

➤ Farm Contractors Pack 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. Rural Affinity arranges policies for and on behalf of the Insurer. Rural Affinity acts under a binding authority given to it by the Insurer to administer and issue policies, alterations and renewals. In everything to do with this Policy, Rural Affinity acts as an agent for the Insurer and not for You.

Who is the Insurer?

This insurance policy is underwritten and issued by Great Lakes Australia Insurance SE (ARBN 127 740 532, ABN 18 964 580 576, AFSL 318603) trading as 'Great Lakes Australia'.

More information regarding the insurer can be found on our website at www.ruralaffinity.com.au/about-the-insurer.

General Insurance Code of Practice

Great Lakes Australia is a signatory to the General Insurance Code of Practice ('the Code'). The Code aims to raise standards of service between insurers and their customers. Rural Affinity's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact Us or visit www.codeofpractice.com.au.

Privacy

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 insurers, reinsurers and service 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 insurers, 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 insurers, 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, 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 and the insurer's Privacy Policy and Privacy Statement at www.munichre.com/gla/en/about-us.html.

Dispute resolution

Any complaints about Our products or services are taken seriously by Us and Rural Affinity and will be dealt with fairly and promptly.

If You have a complaint please first try to resolve it by speaking to the relevant member of the Rural Affinity staff. Rural Affinity can assist by referring the matter to their Internal Dispute Resolution Officer.

You can contact Rural Affinity by:

Phone: (02) 9496 9300

Fax: (02) 9496 9308

Email: disputes@ruralaffinity.com.au

Mail: Internal Disputes Resolution Officer, Rural Affinity
PO Box 160, St Leonards NSW 1590

Some words used in this proposal form have a special meaning as defined in the Product Disclosure Statement and such other documents which make up the policy which contain definitions.

If Rural Affinity require additional information, they will contact You to discuss. If Your complaint is not immediately resolved Rural Affinity will respond within 15 business days of receipt of Your complaint or agree a reasonable alternative timetable with You.

If You are not satisfied with the resolution offered by Rural Affinity's Internal Dispute Resolution Officer, Your complaint will be referred to the Dispute Resolution Officer or their delegate at Great Lakes Australia.

You can also contact Great Lakes Australia by:

Email: disputes@gla.com.au

Mail: Disputes Resolution Officer, Great Lakes Australia
PO Box H35, Australia Square NSW 1215

If We are unable to resolve Your complaint within 45 days of the date We first received Your complaint or if You remain unsatisfied, You can/ may be able to seek a free review by the Australian Financial Complaints Authority (AFCA). The AFCA is an independent national body and, if the dispute is within its jurisdiction, We agree to accept its decision.

You can visit their website www.afca.org.au or contact them:

Phone: 1800 931 678

Email: info@afca.org.au

Mail: GPO Box 3, Melbourne, VIC, 3001

Further details regarding Our complaints process are available on request.

Cooling-off Period

If You are not completely satisfied with Your insurance, please contact Rural Affinity to discuss Your concerns.

If You decide not to proceed with Your insurance, You may cancel the policy within 21 days. Providing You haven't made a claim under the policy, We will cancel the policy from the beginning and refund all premium You have paid to Us for the policy.

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). You need to tell Us immediately of any new information or changes to the answers that have been provided to Us and/or the disclosures You have made to Us throughout the Policy Period.

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 the non-disclosure is fraudulent, We may treat the policy as if it never existed and pay nothing.

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.

Financial Claims Scheme

In the event of the insolvency of GLA, You may be entitled to payment under the Financial Claims Scheme. Access to the scheme is subject to eligibility criteria. Information about the scheme can be obtained from the APRA website at www.apra.gov.au and the APRA hotline on 1300 55 88 49.

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Intermediary details

Intermediary name _____ Contact number _____
Contact name _____ Fax number _____

Contact details of insured

Insured name _____
Contact name _____ ITC _____
Contact number _____ Fax number _____
Email address _____ Mobile number _____
Address _____ ABN _____

Period of Cover

From _____ To _____

Declaration

I/We

- Have received a copy of the Farm Contractors Pack Product Disclosure Statement and agree to accept the insurance subject to the terms and 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.

Your signature

Date

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Information relating to all sections of the policy

In the past 5 years, have You or anyone else insured under this policy:

Please attach a separate sheet if additional space is needed to provide complete responses to the following questions).

Made any claim for loss, damage or liability? Yes No If Yes, please provide details:

INSURER	DATE OF LOSS eg. 25/05/2013	AMOUNT (\$)	CAUSE OF LOSS eg. Lightning/Fire	DESCRIPTION OF LOSS eg. Loss of fencing, shed, tractor

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

1. Had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected or any special conditions imposed on Your policy? Yes No If Yes, please provide details:

2. Been declared bankrupt or been subject to any form of insolvency or administration (such as liquidation or receivership)? Yes No If Yes, please provide details:

3. Had any criminal convictions recorded or have any criminal charges pending? Yes No If Yes, please provide details:

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Information relating to all sections of the policy

Farm Contracting business

Please describe the activities conducted in the farm contracting business (eg. planting, harvesting, cartage).

Where the activities described above include 'harvesting', please also complete 'Schedule 1 - Contract Harvesting Questionnaire'

Other business

Are any other business activities conducted (other than described above, such as processing, storage facilities, manufacturing, retail, consulting, etc)? Yes No. If Yes, please provide details:

Interested parties

Are the interests of any other party to be noted on any of the property (including motor) insured under this policy? Yes No.
If Yes, please provide details:

PROPERTY INSURED	INTERESTED PARTY <i>eg. ABC Bank</i>	ADDRESS OF INTERESTED PARTY	NATURE OF INTEREST <i>eg. Mortgage, Lessor</i>

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Section 1. General Property

Excess

Please specify the Excess to apply to this section \$250 (standard) \$500 \$750 \$1,000

INSURED PROPERTY <i>General Property</i>	DESCRIPTION OF INSURED PROPERTY	SUM INSURED

Optional benefits

1. Do You require cover for increased costs? Yes No. If Yes, please specify a Sum Insured _____

Section 2. Motor

- Do any Vehicles to be insured have any existing hail damage? Yes No
- Do any Vehicles to be insured have any unrepaired damage? Yes No
- Are any Vehicles used for dry hire /loan? Yes No

If Yes, please detail _____

- Have any regular drivers to be covered under this policy been charged in the last 5 years (or have charges pending) for:
 - dangerous or culpable driving? Yes No
 - reckless driving causing death? Yes No
 - driving under the influence of drugs or alcohol? Yes No
 - refusing to provide a breath test? Yes No

If You have answered Yes to any of the above questions, please detail:

Please complete the Motor tables on pages 6 and 7.

Section 3. Liability

- Total number of full time employees (including proprietors) _____
- Do you utilise labour hire for your operations? Yes No
Please note that cover will not be provided for any liability arising out of the use of labour hire.
- Sum Insured \$5 million \$10 million \$20 million
- Do You have in Your care any third party owned equipment, livestock, farm produce or goods which You are holding and responsible for? Yes No.
If Yes, please detail including value of item or goods _____

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Section 2. Motor (continued)

Utes and Sedans

VEHICLE MAKE <i>eg. Toyota</i>	FULL MODEL DESCRIPTION <i>eg. Prado GXL</i>	YEAR	REGISTRATION NUMBER	TYPE OF COVER 1. Comprehensive 2. Fire & Theft 3. Fire, Theft & Third Party 4. Third Party only	*EXCESS FREE WINDSCREEN CLAIMS PER VEHICLE (one per Period of Cover) YES / NO	BASIS OF SETTLEMENT Agreed Value / Market Value	**VEHICLE ACCESSORIES & VALUE	SUM INSURED (inclusive of accessories value)

* Please note that the optional benefit of Excess free windscreen or window glass is only available if comprehensive cover is selected.
 ** Please note that cover will not be provided for any non-standard fitted accessories (including those belonging to Employees) with a value greater than \$5,000 or 25% of the Vehicle's Market Value unless agreed by Us in writing.

Section 2. Motor (continued)

Other Vehicles

VEHICLE MAKE AND MODEL <i>eg. John Deere Tractor 6115D</i>	YEAR	REGISTRATION NUMBER	TYPE OF COVER 1. Comprehensive 2. Fire & Theft 3. Fire, Theft & Third Party 4. Third Party only	SITUATION NO. WHERE GARAGED	*VEHICLE ACCESSORIES & VALUE	SUM INSURED (inclusive of accessories value)

* Please note that cover will not be provided for any non-standard fitted accessories (including those belonging to Employees) with a value greater than \$5,000 or 25% of the Vehicle's Market Value unless agreed by Us in writing.

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Schedule 1 - Contract Harvesting Questionnaire

To be completed where activities under Farm Contracting business include 'harvesting'.

Please provide details of harvesting activities as follows:

Activity	Previous 12 Months		Next 12 months (estimate)	
	Turnover	Hectares	Turnover	Hectares
Harvesting – Winter Crop	\$		\$	
Harvesting – Forage Crop	\$		\$	
Harvesting - Viticulture	\$		\$	
Harvesting - Other	\$		\$	
Cotton Picking	\$		\$	
Hay Baling	\$		\$	
General Farming	\$	N/A	\$	N/A
Spraying	\$		\$	
Cartage	\$	N/A	\$	N/A
Other (please describe)	\$		\$	

If activities declared above include 'Harvesting - Winter Crop', please advise if this includes chickpeas &/or lentils and the estimated percentage of each for the next 12 months:

For employees and operators engaged in the contracting activities please complete the following table.

Name	Age	Experience with insured (years)	Overall experience (years)

Note: Experience means actual experience working in the intended activities and in operating the same or similar machinery.

Does the contractor use the RFS Harvest guidelines (NSW), Grass Fire Danger Index (SA) or other state fire authority or fire warning services? Yes No

Please provide details of the cleaning and maintenance program for all machines.

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Please provide detail of the fire mitigation or suppression systems in place on all machines.

For the past twelve months, please provide the following detail for customer farms:

Farm name	Nearest town	P/code	Years working at this farm	Written agreement in place ¹	Customer map provided ²	Fire fighting equipment ³
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you expecting to complete harvesting for any new clients (not listed above) in the next twelve months?

Yes No. If yes, please provide detail:

Farm name	Nearest town	P/code	Years working at this farm	Written agreement in place ⁴	Customer map provided ⁵	Fire fighting equipment ⁶
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Agreement detailing work to be completed, liability, insurances etc
2. Map detailing known obstructions such as rocks, depressions, stumps etc
3. Fire-fighting equipment such as water tanks, pump to control spread of fire
4. Agreement detailing work to be completed, liability, insurances etc
5. Map detailing known obstructions such as rocks, depressions, stumps etc
6. Fire-fighting equipment such as water tanks, pump to control spread of fire