

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 <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe) _____							
Is Timber currently covered under a Management Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No							
By <input type="checkbox"/> Timber Company <input type="checkbox"/> Consulting Forester <input type="checkbox"/> State Forestry Agency <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>
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 _____