



Outdoor Underwriters, Inc.
140 Stoneridge Drive, Suite 265
Columbia, SC 29210

803-451-5826 phone, 866-961-4101 toll free, 803-451-5695 fax

Ed Wilson
Agent

STANDING TIMBER INSURANCE APPLICATION

Landowner Name
Fed. ID/SSN Contact Name
Mailing Address
City State Zip
Telephone(s)
Desired Effective Date E-Mail Address

Type of Business Individual Partnership Corporation Other (please describe)

Is Timber currently under a timber management plan? Yes No (If yes complete the following)

Name of Timber Manager
Address City State ZIP
Phone # Fax # E-Mail Address

Person/Firm Is: Timber Company Consultant Forester State Forestry Agency
Private Individual Other (please describe)

Please include copy of timber management plan, timber stand type maps, and most current cruise data with this completed application.

Have Fire Breaks been established for all stands? Yes No
(If yes, indicate when fire breaks were established for each stand)

Answer the following questions for each timber tract. (Duplicate form for more than 1 tract)

Stand No. Total acres on tract (property) owned:
Timber tract location Nearest Town: Distance to nearest town:
County State Distance to coast
Nearest Fire Department and distance:
Type of Timber(Trees in Stand) Average Age class
Stand Value \$

Information on adjacent properties - vacant land, residential, manufacturing:

Describe any past losses, location of loss and amount of loss to timber:

Name and Address of mortgagee/loss payee (indicate by timber tract)

Additional Information on this risk:

Date Applicant Signature

STANDING TIMBER INSURANCE PROGRAM APPLICATION SCHEDULE

TIMBER TRACT LOCATION (INDICATE THE COUNTY AND STATE 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:

<u>Stand No.</u>	<u>Number of Acres</u>	<u>Type/Types of Timber (Trees in stand)</u>	<u>Average Age class</u>	<u>Stand Value</u>
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$



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