

Applicant Name		Contact Name	
Address			
City		State	Zip Code
Telephone		Cell Phone	Fax
List any Forestry Association Memberships			

Email Address _____

Type of Business Individual Partnership Corporation Other (describe) _____

Is Timber currently covered under a Management Plan? Yes No

By Timber Company Consulting Forester State Forestry Agency Other _____

Please provide the person/firm handling the Management Plan below:

Name _____

Address _____

Phone Number _____

Please include a copy of the Management Plan, Stand Type Maps and the most current cruise / survival data available with this completed application.

Are fire breaks established for all stands? Yes No

In the space below, indicate when fire breaks were established for each stand:

Stand or Tract #	# of Acres	Timber Species	Age	Location of Timber (city county & state)	Distance to Coast	Info on Adjacent Property *	Coverage Limit Per Acre
							<input type="checkbox"/> \$ 125 <input type="checkbox"/> \$ 250
							<input type="checkbox"/> \$ 125 <input type="checkbox"/> \$ 250
							<input type="checkbox"/> \$ 125 <input type="checkbox"/> \$ 250

* (Vacant Land, Residential, Manufacturing, etc)

Additional comments or information on this risk: _____

Additional Insureds – Additional Premium will apply
 (Provide a copy of Insurance Specifications for each)

Name	Complete Address (City, State & Zip)

Loss History (Past 3 years) If no losses, check here

Date	Description of Incident	Amount Paid/Reserved

Attach three years hard copy Loss Runs. If unavailable, provide a loss statement signed by insured.

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and may subject such person to criminal and civil penalties

Coverage is subject to approval by AssuredPartners

Applicant Signature _____ Date _____