

# Fruiting Tree & Vine Application

If there is insufficient space to answer any questions on this Application or to provide all the information You need to disclose to Us under Your Duty of Disclosure (see notices section of this form for details), please attach a separate piece of paper to this Application with all the additional information. If You do not comply with Your duty, We may reduce or refuse a claim and/or cancel the Policy. If fraud is involved, We may avoid the Policy from inception. This Application is not a confirmation of cover. It is entirely at Insurer's discretion whether a quotation will be provided to You for this insurance and whether a Policy will be issued.

|                       |         |      |
|-----------------------|---------|------|
| <b>BROKER DETAILS</b> | Contact | Firm |
|-----------------------|---------|------|

## INSURED INFORMATION - Please complete all sections.

|                |                                  |   |                     |                           |                          |
|----------------|----------------------------------|---|---------------------|---------------------------|--------------------------|
| Type           | <input type="radio"/> Individual | <input type="radio"/> Company/Partnership | Registered for GST? | <input type="radio"/> Yes | <input type="radio"/> No |
| Name(s)        |                                  |   | ABN No.             | % ITC                     |                          |
| Contact        |                                  |   | Phone               | Mobile                    |                          |
| Email Address  |                                  |   |                     | Fax No.                   |                          |
| Postal Address |                                  |   |                     |                           |                          |

## INSURANCE HISTORY - Please tick "Yes" or "No" as appropriate.

|                                |  |                           |                          |
|--------------------------------|--|---------------------------|--------------------------|
| In the last 3 years, have You: | (a) had insurance cancelled due to non-payment of premium?                 | <input type="radio"/> Yes | <input type="radio"/> No |
|                                | (b) had special terms, excesses or restrictions imposed on Your insurance? | <input type="radio"/> Yes | <input type="radio"/> No |
|                                | (c) had a claim or Your insurance declined due to fraud or non-disclosure? | <input type="radio"/> Yes | <input type="radio"/> No |

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

NAME OF INSURED \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_

## PROPERTY INFORMATION - A separate page is required for each Property. Please complete all sections.

All Block(s) owned or managed by You within five hundred (500) metres of each other at the nearest point of Tree(s) and/or Vine(s) are considered one Property.

|  |                      |  |  |
|--|----------------------|--|--|
| Property Name  |                      |  |  |
| Property location details  | State                |  | Coordinates for approximate centre of planted area |
|  | Shire                |  | Latitude   |
|  | Postcode             |  | Longitude  |
|  | Street address       |  |  |
|  | Nearest cross Street |  | Approx. altitude above sea level                   |
| Property Manager   |                      |  | Phone  |
| Are all the Block(s) on this Property to be insured? If "No", please provide a map with Your Application clearly identifying the exact Block(s) to be insured and those areas uninsured. |                      |  | <input type="radio"/> Yes <input type="radio"/> No |

## LOSS HISTORY - Please answer all questions.

|   |  |
|---|--|
| a) Have the Tree(s) and/or Vine(s) or Block Infrastructure sustained any loss or damage in the last twelve (12) months? | <input type="radio"/> Yes <input type="radio"/> No |
| b) Has the Property sustained loss or damage in the last five (5) years from any of the available Insured Event(s)?     | <input type="radio"/> Yes <input type="radio"/> No |
| If "Yes" to a) or b) above, please provide details.   |  |
|   |  |

## PROPERTY MANAGEMENT DETAILS - Please answer all questions.

|   |  |
|---|--|
| 1. Is the Property secured with fences and locked gates?  | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Are there permanent water supplies on site within or adjacent to the Property boundary which are accessible to firefighting vehicles and helicopter strung monsoon buckets?          | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Are there firefighting vehicles and apparatus within or adjacent to the Property?  | <input type="radio"/> Yes <input type="radio"/> No |
| 4. What is the estimated response time to attend to a Fire at the Property?   | Minutes  |
| 5. Does the Property have windbreaks which are twice the height of the Tree(s) and/or Vine(s) on at least three sides with managed grassland or other horticultural operation adjacent? | <input type="radio"/> Yes <input type="radio"/> No |
| 6. Does the Property have operational irrigation systems in place?  | <input type="radio"/> Yes <input type="radio"/> No |

# Fruiting Tree & Vine Application

NAME OF INSURED \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_

**DETAILS OF TREE(S) AND/OR VINE(S) TO BE INSURED** - Please refer to the Policy wording for definitions of these terms where relevant.

What is the Intended Purpose of the Tree(s) and/or Vine(s)?

Foliage production  
  Fresh fruit production  
  Nursery stock\*  
  Ornamental  
  Processing fruit production  
  Other

If the Intended Purpose is "Other" or Rootstock\*, please specify in detail.

Re-establishment Costs includes Removal of Debris, Replanting Costs, Block Infrastructure and Trellis Equipment. \*The re-establishment maximum value per hectare for apples & stone fruit is \$40,000 per hectare. All other Tree(s) and/or Vine(s) types is \$30,000 per hectare. \*\*The Netting Replacement Value per Hectare maximum value is \$20,000 per hectare.

| Block No        | Block Name | Area (ha) (A) | Tree/Vine Type (Species)                        | Tree/Vine Variety | Year Planted | Value per Tree and/or Vine (\$) (B) | Tree(s) and/or Vines Density per hectare (C) | Tree(s) and/or Vines Value per Hectare (\$) (B x C) = (D) | Re-establishment Costs (\$) per Hectare (E) | Netting** (\$) (F) | Block Declared Value (\$) (D + E + F) x A | Proposed harvest date of the Tree(s) and/or Vine(s) |  |
|-----------------|------------|---------------|---|-------------------|--------------|-------------------------------------|--|---|---|--------------------|---|---|--|
| 1               |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| 2               |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| 3               |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| 4               |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| 5               |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| 6               |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| 7               |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| 8               |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| 9               |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| 10              |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| 11              |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| 12              |            |               |   |                   |              |                                     |  |   |   |                    |   |   |  |
| Total Area (ha) |            |               | Property Declared Value Tree(s) and/or Vine(s): |                   |              |                                     |  | \$  | Property Declared Value all Assets: \$      |                    |   |   |  |

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

NAME OF INSURED \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_

## EXCESS PER LOSS OCCURRENCE PERIOD OPTIONS - Please read and choose from one of the options below.

An Excess will apply in respect to each and every Loss Occurrence Period. Please select one of two Excess options available:

|  |                       |
|--|-----------------------|
| 5% of the value of the Block(s) affected by a loss | <input type="radio"/> |
| 5% of the Property Declared Value                  | <input type="radio"/> |

## OPTIONAL INSURED EVENT(S) - Please read and answer the questions below.

Fire (including Backburning), Malicious Act(s), Impact and Lightning are the automatically covered Insured Event(s).

The following Insured Event(s) are optional and, if selected, are subject to a default Insured Event Limit for the Period of Insurance for the Policy. Please refer to the Policy wording for further details and discuss the options with Your insurance broker. Please indicate if You require them.

|  |                           |                          |
|--|---------------------------|--------------------------|
| • Windstorm (including Remediation Works).<br><i>Default limit at 50% of Property Declared Value all Assets.</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| • Hail.<br><i>Default limit at 25% of Property Declared Value all Assets.</i>                                    | <input type="radio"/> Yes | <input type="radio"/> No |
| • Frost.*<br><i>Default limit at 25% of the Tree/Vine value and Re-establishment Costs.</i>                      | <input type="radio"/> Yes | <input type="radio"/> No |

\* If Frost cover is required, You will need to complete a separate Frost questionnaire.

## OPTIONAL INSURANCE COVERS - Please read and answer the questions below.

The following optional insurance covers are available. Please indicate if You require them.

|  |                           |                          |
|--|---------------------------|--------------------------|
| • Firefighting expenses - costs incurred to fight fires at and within 5km of Your Property(ies). A single firefighting Excess applies where there is no loss to the insured Tree(s) and/or Vine(s).  | <input type="radio"/> Yes | <input type="radio"/> No |
| If "Yes", please indicate the level of cover You require.  | \$                        |                          |
| • Netting – only available when the Tree(s) and/or Vine(s) protected by the Netting are insured.   | <input type="radio"/> Yes | <input type="radio"/> No |
| • Re-establishment Costs – the removal and disposal of Destroyed Tree(s), Vine(s) and other insured Assets to obtain access for the purpose of removal of Destroyed Tree(s), Vine(s) other insured Assets where these undamaged Tree(s), Vine(s) and insured Assets will be considered part of the claim.  | <input type="radio"/> Yes | <input type="radio"/> No |
| • Partial loss – We will pay the reasonable and necessary costs of repairing or restoring Tree(s) and/or Vine(s) where the Tree(s) and/or Vine(s) are Impaired but not Destroyed. This payment is limited to \$2,500 per hectare or 50% of the Tree(s) and/or Vine(s) Value per Hectare, whichever is the lesser. Partial loss cover is available for the payment of an additional premium. A separate Excess applies. Partial loss is not available for Nursery Tree(s) and/or Vine(s). | <input type="radio"/> Yes | <input type="radio"/> No |

|                              |                            |
|------------------------------|----------------------------|
| <b>NAME OF INSURED</b> _____ | <b>PROPERTY NAME</b> _____ |
|------------------------------|----------------------------|

**ADDITIONAL BENEFITS** - Please read and answer the questions below.

A default level of cover is provided for Claim Preparation Costs relative to the Policy declared value. Higher limits may be available for payment of an additional premium. Please discuss these with Your insurance broker. Please indicate the level of cover You require below.

| Item                     | High level of cover?                               | Requested sub-limit |
|--------------------------|--|---------------------|
| Claims Preparation Costs | <input type="radio"/> Yes <input type="radio"/> No | \$ _____            |

**OTHER INSURANCE** - Please tick "Yes" or "No" as appropriate.

|   |  |
|---|--|
| Do You have any other insurance currently in place which covers any or all of the Tree(s) against loss or damage also to be covered by this Policy? | <input type="radio"/> Yes <input type="radio"/> No |
|---|--|

If "Yes", please provide details of the other insurance.

|         |  |               |  |               |  |
|---------|--|---------------|--|---------------|--|
| Insurer |  | Policy Period |  | Policy Number |  |
|---------|--|---------------|--|---------------|--|

**INTERESTED PARTIES** - Please complete all sections.

|   |  |
|---|--|
| Are there any interested parties to be noted on the Schedule of Insurance (e.g. financiers, merchants)? | <input type="radio"/> Yes <input type="radio"/> No |
|---|--|

If "Yes", please provide details below.

|                    |  |
|--------------------|--|
| Name               |  |
| Nature of interest |  |
| Address            |  |

**ADDITIONAL INFORMATION** - Use this space to provide any additional information.

NAME OF INSURED \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_

**ADDITIONAL INFORMATION CONTINUED** - Use this space to provide any additional information.

**DECLARATION AND SIGNATURE** - Please read, sign and date.

**I declare that I have:**

- read and understood the Duty of Disclosure notice set out on the first page of the Notices section and have complied with my duty;
- received, read and understood the Policy wording and all of the information contained in this Application and the Notices Page;
- read and understood the Privacy information notice set out in the Policy wording and consent to the uses of personal information contained therein;
- 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.

**By signing the Application I authorise Primacy and Allianz to:**

- obtain any information they may need about my claims history from my insurance broker and/or previous insurer(s) and any other information they may require to decide whether to provide cover and on what terms;
- make enquiries from third parties to verify claims history and other information I have provided; and
- disclose my claims history to any insurance broker I appoint or to any of my previous insurer(s) or a future insurer(s).

\_\_\_\_\_

\_\_\_\_\_

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

**DATE**

## NOTICES PAGE

Please read this page and keep for Your records.

### Your Duty of Disclosure

Before You enter into a contract of insurance with Us, You have a duty, under the Insurance Contracts Act 1984, to disclose to Us every matter that You know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate the contract. This duty of disclosure applies until the contract is entered into (or renewed, extended, varied or reinstated as applicable).

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us; or
- that is of common knowledge; or
- that We know or, in the ordinary course of Our business as an insurer, ought to know; or
- as to which compliance with Your duty is waived by Us.

### Non-disclosure

If You fail to comply with Your duty of disclosure, We may be entitled to reduce Our liability under the contract in respect of a claim, cancel the contract, or both.

If Your non-disclosure is fraudulent, We may also have the option of avoiding the contract from its beginning.

### Privacy information

At Allianz, We give priority to protecting the privacy of Your personal information. We do this by handling personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth). In this Privacy Notice, 'We', 'Our', 'Us' means Primacy Underwriting Management Pty Limited and Allianz Australia Insurance Limited.

### How We collect Your personal information

We usually collect Your personal information from You or Your agents. We may also collect it from Our agents and service providers; other insurers and insurance reference bureaus; medical practitioners; third parties or people involved in a claim or assisting Us in investigating or processing claims, including third parties claiming under Your Policy, witnesses and third parties who may be arranging insurance cover for a group that You are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

### Why We collect Your personal information

We collect Your personal information to enable Us to provide Our products and services, including to process and settle claims; offer Our products and services and those of Our related companies, brokers, intermediaries and business partners that may interest You; and conduct market or customer research to determine those products or services that may suit You.

## Who We disclose Your personal information to

We may disclose Your personal information to others with whom We have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to You. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, parties that We have an insurance scheme in place with under which You purchased Your policy (such as a financier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

### Disclosure overseas

Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries to which this information may be disclosed will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries in which the Allianz Group has a presence or engages subcontractors. We regularly review the security of Our systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

### Access to Your personal information and complaints

You may ask for access to the personal information We hold about You and seek correction by calling (03) 8624 8400 9am-5pm Melbourne time, Monday to Friday. Our Privacy Policy contains details about how You may make a complaint about a breach of the privacy principles contained in the Privacy Act 1988 (Cth) and how We deal with complaints. Our Privacy Policy is available at [www.pum.com.au](http://www.pum.com.au) and [www.allianz.com.au](http://www.allianz.com.au).

### Inspection of records

You must give Us all reasonable assistance, including access to current and prior years' records (including those held by third parties) so We may verify Your Tree and/or Vine production or to assist in calculating a claim. We may also use satellite imagery and any other technology or services to assist Us to verify Your Tree and/or Vine production.

### Inspection of Tree(s) and/or Vine(s)

We may need to physically inspect Your Tree(s) and/or Vine(s). We will provide You with no less than seven (7) days' notice of Our intention to inspect the Tree(s) and/or Vine(s). You must give Us or Our appointed representative all reasonable access and assistance.

### Insurers

In accepting Your application, Primacy is acting as agent of the insurer, Allianz Australia Insurance Limited, ABN 15 000 122 850, AFS Licence 234708 in arranging, entering into and administering this insurance.

## Renewable contract

Before Your Policy expires, We will advise You whether We intend to offer renewal and if so, on what terms. The Policy wording also applies for any renewal offer We make, unless We tell You otherwise. Please note that You need to comply with Your duty of disclosure before each renewal (see Duty of Disclosure Section for details).

## Under-insurance

Unless You have declared a Block as not to be covered in Your Application and We have agreed in writing that specific Block(s) are not to be covered then, if the total area of Tree(s) and/or Vine(s) covered by the Policy and grown on the Property is found to be greater than the area that is specified in the Schedule of Insurance by more than 5%, You shall be considered as being Your own insurer for the difference and shall bear a rateable proportion of the claim accordingly.

## Waiting period

Your insurance cover will not begin until forty eight (48) hours after 4pm Local Time on the day We have accepted Your application for this insurance. Where cover for Frost is selected, Your insurance cover will not begin until one hundred and sixty eight hours (168) hours after 4pm Local Time on the day We have accepted Your application for Frost insurance.

## PLEASE READ THE POLICY WORDING

This Notices Page is a summary only of some aspects of the coverage and does not replace or alter the terms and conditions contained in the Policy wording, Schedule of Insurance and any other document We tell You forms part of the terms and conditions of Your cover. It is important that You read the Policy wording and these documents as they form the terms and conditions of Your Policy.