

DOWNED TIMBER APPLICATION FORM

COVERAGE

Insurance policies cover your downed timber against loss due to fire and perils associated with fire.

1. YOU & YOUR INSURANCE INTERMEDIARIES

Insured details

Business Name: _____

Contact Name: _____

Postal Address

City: _____ Province: _____

Post code: _____ Country: _____

Telephone no: _____ **Email address:** _____

Agent / Broker Details

Business Name: _____ if none, Province: _____

Contact Name: _____ City & Postal code: _____

2. PAST INSURANCES

Is your downed timber currently insured? Yes No

If Yes, with which insurance company: _____

If so when does this insurance expire? (dd/mm/yr): _____

FROM WHEN DO YOU WISH YOUR NEW INSURANCE TO START? (DD/MM/YY): _____

Have you ever had any forest insurance policy declined or cancelled, a renewal refused, had special conditions imposed, had a claim rejected? Yes No

If yes, in which year? _____ Name of Insurer: _____

3. YOUR DOWNED TIMBER INVENTORY

Please complete the table below:

Location	Latitude & longitude e.g. 37 25.8' N 122 05.36E Check your location on GoogleEarth.com	Name of location	Province	Number of Log Piles	Main Species of trees	Maximum value per pile	Value (indicate currency)
1							
2							
3							
4							
5							
6							
7							
Total							

4. LOSS HISTORY

Has your downed timber been damaged by Fire, or Another Peril in the past 5 years? Yes No If Yes, please provide full details by completing TABLE 4.1 : LOSSES BY EVENT FOR THE PAST 5 YEARS

Table 4.1. LOSSES BY EVENT FOR THE PAST 5 YEARS

Year of Loss	Date of Loss (Event)	Total Area Damaged per Event (State acres or hectares)	Cause of Loss (Event) Fire/ Wind/ other... name	Value of Loss after salvage (Event) (State currency)	Total Area of all your timberland in THIS year (State acres OR hectares)

5. MANAGEMENT PLANS & CERTIFICATION

Do you have your own fire fighting plan? Yes No If Yes, please provide a copy of plan.

Do you have any agreement with a neighbouring tenure to fight fires in the area of your timber? Yes No

If you do have an agreement please provide name of co-operating tenure or authority.

Name of Authority / Cooperation Group: _____

Please complete the following tables in respect of Fire Management for all your forest locations as a group:

Water Sources	Total No.	What is the water capacity (litres)?	Are these water sources available all year round?	
			Yes	No
Water tanks / dams	_____	_____		
Natural river pools	_____	_____		
Rivers	_____	_____		

Fire Equipment and Teams	Number	Number of Men per team/brigade	What is the water capacity (litres)?
Distance to local authority fire brigade (km)	_____	_____	_____
Water tankers	_____	_____	_____
Bulldozers	_____	_____	_____
Road graders	_____	_____	_____
Trucks for transport	_____	_____	_____

Target Premium (if known): _____

DECLARATION

Declaration I / We declare that answers and statements made in this document are correct.

Signature

Date

Name in CAPITALS

Title/Position in company