

STANDING TIMBER INSURANCE PROGRAM APPLICATION

1. APPLICANT'S NAME: _____

2. MAILING ADDRESS: _____

3. TYPE OF BUSINESS: ____ Individual; ____ Partnership; ____ Corporation; ____ Other (Describe Below)

4. NAME OF CONTACT PERSON AND PHONE NUMBER: _____

5. DESCRIBE ANY LOSS, LOCATION OF LOSS AND AMOUNT OF THE LOSS TO TIMBER:

6. IS TIMBER TO BE COVERED CURRENTLY UNDER A TIMBER MANAGEMENT PLAN?
____ YES; ____ NO (If YES, Please Give The Following On The Person/Firm Handling The Timber Management Plan):
NAME: _____
ADDRESS: _____
PHONE #: _____
PERSON/FIRM IS: ____ Timber Company; ____ Consultant Forester; ____ State Forestry Agency;
____ Private Individual; ____ Other (Describe Below)

Please Remember to Include a copy of the Timber Management Plan, Timber Stand Type Maps and the Most Current Cruise Date Available with This Application When It is Returned.

7. HAVE FIRE BREAKS BEEN ESTABLISHED FOR ALL STANDS? ____ YES; ____ NO
(If the Answer to this question is Yes, Please indicate when the fire breaks were established for each stand) _____

8. PLEASE INDICATE THE FOLLOWING INFORMATION ON EACH TIMBER TRACT TO BE COVERED:
NAME OF THE COUNTY: (1) _____ (2) _____
NAME OF THE NEAREST TOWN: (1) _____ (2) _____
NO. OF MILES TO NEAREST TOWN: (1) _____ (2) _____
NAME OF NEAREST FIRE DEPARTMENT AND NO. OF MILES:
(1) _____ (2) _____
INFORMATION ON ADJACENT PROPERTIES – Vacant Land, Residential, Manufacturing:
(1) _____
(2) _____

9. ADDITIONAL COMMENTS OR INFORMATION ON THIS RISK: _____

10. NAMES AND ADDRESSES OF ANY MORTGAGES TO BE COVERED (Indicate by Timber Tract):

Date of Application: _____ Application Completed By: _____

STANDING TIMBER INSURANCE PROGRAM APPLICATION SCHEDULE

1. TIMBER TRACT LOCATION (INDICATE THE COUNTY AND STATE AND AS REFERENCED/DESCRIBE IN THE TIMBER MANAGEMENT PLAN): _____

TOTAL ACRES ON TRACT (PROPERTY) OWNED: _____; PLEASE FURNISH THE FOLLOWING ON EACH TIMBER STAND AT THIS LOCATION:

STAND NO.	NUMBER OF ACRES	TIMBER (TREES IN STAND)	TYPE/TYPES OF	AVERAGE AGE CLASS	STAND VALUE
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

2. TIMBER TRACT LOCATION (INDICATE THE COUNTY AND STATE AND AS REFERENCED/DESCRIBE IN THE TIMBER MANAGEMENT PLAN): _____

TOTAL ACRES ON TRACT (PROPERTY) OWNED: _____; PLEASE FURNISH THE FOLLOWING ON EACH TIMBER STAND AT THIS LOCATION:

STAND NO.	NUMBER OF ACRES	TIMBER (TREES IN STAND)	TYPE/TYPES OF	AVERAGE AGE CLASS	STAND VALUE
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

IF MORE THAN 2 TIMBER TRACTS ARE INVOLVED, PLEASE ATTACH ADDITIONAL SCHEDULES GIVING THE ABOVE DATA ON EACH ADDITIONAL TRACT.