1) All coverage subject to the terms and conditions of the policy.

2) Named insured can be either the landowner or the certified burn manager.

3) If the landowner is the named insured on the policy they have the option of adding the certified burn manager as an additional insured for a fee. If the certified burn manager is the named insured they have the option of adding the landowner as an additional insured for a fee.

4) Coverage only applies to third parties.

5) The maximum liability limit offered is $500,000 per occurrence/aggregate. $5,000 deductible applies for property damage and bodily injury claims.

6) Policies are issued for 30 calendar days once all underwriting criteria have been satisfied. There is an option to extend the policy for an additional 30 days for an additional premium of $100.

7) Prescribed burns must follow state law. The burn must also meet these minimum requirements;
   
   • Is supervised by a minimum of one certified prescribed burn manager.
   
   • A written plan to start and control the prescribed burn is prepared and witnessed or notarized prior to the burn taking place (form attached).
   
   • A burning permit is obtained from the State Forestry Commission.
   
   • Burn must be conducted in accordance with state law and rules established for prescribed burns.
   
   • A copy of the certified burn managers certification will need to be on file with Outdoor Underwriters.
   
   • A copy of the burn plan must be on file with Outdoor Underwriter in advance of the prescribed burn in order for coverage to be effective.
Landowner Name______________________________________________________________
Fed. ID/SSN_________________________ Contact Name ____________________________
Mailing Address________________________________________________________________
City_________________ State_____________ Zip______________________________
Telephone____________________ Mobile____________________ Fax_____________________  

Burn Location Address: ________________________________ _________________________
Web Site:______________________________________________________________
E-Mail Address ____________________________________________________________
Desired Effective Date____/____/_______

Burn Manager/Consultant Name ________________________________ ________________________
Address____________________________________________________________________
City_________________ State_____________ Zip______________________________
Telephone____________________ Mobile____________________ Fax_____________________

<table>
<thead>
<tr>
<th>Tract Number</th>
<th>Date of Burn</th>
<th># of Acres by State</th>
<th>Burn Plan</th>
</tr>
</thead>
</table>

**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
### Loss History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Incident</th>
<th>Amount Paid/Reserved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have knowledge of any incident that may lead to a claim?  
Yes □     No □
If yes, please describe.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Complete Address</th>
<th>Interest</th>
<th>Location of Property</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### Underwriting Information for  
Burn Manager / Consultant

1. Number of Direct Employees
   -
2. Is applicant any of the following:  
   - Graduate Forester? □ Yes □ No  
   - Registered Forester? □ Yes □ No  
   - Certified Forester? □ Yes □ No  
   - 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

<table>
<thead>
<tr>
<th>Question #</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a.</td>
<td>Contract Cost</td>
</tr>
<tr>
<td></td>
<td>Subs used for</td>
</tr>
</tbody>
</table>

---

**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: ______________________

**Name of Agency:**

__________________________

**Signature of Agent:**

__________________________

Outdoor Underwriters, Inc.
140 Stoneridge Drive, Suite 230
Columbia, SC 29210
803-451-5826 phone 866-961-4101 toll free 803-451-5695 fax
Prescribed Burning Unit Plan

1. Landowner Name

1a. Person Responsible Name:

2. County:

3. Acres to be Burned:

4. Address/Location of Burn

5. Latitude and Longitude of Burn Site: Degree/Min./Sec.  

6. Reason/Objective for Burning

7. Date or Year Last Burned

8. Attach a detailed Map to include:  

9. Instructions for firebreaks/Firing Operations

Weather Values/Conditions

<table>
<thead>
<tr>
<th>Weather Condition/Description</th>
<th>Enter Forecasted/Actual (use single number-not range)</th>
<th>Common Range of Values for all Prescribed Burns</th>
<th>Enter Desired Values for this Burn Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Surface Wind (Open)</td>
<td>8 to 14 mph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Canopy Wind</td>
<td>5 to 8 mph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Mixing Height (feet)</td>
<td>1650 or above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transport Wind Speed</td>
<td>9 to 20 mph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Daytime Dispersion Index</td>
<td>40 through 90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Nighttime Dispersion Index</td>
<td>Above 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Relative Humidity (%)</td>
<td>Above 30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Temperature °F</td>
<td>Less than 85*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. LVORI (day of burn and next two (2) 12 hour forecast periods)</td>
<td>1 through 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. KBDI</td>
<td>Below 550 (below 450 for understory burns)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Turner &amp; Atmosphere Tendency (Scale = 1-7)</td>
<td>3, 4, or 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. 1 hour fuel moisture %</td>
<td>8% or above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. 10 hour fuel moisture %</td>
<td>8% or above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Values highlighted in orange indicate possible watch out situations for prescribed burning which may indicate the need to further evaluate prescribed burning operations under current or forecasted weather conditions depending on objectives and desired weather conditions for burn site.

25. Red Flag Weather Factors and Before Rx Burning

- KBDI 450 or above
- RH lower than 30%
- Surface winds greater than 15 mph
- Smoke Dispersion Index below 40 (day) and below 6 (night)
- LVORI 7 or above tonight or tomorrow night
- Mixing Height (ft.) less than 1,650 or greater than 6,500
- Wind shift is forecasted

26. “Watch Out” Situations and Site Specific Conditions to Consider

- The adjoining property contains wildland fuels that will burn rapidly
- Standing dead snags along the fireline
- More than 3 years since the property was burned
- Openings such as roads, power lines, timber stand height changes, fields, etc...that will cause winds to increase or change directions (eddy effect)
- Smoke Sensitive Area (SSA) downwind or down drainage
- Hazardous fuels or dry organic soils surrounding burn site
- Moderate or high fog potential the night following burn
- Piles, windrows, or heavy fuels
- Heavy amount of dead/down fuels within the area to be burned
- Continuous amount of draped/ladder fuels
- Utility poles and other structures on site

27. Smoke Sensitive Areas and Precautions to be taken including adjoining structures/improvements:

Prepared by Signature:

Date of Prescribed Burn: