

Millennium

Underwriting Agencies

Farm Insurance Proposal Form

Farm Insurance Proposal Form

Important Notice to the Proposer for completion of this proposal form

1. Disclosure

- Any 'material fact' must be disclosed to Insurers
- A "material fact" is any information, which may alter the judgment of an Insurer in assessing the risk
- Any 'material change' must be disclosed to Insurers
- A "material change" is any information, which may alter the judgment of an Insurer that has not previously been disclosed as a material fact.

Failure to provide all "material facts" and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

1. Presentation

- An authorised individual, a partner, principal or director of the proposer must complete this Proposal Form in ink
- All questions must be answered
- If there is insufficient space to provide answers, additional information should be provided on the proposers letter-headed paper
- Where available brochures, standard contract conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

1. Guidance

- If in doubt as to the meaning of any question contained within this proposal form, or the issues raised in 1) Disclosure and/or 2) Presentation, advice should be sought from an Insurance Advisor in the first instance.

The Applicants

Name(s) in Full:

Tax Status

Registered Business:

Yes No

ABN:

Taxable (%):

The Applicants *(continued)*

Postal Address:

Contact Phone Number:

Contact Mobile Number:

Fax Number:

Email Address:

Property Details

Name(s):

Size in acres/hectares:

Property Situation:

Type of Farm:

Other Interested Persons (e.g. Mortgages or Lessors) Name & Address:

Period of Insurance

From:

To:

Please specify your intended recipient's email address:

The Applicants *(continued)*

If "Yes" to any questions below, please provide full details:

a) Have you in the past 5 years:

1. Made any claim(s) on an insurer for loss or damage?:

Yes No

Details:

2. Had any insurance declined or cancelled, proposal/application rejected?:

Yes No

Details:

3. Suffered any loss or damage, which would have been covered by the proposed insurance policy?:

Yes No

b) Have you or any partner(s), shareholder(s) or director(s) of the business:

1. Ever been declared bankrupt?:

Yes No

Details:

2. Ever been involved in a company or business, which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?:

Yes No

Details:

The Applicants *(continued)*

3. Been convicted of any criminal offence within the past 5 years (other than minor traffic infringements)?:

Yes No

Details:

4. Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?:

Yes No

Details:

Home Buildings/Contents

Building 1

Description (e.g. cottage):

Location:

Sum Insured - Home:

\$

Sum Insured - Contents:

\$

Building 2

Description (e.g. cottage):

Location:

Sum Insured - Home:

\$

Sum Insured - Contents:

\$

Home Buildings/Contents (continued)

Building 3

Description (e.g. cottage):

Location:

Sum Insured - Home:

\$

Sum Insured - Contents:

\$

Notes:

- i. Sum Insured should be the replacement value of home(s) and contents of all family residents
- ii. Contents Sum Insured should include all business computers and equipment subject to limits in policy wording

What type of cover do you require?

Cover 1 – Insured Events Cover – Defined Events (e.g. fire, storm or rainwater, theft, earthquake etc.) at the location

Cover 2 – Accidental Damage Cover – Accidental Loss or Damage to home and to contents anywhere in Australia

Notes:

- i. Cover 2 is only available to owner occupied homes
- ii. A higher premium is payable for Cover 2

Building 1 Cover:

Cover 1

Cover 2

Building 1 Occupant:

Building 1 Occupant D.O.B.:

Building 1 Occupant Retired?:

Yes No

B1 Wall
Construction Material:

B1 Roof
Construction Material:

B1 Year of
Construction:

B1 Rewired:

Yes No

B1 Replumbed:

Yes No

B1 Key locked windows:

Yes No

B1 Has Deadlocks:

Yes No

B1 Alarm:

Local

Monitored

No Alarm

Building 2 Cover:

Cover 1

Cover 2

Building 2 Occupant:

Building 2 Occupant D.O.B.:

Building 2 Occupant Retired?:

Yes No

B2 Wall
Construction Material:

B2 Roof
Construction Material:

B2 Year of
Construction:

B2 Rewired:

Yes No

B2 Replumbed:

Yes No

B2 Key locked windows:

Yes No

B2 Has Deadlocks:

Yes No

B2 Alarm:

Local

Monitored

No Alarm

What type of cover do you require? (continued)

Building 3 Cover: Cover 1 Cover 2

Building 3 Occupant: Building 3 Occupant D.O.B.: Building 3 Occupant Retired?:
 Yes No

B3 Wall Construction Material: B3 Roof Construction Material: B3 Year of Construction:

B3 Rewired: Yes No B3 Replumbed: Yes No B3 Key locked windows: Yes No B3 Has Deadlocks: Yes No

B3 Alarm: Local Monitored No Alarm

Notes:

- i. There is an overall policy limit of 20% of the Contents Sum Insured for all Special Contents Items unless you specify them
- ii. The Contents Sum Insured must be adequate to cover Special Contents Items and all other Contents
- iii. Valuations are required for any items of jewellery, watches, artworks, pictures or furs, you list.

Landlord's Residential Protection

Name of Managing Agent:

Details of Lease Agreement:

Details of any Short Term Rental Agreement:

Landlord's Building 1 Description (e.g. house, unit):

Landlord's Building 1 Location:

Landlord's Residential Protection (continued)

Landlord's Building 2 Description:

Landlord's Building 2 Location:

Landlord's Building 3 Description:

Landlord's Building 3 Location:

Cover Requirements

Section 1 - Building:

\$

Section 2 - Contents:

\$

Section 3 - Damage by Tenants:

Yes No

Section 4 - Tenants Rent Default:

Yes No

Weekly Rent:

\$

Section 5 - Loss of Rent (contents only):

Yes No

Annual Rent:

\$

Is the Building Occupied?:

Yes No

Are the premises leased unfurnished?:

Yes No

Details if unoccupied over 60 days:

Material of wall construction:

Material of roof construction:

Year of construction:

Landlord's Residential Protection *(continued)*

If the building is over 50 years old, has it been rewired?:

Yes No

Has it been replumbed?:

Yes No

Valuables - Covered out of home

Specified Item Description:

Sum Insured:

\$

SID2:

SI2:

SID3:

SI3:

SID4:

SI4:

SID5:

SI5:

Total sum insured for specific items:

\$

Farm Property

Property 1

Description:

Construction:

Age:

Replacement Needed?:

Sum Insured:

Yes No

\$

Property 2

Description:

Construction:

Age:

Replacement Needed?:

Sum Insured:

Yes No

\$

Property 3

Description:

Construction:

Age:

Replacement Needed?:

Sum Insured:

Yes No

\$

Farm Property (continued)

Property 4

Description:

Construction:	Age:	Replacement Needed?:	Sum Insured:
		<input type="radio"/> Yes <input type="radio"/> No	\$

Property 5

Description:

Construction:	Age:	Replacement Needed?:	Sum Insured:
		<input type="radio"/> Yes <input type="radio"/> No	\$

Total Sum Insured:

\$

Unspecified Farm Buildings

Market Value only - Limit any one item \$10,000:

\$

Unspecified Farm Contents

Minimum Cover standard farm \$55,000:

\$

Minimum Cover hobby farm \$20,000:

\$

Fencing (Specified)

Do you want materials only cover for fencing?:

Yes No

Internal (100% owned) km:

At \$ per/km:

\$

Shared Boundary (50% owned) km:

At \$ per/km:

\$

Full Boundary (100% owned) km:

At \$ per/km:

\$

Power and Telephone poles and wiring for which you are responsible:

\$

Total Fencing Sum Insured:

\$

Fencing (Unspecified)

Total Fencing (Unspecified) Sum Insured:

\$ _____

Stored Produce

Hay - stacked, baled, rolled or stooked:

\$ _____

Other:

\$ _____

Wool - from sheep's back to fall of auctioneer's hammer:

\$ _____

Total Produce Sum Insured:

\$ _____

Cost of removing burnt out trees and replanting with seedlings
(instead of the automatic \$1,000 – subject to approval by Millennium):

\$ _____

Specified Mobile Farm Machinery (Market value only after 12 months)

Machinery Description:

Machinery Sum Insured:

\$ _____

MD2:

MSI2:

MD3:

MSI3:

MD4:

MSI4:

MD5:

MSI5:

Total Mobile Machinery Sum Insured:

Unspecified Mobile Machinery

Machinery Market Value only - Limit any one item \$10,000:

\$ _____

Livestock and Working Dogs

Livestock

Animal 1 Type:

Animal 1 - Peak Value:

Animal 1 Qty:

Animal 1 Sum:

\$ _____

\$ _____

Livestock and Working Dogs (continued)

Animal 2 Type:	Animal 2 - Peak Value:	Animal 2 Qty:	Animal 2 Sum:
	\$		\$
Animal 3 Type:	Animal 3 - Peak Value:	Animal 3 Qty:	Animal 3 Sum:
	\$		\$
Animal 4 Type:	Animal 4 - Peak Value:	Animal 4 Qty:	Animal 4 Sum:
	\$		\$

Number Peak Value per Head Sum Insured:

\$

Working Dogs

Must be more than 2 months old and not more than 10 years old

Name:	Age:	Sum Insured:
		\$
N2:	A2:	SI2:
		\$
N3:	A3:	SI3:
		\$
N4:	A4:	SI4:
		\$
N5:	A5:	SI5:

Total Working Dog Sum Insured:

\$

Farm Liability

Limit of Indemnity:

\$5 Million \$10 Million \$20 Million

1) Property Owners Liability Only (If Yes, ignore questions 2-7):

Yes No

2) Cover is automatically provided for claims in respect of goods in your physical and legal control to a limit of \$250,000 in aggregate during any one period of insurance. (Refer Policy for limits on animals, property & vehicles). If you require additional cover for property or vehicles, please advise the amount required:

\$

Farm Liability (continued)

3) How many family members work on the farm?:

4) How many additional employees (not family members) work on the farm?:

5) Do you engage in rural contracting that is more than incidental to your own farming activities?

Yes No

If Yes, a) what % of your annual income is derived from contracting?:

b) what type of activities do you engage in?:

6) Do you engage in host farming activities? (Cover subject to approval by Insurer):

Yes No

If Yes, a) Number of overnight guests:

b) Number of day visitors:

c) What type of activities do you provide?:

Archery

Horse Riding

Shooting

Trampolining

Other

7) Do you require cover for airfield landing strips?:

Yes No

Machinery/Breakdown

Cover available under three options and is provided up to \$20,000 for each loss under either Cover 1 or 2.

Cover 1: Blanket Cover

All electrical, electronic and mechanical machinery and plant up to 20 H.P and any Boilers and pressure vessels at the location(s).

Note: Motors over 20 H.P. and Submersible pumps are not covered under blanket cover and must be separately listed.

Cover 2: Selected Machinery Cover

All items must be separately listed.

Cover 3: Deterioration of Refrigerated Goods

Note: Option 3 not available unless blanket cover selected or the respective machinery is listed under Cover 2.

Cover 1 - Blanket Cover:

Yes No

Dairies with vat capacity up to:

5,000 Litres

10,000 Litres

15,000 Litres

35,000 Litres

Other:

Pastoralists

Piggeries

Grape Growers/Fruit Blocks

Sheep stations up to 10,000 head

Cattle up to 1,000 head

Machinery/Breakdown (continued)

Cover 2 – Selected Machinery Cover and Pressure Vessels (When Cover 1 not taken) – Submersible Pumps:

Item 1

Description:

Serial Number:

Size KW/HP:

Cubic Capacity:

Sum Insured (New Replacement Cost):

\$

Item 2

Description:

Serial Number:

Size KW/HP:

Cubic Capacity:

Sum Insured (New Replacement Cost):

\$

Item 3

Description:

Serial Number:

Size KW/HP:

Cubic Capacity:

Sum Insured (New Replacement Cost):

\$

Item 4

Description:

Serial Number:

Size KW/HP:

Cubic Capacity:

Sum Insured (New Replacement Cost):

\$

Total Machinery/Breakdown Sum Insured:

\$

Cover 3 – Deterioration of Refrigerated Goods:

Refrigerated Goods Sum Insured:

\$

Electronic Equipment

Notes:

- i) Fire and Perils risks are to be insured under the Farm Property or Home Buildings/Contents Section
- ii) Theft risks are to be insured under the Theft or Home Buildings/Contents Section
- iii) Maximum limit \$30,000 any one item and \$250,000 in all iv) Indemnity Period 3 Months. Excess 2 working days for Increased Cost of Working Cover

Electronic Equipment *(continued)*

List Items (including make, model and serial numbers):

Item 1:

Sum Insured
(New Replacement Cost):

\$

Item 2:

SI 2:

\$

Item 3:

SI 3:

\$

Item 4:

SI 4:

\$

Restoration of Data (max \$30,000):

\$

Increased Cost of Working (max \$30,000):

\$

Total Electronic Equipment Sum Insured:

\$

Transit - Livestock, Produce & Property

This section provides protection for death of livestock and destruction of farm property or produce in transit on the insured's vehicle or a vehicle in your control.

It covers fire, flood and collision or overturning of the carrying vehicle. Any one animal is covered up to 20% of the total sum insured.

We do not cover transit of deer, ostriches and alpaca

Transit Sum Insured:

\$

Motor - Driver Details

We need to know of everyone who regularly drive(s) the vehicle(s).

Note: A "regular driver" is anyone who drives the vehicle once a week or more often.

Regular Driver(s) Name(s):

Date of Birth:

Years Licensed:

Vehicles Normally Driven:

N1:

DOB1:

YL1:

VND1:

N2:

DOB2:

YL2:

VND2:

N3:

DOB3:

YL3:

VND3:

N4:

DOB4:

YL4:

VND4:

Motor - Driver Details (continued)

Have any of the Regular Driver(s) in the last 5 years:

a) had any accidents, vehicle(s) stolen or any other vehicle damage or loss?:

Yes No

b) had their licence cancelled or suspended?:

Yes No

c) committed any other traffic offence(s) or infringement(s) such as speeding, running a red light etc. (but not parking):

Yes No

If Yes, Driver(s) Name(s):

Number of Accidents/Offences:

Driver2:

NOAO2:

Driver3:

NOAO3:

If "Yes" to a), b) or c) provide full details below:

Type of Cover:

Comprehensive (Market Value)

Comprehensive (Agreed Value)

Third Party Property Damage

Third Party Property Damage (Fire & Theft)

Fire & Theft Only

Details of any vehicles in an unsafe condition, unroadworthy or damaged condition to be provided below:

Vehicle:

Condition Details:

Motor - Vehicle Details

SEDANS, STATION SEDANS, WAGONS (Agreed value and NCB protection available for these vehicles for extra premium)

Vehicle 1

Year:	Make:	Model:	Body Type:
<hr/>			
Transmission:			
<input type="radio"/> Manual <input type="radio"/> Automatic			
No. of Cyls:	Rego/VIN #:	Sum Insured:	Excess:
<hr/>		\$	\$
Type of Cover:	NCB / %:	Financier:	Driver Age:
<hr/>			
Protect NCB:	Agreed Value:		
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		

Vehicle 2

Year:	Make:	Model:	Body Type:
<hr/>			
Transmission:			
<input type="radio"/> Manual <input type="radio"/> Automatic			
No. of Cyls:	Rego/VIN #:	Sum Insured:	Excess:
<hr/>		\$	\$
Type of Cover:	NCB / %:	Financier:	Driver Age:
<hr/>			
Protect NCB:	Agreed Value:		
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		

Vehicle 3

Year:	Make:	Model:	Body Type:
<hr/>			
Transmission:			
<input type="radio"/> Manual <input type="radio"/> Automatic			
No. of Cyls:	Rego/VIN #:	Sum Insured:	Excess:
<hr/>		\$	\$
Type of Cover:	NCB / %:	Financier:	Driver Age:
<hr/>			
Protect NCB:	Agreed Value:		
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		

Commercials

Vehicle 4

Year:	Make:	Model:	Body Type:
<hr/>			
Transmission:	No. of Cyls:	Rego/VIN #:	Engine #:
<input type="radio"/> Manual <input type="radio"/> Automatic			
Sum Insured:	Excess:	Type of Cover:	NCB / %:
\$	\$		
Financier:	Driver Age:	Carrying Cap:	
<hr/>			

Vehicle 5

Year:	Make:	Model:	Body Type:
<hr/>			
Transmission:	No. of Cyls:	Rego/VIN #:	Engine #:
<input type="radio"/> Manual <input type="radio"/> Automatic			
Sum Insured:	Excess:	Type of Cover:	NCB / %:
\$	\$		
Financier:	Driver Age:	Carrying Cap:	
<hr/>			

Vehicle 6

Year:	Make:	Model:	Body Type:
<hr/>			
Transmission:	No. of Cyls:	Rego/VIN #:	Engine #:
<input type="radio"/> Manual <input type="radio"/> Automatic			
Sum Insured:	Excess:	Type of Cover:	NCB / %:
\$	\$		
Financier:	Driver Age:	Carrying Cap:	
<hr/>			

Vehicle 7

Year:	Make:	Model:	Body Type:
<hr/>			
Transmission:	No. of Cyls:	Rego/VIN #:	Engine #:
<input type="radio"/> Manual <input type="radio"/> Automatic			
Sum Insured:	Excess:	Type of Cover:	NCB / %:
\$	\$		
<hr/>			

Commercials (continued)

Financier: Driver Age: Carrying Cap:

Vehicle 8

Year: Make: Model: Body Type:

Transmission: No. of Cyls: Rego/VIN #: Engine #:

Manual Automatic

Sum Insured: Excess: Type of Cover: NCB / %:

\$ \$

Financier: Driver Age: Carrying Cap:

Personal Accident & Illness (7-Day Excess)

Notes:

1. Age Limits - refer farm manual
2. Weekly Benefit period 104 weeks maximum
3. Includes Farm Motor Cycling, Water and Snow Skiing

Person 1

Full Name of Person Insured: Date of Birth: Height (cms):

Weight (kgs): Units Accident: XS Days (7 days standard): Plays Football:
 Yes No

Person 2

Full Name of Person Insured: Date of Birth: Height (cms):

Weight (kgs): Units Accident: XS Days (7 days standard): Plays Football:
 Yes No

Person 3

Full Name of Person Insured: Date of Birth: Height (cms):

Weight (kgs): Units Accident: XS Days (7 days standard): Plays Football:
 Yes No

Personal Accident & Illness (7-Day Excess) (continued)

Each unit \$1,000 Capital Benefits & \$10/week loss of income Additional Option – Football

Extra Premium payable
Excess 2 weeks
Benefit Period - 26 weeks maximum

Details for each person insured

Has any person to be insured suffered from or been diagnosed with:

a) Any injury to, or illness or disease of, the:

Heart, lungs blood vessels or circulatory system

Bones, joints, muscles, limbs or skin (other than infrequent accidental minor cuts and bruises)

Head, back, neck or spine

Stomach, bowel or digestive system

Ears, eyes, nose or throat (other than infrequent colds)

b) A hernia?:

Yes No

c) Any infectious disease or viral infection (other than infrequent colds):

Yes No

d) Any mental illness or disease, or stress-related condition:

Yes No

e) Any other injury, illness or disease:

Yes No

If yes to last question, injury, illness or disease details:

Boat

Boat 1

Hull:

Year Built:

Make:

Type:

Length:

Construction:

Registered Serial Number:

Name (if applicable):

Sails:

Masts/Spars:

Sum Insured:

\$

Boat (continued)

Motor:

Year Built: Make: Registered Serial Number: Inboard or Outboard:

Horse Power: Sum Insured:
\$

Trailer:

Year Built: Make: Type: Construction:

Registered Serial Number: Sum Insured:
\$

Boat 2

Hull:

Year Built: Make: Type: Length:

Construction: Registered Serial Number: Name (if applicable): Sails:

Masts/Spars: Sum Insured:
\$

Motor:

Year Built: Make: Registered Serial Number: Inboard or Outboard:

Horse Power: Sum Insured:
\$

Trailer:

Year Built: Make: Type: Construction:

Registered Serial Number: Sum Insured:
\$

Equipment and Accessories for the safety and use of the boat including anchors, oars and paddles, detachable canopies, boat and motor covers, bilge pumps, life-saving equipment, auto pilot, depth sounders, electronic navigation equipment, global positioning system and two-way radios.

Boat 1 Equipment and Accessories Sum Insured: Boat 2 Equipment and Accessories Sum Insured:
\$ \$

Boat 1 Equipment and Accessories Excess: Boat 2 Equipment and Accessories Excess:
\$ \$

1) Standard legal liability limit \$10,000,000

Boat (continued)

2) What is the maximum speed your boat is capable of?:

Boat 1:

0-20 Knots (37 KPH) 21-50 Knots (90 KPH)

Boat 2:

0-20 Knots (37 KPH) 21-50 Knots (90 KPH)

3) Where are your boat(s) moored or stored?:

5) Type of Fuel:

Boat 1 Other Fuel:

Boat 2 Other Fuel:

Petrol Diesel

6) Is the boat(s) for private use only?:

Yes No

7) Do you require cover for water skiers/aquaplaning liability?

Boat 1: Yes No

Boat 2: Yes No

8) Do you require Racing Risk extension for sailing craft?:

Boat 1: Yes No

Boat 2: Yes No

9) Do you require Laid Up cover?:

Boat 1: Yes No

Boat 2: Yes No

Advise months not in use:

General Property

Please indicate the type of cover you require. NB items listed will be covered anywhere in Australia.

Cover 1: Fire, lightning, explosion, malicious damage or vandalism, theft from a vehicle of premises at the farm, theft following forcible and violent entry from a vehicle or premises away from the farm, theft of equipment, which is securely attached to a vehicle through use of locks or padlocks, which results in visible damage to the securing devices, collision or overturning of the conveying vehicle.

or **Cover 2:** Accidental Loss or Damage

Cover Type:

Cover 1 Cover 2

List items (including make, model and serial numbers):

Please advise type of semen (e.g. Dairy Cattle: Friesian) if artificial insemination flasks are being insured

Item:

Sum Insured:

\$

I2:

SI2:

\$

I3:

SI3:

\$

General Property *(continued)*

I4: _____ SI4: _____

Total General Property Sum Insured:

\$ _____

Do you require cover for Communications Equipment?

Yes No

If "Yes", please ensure the Sum(s) Insured represent the new replacement cost

Theft

Cover in addition to that provided under Farm Property Section of policy

Theft Sum Insured:

\$ _____

Business Interruption

1) Interest insured for Weekly Income:

Interest insured for Indemnity Period (weeks):

\$ _____

Note: Weekly Income option is only available where regular weekly/monthly income is a feature of your farming operation

- 2) Additional Cost of Working (in addition to cover under Farm Property Section)
- 3) Claims Preparation Costs (instead of the automatic \$5,000)
- 4) Agistment Costs (in addition to cover under Farm Property Section)
- 5) Tax Audit Expenses
- 6) Legal Expenses

Duty of Disclosure

What you must tell us

By law, you must answer all our questions honestly, telling us anything known to you and which a reasonable person in the circumstances would tell us. We will use your answers to decide whether to insure you and anyone else to be covered, and on what terms.

Who needs to tell us

It is important that you understand you are answering our questions in this way for yourself and anyone else you want to be covered by this policy.

Non-Disclosure

If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse a claim, or cancel the policy. If you answer fraudulently, we may refuse a claim and treat the policy as never having existed. If you do not understand your duty, ask us to explain.

Declaration

I declare that I have:

- received a copy of the Policy Wording;
- read the information concerning the Duty of Disclosure and other important notices;
- answered every question fully and honestly;
- either completed this proposal form personally or, if it has been completed by someone else, the answers have been checked for fullness and accuracy by me.

* If during the Period of Insurance circumstances change in the information I have provided, I will promptly inform you.

* I understand that if I have not fulfilled my duty of disclosure my claim may be reduced

* I authorise you to obtain claims and any other information they require from my previous insurers or the Insurance Reference Services Ltd to confirm the information I have supplied, if required by them at any time.

CONFIRM : Check *

Submission

By ticking this box, I acknowledge this declaration and acknowledge that the information I have supplied to be true and accurate to the best of my knowledge.

Please print name:

Signed:

Date:

/ /

Please complete and return this form to:

*Millennium Underwriting Agencies Pty Ltd
PO Box 309 Kent Town SA 5071*