

American Risk Management Resources Network, LLC Prescribed Fire Application

This application must be signed and dated by an authorized Owner, Partner, Officer, Director or Risk Manager of the first Named Insured.

Please submit the following information in addition to this application:

- 1) Five years of currently valued loss runs for those lines of business that coverage is being requested.
- 2) Two years financials statements including balance sheet and income statement.
- 3) Certifications /licenses of all key personnel associated with prescribed burns operations (e.g. Fire Burn Boss certification)
- 4) Resumes of key personnel.
- 5) Sample of subcontractor agreement used.

APPLICANT INFORMATION

Named Insured(s) (include DBA name, if applicable, and any Additional Named Insureds as written on current or former policy, and for which coverage is being requested):

Street address:	City / State:	Zip code:	Phone number:	Fax number:
Mailing address if different from above (of first named insured):			Website address:	
			FEIN:	
Street address:	City / State:	Zip code:		
Contact E-mail:		Contact name & phone number:		
Year business started Prescribed Fire operations: years		Number of employees:		
Is applicant an industry group member subsidiary, or franchise of another entity? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what entity?				
Applicant operates as an:				
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe):				

COVERAGE REQUESTED

Check the box that applies: Environmental Combined Policy (GL, CPL & Professional Liability)
 Contractors Pollution Liability (CPL) only

Limits of Insurance Requested: Each Occurrence/Claim \$	Aggregate \$	Deductible/SIR \$
Proposed Effective date:	Proposed Expiration date:	

EXPIRING INSURANCE PROGRAM

General Liability		Contractors Pollution Liability		Professional/Consulting Liability	
None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>	
Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/>	Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/>	Claims Made	
Carrier:		Carrier:		Carrier:	
Limits:		Limits:		Limits:	
Deductible / SIR:		Deductible / SIR:		Deductible / SIR:	
Premium:		Premium:		Premium:	
Effective Dates:		Effective Dates:		Effective Dates:	
Retroactive Date:		Retroactive Date:		Retroactive Date:	

REVENUE HISTORY			
Year	Total Annual Gross Sales (\$)	Total Annual Payroll (\$)	Number of Employees
Projected	\$	\$	
Expiring	\$	\$	
First Prior	\$	\$	

OPERATIONS AND SERVICES			
CONTRACTING OPERATIONS <input type="checkbox"/> Check here if this section does not apply	Projected Annual Gross Sales	% Gross Sales Subcontracted	Projected Annual Payroll
Conservation work (incl. Herbicide/Pesticide Application)	\$	%	\$
Landscape/Trail Construction	\$	%	\$
Prescribed Fire/Controlled Burns	\$	%	\$
Wildlife Habitat Work	\$	%	\$
Wetlands Contracting	\$	%	\$
Other Contracting Services (Please Describe)	\$	%	\$
PROFESSIONAL SERVICES <input type="checkbox"/> Check here if this section does not apply	Projected Annual Gross Sales	% Gross Sales Subcontracted	Projected Annual Payroll
Project Management	\$	%	\$
Conservation Easement Preparation and Support	\$	%	\$
Environmental Consulting including Credit Trading	\$	%	\$
Environmental Assessments or Impact Studies	\$	%	\$
Geology, Groundwater and Hydrogeology Consulting	\$	%	\$
Prescribed Fire/Controlled Burns Plans & Oversight	\$	%	\$
Prescribed Fire/Controlled Burns Training	\$	%	\$
Regulatory Consulting – Permitting & Compliance Audits	\$	%	\$
Wetlands Consulting	\$	%	\$
Other Professional Services (Please Describe)	\$	%	\$
TOTAL FOR ALL OPERATIONS / SERVICES	\$	\$	\$

BUSINESS PRACTICES	
Does your firm follow a written Prescribed Burn Plan on each burn project? If yes, please include the table of contents with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require all burners, observers, and trainees to wear NFPA Wildland Firefighting PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform Burn Boss duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform Incident Commander duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of staff	
Burn Bosses:	Clerical and Accounting Employees:
Project Managers:	Administrative Management:
Field Personnel:	Other:
Other than the above:	Number of Principals (included in listing above):
Subcontractors and Subconsultants	
Indicate the percentage of work subcontracted out to others: %	
What level of fire experience do you require volunteers to have on your burns?	
When hiring subcontractors and/or subconsultants, do you:	
Require in writing for them to have General Liability insurance with coverage for wildfire and smoke damages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Require in writing for them to have Contractors' Pollution Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Require in writing to be named as an Additional Insured on the subcontractors liability insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You have Signed Hold Harmless Agreements in place for volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verify all hired subcontractors and/or subconsultants carry their own Workers Compensation coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Geographical Extent

List below all states within which you operate, the operations and/or services performed, and the percentage of work performed in each state:

State/Country	Operations and/or Services Performed	Percentage of work performed %
		%
		%
		%

Does the applicant perform operations / services in the state of New York?
 If yes, what percentage is performed in the 5 boroughs (Bronx, Manhattan, Brooklyn, Queens, and Staten Island), the Metropolitan region, or the counties of Nassau, Suffolk, Rockland, and Westchester? % Yes No

Does the applicant perform operations / services in the state of California?
 If yes, are you or a staff member a certified burn boss (NWCG or CARX)? Yes No

Type of Projects

Please indicate the approximate percentage of your total gross sales derived from the following types of projects:

Category	Percent	Category	Percent
Habitat Restoration and Forest Health	%	Defensible Space Creation	%
Agricultural and Range Management	%	Wildland-Urban Interface Management	%
Research and Education	%	Other (explain):	%

COMPANY HISTORY

Has any Insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years?
 If yes, please explain: Yes No

Does applicant have any subsidiaries or related entities not listed above?
 If yes, please describe your obligations for past, present & future liabilities: Yes No

Has applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? If yes, please details: Yes No

Have there been any mergers/acquisitions, consolidations or divestitures?
 If yes, please describe your obligations for past, present & future liabilities: Yes No

Has this business ever operated under a different name?
 If yes, please describe your obligations for past, present & future liabilities: Yes No

Please describe any significant changes in operations or services over the last 12 months, including any operations or services that have been discontinued, sold or abandoned, or any operations that have been acquired:

COMPLIANCE HISTORY AND FUTURE PLANS

During the past five (5) years, have you been cited or prosecuted for any violation of any environmental law and/or federal, state or local regulation? If yes, please provide details? Yes No

Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If yes, please provide details? Yes No

Have you been subject to third party claims as a result of a pollution event? If yes, please provide details? Yes No

Have you had a prescribed fire fall out of prescription and escape the intended confinement? If yes, please describe and detail any resulting damages incurred: Yes No

Do you have an outside contractor, firm or one person who is responsible for environmental and/or compliance management services? If "yes", please provide: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Firm		Contact	
Phone Number		E-mail	

CLAIMS	
Have any claims been made within the past 5 years against the applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies? If yes, please provide details (use additional paper if necessary):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other entity for which coverage is being requested? If yes, please provide details (use additional paper if necessary):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any staff member or employee been the subject of disciplinary action by authorities as a result of Contracting Operations or Professional Services? If yes, describe (use additional paper if necessary):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant: _____ **Title:** _____

Applicant's Signature: _____ **Date:** _____

Agent / Broker Name: _____

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 civil fines and criminal penalties.

NOTICE TO NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND: 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.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.