Prescribed Burn Application

AMERICAN HUNTING LEASE ASSOCIATION

Please Complete Entire Form and return to sean@ahuntinglease.org. **Applicant must be a Certified Burn Manager.**
***coverage not available** in **AZ, CA, CO, ID, OK, OR, MT, NM. NV, TX, UT, WA, WY**

Provide The Following Information

Name insured:

Federal ID #:

Contact person:

Desired effective date:

Mailing address:

City:

State:

Zip code:

Telephone:

Cell phone number:

Fax number:

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 / $1,000,000Aggregate

****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 or equivalent authority.
d. It is conducted pursuant to ALL state law and rules applicable to prescribed burning.

If you are not required to have an certification or approval from a local jurisdition, explain here:

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Underwriting Information

Employee Name: | Owner: ☐ Yes ☐ No | Certified: ☐ Yes ☐ No | Annual Payroll:

Employee Name: | Owner: ☐ Yes ☐ No | Certified: ☐ Yes ☐ No | Annual Payroll:

Employee Name: | Owner: ☐ Yes ☐ No | Certified: ☐ Yes ☐ No | Annual Payroll:

	Last Year's Actual	This Year's Actual
	# of Burns	# of Acres
Controlled Burning		

Will you use subcontractors? ☐ **Yes** ☐ **No** → If yes, do they provide proof on their insurance? ☐ **Yes** ☐ **No**

If yes, what is the estimated cost of hire?

Additional Insureds *Additional Premium will apply (provide a copy of insurance specifications for each)*

Name insured: | Mailing address:

City: | State: | Zip code: | Interest:

Name insured: | Mailing address:

City: | State: | Zip code: | Interest:

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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?

If yes, then explain in the remarks section below ☐ Yes ☐ No

Remarks:

Prior Carrier Information

Last Year:	Two Years Ago:	Three Years Ago:
Insurance Carrier:	Insurance Carrier:	Insurance Carrier:
Limits of Liability:	Limits of Liability:	Limits of Liability:
Premium:	Premium:	Premium:

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Loss History *(past 3 years)* - If no losses, check here ☐

Date:	Description of Incident:	Amount Paid / Reserved:
Date:	Description of Incident:	Amount Paid / Reserved:
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 | 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 Signature: Date: