

## Outdoor Underwriters, Inc. 140 Stoneridge Drive, Suite 265 Columbia, SC 29210 803-451-5826 Phone, 866-961-4101 Toll Free, 803-451-5695 Fax

## **STANDING TIMBER INSURANCE APPLICATION**

Fed. ID/SSN		Contact Name		
Mailing Address				
		State		
Telephone(s)				
Desired Effective Date	/ E-	-Mail Address		<del></del>
Type of Business	☐ Individual ☐ Partnership ☐ Corporation ☐ Other (please descr	ibe)		
		Perils To Be Cov	er	
Fire, Lightening, E Wind Flood Theft	Explosion & Aircraft	Fire Fighting Hurricane/T Ice Strike, Riot,		s Damage
2. Is your Timber cu	ified within an Internati	anagement Plan & Ce ional sustainability standar nanagement plan?  Yes	d (FSC or SIF for example)  No (If yes complete the	☐ Yes ☐ No ne following)
2. Is your Timber cur  Name of Timber N  Address	ified within an Internati	ional sustainability standar nanagement plan?  City	d (FSC or SIF for example)  No (If yes complete the State	ne following)
2. Is your Timber cur  Name of Timber N  Address	ified within an Internati	ional sustainability standar	d (FSC or SIF for example)  No (If yes complete the State	ne following)
2. Is your Timber cur  Name of Timber N  Address  Phone #  Person/Firm Is:   T	ified within an Internation of the second state of the second sec	ional sustainability standar nanagement plan?	d (FSC or SIF for example)  No (If yes complete the state	ne following)
Name of Timber Curles  Name of Timber Naddress Phone #  Person/Firm Is: T P  3. Do you have your 4. Have Fire Breaks b	ified within an Internation of the second state of the second stat	ional sustainability standar nanagement plan?  Yes City  Consultant Forester Other (please descri	d (FSC or SIF for example)  No (If yes complete the state	ne following)
Name of Timber NaddressPhone #Person/Firm Is: TP  3. Do you have your 4. Have Fire Breaks be (If yes, indicate where)	ified within an Internation rently under a timber in Manager Fax # imber Company rivate Individual own fire fighting plan? seen established for all seen fire breaks were established.	ional sustainability standar nanagement plan?  Yes City  Consultant Forester Other (please descri	d (FSC or SIF for example)  No (If yes complete the state	zIPAgency

## **Water Sources:**

Wh	al Number at is the water capa these water source	city (Litres)? s available all year round?				
Wh	Total Number What is the water capacity (Litres)? Are these water sources available all year round?					
Wh	al Number at is the water capa these water source	city (Litres)? es available all year round?				
Fire Equipment and Teams	Number	Number of men per team/brigade	What is the water capacity (litres)?			
Own Trained Fire Fighting Teams						
Fire Brigade Camp						
Distance to local authority fire brigade (miles)						
Water tankers						
Tractors						
Bulldozers						
Road Graders						
Trucks for Transport						
Fire Detection Cameras						
. Answer the following questions for a Stand No Total acressimber tract location	es on tract (property	v) owned:				
Distance to nearest town:		County	State			
Distance to coast			e:			
	Type of Timber (Trees in Stand)Average Age ClassStand Value \$					
Type of Timber (Trees in Stand)						

9. Name and Address of mortgagee/loss payee (indicate by timber tract)							
10. Additio	onal Information on th	nis risk:					
Total acres on tract (property) owned::  Please furnish the following on each timber stand at this location:							
Location	Latitude & Longitude (Check your location of GoogleEarth.com)	Name of Location	County & State	Planted Area (Acres)	Main Species of Trees	Average Age of Trees (Years)	Value (Indicate Currency)
1							\$
2							\$
3							\$
4							\$
5							\$
6							\$
7							\$
Q							خ

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

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Date	Applicant Cignoture	
Date	Applicant Signature	



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Total

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