

Rural Arbor Products Ltd

PO Box 4692, Shrewsbury, Shropshire SY1 9BU

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WOODLAND OWNERS PUBLIC LIABILITY INSURANCE PROPOSAL FORM

Please forward the completed form by email or post.

The premium will be calculated once the commencement date is received.

1.	Name & address for communication	ation		
		Postcode		
2.	Telephone	Mobile		
3.	E-mail			
4.	Full name of Owner/s			
5.	Name of Management Group or	Forester		
6.	Name of Woodland			
7.	Location of Woodland (include nearest road, village, town and county)			
8.	Full OS grid reference (e.g. TQ	123456)		
9.	Area of woodland	(acres) or		(hectares)
10.	Date cover is to commence			
11.	Have you suffered any previous If YES please detail below:	losses on the property?	YES/NO	
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	d provide details of their accept	tance by the broker – see website	
for details of Criteria to satisfy	and broker contact details)		
13. Do you carry out brashing	of plantation edges?	YES/NO	
If YES then:	To what depth?	rows	
	To what height?	cms	
14 Do you stand fire heaters		YES/NO	
Do you stand fire-beaters at suitable locations?			
15. Do you regularly patrol du		YES/NO	
16. Are there any additional fa brought to the insurers' at If YES please give details:	tention?	YES/NO	
ii 120 piodoc give details.	•		
I/we declare to the hest of my/r	our knowledge and helief that the	he above statements are true and	
· · · · · · · · · · · · · · · · · · ·	our knowledge and belief that the contract between me/us and	he above statements are true and d the Insurer.	
•	•		
complete and will form part of t	•		
complete and will form part of t	•	d the Insurer.	
17. Signature DUTY OF DISCLOSURE: All mater	the contract between me/us and	Date to do so could invalidate the policy. A	
17. Signature DUTY OF DISCLOSURE: All mater material fact is one which is likely to	the contract between me/us and rial facts must be disclosed. Failure to influence an insurer in the accepta	Date	
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Company registered in England & Wales No. 4165438

Authorised and regulated by the Financial Conduct Authority