

AWB Contact Office Date

1 GROWERS INFORMATION

Name of Insured ABN
 Contact Name Tel
 Postal Address Mobile
 Email
 Post Code State Grower Number (NGR or CBH)

2 CURRENT INSURANCE ARRANGEMENTS

Who is your current Insurer?
 What type of Policy do you usually purchase? Pre-Harvest Post-Harvest
 In the last 3 years have you made a crop insurance claim? Yes No
 If yes, Number of claims (Approx.) Total Value \$ Date

MUST BE ANSWERED

*No Insurer has cancelled or threatened to cancel their insurances due to non-payment of a premium. Yes No
 *No Insurer has ever imposed special terms on their insurance(s) including special excesses or restrictions. Yes No
 *No Insurer has declined a claim or declined to renew their insurance due to fraud or a failure to disclose material information. Yes No

Please Note: If YES is the answer to any of the above three questions this request must be referred to the underwriter

3 Quote Summary Table- must be completed (Tick the options you require to be quoted)

Standard Coverage (please select)
 Policy Type **Pre-Harvest** **Post-Harvest**
 Standard Excess Standard Excess
 Higher Excess Higher Excess

Note: Reducing Excess is Standard

Endorsements Available (Please select)

a) Do You wish to insure for Frost? Yes No Note: Frost cover is only available with a Post-Harvest Policy

If You selected YES, what percentage of Your Hail & Fire Sum Insured do You wish to Insure?

100% 90% **80%** 70% 60%

Note: Frost cover is only available for Wheat, Barley and Canola & you MUST insure 100% of the Crop Type. The highlighted **Boxes** are the default offering.

What percentage Excess do You wish to select?
 10% **20%** 30% 40% 50%

b) Do You wish to insure for Crop Establishment Failure including inability to Plant in Season 2019? Yes No

What percentage of each Property's cropped area at FRD do You wish to Insure for the 2019 season?

100% **150%**

What amount per hectare do You wish to Insure?

\$150 **\$200** \$250

What percentage Excess do You wish to select?

10% 20%

Note: The highlighted **Boxes** are the default offering

4 CUSTOMERS SIGNATURE (or AWB Rep as required)

Sign here

Date

5 PLEASE ADD ANY OTHER COMMENTS or QUOTE REQUIREMENTS BELOW

6 PROPERTY INFORMATION Complete a separate page for each property

Name of the Property

Distance & direction from the nearest town

In which Shire is the property located Post code

GIS Coordinates in Decimal Lat. Long.

(e.g. - Moree, NSW - Latitude -29.46 and Longitude 149.84)

7 CROP INFORMATION

Attach a spreadsheet if not sufficient space

Field Name	Crop Type	Area (Ha)	Est Yield (Tonne/Ha)	Insured Value (\$/tonne)

Has the crop to be quoted been damaged by Hail or Frost this season? Yes* *If Yes, a property survey may be required before cover can be provided No

Are you insuring all your crops for Hail and Fire? Yes No* *If No, please supply a property map highlighting the field(s) that are not to be insured

8 INTERESTED PARTY INFORMATION

Do we need to note the interests of a bank, financier or other third party(s) Yes No

If Yes, please name the interested party

9 SHAREFARMER INFORMATION

Will the insured property be Sharefarmed? Yes* *If Yes, please provide the following additional information No

What is the Sharefarmers percentage interest in the crop? % (Sharefarmer interest)

Is the Sharefarmer(s) percentage interest in the crop to be insured? Yes No

Sharefarmers Name

Sharefarmers Address

Sharefarmer Phone No ABN/ACN