WOODLANDCOVER

36B Merchants Dock, Merchants Road, Galway, Ireland

Telephone: 091-562016 (or +353-91-562016) e-mail: insurance@forsure.ie

Postal address:

Owner details (block letters please) Name:

The Intermediary to the WoodlandCover Scheme is regulated by the Central Bank of Ireland.

WoodlandCover - Insurance Owner and Plantation details (Separate form for each plantation)

If you have difficulty completing any of the below please phone 091 562016 to discuss – otherwise send, with map (preferably certified species map) to:

WoodlandCover Limited, Merchants Dock, Merchants Road, Galway

County: _____ Work/ Mobile: 0 ____-Email: Plantation details (block letters please) Townland(s):______ Nearest town: _____ County: Discovery Map: ___ Grid references: E_____N___ Forest Service reference: CN_____ / Area*: _____hectares. *Normally the grant-aided area Year/month of planting (e.g. 2007/03): Area (ha) | Yield Class Compartment / Plot reference | Main species IF AVAILABLE PLEASE ENCLOSE A COPY OF GRANT OR FELLING LICENCE SPECIES MAP Circle appropriate answer where possible (YES/NO) IS there adjoining forestry? YES/NO If YES - who owns it and brief details: Is there a 15 yard separation at all points from other forest properties? YES/NO If NO please furnish details: Any bog adjoining? YES/NO If YES who owns it? Are there maintained firebreaks?- YES/NO If there is not access from a public road, give details of access: If there was any forest or land fire on this or nearby properties (within a mile) in the last ten years give brief details: Other relevant information (RCW/crop condition etc): The property is professionally managed by a forester/company whose responsibilities include guidance on fire protection. YES/NO: **Professional Forester - name/phone no:** All of the above details are correct. There has never been a fire or other insurable loss on or about the above property nor have I been refused insurance cover nor am I aware of any other material fact not disclosed herein. I request cover subject to the terms and conditions of the WoodlandCover scheme. I understand that insured value (which is not a market value) is intended to approximate a loss calculated in accordance with policy terms and the information furnished by me on the basis that a damaged area is replanted following a loss. I understand that these details will be recorded by or on behalf of WoodlandCover and insurer/s and that cover will only commence after receipt of payment (or as agreed) and acceptance by for insurer/s. I understand that failure to disclose a material fact will render the insurance void or voidable. I agree to my details being retained by WoodlandCover and to WoodlandCover even if I do not take out cover. Circle Yes if required – if not indicated will not be covered I require Loss of Growth Cover Yes / No I require Reconstitution Cover Yes / No I require Wind Cover Yes / No I require Public Liability Cover Yes / No **Signed:** _____ _Date:___/__ /2019 All claimed losses are subject to verification in the event of a claim.

Directors: Tom Garvey, John Phelan FCCA, Harry Rynn, B. Agr. Sc. (For)
Registered with the Central Bank of Ireland C41826
www.forsure.ie

WoodlandCover Limited is a registered intermediary (Central Bank of Ireland c41826); Willis Risk Services (Ireland) Limited, a regulated entity, is broker to the Scheme.

Once completed, please return, together with copy Certified Species Map to:

WoodlandCover Limited
36b Merchants Dock
Merchants Road
Galway