

FARM INSURANCE QUOTE FORM

Client: _____ **Phone:** _____

Trading As: _____

If cover is required, please answer all of the questions below.

1 Situation/s: 1. _____
 2. _____
 3. _____

2 Describe Farming Activity: _____

3 Total Area: _____ **Hectares / Acres**

4 Number of years the rural enterprise has been established: _____

5 Number of employees (including proprietors, directors, partners): _____

6 Estimated Annual Turnover: \$ _____

7 Wage Roll: \$ _____

****PLEASE COMPLETE A SEPARATE NEEDS ANALYSIS FOR THE FOLLOWING SECTIONS****

- *Domestic Home & Contents*
- *Farm Motor*
- *Personal Accident & Illness*

Farm Property *Is this section required:* Yes / No Initial _____

8 Type of Cover: **Listed Events / Accidental Damage**

9 Sit. No:	Description	Construction	Building \$	Contents\$

10 Unspecified Farm Buildings: (limit any one building as per PDS) **Yes / No**

11 Farm Improvements: (eg fuel/water tanks, free standing grain/feed silos etc.) \$ _____

12 Specified Farm Improvements:

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____

Farm Machinery & Working Dogs

Is this section required: Yes / No Initial _____

13 Specified Farm Machinery:

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____

14 Working Dogs

\$ _____

Theft

Is this section required: Yes / No Initial _____

15 Farm Contents:

\$ _____

16 Specified Farm Machinery:

- 1. _____ \$ _____
- 2. _____ \$ _____

17 Specified Items: (CB/UHF Radios, GPS Units, Semen etc)

- 1. _____ \$ _____
- 2. _____ \$ _____

Hay, Grain, Fencing, Livestock & Farm Trees

Is this section required: Yes / No Initial _____

18 Fencing: Boundary NOT Shared

\$ _____

Boundary Shared

\$ _____

Sub-divisional

\$ _____

All Fencing

\$ _____

19 Hay & Grain:

\$ _____

20 Livestock: Total Cattle

\$ _____

Total Sheep

\$ _____

Total Horse

\$ _____

Other _____

\$ _____

21 Farm Trees:

\$ _____

Business Interruption

Is this section required: Yes / No Initial _____

22 Indemnity Period: _____ Months

23 Agistment Income: \$ _____

24 Farming Continuation Expense: \$ _____

Public & Product Liability

Is this section required: Yes / No Initial _____

25 Limit of Indemnity: \$ _____

26 Property in Physical or Legal Control: \$ _____

27 Number of Properties: _____

28 Do you have a aircraft landing area? Yes / No

29 Do you derive any income from farm contracting? Yes / No

If Yes, please supply details: _____

Machinery Breakdown

Is this section required: Yes / No Initial _____

30 Workshop, Shearing Shed, Dairy Plant,
All Electric Motors, Centrifugal Pumps,
Turbine Pumps, Submersible Pumps &
Refrigeration Equipment To 25hp No of Units: _____

31 Electric Motors To 50h No of Units: _____

32 Centrifugal Pumps To 50hp No of Units: _____

33 Centrifugal Pumps To 75hp No of Units: _____

34 Turbine Pumps To 50hp No of Units: _____

35 Turbine Pumps To 75hp No of Units: _____

36 Submersible Pumps To 30hp No of Units: _____

37 Diesel & Petrol Generators To 5kva No of Units: _____

38 Diesel & Petrol Generators To 10kva No of Units: _____

39 Diesel & Petrol Generators To 25kva No of Units: _____

40 Electric Welders Transformer No of Units: _____

41 Electric Welders Other No of Units: _____

- 42 Is the property (or any part thereof) to be insured:**
- Regularly serviced by a qualified technician? Yes / No
- Owned by you? Yes / No
- An unregistered boiler or pressure vessel? Yes / No
- More than 20 years old or not in current production? Yes / No
- Modified to perform other than originally intended by the manufacturer? Yes / No
- If Yes to any of the above, please supply details on a separate page

Computer & Electronic Equipment

Is this section required: **Yes / No** **Initial** _____

- 43 Type of Cover/s Required:** Fire & Perils / Accidental Damage / Breakdown / Transit
- 44 Computer Systems:**
- | | | | |
|---|--------------------|----|-------|
| Computers (including monitor, keyboard, mouse, modem) | No of Units: _____ | \$ | _____ |
| Laptop (including accessories) | No of Units: _____ | \$ | _____ |
| Other (Please supply details) | No of Units: _____ | \$ | _____ |
| | No of Units: _____ | \$ | _____ |
- 45 Electronic Equipment:**
- | | | | |
|-------------------------------|--------------------|----|-------|
| Photocopier | No of Units: _____ | \$ | _____ |
| Printer | No of Units: _____ | \$ | _____ |
| Scanner | No of Units: _____ | \$ | _____ |
| Telephone System | No of Units: _____ | \$ | _____ |
| Digital Camera | No of Units: _____ | \$ | _____ |
| Projector | No of Units: _____ | \$ | _____ |
| Other (Please supply details) | No of Units: _____ | \$ | _____ |
- 46 Increased Cost of Working:** \$ _____
- 47 Reinstatement of Data:** \$ _____
- 48 Gross Income:** \$ _____

General Property

Is this section required: **Yes / No** **Initial** _____

- 49 Type of Cover:** Fire & Perils / Theft / Accidental Damage / Collision & Overturning of conveying vehicle

- | | | | | |
|--------------|----|-------|----|-------|
| Item: | 1. | _____ | \$ | _____ |
| | 2. | _____ | \$ | _____ |
| | 3. | _____ | \$ | _____ |
| | 4. | _____ | \$ | _____ |
| | 5. | _____ | \$ | _____ |

General Questions

- 50 Has any insurer declined an application from you, or cancelled or refused to renew a policy of yours, required special terms to insure you or declined or refused a claim? **Yes / No**
- 51 Have you sustained any loss or damage to property, whether or not you made an insurance claim, or had any claim made against you in the past 5 years? **Yes / No**
- 52 Have you, or any person who will receive insurance protection under the proposed policy, been charged with, or convicted of, any criminal offences in the past 10 years? **Yes / No**
- 53 During the past 2 years have you or any other person to whom cover extends under this policy received any threats of life or property (private or business)? **Yes / No**
- 54 Is any portion of the property to be insured in a poor condition or state of disrepair? **Yes / No**
- 55 Are there any other relevant facts relating to the risk to be insured that you should disclose to us, to enable a true assessment of your insurance application? **Yes / No**
- 56 Is there a Financier to be noted? **Yes / No**
- 57 If yes to any of the above, please supply details

DECLARATION BY CLIENT

I/We in effecting insurance in accordance with the information furnished in this Needs Analysis declare & warrant:

- (a) The statements in this Needs Analysis are true
That I/We agree to accept the terms, exclusions, conditions and limitations of the
- (b) Policy(s) effected on my/our behalf by you in respect of the insurances obtained in respect of the above.

Client/Proposer(s) Signature: _____ **Date:** _____