



Named Insured		Federal ID #	
Contact Person		Desired Effective Date	
Address			
City		State	Zip Code
Telephone	Cell	Fax	
List any Forestry Association Memberships			
Email address		Website	
Location address if different			
Number of direct employees (if applicable)			
Applicant, Employee or Burn Manager must be a Certified Prescribed Burn Manager. Please attach a copy of your certification			
Coverage Limits			
General Liability		\$ 1,000,000 Occurrence / \$ 2,000,000 Aggregate	
Prescribed Burn Coverage		\$ 1,000,000 Occurrence	
***Coverage does not apply to "Bodily injury" or "Property Damage" which occurs when the following conditions are not met:			
a. 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.			
b. A written prescription is prepared and witnessed or notarized prior to prescribed burning.			
c. A burning permit is obtained from the State Forestry Commissions.			
d. It is conducted pursuant to ALL state law and rules applicable to prescribed burning.			
Proposed Burn Information – (All burns must be scheduled on the policy)			
Tract Name / Number / City / County / State / Zip Code		# of Acres Being Burned	Date of Burn
Complete this section if different than above:			
Burn Manager Name			
Address			
City		State	Zip Code
Telephone	Cell	Fax	
Email address		Website	
Underwriting Information on Burn Manager			
Do you employ only salaried employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you use subcontractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do they provide you proof of their insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the estimated contract cost?			
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			

Additional Insureds – Additional Premium will apply (Provide a copy of Insurance Specifications for each)		
Name	Complete Address (City, State & Zip)	Interest
Remarks		
Loss History (Past 3 years)		If no losses, check here <input type="checkbox"/>
Date	Description of Incident	Amount Paid/Reserved

Required Attachments: A copy of Burn Certification
Coverage is subject to approval by AssuredPartners 90 Day Policy Term
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.
Applicant's Signature: _____
Date Form Completed: _____

Submit completed application and copy of burn certification to AssuredPartners via mail at the address on the top of the form or via email to hunting@assuredpartners.com