Outdoor Underwriters
140 Stoneridge Drive, Suite 260
Columbia, SC 29210
803-451-5826 Phone 866-961-4101 Toll Free 803-451-5695 Fax

PRESCRIBED BURNING LIABILITY APPLICATION

Burn Information

Prescribed burn must follow state law.
Most states have a minimum requirement of:

a) is supervised by a minimum of one certified prescribed burn manager.
b) a written plan to start and control the prescribed burn is prepared and witnessed or notarized prior to the burning.
c) a burning permit is obtained from the State Forestry Commission.
d) burn must be conducted in accordance with state law and rules established for prescribed burns.

Coverage

Commercial General Liability *(Occurrence Form)*
Deductible $5000.00 Property
Damage & Bodily Injury per claim

Landowner Name_____
Fed. ID/SSN_____ Contact Name _____
Mailing Address_____
City _____ State _____Zip_____
Telephone_____Mobile_____Fax_____

Location Address:_____
Web Site:_____
E-Mail Address_____
Desired Effective Date _____ /_____ /_____

Burn Manager/Consultant Name _____
Address _____
City_____State_____ Zip _____
Telephone_____Mobile_____Fax_____

Tract Number	
Date of Burn	
# of Acres by State	
Burn Plan	

Loss History

Date	Description of Incident	Amount Paid/Reserved

Do you have knowledge of any incident that may lead to a claim Yes ☐ No ☐
If yes, please describe on a separate sheet of paper.

Additional Insured *(if necessary use another sheet of paper)*

Name	Complete Address	Interest	Location of Property

Important Notice to Applicants

The following special state warnings and statements apply to all applicants in connection with coverage provided in one or more of the following states.

Arkansas **Arkansas Fraud Warning**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida **Fraud Warning (Florida)**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of felony of the third degree.

Kentucky **Kentucky Fraud Statement**

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.

The applicant's signature is required if coverage is to be provided, even on an "If Any" basis, in any or all of the above states or when state insurance regulations require applicants to sign all insurance applications

Applicant's Signature _____ **Date:** _____

Outdoor Underwriters

Underwriting Information for
Burn Manager / Consultant

1.	Number of Direct Employees			
2.	Is Applicant a Graduate, Registered Forester or Certified Prescribed Burner		**Yes** ☐	**No** ☐
3.	Give a brief description of applicant's activities and Operations (use back page if more space is needed)			
4.	**Does the Applicant:**			
	Explains all "YES" responses to the following questions in the remarks section		**Yes**	**No**
	a.	Use subcontractors?		
	b.	Work in populated or urban areas?		
	c.	Lease any premises?		
	d.	Operate business on a part-time basis?		
	e.	Draw plans, designs or specifications other than forest management?		
	f.	Use explosives?		
	g.	Own, operate, or lease aircraft or watercraft?		
	h.	Use/distribute/mix/apply pesticides or herbicides?		
	i.	Lease equipment to others?		
	j.	Employ seasonal or migrant labor?		
	k.	Perform work underground?		
	l.	Perform tunneling/excavation/earth moving work?		
	m.	Perform or subcontract logging operations?		
5.	**Does the Applicant: Explain all "NO" responses to the following questions in remarks section**			
	a.	Maintain Certificates of Insurance on all subcontractors?		
	b.	Employ only salaried employees?		
	c.	Have formal maintenance and safety programs in effect?		
	d.	Comply with all applicable OSHA standards?		
6.		Any other information carrier needs to be aware of? **(If yes explain in remarks)**		

Remarks

Question #	**Explanation**	
4a.	Contract Cost	**$**
	Subs used for	