



Your Information

Applicant name (full legal entity): _____

A.C.N: _____ A.B.N: _____

Registered address: _____

Postal Address: _____

Telephone: _____ email: _____

Contact Name: _____

Protection Required

(cover needs to be bound at least one month before the period commences)

Please provide as much information as possible about the nature of the weather exposure you are interested in a quote for protection against.

1. Nature of Weather to be Insured: _____

(this can be high or low rainfall – germinating, finishing, seasonal, annual, water-logging or wet harvest; high or low temperature – frost or heat-stress days; or other weather events including such as cyclone. Does not include hail or any weather not measured by the BoM)

2. Period the insurance is required for: From: _____ To: _____
(dd/mm/yyyy) (dd/mm/yyyy)

(let us know if you are interested in cover for more than period, season or year)

3. Your Location:

(The name of your nearest BoM Weather Station or the Latitude and Longitude of your farm)

BoM Weather Station Name: _____ or;

Latitude: _____ S; Longitude: _____ E

4. Pay-out required in the event that the adverse weather occurs: \$ _____

(per millimetres of rain above or below a given level; per day on which the maximum or minimum temperature is above or below a given point, etc.)

5. Limit of potential pay-out: \$ _____ in total or \$ _____/ha for _____ hectares

(the total pay-out required – if per ha, please specify the number of hectares)

6. Preferred method of contact to discuss your requirements and budget:

Broker Name: _____

Contact Details: _____

By telephone: By email:

