

Broadacre 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 |
|-----------------------|---------|------|

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 5 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 |
| | (d) ever been placed in receivership or liquidation or been declared bankrupt? | <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.

PRODUCT OPTION - Please read and select from the cover option below.

| | | |
|--------------------------|-----------------------------------|-----------------------------------|
| Season (select one only) | <input type="radio"/> Winter Crop | <input type="radio"/> Summer Crop |
|--------------------------|-----------------------------------|-----------------------------------|

COVER TYPE - Please read and select from the Cover Type options below.

| Select option below | Extent Potential Yield may exceed Provisional Yield prior to and including the Final Revision Date | Extent Potential Yield may exceed Provisional Yield after the Final Revision Date | Tick box below for either Pre Harvest Revision or After Harvest Declaration Cover Type. |
|---------------------------|--|---|---|
| Pre Harvest Revision | Unlimited | Nil/Zero | <input type="radio"/> |
| After Harvest Declaration | Unlimited | 25% | <input type="radio"/> |

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NAME OF INSURED _____

PROPERTY NAME _____

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

All cropped Field(s) owned or managed by You within two (2) kilometres of each other will be considered part of the same Property.

| | | | |
|---------------------------|----------------|--|--|
| Property Name | | | |
| Property location details | State | | Coordinates for approximate centre of planted area |
| | Shire | | Latitude |
| | Postcode | | Longitude |
| | Street address | | |
| Property Manager | | | Phone |

Are all the Field(s) on this Property to be insured? If "No", please provide a map with Your Application clearly identifying the exact Field(s) to be insured and those to be uninsured. Yes No

Have any Crop(s) on this Property suffered Damage from any insured event this season? If "Yes", You must provide Us with a satisfactory third party report on the extent of the Damage, at Your cost, before We can consider Your Application. Please discuss this with Your broker. Yes No

SHARE FARMERS DETAILS - Please read and complete.

Are any of Your Crop(s) share farmed? Yes No

Is the share farmer to be insured under this Policy? Yes 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="radio"/> Yes <input type="radio"/> No | |

If "No" or if there is more than one (1) share farming agreement in place, please use ADDITIONAL INFORMATION section to provide details of which Field(s) are subject to share farming agreement(s).

EXCESS DETAILS - Please read.

A standard minimum Excess applies to each Crop type and is listed below. Please speak to Your broker or agent about the standard Excess for any other Crop type not listed below and other Excess options.

| | | | |
|--|----|--|-----|
| Cereal Crops (ie Wheat) NSW, QLD, VIC & TAS | 5% | Linseed, Lupins, Safflower - All states | 5% |
| Cereal Crops (ie Wheat) SA and WA only | 0% | Canola, Chick Peas, Field Peas, Faba Beans, Lentils, Vetch - All states | 10% |

If You wish to take an additional Excess for any insured Field(s), a rate discount will apply. Please indicate, in the DETAILS OF CROP(S) TO BE INSURED table on the next page, which Excess You require for each Field to be insured. The Excess You nominate is subject to the minimum Crop type Excess detailed above. Please remember the 0% Excess option is only available for Cereal Crops in South Australia and Western Australia.

OPTIONAL BENEFIT - Please read and complete.

Do You wish to take the Reducing Excess option? (A premium rate loading applies) Yes No

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NAME OF INSURED _____

PROPERTY NAME _____

Primacy Underwriting Management Pty Limited
 ABN 87 070 058 212 AFS Licence 237271 as an agent for the insurer
Allianz Australia Insurance Limited
 ABN 15 000 122 850 AFS Licence 234708
 Level 5, Rialto South Tower, 525 Collins Street, Melbourne, VIC 3000
Phone +61 3 8624 8400 **Fax** +61 3 8624 8499
Email broadacre@pum.com.au **www.pum.com.au**

INSURED EVENT(S) - Please read and select from the options below.

| | | | |
|----------------------------------|-------------------------------------|---------------------------------|---------------------------------|
| Insured events (select one only) | <input type="radio"/> Hail and Fire | <input type="radio"/> Hail Only | <input type="radio"/> Fire Only |
|----------------------------------|-------------------------------------|---------------------------------|---------------------------------|

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

| Field No | 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) | Excess (%) | Crop purpose is hay (Tick if "Yes") | |
|-----------------|------------|---------------|-------------------|--|------------------------------|------------------------|--------------------------------------|------------|-------------------------------------|--|
| 1 | | | | | | | | | <input type="radio"/> Yes | |
| 2 | | | | | | | | | <input type="radio"/> Yes | |
| 3 | | | | | | | | | <input type="radio"/> Yes | |
| 4 | | | | | | | | | <input type="radio"/> Yes | |
| 5 | | | | | | | | | <input type="radio"/> Yes | |
| 6 | | | | | | | | | <input type="radio"/> Yes | |
| 7 | | | | | | | | | <input type="radio"/> Yes | |
| 8 | | | | | | | | | <input type="radio"/> Yes | |
| 9 | | | | | | | | | <input type="radio"/> Yes | |
| 10 | | | | | | | | | <input type="radio"/> Yes | |
| 11 | | | | | | | | | <input type="radio"/> Yes | |
| 12 | | | | | | | | | <input type="radio"/> Yes | |
| 13 | | | | | | | | | <input type="radio"/> Yes | |
| 14 | | | | | | | | | <input type="radio"/> Yes | |
| 15 | | | | | | | | | <input type="radio"/> Yes | |
| Total Area (ha) | | | Total Sum Insured | | | | \$ | | | |

If there are Summer Crop(s) to be insured, please nominate the average Planting Date for this Property. DD/MM/YYYY

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

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NAME OF INSURED _____

PROPERTY NAME _____

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 Crop(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 extend, vary or reinstate the contract. This duty of disclosure applies until the contract is entered into (or 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 Crop(s) yield, the Crop(s) Potential Yield or to assist in calculating a claim. We may also use satellite imagery and any other available technology or services to assist Us to verify the Crop(s) actual yield and Potential Yield.

Inspection of Crop(s)

We may need to physically inspect the Crop(s) in order to establish an estimate of Your actual yield. We will provide You with no less than seven (7) days' notice of Our intention to inspect the Crop(s).

You must give Us or Our appointed representative all reasonable access and assistance.

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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.

Not a renewable contract

Cover under this Policy is not renewable and ceases on the earlier of when the Period of Insurance specified in Your Schedule of Insurance ends, the Policy is cancelled or where cover ends in accordance with the Policy terms and conditions. If You wish to effect similar insurance for the next growing season, it will be necessary for You to complete a new Application.

Under-insurance

You must insure Your whole Crop(s). You shall be considered Your own insurer for any crop type which are not specified in the Schedule of Insurance, unless You have declared a Field(s) as not to be covered in Your Application and We have agreed in writing that specific Field(s) are not to be covered then:

Prior to the Final Revision Date:

If the total planted area is found to be greater than the area of all Crop(s) 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 entire claim accordingly.

After the Final Revision Date:

If the total planted area is found to be greater than the area of all Crop(s) specified in the Schedule of Insurance by more than 2.5%, You shall be considered as being Your own insurer for the difference and shall bear a rateable proportion of the entire claim accordingly.

In the event that the area of a Field has been incorrectly recorded or a Field has been omitted and We have agreed to adjust the insured area, a commensurate premium adjustment will be made.

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.