

# OUTDOOR UNDERWRITING INDICATION FORM

**IMPORTANT NOTICES PLEASE READ THE FOLLOWING NOTICES CAREFULLY. THEY WILL HELP YOU ENSURE THAT WE CAN PROVIDE A REALISTIC INDICATIVE PRICE FOR YOUR TIMBERLAND / FOREST INSURANCE.**

## Coverage

ForestRe insurance policies cover your trees against loss due to fire and perils associated with fire, and can include for certain areas wind covers. Other covers are on a case by case basis.

## 1. YOU & YOUR INSURANCE INTERMEDIARIES

### 1.1 FOREST OWNER DETAILS

Business Name ..... Fed.. ID / SSN \_\_\_\_\_

Contact Name .....

#### Postal Address:

Line 1 .....Line 2 .....

Line 3 ..... City .....

State..... Zip/Post Code.....

Country.....

Telephone No.....

E-mail Address .....

### 1.3 DO YOU HAVE AN AGENT/BROKER? IF SO:

#### Agent / Broker Details

Business Name .....if none: state .....

Contact Name .....City & Zip code .....

## 2. PAST INSURANCES

Is your timberland(s) 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 GROWING TREES (PHYSICAL INVENTORY AND VALUATION)

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	County & State	Planted Area (Acres)	Main Species of trees	Average Age Trees (Years)	Value (indicate currency)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
TOTAL							

3.2. IF YOU HAVE A FULL SCHEDULE FOR YOUR FORESTS BY LOCATION, BLOCK, AREA (HA) SPECIES, DATE OF PLANTING (AGE) AND VALUE, PLEASE ATTACH AS AN APPENDIX TO THIS FORM OR SEND AS AN EXCEL FILE, IN PLACE OF COMPLETING THE ABOVE TABLE.

### 4. VALUING TREE CROPS:

**Valuation for Industrial Tree Crops (oil palm, jatropha, rubber, cocoa etc.)**

In case you have multiple industrial tree crops, please fill out the following chart for each type of tree crop.

Please provide typical costs per hectare of Currency:	Year 0 planting	Year 1	Year 2	Year 3	Year 4 + annual costs
Land preparation for planting (exclude land clearing)					
Seedlings & replacements					
Planting					
Crop chemicals					
Weeding					
Other					
<b>TOTALS per hectare</b>					

## 5. INSURANCE COVER REQUESTED

ForestRe will suggest some alternatives for you to consider, but if you have firm requirements on any of the following please indicate these here. Cover Required:

Fire: Yes       Fire fighting Cost cover: Yes       Other: State: \_\_\_\_\_

		Amount (state the currency)
<b>Excess (per event)</b>	Please state the amount you wish to bear for your own account when a claim occurs. (An 'excess' is also known as a 'deductible')	
<b>Loss Limit (annual)*</b>	State here the maximum value that you think you could lose in the worst possible year (the Catastrophe)	
<b>Co-insurance**</b>	In some countries, forest owners share the risk with the insurers. See the note below (state a percentage)	%

\* **Loss Limits:** Larger forests may not be all at risk, and it is possible to set a 'loss limit' that represents the value of the largest loss that you consider likely. Typically this may be US\$5m depending on the values per hectare. This represents according to valuation about 3000 hectares (7500 acres) of loss. Loss limits attract a premium discount.

\*\* **Coinurance** means you act as your own insurer for a proportion of the sum insured in exchange for a reduction in premium. This means that if there is a loss, we will pay you only the specified proportion of the net loss after the application of the deductible. 50% co-insurance means you pay 50% of the premium.

## 6. LOSS HISTORY

**Has your timberland been damaged by Fire, Windstorm or Another Named Cause in the past 10 years ?**

Yes       No

If Yes, please provide full details by completing

Table 6.1. LOSSES FOR PAST YEARS

Year of Loss	Date of Loss	Total Area Damaged (acres)	Cause of Loss <i>Fire/wind/ other..... name</i>	Value of Loss after salvage (State currency)	Total Area of all your timberland in THIS year (acres)
<b>TOTAL</b>					

IF YOU NEED MORE SPACE TO COMPLETE PER EVENT LOSS HISTORY LAST 10 YEARS, PLEASE ATTACH DETAILS AS AN ANNEX TO THIS DOCUMENT.

## 7. MANAGEMENT PLANS & CERTIFICATION

7.1 Is your forest certified within an international sustainability standard (FSC for example)?

Yes  No

7.2 Do you have your own fire fighting plan

Yes  No

7.3 Do you have any agreement with a neighbouring grower to fight fires in the area of your forests?

Yes  No

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

Name of Authority / Cooperation Group: \_\_\_\_\_

7.5 Do you have a management plan for your forest

Yes  No

7.6 Please provide below, the name of the person/firm handling the management plan

\_\_\_\_\_  
\_\_\_\_\_

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

<b>Fire towers</b>	<b>Total No. on or in sight of your forest</b>	<b>Built of what Materials / type? (wood, metal, earth, concrete)</b>	<b>Height (m)</b>	<b>Are these towers manned everyday during the fire season?</b>	<b>How many fire detection cameras (e.g. EVS system) do you use?</b>

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

<b>Fire Equipment and Teams</b>	<b>Number</b>	<b>Number of men per team/brigade</b>	<b>What is the water capacity (litres)?</b>
Own trained fire fighting teams			
Fire brigade Camps			
Distance to local authority fire brigade (miles)			
Water tankers			
Tractors			
Bulldozers			
Road graders			
Trucks for transport			
Fire detection cameras			

**DECLARATION**

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

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

**(Please send in a Location Map and the latest Cruise Data/Management Plan.)**