

INSURANCE PROPOSAL - 2020

CLIENT DETAILS

Insured Name	T/As		
Contact Person	ABN		
Postal Address			
Town	State	Post Code	
Telephone	Mobile	Facsimile	
Other interested parties (eg. Financiers, partnership)			

PROPERTY DETAILS

Property Name	Latitude	Longitude
1. If Share Farmed provide Name		Phone
Property Name	Latitude	Longitude
2. If Share Farmed provide Name		Phone
Property Name	Latitude	Longitude
3. If Share Farmed provide Name		Phone
Insured Crop Yield Cover	After Harvest Declaration <input type="checkbox"/>	Final Revision Date <input type="checkbox"/>
Cover Option Type	Hail & Fire (H & F) <input type="checkbox"/>	Fire Only (F) <input type="checkbox"/>
Decreasing Excess Option	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any of Your Crops Damaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

In the last 5 years, how many **incidents of Hail** has the Insured Property experienced?

What is the total amount of insurance crop claims paid in the last 5 years?

Has any insurance policy been declined or cancelled, renewal refused, special condition applied? Y N

DECLARATION

I/We (The Insured Name or authorised person of the Insured Name):

declare that the answers and statements made in this Proposal are correct and I/We have fully disclosed everything likely to affect acceptance of this Proposal.

Name	Position
Signature	Date

