

Kiwifruit Master Application

If there is insufficient space to answer any questions on this Application or to provide all the information You need to disclose to Us, please attach a separate piece of paper to this Application with all the additional information. This Application form is not a confirmation of cover. It is entirely at Insurer's discretion whether a quotation will be provided to You for this insurance and whether a Policy will be issued. When completing this document and providing information to Us, please note Your Duty of Disclosure in the Notices section of this document. If You do not comply with Your duty, We may cancel the Policy retrospectively.

BROKER DETAILS

Contact

Firm

INSURED INFORMATION - Please complete all sections.

Type	<input type="radio"/> Individual	<input type="radio"/> Company / Partnership	Registered for GST ?	<input type="radio"/> Yes	<input type="radio"/> No
Name(s)				GST No.	
Contact		Phone		Mobile	
Email Address				Fax No.	
Postal Address					
Town				Postcode	

INTERESTED PARTIES

Are there any interested parties to be noted on the Schedule of Insurance (e.g. financiers, merchants)?	<input type="radio"/> Yes	<input type="radio"/> No	If "Yes", provide details below.
Name			
Address			

INSURANCE HISTORY - Please tick "Yes" or "No" as appropriate.

Has any insurer ever	(a) cancelled or threatened to cancel Your insurance due to non-payment of premium?	<input type="radio"/> Yes	<input type="radio"/> No
	(b) imposed special terms on Your insurance including abnormal excesses or restrictions?	<input type="radio"/> Yes	<input type="radio"/> No
	(c) declined a claim or declined to renew Your insurance due to fraud or non-disclosure?	<input type="radio"/> Yes	<input type="radio"/> No
If You answered "Yes" to any of the questions above, please provide details below or on a separate page if required.			

INSURED ORCHARD DETAILS

Orchard Name			
Orchard Address			
Town		Postcode	

REGION - Please select one of the following.

<input type="radio"/> Auckland	<input type="radio"/> Coromandel	<input type="radio"/> Franklin	<input type="radio"/> Gisborne	<input type="radio"/> Hawkes Bay
<input type="radio"/> Horowhenua	<input type="radio"/> Katikati	<input type="radio"/> Kerikeri	<input type="radio"/> Levin	<input type="radio"/> Manawatu
<input type="radio"/> North Auckland	<input type="radio"/> Opotiki	<input type="radio"/> Rotorua	<input type="radio"/> South Island	<input type="radio"/> Taranaki
<input type="radio"/> Tauranga	<input type="radio"/> Te Puke – East of Te Matai Rd		<input type="radio"/> Te Puke – West of Te Matai Rd	
<input type="radio"/> Waihi	<input type="radio"/> Waikato	<input type="radio"/> Whakatane	<input type="radio"/> Wanganui	<input type="radio"/> Whangarei



PROPERTY NAME

ADDITIONAL COVER OPTIONS - Please read and answer the questions below.

☐ Frost

\$

○ 65%

CROP DETAILS

[illegible]

Kiwifruit Master Application

NAME OF INSURED _____

PROPERTY NAME _____

CROP LOSS DETAILS

Has Your Crop already been damaged this season?

If "Yes", Your Insured Orchard will have to be inspected by an assessor, at Your cost, before this Application will be considered.

☐ Yes

☐ No

Please list all Crop losses due to Hail and Frost which have occurred at this Insured Orchard in the past five years.

Year	Cause of Loss	Damaged Area	Production Lost	Claim Amount
2016/17		(ha)	% \$	
2015/16		(ha)	% \$	
2014/15		(ha)	% \$	
2013/14		(ha)	% \$	
2012/13		(ha)	% \$	

DECLARATION AND SIGNATURE - Please read, sign and date.

I declare that I have:

- read and understood the Duty of Disclosure notice set out on the first page of the Notices section and have complied with my duty;
- received, read and understood the Policy wording and all of the information contained in this Application and the Notices Page;
- read and understood the Privacy information notice set out in the Policy wording and consent to the uses of personal information contained therein;
- obtained the consent of any other party(ies) on whose behalf personal information has been provided;
- answered every question honestly, fully and frankly; and
- completed this Application personally, or have had it completed by someone else but I/We have checked that all the questions have been answered fully and accurately.

By signing the Application I authorise Primacy and Allianz to:

- obtain any information they may need about my claims history from **Zespri Group Ltd** or its claims adjustor, my insurance broker and/or my previous insurer(s) and any other information they may require to decide whether to provide cover and on what terms;
- make enquiries from third parties to verify claims history and other information I have provided;
- disclose my claims history to any insurance broker I appoint or to any of my previous insurer(s) or a future insurer(s).

SIGNATURE - In own right, or where more than one applicant, on behalf of all applicants.

DATE

Kiwifruit Master Application

ADDITIONAL INFORMATION - *If this space is insufficient, please attach a separate page to this Application or provide the detail in an electronic format.*

Kiwifruit Master Application

NOTICES PAGE

Please read this page and keep for Your records.

Your Duty of Disclosure

Before You enter into a contract of insurance with Us, You have a duty, at law, to disclose to Us all material facts. This duty also applies when You vary, extend or reinstate Your Policy. The same duty applies to any person making statements or providing information on Your behalf.

Information is material if it may influence a prudent Insurer in deciding whether or not to accept cover or alter the Policy, the terms and conditions to operate, including the premium payable.

Examples of information You may need to disclose include but are not limited to:

- anything that increases the risk of an insurance claim;
- subject to the Criminal Records (Clean Slate) Act 2004, any criminal conviction or offence;
- if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim;
- any insurance claim or loss made or suffered in the past five years.

These examples are a guide only. If there is any doubt as to whether a particular piece of information needs to be disclosed, this should be referred to Us.

Non-Disclosure

If You fail to comply with Your Duty of Disclosure, it may result in the policy being void from the beginning.

Privacy Information

Pursuant to the Privacy Act 1993 the following information is provided for Your benefit:

- the Application collects personal information about You;
- the information is collected to evaluate the insurance being sought;
- the intended recipients of the information are Primacy Underwriting Management Limited and Allianz Australia Insurance Limited;
- the information is being collected and held by Allianz Australia Insurance Limited of Level 11, Tower 1, 205 Queen Street, Auckland, 1010 and Primacy Underwriting Management Limited of PO Box 300-767, Albany, Auckland 0752;
- the collection of this information is required pursuant to the common law duty to disclose all the material facts relevant to the insurance sought and is mandatory;
- the failure to provide this information may result in Your Application for insurance being declined, or the Policy being void from the beginning.

You have the right of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Insurers

In accepting Your application, Primacy is acting as agent of the insurer, Allianz Australia Insurance Limited, ABN 15 000 122 850, (incorporated in Australia) Trading as Allianz New Zealand, in arranging, entering into and administering this insurance.

Not a Renewable Contract

Cover under this Policy is not renewable and ceases on the earlier of when the Period of Insurance specified in the Schedule of Insurance ends, the Policy is cancelled or where the cover ends in accordance with the Policy terms and conditions. If You wish to effect similar insurance for the next growing season, it will be necessary for You to complete a new Application.

Under-Insurance

Unless You have declared an area as not to be covered in Your Application and We have agreed in writing that specific Block(s) are not to be covered, then if the area of kiwifruit of the type insured by this Policy and grown at the Insured Orchard is found to be more than 10% greater than the area that is specified in the Schedule of Insurance then this Policy is subject to average and You shall be considered as being Your own insurer for the difference and shall bear a rateable proportion of the loss accordingly.

The Meaning of Subject to Average

- (1) Your Policy contains a provision making it 'subject to average'.
- (2) That provision will have effect only if the property insured under the Policy is underinsured at the time of loss.
- (3) If the property insured under the Policy is underinsured at the time of loss, the following rules 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.

Inspection of records

If requested by Us or Our appointed representative You must give Us all reasonable assistance including access to current and prior years' records (including those held by third parties) so We may verify Your Crop(s) production or to assist in calculating a claim that has been made under this insurance. We may use satellite imagery and any other technology or services to assist Us in the verification process of Your Crop(s) production.

Kiwifruit Master Application

Inspection of Crops

We may need to physically inspect Your Crop(s). We will provide You with no less than seven (7) days' notice of Our intention to inspect the Crop(s). You must give Us or Our appointed representative all reasonable access and assistance.

Insurer Financial Strength Rating

Allianz Australia Insurance Limited has an AA- insurer financial strength rating given by Standard & Poor's (Australia) Pty Limited. The rating scale* in summary form is:

AAA	Extremely Strong	B	Weak
AA	Very Strong	CCC	Very Weak
A	Strong	CC	Extremely Weak
BBB	Good	R	Regulatory Action
BB	Marginal		

Plus (+) or minus (-): Ratings from "AA" to "CCC" may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories.

* A full description of the rating scale is available via

www.allianz.co.nz/insurer-rating

An overseas policyholder preference applies. Under Australian law, if Allianz Australia Insurance Limited is wound up, its assets in Australia must be applied to its Australian liabilities before they can be applied to overseas liabilities. To this extent, New Zealand policyholders may not be able to rely on Allianz Australia Insurance Limited's Australian assets to satisfy New Zealand liabilities.

PLEASE READ THE POLICY WORDING

This Notices Page is a summary only on some of the aspects of the coverage and does not replace or alter the terms and conditions contained in the Policy wording, Schedule of Insurance and any other document We tell You forms part of the terms and conditions of Your cover. It is important that You read the Policy wording and these documents as they form the terms and conditions of Your Policy.