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## **Macadamia Insurance Proposal Form**

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### **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 .....  
 Orchard Address: .....  
 ..... State ..... Postcode .....  
 Contact Person: .....  
 Telephone: ..... Facsimile: .....  
 Email: .....  
 Interested Parties: .....

**Covers**

Please indicate (tick) the type of cover, in addition to the basic covers already ticked, and level of excess you require.

| A<br>Tree  | B<br>Crop   | C<br>General 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"/>  | Windstorm <input type="checkbox"/>                  | <b>Excess Options</b>                 |
| Windstorm <input type="checkbox"/>                     | <b>Excess Options</b>                               | \$250 <input type="checkbox"/>        |
| Re-establishment Costs: <input type="checkbox"/>       | 5% <input type="checkbox"/>                         | \$500 <input type="checkbox"/>        |
| <b>Excess Options</b>                                  | 10 <input type="checkbox"/>                         | \$1,000 <input type="checkbox"/>      |
| \$5,000 <input type="checkbox"/>                       | 20% <input type="checkbox"/>                        |                                       |
| \$10,000 <input type="checkbox"/>                      |   |                                       |
| \$25,000 <input type="checkbox"/>                      |   |                                       |
| \$50,000 <input type="checkbox"/>                      |   |                                       |
| \$100,000 <input type="checkbox"/>                     |   |                                       |

**Risk Information**

- Describe the land use bordering your orchard:  
 North: (ie 20% Rainforest 80% Dairy).....  
 South: .....  
 East: .....  
 West: .....
- If native bush or National Park borders your orchard when was it last control burned? .....
- If there is any remnant vegetation within your orchard when was it last control burned? .....
- Is your orchard slashed or grazed in the spring to reduce the fire risk?.....(circle)Yes/No
- What is the width of your internal firebreaks? ..... Metres
- What is the width of your external firebreaks? ..... Metres
- Is your orchard sprinkler or drip irrigated? ..... Yes/No



8. If there is a grazing property bordering your orchard is fire part of its grass management? ..... **Yes/No**
9. Is your orchard fenced with a gate locked? ..... **Yes/No**
10. Does either a power line or railway line border or cut through your orchard? ..... **Yes/No**
11. Does a rubbish tip or processing plant with a burner or dryer border your orchard?..... **Yes/No**
12. Does a recreation area or camping ground border your orchard? ..... **Yes/No**
13. Do you have a documented Fire Plan? ..... **Yes/No**
14. Summarize or comment on the nature of your commitment to the District Fire Plan: .....  
.....
15. Do you or any of your staff both live on site and are a member of a local bush fire brigade? ..... **Yes/No**
16. How far away is the nearest local bush fire brigade? ..... **Km**
17. What is the name of the Brigade? .....
18. Who is the Captain of that brigade? ..... Telephone: .....
19. How far is the nearest fire tanker or slip on unit fire fighting unit stationed? ..... **Km**
20. What and how far is the nearest permanent water supply accessible by water tankers? ..... **Km**
21. Please attach a map of each Orchard to be insured showing features such as North, rows, water supply points, remnant vegetation and surrounds.

**Past Losses**

22. 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 orchard please describe it and estimate the value of the loss and the insurer involved: .....  
.....  
.....

**Declaration**

23. I/We can you 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:** .....



