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Olive Insurance Proposal Form

Please read the following Important Notices

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matter:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That Your insurer knows or, in the ordinary course of its business, ought to know;
- As to which compliance with your duty is waived by the insurer

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Privacy Notice

We are bound by the National Privacy Principles of the Privacy Act 1988 (CTH) when We collect and handle Your personal information. The Personal information We collect in connection with this insurance is needed to enable us to evaluate Your application and to administer Your insurance cover. You may request Us to provide you with a copy of that information, except information that has been provided to Us in confidence.

We are entitled to disclose Your personal information to other persons, such as our insurers, reinsurers, loss assessors and claims consultants.

Cancellation

Due to the seasonal nature of the risks you will not be entitled to any refund of premium if you choose to cancel the policy after its inception.

The Insured

Name:

Address:

Town State Postcode

Grove Address:

..... State Postcode

Contact Person:

Telephone: Facsimile:

Email:

Interested Parties:

Covers

Please select the covers, in addition to the basic covers already ticked, and level of excess you require.

A Tree	B Crop	C Public & Products Liability
Fire and Hail <input checked="" type="checkbox"/>	Fire & Hail: <input checked="" type="checkbox"/>	\$5,000,000 <input type="checkbox"/>
Claims Preparation <input checked="" type="checkbox"/>	Transit: <input checked="" type="checkbox"/>	\$10,000,000 <input type="checkbox"/>
Fire Fighting: <input checked="" type="checkbox"/>	Harvested Crop: <input checked="" type="checkbox"/>	\$20,000,000 <input type="checkbox"/>
Removal of Debris <input checked="" type="checkbox"/>	Claim Mitigation Expenses: <input checked="" type="checkbox"/>	Including North America? <input type="checkbox"/>
Windstorm <input type="checkbox"/>	Catastrophe Loss Payments <input type="checkbox"/>	Excess Options
Re-establishment Costs: <input type="checkbox"/>	Increased Compensation Benefits <input type="checkbox"/>	\$250 <input type="checkbox"/>
Excess Options	Excess Options	\$500 <input type="checkbox"/>
\$5,000 <input type="checkbox"/>	5% <input type="checkbox"/>	\$1,000 <input type="checkbox"/>
\$10,000 <input type="checkbox"/>	10 <input type="checkbox"/>	
\$25,000 <input type="checkbox"/>	20% <input type="checkbox"/>	
\$50,000 <input type="checkbox"/>		
\$100,000 <input type="checkbox"/>		

Risk Information

1. Describe the land use bordering your grove:

North: (ie 80% National Park 20% Cropping)

South:

East:

West:

2. If native bush or National Park borders your grove when was it last control burned?

3. Is your grove slashed or grazed in the spring to reduce the fire risk? **Yes/No**

4. What is the width of your external firebreaks? **Metres**

5. Is your grove sprinkler or drip irrigated?..... **Yes/No**

6. What is your watering regime?

7. Is your grove fenced? **Yes/No**

8. Does a power line border or cut through your grove? **Yes/No**

9. Does a railway line border or cut through your grove? **Yes/No**
10. Does a rubbish tip or processing plant with a burner or dryer border your grove? **Yes/No**
11. Is there a recreation area or camping ground bordering your grove? **Yes/No**
12. Do you have a documented Fire Plan? **Yes/No**
13. Summarize or comment on the nature of your commitment to the District Fire Plan:
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14. Do you or any of your staff both live on site and are a member of a local bush fire brigade? **Yes/No**
15. How far away is the nearest local bush fire brigade? **Km**
16. What is the name of the Brigade?
17. Who is the Captain of that brigade? Telephone:
18. How far is the nearest fire tanker or slip on unit fire fighting unit stationed? **Km**
19. List the nearest permanent water supplies accessible and suitable by water tankers.
- **Km**
- **Km**
20. How many people do you employ and what total annual wages do you pay?
21. If Liability Insurance is required what is your turnover?
22. Is your produce "Quality Assured" under the "National Olive Accredited Harvest" program? **Yes/No**
23. Please attach a map of each grove to be insured showing features such as North, rows, water supply points, remnant vegetation and surrounds.
24. If you would like us to obtain a quotation for to insure ancillary equipment (*i.e. irrigation, harvesting or processing equipment*) please fax us a list and its value. If you want us to obtain an alternative view on existing insurance please fax us a copy of your current schedule of insurance.

Past Losses

25. If, over the past 5 years, your trees or crop have suffered any loss or damage due to any of the events you are seeking cover for, there has been escape of fire from or a person has ever suffered personal injury in your grove please describe it and estimate the value of the loss and the insurer involved:
-
-

Declaration

26. I/We can confirm the proposed insured:
- a) (either alone or jointly with any other person or entity) has not had any previous Insurance declined, renewal refused, cancelled or special terms or conditions applied to any application, renewal or policy? **Yes/No**
- b) (including directors, or partners) has never been declared bankrupt or involved in a company which became insolvent, placed in receivership or placed into a scheme of management or arrangement? **Yes/No**
- c) (including directors, or partners) has not during the past seven (7) years been convicted of a criminal offence or been held liable under any civil action or proceedings or to pay any pecuniary penalty exceeding \$5,000? **Yes/No**

Signed: **Date:**

