

countrypak
insurance
application



countrypak



Insurer
CGU Insurance Limited
ABN 27 004 478 371
An IAG Company

Please read the following information before you complete the application.

Please keep this information for your records.

Please read and keep the product disclosure statement and policy booklet for this insurance.

What you need to tell us

You must tell us everything that you know, or should know, which could affect our decision to insure you and/or the terms on which we insure you. You must do this when you apply for a policy, renew your policy or when you change or reinstate your policy. When we ask you specific questions, you must answer these questions truthfully and in a way that a reasonable person in the circumstances would answer them. It is important that every person who will be insured by the policy answers all questions in this way. These requirements are part of the *Insurance Contracts Act 1984*.

What you need NOT tell us

You do not need to tell us anything that:

- ◆ reduces our risk.
- ◆ is of common knowledge.
- ◆ we know, or as an insurer should know.
- ◆ we say that we do not want to know.

You do not need to tell us about when another insurer has declined cover or refused to renew a policy because of factors that do not relate to the assessment of your risk. For example, a previous insurer may have decided not to insure properties within your area.

What will happen if you do not tell us

If you withhold relevant information or you do not answer our questions in the way we have described, we can reduce the amount we pay you for your claim, or we can cancel your policy. If your failure to tell us is fraudulent, or your answers are untruthful, we can treat your policy as if it never existed.

Some things you should note

- ◆ The policy you are applying for will not provide any insurance cover for anything that may have happened before the policy started.
- ◆ This policy does not cover damage caused by flood. The policy booklet tells you what is flood.
- ◆ You must pay the excess when a claim occurs. The policy booklet tells you what is an excess.
- ◆ The insurance cover you are applying for starts when we accept your application. The commencement date of your insurance will be shown on the schedule we send you. We have the right not to accept your application.
- ◆ CGU Insurance Limited is the insurer for Domestic Workers' Compensation if your situation is in New South Wales. Our Australian Business Number is 27 004 478 371.

Insurance Australia Limited trading as CGU Workers' Compensation if your situation is in Western Australia, Tasmania or Northern Territory. Our Australian Business number is 11 000 016 722.

When complete, please forward this application to:

- CGU Insurance, GPO Box 9902 in the capital city of your state or
 - your Insurance adviser or
 - your local CGU Insurance office.

Countrypak Insurance Application

Please answer all questions. This will help us to process your application quickly.
 If you need more space to answer any of the questions, please use a separate sheet of paper.
 Any attachments will form part of this application and the declaration will include them.

Period of insurance

The date you would like your policy to start / /

The expiry date of your policy will be 4.00 p.m. on / /

Account No.

Client No.

CGU Insurance use only

Policy no. 3 : 5 : U : : : : : : :

LOB=CSP N : N : 9 : 9 :

Acceptance

Name of Agent/Broker

Replacing Cover Note/Policy no.

Applicant(s) name(s) (include 'Trading As' if applicable)

Telephone () Private
 Bus.
 Facsimile () Private
 Bus.

Postal address

 Postcode

Email address

Total area (hectares) HA

Principle activity i.e. Dairy, Crop, Livestock

Office Use Only - ANZSIC Code : : :

Interested Parties

Is any other party financially interested in any property to be insured?

No Yes

1. Name of **first** interested party
 Address Postcode
 Property in which interest is held
 Type of interest
2. Name of **second** interested party
 Address Postcode
 Property in which interest is held
 Type of interest

Situation no. 1

Address of property to be insured
 Postcode

Shire/County/Hundred

Office use only

Situation no. 2

Address of property to be insured
 Postcode

Shire/County/Hundred

Situation no. 3

Address of property to be insured
 Postcode

Shire/County/Hundred

General Questions

Note: If more than one person is applying for this insurance, these questions must be answered for each individual person. Please read the inside cover of this application before answering these questions.

1. Has any insurer declined an insurance application or claim from you or cancelled or refused to renew your policy or required special terms to insure you?
No Yes Name of insurer Date / /
Details of action taken by insurer
2. 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 last 5 years?
No Yes Give details
3. Have you been charged with, or convicted of, any criminal offences in the past 10 years?
No Yes Details of the charges or convictions
Details of any penalty, fine or bond imposed Date / /
4. Is the property to be insured in need of repair?
No Yes Give details
5. Are there any other relevant facts relating to the risk to be insured which you should disclose to enable a true assessment of your application?
No Yes State the details

Declaration

I/We declare that:

- to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.
- the buildings and contents are in a sound state of repair and the sums stated represent their full value.
- I/we understand that any statement made in this application will be treated as a statement made by all of the people to be insured.
- I/we have received and read the Countrypak Insurance product disclosure statement and policy booklet and agree to accept the insurance subject to the terms, conditions, exclusions and limitations of the policy.
- I/we consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.
- *I/we consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of the insured or person
with authority to sign for and on
behalf of a company or partnership

Date

 / /

Signature of the insured or person
with authority to sign for and on
behalf of a company or partnership

Date

 / /

* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.

Please indicate the number of additional pages attached to this application.

Section 1 — Domestic Buildings and Contents

Type of Cover selected (please tick the box showing the cover you require)

Listed Events Accidental Damage

Excess (this is the amount you pay towards each claim)

What excess do you want for buildings and contents? Nil \$50 \$100 \$250

\$500 Other — Please specify \$

Note: Specified Contents mean any domestic contents item over \$20,000 in value.

		Buildings (replacement value)	\$ Sum Insured	\$ Premium Including Charges
Dwelling 1 Situation no. <input type="text"/> Description (e.g. main homestead) <input type="text"/> Year built <input type="text"/> Type of construction <input type="text"/> Size <input type="text"/> m ² <input type="checkbox"/> or sqs <input type="checkbox"/>		Contents _____	<input type="text"/>	<input type="text"/>
		Specified Contents (please list)		
		1. _____	<input type="text"/>	
		2. _____	<input type="text"/>	
		3. _____	<input type="text"/>	
		4. _____	<input type="text"/>	
	If more than 4 items please attach list and write total sum insured of the list here.			
	Total Specified Contents		<input type="text"/>	<input type="text"/>
Dwelling 2 Situation no. <input type="text"/> Description <input type="text"/> Year built <input type="text"/> Type of construction <input type="text"/> Size <input type="text"/> m ² <input type="checkbox"/> or sqs <input type="checkbox"/>		Contents _____	<input type="text"/>	<input type="text"/>
		Specified Contents (please list)		
		1. _____	<input type="text"/>	
		2. _____	<input type="text"/>	
		3. _____	<input type="text"/>	
		4. _____	<input type="text"/>	
	If more than 4 items please attach list and write total sum insured of the list here.			
	Total Specified Contents		<input type="text"/>	<input type="text"/>
Dwelling 3 Situation no. <input type="text"/> Description <input type="text"/> Year built <input type="text"/> Type of construction <input type="text"/> Size <input type="text"/> m ² <input type="checkbox"/> or sqs <input type="checkbox"/>		Contents _____	<input type="text"/>	<input type="text"/>
		Specified Contents (please list)		
		1. _____	<input type="text"/>	
		2. _____	<input type="text"/>	
		3. _____	<input type="text"/>	
		4. _____	<input type="text"/>	
	If more than 4 items please attach list and write total sum insured of the list here.			
	Total Specified Contents		<input type="text"/>	<input type="text"/>

Section 1 — Domestic Buildings and Contents (cont.)

Business Contents are covered up to a limit of \$20,000 when the contents of the dwelling are insured.

Do you wish to increase this amount? No Yes State Amount

Liability is automatically included if buildings and/or contents are insured.

Valuable items

Valuable items are jewellery, watches, furs, items containing gold or silver, collections of stamps, money or medals, items powered by battery (these items are listed in the policy booklet), photographic equipment and accessories (including unprocessed film) and sporting equipment.

NOTE: Contents cover automatically includes valuable item under Listed Events cover or Accidental Damage cover for the greater of \$10,000 or 20 per cent of the sum insured on contents.

Both covers have an item limit of \$2,500 for valuable items and \$3,000 for sporting equipment. The type of cover you select for your contents may affect this cover.

Unspecified valuables

The total limit for valuables as part of your contents insurance are listed above. You can increase these limits, for valuable items less than \$2,500 each or sporting equipment less than \$3,000 each, by selecting this section.

What is the total amount for all valuable items under \$2,500 and sporting equipment under \$3,000 that you want covered?

Special valuables

Please list all valuable items over \$2,500 and all sporting equipment over \$3,000 per item, pair, set, collection or system that you want covered.

(You must provide us with a valuation that is less than 3 years old for jewellery, watches, furs and collections of stamps, money or medals that are valued more than \$2,500.)

(If more than 3 items, attach a list describing each extra item and its value.)

1.		
2.		
3.		
Total of Listed Items		

Total Specified Valuables

Is cover required for Domestic Workers' Compensation? No Yes
(If unsure check with your local Workers' Compensation Authority)

\$ Sum Insured	\$ Premium Including Charges
<input type="text"/>	<input type="text"/>
\$ 20,000,000	Nil Premium
<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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Section 1 Total

<input type="text"/>
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Domestic Workers' Compensation (Available in NSW, NT, WA, and TAS only)

Please note: For details regarding who the insurer is for Workers' Compensation, please refer to the policy booklet under 'Who is the insurer.'

Section 2 — Farm Property

Type of Cover selected (please tick the box showing the cover you require)

Listed Events Accidental Damage

Excess (this is the amount you pay towards each claim)

What excess do you want for buildings and contents? Nil \$50 \$100 \$250
\$500 Other — Please specify \$

Loc. no.	Description of Farm Building	Construction type	Condition <small>excellent, good, fair, poor</small>	Do you require cover for replacement cost on buildings?	\$ Sum Insured	\$ Premium Including
	Building			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Contents				<input type="text"/>	<input type="text"/>
	Building			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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	Building			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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Section 3 — Farm Machinery and Working Dogs

Note: Cover for farm machinery is only for Listed Events. If you require 'Comprehensive Cover' you should insure this under a 'Farm Motor' Insurance policy.

Specified Farm Machinery.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Farm Machinery

Unspecified Farm Machinery — Limit \$2,500 any one item.

Working Dogs.

1. _____
2. _____

Total Working Dogs

\$
Sum Insured

\$ Premium
Including Charges

Section 3 Total

Section 4 — Theft

Farm Contents (Cover is only for theft at the situation.)

Specified Farm Machinery (Cover is anywhere in Australia.)

1. _____
2. _____
3. _____

Total Farm Machinery

Specified Items (Mobile phones, CB or UHF radios, GPS units, semen, computers, other office and surgery equipment. Cover is anywhere in Australia.)

1. _____
2. _____
3. _____

Total Specified Items

\$
Sum Insured

\$ Premium
Including Charges

Section 4 Total

Section 5 — Hay, Grain, Fencing, Livestock and Farm Trees

Fencing

Note: Claims will be settled by replacing fencing with the nearest equivalent new fencing or repair to 'as new' condition. You should insure your fencing for its replacement cost when new, as average may apply if you are under insured. Removal of debris is covered to 10% of the fencing sum insured or \$2,000, whichever is the greater.

Boundary not shared

Boundary shared

Sub-divisional

All fencing

\$ Sum Insured	\$ Premium Including Charges
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Hay and Grain

Livestock

Note: The sum insured for livestock includes the cost of removal of dead animals and veterinary attention up to 10% of the livestock sum insured or \$2,000, whichever is the greater.

Total sheep

Total cattle

Total horses

Other

1.

2.

3.

4.

\$ Sum Insured	\$ Premium Including Charges
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Section 5 Total	<input type="text"/>

Farm Trees used for windbreaks, shade or erosion control only.

Section 6 — Business Interruption

Agistment Income

This is the amount you expect to receive during the next 12 months for agistment of livestock on your property, less any savings in costs for not having any livestock on agistment.

Farming Continuation Expenses

This is the additional expenditure incurred to maintain farming and grazing activities following damage to insured farm property. This should include the cost of planning the layout of the farm following the destruction of fencing.

\$ Sum Insured	\$ Premium Including Charges
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Section 6 Total	<input type="text"/>

Note: Personal Income Protection – Section 9 should also be considered to ensure farm business continuity in the event of injury or illness to key persons in your farm business.

Section 7 — Business Liability

Liability arising in connection with the business of farming, grazing, cropping or other like primary producing activities.

No. of working proprietors No. of employees

Cover is provided for aircraft landing areas where no fee is charged. If you charge a fee for use of the landing area, do you require cover?

No Yes Extra premium is payable

\$ Limit of Indemnity	\$ Premium Including Charges
<input type="text"/>	<input type="text"/>
Min. \$ 2,000,000	
Min. \$ 2,000,000	<input type="text"/>
Section 7 Total	
<input type="text"/>	

Is your property used or leased for any purpose other than primary production (e.g. sand and gravel pits or any other non-farming activity)?

No Yes State details of activity

Do you derive any income from contract farming?

No Yes Annual income from contract farming

\$

State details

Note: If the greater of 10% or \$50,000 of your farming income is involved with contract farming a separate public liability policy should be arranged in respect of your contract farming activities.

Section 8 — Machinery Breakdown

You may choose to insure your electrical and mechanical machinery against breakdown by individually specifying those items you wish to cover or by selecting the Blanket Cover Option. If you select the Blanket Cover Option, you MUST complete the table on the following page, showing the number of items of machinery on your farm. The cover we provide you under the Blanket Cover Option is limited to \$20,000 any one claim and up to a maximum of \$20,000 in total during any one period of insurance. Electronic equipment can also be covered. You need to specify each item requiring cover. Electrical and mechanical machinery valued in excess of \$20,000, any one item must be specified.

Note: The minimum excess for this section is \$100 for each and every claim.

Do you require the Blanket Cover Option? (Electrical and mechanical machinery only)

No Yes Please complete the table over the page

Specified item. (All electronic equipment requiring cover must be specified)		\$ Sum Insured	\$ Premium Including Charges
Description	Excess (minimum \$100)		
1. Deterioration of refrigerated goods	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Total	<input type="text"/>

Section 8 — Machinery Breakdown

		Blanket Cover Option			
Item of Plant	Type or Size	No. of Items		Rating Units	Sub-Total Rating Units
Electrical Motors only (Not submersible motors, sealed unit compressor motors or portable electrical tools)	up to 3.75 Kw	_____	x	0.6	_____
	3.75 — 7.5 Kw	_____	x	1.0	_____
	7.5 — 22.5 Kw	_____	x	2.0	_____
	22.5 — 37.5 Kw	_____	x	2.7	_____
	37.5 — 55 Kw	_____	x	3.2	_____
	55 — 75 Kw	_____	x	4.2	_____
Pumps — Non-submersible Centrifugal, excluding driving motors	up to 7.5 Kw	_____	x	0.6	_____
	3.75 — 7.5 Kw	_____	x	1.2	_____
	7.5 — 22.5 Kw	_____	x	1.5	_____
	22.5 — 37.5 Kw	_____	x	1.8	_____
	37.5 — 55 Kw	_____	x	2.0	_____
	55 — 75 Kw	_____	x	3.0	_____
Pumps — Submersible and Turbine including electric motors	up to 7.5 Kw	_____	x	4.0	_____
	7.5 — 15 Kw	_____	x	9.0	_____
	15 — 37.5 Kw	_____	x	18.0	_____
	37.5 — 55 Kw	_____	x	25.0	_____
Shearing Plant — per stand including grinders and handpieces	Electrical	_____	x	0.8	_____
	Engine	_____	x	1.5	_____
Wool Press — Electric and Hydraulic — (per unit)		_____	x	0.9	_____
Dairy Plant — Bulk Milk tank(s) including Contamination of Milk	up to 3,000 Ltr	_____	x	8.0	_____
	3,000 — 10,000 Ltr	_____	x	9.0	_____
	over 10,000 Ltr	_____	x	10.0	_____
Refrigeration Systems — Sealed units, open type compressors and electric driving motors	up to 3.75 Kw	_____	x	2.8	_____
	3.75 — 5.5 Kw	_____	x	3.5	_____
	5.5 — 7.5 Kw	_____	x	4.5	_____
Lighting Plants — Complete	up to 5 KVA	_____	x	4.4	_____
	5 — 10 KVA	_____	x	6.2	_____
	10 — 25 KVA	_____	x	7.5	_____
Stationary Diesel Engines	up to 7.5 Kw	_____	x	3.0	_____
	7.5 — 15 Kw	_____	x	5.0	_____
	15 — 37.5 Kw	_____	x	8.0	_____
Portable electric hand tools		_____	x	0.6	_____
Electric Welders — transformer type		_____	x	1.1	_____
Electric Welders — other types		_____	x	2.0	_____
Air Compressor and electric motor		_____	x	1.1	_____
Switchboards and Battery Chargers		_____	x	0.3	_____
Miscellaneous Machinery (including pressure equipment but not electronic equipment) must be referred to the company for rating and excess		1	x	—	_____
		2	x	—	_____
		3	x	—	_____
		4	x	—	_____
				Total Rating Units	

Premium Calculations Total Rating Units x Industry Rate Multiplier \$ = \$

Section 8 Total \$

Section 9 — Personal Income (cont.)

Questionnaire and Declaration To be completed by 'Person to be insured' (if Section 9 is taken)

First Person to be insured

1. Have you been medically attended for any accident or illness in the past five years by either a medical practitioner or an allied health practitioner?

No Yes

State the nature of the accident or illness and the name of the medical practitioner who attended.

Are you still suffering from any symptoms as a result of the accident or illness?

No Yes

State details including the type of treatment and when treatment was last received.

2. Height cms Weight kgs Male Female

3. Have you ever suffered from:

(a) Any injury to, or illness or disease of, your:

- Heart, lungs, blood vessels or circulatory system? No Yes
- Bones, joints, muscles, limbs or skin (other than infrequent, accidental, minor cuts and bruises)? No Yes
- Head, back, neck or spine? No Yes
- Kidney, urinary tract or reproductive organs? No Yes
- Brain, nervous system or auto-immune system? No Yes
- Stomach, bowel or digestive system? No Yes
- Eyes, ears, nose or throat (other than infrequent colds)? No Yes

(b) A hernia? No Yes

(c) Any infectious disease or viral infection (other than infrequent colds)? No Yes

(d) Any mental illness or disease, or stress-related condition? No Yes

(e) Any other injury, illness or disease? No Yes

If **Yes** to any of the above, give details below of each injury, illness or disease including:

- what the injury, illness or disease was
- how the injury, illness or disease was treated
- when you suffered the injury, illness or disease
- to what extent, if any, you are still suffering from the injury, illness or disease.

Details

4. State your occupation

In your occupation are you: self employed employee

Note: If your occupation is not full time farming and/or grazing, then a separate Personal Income policy should be arranged.

Signature of First Person

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Date

/ /

Section 9 — Personal Income (cont.)

Questionnaire and Declaration To be completed by 'Person to be insured' (if Section 9 is taken)

Second Person to be insured

1. Have you been medically attended for any accident or illness in the past five years by either a medical practitioner or allied health practitioner?

No Yes State the nature of the accident or illness and the name of the medical practitioner who attended.

Are you still suffering from any symptoms as a result of the accident or illness?

No Yes State details including the type of treatment and when treatment was last received.

2. Height cms Weight kgs Male Female

3. Have you ever suffered from:

(a) Any injury to, or illness or disease of, your:

- | | | |
|--|-----------------------------|------------------------------|
| Heart, lungs, blood vessels or circulatory system? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Bones, joints, muscles, limbs or skin (other than infrequent, accidental, minor cuts and bruises)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Head, back, neck or spine? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Kidney, urinary tract or reproductive organs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Brain, nervous system or auto-immune system? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Stomach, bowel or digestive system? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Eyes, ears, nose or throat (other than infrequent colds)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

(b) A hernia? No Yes

(c) Any infectious disease or viral infection (other than infrequent colds)? No Yes

(d) Any mental illness or disease, or stress-related condition? No Yes

(e) Any other injury, illness or disease? No Yes

If **Yes** to any of the above, give details below of each injury, illness or disease including:

- what the injury, illness or disease was
- how the injury, illness or disease was treated
- when you suffered the injury, illness or disease
- to what extent, if any, you are still suffering from the injury, illness or disease.

Details

4. State your occupation

In your occupation are you: self employed employee

Note: If your occupation is not full time farming and/or grazing, then a separate Personal Income policy should be arranged.

Signature of Second Person

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Date

	/		/	
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Section 10 — Road Transit

This section provides cover for **Livestock, Farm Produce, General Farm Goods** and **Farm Machinery**

\$ Sum Insured	\$ Premium Including Charges
<input type="text"/>	<input type="text"/>

Section Premium Totals

Sec. 1	Sec. 2	Sec. 3	Sec. 4	Sec. 5	Sec. 6	Sec. 7	Sec. 8	Sec. 9	Sec. 10
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total Amount Payable for Sections 1 - 10								\$	



Insurer
CGU Insurance Limited
ABN 27 004 478 371
An IAG Company