



[Inland Marine Package Application]  
**STANDING TIMBER APPLICATION**



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# STANDING TIMBER APPLICATION

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Insured (Full Legal Name): \_\_\_\_\_

Operating Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Website: \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Years' of related experience: \_\_\_\_\_

Type of Business:  Individual  Partnership  Corporation  Other (Please describe below): \_\_\_\_\_

Desired Effective Date: (MM/DD/YYYY) \_\_\_\_\_ Desired Expiry Date: (MM/DD/YYYY) \_\_\_\_\_

Previous Insurer: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage?  Yes  No If Yes, explain: \_\_\_\_\_

Describe any loss, location of loss, and amount of loss to timber (below):

## PART 2 UNDERWRITING DETAIL

Is timber to be covered under a Timber Management Plan?  Yes  No (If "Yes", please complete the below)

Name of Person or Firm handling the Timber Management Program: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Person / Firm is:  Timber Company  Consultant Forester  State Forestry Agency  Private Individual  Individual

Other (please describe): \_\_\_\_\_

**Please include a copy of the Timber Management Plan, Timber Stand Type Maps, and the most current cruise date available**

Have fire breaks been established for all stands?  Yes  No (If "Yes", please indicate when the fire breaks were established for each stand:

Please indicate the following information on each timber tracts to be covered:

Name of Province:	1. _____	2. _____
Name of Nearest Town:	1. _____	2. _____
No. of Miles to Nearest Town:	1. _____	2. _____
Name of Nearest Fire Dept.:	1. _____	2. _____
Name of Nearest Fire Dept. and no. of miles away:	1. _____	2. _____

Information on adjacent properties (Vacant land, Residential, Manufacturing):

1. \_\_\_\_\_

2. \_\_\_\_\_

Additional Comments or information on this risk:

Names and addresses of any mortgages to be covered (Indicate by Timber Tract):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Timber Tract location as referenced / described in the Timber Management Plan:

Total acres on Tract (Property) owned: \_\_\_\_\_

Please furnish the following on each Timber Stand at this location:

Stand No.	No. of Acres	Type(s) of Timber (Trees in Stand)	Average Age Class	Stand Value
1.				
2.				
3.				
4.				
5.				

Timber Tract location as referenced / described in the Timber Management Plan:

Total acres on Tract (Property) owned: \_\_\_\_\_

Please furnish the following on each Timber Stand at this location:

Stand No.	No. of Acres	Type(s) of Timber (Trees in Stand)	Average Age Class	Stand Value
1.				
2.				
3.				
4.				
5.				

Please attach additional schedules giving the above data on each additional tract if required

## PART 6 LOSS HISTORY - STANDING TIMBER

Check here  if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

**\*Please attach any available insurance company loss reports with this application\***

## NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

## BROKER DECLARATION

How long have you known this applicant?

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Is this account new or renewal to you?

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Have you personally viewed the applicants operations?

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What is the condition of facilities and equipment?

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What is the applicant's attitude toward risk management and insurance?

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Do you recommend this applicant?

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Broker's Signature:

Position:

Please print name:

Date: