

To submit completed application:

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

Standing Timber Application

Please Complete Entire Form

Applicant Name					Contact Name			
Address								
City				State		Zip Code		
Telephone			Cell Phone			Fax		
List any Forestry Association Memberships								
Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other								
Is timber to be covered currently under a Timber Management Plan? ☐ Yes ☐ No								
Person / Firm is ☐ Timber Company ☐ Consulting Forester ☐ State Forestry Agency ☐ Other								
If yes, please provide the person / firm handling the Timber Management Plan:								
Name								
Address								
Phone Number								
Please include a copy of the Timber Management Plan, Timber Stand Type Maps and the most current cruise data available with this completed application.								
Are fire breaks established for all stands? ☐ Yes ☐ No If yes, describe below:								
Stand or Tract #	# of Acres	Type of Timber	Average Age	Address of Timber (City, County & State)	Miles to Fire Dept	Distance to Coast	Info on Adjacent Property *	Stand Value

* (Vacant Land, Residential, Manufacturing, etc.)

Additional comments or information on this risk:		
Additional Insureds – Additional Premium may apply (Provide a copy of Insurance Specifications for each)		
Name	Complete Address (including City, State & Zip)	
Loss History (Past 3 years)		If no losses, check here ☐
Date	Description of Incident	Amount Paid/Reserved
Required Attachments: Three years hard copy of 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

Applicant Signature _____ Date _____

Coverage is subject to approval by AssuredPartners