

› Plantation Timber Insurance Proposal

› Important information

Who is Rural Affinity?

Rural Affinity Insurance Agency Pty Ltd ("Rural Affinity") ABN 72 119 838 854 AFS Licence No. 302182 is an underwriting agent. Rural Affinity arranges policies for and on behalf of the Insurer. Rural Affinity acts under a binding authority given to it by the Insurer to administer and issue policies, alterations and renewals. In everything to do with this Policy, Rural Affinity acts as an agent for the Insurer and not for You.

Who is the Insurer?

This insurance policy is underwritten and issued by Great Lakes Australia Insurance SE (ARBN 127 740 532, ABN 18 964 580 576, AFSL 318603) trading as 'Great Lakes Australia'.

More information regarding the insurer can be found on our website at www.ruralaffinity.com.au/about-the-insurer.

General Insurance Code of Practice

Great Lakes Australia is a signatory to the General Insurance Code of Practice ('the Code'). The Code aims to raise standards of service between insurers and their customers. Rural Affinity's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact Us or visit www.codeofpractice.com.au.

Your Duty of Disclosure

This policy is subject to the *Insurance Contracts Act 1984* (Act). Under that Act You have a Duty of Disclosure.

Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway.

You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. The duty applies until the policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). You need to tell Us immediately of any new information or changes to the answers that have been provided to Us and/or the disclosures You have made to Us throughout the Policy Period.

What You do not need to tell Us

You do not need to tell Us about any matter:

1. that diminishes Our risk,
2. that is of common knowledge,
3. that We know or should know as an insurer, or
4. that We tell You We do not need to know.

Who does the duty apply to?

Everyone who is insured under this policy must comply with the duty.

What happens if You or they do not comply with the duty?

If You or they do not comply with this duty, We may cancel the policy or reduce the amount We pay if You make a claim. If the non-disclosure is fraudulent, We may treat the policy as if it never existed and pay nothing.

Privacy

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth), the Australian Privacy Principles and the terms of this Policy. In this privacy section, "We", "Us" and "Our" means the insurer and Rural Affinity as applicable.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance policy and respond to any claim that You make.

To do this, Your personal information may need to be disclosed to reinsurers and services providers and related entities who carry out

activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance policy and respond to any claim that You make.

Our privacy policies explain how You may access personal information that each of us holds, how to seek correction of Your personal information, how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access Rural Affinity's Privacy Policy at www.ruralaffinity.com.au/privacy and the insurer's Privacy Policy and Privacy Statement at www.munichre.com/gla/en/about-us.html.

Dispute resolution

Any complaints about Our products or services are taken seriously by Us and Rural Affinity and will be dealt with fairly and promptly.

If You have a complaint please first try to resolve it by speaking to the relevant member of the Rural Affinity staff. Rural Affinity can assist by referring the matter to their Internal Dispute Resolution Officer.

You can contact Rural Affinity by:

Phone: (02) 9496 9300
 Fax: (02) 9496 9308
 Email: disputes@ruralaffinity.com.au
 Mail: Internal Disputes Resolution Officer, Rural Affinity
 PO Box 160, St Leonards NSW 1590

If Rural Affinity require additional information, they will contact You to discuss. If Your complaint is not immediately resolved Rural Affinity will respond within 15 business days of receipt of Your complaint or agree a reasonable alternative timetable with You.

If You are not satisfied with the resolution offered by Rural Affinity's Internal Dispute Resolution Officer, Your complaint will be referred to the Dispute Resolution officer or their delegate at Great Lakes Australia.

You can also contact Great Lakes Australia by:

Email: disputes@gla.com.au
 Mail: Disputes Resolution Officer, Great Lakes Australia
 PO Box H35, Australia Square NSW 1215

If We are unable to resolve Your complaint within 45 days of the date We first received Your complaint or if You remain unsatisfied, You can/may be able to seek a free review by the Australian Financial Complaints Authority (AFCA). The AFCA is an independent national body and, if the dispute is within its jurisdiction, We agree to accept its decision.

You can visit their website www.afca.org.au or contact them:

Phone: 1800 931 678
 Email: info@afca.org.au
 Mail: GPO Box 3, Melbourne, VIC, 3001

Further details regarding Our complaints process are available on request.

Important Conditions

In Your policy wording there are conditions which may impact the size of a claim or affect the amount of the premium We will charge. These conditions are explained in the general conditions section of Your policy wording.

Financial Claims Scheme

In the event of the insolvency of GLA, You may be entitled to payment under the Financial Claims Scheme. Access to the scheme is subject to eligibility criteria. Information about the scheme can be obtained from the APRA website at www.apra.gov.au and the APRA hotline on 1300 55 88 49.

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Intermediary Details

Intermediary Name _____ Contact Name _____
 Contact Number _____ Fax Number _____

Insured Details

Insured Name _____ ABN _____
 Contact Name _____ ITC _____
 Email Address _____ Mobile Number _____
 Postal Address _____

Underwriting Information / Disclosure

In the past 10 years have You or any director, partner, associate or anyone else listed on this policy

1. had an insurance policy declined or cancelled, or claim rejected? Yes No
2. been convicted of or have charges pending of any crime involving drugs, theft, fraud, dishonesty or violence against any person or property? Yes No
3. Been declared bankrupt or had any bankruptcy proceedings lodged? Yes No

If yes to any of the questions above, please provide further details:

Other Interested Parties

Please list any other interested parties wishing to cover their financial interest in the plantation

Optional Insured Events

The following optional Insured Events are in addition to the standard cover for fire and impact by vehicle/aircraft.

- Do you require cover for impact by hail? Yes No
 Do you require cover for windstorm? Yes No

Optional benefits

Re-establishment costs Yes No

Where there is a claim under this policy, we will pay for the cost to replant trees in any area which has been declared a total loss. If this benefit is required, please show the sum insured per hectare in the 'PLANTATION DETAILS' table on page 3.

Removal of debris Yes No

If this benefit is required, please show the maximum amount you wish to insure for in any period of insurance _____

Underwriting Information

Have any of your plantation blocks already suffered damage? Yes No

If yes, please provide details _____

Is the whole plantation to be insured? Yes No

If no, please attach a map to the proposal, showing which blocks are to be insured

Forestry Map Location

Maps must be supplied showing the location of your plantation. If available, please also provide the coordinates of each block.

› Plantation Risk Management Questionnaire

Note: this page must be completed for each separate plantation.

Plantation Location

Plantation Name _____ Address _____

Distance and direction to nearest town _____

County/Shire _____

If there is more than one plantation location, please provide a separate insurance proposal.

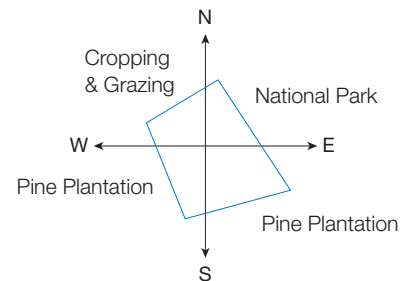
1. Is your plantation managed by a professional plantation manager? Yes No

If yes, please provide the company name, plantation manager name and mobile number

2. Please attach a plantation map showing compass coordinates, location & distance of nearest town and describe the surrounding land use of your plantation.

Please take particular note to mention any:

- Cleared grazing or cropping land
- Plantations (also denoting the tree type)
- National park/state forest
- Other remnant vegetation



3. Is your plantation(s) fenced and gates locked which restricts access to your plantation? Yes No

If yes, please provide details _____

4. Are there any railway lines, power lines, or a rubbish tip within or on the boundary of the plantation? Yes No

If yes, please provide details _____

5. Do you have Your own fire fighting staff and fire fighting equipment? Yes No

If Yes, please outline the number of staff, equipment list, location and fire fighting plan (please attach separately)?

6. Are all boundary firebreaks cleared of all trees, regularly maintained, reasonably clear of stumps, completely accessible to fire trucks and does their condition comply with local government regulations and the forestry industry code of practice Yes No

6.1 What is the width of fire breaks (from canopy edge)? External _____ Internal _____

6.2 Is there a permanent water supply within your plantation? Yes No

If 'no', what is the distance to the nearest accesible permanant water supply? _____

List all losses in the forest/plantation in the last 10 years in the table below

YEAR	AREA LOST (ha)	CAUSE (If fire, please specify how started)	VALUE OF LOSS AFTER SALVAGE (\$)

Plantation Details

BLOCK NAME	YEAR PLANTED	ESTABLISHED BY SEEDLING OR COPPICED	INTENDED PURPOSE BY BLOCK	TREE SPECIES E.G. EUCALYPT/PINE	BLOCK AREA	HECTARE SUM INSURED (\$/ha)	BLOCK SUM INSURED (\$/block)	RE-ESTABLISHMENT COST (\$/ha)

Declaration

- I/We**
- Have received a copy of the Rural Affinity Plantation Timber Policy Wording and agree to accept the insurance subject to the terms, conditions and limitations of this policy.
 - Have read and understood the Privacy information and consent to the collection, storage, use and disclosure of personal information of all persons covered in this Proposal Form. Where personal information has been provided on someone else's behalf, that person has consented to this provision
 - Have read and understood the Duty of Disclosure information and other Important information and I/We realise that if I/we have not complied with the Duty of Disclosure, any claims may not be met.
 - Declare everything on this proposal to be true and correct and I/We have not withheld any relevant information.

Your signature _____ Date _____

Signed for and on behalf of all insureds

NOTE We have to assess all the answers you have provided before confirming your insurance cover