

# CROP INSURANCE APPLICATION



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Wagga Office: 1/136 Fitzmaurice Street Wagga

Narrandera Office: 92-94 East Street Narrandera

Postal: PO Box 396, Narrandera, NSW, 2700

PD Insurance Services Pty Ltd (ABN 41 637 935 365) t/as MACK Insurance Services is an authorised representative of Resilium Insurance Broking Pty Ltd (ABN 92 169 975 973 AFSL No. 460382)

## INSURED INFORMATION *Please complete all sections.*

Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Company / Partnership	Registered for GST?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insured Name					
Contact		ABN		% ITC	
Contact		Phone		Mobile	
Email Address					
Postal Address					

## INSURANCE HISTORY *Please check "YES" or "NO" as appropriate.*

In the last 5 years, have You:	(a) had insurance cancelled due to non-payment of premium?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	(b) had special terms, excesses or restrictions imposed on Your insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	(c) had a claim or Your insurance declined due to fraud or non-disclosure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	(d) ever been placed in receivership or liquidation or been declared bankrupt?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*If You answered "Yes" to any of the questions above, please provide details below or use ADDITIONAL INFORMATION section if required.*



## FARM LOCATIONS

### Property Number 1:

Farm Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearst Town: \_\_\_\_\_ Shire/County: \_\_\_\_\_

### Property Number 2:

Farm Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearst Town: \_\_\_\_\_ Shire/County: \_\_\_\_\_

### Property Number 3:

Farm Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearst Town: \_\_\_\_\_ Shire/County: \_\_\_\_\_

### Property Number 4:

Farm Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearst Town: \_\_\_\_\_ Shire/County: \_\_\_\_\_

### Property Number 5:

Farm Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearst Town: \_\_\_\_\_ Shire/County: \_\_\_\_\_

### Property Number 6:

Farm Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearst Town: \_\_\_\_\_ Shire/County: \_\_\_\_\_

### Property Number 7:

Farm Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearst Town: \_\_\_\_\_ Shire/County: \_\_\_\_\_

### Property Number 8:

Farm Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearst Town: \_\_\_\_\_ Shire/County: \_\_\_\_\_

### Property Number 9:

Farm Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearst Town: \_\_\_\_\_ Shire/County: \_\_\_\_\_

### Property Number 10:

Farm Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nearst Town: \_\_\_\_\_ Shire/County: \_\_\_\_\_



## SHARE FARMERS DETAILS *Please read and complete.*

Are any of Your Crop(s) share farmed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the share farmer to be insured under this Policy?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "No", please provide details below.			
Name(s) in full		Share farmer's Insurer	
Are all Field(s) subject to the share farming agreement?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

## CROP INFORMATION

Are all your crops to be insured?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the share farmer to be insured under this Policy?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, please attach a property map to this proposal, showing which crops are to be insured (by Paddock)			
Have any Crop(s) on this Property suffered Damage from any insured event this season?		<input type="checkbox"/> YES	<input type="checkbox"/> NO



**DETAILS OF CROP(S) TO BE INSURED** *Please refer to the Policy wording for definitions of these terms.*

The insured events of Hail and/or Fire are available. Please indicate below if You wish to select a Hail only, Fire only or a Hail and Fire cover for Your Crop(s). You can select to take Our Reducing Excess optional benefit. Please indicate below if You wish to take this option (a premium rate loading applies).

Field Name	Area (ha) (A)	Crop Type	Provisional Yield/Insured Yield (t/ha) (B)	Insured Value (\$/tonne) (C)	Insured Interest % (D)	Field Sum Insured \$ (A x B x C x D)	Insured Event Fire (Tick if "Yes")	Insured Event Hail (Tick if "Yes")	Excess (%)	Reducing Excess (Tick if "Yes")	Crop purpose is hay (Tick if "Yes")
							<input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> YES	<input type="checkbox"/> YES
							<input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> YES	<input type="checkbox"/> YES
							<input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> YES	<input type="checkbox"/> YES
							<input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> YES	<input type="checkbox"/> YES
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							<input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> YES	<input type="checkbox"/> YES
							<input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> YES	<input type="checkbox"/> YES
							<input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> YES	<input type="checkbox"/> YES
Total Area (ha)		Total Sum Insured				\$					

*If this space is insufficient, please attach a separate page to this Application or provide detail in an electronic format (.xls preferred).*



**DETAILS OF CROP(S) TO BE INSURED** *Please refer to the Policy wording for definitions of these terms.*

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Total Area (ha)		Total Sum Insured				\$					

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**I declare that I have:**

- read and understood the Duty of Disclosure notice set out on the next page and have complied with my duty.
- obtained the consent of any other party(ies) on whose behalf personal information has been provided;
- answered every question honestly, fully and frankly; and
- completed this Application personally, or have had it completed by someone else but I/We have checked that all the questions have been answered fully and accurately.

**SIGNATURE** *In own right, or where more than one applicant, on behalf of all applicants.*

**DATE**



## IMPORTANT INFORMATION

We subscribe to and are bound by the insurance Brokers Code of Practice, a full copy of which is available from National Insurance Brokers Association (NIBA) website, [www.niba.com.au](http://www.niba.com.au)

## YOUR DUTY OF DISCLOSURE (non-consumer insurance contracts only)

Before you enter into an insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have this duty until the insurer agrees to insure you. You have the same duty before you renew, extend, vary, or reinstate an insurance contract. You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- the insurer knows, or should know; or
- the insurer waives your duty to tell them about.

If you do not tell the insurer something; If you do not tell the insurer anything you are required to, they may cancel your contract, or reduce the amount they will pay you if you make a claim, or both. If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

## UNDER INSURANCE

Your contract of insurance may contain an average or under insurance provision. This means that if you under insure, you will have to bear part of any loss yourself.

## SUBROGATION AND/OR HOLD HARMLESS AGREEMENTS

You can prejudice your rights to claim under your insurance if you make any agreement with a third party that will prevent or limit the Insurer from recovering the loss from that party (or another party who would otherwise be liable). This can occur when you sign a contract containing an indemnity clause, "hold harmless" clause or a release – unless you obtain the Insurer's consent in advance. These agreements are often found in leases, in property management contracts, in maintenance or supply contracts from burglar alarm or fire protection installers and in repair contracts

## INSURING THE INTEREST OF OTHER PARTIES

If you require another party to be covered by your policy, you must request this in advance. Most policy conditions will not provide indemnity to other parties (e.g. mortgagees, lessors, principals etc.) unless their interest is noted on the policy.

## DUTY OF GOOD FAITH

Both parties to an insurance contract, the insurer and the insured, must act towards each other with the utmost good faith. If you fail to do so, the insurer may be able to cancel your insurance. If the insurer fails to do so, you may be able to sue the insurer.

## CANCELLATION OF YOUR POLICY & SMALL OVERPAYMENTS

If there is a refund or reduction of your premium due to cancellation or alteration to a policy or based on a term of your policy (i.e. premium adjustment provision), we may retain any adviser or compliance fee we have charged you. We will retain commission depending on our arrangements with the insurer or charge you a cancellation fee equal to the reduction in commission. EFT Refunds will not incur processing fees, however, refunds paid via cheque incur a \$55 fee. Account overpayments or small policy credits less than \$15 will be written off if we are unable to contact you for bank account details. Amounts \$2 or less are automatically written off.

## NON-PAYMENT

If an invoice remains unpaid after 30 days, the debt will return to the Insurer and they may take legal action to recover costs.

## PRIVACY

We appreciate privacy is important to you. We are committed to protecting your personal information. For further information, please refer to our [Privacy Statement](#)