

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

1.1 Insured Details

Business Name

Contact Name

Postal Address:

Line 1..... Line

2..... Line 3.....

City..... Province..... Post

Code..... Country.....

Telephone No

E-mail 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

3.1 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

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Year of Loss	Date of Loss (EVENT)	Total Area Damaged per EVENT (State acres OR hectares)	Cause of Loss (EVENT) <i>Fire/wind/ other..... name</i>	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

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

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

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

Name of Authority / Cooperation Group: _____

5.4. 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 or 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			

DECLARATION

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

Signed:	Date:
Name in CAPITALS	
Title/Position in company	