



Policy No.

Client No.

Intermediary No.

THE APPLICANT/S

Name(s) in full	(Please ensure all Individual and Trading Entity names are shown)		
Tax Status	Registered Business Yes <input type="checkbox"/> No <input type="checkbox"/>	ABN <input type="text"/>	Taxable % <input type="text"/>
Postal Address for Notices	State <input type="text"/>		Postcode <input type="text"/>
Contact Numbers	Phone No. (Private) (<input type="text"/>)	Phone No. (Business) (<input type="text"/>)	
	Fax No. (<input type="text"/>)	E-mail <input type="text"/>	
Property Details: Name(s)	Size(s) in acres/hectares <input type="text"/>		
Situation(s)	<input type="checkbox"/> <input checked="" type="checkbox"/> if same as postal		
Type of Farm	<input type="checkbox"/> Pastoral/Grazing	<input type="checkbox"/> Grain Growing	<input type="checkbox"/> Dairy
	<input type="checkbox"/> Piggery	<input type="checkbox"/> Mixed	<input type="checkbox"/> Fruit/Vegetable
Annual Turnover	(Average last three years) <input type="text"/>	Connected to town water? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Interested Persons (e.g. Mortgagees or Lessors) – Name & Address	<input type="text"/>		
Period of Insurance	From <input type="text"/> / <input type="text"/> / <input type="text"/>	to <input type="text"/> / <input type="text"/> / <input type="text"/>	at 4 p.m.

GENERAL INFORMATION

(If "Yes", to any questions below, please provide full details including name of insurer, dates, amount in \$'s, reason for cancellation)	Please <input checked="" type="checkbox"/>
a) Have you in the past 5 years	
1. made any claim(s) on an insurer for loss or damage? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, or special conditions or non-standard excess imposed by an insurer? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. suffered any loss or damage which would have been covered by the proposed insurance policy? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Have you or any partner(s), shareholder(s) or director(s) of the business	
1. ever been declared bankrupt? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. been convicted of any criminal offence within the past 5 years (other than minor traffic infringements)? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. been liable for any civil offence or pecuniary penalty (exceeding \$5,000)? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

HOME BUILDINGS/CONTENTS

	Building 1	Building 2	Building 3
1) Description e.g. Cottage	Main Homestead		
2) Location <input type="checkbox"/> ✓ if same as postal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) SUM INSURED – HOME	\$	\$	\$
– CONTENTS	\$	\$	\$
Notes: i) Sums Insured should be the replacement value of home(s) and contents of all family residents. ii) Contents Sum Insured should include all business computers and equipment up to \$15,000. iii) Please read special contents items section on page 3 and complete it if necessary.			
4) What TYPE of cover do you require? Please ✓	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>
Cover 1 Insured Events Cover – Defined Events (e.g. fire, storm or rainwater, theft, earthquake etc.) damage to home and to contents anywhere on the farm.			
Cover 2 Accidental Damage Cover – Accidental Loss or Damage to home and to contents anywhere in Australia.			
Notes: i) Cover 2 is only available to owner occupied homes. ii) A higher premium is payable for Cover 2.			
5 (a) Who occupies the home? Please ✓	Permanent home of: (a) Farm Owner <input type="checkbox"/> (b) Family Member <input type="checkbox"/> (c) Farm Manager <input type="checkbox"/> Farm Worker <input type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Holiday Home <input type="checkbox"/> Casual Occupant <input type="checkbox"/>	Permanent home of: (a) Farm Owner <input type="checkbox"/> (b) Family Member <input type="checkbox"/> (c) Farm Manager <input type="checkbox"/> Farm Worker <input type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Holiday Home <input type="checkbox"/> Casual Occupant <input type="checkbox"/>	Permanent home of: (a) Farm Owner <input type="checkbox"/> (b) Family Member <input type="checkbox"/> (c) Farm Manager <input type="checkbox"/> Farm Worker <input type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Holiday Home <input type="checkbox"/> Casual Occupant <input type="checkbox"/>
(b) Insured Date of Birth	/ /	/ /	/ /
(c) Retired	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6) What are the construction materials of	Walls?		
	Roof?		
7) a) Year of construction			
b) If over 50 years old has the home been – Rewired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
– Replumbed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8) What size is the home?	<input type="text"/> Square metres or <input type="text"/> Squares (10x10')	<input type="text"/> Square metres or <input type="text"/> Squares (10x10')	<input type="text"/> Square metres or <input type="text"/> Squares (10x10')
9) Have any security devices been installed in the home? Please ✓	Deadlocks – all doors <input type="checkbox"/> Keylocks – all windows <input type="checkbox"/> Alarms <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other (give details) <input type="checkbox"/> <input type="text"/>	Deadlocks – all doors <input type="checkbox"/> Keylocks – all windows <input type="checkbox"/> Alarms <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other (give details) <input type="checkbox"/> <input type="text"/>	Deadlocks – all doors <input type="checkbox"/> Keylocks – all windows <input type="checkbox"/> Alarms <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other (give details) <input type="checkbox"/> <input type="text"/>
10) Does the home have a Heritage/National Trust or similar classification?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(OFFICE USE ONLY)	Premium		
	FSL		
	S/Duty		
	GST		
	Total		

HOME BUILDINGS/CONTENTS (continued)

* Special Contents Items

The amount you can claim on **some** contents items is limited (see the policy for full details). The items named below are limited but they can be increased. If you have items that exceed these limits, and you want them to be fully insured, please specify them, their replacement (new for old) value, and which building they are contained in.

- Picture or work of art – \$7,500 per item
- Tapestries, handwoven rugs or carpets – \$7,500 each rug or carpet
- Gold or gold plated, silver or silver plated items – \$1500 each item or set
- Jewellery, watches, furs – \$1,500 per item
- Collection of any kind – \$5,000 in total

Special Contents Items	Value	Building Contained in
	\$	
	\$	
	\$	
	\$	
	\$	

- Notes
- i) There is an overall policy limit of 20% of the Contents Sum Insured for all Special Contents Items unless you specify them.
 - ii) The Contents Sum Insured must be adequate to cover Special Contents Items and all other Contents.
 - iii) Valuations are required for any items of jewellery, watches, artworks, pictures or furs, you list.

VALUABLES – Covered out of home

There are three (3) options for insuring valuables when removed from the home

- 1) **MISCELLANEOUS VALUABLES** – saves you having to separately list large numbers of items as it covers a wide range of items.
(Please refer to the back cover of this application for the full list of items insured and those not insured).

Miscellaneous Valuables cover choices – please ✓ one choice only	
\$750 for any one item and \$3,000 Total Cover – for any one event	<input type="checkbox"/>
\$1,250 for any one item and \$5,000 Total Cover – for any one event	<input type="checkbox"/>
Other options: Total Cover any one event (with limit any one item of 25%) \$	<input style="width: 100px;" type="text"/>

- 2) **SPECIFIC ITEMS** – is to cover items not included in “Miscellaneous Valuables Cover” Please list them below.

Specified Item Description	Sum Insured
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL SUM INSURED FOR SPECIFIC ITEMS	\$

Please attach valuations for any item worth more than \$1,000.

- 3) **GEOGRAPHICAL LIMITS** – items covered under 1) and 2) above are insured anywhere in Australia or New Zealand.

Cover can be extended to Worldwide for a higher premium. Do you require Worldwide cover (Please ✓) Yes No

(OFFICE USE ONLY)	Sec. 1	\$	Prem	\$	FSL	\$	S/D	\$	GST	\$	Total
Premiums	Sec. 2	\$	Prem	\$	FSL	\$	S/D	\$	GST	\$	Total

FARM PROPERTY

The standard cover provided under this section is Indemnity Value. However Farm Buildings and Fencing (provided they are in good order) and Farm Contents (10 year limit applies) can be insured for Replacement (equivalent new value). If you require replacement cover please tick (✓) the appropriate items and ensure their sum(s) insured represents full rebuilding/replacement costs as new. Note: All buildings must be separately listed.

FARM BUILDINGS – Description	Construction	Age	Tick (✓) for Replacement	SUM INSURED
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
FENCING Do you want materials only cover for fencing? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Internal (100% owned)	<input style="width:50px;" type="text"/> km @ \$	<input style="width:50px;" type="text"/>	per km	\$
Shared Boundary (50% owned)	<input style="width:50px;" type="text"/> km @ \$	<input style="width:50px;" type="text"/>	per km	\$
Full Boundary (100% owned)	<input style="width:50px;" type="text"/> km @ \$	<input style="width:50px;" type="text"/>	per km	\$
Power & Telephone Poles & Wiring for which you are responsible.				\$
FARM CONTENTS (Include contents of all farm buildings and fixed plant in the open) Do not include mobile machinery or implements, livestock or hay.				\$
FARM CONSUMABLES (means items which are used during the normal operation of the Farm Business including fertilisers, seeds, chemicals, sprays, fuel, machinery parts, oils, petrol and diesel)				\$
MISCELLANEOUS (We can only provide indemnity cover i.e. depreciated value for these items)				
Hay – stacked, baled, rolled or stooked				\$
Wool – from sheep’s back to fall of auctioneer’s hammer				\$
Cost of removing burnt out trees and replanting with seedlings (instead of the automatic \$1000)				\$
Mobile Farm Machinery and implements – fire and vandalism damage cover only (Please list below) (Note: if you also require cover for theft, destruction and accidental damage to farm machinery and implements then the items must be insured under the Motor Vehicle section pages 6 and 7 or page 8.)				
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
All unspecified mobile farm machinery fire and vandalism damage cover only (max. sum insured is \$10,000 – limit \$2,000 per machine)				\$
TOTAL SUM INSURED FOR FARM PROPERTY				\$

Premium \$	FSL \$	S/D \$	GST \$	Total \$
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FARM LIABILITY

LIMIT OF INDEMNITY	(Please ✓)	\$10 Million <input type="checkbox"/>	\$20 Million <input type="checkbox"/>	
			\$ <input style="width:100px;" type="text"/>	<input type="checkbox"/>
1) Cover is automatically provided for claims in respect of goods in your physical and legal control to a limit of – \$100,000 for property, vehicles – \$50,000 for birds and animals – \$150,000 in aggregate during any one period of insurance If you require additional cover for property or vehicles other than above, please advise the amount required. Note: There is no cover for ostrich, deer or alpaca.				\$
2) How many family members work on the farm?				
3) How many additional employees (not family members) work on the farm?				
4) Do you engage in rural contracting that is more than incidental to your own farming activities? If "Yes", a) What <input style="width:50px;" type="text"/> % of your annual income is derived from contracting? b) What type of activities do you engage in? <input style="width:300px;" type="text"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
5) Do you engage in host farming activities? If "Yes", a) Number of overnight guests <input style="width:50px;" type="text"/> b) Number of day visitors <input style="width:50px;" type="text"/> c) What type of activities do you provide? (Please ✓) Archery <input type="checkbox"/> Horse riding <input type="checkbox"/> Shooting <input type="checkbox"/> Trampolining <input type="checkbox"/> Other <input style="width:100px;" type="text"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Premium \$	S/D \$	GST \$	Total Payable \$	

LIVESTOCK AND WORKING DOGS

Livestock – death caused by fire, lightning, explosion, earthquake and impact by vehicle or aircraft.

Type of Animal	Number(s)	Peak Value per head	Sum Insured
_____	_____ @	\$ _____	\$ _____
_____	_____ @	\$ _____	\$ _____
_____	_____ @	\$ _____	\$ _____
_____	_____ @	\$ _____	\$ _____
_____	_____ @	\$ _____	\$ _____
TOTAL SUM INSURED			\$ _____

Premium \$	FSL \$	S/D \$	GST \$	Total \$
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Working Dogs – death by accident

Provide proof of value if the sum insured for any dog is \$1,000 or over.

Name	Age	Sex	Breed	Ear tattoo details or Registration Number	Colour	Markings	Sum Insured
							\$
							\$
							\$
							\$
							\$
							\$
TOTAL SUM INSURED							\$

Premium \$	FSL \$	S/D \$	GST \$	Total \$
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MOTOR VEHICLE		Vehicle 1.
<ul style="list-style-type: none"> Cover Required (Please ✓) 		Comprehensive <input type="checkbox"/> Third Party Only <input type="checkbox"/> Fire, Theft and Third Party <input type="checkbox"/>
RED BOOK CODE:		
<ul style="list-style-type: none"> Type of vehicle – car, truck, ute, trailer, reg. motor cycle or caravan. (List tractors, other farm machines on pg. 8) 		
<ul style="list-style-type: none"> Year of manufacture 		
<ul style="list-style-type: none"> Make e.g. Holden, Ford, Toyota 		
<ul style="list-style-type: none"> Model e.g. Commodore Berlina, Camry CSX 		
<ul style="list-style-type: none"> Registration Number 		
<ul style="list-style-type: none"> Current Value – Proposed Sum Insured (including accessories, tow or bull bars and roof racks) 	\$	
<ul style="list-style-type: none"> Date of Purchase 	_____ / _____ / _____	
<ul style="list-style-type: none"> Purchase Price 	\$	
<ul style="list-style-type: none"> No Claim Bonus % (attach renewal notice or other proof) 		%
<ul style="list-style-type: none"> Accessories – please provide values and full details of any non-factory fitted accessories installed. eg. Stereo or sound system, car telephone or fax, special paintwork mural, alarm or other. 	\$	
<ul style="list-style-type: none"> – If the vehicle is a caravan, please advise value of <ul style="list-style-type: none"> annex (a 5 year age limit applies) personal belongings (clothing, bedding, utensils appliances and provisions) 	\$	
	\$	
	\$	
	\$	
<ul style="list-style-type: none"> Please advise the name of the vehicles regular driver 		
Only complete the following section for non goods carrying vehicles		
<ul style="list-style-type: none"> Series e.g. VR, EF 		
<ul style="list-style-type: none"> Type of Body e.g. Sedan, Hatch, Utility, Station Wagon 		
<ul style="list-style-type: none"> Engine Capacity – Number of cylinders – Size in litres 		
<ul style="list-style-type: none"> Auto or Manual 	Auto <input type="checkbox"/>	Manual <input type="checkbox"/>
<ul style="list-style-type: none"> Transmission – 3, 4, 5 or other speed 		
<ul style="list-style-type: none"> 4 Wheel Drive 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Air Conditioning 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Modifications – If vehicles have been modified to improve performance or speed by the following <ul style="list-style-type: none"> – Modifications to the motor, fuel or exhaust systems – Performance enhanced suspension or wheels – Flared guards, spoilers or air scoops? 		
		Please provide full details
Only complete the following section for goods carrying vehicles		
<ul style="list-style-type: none"> Authorised Carrying Capacity 		
<ul style="list-style-type: none"> Please advise maximum distance each vehicle will travel on any one trip. 		Klms
<ul style="list-style-type: none"> Is the vehicle registered solely for primary production purposes for the applicant(s) own goods? If "No", provide full details 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Will any of the vehicles be used to carry petrol/LPG, flammable, explosive or other hazardous substances? If "Yes", provide full details 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OFFICE USE ONLY	Premium	\$
	FSL	\$
	S/Duty	\$
	GST	\$
	Total	\$
<ul style="list-style-type: none"> Excess – standard 	\$	
<ul style="list-style-type: none"> – Plus for Drivers under age 21 	\$	
<ul style="list-style-type: none"> – Plus for Drivers aged 21 to 24 	\$	
<ul style="list-style-type: none"> – Plus for Drivers over age 25 licensed for less than 2 years 	\$	

Vehicle 2.		Vehicle 3.		Vehicle 4.		Vehicle 5.		Vehicle 6.	
Comprehensive <input type="checkbox"/>	<input type="checkbox"/>	Comprehensive <input type="checkbox"/>	<input type="checkbox"/>	Comprehensive <input type="checkbox"/>	<input type="checkbox"/>	Comprehensive <input type="checkbox"/>	<input type="checkbox"/>	Comprehensive <input type="checkbox"/>	<input type="checkbox"/>
Third Party Only <input type="checkbox"/>	<input type="checkbox"/>	Third Party Only <input type="checkbox"/>	<input type="checkbox"/>	Third Party Only <input type="checkbox"/>	<input type="checkbox"/>	Third Party Only <input type="checkbox"/>	<input type="checkbox"/>	Third Party Only <input type="checkbox"/>	<input type="checkbox"/>
Fire, Theft and Third Party <input type="checkbox"/>	<input type="checkbox"/>	Fire, Theft and Third Party <input type="checkbox"/>	<input type="checkbox"/>	Fire, Theft and Third Party <input type="checkbox"/>	<input type="checkbox"/>	Fire, Theft and Third Party <input type="checkbox"/>	<input type="checkbox"/>	Fire, Theft and Third Party <input type="checkbox"/>	<input type="checkbox"/>
\$		\$		\$		\$		\$	
____/____/____		____/____/____		____/____/____		____/____/____		____/____/____	
\$		\$		\$		\$		\$	
	%		%		%		%		%
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	

Auto <input type="checkbox"/>	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	Manual <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 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	Klms		Klms		Klms		Klms		Klms
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 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	

MOTOR VEHICLE (continued)**TRACTORS AND FARM MACHINERY (own damage cover)**

Please list all tractors, headers, ag-bikes and other farm machines that you want to cover for theft, destruction, fire, vandalism and accidental damage. Ensure ag-bike/all terrain vehicle description includes whether it is two, three or four wheel.

Year	Make and Model or Description	Engine or serial Number	Sum Insured
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

Premium \$	FSL \$	S/D \$	GST \$	Total Payable \$
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DRIVER(S) DETAILS

We need to know of everyone who regularly drive(s) the vehicle(s).
 Note: A "Regular Driver" is anyone who drives the vehicle once a week or more often.

1) Regular Driver(s) Name(s)	Date of Birth	No. of Years Licensed
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	
	___ / ___ / ___	

2) Have any of the Regular Drivers in the last 5 years:	Please ✓	If "Yes", Driver(s) Name(s)	Number of Accidents/Offences
a) had any accidents, vehicle(s) stolen or any other vehicle damage or loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
b) had their licence cancelled or suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
c) committed any other traffic offence(s) or infringement(s) such as speeding, running a red light etc. (but not parking)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

If "Yes" to a), b) or c) provide full details below.

PERSONAL ACCIDENT AND ILLNESS

Notes: 1) Cover is not available for persons aged 60 or more years. 2) Weekly Benefit period 104 weeks maximum.

Full Name	FIRST PERSON	SECOND PERSON
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First/Second Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth	<input style="width: 33%; text-align: center;" type="text"/> / <input style="width: 33%; text-align: center;" type="text"/> / <input style="width: 33%; text-align: center;" type="text"/>	<input style="width: 33%; text-align: center;" type="text"/> / <input style="width: 33%; text-align: center;" type="text"/> / <input style="width: 33%; text-align: center;" type="text"/>
Height & Weight	<input style="width: 40%;" type="text"/> cms <input style="width: 40%;" type="text"/> kgs	<input style="width: 40%;" type="text"/> cms <input style="width: 40%;" type="text"/> kgs
Cover required (Please ✓)	Accident and Illness <input type="checkbox"/> or	Accident and Illness <input type="checkbox"/> or
	Accident only <input type="checkbox"/>	Accident only <input type="checkbox"/>
Benefits required	CAPITAL SUM \$ <input style="width: 60%;" type="text"/> WEEKLY SUM \$ <input style="width: 60%;" type="text"/>	CAPITAL SUM \$ <input style="width: 60%;" type="text"/> WEEKLY SUM \$ <input style="width: 60%;" type="text"/>
Who is the designated beneficiary in the event of death?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<p>If you have answered "Yes" to any question (Insurance or Medical), please give details including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition, name and addresses of doctors and hospitals consulted. If insufficient space, please attach details.</p>		
<p>1. Has this person ever been insured against injury or illness, now or before? If "Yes", provide details of previous insurer(s).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<p>2. Do you currently, or do you intend to engage in any hazardous pursuits or pastime including but not limited to motor sports in any form; rock climbing; water skiing snow skiing; horse riding? If "Yes", provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<p>3. Is this person engaged in work other than farming, with you or elsewhere? If "Yes", provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<p>4. Have special terms ever been imposed for life or disability insurance or has such an insurance ever been declined? If "Yes", provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<p>5. Has this person received medical advice, consulted a doctor, undergone any medical treatment or investigations for high blood pressure or cholesterol; any heart complaint or problem; HIV. AIDS or AIDS related conditions; stroke; kidney, bowel, bladder or liver disease; cancer or tumour of any type; diabetes; asthma or any lung complaint; mental, nervous or depressive disorder; epilepsy; alcohol or drug abuse; nervous system disorder? If "Yes", provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<p>6. During the last 5 years, has this person suffered from any other health problem or physical impairment not mentioned above or have you taken prescribed medication of any kind? (It is not necessary to answer "Yes" if only for colds and flu) If "Yes", provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>

If you have answered "Yes" to any question (Insurance or Medical), please give details including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition, name and addresses of doctors and hospitals consulted. If insufficient space, please attach details.

7. Does this person currently have any symptoms of ill health or injury? Are you taking prescribed medication of any kind? If "Yes", provide full details.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/>								
8. Is there any likelihood of recurrence of any illness or injury previously suffered or the possibility of this person undergoing surgery or other treatment? If "Yes", provide full details.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/>								
9. Do you receive any income or reward for playing sport? (Professional sporting activities are not insured) If "Yes", provide full details	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/>								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%;">Premium \$</td> <td style="width:12.5%;">GST \$</td> <td style="width:12.5%;">S/D \$</td> <td style="width:12.5%;">Total \$</td> <td style="width:12.5%;">Premium \$</td> <td style="width:12.5%;">GST \$</td> <td style="width:12.5%;">S/D \$</td> <td style="width:12.5%;">Total \$</td> </tr> </table>	Premium \$	GST \$	S/D \$	Total \$	Premium \$	GST \$	S/D \$	Total \$		
Premium \$	GST \$	S/D \$	Total \$	Premium \$	GST \$	S/D \$	Total \$			

MACHINERY BREAKDOWN

Cover is available under three options and protection is provided up to \$20,000 for each loss under either cover 1 or 2.

COVER 1 – BLANKET COVER

– all electrical, electronic and mechanical machinery and plant up to 10 H.P. and any boilers and pressure vessels at the location(s).

N.B. Submersible pumps and motors over 10 H.P. are not covered under blanket cover and must be separately listed.

COVER 2 – SELECTED MACHINERY COVER

– all items must be separately listed.

COVER 3 – DETERIORATION OF REFRIGERATED GOODS – instead of the automatic \$1000 and \$5000 for milk.

N.B. Option 3 not available unless blanket cover selected or the respective machinery is listed under Cover 2.

COVER 1 – BLANKET COVER

Please

Please

- Dairies with vat capacity up to:
- 5000 litres
- 10000 litres
- 15000 litres
- 35000 litres

- Sheep stations up to 10000 head
- Cattle up to 1000 head
- Pastoralists
- Piggeries
- Poultry Layers

COVER 2 – SELECTED MACHINERY COVER AND PRESSURE VESSELS (When Cover 1 not taken)
 – SUBMERSIBLE PUMPS

Description of Item (include Maker's Name)	Serial Number	Size KW/HP	Cubic Capacity	Sum Insured (New Replacement Cost)
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL SUM INSURED				\$

COVER 3 – DETERIORATION OF REFRIGERATED GOODS – SUM INSURED \$

Premium \$	S/D \$	GST \$	Total Payable \$
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ELECTRONIC EQUIPMENT SECTION

- Notes: i) Fire and Perils risks are to be insured under the Farm Property or Home Buildings/ Contents Section.
 ii) Theft risks are to be insured under the Theft or Home Buildings/ Contents Section.
 iii) Maximum limit \$30,000 any one item and \$250,000 in all.
 iv) Indemnity Period 3 months, Excess 2 working days for Increased Cost of Working cover.

List items (including make, model and serial numbers)	Sum Insured (New replacement cost \$)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Restoration of Data (Max \$30,000)	\$
Increased Cost of Working (Max \$30,000)	\$
TOTAL SUM INSURED	\$

Premium \$	S/D \$	GST \$	Total Payable \$
------------	--------	--------	------------------

GENERAL PROPERTY SECTION

Please indicate (by ✓) the type of cover you require. NB Items listed will be covered anywhere in Australia.

Cover 1 **Fire, lightning, explosion, malicious damage or vandalism; theft following forcible and violent entry which causes visible damage to a locked vehicle or premises; theft of equipment, which is securely attached to a vehicle through use of locks or padlocks, which results in visible damage to the securing devices; collision or overturning of the conveying vehicle.**

OR

Cover 2 **Accidental Loss or Damage.**

List items (including make, model and serial numbers where applicable) Please advise type of semen (e.g. Dairy Cattle: Friesian) if artificial insemination flasks are being insured.	Sum Insured
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL SUM INSURED	\$

Do you require replacement cover for Communications Equipment? Yes No
 (If "Yes", please ensure the Sum(s) Insured represent the new replacement cost)

Premium \$	FSL \$	S/D \$	GST \$	Total \$
------------	--------	--------	--------	----------

TRANSIT – Livestock & Produce & Property

This section provides protection for death of livestock and destruction of produce in transit. It covers fire, flood and collision or overturning of the carrying vehicle. Any one animal is covered up to 20% of the total sum insured.

We do not cover transit of deer, ostriches and alpaca.

Sum Insured

\$

Premium \$

S/D \$

GST \$

Total Payable \$

THEFT

Notes: i) Livestock, motor vehicles, farm machinery and implements (e.g headers, ag-bikes/all terrain vehicles etc) are not covered.

ii) Cover provided is for indemnity value only.

Sum Insured

Farm contents, produce and hay

\$

Farm consumables (refer page 4 for definition)

\$

\$

TOTAL SUM INSURED

\$

Premium \$

S/D \$

GST \$

Total Payable \$

BUSINESS INTERRUPTION

Interest Insured

Sum Insured

1) Weekly Income \$ for Indemnity Period weeks

\$

Note: Weekly Income option is only available where regular weekly/monthly income is a feature of your farming operation

2) Additional Cost of Working

\$

Claims Preparation Costs (instead of the automatic \$5000)

\$

3) Agistment Costs

\$

4) Tax Audit Expenses

\$

5) Legal Expenses

\$

TOTAL SUM INSURED

\$

Premium \$

FSL \$

S/D \$

GST \$

Total \$

PLEASURECRAFT

	Hull	Motor	Sails Masts & Spars	Trailer
Year Built/Mfg				
Make				
Type				
Length				
Construction				
Registered No.				
Name (if applicable)				
Serial/Sail No.				
Type of Material				
Inboard or Outboard				
Horse Power		H.P.		
Sum Insured	\$	\$	\$	\$

PLEASURECRAFT (continued)

EQUIPMENT and ACCESSORIES for the safety and use of the boat including anchors, oars and paddles, detachable canopies, boat and motor covers, bilge pumps, life-saving equipment, auto pilot, depth sounders, electronic navigation equipment, global positioning system and two-way radios. \$ Sum Insured

1) What legal Liability Limit do you require? (Please ✓) \$5 million \$10 million

2) What is the maximum speed your boat is capable of? Knots or KPH or MPH

3) Where is your boat moored or stored?

4) What geographical cruising limit do you require? Kilometres

5) What type of fuel (Please ✓) Petrol Diesel Other

6) Is the boat for private use only? Yes No

7) Do you require cover for water skiers/aquaplaning liability? Yes No

8) Do you require Racing Risk extension for sailing craft? Yes No

Premium \$	S/D \$	GST \$	Total Payable \$
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We are required to give you the information below under the Insurance Contracts Act, 1984.

The QBE Commercial Farm Pack Insurance Policy, in its Home and Contents, Farm Property, Motor Vehicle and Personal Accident sections provide less cover than that prescribed by the Insurance Contracts Act in the following instances:

A. HOME AND CONTENTS SECTION

Loss or damage suffered as a result of a **FLOOD**, the action of the sea, high water, tidal wave, erosion, landslide or subsidence is excluded.

B. FARM PROPERTY, LIVESTOCK AND ELECTRONIC EQUIPMENT SECTIONS

AVERAGE – ALSO KNOWN AS CO-INSURANCE

If the sum insured for any item insured under the Farm Property, Livestock or Electronic Equipment Sections is less than 80% of its value under the basis of settlement which applies to it, (i.e. indemnity or replacement) You will bear (co-insure) with us an amount equal to the percentage shortfall between the sum insured and your loss or damage.

This clause will not apply:

- if the amount of the loss does not exceed 5% of the sum insured of the item which is lost or damaged;
- to any payment made for additional benefits insured by the section; or
- to loss or damage to fencing, hay or farm machinery.

It is in your interest to ensure that the sum insured for this section represents its full insurable value.

C. MOTOR VEHICLES SECTION

This section provides that an excess applies to all claims. An excess is the amount you have to contribute towards the cost of claims arising out of each occurrence. There are two types of excess, as follows:

Standard Excess – A standard excess applies to all claims, the amount of which is stated in the policy schedule.

Driver Experience Excess – In addition to the Standard Excess, a Driver Experience Excess applies, the amount of which is stated in the policy schedule, and it applies when the person using the motor vehicle at the time of the occurrence is:

- under 21 years of age, or
- 21 and under 25 years of age, or
- 25 or more years of age and has been licensed to drive for less than 2 years.

Note – only Standard Excess shall apply to broken windscreen claims.

D. PERSONAL ACCIDENT SECTION

1. Any period between the date of an insured person's total disablement and the commencement of treatment by a duly qualified medical practitioner is not covered.
2. The maximum period an Insured person can receive compensation is 104 weeks.
3. The policy covers death by accident only. Death caused by illness or disease is excluded.

If you are entitled to receive:

- disability benefits under any other policy of insurance;
- weekly compensation under any Workers' Compensation legislation;
- sick pay from your employer; or
- earned income from any other occupation,

then the amount of compensation payable will be reduced so that the total of all such payments and compensation paid does not exceed your pre-disability earnings.

Payment of compensation may be subject to a waiting period depending on the circumstances of your claim.

WEEKLY BENEFIT

Payment of compensation may be subject to a deferment period. A deferment period means the number of days after medical treatment by a qualified medical practitioner commences before we will pay weekly benefits.

E. APPLICABLE TO ALL SECTIONS UNDER THE FARM PACK INSURANCE POLICY

EXCESS

The excess specified in the policy schedule or provided in the policy wording for each section is the amount payable by you on each loss under that section. Where a claim is made on more than one section in respect of the same event, only one (1) excess (the highest of these sections) will be applied.

DUTY OF DISCLOSURE

What you must tell us

By law, you must answer all our questions honestly, telling us anything known to you and which a reasonable person in the circumstances would tell us. We will use your answers to decide whether to insure you and anyone else to be covered, and on what terms.

Who needs to tell us

It is important that you understand you are answering our questions in this way for yourself and anyone else you want to be covered by this policy.

NON-DISCLOSURE

If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse a claim, or cancel the policy. If you answer fraudulently, we may refuse a claim and treat the policy as never having existed. If you do not understand your duty, ask us to explain.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

EXCESS OPTION

The amount you have to pay for each loss is called 'the excess' and it varies for each section. In most cases you can elect to take a higher excess of \$250, \$500 or \$1,000. There is a discount if you take the higher excess.

Please ✓ your selection

Excess \$ 250 or

Excess \$ 500 or

Excess \$1,000

N.B. These excess amounts **are optional** not mandatory

The standard excess for the following sections is not changed if you select a higher policy excess.

- Motor Vehicle
- Personal Accident and Illness

WORKERS COMPENSATION

Workers' Compensation is compulsory in all states and territories of Australia. This package does not include Workers' Compensation.

Do you wish to be supplied with a quotation/further information regarding Workers' Compensation?

Yes No

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. QBE has developed a privacy policy which explains what sort of personal information we hold about you and what we do with it. You can obtain a copy of the QBE Privacy information brochure from any QBE Commercial office or at qbecommercial.com

SIGNATURE AND DECLARATION

1. The Duty of Disclosure, Non-Disclosure, Inadequate Space to Answer and Differences from Standard Cover and Other Matters, notices set out above have been read by me/us.
2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
3. I/We acknowledge you reserve the right to decline any application.
4. I/We grant you the authority to contact my previous insurer/s regarding no claim discount or claims records.
5. I/We have had the opportunity of reading the policy wording or policy brochure.

Applicant's Signature

X

Date

/ /

VALUABLES – MISCELLANEOUS VALUABLES

By Miscellaneous Valuables we mean:

- Jewellery
- Gold or silver objects;
- Watches;
- Sporting equipment except while in use or play;
- Photographic equipment including video equipment;
- Musical equipment;
- Battery operated sound equipment;
- Binocular;
- Clothing;
- Wheelchairs, crutches and walking sticks;
- Other personal belongings specifically designed to be worn or carried on the person;
- Luggage.

OFFICE USE

COVER NOTE NO.	RECEIPT NO.				
	Premium	FSL	GST	S/Duty	Total
Home Buildings/Contents					
Valuables					
Property					
Motor Vehicle					
Motor Vehicle					
Liability					
Livestock					
Personal Accident					
Machinery Breakdown					
Electronic Equipment					
General Property					
Transit					
Theft					
Business Interruption					
Pleasurecraft					