

AUS Plantation Timber Insurance Application

Primacy Underwriting Management Pty Ltd
 ABN 87 070 058 212 AFS Licence 237271
 as agent for the insurer Allianz Australia Insurance Limited
 ABN 15 000 122 850 AFS Licence 234708
 Level 20, 357 Collins Street, Melbourne, VIC 3000
 Tel: (03) 9603 1050 Fax: (03) 9620 1222 E-mail: forestry@pum.com.au

If there is insufficient space to answer any questions on this application or to provide all the information You need to disclose to Us under Your Duty of Disclosure (see the notices section of this form for details), please attach a separate piece of paper to this application with all the additional information. This Application form is not a confirmation of cover.

Broker Details	Contact		Firm	
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INSURED INFORMATION

Type	Individual <input type="checkbox"/>	Company/Partnership <input type="checkbox"/>	Registered for GST ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name(s)		ABN No		% ITC	
Contact		Phone		Mobile	
Email Address				Fax No	
Postal Address					

INTERESTED PARTIES

Are there any interested parties to be noted on the Schedule of Insurance (e.g. financiers, merchants)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", provide details below.
Name			

INSURANCE HISTORY – Please tick Yes or No as appropriate

Has any insurer ever:		
(a) cancelled or threatened to cancel Your insurance due to non-payment of premium?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) imposed special terms on Your insurance including abnormal excesses or restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) declined a claim or declined to renew Your insurance due to fraud or non-disclosure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If You answered YES to any of the questions above please provide details below or on a separate page if required

INSURED EVENTS – Please read and answer the questions below

Fire (incl. Backburning), Malicious Acts, and Impact are the standard insured events.

The following insured events are optional and, if selected, are subject to a default Insured Event Limit for the Period of Insurance for the Policy. Please refer to the Policy wording for further details and discuss the options with Your insurance broker. Please indicate if You require them:

• Windstorm (including Remediation works)? (Default limit at 50% of average Plantation Declared Value or \$500,000, whichever is the lesser)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Hail? (Default limit at 25% of average Plantation Declared Value or \$500,000, whichever is the lesser)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Earthquake & Volcanic eruption? (Default limit at 25% of average Plantation Declared Value or \$250,000, whichever is the lesser)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OPTIONAL COVER: FIREFIGHTING EXPENSES – Please read and answer the question below

Optional insurance cover is available for Firefighting expenses. Please indicate below whether You require this cover:

• Firefighting expenses - costs incurred to fight fires at or within 5km of Your Plantation. A single Firefighting Excess applies where there is no loss to the insured Trees:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to Firefighting expenses please indicate the limit of cover You require for the Period of Insurance for the Policy:	\$	

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Name of Insured		Plantation Name	
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ADDITIONAL BENEFITS – Please read and answer the questions below

Default levels of cover are provided for the below Additional Benefits relative to the Plantation Declared Value. Higher limits may be available for payment of an additional premium. Please discuss these with Your insurance broker. Please indicate the level of cover required below:

		Item	Higher level of cover?		Additional benefits Limit
Additional Expenses	Maximum per any one Insured Event = \$2,500 per Destroyed hectare.	Removal of Debris	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$
		Plantation Infrastructure	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$
		Replant costs	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$
Claims preparation costs			No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$

ADDITIONAL INFORMATION – Use this space to provide any additional information

DECLARATION AND SIGNATURE – Please read, sign and date.

I declare that I have:

- Read, received and understood the Policy wording and all of the information contained in this Application and the Notices Page and in particular I have read, understood the Duty of Disclosure notice and have complied with my duty;
- obtained the consent of any other party(ies) on whose behalf personal information has been provided;
- answered every question honestly, fully and frankly; and
- completed this Application personally, or have had it completed by someone else but I/We have checked that all the questions have been answered fully and accurately.

By signing the Application I authorise Primacy and Allianz to:

- obtain any information they may need about my claims history from my previous insurer(s);
- make enquiries from third parties to verify claims history and other information I have provided;
- disclose my claims history to any insurance broker I appoint or to any of my previous insurer or a future insurer.

Signature (In own right, or where more than one applicant, on behalf of all applicants)	Date

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PLANTATION INFORMATION – A separate Application is required for each Plantation. Please complete all sections

Plantation Name			
Plantation location details	State		Co-ordinates for approximate centre of Plantation
	Shire		Latitude
	Postcode		Longitude
	Street address		
	Nearest cross St		
	Approx altitude above sea level		
Plantation Manager		Phone	
Are all the Blocks on this Plantation to be insured? If No, please provide a map with Your Application clearly identifying the exact Blocks to be insured and those areas uninsured.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

PLANTATION LOSS HISTORY – Please answer all questions

a) Have the Trees or Plantation Infrastructure sustained loss or damage in the last twelve (12) months from any of the available insured events:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Has the Plantation sustained loss or damage in the last five (5) years from any of the available Insured Events:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes to a or b above please provide details:

EXCESS PER LOSS OCCURRENCE PERIOD OPTIONS – please read and choose from one of the options below.

An Excess of 1.5% of the declared value of all damaged Blocks will apply subject to a minimum Excess per Loss Occurrence Period. Please indicate below, which minimum You require. Selection of a higher minimum may reduce Your premium subject to the Plantation Declared Value:

\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>	\$250,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>
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PLANTATION MANAGEMENT DETAILS – Please answer all questions.

1	Is there a main road, railway or power lines through or on the Plantation boundary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Is the nearest point of the Plantation within 1 km of a population and amenities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Is it secured with fences and locked gates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Are the day to day operations of the forest undertaken or overseen by a qualified forester?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Is there unmanaged remnant vegetation or unmanaged land adjoining the boundary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	How wide are the external firebreaks at foliage level?	<25m <input type="checkbox"/>	>25m <input type="checkbox"/>
7	Is it planned to harvest any of the blocks within the next 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Does the Plantation have a documented fire plan which is :	less than 18 months old; or	Yes <input type="checkbox"/> No <input type="checkbox"/>
		between 18 months & 36 months old, or	Yes <input type="checkbox"/> No <input type="checkbox"/>
		older than 36 months or no plan at all	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Are there permanent water supplies on site or within 1 km of the Plantation boundary which are accessible to firefighting vehicles and helicopter strung monsoon buckets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Are there firefighting vehicles and apparatus within or adjacent to the Plantation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	What is the estimated response time to attend to a fire in the Plantation?	<30 minutes <input type="checkbox"/>	>30 minutes <input type="checkbox"/>

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DETAILS OF TREES TO BE INSURED – Please refer to the Policy wording for definitions of these terms where relevant

What is the Intended Purpose of the Trees:	Pulp for paper <input type="checkbox"/>	Sawlog <input type="checkbox"/>	Woodchip <input type="checkbox"/>	Firewood <input type="checkbox"/>	Carbon Sequestration <input type="checkbox"/>	Other <input type="checkbox"/>
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If You answered "other" to the above question please specify in detail:	
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Block #	Block Name	Area (ha)	Tree Species	Year Planted	Value (\$ per Hectare)	Block Declared Value	Thinning in past 2 years or next 12 months?	
1							Yes <input type="checkbox"/>	No <input type="checkbox"/>
2							Yes <input type="checkbox"/>	No <input type="checkbox"/>
3							Yes <input type="checkbox"/>	No <input type="checkbox"/>
4							Yes <input type="checkbox"/>	No <input type="checkbox"/>
5							Yes <input type="checkbox"/>	No <input type="checkbox"/>
6							Yes <input type="checkbox"/>	No <input type="checkbox"/>
7							Yes <input type="checkbox"/>	No <input type="checkbox"/>
8							Yes <input type="checkbox"/>	No <input type="checkbox"/>
9							Yes <input type="checkbox"/>	No <input type="checkbox"/>
10							Yes <input type="checkbox"/>	No <input type="checkbox"/>
11							Yes <input type="checkbox"/>	No <input type="checkbox"/>
12							Yes <input type="checkbox"/>	No <input type="checkbox"/>
13							Yes <input type="checkbox"/>	No <input type="checkbox"/>
14							Yes <input type="checkbox"/>	No <input type="checkbox"/>
15							Yes <input type="checkbox"/>	No <input type="checkbox"/>
16							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total Area (ha)			Plantation Declared Value			\$		

If this space is insufficient, please attach a separate page to this Application or provide the detail in an electronic format on next page.

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NOTICES PAGE Please read this page and keep for your records.

YOUR DUTY OF DISCLOSURE

Before You enter into a contract of insurance with Us, You have a duty, under the Insurance Contracts Act 1984, to disclose to Us every matter that You know, or could reasonably be expected to know, is relevant to Our 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 Us before You renew, extend, vary or reinstate the contract.

This duty of disclosure applies until the contract is entered into (or renewed, extended, varied or reinstated as applicable).

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us; or
- that is of common knowledge; or
- that We know or, in the ordinary course of Our business as an insurer, ought to know; or
- as to which compliance with Your duty is waived by Us.

NON-DISCLOSURE

If You fail to comply with Your duty of disclosure, We may be entitled to reduce Our liability under the contract in respect of a claim, cancel the contract, or both.

If Your non-disclosure is fraudulent, We may also have the option of avoiding the contract from its beginning.

PRIVACY INFORMATION

At Allianz, We give priority to protecting the privacy of Your personal information. We do this by handling personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth). In this Privacy Notice, 'We', 'Our', 'Us' means Primacy Underwriting Management Pty Limited and Allianz Australia Insurance Limited.

How We Collect Your Personal Information

We usually collect Your personal information from You or Your agents. We may also collect it from Our agents and service providers; other insurers and insurance reference bureaus; people who are involved in a claim or assist Us in investigating or processing claims, including third parties claiming under Your Policy, witnesses and medical practitioners; third parties who may be arranging insurance cover for a group that You are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

Why We Collect Your Personal Information

We collect Your personal information to enable Us to provide Our products and services, including to process and settle claims; offer Our products and services and those of Our related companies, brokers, intermediaries and business partners that may interest You; and conduct market or customer research to determine those products or services that may suit You.

Who We Disclose Your Personal Information To

We may disclose Your personal information to others with whom We have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to You. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, parties that We have an insurance scheme in place with under which You purchased Your Policy (such as a financier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Disclosure Overseas

Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries to which this information may be disclosed will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries in which the Allianz Group has a presence or engages subcontractors. We regularly review the security of Our systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

Access to Your Personal Information and Complaints

You may ask for access to the personal information We hold about You and seek correction by calling (03) 9603 1050 9am-5pm Melbourne time, Monday to Friday. Our Privacy Policy contains details about how You may make a complaint about a breach of the privacy principles contained in the Privacy Act 1988 (Cth) and how We deal with complaints. Our Privacy Policy is available at www.pum.com.au.

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GENERAL INSURANCE CODE OF PRACTICE

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry.

You can obtain more information on the Code of Practice and how it assists you by contacting us.

DEFINED WORDS

This Application uses words that have special meaning. The definition of these words can be found in the Policy wording.

APPLICATION FORM ONLY

This application form is not a confirmation of cover. Cover is not confirmed until a Schedule of Insurance is issued.

INSPECTION OF RECORDS

If required to verify Your Tree production or to assist in the calculation of a claim, You must give Us or Our representatives access to all records We may reasonably require. This includes allowing Us direct access to information held by any third parties which may be relevant to Your Policy.

INSPECTION OF TREES

We may need to physically inspect Your Trees. Should this be required We will provide no less than seven (7) days notice of Our intention to do so You must give Us or Our appointed representative all reasonable assistance.

RENEWABLE CONTRACT

Before Your Policy expires, We will advise You whether We intend to offer renewal and if so on what terms.

This document also applies for any renewal offer We make, unless We tell You otherwise.

Please note that You need to comply with Your Duty of Disclosure before each renewal (see Duty of Disclosure Section for details).

UNDER-INSURANCE

If the area of Trees of the type insured by this Policy and grown in the Plantation is found to be more than 5% greater than the area that is specified in the Schedule of Insurance then You shall be considered as being Your own Insurer for the difference and shall bear a rateable proportion of the loss accordingly.

WAITING PERIOD

Your insurance cover will not begin until forty eight (48) hours after 4.00 pm Local Time on the day We receive written confirmation of Your acceptance of Our Quotation.

PLEASE READ THE POLICY WORDING

This notices page is a summary only of some aspects of the coverage and does not replace or alter the terms and conditions contained in the Policy wording, Schedule of Insurance and any other document We tell You forms part of the terms and conditions of Your cover. It is important that You read these documents as they form the terms and conditions of Your Policy.

WHO UNDERWRITES THIS INSURANCE?

Primacy Underwriting Management Pty Limited ABN 87 070 058 212, AFS License 237271 (Primacy) is an underwriting agent. Primacy has been given a binder authority by the insurer, which allows Primacy to enter into the Policy, to administer it and to handle and settle claims made under it as if it were the insurer, subject to the terms of the binder authority. In arranging issuing and administering this Policy, Primacy is acting as the agent of the insurer and not as Your agent.

Your Policy is insured by the insurer Allianz Australia Insurance Limited ABN 15 000 122 850, AFS Licence 234708 of Level 12, 2 Market Street, Sydney, NSW 2000. Allianz act through its agent, Primacy, and in Your Policy are referred to as "We", "Us" and "Our".

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