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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.

If you are completing this Proposal Form for multiple vineyards we have included additional pages at the end of this form that you can complete to supply the required details for all vineyards.

If you do not require this additional space, please ignore these duplicated pages, and simply complete pages 3, 4, and 5.



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Insured name		
ABN number		
Email address		
Postal address		
Has the Insured:		
Had any insurance cancelled due to non-payment in the last five (5) years?	Yes	No
Had a claim or insurance declined due to fraud or non-disclosure in the last ten (10) years?	Yes	No
Ever been placed in receivership or liquidation in the last five (5) years?	Yes	No
Had any directors, or officers, who have been been declared bankrupt in the last five (5) years?	Yes	No
Experienced any smoke taint losses previously?	Yes	No



PROPERTY INFORMATION						
Property name						
State	Shire	Postcode				
Address						
GPS location (centre of property)						

Details of grapes to be insured

Block name	Area (ha)	Vine type	Year planted	Value per vine (\$)	Vine density per hectare	Vine value per hectare (\$)	Proposed harvest date of the vines
		Plantation	declared value	\$		ine Grane Smoke Taint Propos	



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DECLARATION AND SIGNATURE

I declare that I have made all necessary enquiries into 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

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