



PO Box 21627
 Columbia, SC 29221-1627
 Phone: 803-732-8452 | Fax: 877-338-8147

Prescribed Burn Application

*Please Complete Entire Form
 Applicant must be a Certified Prescribed Burn Manager*

Named Insured:		Federal ID #:	
Contact Person:		Desired Effective Date:	
Address:			
City:		State:	Zip Code:
Telephone:	Cell Phone:	Fax:	
List any Forestry Association Memberships:			
Email Address:		Website:	
Location Address, if different:			
Business Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other			

Give a brief description of applicant's activities and operations (*use back page if more space is needed*):

Coverage Limits	
General Liability	\$1,000,000 Occurrence / \$2,000,000 Aggregate
Prescribed Burn Liability	\$1,000,000 Occurrence / \$1,000,000 Aggregate

****Coverage does not apply to "Bodily Injury" or "Property Damage" which occurs when the following conditions are not met:**

- The burn is to be accomplished only when at least one certified prescribed burn manager is supervising the burn or burns that are being conducted.
- A written prescription is prepared and witnessed or notarized prior to prescribed burning.
- A burning permit is obtained from the State Forestry Commissions.
- It is conducted pursuant to ALL state law and rules applicable to prescribed burning.

Underwriting Information			
Employee Name	Owner	Certified	Annual Payroll
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Last Year's Actual		This Year's Estimated	
	# Burns	# Acres	# Burns	# Acres
Controlled Burning				

Will you use subcontractors? Yes No

If yes, do they provide proof of their insurance? Yes No

If yes, what is the estimated cost of hire? _____

Additional Insureds - Additional Premium will apply (<i>Provide a copy of Insurance Specifications for each</i>)		
Name	Complete Address (City, State & Zip)	Interest

Underwriting Information (continued)

1. Does the Applicant:		
a. Have formal maintenance and safety programs in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Comply with all applicable OSHA standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Work in populated or urban areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Lease any premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Operate business on a part-time basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Draw plans, designs or specifications other than Burn Management Plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Use explosives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Own, operate, or lease aircraft or watercraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Use/distribute/mix/apply pesticides or herbicides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Lease equipment to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there other information of which the carrier needs to be made aware?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain in remarks section below.		

Remarks

Prior Carrier Information			
	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

Loss History (Past 3 years) - If no losses, check here <input type="checkbox"/>		
Date	Description of Incident	Amount Paid/Reserved

How did you hear about us?

- Forestry Association: AL GA MS NC SC Other - _____
 Website Search Referred by a friend Forestry Magazine - _____

Required Attachments
<p>1. All brochures describing services or your website address must be provided on page 1 of application.</p> <p>2. Currently valued insurance company loss runs for the current policy period plus 3 prior years. If unavailable, provide a loss statement signed by the applicant.</p> <p>3. Copy of Prescribed Burn Manager Certificate (or equivalent credentials).</p> <p align="center">Coverage is subject to approval by AssuredPartners</p> <p>Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and may subject such person to criminal and civil penalties.</p> <p>Applicant's Signature: _____ Date: _____</p>