South Coast Insurance Brokers

Professional Advice • Personal Service

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Schedule Of Crops To Be Insured – 2024

Name of Insured:_____ Nearest Town:_____ Shire:_____

Farm Name:_____ ABN:_____ Phone:_____

Farm Address:_____ Email:_____

Paddock Name/Nº	Area (h)	Type of Crop	Yield (t/ha)	Value ($/t)	Share %

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Share Farming: Are any of your crops being share farmed? ☐ Yes ☐ No If **Yes**, please provide details below
Sharefarmer's Name:_____ ABN:_____
Address:_____ Phone:_____
Does the other sharefarmer wish to cover their financial interest? ☐ Yes ☐ No
If no, who is the sharefarmer's insurer: _____
(Please note the percentage interest **you** have in any share farmed paddocks in the above table under 'Share %')

Cover Required: ☐ Hail & Fire ☐ Hail Only ☐ Fire Only After Harvest Option: ☐ Yes ☐ No

Excess: Do you wish to take Reducing Excess Option: ☐ Yes ☐ No

Have you ever had any insurance policy declined or cancelled, or renewal refused, has special conditions imposed, had a claim rejected or had any special excess imposed? ☐ Yes ☐ No
If **Yes**, Year:_____ Name of Insurer:_____

Has the crop already been damaged this season? ☐ Yes ☐ No
(If **Yes**, your crop will have to be inspected by a loss assessor, at your cost, before coverage may be approved).

Please list any previous losses in the last 7 years.

Date of Loss	Type of Event	Damaged Area (H)	Total Crop Area (H)	% of Total Income Lost	Claim Payment ($)

Signature:_____ Date:_____

NIBA National Insurance Brokers Association

Steadfast THE STRENGTH YOU NEED