



# Arable Crop Needs Analysis

<i>Office use only</i>		Date of Visit: / /
Account Number:	Account Segment: <input type="checkbox"/> Rural <input type="checkbox"/> Lifestyle <input type="checkbox"/> Commercial	
Sold By:	Serviced By:	
Start Date: / /	Renewal Date: / /	

## Client information

Account:  Person  Collective  Sole Trader  Trust  Partnership  Limited Company Other:

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Associated Entities, Clients or Groups: \_\_\_\_\_

Farm Ownership:  Freehold  Leasehold  Joint Venture  Syndicate  Partnership

Farm Map:  Yes  No (Insurance cannot be confirmed without a farm map.)

## Payment Options

Frequency:  Annual

Method:  Direct to FMG  Farmlands Shareholder Number  Ruralco Shareholder Number

## Loss History

*(Please describe all hail and frost losses your crop has suffered in the last five years)*

Year	Cause of Loss	Date of Loss	Insured/Not Insured	Value of Loss
		/	<input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	\$
		/	<input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	\$
		/	<input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	\$
		/	<input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	\$
		/	<input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	\$

**Arable Crop Notes:**

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# General Insurance Questions Declaration

## Disclosure Statement

I have received FMG's Disclosure Statement (only required for new FMG clients)  Yes  No

## Current Insurer Details

Do you currently hold an insurance policy?  Yes  No *If yes, give policy name/number below*


## Five Year Claims History

### In the last 5 years

Have you made claims of any kind with another Insurer?  Yes  No *If yes, provide details below*

Claim Date:	Claim Value: \$
<i>Details of claim/s</i>	

Have you had loss or damage to property, exceeding \$5,000 that you didn't claim for or that was uninsured?  Yes  No *If yes, provide details below*


Has another Insurer declined, cancelled, not renewed, applied restricted terms to your insurance or declined a claim?  Yes  No *If yes, provide details below*


Have you, or any other person who wishes to be covered by this insurance ever breached the Resource Management Act 1991 or received any infringement notices from any government agency or local body authorities?  Yes  No *If yes, provide details below*


## Loss History Please describe all hail and frost losses your crop has suffered in the last five years

Year	Cause of Loss	Date of Loss	Insured/Not Insured	Value of Loss
		/ /	<input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	\$
		/ /	<input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	\$
		/ /	<input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	\$
		/ /	<input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	\$
		/ /	<input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	\$

**Infringement History**

*The information requested in this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.*

Have you ever:

Had any criminal convictions or have any criminal prosecutions pending excluding matters concealed under the Clean Slate Act?  Yes  No

Been declared bankrupt?  Yes  No

*If you answered yes to any of the above questions, provide details*


## Insured's declaration

Insured(s) full name:

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## Important information

### Your duty of disclosure

You have a legal duty to disclose to FMG everything that is material to the risk to be insured under this contract. If you do not do this, FMG will be able to treat the policy as having been void from the beginning, meaning no claims will be payable.

You also have a continuing duty to notify FMG of any change in circumstance which increases and/or alters the risk insured. If you fail to do so, FMG may refuse to meet any claim and/or bring your policy to an end from the date of failure.

### Application and declaration

I/We declare that:

I/We are completing this proposal and signing this declaration on behalf of all persons to be covered under the policy and I/we are authorised to do so.

I/We have answered all questions fully and truthfully and have disclosed full details of all matters material to the insurance for which I/we are applying.

I/We are bound by the accuracy and completeness of the answers provided. Where any answers are not in my/our handwriting they have been checked by me/us and I/we certify they are correct and I/we agree to the Policy Terms and Conditions.

### Declaration

I/We have read the section headed "Important information".

I/We agree that my/our personal information may be used by FMG to advise me/us of FMG's other services.

I/We authorise the disclosure of personal information held by any other party regarding my/our previous insurances, and agree to FMG releasing to other parties information regarding this insurance. I/We declare that the information given in this proposal is true and that no material information has been withheld which would be likely to affect the acceptance of this proposal.

I/We agree that this proposal and declaration shall be the basis of the contract and that the insurance granted shall be subject to FMG's standard policy for the type of insurance requested as altered, modified or extended by any endorsements to the policy schedule or certificate of insurance issued by FMG in lieu of a policy.

I agree that the items insured under this policy are limited to the insured value as determined by myself and may be subject to the terms and conditions of the Material Damage Policy.

I understand that by not obtaining a current Reinstatement Valuation for insurance purposes from a registered valuer, the insured values elected may not accurately reflect the cost of Reinstatement (Nominated Replacement Value) and I may be under insured. If my assets are insured under the Commercial Material Damage Policy and the sum insured for the items is below 85% of the Nominated Replacement Value the below Condition of Average may apply:

- a) If you suffer a total loss, the provision will have no effect.
- b) If you suffer a partial loss, the maximum amount that you may recover will bear the same proportion to your actual loss as the amount for which the property is insured bears to the full value of the property.
- c) Whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured.

*Example: Your property is worth \$20,000. You insure it for \$10,000. You suffer a loss of \$5,000. If your policy is subject to Average, the maximum amount that you may recover will be \$2,500.*

## Privacy Act

Pursuant to the Privacy Act 2020 the following is brought to your attention:

This proposal collects personal information about you which is collected to evaluate the insurance you seek. The information is collected and held by Farmers' Mutual Group ("FMG"), 284-292 Church Street, Palmerston North.

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. Failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning. Information collected about claims made under your policies may be given to and obtained from Insurance Claims Register Limited (ICR) by Insurers that participate in the register operated by ICR.

I/We have rights of access to and correction of personal information, covering me/us, held by FMG and/or ICR, pursuant to the provisions of the Privacy Act 2020.

For a full copy of FMG's Privacy Policy please visit [www.fmg.co.nz](http://www.fmg.co.nz) or call 0800 366 466.

## Client acknowledgement

Signature(s) of insured person(s):

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Date:        /        /

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Name of signatory:

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## FMG employee declaration

To be completed if an employee of FMG has completed the proposal on behalf of the Applicant(s).

To the best of my knowledge and belief the answers given in this application and declaration and any attached personal statements are true and correct and in accordance with all information given to me.

Signature(s) of employee:

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Date:        /        /

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Name of signatory:

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