

Cover required please tick

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 1 Farm assets | <input type="checkbox"/> 2 Farm income | <input type="checkbox"/> 3 Farm assets breakdown | <input type="checkbox"/> 4 Farm liability |
| <input type="checkbox"/> 5 Employers liability | <input type="checkbox"/> 5 Fines and penalties | <input type="checkbox"/> 6 Transit | <input type="checkbox"/> 7 Deterioration of refrigerated stock |
| <input type="checkbox"/> 8 Income protection | <input type="checkbox"/> 9 Motor | | |

Insured details

The Insured(s):		
Postal address:		
Interested parties (e.g. finance company):		
Daytime phone no:	Fax no:	Email:
Situation of farm:		
Type of farm:		
Period of insurance:	From: / /	To: / / at 4pm (NZ time)

Your duty of disclosure

Before You enter into a contract of insurance with Lumley General Insurance (N.Z.) Limited, You have a duty, at law, to disclose to Us every matter that You know, or could reasonably be expected to know, which would influence a prudent underwriter's decision whether to accept the proposal and, if so, on what terms. You have the same duty to disclose these matters to Us before you renew or make changes to the policy. Your duty, however, does not require disclosure of any matter:

- (a) that reduces risks;
- (b) that We know, or in the ordinary course of business, should know;
- (c) that is of common knowledge;
- (d) that We agree to forgo knowing about.

Non-disclosure:

If You fail to comply with Your duty of disclosure We are entitled to avoid the contract of insurance from the beginning and reject any claim under it.

When in doubt disclose.

General questions

1	Have You or any other person to be covered under this policy or any person who may benefit from this insurance (please tick):	
	(a) In the past 5 years experienced any loss (whether or not a claim was made) for the type of insurance being applied for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) Ever experienced any loss of \$5,000 or more to any property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c) Ever withdrawn a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(d) Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed or a claim refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(e) Been found guilty of any criminal offence not affected by the Criminal Records (Clean Slate) Act 2004?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(f) Been adjudged bankrupt or insolvent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Is there any further information that may affect the acceptance of this insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, to any of the above, please give full details:	

Pursuant to the Privacy Act 1993

The following is brought to Your attention:

- (a) This Proposal collects personal information about You;
- (b) The information is collected to evaluate the insurance You seek;
- (c) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited;
- (d) The information is being collected and held by Lumley General Insurance (N.Z.) Limited of PO Box 2426, Auckland;

- (e) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- (f) The failure to provide this information may result in Your application for insurance being declined, or Your insurance being void from the beginning;
- (g) You have rights of access to, and correction of this information subject to the provisions of the Privacy Act 1993.

Declaration

I/We declare that:

- (a) I/We agree that this Declaration and Proposal shall be the basis of the Policy between Me/Us and Lumley General Insurance (N.Z.) Limited and I/We am/are willing to accept the terms, conditions and exclusions of these insurances.
- (b) All answers and information given on this Declaration and Proposal and on any attachment are in every respect true, complete and correct.
- (c) I/We have understood the Privacy Act information above.
- (d) The Sums Insured represent the full value of the Property insured.
- (e) I/We authorise disclosure to Lumley General Insurance (N.Z.) Limited of personal information held by any other party regarding My/Our existing and previous insurances.
- (f) I/We agree that Lumley General Insurance (N.Z.) Limited may provide personal information regarding My/Our insurances to:
 - (i) other members of the insurance industry
 - (ii) parties who have a financial interest in the subject matter of this Policy.
- (g) I/We understand that no Policy is in force until this Proposal has been accepted by Lumley General Insurance (N.Z.) Limited unless a cover note is in force.

Signature of Insured(s): _____

Date: / /

Where Section 8 is to be operative:

Signature of the life to be insured (if not proposer): (a) _____

(b) _____

Section 1: Farm buildings and farm assets

A Farm buildings (Excluding dwellings and domestic outbuildings and their contents)

i) Unspecified Buildings: No one building to exceed \$25,000. Buildings up to 20 years old are insured for Replacement Value and all others for Indemnity Value. (Indemnity Value = Replacement Value less depreciation) Sum insured \$

ii) Specified buildings: If Replacement Value (RV) selected, current replacement or rebuilding value to be shown for Sum Insured.

Description (e.g. woolshed, cowshed etc.)	RV/IV (please tick)	Indemnity value	Sum insured
	<input type="checkbox"/> RV <input type="checkbox"/> IV	\$	\$
	<input type="checkbox"/> RV <input type="checkbox"/> IV	\$	\$
	<input type="checkbox"/> RV <input type="checkbox"/> IV	\$	\$
	<input type="checkbox"/> RV <input type="checkbox"/> IV	\$	\$
	<input type="checkbox"/> RV <input type="checkbox"/> IV	\$	\$
	<input type="checkbox"/> RV <input type="checkbox"/> IV	\$	\$
	<input type="checkbox"/> RV <input type="checkbox"/> IV	\$	\$
	<input type="checkbox"/> RV <input type="checkbox"/> IV	\$	\$
IV = Indemnity Value RV = Replacement Value		Farm buildings total sum insured \$	

B Farm assets

(i) Farm Plant and Machinery (excluding motor vehicles, motor cycles, aircraft, watercraft and self propelled or trailered or tractor-drawn agricultural plant or implements) computers, cellphones, produce, stores, fertilisers, spraying materials, grain, wool and water tanks

Sum insured \$

(ii) Hay, straw, lucerne, baleage

Sum insured \$

Note: this automatically includes cover for:

(i) Fusion of motors up to 1.5 Kw (2hp) and to a maximum of \$2,500 (excluding refrigeration motors and compressors and submersible pumps)

(ii) Money up to \$2,500

Fire service levy declaration

In compliance with selection 48 (6) (b) (i) or Section 48 (6) (c) (i) of the Fire Service Act, 1975, the Indemnity value of the property listed above is fair and reasonable in relation to the replacement value of the property.

Insured(s) signature: _____

Do you require cover for the following optional extensions?

C Bulk milk contamination including mastitis and antibiotics Yes No
 If **Yes**: sum insured \$5,000 or \$10,000

D Gates, fences, artificial shelter belts, electric power and telephone poles and cables Yes No
 Cover limited to fire, lightning, earthquake or impact by a vehicle plus damage caused by storm and falling trees to power and telephone poles and lines.
 Earthquake/landslip. Earthquake cover on Section 1 A, B & C and landslip cover on Sections 1 A & B Yes No

E Farm animals (excluding dogs, pets or poultry): \$ Yes No
 Cover limited to fire, lightning, explosion, electrocution and smothering resulting therefrom.

F Stock worrying: \$ Yes No

Excess (A, B, D, E & F) \$250. Excess (C) 10% of loss, minimum \$250. For Earthquake/Landslip loss the Excess is 1% of the loss, minimum \$1,000

G Farm dogs (age limit 6 months to 9 years)
 (i) Unspecified dogs limit \$600 per dog. Number of dogs: Yes No
 (ii) Farm dogs over \$600

Name	Colour	Breed	Age	Sum insured
				\$
				\$
				\$

H Woodlots up to \$50,000 (cover restricted to fire, lightning, explosion) – Excess \$500 Yes No
 \$

Section 2: Farm income

Additional costs incurred in maintaining farm income for up to 12 months as a result of a claim under Section 1

Sum insured: (Minimum \$10,000) \$

Section 3: Farm assets breakdown

Unspecified items up to 3.75kw (5hp) (excluding refrigeration compressors/motors and submersible pumps) Yes No

Refrigeration compressors and motors: No of units: Yes No

Submersible Pumps: No of units: Yes No

Specified items over 3.75 (5hp) up to 15kw (20hp) - list below. **Note:** Refer motors over 15kw (20hp).

Description	kw (Hp)	Year	Replacement sum insured
			\$
			\$
			\$
			\$
Specified items total sum insured			\$

Excess: \$250 (Standard)

Section 4: Farm liability

If this Proposal is in respect of a new farm, what previous experience have you had?

A (i) Total number of employees: _____ (ii) Total annual turnover: \$ _____

B Legal liability arising out of your farming operations (including \$50,000 Forest and Rural Fires Act Liability cover):
 Limits of Indemnity: \$1 million \$2 million \$5 million

C Increase forest and rural fires liability cover to: \$100,000 \$250,000

D Liability for farm contracting:
 If you require cover, is contracting more than 10% of business? Yes No
 If **Yes**, how many people involved in contracting?

 What type of contracting work (eg. spraying, shearing, crop dusting, bush clearing etc.)

Annual contracting income:	\$
E Exemplary damages: (limited to \$250,000, excess \$500)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Excess: \$250 (Standard)	

Section 5: Employers' liability, fines and penalties

Indicate which insurance is to apply: <input type="checkbox"/> Employers Liability, Fines and Penalties <input type="checkbox"/> Employers Liability only <input type="checkbox"/> Fines and Penalties only	
Indicate which acts you require cover for:	
<input type="checkbox"/> Fair Trading Act 1986	<input type="checkbox"/> Privacy Act 1993
<input type="checkbox"/> Building Act 1991	<input type="checkbox"/> Resource Management Act 1991
<input type="checkbox"/> Health and Safety in Employment Act 1992	<input type="checkbox"/> Consumer Guarantees Act 1993
<input type="checkbox"/> Other Act(s), specify:	
1	Has a claims experience penalty ever been imposed by the Accident Rehabilitation Compensation Insurance Corporation? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please advise details:	
2	Have you ever been involved in proceedings or had notice served upon you to comply with any of the above Acts or had fines imposed on you for a breach of any of these Acts? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please advise details:	
3	Have you ever applied for a consent under the Resource Management Act? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please attach a copy of the Consent and/or Certificate of Compliance	
4	Do you use, handle, store, transport or dispose of any chemicals, toxic or hazardous goods or substances for which a dangerous goods licence is required? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please advise details:	
5	Do you carry out spraying or top dressing on your or other peoples properties? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please advise details:	
6	Has any insurer ever declined to insure you or imposed special terms and conditions to any insurance proposal or policy? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please provide details:	
7	Are you aware of any circumstances which could give rise to a claim under the proposed insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please provide details:	
8	Are you aware of your obligations and responsibilities under each of the above Acts? Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Are You currently insured for the covers provided by this section? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , name of insurer:	
Limit of indemnity.	
Indicate the limits of indemnity you require (which include defence costs). These limits are for any one claim and in the annual aggregate.	
Employers Liability: (please tick one)	
Limit any one claim and in the aggregate	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$
Limit any one claim and in the aggregate	<input type="checkbox"/> \$250,000 <input type="checkbox"/> Other \$
Limit any one claim and in the aggregate	<input type="checkbox"/> \$500,000 <input type="checkbox"/> Other \$
Fines and Penalties: (please tick one)	
Limit any one claim and in the aggregate	<input type="checkbox"/> \$250,000 <input type="checkbox"/> Other \$
Limit any one claim and in the aggregate	<input type="checkbox"/> \$500,000 <input type="checkbox"/> Other \$
Excess: <input type="checkbox"/> Standard \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$	
Retroactive cover: (Fines and Penalties only): <input type="checkbox"/> Inception <input type="checkbox"/> If other than inception advise date: / /	

Section 6: Transit

Farm goods, produce, equipment and animals.		
Fire, lightning, explosion or accident to the conveying vehicle	\$10,000	Free
Additional Sum Insured	\$	
Total Sum Insured	\$	
Excess: \$250 (Standard)		

Section 7: Deterioration of refrigerated stock

Deer velvet	\$
Other frozen or chilled goods (excluding cool stores)	\$
Excess: \$250 (Standard)	

Section 8: Personal income protection

	Insured Person: (a)		Insured Person: (b)	
Death by accident and disability benefits:	Sum Insured \$		Sum Insured \$	
Weekly benefits (subject to minimum 14 day excess)				
Accident 104 weeks	Sum Insured \$	p.w.	Sum Insured \$	p.w.
Illness 104 weeks	Sum Insured \$	p.w.	Sum Insured \$	p.w.
Full name:				
Occupation:				
Date of birth:				
Height/weight:	Cms	Kgs	Cms	Kgs
(a) Are you now, and generally in good health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Are you presently taking any medication or receiving any medical treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Do you suffer from any chronic or recurring illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Have you consulted a medical attendant in the last 2 years (excluding colds and flu)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) Have you ever undergone a surgical operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to any of the above questions (b) to (e), please give details:				
Is cover required for scuba diving, rugby, rugby league, polo, rodeo activities, mountaineering, rock climbing, hunting on horseback or pot holing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28 day "stand-down period" excess option for weekly benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 9: Vehicles – including motorcycles, mobile plant and implements

A Vehicle details (make / model / type)	Year	Reg. no.	Cover*	Optional extras**				Sum Insured	
				Tyres		Entanglement			
Unspecified mobile plant and implements not exceeding \$5,000 any one item (excluding trucks, utes, cars and all types of farm bikes)			C	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"/>	\$	
				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"/>	\$	
*Cover: Comprehensive = C; Third Party Fire & Theft = F; Third Party = T		** Optional Extras: Damage to tyres (only applies to tractors, headers and bailers). Excess \$50. Limit \$1000 per tyre, maximum \$5000. Entanglement (only applies to headers, balers and harvesters). Excess \$250. Limit \$10,000 any one loss.							
Excess: \$150 unspecified mobile plant and implements. Tractors, trailers, headers, haybalers, farm motorcycles \$250. Otherwise \$300. Underage drivers (i) under 21 years of age plus \$1000 (ii) over 21 and under 25 years of age plus \$500 Optional Additional Excess: (if Comprehensive Cover selected) \$500. Yes <input type="checkbox"/> No <input type="checkbox"/>									
B Intended Drivers questions									
Have You or any of the Intended Drivers:									
1	Been in charge of any vehicle that has been involved in any motor accident in the past 5 years?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Been convicted of or charged with any driving offence (including speeding) or been issued with an offence or infringement notice (other than parking), in the past 5 years?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Had a licence cancelled, suspended, or endorsed, or been disqualified from driving?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to any of the above, please give details:									

4 Are you the owner of all the vehicles? Yes No

If **No**, please advise full details (including name and age of principal driver):

5 Are any of the principal drivers under 25? Yes No

If **Yes**, please advise full details (name and age) and specify vehicle:

For office use only:

Year:	Policy no:
Branch:	Customer no:
Agency:	Previous policy: