AssuredPartners
A Gallagher Company

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To submit completed application:

- Save this document to your device
- Complete the application and save
- Click **SUBMIT** to email the completed application to us

Reforestation Application

Complete Entire Form

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
							☐ $ 125 ☐ $ 250
							☐ $ 125 ☐ $ 250
							☐ $ 125 ☐ $ 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 _____

Save document to your device and complete before submitting!

SUBMIT