

# Cotton Application

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 notices section of this form for details), please attach a separate piece of paper to this Application with all the additional information. If You do not comply with Your duty, We may reduce or refuse a claim and/or cancel the Policy. If fraud is involved, We may avoid the Policy from inception. This Application is not a confirmation of cover. It is entirely at the Insurer's discretion whether a quotation will be provided to You for this insurance and whether a Policy will be issued.

| BROKER DETAILS |      |
|----------------|------|
| Contact        | Firm |

| INSURED INFORMATION - Please complete all sections. |                                                                              |         |                     |                                                    |  |
|-----------------------------------------------------|------------------------------------------------------------------------------|---------|---------------------|----------------------------------------------------|--|
| Type                                                | <input type="radio"/> Individual <input type="radio"/> Company / Partnership |         | Registered for GST? | <input type="radio"/> Yes <input type="radio"/> No |  |
| Name(s)                                             |                                                                              | ABN No. |                     | % ITC                                              |  |
| Contact                                             |                                                                              | Phone   |                     | Mobile                                             |  |
| Email Address                                       |                                                                              |         |                     |                                                    |  |
| Postal Address                                      |                                                                              |         |                     |                                                    |  |

| INSURANCE HISTORY - Please tick "Yes" or "No" as appropriate.                                                                        |                                                                                |                           |                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------|--------------------------|
| In the last 5 years, have You:                                                                                                       | (a) had insurance cancelled due to non-payment of premium?                     | <input type="radio"/> Yes | <input type="radio"/> No |
|                                                                                                                                      | (b) had special terms, excesses or restrictions imposed on Your insurance?     | <input type="radio"/> Yes | <input type="radio"/> No |
|                                                                                                                                      | (c) had a claim or Your insurance declined due to fraud or non-disclosure?     | <input type="radio"/> Yes | <input type="radio"/> No |
|                                                                                                                                      | (d) ever been placed in receivership or liquidation or been declared bankrupt? | <input type="radio"/> Yes | <input type="radio"/> No |
| If You answered "Yes" to any of the questions above, please provide details below or use ADDITIONAL INFORMATION section if required. |                                                                                |                           |                          |
|                                                                                                                                      |                                                                                |                           |                          |

| LOSS HISTORY - Have You had any Cotton losses in the last five (5) years? |            |
|---------------------------------------------------------------------------|------------|
| Year                                                                      | Loss Value |
|                                                                           |            |
|                                                                           |            |
|                                                                           |            |
|                                                                           |            |
|                                                                           |            |

# Cotton Application

NAME OF INSURED

## PROPERTY INFORMATION - A separate page is required for each Property. Please complete all sections.

All cropped Field(s) owned or managed by You within two (2) kilometres of each other will be considered part of the same Property.

|                           |                |  |                                                    |
|---------------------------|----------------|--|----------------------------------------------------|
| Property Name             |                |  |                                                    |
| Property location details | State          |  | Coordinates for approximate centre of planted area |
|                           | Shire          |  | Latitude                                           |
|                           | Postcode       |  | Longitude                                          |
|                           | Street address |  |                                                    |
| Property Manager          |                |  | Phone                                              |

## SHARE FARMERS DETAILS - Please read and complete.

|                                                                                                                                                                                                                                                                                      |                           |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| Are any of Your Crop(s) share farmed?                                                                                                                                                                                                                                                | <input type="radio"/> Yes | <input type="radio"/> No |
| Is the share farmer to be insured under this Policy?                                                                                                                                                                                                                                 | <input type="radio"/> Yes | <input type="radio"/> No |
| If "No", please provide details below.                                                                                                                                                                                                                                               |                           |                          |
| Name(s) in full                                                                                                                                                                                                                                                                      |                           | Share farmer's Insurer   |
| Are all Field(s) subject to the share farming agreement?                                                                                                                                                                                                                             | <input type="radio"/> Yes | <input type="radio"/> No |
| If "No" or if there is more than one (1) share farming agreement in place, please use ADDITIONAL INFORMATION section to provide details of which Field(s) are subject to share farming agreement(s).                                                                                 |                           |                          |
| Are all the Field(s) on this Property to be insured? If "No", please provide a map with Your Application clearly identifying the exact Field(s) to be insured and those to be uninsured.                                                                                             | <input type="radio"/> Yes | <input type="radio"/> No |
| Have any Crop(s) on this Property suffered Damage from any insured event this season? If "Yes", You must provide Us with a satisfactory third party report on the extent of the Damage, at Your cost, before We can consider Your Application. Please discuss this with Your broker. | <input type="radio"/> Yes | <input type="radio"/> No |



# Cotton Application

Primacy Underwriting Management Pty Limited

ABN 87 070 058 212 AFS Licence 237271 as an agent for the insurer

Allianz Australia Insurance Limited

ABN 15 000 122 850 AFS Licence 234708

PO Box 16142, Collins Street West, VIC 8007

Phone 03 8624 8400

Email cotton@pum.com.au www.pum.com.au

NAME OF INSURED

PROPERTY NAME

DETAILS OF THE FIELD(S) TO BE INSURED - Please refer to the Policy wording for definitions of these terms.

(Field(s) over 100 hectares are split automatically.)

| Field No        | Field Name | Area (ha) (A) | Crop type (Irr/Semi/ Dry/ Refuge) | Provisional Yield (Bale(s)/ha) (B) | Value (Bale price \$) (C) | Sum Insured per Hectare (\$) (B x C) = (D) | Nominated Growing Cost Savings (\$/ha)* | Defoliation & Harvest Savings (\$/ha) | Licence Fee Deduction (\$/ha)** | Insured Interest (%) (E) | Provisional Field Sum Insured (\$) (A x D x E) |
|-----------------|------------|---------------|-----------------------------------|------------------------------------|---------------------------|--------------------------------------------|-----------------------------------------|---------------------------------------|---------------------------------|--------------------------|------------------------------------------------|
| 1               |            |               |                                   |                                    |                           |                                            |                                         |                                       |                                 |                          |                                                |
| 2               |            |               |                                   |                                    |                           |                                            |                                         |                                       |                                 |                          |                                                |
| 3               |            |               |                                   |                                    |                           |                                            |                                         |                                       |                                 |                          |                                                |
| 4               |            |               |                                   |                                    |                           |                                            |                                         |                                       |                                 |                          |                                                |
| 5               |            |               |                                   |                                    |                           |                                            |                                         |                                       |                                 |                          |                                                |
| 6               |            |               |                                   |                                    |                           |                                            |                                         |                                       |                                 |                          |                                                |
| 7               |            |               |                                   |                                    |                           |                                            |                                         |                                       |                                 |                          |                                                |
| 8               |            |               |                                   |                                    |                           |                                            |                                         |                                       |                                 |                          |                                                |
| 9               |            |               |                                   |                                    |                           |                                            |                                         |                                       |                                 |                          |                                                |
| 10              |            |               |                                   |                                    |                           |                                            |                                         |                                       |                                 |                          |                                                |
| Total Area (ha) |            |               | Total Provisional Sum Insured \$  |                                    |                           |                                            |                                         |                                       |                                 |                          |                                                |

\* If You have selected the Actual Growing Cost Savings Cover Type, You do not need to complete this column. Please refer to the Policy wording.

\*\*You may only nominate a Licence Fee Deduction if You have selected the Monsanto Late Crop Removal Licence Fee Option. The Licence Fee You nominate will be deducted from any Constructive Total Loss (CTL) claim, where it is refunded by Monsanto. If You nominate a Licence Fee deduction amount in the Crop table and it is subsequently determined that You have not selected the Monsanto Late Crop Renewal Option, We will recalculate the applicable rate for Your insurance and You may be liable for an additional premium amount.

If this space is insufficient, please attach a separate page to this Application or provide the detail in an electronic format (.xls preferred).

# Cotton Application

NAME OF INSURED \_\_\_\_\_

## COVER TYPE AND GROWING COST SAVINGS OPTIONS - Please tick the appropriate box.

|                                   |                                                              |                                |                                 |
|-----------------------------------|--------------------------------------------------------------|--------------------------------|---------------------------------|
| Cover Type                        | Do You require the Variable Yield or Fixed Yield Cover Type? | <input type="radio"/> Variable | <input type="radio"/> Fixed     |
| Growing Cost Savings (GCS) option | Do You require Actual GCS or Nominated GCS?                  | <input type="radio"/> Actual   | <input type="radio"/> Nominated |
| Nominated GCS deduction scale     | Which deduction day scale do You wish to apply?              | <input type="radio"/> 110 days | <input type="radio"/> 147 days  |

The Policy wording includes a table indicating the NGCS to apply each day after planting.

## OPTIONAL INSURED EVENT(S) - Please read and answer the questions below.

Hail is the automatically covered Insured Event. The following Insured Event(s) are optional and, if selected, are subject to an additional premium. Please refer to the Policy wording for further details and discuss the options with Your insurance broker. Please indicate if You require them.

|                           |                                                     |                           |                          |
|---------------------------|-----------------------------------------------------|---------------------------|--------------------------|
| Fire                      | Do You require cover for Fire?                      | <input type="radio"/> Yes | <input type="radio"/> No |
| Loss of Seed Cotton       | Do You require cover for Seed Cotton?               | <input type="radio"/> Yes | <input type="radio"/> No |
| Leaf and Colour Downgrade | Do You require cover for Leaf and Colour Downgrade? | <input type="radio"/> Yes | <input type="radio"/> No |

If You answered "Yes" to Leaf and Colour Downgrade, please complete the following details.

|                                      |                                                           |                            |                            |                            |                                          |                            |                            |
|--------------------------------------|-----------------------------------------------------------|----------------------------|----------------------------|----------------------------|------------------------------------------|----------------------------|----------------------------|
| Leaf and Colour Downgrade Deductible | <input type="radio"/> Property 's Insured Bale Production |                            |                            |                            | <input type="radio"/> Downgraded Bale(s) |                            |                            |
| Deductible per Bale selection        | <input type="radio"/> \$10                                | <input type="radio"/> \$15 | <input type="radio"/> \$20 | <input type="radio"/> \$25 | <input type="radio"/> \$30               | <input type="radio"/> \$35 | <input type="radio"/> \$40 |

## OPTIONAL BENEFITS - Please read and answer the questions below.

In addition to the Insured Event(s), the following optional benefits are available. Please indicate if You require them.  
 An additional premium applies. Cover for optional benefits (with the exception of Dryland Cotton Yield Cap) apply where the yield loss from Hail is greater than the Excess.

|                                                                           |                                                                            |                           |                          |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------|--------------------------|
| Micronaire Downgrade                                                      | Do You require cover for Micronaire Downgrade?                             | <input type="radio"/> Yes | <input type="radio"/> No |
| Rainfall Downgrade                                                        | Do You require cover for Rainfall Downgrade?                               | <input type="radio"/> Yes | <input type="radio"/> No |
| Late Harvest Crop Benefit                                                 | Do You require cover for late harvest crop benefit?                        | <input type="radio"/> Yes | <input type="radio"/> No |
| Dryland Cotton Yield Cap<br>(available only on Variable Yield Cover Type) | Do You require higher yield variability on Your Dryland Cotton production? | <input type="radio"/> Yes | <input type="radio"/> No |

## EXCESS OPTIONS - Please tick the appropriate box.

|                                     |                           |                             |                           |                           |                           |
|-------------------------------------|---------------------------|-----------------------------|---------------------------|---------------------------|---------------------------|
| What Hail Excess level is required? | <input type="radio"/> 10% | <input type="radio"/> 12.5% | <input type="radio"/> 15% | <input type="radio"/> 20% | <input type="radio"/> 25% |
|-------------------------------------|---------------------------|-----------------------------|---------------------------|---------------------------|---------------------------|

The Excess applies to the Field Sum Insured unless specifically agreed and specified in the Schedule of Insurance.

Increased Excess options are available for Constructive Total Loss claims. Please talk to Your insurance broker about obtaining a quote.

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NAME OF INSURED

## OTHER INSURANCE - Please tick "Yes" or "No" as appropriate.

Do You have any other insurance currently in place which covers any or all of the Crop(s) against loss or Damage also to be covered by this Policy?

☐ Yes

☐ No

If "Yes", please provide details of the other insurance.

Insurer

Policy Period

Policy Number

## INTERESTED PARTIES - Please complete all sections.

Are there any interested parties to be noted on the Schedule of Insurance (e.g. financiers, merchants)?

☐ Yes

☐ No

If "Yes", please provide details below.

Name

Nature of interest

Address

## ADDITIONAL INFORMATION - Use this space to provide any additional information.

## DECLARATION AND SIGNATURE - Please read, sign and date.

### I declare that I have:

- read and understood the Duty of Disclosure notice set out on the first page of the Notices section and have complied with my duty;
- received, read and understood the Policy wording and all of the information contained in this Application and the Notices Page;
- read and understood the Privacy information notice set out in the Policy wording and consent to the uses of personal information contained therein;
- 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 insurance broker and/or my previous insurer(s) and any other information they may require to decide whether to provide cover and on what terms;
- make enquiries from third parties to verify claims history and other information I have provided; and
- disclose my claims history to any insurance broker I appoint or to any of my previous insurer(s) or a future insurer(s).

SIGNATURE - In own right, or where more than one applicant, on behalf of all applicants.

DATE

## 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 (Cth), 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 extend, vary or reinstate the contract. This duty of disclosure applies until the contract is entered into (or 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; medical practitioners; third parties or people involved in a claim or assisting Us in investigating or processing claims, including third parties claiming under Your policy, witnesses and 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; make offers of products and services provided by Us, Our related companies, brokers, intermediaries, business partners and others that We have an association with that may interest You; and conduct market or customer research to determine those products or services that may suit You. If You do not provide Your personal information We require, We may not be able to provide You with Our services, including settlement of claims.

### 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.

### Your Consent

By providing Us with personal information You and any other person You provide personal information for, consent to these uses and disclosures until You tell Us otherwise. If You wish to withdraw Your consent, including for things such as receiving information on products and offers by Us or persons We have an association with, please contact Us.

### 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) 8624 8400 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](http://www.pum.com.au) and [www.allianz.com.au](http://www.allianz.com.au).

### Inspection of records and risk audit

If requested by Us or Our appointed representative You must give Us all reasonable assistance including access to current and prior years' records (including those held by third parties) so We may verify Your Crop(s) yield or to assist in calculating a claim that has been made under this insurance. We may use satellite imagery and any other technology or services to assist Us in the verification process of Your Crop(s) Potential Yield or Harvested Yield.

We reserve the right to undertake, at a reasonable time and frequency, an independent risk audit of the areas of the Property(ies) and Field(s) and the Provisional Yield and Harvested Yield in respect of all Crop(s) for which the Policy applies or should have applied within six (6) months of the expiry of the Period of Insurance.

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Any variations to the risk that materially affects the amount of premium payable or the value of a claim will be adjusted accordingly.

## Inspection of Crop(s)

We may need to physically inspect Your Crop(s). We will provide You with no less than seven (7) days' notice of Our intention to inspect the Crop(s). You must give Us or Our appointed representative all reasonable access and assistance at a reasonable time and frequency.

## Insurers

In accepting Your application, Primacy is acting as agent of the insurer, Allianz Australia Insurance Limited, ABN 15 000 122 850, AFS Licence 234708 in arranging, entering into and administering this insurance.

## Not a renewable Policy

Cover under this Policy is not renewable and ceases on the earlier of when the Period of Insurance specified in Your Schedule of Insurance ends, the Policy is cancelled or where the cover ends in accordance with the Policy terms and conditions. If You wish to effect similar insurance for the next growing season, it will be necessary for You to complete a new Application.

## You must insure Your whole Crop(s)

You must insure Your whole Crop(s) unless You have declared a Field(s) as not to be covered in Your Application and We have agreed in writing that specific Field(s) are not to be covered then:

### Prior to and including the Audit Date:

If the total area of Crop(s) of the type covered by the Policy and grown on the Property is found to be greater than the area of Crop(s) specified in the Schedule of Insurance by more than 25% for irrigated cotton and 50% for Dryland Cotton or semi irrigated cotton, You shall be considered as being Your own insurer for the difference and shall bear a rateable proportion of the claim accordingly.

### After the Audit Date:

If the total area of Crop(s) of the type covered by the Policy and grown on the Property is found to be greater than the area of Crop(s) specified in the Schedule of Insurance by more than 3%, You shall be considered as being Your own insurer for the difference and shall bear a rateable proportion of the claim accordingly.

In the event that the area of a Field has been incorrectly recorded or a Field has been omitted and We have agreed to adjust the insured area, a commensurate premium adjustment will be proposed.

We may cancel Your Policy if there is a change and We can't reach an agreement with You on altered terms and conditions or premium; or We are no longer prepared to insure You because there has been a material change to the risk.

## Waiting period

Your insurance cover will not begin until forty eight (48) hours after 4pm Local Time on the day We have accepted Your request for cover.

## Input Tax Credit Entitlement (%ITC)

If You register, or are registered, for GST You are required to tell Us Your entitlement to an input tax credit on Your premium. For example, if You are entitled to claim full input tax credits on Your premium, Your %ITC would be expressed as 100%.

## 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 the Policy wording and these documents as they form the terms and conditions of Your Policy.