![achmea farm insurance]

Achmea Cattle Stud Stock Insurance Cover

Lots to be insured at _____ sale.

LOT No.	SUM INSURED	LOT No.	SUM INSURED

INSURANCE RATES*   (Sum Insured in excess of $50,000 − $100,000)

Please circle preferred option.

COVER SELECTED		12 MONTHS	6 MONTHS	3 MONTHS
★☆☆ **1 STAR**	**Mortality only** Cover includes Transit all rates plus GST & stamp duty	**5%**	**3%**	**2%**
★★☆ **2 STAR**	**Mortality including accidental loss of use** all rates plus GST & stamp duty	**10%**	**6%**	**3%**
★★★ **3 STAR**	**Mortality including accidental loss of use, sickness and disease** all rates plus GST & stamp duty	**12%**	**7%**	**4%**

These rates are exclusive of GST and stamp duty which may be applicable. An excess of 2.5% of the insured sum per animal per event applies. Minimum net premium of $100, please see full terms and conditions of your policy wording.

*Rates valid until 31/3/2022

Policy Name _____

ABN/ACN _____

Contact Name _____ Position _____

Address _____

_____

Phone Number _____

Email _____

*When you provide an email address to us, we will use this as the primary contact method. We may also communicate with you via SMS messaging.

☐ Tick here if you would like to request a quote or find out more about our All-in-One Farm Pack.

Important information

Policyholder Name

About Achmea Australia

Achmea Australia (Achmea) is the Australian branch of Achmea Schadeverzekeringen N.V., ABN 86 158 237 702, AFSL No. 433984.

Achmea Australia
PO Box H359
Australia Square NSW 1215
1800 724 214
info@achmea.com.au
www.achmea.com.au

Your responsibilities

a) Duty of disclosure : Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. You also have this duty when you renew, extend or vary an insurance contract with us. You do not need to tell us anything that:

i. reduces the risk we insure you for;

ii. is common knowledge; or

iii. we know or ought to know as an insurer.

If you do not comply with the Duty of Disclosure, we may refuse to pay a claim, reduce the claim amount or cancel the policy.

b) Duty to act fairly and honestly : The law requires you, any third party beneficiary under your policy and us to act towards each other with utmost good faith, fairly, openly and honestly in respect of any matters arising under your policy.

Privacy Statement

Protecting your privacy and your personal information is important to us. We collect information to decide whether to insure you. If you do not provide this information, we will not be able to insure you. Any personal information you give us will be treated in accordance with the Privacy Act 1988 (Cth).

We may disclose your personal information to third parties as necessary to assist us in providing services to you. Those third parties include related companies within the Achmea Group and associated companies of Achmea. Some of the third parties may be overseas, most likely in The Netherlands.

Our Privacy Statement contains more information about how we manage personal information that we may collect. You may access a copy of our Privacy Statement from the download section of our website www.achmea.com.au.

If you give us personal information about other people, we rely on you to tell them that you will provide their information to us and of the information in this notice. We may also use the information for our business purposes as reasonably necessary.

Declaration

Your signature below confirms that:

1. The details you have provided above are true and you have not withheld or misrepresented any factual information;

2. You have read and understand the Important notices in this Proposal form on Achmea Australia, Your responsibilities and Privacy;

3. You have made all necessary enquiries, including of the persons to be insured under the policy, before completing this Proposal Form in order to comply with the Duty of Disclosure;

4. You confirm that you have been provided with our Policy Wording that would apply to your policy.

5. You have read the Privacy Statement and consent to the use and disclosure of personal information for the purposes shown in the Privacy Statement.

Name_____ Position _____

Signature_____ Date _____

☐ I have the authority to act on behalf of the main Policyholder.

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