



FORESTRY INSURANCE – PROPOSAL FORM

1. Name and Address

1.1 Forest Owner

Name _____
Address _____
Phone _____ Fax _____ email _____

1.2 Forest Manager/Consultant

Name _____ Branch _____
Address _____
Phone _____ Fax _____ email _____

2. Period of Insurance From ____/____/____/ **To** ____/____/____/

3. Legal description of forest land

Lot _____ District Plan _____
Block _____ Survey District _____

3.1 Address of Forest

4. Trees to be insured (You must declare the value of all trees forming part of the forest)

Age of trees (years)	# hectares planted	\$ value per hectare	Age of trees (years)	# hectares planted	\$ value per hectare	Age of trees (years)	# hectares planted	\$ value per hectare
Up to 1			11			21		
2			12			22		
3			13			23		
4			14			24		
5			15			25		
6			16			26		
7			17			27		
8			18			28		
9			19			29		
10			20			30		

N.B. A separate sheet is required for each separate plantation – if necessary, attach additional sheets

4.1 Which of the following best describes the forest to be insured: (Please tick)

Untended Thinned only Thinned and Pruned (Average Growth) Thinned and Pruned (Good Growth)

4.2 What is/are the dominant species in the forest

Pinus Radiata	%
Other (please state) _____	%

4.3 Does the management regime of the forest include predominately: (Please tick)

Regular weeding from planting year	
OR irregular weed control	
OR no weed control	
OR weed control – years 1 & / or 2 only	

5. Excess

You will be required to pay the first \$25,000 of each claim, except for fire risks on forests below \$500,000 value where the excess is \$10,000. This will be deducted from the total of the claim. Increased deductibles are available, please indicate your choice:

\$50,000	
\$100,000	

6. Extensions of Covers

The policy provides cover for fire, lightning, malicious damage and other perils. Also covered are costs of Claims Preparation, Site Clearing & Re-establishment and Fire fighting.

6.1 Please indicate if additional cover is required:

Claims Preparation Costs

\$10,000 - minimum	
\$25,000	
\$50,000	

Site Clearing & Re-establishment Costs

\$10,000 - minimum	
\$25,000	
\$50,000	
\$100,000	
\$200,000	
\$300,000	
\$400,000	
\$500,000	

Fire Fighting Costs

\$10,000 - minimum	
\$25,000	
\$50,000	
\$100,000	
\$200,000	
\$300,000	
\$400,000	
\$500,000	

6.2. Wind Cover

Damage to trees over 5 years of age can be insured. The maximum amount of cover is \$500,000 for each forest.
Cover required?

Yes No

6.3 Earthquake and Volcanic Eruption (a minimum deductible of \$25,000 applies)

Cover required?

Yes No

6.4 Liability for damage to the property of others

Cover required? If YES, please specify amount of cover required:

Yes No

\$1,000,000	
\$2,000,000	
\$5,000,000	

7. Statements and Disclosures

7.1 Previous claims

Please provide details of any previous claims or losses which would have resulted in claims had insurance (e.g. covering windthrow, volcanic eruption etc.) been in place for the previous 10 years of the current rotation:

Date of loss	Cause of Loss	Area of Forest	Area Affected	Total Cost

7.2 Condition of Forest

I hereby certify that I am familiar with the trees that are the subject of this insurance application, that the area is well established and stocked and the trees are in sound condition. I also certify that the information provided in question 4 accurately and adequately describes the forest.

Additional comments if any:

Signature _____

Qualifications _____

7.3 Map or Plan of Forest

A map or sketch plan of the forest should be provided showing:

- Roadways, waterways and firebreaks
- Use of surrounding land
- Distance from nearest fire service
- Topography

8. Declaration

I/We hereby declare that the above statements and particulars are correct and complete and I/We understand that together with any other information supplied by me/us shall be the basis of contract of insurance.

I/We undertake to inform the Insurer of any material changes whether occurring before or after the completion of the contract of insurance.

I/We authorise the Insurer to give or obtain from other insurers information relating to this insurance and of any claim made by me/us

I/We understand that:

- The Insurer is collecting information on this proposal/schedule to evaluate my/our insurance requirements.
- I/We am/are obliged to inform the Insurers of any information that may be material to the consideration of this proposal/schedule
- Failure to provide any of this information may result in the Insurers refusing to provide the insurance requested.
- I/We have certain rights of access to and correction of this information

Signed for and on behalf of the proposer: