

## Prescribed Burning Liability – Specifications Sheet

- 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.



**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 LIABILITY APPLICATION

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 \_\_\_\_\_

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

**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**

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.

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

<u>Name</u>	<u>Complete Address</u>	<u>Interest</u>	<u>Location of Property</u>

**Underwriting Information for  
Burn Manager / Consultant**

1.	Number of Direct Employees		
2.	Is applicant any of the following: Graduate Forester?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Registered Forester?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Certified Forester?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Certified Prescribed Burner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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

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

**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:** \_\_\_\_\_

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Prescribed Burning Unit Plan			
Site Information			
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.		N	W
6. Reason/Objective for Burning			
7. Date or Year Last Burned			
8. Attach a detailed Map to include:		firelines; (if installed) natural or man-made barriers; roads; open areas; power lines; adjoining property and improvements, firing locations; wind direction indicator; true north; timber types	
9. Instructions for firebreaks/Firing Operations			
Weather Values/Conditions			
	Enter Forecasted/Actual		Enter Desired Value for this Burn Site
11. Wind Direction			
Weather Condition/ Description	Enter Forecasted/Actual (use single number-not range)	Common Range of Values for all Prescribed Burns	Enter Desired Values for this Burn Site
12. Surface Wind (Open)		8 to 14 mph	
13. Canopy Wind		5 to 8 mph	
14. Mixing Height (feet)		1650 or above	
15. Transport Wind Speed		9 to 20 mph	
16. Daytime Dispersion Index		40 through 90	
17. Nighttime Dispersion Index		Above 6	
18. Relative Humidity (%)		Above 30%	
19. Temperature *F		Less than 85*	
20. LVORI ( day of burn and next two (2) 12 hour forecast periods)		1 through 6	
21. KBDI		Below 550 (below 450 for understory burns)	
22. Turner & Atmosphere Tendency (Scale = 1-7)		3, 4, or 5	
23. 1 hour fuel moisture %		8% or above	
24. 10 hour fuel moisture %		8% or above	
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.			
<b>25. Red Flag Weather Factors and Before Rx Burning</b>			
<ul style="list-style-type: none"> <li>• KBDI 450 or above</li> <li>• RH lower than 30%</li> <li>• Surface winds greater than 15 mph</li> <li>• Smoke Dispersion Index below 40 (day) and below 6 (night)</li> <li>• LVORI 7 or above tonight or tomorrow night</li> <li>• Mixing Height (ft.) less than 1,650 or greater than 6,500</li> <li>• Wind shift is forecasted</li> </ul>			
<b>26. "Watch Out" Situations and Site Specific Conditions to Consider</b>			
<ul style="list-style-type: none"> <li>• The adjoining property contains wildland fuels that will burn rapidly</li> <li>• Standing dead snags along the fireline</li> <li>• More than 3 years since the property was burned</li> <li>• Openings such as roads, power lines, timber stand height changes, fields, etc...that will cause winds to increase or change directions (eddy effect)</li> <li>• Smoke Sensitive Area (SSA) downwind or down drainage</li> <li>• Hazardous fuels or dry organic soils surrounding burn site</li> <li>• Moderate or high fog potential the night following burn</li> <li>• Piles, windrows, or heavy fuels</li> <li>• Heavy amount of dead/down fuels within the area to be burned</li> <li>• Continuous amount of draped/ladder fuels</li> <li>• Utility poles and other structures on site</li> </ul>			
27. Smoke Sensitive Areas and Precautions to be taken including adjoining structures/improvements:			
		Prescribed Burn Manager Certification #	
Prepared by Signature:			
Date of Prescribed Burn:			