, Partner or Associate ever:

- a) Been declared bankrupt  Yes  No
- b) Had bankruptcy proceedings lodged  Yes  No
- c) Been found guilty of a criminal offence within the past 5 years (other than traffic offences)  Yes  No

If yes, please provide details \_\_\_\_\_

### Interested Parties

Please list any parties wishing to cover their financial interest in the plantation \_\_\_\_\_

### Insured events

Do you require cover for windstorm?  Yes  No

Do you require cover for volcanic eruption and earthquake?  Yes  No

*Note: Cover is automatically included for fire lightning, explosion, thunderbolt, riot, strike, civil commotion, malicious damage, impact by a road or rail vehicle, impact by an aircraft or anything dropped from an aircraft other than chemicals.*

### Optional benefits

**Forest and Rural Fires Act levies**  Yes  No

If this benefit is required, please show the maximum amount you wish to insure for in any period of cover \_\_\_\_\_

**Plantation Infrastructure**  Yes  No

Where there is a claim under this policy, we will pay for the costs incurred to repair or replace any plantation infrastructure damaged by an Insured event.

If this benefit is required, please show the maximum amount you wish to insure for in any period of cover \_\_\_\_\_

**Re-establishment costs**  Yes  No

Where there is a claim under this policy, we will pay for the cost to remove and dispose of the Destroyed Trees and replant trees in any area which has been declared a total loss.

If this benefit is required, please show the maximum amount you wish to insure for in any period of cover \_\_\_\_\_

### Additional benefits

Cover is automatically provided for the following benefits. If you wish to increase this cover, please indicate below the maximum amount you wish to insure for in any period of cover

	Standard cover	Requested Cover
Claims preparation costs	\$2,500	_____
Fire fighting costs	\$10,500	_____
Harvested timber	\$25,000	_____
Claims mitigation expenses	\$25,000	_____



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### Plantation Details

BLOCK NAME	YEAR PLANTED	TREE SPECIES (e.g. Pinus Radiata/ Douglas Fir)	BLOCK AREA	HECTARE SUM INSURED (\$/ha)	BLOCK SUM INSURED (\$/block)	PLANNED HARVEST YEAR	INTENDED PURPOSE

### 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 Plantation Timber 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 paddock 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