



Farm Pack Insurance Application

Policy No.		Client No.		Intermediary No.	
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The Applicant/s										
Name(s) in full	(Please ensure all individual and Trading Entity names are shown)									
Tax Status	Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN					Taxable	%
Postal Address for Notices										
								State		Postcode
Contact Numbers	Phone No. (Private)	()			Phone No. (Business)	()				
	Fax No.	()			Email					
Property Details: Name(s)								Size(s) in acres/hectares		
Situation(s)	<input type="checkbox"/> <input checked="" type="checkbox"/> if same as postal									
								State		Postcode
Type of Farm	<input type="checkbox"/> Pastoral/Grazing	<input type="checkbox"/> Grain Growing	<input type="checkbox"/> Dairy	<input type="checkbox"/> Fruit/Vegetable						
	<input type="checkbox"/> Piggery	<input type="checkbox"/> Mixed	<input type="checkbox"/> Poultry	<input type="checkbox"/> Other						
Annual Turnover	(Average last three years)				Connected to town water?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other Interested Persons (e.g. Mortgagees or Lessors) – Name & Address										
								State		Postcode
Period of Insurance	From	/	/	to	/	/	at 4 p.m			

General Information	
If "Yes", to any questions below, please provide full details including name of insurer, dates, amount in \$'s, reason for cancellation	Please <input checked="" type="checkbox"/>
a) Have you in the past 5 years	
1. made any claim(s) on an insurer for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, or special conditions or non-standard excess imposed by an insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. suffered any loss or damage which would have been covered by the proposed insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Have you or any partner(s), shareholder(s) or director(s) of the business	
1. ever been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. been convicted of any criminal offence within the past 5 years (other than minor traffic infringements)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Home Buildings/Contents			
	Building 1	Building 2	Building 3
1) Description e.g. Cottage	Main Homestead		
2) Location <input type="checkbox"/> ✓ if same as postal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) SUM INSURED – HOME	\$	\$	\$
– CONTENTS	\$	\$	\$
Notes: i) Sums Insured should be the replacement value of home(s) and contents of all family residents. ii) Contents Sum Insured should include all business computers and equipment up to \$15,000. iii) Please read special contents items section on page 3 and complete it if necessary.			
4) What TYPE of cover do you require? Please ✓	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>
Cover 1 Insured Events Cover Defined Events (e.g. fire, storm or rainwater, theft, earthquake etc.) damage to home and to contents anywhere on the farm.			
Cover 2 Accidental Damage Cover Accidental Loss or Damage to home and to contents anywhere in Australia.			
Notes: i) Cover 2 is only available to owner occupied homes. ii) A higher premium is payable for Cover 2.			
5) (a) Who occupies the home? Please ✓	Permanent home of: (a) Farm Owner <input type="checkbox"/> (b) Family Member <input type="checkbox"/> (c) Farm Manager <input type="checkbox"/> Farm Worker <input type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Holiday Home <input type="checkbox"/> Casual Occupant <input type="checkbox"/>	Permanent home of: (a) Farm Owner <input type="checkbox"/> (b) Family Member <input type="checkbox"/> (c) Farm Manager <input type="checkbox"/> Farm Worker <input type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Holiday Home <input type="checkbox"/> Casual Occupant <input type="checkbox"/>	Permanent home of: (a) Farm Owner <input type="checkbox"/> (b) Family Member <input type="checkbox"/> (c) Farm Manager <input type="checkbox"/> Farm Worker <input type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Holiday Home <input type="checkbox"/> Casual Occupant <input type="checkbox"/>
(b) Insured Date of Birth	/ /	/ /	/ /
(c) Retired	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6) What are the construction materials of	Walls?		
	Roof?		
7) (a) Year of construction			
(b) If over 50 years old has the home been	– Rewired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	– Replumbed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8) What size is the home?	<input type="text"/> Square metres or <input type="text"/> Squares (10'x10')	<input type="text"/> Square metres or <input type="text"/> Squares (10'x10')	<input type="text"/> Square metres or <input type="text"/> Squares (10'x10')
9) Have any security devices been installed in the home? Please ✓	Deadlocks – all doors <input type="checkbox"/> Keylocks – all windows <input type="checkbox"/> Alarms <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other (give details) <input type="checkbox"/>	Deadlocks – all doors <input type="checkbox"/> Keylocks – all windows <input type="checkbox"/> Alarms <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other (give details) <input type="checkbox"/>	Deadlocks – all doors <input type="checkbox"/> Keylocks – all windows <input type="checkbox"/> Alarms <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other (give details) <input type="checkbox"/>
10) Does the home have a Heritage/ National Trust or similar classification?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(OFFICE USE ONLY)	Premium		
	FSL		
	S/Duty		
	GST		
	Total		

Farm Property

The standard cover provided under this section is Indemnity Value. However Farm Buildings and Fencing (**provided they are in good order**) and Farm Contents (**10 year limit applies**) can be insured for Replacement (equivalent new value). **If you require replacement cover please tick (✓) the appropriate items and ensure their sum(s) insured represents full rebuilding/replacement costs as new.** Note: All buildings must be separately listed.

FARM BUILDINGS – Description		Construction	Age	Tick (✓) for Replacement	SUM INSURED
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
FENCING	Do you want materials only cover for fencing? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Internal	(100% owned)	km @	\$	per km	\$
Shared Boundary	(50% owned)	km @	\$	per km	\$
Full Boundary	(100% owned)	km @	\$	per km	\$
Power & Telephone Poles & Wiring for which you are responsible.					\$
FARM CONTENTS (Include contents of all farm buildings and fixed plant in the open) Do not include mobile machinery or implements, livestock or hay.					\$
FARM CONSUMABLES (means items which are used during the normal operation of the Farm Business including fertilisers, seeds, chemicals, sprays, fuel, machinery parts, oils, petrol and diesel)					\$
MISCELLANEOUS (We can only provide indemnity cover i.e. depreciated value for these items)					
Hay – stacked, baled, rolled or stooked					\$
Wool – from sheep's back to fall of auctioneer's hammer					\$
Cost of removing burnt out trees and replanting with seedlings (instead of the automatic \$1,000)					\$
Mobile Farm Machinery and implements – fire and vandalism damage cover only (Please list below) (Note: if you also require cover for theft, destruction and accidental damage to farm machinery and implements then the items must be insured under the Motor Vehicle section pages 6 and 7 or page 8.)					
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
All unspecified mobile farm machinery fire and vandalism damage cover only (max. sum insured is \$10,000 – limit \$2,000 per machine)					\$
TOTAL SUM INSURED FOR FARM PROPERTY					\$
Premium \$	FSL \$	S/D \$	GST \$	Total \$	

Farm Liability

LIMIT OF INDEMNITY	(Please ✓)	\$10 Million <input type="checkbox"/>	\$20 Million <input type="checkbox"/>	Other <input type="checkbox"/>	\$
1) Cover is automatically provided for claims in respect of goods in your physical and legal control to a limit of – \$100,000 for property, vehicles – \$50,000 for birds and animals – \$150,000 in aggregate during any one period of insurance If you require additional cover for property or vehicles other than above, please advise the amount required. Note: There is no cover for ostrich, deer or alpaca.					\$
2) How many family members work on the farm?					
3) How many additional employees (not family members) work on the farm?					
4) Do you engage in rural contracting that is more than incidental to your own farming activities? If "Yes" a) What <input type="text"/> % of your annual income is derived from contracting? b) What type of activities do you engage in?					Yes <input type="checkbox"/> No <input type="checkbox"/>
5) Do you engage in host farming activities? If "Yes", a) Number of overnight guests <input type="text"/> b) Number of day visitors <input type="text"/> c) What type of activities do you provide? (Please ✓) Archery <input type="checkbox"/> Horse riding <input type="checkbox"/> Shooting <input type="checkbox"/> Trampolining <input type="checkbox"/> Other <input type="text"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>
Premium \$	S/D \$	GST \$	Total Payable \$		

Livestock and Working Dogs

Livestock – death caused by fire, lightning, explosion, earthquake and impact by vehicle or aircraft.

Type of Animal	Number(s)	Peak Value per head	Sum Insured
	@	\$	\$
	@	\$	\$
	@	\$	\$
	@	\$	\$
	@	\$	\$
	@	\$	\$
TOTAL SUM INSURED			\$

Premium \$	FSL \$	S/D \$	GST \$	Total \$
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Working Dogs – death by accident

Provide proof of value if the sum insured for any dog is \$1,000 or over.

Name	Age	Sex	Breed	Ear, tattoo details or Registration Number	Colour	Markings	Sum Insured
							\$
							\$
							\$
							\$
							\$
							\$
TOTAL SUM INSURED							\$

Premium \$	FSL \$	S/D \$	GST \$	Total \$
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Vehicle 2.		Vehicle 3.		Vehicle 4.		Vehicle 5.		Vehicle 6.	
Comprehensive <input type="checkbox"/>	<input type="checkbox"/>	Comprehensive <input type="checkbox"/>	<input type="checkbox"/>	Comprehensive <input type="checkbox"/>	<input type="checkbox"/>	Comprehensive <input type="checkbox"/>	<input type="checkbox"/>	Comprehensive <input type="checkbox"/>	<input type="checkbox"/>
Third Party Only <input type="checkbox"/>	<input type="checkbox"/>	Third Party Only <input type="checkbox"/>	<input type="checkbox"/>	Third Party Only <input type="checkbox"/>	<input type="checkbox"/>	Third Party Only <input type="checkbox"/>	<input type="checkbox"/>	Third Party Only <input type="checkbox"/>	<input type="checkbox"/>
Fire, Theft and Third Party <input type="checkbox"/>	<input type="checkbox"/>	Fire, Theft and Third Party <input type="checkbox"/>	<input type="checkbox"/>	Fire, Theft and Third Party <input type="checkbox"/>	<input type="checkbox"/>	Fire, Theft and Third Party <input type="checkbox"/>	<input type="checkbox"/>	Fire, Theft and Third Party <input type="checkbox"/>	<input type="checkbox"/>
\$		\$		\$		\$		\$	
/	/	/	/	/	/	/	/	/	/
\$		\$		\$		\$		\$	
	%		%		%		%		%
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
Auto <input type="checkbox"/>	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	Manual <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Klms		Klms		Klms		Klms		Klms
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	

Personal Accident and Illness

Notes: 1) Cover is not available for persons aged 60 or more years. 2) Weekly Benefit period 104 weeks maximum.

	FIRST PERSON				SECOND PERSON			
Surname								
First/Second Name								
Date of Birth	/		/		/		/	
Height & Weight		cms		kgs		cms		kgs
Cover required (Please ✓)	Accident and Illness <input type="checkbox"/> or Accident only <input type="checkbox"/>				Accident and Illness <input type="checkbox"/> or Accident only <input type="checkbox"/>			
Benefits required	CAPITAL SUM		\$		CAPITAL SUM		\$	
	WEEKLY SUM		\$		WEEKLY SUM		\$	
Who is the designated beneficiary in the event of death?								
If you have answered "Yes" to any question (Insurance or Medical), please give details including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition, name and addresses of doctors and hospitals consulted. If insufficient space, please attach details.								
1. Has this person ever been insured against injury or illness, now or before? If "Yes", provide details of previous insurer(s).	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Do you currently, or do you intend to engage in any hazardous pursuits or pastime including but not limited to motor sports in any form; rock climbing; water skiing snow skiing; horse riding? If "Yes", provide full details.	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. Is this person engaged in work other than farming, with you or elsewhere? If "Yes", provide full details.	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. Have special terms ever been imposed for life or disability insurance or has such an insurance ever been declined? If "Yes", provide full details.	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
5. Has this person received medical advice, consulted a doctor, undergone any medical treatment or investigations for high blood pressure or cholesterol; any heart complaint or problem; HIV. AIDS or AIDS related conditions; stroke; kidney, bowel, bladder or liver disease; cancer or tumour of any type; diabetes; asthma or any lung complaint; mental, nervous or depressive disorder; epilepsy; alcohol or drug abuse; nervous system disorder? If "Yes", provide full details.	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
6. During the last 5 years, has this person suffered from any other health problem or physical impairment not mentioned above or have you taken prescribed medication of any kind? (It is not necessary to answer "Yes" if only for colds and flu). If "Yes", provide full details.	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			

Electronic Equipment Section

- Notes: i) Fire and Perils risks are to be insured under the Farm Property or Home Buildings/Contents Section.
 ii) Theft risks are to be insured under the Theft or Home Buildings/Contents Section.
 iii) Maximum limit \$30,000 any one item and \$250,000 in all.
 iv) Indemnity Period 3 months, Excess 2 working days for Increased Cost of Working cover.

List items (including make, model and serial numbers)	Sum Insured (New replacement cost \$)		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Restoration of Data (max \$30,000)	\$		
Increased Cost of Working (Max \$30,000)	\$		
TOTAL SUM INSURED	\$		
Premium \$	S/D \$	GST \$	Total Payable \$

General Property Section

Please indicate (by ✓) the type of cover you require. NB Items listed will be covered anywhere in Australia.

- Cover 1** **Fire, lightning, explosion, malicious damage or vandalism; theft following forcible and violent entry which causes visible damage to a locked vehicle or premises; theft of equipment, which is securely attached to a vehicle through use of locks or padlocks, which results in visible damage to the securing devices; collision or overturning of the conveying vehicle.**
 OR
Cover 2 **Accidental Loss or Damage.**

List items (including make, model and serial numbers where applicable). Please advise type of semen (e.g. Dairy Cattle: Friesian) if artificial insemination flasks are being insured.	Sum Insured
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL SUM INSURED	\$

Do you require replacement cover for Communications Equipment? Yes No
 (If "Yes", please ensure the Sum(s) Insured represent the new replacement cost)

Premium \$	S/D \$	GST \$	Total \$
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Transit – Livestock & Produce & Property

This section provides protection for death of livestock and destruction of produce in transit. It covers fire, flood and collision or overturning of the carrying vehicle. Any one animal is covered up to 20% of the total sum insured.

We do not cover transit of deer, ostriches and alpaca.

Sum Insured

\$

Premium \$

S/D \$

GST \$

Total Payable \$

Theft

Notes: i) Livestock, motor vehicles, farm machinery and implements (e.g headers, ag-bikes/all terrain vehicles etc) are not covered.
ii) Cover provided is for indemnity value only.

Sum Insured

Farm contents, produce and hay

\$

Farm consumables (refer page 4 for definition)

\$

\$

TOTAL SUM INSURED

\$

Premium \$

S/D \$

GST \$

Total Payable \$

Business Interruption

Interest Insured

Sum Insured

1) Weekly Income* (You can select Cover 1 or Cover 2, but not both)

\$

for Indemnity Period

weeks

\$

Note: Weekly Income option is only available where regular weekly/monthly income is a feature of your farming operation

2) Additional Cost of Working*

\$

Claims Preparation Costs (instead of the automatic \$5,000)

\$

3) Agistment Costs

\$

4) Tax Audit Expenses

\$

5) Legal Expenses

\$

TOTAL SUM INSURED

\$

Premium \$

FSL \$

S/D \$

GST \$

Total \$

Pleasurecraft

	Hull	Motor	Sails Masts & Spars	Trailer
Year Built/Mfg				
Make				
Type				
Length				
Construction				
Registered No.				
Name (if applicable)				
Serial/Sail No.				
Type of Material				
Inboard or Outboard				
Horse Power			H.P.	
Sum Insured	\$	\$	\$	\$

Pleasurecraft (continued)

EQUIPMENT and ACCESSORIES for the safety and use of the boat including anchors, oars and Sum Insured paddles, detachable canopies, boat and motor covers, bilge pumps, life-saving equipment, auto pilot, depth sounders, electronic navigation equipment, global positioning system and two-way radios.				Sum Insured	
				\$	
1) What legal Liability Limit do you require? (Please ✓)			\$5 million <input type="checkbox"/>	\$10 million <input type="checkbox"/>	
2) What is the maximum speed your boat is capable?			Knots or KPH		or MPH
3) Where is your boat moored or stored?					
4) What geographical cruising limit do you require?					Kilometres
5) What type of fuel (Please ✓)			Petrol <input type="checkbox"/>	Diesel <input type="checkbox"/>	Other <input type="checkbox"/>
6) Is the boat for private use only?					Yes <input type="checkbox"/> No <input type="checkbox"/>
7) Do you require cover for water skiers/aquaplaning liability?					Yes <input type="checkbox"/> No <input type="checkbox"/>
8) Do you require Racing Risk extension for sailing craft?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Premium \$	S/D \$	GST \$	Total Payable \$		

Differences from Standard Cover and Other Matters

We are required to give you the information below under the Insurance Contracts Act, 1984.

The QBE Farm Pack Insurance Policy, in its Home and Contents, Farm Property, Motor Vehicle and Personal Accident sections provide less cover than that prescribed by the Insurance Contracts Act in the following instances:

A. HOME AND CONTENTS SECTION

Loss or damage suffered as a result of a flood, the action of the sea, high water, tidal wave, erosion, landslide or subsidence is excluded.

B. FARM PROPERTY, LIVESTOCK AND ELECTRONIC EQUIPMENT SECTIONS

AVERAGE – ALSO KNOWN AS CO-INSURANCE

If the sum insured for any item insured under the Farm Property, Livestock or Electronic Equipment Sections is less than 80% of its value under the basis of settlement which applies to it, (i.e. indemnity or replacement) You will bear (co-insure) with us an amount equal to the percentage shortfall between the sum insured and your loss or damage.

This clause will not apply:

- if the amount of the loss does not exceed 5% of the sum insured of the item which is lost or damaged;
- to any payment made for additional benefits insured by the section; or
- to loss or damage to fencing, hay or farm machinery.

It is in your interest to ensure that the sum insured for this section represents its full insurable value.

C. MOTOR VEHICLES SECTION

This section provides that an excess applies to all claims. An excess is the amount you have to contribute towards the cost of claims arising out of each occurrence. There are two types of excess, as follows:

Standard Excess – A standard excess applies to all claims, the amount of which is stated in the policy schedule.

Driver Experience Excess – In addition to the Standard Excess, a Driver Experience Excess applies, the amount of which is stated in the policy schedule, and it applies when the person using the motor vehicle at the time of the occurrence is:

- under 21 years of age, or
- 21 and under 25 years of age, or
- 25 or more years of age and has been licensed to drive for less than 2 years.

Note – only Standard Excess shall apply to broken windscreen claims.

D. PERSONAL ACCIDENT SECTION

1. Any period between the date of an insured person's total disablement and the commencement of treatment by a duly qualified medical practitioner is not covered.
2. The maximum period an Insured person can receive compensation is 104 weeks.
3. The policy covers death by accident only. Death caused by illness or disease is excluded.

If you are entitled to receive:

- disability benefits under any other policy of insurance;
- weekly compensation under any Workers' Compensation legislation;
- sick pay from your employer; or
- earned income from any other occupation,

then the amount of compensation payable will be reduced so that the total of all such payments and compensation paid does not exceed your pre-disability earnings.

Payment of compensation may be subject to a waiting period depending on the circumstances of your claim.

WEEKLY BENEFIT

Payment of compensation may be subject to a deferment period. A deferment period means the number of days after medical treatment by a qualified medical practitioner commences before we will pay weekly benefits.

E. APPLICABLE TO ALL SECTIONS UNDER THE FARM PACK INSURANCE POLICY

EXCESS

The excess specified in the policy schedule or provided in the policy wording for each section is the amount payable by you on each loss under that section. Where a claim is made on more than one section in respect of the same event, only one (1) excess (the highest of these sections) will be applied.

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. The Act requires that before a Policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else to be insured under the Policy, and on what terms. Your Duty of Disclosure is different, depending on whether this is a new Policy or not.

New business

Where you are entering into this Policy for the first time (that is, it is new business and is not being renewed, varied, extended or reinstated) you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the specific questions we ask.

When answering our questions you must be honest.

- **Who needs to tell us**

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the Policy.

- **If you do not tell us**

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the Policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the Policy as never having worked.

Renewals, variations, extensions and reinstatements

Once your Policy is entered into and is no longer new business then your duty to us changes. You are required before you renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter:**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Inadequate Space to Answer

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

Excess Option

The amount you have to pay for each loss is called 'the excess' and it varies for each section. In most cases you can elect to take a higher excess of \$250, \$500 or \$1,000. There is a discount if you take the higher excess.

Please ✓ your selection

Excess \$250 or
Excess \$500 or
Excess \$1,000

N.B. These excess amounts **are optional** not mandatory

The standard excess for the following sections is not changed if you select a higher policy excess.

- Motor Vehicle
- Personal Accident and Illness

Workers Compensation

Workers' Compensation is compulsory in all states and territories of Australia.

This package does not include Workers' Compensation.

Do you wish to be supplied with a quotation/further information regarding Workers' Compensation?

Yes No

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Product Disclosure Statement (PDS) and the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant/Broker's Signature

X

Date

/ /

Valuables – Miscellaneous Valuables

By Miscellaneous Valuables we mean:

- Jewellery;
- Gold or silver objects;
- Watches;
- Sporting equipment except while in use or play;
- Photographic equipment including video equipment;
- Musical equipment;
- Battery operated sound equipment;
- Binocular;
- Clothing;
- Wheelchairs, crutches and walking sticks;
- Other personal belongings specifically designed to be worn or carried on the person;
- Luggage.

Office Use

COVER NOTE NO.	RECEIPT NO.				
	Premium	FSL	GST	S/Duty	Total
Home Buildings/Contents					
Valuables					
Property					
Motor Vehicle					
Liability					
Livestock					
Personal Accident					
Machinery Breakdown					
Electrical Equipment					
General Property					
Transit					
Theft					
Business Interruption					
Boat					

Please return the completed form to your Financial Services Provider.

