

Arable Crop Insurance Application Form

Office use only		Date of visit:	/	/
Account number:	Account segment:	Rural	Lifestyle	Commercial
Sold by:	Serviced by:			
Start date:	/	/	Renewal date:	/

Client Information

Account:	Person	Collective	Sole trader	Trust	Partnership	Limited company	Other:
Contact name:	Company name:						
Postal address:							
Phone:	Mobile:						
Email:							
Associated entities, clients or groups:							
Farm ownership:	Freehold	Leasehold	Joint venture	Syndicate	Partnership		
Farm map:	Yes	No	Note: Please ensure that the information you provide in the Crop Information section below aligns with the map(s) you provide. Insurance cannot be confirmed without an accurate map(s) of your property indicating field names, field locations and field areas.				

Payment options

Frequency:	Monthly	Quarterly	Six monthly	Annual	All options
Method:	Direct to FMG	Farmlands Shareholder number		Ruralco Shareholder number	

Crop information

Note: Insurance cannot be confirmed without an accurate map(s) of your property indicating field names, field locations and field areas. Please ensure that the information you provide in the Crop Information section below aligns with the map(s) you provide.

Crop	Variety	*Perils (A,B,C,D)	Field name	Field location/address	Field area (ha)	Est yield (t/ha)	Value per tonne
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$
						t/ha	\$

*Perils Key:

A	Standard perils	Fire and lightning
B	Expanded perils	Fire, lightning, frost, windstorm, hail, or impact by vehicles or aircraft
C	Wheat scheme (Top up only – standard perils)	Fire and lightning
D	Wheat scheme (Top up only - expanded perils)	Fire, lightning, frost, windstorm, hail, or impact by vehicles or aircraft

Loss history *Please describe all hail and frost losses your crop has suffered in the last five years*

Year	Cause of loss	Date of loss	Insured/Not insured		Value of loss
		/ /	Insured	Not insured	\$
		/ /	Insured	Not insured	\$
		/ /	Insured	Not insured	\$
		/ /	Insured	Not insured	\$
		/ /	Insured	Not insured	\$

Infringement history *The information requested in this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.*

Have you ever:

Had any criminal convictions or have any criminal prosecutions pending excluding matters concealed under the Clean Slate Act? Yes No

Been declared bankrupt? Yes No

If you answered yes to any of the above questions, provide details

Insured's declaration

Insured(s) full name:

Important information

Your duty of disclosure

You have a legal duty to disclose to FMG everything that is material to the risk to be insured under this contract. If you do not do this, FMG will be able to treat the policy as having been void from the beginning, meaning no claims will be payable.

You also have a continuing duty to notify FMG of any change in circumstance which increases and/or alters the risk insured. If you fail to do so, FMG may refuse to meet any claim and/or bring your policy to an end from the date of failure.

Application and declaration

I/We declare that:

I/We are completing this proposal and signing this declaration on behalf of all persons to be covered under the policy and I/we are authorised to do so.

I/We have answered all questions fully and truthfully and have disclosed full details of all matters material to the insurance for which I/we are applying.

I/We are bound by the accuracy and completeness of the answers provided. Where any answers are not in my/our handwriting they have been checked by me/us and I/we certify they are correct and I/we agree to the Policy Terms and Conditions.

Declaration

I/We have read the section headed 'Important information'.

I/We agree that my/our personal information may be used by FMG to advise me/us of FMG's other services.

I/We authorise the disclosure of personal information held by any other party regarding my/our previous insurances, and agree to FMG releasing to other parties information regarding this insurance.

I/We declare that the information given in this proposal is true and that no material information has been withheld which would be likely to affect the acceptance of this proposal.

I/We agree that this proposal and declaration shall be the basis of the contract and that the insurance granted shall be subject to FMG's standard policy for the type of insurance requested as altered, modified or extended by any endorsements to the policy schedule or certificate of insurance issued by FMG in lieu of a policy.

I agree that the items insured under this policy are limited to the insured value as determined by myself and may be subject to the terms and conditions of the Arable Crop Policy.

This policy is 'subject to average'

Your crop is 'Subject to Average' if it is insured for less than 85% of its estimated yield at the time of loss. When 'Subject to Average' applies the amount you recover for a partial loss will reduce by the percentage that you are uninsured. 'Subject to Average' means:

- Your insurance policy contains a provision making it subject to average.
- That provision will have effect only if the property insured under the policy is underinsured at the time of loss.
- If the property insured under the policy is underinsured at the time of loss, the following rules apply:
 - if you suffer a total loss, the provision will have no effect

- if you suffer a partial loss, the maximum amount that you may recover will bear the same proportion to your actual loss as the amount for which the property is insured bears to the full value of the property
- whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured.

Example: Your property is worth \$20,000. You insure it for \$10,000. You suffer a loss of \$5,000. If your policy is subject to average, the maximum amount that you may recover will be \$2,500.

Privacy Act

Pursuant to the Privacy Act 2020 the following is brought to your attention:

This proposal collects personal information about you which is collected to evaluate the insurance you seek. The information is collected and held by Farmers' Mutual Group ("FMG"), 284-292 Church Street, Palmerston North.

The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory. Failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning. Information collected about claims made under your policies may be given to and obtained from Insurance Claims Register Limited (ICR) by Insurers that participate in the register operated by ICR.

I/We have rights of access to and correction of personal information, covering me/us, held by FMG and/or ICR, pursuant to the provisions of the Privacy Act 2020.

For a full copy of FMG's Privacy Policy please visit www.fmg.co.nz or call 0800 366 466.

Client acknowledgement

Important note: You are not covered for any loss that occurs within 48 hours of the start of the period of insurance.

Signature(s) of insured person(s):

Date: / /

Name of signatory:
