



PROPOSAL FORM

# CropPlus insurance

[libertyinternational.com/au](http://libertyinternational.com/au)



# Proposal form



## Important Notice

### Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), 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.

### Inadequate space to answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.

# Proposal form



Insured name

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ABN number

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In the last five (5) years has the Insured:

|   |     |    |
|---|-----|----|
| Had any insurance cancelled due to the non-payment of premium?  | Yes | No |
| Had special terms, excesses or restrictions imposed?  | Yes | No |
| Had a claim declined due to fraud or non-disclosure?  | Yes | No |
| Ever been placed in receivership or liquidation or been declared bankrupt?  | Yes | No |
| Does the Insured have any other insurance currently in place which covers all or any of the crops against loss or damage also to be covered by this policy? | Yes | No |

Street address

|   |                       |           |     |    |
|---|-----------------------|-----------|-----|----|
| State   | Local Government Area | Postcode  |     |    |
| Approximate centre of planted areas   | Latitude              | Longitude |     |    |
| Have shape files been supplied?   |                       |           | Yes | No |
| Have farm maps showing all fields to be insured been supplied?  |                       |           | Yes | No |
| Are all your crops to be insured?   |                       |           | Yes | No |
| Have the field(s) sustained any loss or damage in the last 5 years from either fire or hail, or any other perils covered by the policy? |                       |           | Yes | No |

If yes, please provide details

| Year | Details | Loss (\$) |
|------|---------|-----------|
|      |         |           |
|      |         |           |
|      |         |           |
|      |         |           |
|      |         |           |
|      |         |           |
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|      |         |           |
|      |         |           |
|      |         |           |

|                 |                 | Excess |    |     |     |     |     |     |
|-----------------|-----------------|--------|----|-----|-----|-----|-----|-----|
|                 |                 | 2.5%   | 5% | 10% | 15% | 20% | 25% | 30% |
| Type of excess: | Reducing excess |        |    |     |     |     |     |     |
|                 | Fixed excess    |        |    |     |     |     |     |     |



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## 1. DECLARATION AND SIGNATURE

I declare that I have made all necessary enquiries as to the accuracy of the responses given in the proposal form and confirm that the statements and particulars in this proposal form are true and complete and that no material facts have been omitted, misstated or suppressed. I acknowledge receipt of the Important Notices and confirm that I have read and understood them. I confirm that I am authorised by the applicant to complete, sign and submit this proposal form on behalf of the applicant.

|                     |       |
|---------------------|-------|
| Signature           | Date  |
| Name (please print) | Title |

### Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about another individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: [privacy.officer.ap@libertymutual.com](mailto:privacy.officer.ap@libertymutual.com). If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#).