# Farm Package Quote Request Form



Insured Details Insured(s) Name:		-	INSURANCE BROKE
Postal Address			
Contact Number			
Email Address			
Insured Date of Birth			
Retired			
Are you Registered for GS	Γ? If yes, please provide	your ABN Number:	
<b>General Information</b> Property Address			
Interested Party			
Home Property Section Building 1 Description: i.e. Main Hom			
Occupancy:		Other:	
Year Built:	<u> </u>		
Year Replumbed:		Year Rewired:	
Wall Construction		Other:	
Roof Construction:		Other:	
Floor Construction:		Other	
Security In place:	Deadlocks	Window Locks	Alarm
Building Sum Insured:	\$		
Contents Sum Insured:	\$		
<b>Building 2</b> Description: i.e. Main Hom	estead, cottage etc.		
Occupancy:		Other:	
Year Built:			
Year Replumbed:		Year Rewired:	
Wall Construction		Other:	
Roof Construction:		Other:	
Floor Construction:		Other	
Security In place:	Deadlocks	Window Locks	Alarm
Building Sum Insured:	\$		
Contents Sum Insured:	\$		
<b>Contents Additional Co</b> Do you require cover for v		ase list each item with their	r individual value:

Do you require cover for yo	our contents awa	ay from the home?			
Do you require cover for Accidental Loss & Accidental Breakage?					
Is the Property or any p	oart of the pro	perty:			
Under construction, recons	truction or reno	vation?			
In poor condition or poorly	maintained?				
Under any heritage listing/	national trust lis	ting or order			
What is the size of your lar	nd in m2?				
Used as a hostel, bed & bro	eakfast or guest	house?			
Expected to be vacant for more than 60 continuous days?					
What is the annual turnove		•			
Type of Farm? i.e. Beef, Ca					
Do any of the buildings to	•		vetvrono (EDS)2		
Do any or the buildings to	be insured conta	ani any Expanded Por	ystyrene (EPS):		
Is there any other business processing, engineering, st If yes please provide de	orage facilities,	manufacturing, retail	etc.)?		
these activities					
Are any domestic buildings	not being insur	ed under this policy?	Please provide details:		
Is power connected to all b	ouildings?				
Do you require cover for so	olar panels with	a value greater than	\$10,000?		
Farm Property Section -	- Outhuildings	etc.			
This section does not include					
Farm Buildings	Building 1	Building 2	Building 3	Building 4	
Description:					
Year Built					
Wall Material					
Floor Material:	t	d d	dr.	<u></u>	
Building Sum Insured Contents Sum Insured:	\$ \$	\$ \$	\$ \$	\$ \$	
Is hay stored in this building		Ψ	Ψ	<u> </u>	
15 riay stored in this buildin	<u>ig</u>				
Do any of your farm buildir	ngs have Expand	ded Polystyrene (EPS)	used in its constructio	n or used to	
protect components? If yes	s, please provide	e details including listi	ing the buildings and th	ie % of EPS	
Are any farm buildings not	hoing inqueed u	ndor this notice?			
Are any farm buildings not If yes, please provide detail	_	nder this policy?			
ii yes, piease provide deta	113.				

Farm Fencing Internal Fencing:	Km's:		Sum Insured:	\$	
Type (i.e. post & rail)					
External Fencing - Shared	Km's:		Sum Insured:	\$	
Type (i.e. post & rail)					
Exterbal Fencing - Wholly Owned	Km's:		Sum Insured:	\$	
Type (i.e. post & rail)					
<b>Livestock:</b> Description e.g. cattle	Number o	of Animals	Value per Animal		
			\$		
			\$ \$		
			\$		
Grain Sum Insured:		¢			
Hay Sum Insured:		<u>Ψ</u>			
Fertiliser/Seed/Chemicals Sum Insured:		\$			
Milk Contamination Sum Insured:		\$			
Wool Sum Insured:		\$			
Trees Sum Insured:		\$	,		
rrees sum insured.		Ψ			
Public & Products Liability Section: Limit if Liability Required:		\$			
Number of working proprietors:		Number of Employe	es:	_	
Annual turnover from farming activities:		\$			
Do you engage Contractors, Sub Contrac	ctors or sta	aff from labour hire fi	irms in your busines	s?	
If Yes:					
Type of work performed:					
Do you ensure that contractors/sub cont	ractors hav	ve their own liability	Insurance?		
Estimate the amount to be paid in the ne	ext 12 mor	nths to contractors/su	ub contractors:		
Estimate the amount to be paid in the ne	ext 12 mor	nths to labour hire fir	ms?		
Do you derive any income from contract	farming?				
Is your property used or leased for any $\mbox{\sc i}$	ourpose ot	her than primary pro	duction?		
Do you require cover for farm accommod	dation (i.e.	bed and breakfast)?	•		
If yes what is the turnover in a typical ye	ear?				
Do you sell direct to the public from the	farm?				
If yes what is the number of visitors that	t enter the	farm per week on av	verage?		
Do you hold public entertainment function	ons for pub	olic gatherings of ove	r 100 people?		
Do you require horse riding activities/facilities to visitors?					
Do you export to USA or Canada?					
Do you charge a fee for the use of aircra	aft landing	areas?			
Do you require cover for aerial/crop spra	ying?				

Do you require cover for Milk Container Contamination?

# Working Dogs Section Cover for thft or death due to an accident or illness of your working dogs.

Name	Age	Sex	Breed	Registration No.	Colour/Markings	Sum Insured
						\$
						\$
						\$
						\$

# **Theft Section**

Cover for loss or damage to farm property which occurs as a result of theft or attempted theft and money which occurs as a result of theft or attempted theft while in your personal care.

Farm Contents Sum Insured	\$
Money Sum Insured	\$

Specified	Farm	Items:
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Description	Sum Insured:
	\$
	\$
	\$

# **Farm Machinery Section:**

Cover for loss or damage to mobile machinery & immobile machinery - (Does not include theft cover)

Make Year	Description	Sum Insured
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

#### **Machinery Breakdown Section**

Cover for the cost of repairing or replacing insured equipment if it suffers electrical or mechanical Breakdown.

You may choose to insure the electrical and mechanical machinery against breakdown by individually specifting those items you wish to cover by selecting the blanket cover option. The blanket cover option is limited to \$20,000 each loss Motors over 10HP are not covered under blanket cover and must be listed seperately.

Would you like to take the blanket cover or	tion?
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If yes, please advise the number of items to be covered under this section:

### **Specified items:**

			Cubic	Sum
Year	Descriptiom	Serial No.	Capacity	Insured
				\$
				\$
				\$
				\$
				\$
				\$
				\$

## **Electronic Equipment Section**

Cover for sudden and unexpected electrical or mechanical failure to computers and electronic equipment

Description (Year, Make, Model & Serial Number)	Sum Insured
	\$
	\$
	\$
	\$

#### **Farm Motor Section**

Cover to repair or replace your farm motor as a result of accidental loss or damage, theft or malicious damage and legal liability to third parties

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Type of				
<b>vehcile</b> i.e Tractor, Cultivator,				
Cover Required i.e. ComprehSIVE, Third Party Fire & Theft				
Year of Manufacture				
Engine Size & carrying capacity				
Reg/Serial No				
Basis of Settlment				
Sum Insured	\$	\$	\$	\$
Modifications or Accessories Please list and provide values				
Regular Drivers Name & D.O.B				
<b>Financed:</b> Name of Financier				
Existing Damage?				

# **Disclosure Questions:**

Have any of the regular drivers to be listed on the policy, in the last 5 years: Been charged or convicted of any motoring offences other than parking fines?

Had their license cancelled or suspended?

Had a motor claim whether at fault or not?

If yes, please provide details, including the date of occurrence:

Transit Section  Cover for loss or damage to goods below responsible whilst in transit by road any		for which you are legally			
Livestock Sum Insured	\$				
Farm Produce Sum Insured	\$				
General Farm goods Sum Insured	\$				
Farm Machinery Sum Insured	\$	<u>.</u>			
Tax Audit Section: This section provides cover for the fees of your farm business pursuant to the S	tate or Federal Tax Audit.	nt in connection with an audit			
Sum Insured Required:	\$				
Estimated Annual Turnover:	\$				
<b>Business Interruption Section</b> Cover for cost to maintain your farm bu	siness including loss of income	following damage.			
Agistement Income:	\$				
This is the amount you expect to receive on your property, less any savings in co	_	_			
This is the additional expenditure incurred to the insured farm property. This should following the destruction of fencing.  Loss of Farm Income:  This is the loss of farm income (Revenue damage to the insured farm property.	d include the cost of planning the	he layout of the farm			
Loss of Rent Sum Insured:	\$				
This is the amount of rent that falls short of the standard rent that you would have received for the property and pasture before the damage occurred.					
Disclosure Questions:					
Have you had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special conditions or non-standard excess imposed by an insurer in the last 5 years?					
Have you suffered any loss or damage to property whether you made an insurance claim or not, or had any claims made against you in the past 5 years?					
Have you been charged with, or convicted of, any criminal offences in the last 10 years?					
Ever been bankrupt?					
Ever been involved in a company or business which has become insolvent or subject to any form of insolvency administration?					
Been Liabile for any civil offence or pecuniary penalty exceeding \$5,000?					
If you have answered yes to any of the above, please provide details. For claims please advise Date, Description and cost of claim.					

Date policy is required:	
Current Insurer:	
Current Excess:	
Current Premium:	

**Current Cover**