

rural security proposal



Wesfarmers General Insurance Limited, ABN 24 000 036 279, Level 9, 309 Kent St, Sydney 2000 Ph: 02 9248 1111 Fax: 02 9248 1198

Please read carefully before completing

“you” “your” where used in this Proposal means the Proposer and if more than one, each of them.

“we” “us” “our” means Wesfarmers General Insurance Limited ABN 24 000 036 279.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer’s decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclose of matter:

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

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

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

Proposal Included in “Policy”

Anything you state in this Proposal will form a part of the Policy document unless we tell you otherwise. Before you complete this Proposal, you should read the Policy because it will tell you about the insurance you are proposing we provide and contains definitions of words used in this Proposal.

Average

The policy contains a condition of average for the sums insured at Items 3 and 4 of this Proposal. This means that if the sums insured for those Items are inadequate at the time of Loss, part of the claim may not be insured.

Goods and Services Tax (GST)

To ensure you do not incur any unnecessary GST liabilities on the claim settlements, please ensure your Australian Business Number (A.B.N.) and tax status are entered in the space provided on this Proposal.

Confirming Transactions

You may contact us or your adviser, in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under your Policy. Any transaction will be documented by us as quickly as possible.

Privacy

Wesfarmers General Insurance Limited respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Policy and Procedures is available at any of our offices.

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	Level 11, 27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	Level 9, 50 St George’s Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101	Phone (07) 3307 4800	Fax (07) 3307 4899
	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 4722 6000	Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8946 4666

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited

1. Proposers Details

Insured/Proposer's name in full

Postal address

GST Details

A.B.N

Telephone No.

()

TAX STATUS % entitlement to Input Tax Credits

Situation(s)

Type of Rural Operation

Period of Insurance

Transit (city, state & country)

From / / To / / at 4:00 pm local standard time

2. Fire and Perils

List separately the Sum Insured required for each Building and its Contents.

Describe Property Insured - e.g., hayshed, machinery shed, shearing shed, tanks, windmills, silos, etc.

Nominate Cover Required:

"R" Replacement Value - available only for buildings, and fixed machinery and plant.
(New for Old)

Or

"I" Indemnity Value - available for all items.
(Present Value)

Insert **"R"** or **"I"** in the appropriate space to indicate the cover type required.

Note: The Sums Insured should represent the full value of the property on the basis of the cover nominated.

1. BUILDING/CONTENTS/FIXED MACHINERY AND FIXED PLANT

Location No.	Description	Construction	Situation	Sum Insured			Cover Type
				Building	Contents	Fixed M&P	
1.							
2.							
3.							
4.							
5.							
6.							

2 . Fire and Perils (continued)

2. FENCING - Electric/Telephone poles and wiring Automatic Cover up to \$10,000 - additional as under

			Sum Insured
..... Km Boundary @	\$ _____	per km	\$ _____
..... Km Subdivision @	\$ _____	per km	\$ _____
..... Km Division @	\$ _____	per km	\$ _____
..... Km Boundary @	\$ _____	per km	\$ _____
..... Electric/Telephone Poles and Wiring	\$ _____	per km	\$ _____
Situations			Total: \$ _____
.....			

3. LIVESTOCK **Total:** \$ _____

4. HARVESTED HAY/FARM PRODUCE	Hay	Total: \$ _____
	Produce	Total: \$ _____
		Total: \$ _____

5. MOBILE FARM MACHINERY AND IMPLEMENTS (Please describe)

(a)	\$ _____
(b)	\$ _____
(c)	\$ _____
(d)	\$ _____
(e)	\$ _____
	Total: \$ _____

6. OFFICE CONTENTS
 Contained in Building No. \$ _____

7. OTHER (Including sundry structures, windmills, tanks, silos, agricultural chemicals and fertilizers)

(a)	\$ _____
(b)	\$ _____

8. FARM TREES (Automatic Cover up to \$3000 No charge) \$ _____

9. WORKING DOGS (Automatic Cover up to \$500 per dog \$1000 any one event) \$ _____

10. Name of Mortgagee/Lessor

11. Postal Address

Postcode

4. Home Building and/or Contents

Note: The Sums Insured should represent the full value of the property on the basis of cover nominated.

1.

Situation	Year Built	Construction	Sum Insured		Nominated Cover Building Indemnity or Replacement
			Building	Contents	

Excess \$100

(Only 1 excess to apply where house & contents are same claim)

2. Are any buildings unoccupied?

Yes No

(If **Yes**, please give details)

.....

3. Mortgagee

4. Address

.....

5. Mortgagee Interest Only Policy

Yes No

6. Specified Contents - attach Valuations for all items over \$1,000

Item No.	Situation No. (above)	Description Of Articles - attach list if insufficient space	Sum Insured
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$

Total - Must be included in the Sum Insured for Contents \$ _____

5. Special Contingency

1. Property to be Insured

- | | | |
|---------------------------|--|--------------------------------|
| A. | Property, as specified in the policy | Sum Insured
\$ _____ |
| B. | (i) Property, as specified in the policy | \$ _____ |
| | (ii) Money | \$ _____ |
| TOTAL SUM INSURED: | | \$ _____ |

2. Nominate Cover Required:

- | | | |
|-----------|---------------------------|--|
| A. | Accidental Damage | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. | Theft, including Burglary | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Excess:** \$100 (2. A. and 2. B. not applicable to Money)

6. Valuables and Personal Effects

Worldwide cover for accidental loss or damage

Non - Specified Items - limited to \$1000 any one item, pair or set Specified Items - attached a Valuation for each item listed over \$1000

Item No.	Description Of Articles	Sum Insured
1.	Non Specified Items - Limit any one loss	\$3,000.00
2.	Specified Items - as per Schedule (attach list if insufficient space)	\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
3.	Items in Bank Vault - as per Schedule (Attach if Required)	\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

EXCESS \$100

Total Sum Insured \$ _____

- 4.** Do you operate tourist or holiday activities? If so, list the number of people attending each year and the types of activities. Yes No
-

- 5.** List details of any excavation work on or away from any of the premises
-

- 6.** List full details on the types of fertilizers, chemicals, explosives or other dangerous substances worked with or stored.
-

- 7.** Have you entered into any contract Agreement (including any in respect of the supply of raw materials, components or finished goods) under which have assumed liability for which you would not otherwise be liable, or under which you have waived your legal rights of recovery (eg. Hold Harmless Agreements)? If yes, please provide details and attach copies of the Contract or Agreement. Yes No
-
-

7. Personal Sickness and Accident

Limits at Entry: Accident Cover - 18 to 60 years

Sickness Cover - 18 to 55 years

1.

	Person No. 1	Person No. 2	Person No. 3
Name of Person to be Insured			
Occupation			
Date Of Birth	/ /	/ /	/ /
Height & Weight	cm Kg	cm Kg	cm Kg
Sex: Male/Female			
State if Manager or Employee and whether you "perform" or "superintend" manual work			
Cover Required	<input type="checkbox"/> Accident Only <input type="checkbox"/> Sickness & Accident	<input type="checkbox"/> Accident Only <input type="checkbox"/> Sickness & Accident	<input type="checkbox"/> Accident Only <input type="checkbox"/> Sickness & Accident
How many units do you want to insure for? Note: 1 unit = \$5000 death +\$50 weekly disability benefit Units Units Units
Benefit Period	<input type="checkbox"/> 52 weeks <input type="checkbox"/> 104 weeks	<input type="checkbox"/> 52 weeks <input type="checkbox"/> 104 weeks	<input type="checkbox"/> 52 weeks <input type="checkbox"/> 104 weeks
Do you wish to exclude an initial period before Cover takes effect? (If Yes , please state how many weeks)	<input type="checkbox"/> Yes <input type="checkbox"/> No weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No weeks

2. Medical History for all Persons Proposed for Insurance

(a) Has/is any person:

(i) defects in sight or hearing? Yes No

If **Yes**, please give details

.....

(ii) now suffering from any injury or sickness or from the results of injury or sickness? Yes No

If **Yes**, please give details

.....

(iii) currently taking any drugs or medication whether prescribed or not? Yes No

If **Yes**, please give details

.....

(iv) been medically attended or treated in the past five years for any condition disease or sickness? Yes No

(longer than 2 weeks duration)

If **Yes**, please give details

.....

7. Personal Sickness and Accident (continued)

3. Details of claims lodged for Personal Accident or Sickness

Name of Claimant	Details of Accident/Sickness	Insurance Company Name	Date

4. Other Insurance

(i) Is the proposal for insurance in addition to any other insurance for a\Accident or Sickness recover?

Yes No

8. Legal Liability

1. Number of Properties

2. Situations
- (i)
- (ii)
- (iii)
- (iv)

**Limit of
Indemnity**

3. Basic Cover: Fire Explosion Goods Sold

\$

4. Do you have an aircraft landing area?

Yes No

TOTAL PREMIUM SECTION 5 \$

5. Do you require cover under the optional extension for Farm Hosting? If so -

Yes No

(i) What is the location of the Host Farm/s?

.....

(i) How many guests beds are provided?

.....

N.B. The policy will only cover you where you provide a maximum of 12 guest beds in all.

(iii) How many times per year is the property used as the property used as a Host Farm?

.....

(iv) Do you operate any tourist or holiday activities? If so, list the number of people and types of activities.

.....

(v) List the details of any excavation work on or away from any of the premises.

.....

(vi) List full details on the types of fertilizers or chemicals used.

.....

9. Motor Vehicle (continued)

3. Area of Operation - Goods Carrying Vehicles

Is there any vehicle with a carrying capacity in excess of 10 tonnes to operate outside a radius of 600km of the postcode where garaged?

Yes No

If **Yes**, please give details

4. Modifications

Have there been any modifications to maker's specifications to any of the nominated vehicles?

Yes No

If **Yes**, please give details below

Vehicle No.	Modifications

5. Accessories

Do you require cover for non - standard accessories fitted to any of the nominated vehicle?

Yes No

If **Yes**, please give details below

Vehicle No.	Details	Sum Insured
		\$
		\$
		\$

6. Finance

Vehicle No.	Type of Finance	Financier's Name	Financier's Address

7. Usual Driver's of Nominated Vehicles

	Driver No. 1	Driver No. 2	Driver No. 3	Driver No. 4
Surname and Initials				
Vehicles Driven (No's as listed)				
Date Of Birth	/ /	/ /	/ /	/ /
Have any Insurers declined insurance or imposed special conditions?	Yes/No	Yes/No	Yes/No	Yes/No
No. of Years License Held				
Have any driver had motor convictions (if Yes , please give year and details)				
List all Accidents in Last Five Years (give year cost and details)				
Number of Years of No Claim Bonus				

10. Marine Pleasure Craft

1. Hull/Tender/Dinghy

Year Built	Make	Types & Length	Construction	Max. Design Speed	Reg. No.	Sum Insured
						\$
						\$
						\$

2. Motors

Year of Manufacture	Make	Outboard or Inboard	HP	Serial No.	Fuel Type	Sum Insured
						\$
						\$
						\$

Note: Refer to Company if craft is powered by a petrol inboard motor.

3. Equipment and Accessories

Description	Sum Insured
	\$
	\$
	\$

4. Sails, Masts and Spars

Year of Manufacture	Make	Type of Material	Identification Markings	Sum Insured
				\$
				\$
				\$

(a) Do you require Racing Risk Extension for Sailing Craft?

Yes No

5. Trailer

Year Built	Make	Type	Rego. No.	Sum Insured
				\$
				\$
				\$

6. Excess \$ _____

7. Is the unit subject to any Financial Encumbrance?

Yes No

If **Yes**, please give name and address of finance company

Name of Finance Company

Address Postcode

8. What is the maximum designed speed of the craft? _____ knots

10. Marine Please Craft (continued)

9. Will the craft be used for anything other than private purposes?

Yes No

If **Yes**, please give details

.....

10. Will the craft be used for anything other than private purposes?

Yes No

If **Yes**, please give details

.....

11. Is the craft moored?

Yes No

If **Yes**, what precautions have been taken to prevent storm damage?

.....

12. Have you or any person likely to be in charge of the Craft ever had an accident or been convicted of an offence in connection with use as a pleasure craft?

Yes No

If **Yes**, please give details

.....

13. How long have you handled this type of craft? _____

Liability to Third Parties

Note: You are automatically covered for \$1,000,000

Sum Insured

14. Do you require cover in excess of \$1,000,000?

Yes No

\$ _____

15. Do you require water skiers' liability?

Yes No

\$ _____

TOTAL PREMIUM SECTION 9

\$ _____

11. Goods in Transit

Livestock, Farm Produce, Farm Supplies, Machinery and Implements, as defined in the Policy, against the risks of Fire, Flood, Collision or overturning of the conveying vehicle, while conveyed in a vehicle driven by you or your employee.

Sum Insured

1. Limit any one load

\$ _____

TOTAL PREMIUM SECTION 10

\$ _____

12. Electronic Equipment

Please complete sections for which cover is required.

Section 1 - Computer and Electronic Equipment (Hardware)

Equipment, Make and Model	Year	Description	Sum Insured
			\$
			\$
			\$
			\$
			\$
		Excess	\$
(If insufficient space, please attach list)			Section 1 - Total
			\$

Section 2 - Computer Programs (Software)

Software Description	Sum Insured
	\$
	\$
	\$
	\$
	\$
	\$
(If insufficient space, please attach list)	Section 2 - Total
	\$

(a) Do you require, for an additional premium, cover for "Corruption of Software due to power interruption?"

Yes No

If **Yes**, for what amount? \$ _____

Section 3 - Data Restoration

(a) Do you require, for an additional premium, cover for "Corruption of Software due to power interruption?"
or failure of external network?

Yes No

If **Yes**, for what amount? \$ _____

Sum Insured \$ _____

Section 4 - Increased Cost of Working

The "Excess Period" is the number of normal working days immediately after the interruption during which you will bear any Increased Cost of Working.

Excess Period 7 days

Sum Insured \$ _____

To help you calculate the sum insured for this section use this table.

Additional Expenditure of \$ _____ per day	X	The Indemnity Period day	=	Sum Insured \$ _____
--	---	-----------------------------	---	-----------------------------

The "Indemnity Period" is usually the expected maximum number of normal working days to complete repairs and restore normal business operations.

TOTAL SECTIONS 1, 2, 3 & 4 \$ _____

14. Previous History

If insufficient space, please attach a separate sheet of paper.

- (a) Has this risk or any other insurance for which you have proposed, either alone or jointly with any other person, ever been declined, cancelled by any other insurance company or accepted on terms other than those first proposed?

Yes No

If **Yes**, please give name of company and full details:

.....

.....

.....

- (b) What is the age of the Buildings at each location?

.....

.....

- (c) Are any of the Buildings or Structures subject to a heritage listing?

Yes No

If so, please provide full details?

.....

.....

- (d) Have you, or any directors (is a company), been charged with any criminal offence during the past five years?

Yes No

If **Yes**, please state nature of offence, date of conviction and penalty imposed:

.....

.....

- (d) Is there any other information that you know or could reasonably be expected to know which is relevant to our decision to accept this insurance?

Yes No

If **Yes**, state details:

.....

.....

15. Additional Information

If insufficient space is provided on this proposal in respect of any questions contained on the proposal, please attach a sheet of paper containing the additional information, noting the relevant question number and sign and date such attachment.

16. Declaration and Signature

Must be read and signed by the Proposer/s.

I/We declare that the answers given herein are in every respect true and correct and that I/We have not withheld any information likely to affect the acceptance of this Proposal and that I/We have read and understood the Proposal and the Policy Conditions.

Signature of Proposer

Date

/	/	
---	---	--

Date

/	/	
---	---	--

This declaration must be signed by or on behalf of all parties who are making this Proposal for Insurance

Importance Note: A copy of the last proposal completed for your previous insurer together with this declaration is sufficient for us to give consideration to effecting cover.

