AssuredPartners
A Gallagher Company

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

700 Gervais Street, Suite 200 | Columbia, SC 29201
Phone: 803-732-8452 | Email: hunting@assuredpartners.com

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: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ 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:**

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.

Underwriting Information			
Employee Name	**Owner**	**Certified**	**Annual Payroll**
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ 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 - <u>Additional Premium will apply</u> (*Provide a copy of Insurance Specifications for each*)		
Name	**Complete Address (City, State & Zip)**	**Interest**

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

1. All brochures describing services or your website address must be provided on page 1 of application.
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.
3. Copy of Prescribed Burn Manager Certificate (or equivalent credentials).

Coverage is subject to approval by AssuredPartners

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: _____

Save document to your device and complete before submitting!

SUBMIT