



**Outdoor Underwriters, Inc.**  
**140 Stoneridge Drive, Suite 265**  
**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 \_\_\_\_\_

|                            |  |
|----------------------------|--|
| <b>Tract Number</b>        |  |
| <b>Date of Burn</b>        |  |
| <b># of Acres by State</b> |  |
| <b>Burn Plan</b>           |  |

**Loss History**

| Date | Description of Incident | Amount Paid/Reserved |
|------|-------------------------|----------------------|
|      |                         |                      |
|      |                         |                      |
|      |                         |                      |

Do you have knowledge of any incident that may lead to a claim  
 If yes, please describe on a separate sheet of paper.

Yes  No

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

| <b><u>Name</u></b> | <b><u>Complete Address</u></b> | <b><u>Interest</u></b> | <b><u>Location of Property</u></b> |
|--------------------|--------------------------------|------------------------|------------------------------------|
|                    |                                |                        |                                    |
|                    |                                |                        |                                    |
|                    |                                |                        |                                    |

**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, Inc.

**Underwriting Information for  
Burn Manager / Consultant**

|    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1. | Number of Direct Employees   |                              |                             |
| 2. | Is Applicant a Graduate, Registered Forester or Certified Prescribed Burner                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Give a brief description of applicant's activities and Operations (use back page if more space is needed)  |                              |                             |
|    |  |                              |                             |
|    |  |                              |                             |
| 4. | <b><u>Does the Applicant:</u></b>  |                              |                             |
|    | <b><u>Explains all "YES" responses to the following questions in the remarks section</u></b>               | <b><u>Yes</u></b>            | <b><u>No</u></b>            |
| 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. | <b><u>Does the Applicant: Explain all "NO" responses to the following questions in remarks section</u></b> |                              |                             |
| 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**

| <b><u>Question #</u></b> | <b><u>Explanation</u></b>                           |
|--------------------------|---|
| 4a.                      | Contract Cost <span style="float: right;">\$</span> |
|                          | Subs used for                                       |
|                          |   |