AssuredPartners
A Gallagher Company

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**To submit completed application:**

- Save this document to your device
- Complete the application and save
- Click **SUBMIT** to email the completed application to us

# Prescribed Burn Application for Owner

*Please Complete Entire Form*

| | | | |
|---|---|---|---|
| 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? | ☐ Yes | ☐ No |
| Will you use subcontractors? | ☐ Yes | ☐ No |
| If yes, do they provide you proof of their insurance? | ☐ Yes | ☐ No |
| If yes, what is the estimated contract cost? | | |
| Is there other information of which the carrier needs to be made aware? | ☐ Yes | ☐ No |
| If yes, explain in remarks section below | | |

| Additional Insureds – **Additional Premium will apply**<br>*(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** ☐ |
|---|---|---|
| **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

**SUBMIT**

**Save document to your device and complete before submitting!**