Prescribed Burn Application for Land Owner

AMERICAN HUNTING LEASE ASSOCIATION

Please Complete Entire Form and **return to sean@ahuntinglease.org.**

***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):

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 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.
d. It is conducted pursuant to ALL state law and rules applicable to prescribed burning.

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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:
Tract name / Number / City / County / State / Zip Code:	# of Acres being burned:	Date of Burn:

Complete This Section *(If different than the above)*

Burn Manager Name:

Mailing address: | City: | State: | Zip code:

Telephone: | Cell phone number: | Fax number:

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 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:

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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:

Name insured:

Mailing address:

City:

State:

Zip code:

Interest:

Remarks:

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:

Required Attachments: A copy of Burn Certifications

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: