

Forestry 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.

BROKER DETAILS	Contact	Firm
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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.

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NAME OF INSURED _____	PLANTATION NAME _____
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PROPERTY INFORMATION - A separate page is required for each Plantation. Please complete all sections.

Plantation Name			
Plantation location details	State		Coordinates for approximate centre of planted area
	Shire		Latitude
	Postcode		Longitude
	Street address		
	Nearest cross Street		
Approx. altitude above sea level			
Plantation Manager		Phone	
Are all the Block(s) on this Plantation 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) or Plantation Infrastructure sustained any loss or damage in the last twelve (12) months?	<input type="radio"/> Yes <input type="radio"/> No
b) Has the Plantation 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.

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NAME OF INSURED		PLANTATION NAME	
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PLANTATION MANAGEMENT DETAILS - <i>Please answer all questions.</i>			
1	Is there a main road, railway or power lines through or on the Plantation boundary?	<input type="radio"/>	Yes <input type="radio"/> No
2	Is the nearest point of the Plantation within 1km of a population and amenities?	<input type="radio"/>	Yes <input type="radio"/> No
3	Is it secured with fences and locked gates?	<input type="radio"/>	Yes <input type="radio"/> No
4	Are the day to day operations of the forest undertaken or overseen by a qualified forester?	<input type="radio"/>	Yes <input type="radio"/> No
5	Is there unmanaged remnant vegetation or unmanaged land adjoining the boundary?	<input type="radio"/>	Yes <input type="radio"/> No
6	How wide are the external firebreaks at foliage level?	<input type="radio"/>	< 25m <input type="radio"/> > 25m
7	Is it planned to Harvest any of the Block(s) within the next 12 months?	<input type="radio"/>	Yes <input type="radio"/> No
8	Does the Plantation have a documented Fire plan which is:	<input type="radio"/>	- less than 18 months old; or <input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/>	- between 18 months & 36 months old, or <input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/>	- older than 36 months or no plan at all. <input type="radio"/> Yes <input type="radio"/> No
9	Are there permanent water supplies on site or within 1km of the Plantation boundary which are accessible to firefighting vehicles and helicopter strung monsoon buckets?	<input type="radio"/>	Yes <input type="radio"/> No
10	Are there firefighting vehicles and apparatus within or adjacent to the Plantation?	<input type="radio"/>	Yes <input type="radio"/> No
11	What is the estimated response time to attend to a Fire in the Plantation?	<input type="radio"/>	< 30 minutes <input type="radio"/> > 30 minutes

NAME OF INSURED _____

PLANTATION NAME _____

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DETAILS OF TREE(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)?

Pulp for paper
 Sawlog
 Woodchip
 Firewood
 Carbon Sequestration
 Other

If You answered "Other" to the above question, please specify in detail:

Block No	Block Name	Area (ha) (A)	Tree Species	Year Planted	Value per Hectare (\$) (B)	Block Declared Value (A x B)	Thinning in past 2 years or next 12 months?
1							<input type="radio"/> Yes <input type="radio"/> No
2							<input type="radio"/> Yes <input type="radio"/> No
3							<input type="radio"/> Yes <input type="radio"/> No
4							<input type="radio"/> Yes <input type="radio"/> No
5							<input type="radio"/> Yes <input type="radio"/> No
6							<input type="radio"/> Yes <input type="radio"/> No
7							<input type="radio"/> Yes <input type="radio"/> No
8							<input type="radio"/> Yes <input type="radio"/> No
9							<input type="radio"/> Yes <input type="radio"/> No
10							<input type="radio"/> Yes <input type="radio"/> No
11							<input type="radio"/> Yes <input type="radio"/> No
12							<input type="radio"/> Yes <input type="radio"/> No
13							<input type="radio"/> Yes <input type="radio"/> No
14							<input type="radio"/> Yes <input type="radio"/> No
15							<input type="radio"/> Yes <input type="radio"/> No
16							<input type="radio"/> Yes <input type="radio"/> No
Total Area (ha)			Plantation Declared Value			\$	

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

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NAME OF INSURED _____	PLANTATION NAME _____
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EXCESS PER LOSS OCCURRENCE PERIOD OPTIONS - Please read and choose from one of the options below.

An Excess of 1.5% of the Block Declared Value of all damaged Block(s) will apply subject to a minimum Excess per Loss Occurrence Period. Please indicate below which minimum You require. Selection of a higher minimum may reduce Your premium, subject to the Plantation Declared Value.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$1,000	\$2,500	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000	\$250,000	\$500,000

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

Fire (including Backburning), Malicious Act(s) and Impact 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.

<ul style="list-style-type: none"> • Windstorm (including Remediation Works). Default limit at 50% of average Plantation Declared Value or \$500,000, whichever is the lesser. 	<input type="radio"/> Yes <input type="radio"/> No
<ul style="list-style-type: none"> • Hail. Default limit at 25% of average Plantation Declared Value or \$500,000, whichever is the lesser. 	<input type="radio"/> Yes <input type="radio"/> No
<ul style="list-style-type: none"> • Earthquake and/or volcanic eruption. Default limit at 25% of average Plantation Declared Value or \$250,000, whichever is the lesser. 	<input type="radio"/> Yes <input type="radio"/> No

ADDITIONAL BENEFITS - Please read and answer the questions below.

Default levels of cover are provided for the below additional benefits relative to the Plantation 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	Higher level of cover?	Additional benefits limit
Additional expenses	Maximum per any one Insured Event = \$2,500 per hectare.	Removal of Debris	<input type="radio"/> Yes <input type="radio"/> No	\$
		Plantation Infrastructure	<input type="radio"/> Yes <input type="radio"/> No	\$
		Replanting Costs	<input type="radio"/> Yes <input type="radio"/> No	\$
Claims Preparation Costs			<input type="radio"/> Yes <input type="radio"/> No	\$

OPTIONAL INSURANCE COVER - Please read and answer the questions below.

Optional insurance cover is available for firefighting expenses. Please indicate if You require this cover.

<ul style="list-style-type: none"> • Firefighting expenses - costs incurred to fight fires at or within 5km of Your Plantation(s). A single firefighting Excess applies where there is no loss to the insured Tree(s). 	<input type="radio"/> Yes <input type="radio"/> No
If "Yes", please indicate the level of cover You require.	\$

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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?

Yes 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)?

Yes No

If "Yes", please provide details below.

Name	
Nature of interest	
Address	

ADDITIONAL INFORMATION - 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 my 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 and 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 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 production.

Inspection of Tree(s)

We may need to physically inspect Your Tree(s). We will provide You with no less than seven (7) days' notice of Our intention to inspect the Tree(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.

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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) covered by the Policy and grown in the Plantation 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 agree to accept Your request for cover.

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.