



Millennium Underwriting Agencies Pty Ltd
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AFSL: 246721

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Millennium Underwriting Agencies
ABN: 38 079 194 095
AFSL: 246721
Is underwritten by:
Wesfarmers General Insurance Limited
ABN: 24 000 036 279
AFSL: 241461
Trading as Lumley Insurance

FARM INSURANCE PROPOSAL FORM

The Applicants

Name(s) in full (Please ensure all individual and Trading Entity names are shown)

Tax Status Registered Business Yes No ABN: _____ Taxable ____ %

Postal Address _____ State: _____ Postcode: _____

Contact Numbers Phone No: () _____ Mobile: _____
Fax No: () _____ Email: _____

Email Address _____

Property Details Name(s) _____ Size(s) in acres/hectares _____

Property Situation _____

Type of Farm _____

Other Interested Persons _____
(e.g. Mortgages or Lessors) – Name & Address _____

Period of Insurance From: ____/____/____ to ____/____/____ at 4pm.

General Information

If "Yes" to any questions below, please provide full details

a) Have **you** in the past 5 years

1. made any claim(s) on an insurer for loss or damage

Yes No

2. had any insurance declined or cancelled, proposal/application rejected?

Yes No

3. suffered any loss or damage, which would have been covered by the proposed insurance policy?

Yes No

b) Have **you** or any partner(s), shareholder(s) or director(s) of the business

1. ever been declared bankrupt?

Yes No

2. ever been involved in a company or business, which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?

Yes No

3. been convicted of any criminal offence within the past 5 years (other than minor traffic infringements)?

Yes No

4. been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?

Yes No

HOME BUILDINGS/CONTENTS

\$100 Excess

	Building 1	Building 2	Building 3
1) Description (e.g. cottage)	Main Homestead		
2) Location			
3) Sum Insured – Home	\$	\$	\$
Sum Insured – Contents	\$	\$	\$
Notes: i) Sum Insured should be the replacement value of home(s) and contents of all family residents ii) Contents Sum Insured should include all business computers and equipment subject to limits in policy wording			
4) What TYPE of cover do you require?	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>
Cover 1 – Insured Events Cover – Defined Events (e.g. fire, storm or rainwater, theft, earthquake etc.) at the location Cover 2 – Accidental Damage Cover – Accidental Loss or Damage to home and to contents anywhere in Australia Notes: i) Cover 2 is only available to owner occupied homes ii) A higher premium is payable for Cover 2			
5) (a) Occupied By			
(b) Occupier Date of Birth	/ /	/ /	/ /
(c) Retired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6) What are the construction materials of Walls? Roof?			
7) (a) Year of Construction			
(b) If over 50 years old has the home been Rewired? Replumbed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
8) Deadlocks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9) Keyed Window Locks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10) Alarm	Local <input type="checkbox"/> Monitored <input type="checkbox"/> No Alarm <input type="checkbox"/>	Local <input type="checkbox"/> Monitored <input type="checkbox"/> No Alarm <input type="checkbox"/>	Local <input type="checkbox"/> Monitored <input type="checkbox"/> No Alarm <input type="checkbox"/>
(OFFICE USE ONLY)	Premium		
	FSL		
	S/Duty		
	GST		
	TOTAL		

HOME BUILDINGS/CONTENTS (cont)		\$100 Excess	
	Building 4	Building 5	Building 6
1) Description (e.g. cottage)	Main Homestead		
2) Location			
3) Sum Insured – Home	\$	\$	\$
Sum Insured – Contents	\$	\$	\$
Notes: i) Sum Insured should be the replacement value of home(s) and contents of all family residents ii) Contents Sum Insured should include all business computers and equipment subject to limits in policy wording			
4) What TYPE of cover do you require?	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>	Cover 1 <input type="checkbox"/> Cover 2 <input type="checkbox"/>
Cover 1 – Insured Events Cover – Defined Events (e.g. fire, storm or rainwater, theft, earthquake etc.) at the location Cover 2 – Accidental Damage Cover – Accidental Loss or Damage to home and to contents anywhere in Australia Notes: i) Cover 2 is only available to owner occupied homes ii) A higher premium is payable for Cover 2			
5) (a) Occupied By			
(b) Occupier Date of Birth	/ /	/ /	/ /
(c) Retired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6) What are the construction materials of	Walls? Roof?		
7) (a) Year of Construction			
(b) If over 50 years old has the home been	Rewired? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Replumbed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8) Deadlocks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9) Keyed Window Locks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10) Alarm	Local <input type="checkbox"/>	Local <input type="checkbox"/>	Local <input type="checkbox"/>
	Monitored <input type="checkbox"/>	Monitored <input type="checkbox"/>	Monitored <input type="checkbox"/>
	No Alarm <input type="checkbox"/>	No Alarm <input type="checkbox"/>	No Alarm <input type="checkbox"/>
(OFFICE USE ONLY)	Premium		
	FSL		
	S/Duty		
	GST		
	TOTAL		

HOME BUILDINGS/CONTENTS (cont)		\$100 Excess	
<p>Special Contents items</p> <p>The amount you can claim on some contents items is limited (see the policy for full details). The items named below are limited but they can be increased. If you have items that exceed these limits, and you want them to be fully insured, please specify them, their replacement (new for old) value, and which building they are contained in.</p> <ul style="list-style-type: none"> ▪ Pictures or works of art, tapestries, handwoven rugs or antiques – Cover 1 \$20,000, Cover 2 up to sum insured ▪ Collections of any kind – Cover 1 \$5,000, Cover 2 \$10,000 ▪ Gold or gold plated, silver or silver plated items, jewellery, watches, furs – Cover 1 \$5,000, Cover 2 \$10,000 			
Special Contents Items	Value	Building Contained in	
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Notes i) There is an overall policy limit of 20% of the Contents Sum Insured for all Special Contents Items unless you specify them ii) The Contents Sum Insured must be adequate to cover Special Contents Items and all other Contents iii) Valuations are required for any items of jewellery, watches, artworks, pictures or furs, you list.			

LIVESTOCK AND WORKING DOGS**\$100 Excess****LIVESTOCK**

Type of Animal	Number(s)	Peak Value per head	Sum Insured
	@	\$	\$
	@	\$	\$
	@	\$	\$
	@	\$	\$
	@	\$	\$
TOTAL SUM INSURED			\$

Livestock sums insured are increased by 20% for the months of 1. _____ 2. _____ 3. _____

(OFFICE USE ONLY)

Premium \$	FSL \$	S/D \$	GST \$	Total \$
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WORKING DOGS

Must be more than 2 months old and not more than 10 years old

Name	Age	Sex	Breed	Ear tattoo details or Registration Number	Colour	Markings	Sum Insured
							\$
							\$
							\$
							\$
							\$
Total Sum Insured							\$

(OFFICE USE ONLY)

Premium \$	FSL \$	S/D \$	GST \$	Total \$
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FARM LIABILITY**\$250 Excess for Property Damage**

LIMIT OF INDEMNITY (please ✓)

\$ 5 Million \$10 Million \$15 Million \$20 Million

1) Property Owners Liability Only
(If Yes, ignore questions 2-7)

Yes No

2) Cover is automatically provided for claims in respect of goods in your physical and legal control to a limit of \$250,000 in aggregate during any one period of insurance. (Refer Policy for limits on animals, property & vehicles).

If you require additional cover for property or vehicles, please advise the amount required \$ _____

3) How many family members work on the farm? _____

4) How many additional employees (not family members) work on the farm? _____

5) Do you engage in rural contracting that is more than incidental to your own farming activities? Yes No

If Yes, a) what % of your annual income is derived from contracting? _____ %

b) what type of activities do you engage in? _____

6) Do you engage in host farming activities? (Cover subject to approval by Insurer) Yes No

If Yes, a) Number of overnight guests _____

b) Number of day visitors _____

c) What type of activities do you provide? Archery Horse Riding Shooting Trampolining Other

7) Do you require cover for airfield landing strips? Yes No

(OFFICE USE ONLY)

Premium \$	FSL \$	S/D \$	GST \$	Total \$
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TRANSIT – Livestock & Produce & Property**\$100 Excess**

This section provides protection for death of livestock and destruction of farm property or produce in transit on the insured's vehicle or a vehicle in your control.

Sum Insured

It covers fire, flood and collision or overturning of the carrying vehicle. Any one animal is covered up to 20% of the total sum insured.

\$

We do not cover transit of deer, ostriches and alpaca.

(OFFICE USE ONLY)

Premium \$	FSL \$	S/D \$	GST \$	Total \$
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MOTOR – DRIVERS DETAILS

We need to know of everyone who regularly drive(s) the vehicle(s).

Note: A "regular driver" is anyone who drives the vehicle once a week or more often.

Regular Driver(s) Name(s)	Date of Birth	No. of Years Licenced	Vehicles normally driven
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

Have any of the Regular Driver(s) in the last 5 years:	Please ✓	If Yes, Driver(s) Name(s)	Number of Accidents/Offences
a) had any accidents, vehicle(s) stolen or any other vehicle damage or loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
b) had their licence cancelled or suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
c) committed any other traffic offence(s) or infringement(s) such as speeding, running a red light etc. (but not parking)	Yes <input type="checkbox"/> No <input type="checkbox"/>		

If "Yes" to a), b) or c) provide full details below:

Type of Cover: 1. Comprehensive (Market Value) 1a. Comprehensive (Agreed Value) 2. Third Party Property Damage
3. Third Party Property Damage and Fire & Theft 4. Fire & Theft Only

Details of any vehicles in an unsafe condition, unroadworthy or damaged condition to be provided below:

Vehicle:	Details:
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MOTOR – MODIFICATIONS/ACCESSORIES

Have any modifications been made to the maker's design of the vehicles or engines? Yes No

If "yes", please provide details:

Vehicle	Details

MOTOR – VEHICLE DETAILS

SEDANS, STATION SEDANS, WAGONS *(Agreed value and NCB protection available for these vehicles for extra premium)*

Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Sum Insd: \$	Excess: \$	Type of Cover:	
NCB/ %:	Financier:	Driver Age:	Protect NCB: * Yes <input type="checkbox"/> No <input type="checkbox"/>	Agreed Value: * Yes <input type="checkbox"/> No <input type="checkbox"/>	
Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Sum Insd: \$	Excess: \$	Type of Cover:	
NCB/ %:	Financier:	Driver Age:	Protect NCB: * Yes <input type="checkbox"/> No <input type="checkbox"/>	Agreed Value: * Yes <input type="checkbox"/> No <input type="checkbox"/>	
Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Sum Insd: \$	Excess: \$	Type of Cover:	
NCB/ %:	Financier:	Driver Age:	Protect NCB: * Yes <input type="checkbox"/> No <input type="checkbox"/>	Agreed Value: * Yes <input type="checkbox"/> No <input type="checkbox"/>	
Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Sum Insd: \$	Excess: \$	Type of Cover:	
NCB/ %:	Financier:	Driver Age:	Protect NCB: * Yes <input type="checkbox"/> No <input type="checkbox"/>	Agreed Value: * Yes <input type="checkbox"/> No <input type="checkbox"/>	
Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Sum Insd: \$	Excess: \$	Type of Cover:	
NCB/ %:	Financier:	Driver Age:	Protect NCB: * Yes <input type="checkbox"/> No <input type="checkbox"/>	Agreed Value: * Yes <input type="checkbox"/> No <input type="checkbox"/>	

COMMERCIALS (Agreed value and NCB protection not available except for private use only utilities)

Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Eng #:	Sum Insured: \$	Excess:	
Cover Type:	NCB/ %:	Financier:	Driver Age: *	Carrying Cap:	
Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Eng #:	Sum Insured: \$	Excess:	
Cover Type:	NCB/ %:	Financier:	Driver Age: *	Carrying Cap:	
Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Eng #:	Sum Insured: \$	Excess:	
Cover Type:	NCB/ %:	Financier:	Driver Age: *	Carrying Cap:	
Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Eng #:	Sum Insured: \$	Excess:	
Cover Type:	NCB/ %:	Financier:	Driver Age: *	Carrying Cap:	
Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Eng #:	Sum Insured: \$	Excess:	
Cover Type:	NCB/ %:	Financier:	Driver Age: *	Carrying Cap:	
Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Eng #:	Sum Insured: \$	Excess:	
Cover Type:	NCB/ %:	Financier:	Driver Age: *	Carrying Cap:	
Year:	Make:	Model:	Body Type:	Auto <input type="checkbox"/> Manual <input type="checkbox"/>	Base: \$
# of Cyls:	Rego/VIN #:	Eng #:	Sum Insured: \$	Excess:	
Cover Type:	NCB/ %:	Financier:	Driver Age: *	Carrying Cap:	

PERSONAL ACCIDENT & ILLNESS

7- Day Excess

Notes: 1) Age Limits – refer farm manual 2) Weekly Benefit period 104 weeks maximum 3) Includes Farm Motor Cycling, Water and Snow Skiing

Full name of Person Insured	Date of Birth	Height (cms)	Weight (kgs)	Units Accident	Units Illness	Football Yes/No	XS Days (7 days standard)
	/ /					Yes <input type="checkbox"/> No <input type="checkbox"/>	
	/ /					Yes <input type="checkbox"/> No <input type="checkbox"/>	
	/ /					Yes <input type="checkbox"/> No <input type="checkbox"/>	

Each unit \$1,000 Capital Benefits & \$10/week loss of income

Additional Option – Football

- Extra Premium payable
- Excess 2 weeks
- Benefit Period – 26 weeks maximum

Do you require 2 weeks Excess Yes No Nil Excess Yes No

DETAILS FOR EACH PERSON INSURED

Has any person to be insured suffered from or been diagnosed with:

a) Any injury to, or illness or disease of, the:

- Heart, lungs, blood vessels or circulatory system? Yes No
- Bones, joints, muscles, limbs or skin (other than infrequent accidental minor cuts and bruises)? Yes No
- Head, back, neck or spine? Yes No
- Kidney, urinary tract or reproductive organs? Yes No
- Brain, nervous system or autoimmune system? Yes No
- Stomach, bowel or digestive system? Yes No
- Eyes, ears, nose or throat (other than infrequent colds)? Yes No

b) A hernia? Yes No

c) Any infectious disease or viral infection (other than infrequent colds)? Yes No

d) Any mental illness or disease, or stress-related condition? Yes No

e) Any other injury, illness or disease? Yes No

Details: _____

(OFFICE USE ONLY)

Person Insured	Base Premium	S/D	GST	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

THEFT**\$100 Excess**

Cover in addition to that provided under Farm Property Section of policy.

Sum Insured \$ _____

(OFFICE USE ONLY)

Premium \$	FSL \$	S/D \$	GST \$	Total \$
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BUSINESS INTERRUPTION**\$100 Excess**

Interest Insured	Sum Insured
1) Weekly Income \$ _____ for Indemnity Period _____ weeks Note: Weekly Income option is only available where regular weekly/monthly income is a feature of your farming operation	\$
2) Additional Cost of Working (in addition to cover under Farm Property Section) Claims Preparation Costs (instead of the automatic \$5,000)	\$ \$
3) Agistment Costs (in addition to cover under Farm Property Section)	\$
4) Tax Audit Expenses	\$
5) Legal Expenses	\$
TOTAL SUM INSURED	\$

(OFFICE USE ONLY)

Premium \$	FSL \$	S/D \$	GST \$	Total \$
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