



# Managing Farm Risk Program application

## Section A: General information

**Purpose of this form** For farm businesses to apply for a rebate on the cost of obtaining independent and professional advice on new insurance policies covering drought and other production and market risks.

Activities eligible for a rebate include:

- undertaking an assessment required by an insurance provider
- compiling historical farm financial performance and production data
- analysing insurance options based on a whole-of-farm risk assessment.

One rebate per eligible farm business is available under the Managing Farm Risk Program.

**Before applying** See the [Managing Farm Risk Program guidelines](#).  
Seek advice before deciding on any financial product, including insurance.

**To complete this form**

**Electronically**  
Save the PDF file to your computer. You need the latest version of Adobe Acrobat Reader to save changes and submit.

**Manually**  
Use black or blue pen  
Print in BLOCK LETTERS  
Mark boxes with a tick or a cross

**Your application must include**

- a completed application form
- copies of service provider receipt(s) that itemise eligible activities
- a copy of your written offer or refusal from an insurance provider or its authorised agent/representative that indicates the type of insurance product being sought.

**Email or post your application**  
(emailed applications are preferred)

Email [mfrp@agriculture.gov.au](mailto:mfrp@agriculture.gov.au)

Managing Farm Risk Program  
Department of Agriculture and Water Resources  
GPO Box 858  
Canberra ACT 2601



The Managing Farm Risk Program is part of the *Agricultural Competitiveness White Paper*, the Australian Government's plan for stronger farmers and a stronger economy.

## Section B: Applicant

### 1 Business name (legal entity name)

### 2 Principal business activity (select one)

Cropping

Dairy

Aquaculture

Horticulture

Wool

Apiculture

Livestock

Viticulture

Other (provide details)

### 3 If you selected cropping in question 2, indicate your main crop type (for example, grains, cotton or oilseeds).

### 4 Australian Business Number (ABN)

### 5 Business address

Street address (PO Box will not be accepted)

Suburb/town/city

State/territory

Postcode

### 6 Postal address (if different from business address)

Address

Suburb/town/city

State/territory

Postcode

### 7 Contact person

Title

Given name(s)

Family name

Work phone (include area code)

Mobile phone

Email

### 8 Provide the GPS coordinates of your farm property to which the insurance application applies to at least four decimal places (for example, -31.1234 and 124.1234). Use [MyGeoPosition.com](https://mygeoposition.com) to identify coordinates.

Latitude

Longitude

## Section C: Eligible activity and related costs

### 9 Indicate type of activity(ies) undertaken (select one or more boxes)

Insurance assessment

Compilation of farm performance data

Analysis of insurance options

### 10 Detail the eligible activity(ies) you have undertaken.

Rebates are for up to 50 per cent of the costs incurred (GST exclusive), to a maximum of \$2 500.

| Type of advice obtained | Service provider name | Service provider ABN | Total cost<br>(\$ GST exclusive) |
|-------------------------|-----------------------|----------------------|----------------------------------|
|                         |                       |                      |                                  |
|                         |                       |                      |                                  |
|                         |                       |                      |                                  |
|                         |                       |                      |                                  |
|                         |                       |                      |                                  |
|                         |                       |                      |                                  |
|                         |                       |                      |                                  |
|                         |                       | <b>Total</b>         |                                  |

## Section D: Application for new insurance

For a definition of new insurance products see the Glossary in the [Managing Farm Risk Program guidelines](#).

### 11 Application for new insurance

Insurance provider

Authorised agent/representative (if applicable)

Indicate policy/product type applied for (select one box)

Multi-peril insurance

Parametric insurance

Single-peril insurance

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## Section E: Payment of rebate

### 12 Preferred method of payment for rebate



Electronic funds transfer (preferred by the department)

Account name

BSB

Account number

Cheque (made payable to the entity listed in section B)

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## Section F: Confidentiality

Applicants must identify information in their applications or in any supporting documents that they want treated as confidential and provide reasons for the request. The department reserves the right to accept or refuse requests to treat information as confidential. See section 11 'Confidentiality' in the [Managing Farm Risk Program guidelines](#).

### 13 Do you want information in this application or in supporting documents treated as confidential?

No



Go to section G

Yes



Provide details (maximum 150 words)

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## Section G: Conflict of interest

You must identify any conflict of interest relating to your application. If you identify a conflict of interest after submitting your application, advise the Managing Farm Risk Program coordinator immediately. See section 9 'Conflict of interest' in the [Managing Farm Risk Program guidelines](#).

### 14 Do you have any actual, perceived or potential conflict of interest relating to your application?

No



Go to section H

Yes



Describe arrangements in place to address or manage these conflicts of interest (maximum 150 words)

## Section H: Privacy notice

'Personal information' means information or an opinion about an identified individual, or an individual who is reasonably identifiable.

The collection of personal information by the Department of Agriculture and Water Resources in relation to this application is for the purposes of determining your eligibility for the rebate and related purposes. If the relevant personal information requested in this application is not provided by you, the department will be unable to assess your eligibility for the rebate or provide related payments or services to you.

Personal information may be disclosed to other Australian Government agencies, persons or organisations where necessary for the purposes described here, provided the disclosure is consistent with relevant laws, particularly the *Privacy Act 1988*. Your personal information will be used and stored in accordance with the Australian Privacy Principles.

By completing and submitting this form you consent to the collection of all personal information contained in this form.

See the department's [Privacy Policy](#) to learn more about accessing or correcting personal information or making a complaint. Alternatively, telephone the department on +61 2 6272 3933.

## Section I: User survey (optional for program evaluation purposes)

### 15 Was your application for insurance successful?

No  Provide details (maximum 150 words)

Yes  Go to question 16

### 16 Did you purchase an insurance policy?

No  Provide details (maximum 150 words)

Yes  Go to question 17

### 17 Did availability of a rebate under the Managing Farm Risk Program encourage you to apply for an agricultural insurance product?

No

Yes

**18 How did you learn about the program? (select one or more boxes)**

News article

Newspaper advertisement

Online advertisement

Industry association

Department of Agriculture and Water Resources website

Email

Word of mouth

Other (provide details)

**19 Do you have other comments or feedback about the program or agricultural insurance?  
(maximum 150 words)**

## Section J: Applicant declaration

To be completed by the person listed in section B of this application.

I have read and understood the program guidelines and eligibility criteria and I am satisfied that my application meets the eligibility criteria as defined in the program guidelines, in section 5 'Who is eligible for a rebate'.

I declare that the farm business:

- operates as a sole trader, trust, partnership or private company
- under normal circumstances, has at least one member who derives at least 50 per cent of his or her income from the farm business
- is involved in the agricultural, horticultural, pastoral, apicultural or aquacultural industries
- is wholly located in Australia
- is registered for tax purposes in Australia with an Australian Business Number and is registered for GST
- is not a public company under the meaning of the *Corporations Act 2001* (Cwlth)
- for the previous financial year, had total cash receipts (as defined in the program guidelines glossary) of less than \$2 million
- has a written offer or refusal from an insurance provider for a new insurance product (as defined in the program guidelines glossary)
- has not previously applied for and been paid a rebate under the program.

Further, I declare that:

- the costs claimed in my application relate to eligible activities undertaken by one or more suitably qualified service provider(s) as defined in the program guidelines, in section 6 'What qualifies for a rebate'
- my application does not seek reimbursement of costs that are listed as excluded in the program guidelines, in section 6 'What qualifies for a rebate'
- to the best of my knowledge and belief, no undeclared conflict of interest exists as defined in the program guidelines, section 9 'Conflict of interest'
- I understand that the department may contact me during or at the end of the program for monitoring, evaluation, audit and compliance purposes
- I understand that the department may request additional evidence to substantiate my eligibility, including a copy of the final written advice obtained from my chosen service provider(s) for which I am claiming a rebate
- I have read and understood the privacy notice and Privacy Policy
- the information I have provided is true and correct
- I understand that the department will not accept responsibility for any misunderstanding arising from an applicant's failure to comply with the guidelines or arising from material inaccuracies in an application
- I understand that it is a criminal offence under the *Criminal Code Act 1995* to knowingly give false or misleading information to a Commonwealth officer exercising powers under Commonwealth law—this offence carries a maximum penalty of 12 months imprisonment
- I understand that if the department determines a rebate has been claimed or paid in contravention of the program guidelines or any other Commonwealth policy or legislation, action may be taken by the department to recover those moneys.

Signature (enter signature or type your name)

Date (dd/mm/yyyy)

Full name