## Timber & Carbon Proposal Form



Please ensure you complete all relevant sections of this application form. The information provided in this form is the basis of the contract between you and the Insurer so full disclosure is required.

Insured details	Additional perils - optional
Insured name	Windstorm \$
<u>Email</u>	Flood \$
Postal address	Snow & ice \$
	Pest & disease \$
Phone	Excess Level (each & every event) \$
Any other interested party(s) to note	Have you had previous losses to the plantation in the past 5 years?
Location of plantation	Yes No If yes, please give details
Period of insurance from dd/mm/yy to 4pm dd/mm/yy	Have you been declined insurance or had a policy cancelled for your plantation previously? Yes No If yes, please advise why
Plantation insured values & limits  Total land area (hectares)	Are you currently insured? ☐ Yes ☐ No  If yes, please advise with who and due date?
Total planted area (hectares)  Understating of the insured planted hectares may affect any claim made - please ensure this information is accurate	
Species  Date planted	<ul> <li>Duty of disclosure: This proposal form, and the risk information/mapping etc provided by you, forms the basis of the insurance contract between you and the insurer. You have a duty to disclose any matter that you know, or ought to reasonably know, which is relevant to a reasonable insurer's decision to accept the risk of insurance, and if so, on what terms to accept the risk i.e. increased fire risk due to neighbouring camp ground or known arson threat. This duty of disclosure extends to the renewal of the policy but does not require you to disclose anything that: diminishes the risk; is of common knowledge; the insurer knows, or ought to reasonably know; is waived by the insurer. Non-disclosure may entitle the insurer to reduce their liability to you, or if fraudulent, may enable the insurer to void the policy from the beginning.</li> </ul>
Timber value \$	
Carbon value \$ (Made up from surrender liability and loss of future earnings)	
Total sum insured \$	Cancellation of the policy may entitle you to a refund. Any refund will be calculated
Re-establishment costs \$	by the insurer.  We acknowledge we have read the above and the information is accurate to the best of our knowledge and information about us will be kept by the insurer and available for correction by us.
Fire fighting costs \$	
Removal of debris \$	_
Claim preparation costs \$	_
	Signature  Date dd/mm/yy