

## ➤ Small Farm Insurance Declaration

### ➤ 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](http://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](http://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](http://www.ruralaffinity.com.au/privacy) and the insurer's Privacy Policy and Privacy Statement at [www.munichre.com/gla/en/about-us.html](http://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](mailto: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](mailto: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](http://www.afca.org.au) or contact them:

Phone: 1800 931 678

Email: [info@afca.org.au](mailto: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](http://www.apra.gov.au) and the APRA hotline on 1300 55 88 49.

## > Small Farm Insurance Declaration

This Small Farm Insurance Declaration is to be completed where We have not received a completed proposal form.

### Intermediary details

Intermediary name \_\_\_\_\_ Contact number \_\_\_\_\_

Contact name \_\_\_\_\_ Fax number \_\_\_\_\_

### Contact details of insured

As provided in broker submission

Insured name \_\_\_\_\_

Contact name \_\_\_\_\_ ITC \_\_\_\_\_

Contact number \_\_\_\_\_ Fax number \_\_\_\_\_

Email address \_\_\_\_\_ Mobile number \_\_\_\_\_

Address \_\_\_\_\_ ABN \_\_\_\_\_

### Period of Cover

From \_\_\_\_\_ To \_\_\_\_\_

## > Small Farm Insurance Declaration

If insufficient space is provided in this Declaration please attach additional pages.

### Farming business

Please describe the farming activities conducted (eg winter crops, cotton, viticulture, sheep, cattle grazing etc):

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### Other business

Are any non-farming activities conducted other than described above, (such as processing, storage facilities, manufacturing, retail, consulting, earthmoving etc)?  Yes  No If Yes, please provide details, including whether you have any separate insurance for these activities:

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Do You require cover for farm hosting activities (eg. farmstay)?  Yes  No

If Yes, please provide details including estimated annual gross turnover number of guests per week:

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Do You conduct farm contracting activities (eg. cartage, harvesting, spraying, fencing, etc)?  Yes  No

If Yes, please detail including nature of activities and annual turnover:

*(Note: if annual turnover from farm contracting exceeds \$100,000 during the Period of Cover, You must advise Rural Affinity).*

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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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Do You host any public/private events on Your properties (eg livestock sales, polo events, concerts)?  Yes  No

If Yes, please detail: \_\_\_\_\_

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Do You conduct any wine tasting, cellar door sales or other direct sales from the farm, including sales at farmer markets?

Yes  No. If Yes please provide details, including expected annual turnover: \_\_\_\_\_

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Do you incur labour hire costs in excess of \$100,000 annually?  Yes  No.

If Yes please provide details: \_\_\_\_\_

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Do you provide horse agistment for third parties or provide any horseriding or equestrian activities for reward or payment?

Yes  No. If Yes please provide details, including expected annual turnover: \_\_\_\_\_

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## > Small Farm Insurance Declaration

### Situation

**Note:** Where this form is being completed following receipt of indicative quotation terms, it is sufficient to state 'per RA Schedule' in the 'SITUATION', 'NEAREST TOWN', 'PROPERTY ADDRESS' and just complete 'OCCUPANCY' column for situations as they are numbered on the Rural Affinity Schedule.

NO	SITUATION eg. Property Name	NEAREST TOWN eg. Jerilderie	PROPERTY ADDRESS eg. km & direction, road name and/or RMB 1234, Dubbo NSW	PROPERTY SIZE (ha) eg. 1500 ha	OCCUPANCY Select most applicable from list below: A-D)
1					
2					
3					
4					
5					

- A. Permanent residence of the insured or direct family
- B. Permanently occupied by an employee or tenant
- C. Casually occupied but never unoccupied for more than 90 consecutive days (eg holiday home, guest quarters etc)
- D. Generally not occupied

Please provide photographs for any buildings built prior to 1970.

Please list any buildings at any of the above Situations that are used to store hay:

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### In the past 5 years, have You or anyone else to be insured under the proposed policy:

Had any losses (whether insured or not)?  Yes  No If Yes, please provide details:

**Note:** Where this form is being completed following receipt of indicative quotation terms, if the details contained in the Rural Affinity Schedule are correct it is sufficient to state 'per RA Schedule' in the table below.

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

## > Small Farm Insurance Declaration

**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 any policy?  Yes  No. If Yes, please provide details:

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

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3. Had any criminal conviction(s) recorded or have any criminal charges pending?  Yes  No. If Yes, please provide details:

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4. Do any Vehicles to be insured have any existing hail damage or any unrepaired damage?  Yes  No.

If Yes, please provide details: \_\_\_\_\_

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5. Are any Vehicles used for contract cartage, contracting harvesting, non-farming activities (i.e earthmoving), or are used to hire/loan?

Yes  No. If Yes, please provide details: \_\_\_\_\_

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6. 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; reckless driving causing death; driving under the influence of drugs or alcohol; refusing to provide a breath test?

Yes  No. If You have answered Yes to any of the above questions, please provide details:

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### Declaration

I/We

- Have received a copy of the Small Farm 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 and attached documentation to be true and correct and I/We have not withheld any relevant information.

\_\_\_\_\_  
**Your signature**

\_\_\_\_\_  
**Date**