



# Atlantic Specialty

Program Producer

# Gemini Insurance Company

Insurer

## PRESCRIBED FIRE OPERATIONS GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Limits Requested:  Per Acord 126  Other - please request \_\_\_\_\_

(Please list additional locations on a separate sheet)

Proposed Effective Date:  Per Acord 126  Other - please request \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Applicant Is:  Individual  Corporation  Non-Profit  Partnership  
 Joint Venture  Public Entity  Natural Resource Conservation Service  
 Other (specify) \_\_\_\_\_

List all Subsidiary Companies requesting coverage: \_\_\_\_\_

How long has Applicant been in operation under this name: \_\_\_\_\_

Any previous names? : \_\_\_\_\_

Any acquisitions or mergers contemplated? If yes, please explain \_\_\_\_\_

Do you presently or have you in the past held any license?  Yes  No

If yes, please describe: \_\_\_\_\_

In questions that follow, the meaning of payroll refers to wages you pay to your employees. We will use "Payments to Independent Contractors" to express what you pay independent skilled individuals – independent contractors.

If you hire another contracting firm such as a Traffic Control Device Contractor, this type of transaction is called "sub-contracted work", and is treated differently from independent contractors. When this type of sub-contractor is used, you expect them to have insurance coverage for their work.

<b>Figures from the last twelve months or in your expiring policy period</b>	<b>TOTAL</b>	<b>PRESCRIBED FIRE WORK ONLY</b>
Receipts	\$	\$
Payments to firms for Sub-contracted work	\$	\$
Payments to Independent Contractors	\$	\$
Payroll (for employees who receive IRS W-2 forms each January)	\$	\$
<b>Figures in the year from 24 months ago to 12 months ago</b>	<b>TOTAL</b>	<b>PRESCRIBED FIRE WORK ONLY</b>
Revenues:	\$	\$
Payments to firms for Sub-contracted work	\$	\$
Payments to Independent Contractors	\$	\$
Payroll (for employees who receive IRS W-2 forms each January)	\$	\$

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In the last 12 months please estimate below the percentage of revenue which your firm derived from:			
Prescribed Fire Operations including related mechanical clearing of land and related use of pest control and fumigants in compliance with all federal, state, and local laws, regulations, and rules. Related includes alternating use of pest control when prescribed fire is not recommended.	%	Lawn Care including Mowing, Raking, Core Aeration, Applying of Fertilizer, Weed Control, or other Chemical Service, Tree and Shrub Planting, Spraying, Injection, pruning, Trimming, or Removal, Stump Removal, Brush & Lot Clearing, and Chipping, Firewood Sales	%
Excavation - Grading <b>unrelated</b> to Prescribed Fires	%	Retail or Wholesale Sales of Equipment or Chemical products	%
Pest Control and Fumigation <b>unrelated</b> to Prescribed Fires	%		
Retail Nursery Sales	%	Blasting (Explosive) Work	%
Landscape Design / Engineering	%	Environmental Consulting	%
Landscape Construction	%	Ecological Consulting	%
Forestry Management	%	Wild Land / Wetland Management	%
Surveying	%	Consulting Arborist	%
Other (please explain)	%	Firefighting (please explain)	%

In the checkboxes below please indicate if you perform these services:	
Wild Bird/Animal Trapping <input type="checkbox"/> Yes <input type="checkbox"/> No	Mosquito Control – Airborne Spray <input type="checkbox"/> Yes <input type="checkbox"/> No
Work done on, or for, farms <input type="checkbox"/> Yes <input type="checkbox"/> No	Mosquito Control –Other Explain <input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool Construction <input type="checkbox"/> Yes <input type="checkbox"/> No	Airborne Spraying other than any described above <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain

Other services or work done or products sold, not shown above – please explain	<b>What percentage of your revenue comes from this:</b>
	%

Of the Total Revenue shown above, please estimate below how much is earned from the customer groups below.			
Work for Residential and commercial clients	Work for Municipal and Governmental clients	Work for General Contractors	Other - Explain
%	%	%	%

Do you lease equipment from others?  Yes  No

Do you lease equipment to others?  Yes  No

Of the work that you take on, what services do you sub out to other firms? \_\_\_\_\_

When you use sub-contractors, do you require that they furnish you with a certificate of insurance?  Yes  No

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Is any mechanical equipment or contractors equipment left unattended overnight at a jobsite?

Yes

No

Excluding Prescribed Fire work, please describe your largest four projects in the past 24 months:

Work performed	Revenue Earned	% of Total	Client(s) Served

If you do work for contractors or others who require you to add them as additional insureds on your insurance coverage, please list these firms or other entities below (or attach a separate sheet) advising what you do for them:

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Have you ever been named in a claim alleging a construction defect?  
If Yes, please explain what was the date of loss and what happened?

Yes

No

Measured in acres, what were the three largest prescribed fires conducted by your firm in the last 12 months:

Rank	Number of Acres	Number of Burn Days	Number of Burn Crew Member Days	Rx Fire performed for	Location, county, state	Dominant Fuel Type(s)
Largest						
Next largest						
Next largest						

Below please enter the number of burn plans and number of acres your organization has burned and the corresponding sum of all the prescribed fire crew member days.

Interval	Number of Burn Plans Completed	Number of Acres Burned	Prescribed Fire Crew Member Days
Last 12 months			
Previous 24 to 12 month period			

In the next 12 months, how many burn plans \_\_\_\_\_, and how many acres do you expect to burn? \_\_\_\_\_  
How many Burn Crew member days do you expect you will need to complete these burns? \_\_\_\_\_

If you perform burns outside of your home state please record below the states and an estimate for the next 12 months of prescribed fire crew member days you will need in the burns you perform in each of the states including your home state.

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For personnel search work do you use the Incident Qualifications and Certification System (IQCS) [ <http://iqcs.nwcg.gov/> ]?  Yes  No, If NO, please explain why not?

What other resources for locating qualified personnel do you use? Please record here: \_\_\_\_\_

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In your organization who designs your burn plans ?	In your organization who selects personnel of the burn crews?
What certification does this person have? <input type="checkbox"/> S-190 <input type="checkbox"/> S-290 <input type="checkbox"/> S-390 <input type="checkbox"/> S-490 <input type="checkbox"/> S-590 <input type="checkbox"/> Burn Boss II <input type="checkbox"/> Burn Boss III <input type="checkbox"/> Other – Explain _____	What certification does this person have? <input type="checkbox"/> S-190 <input type="checkbox"/> S-290 <input type="checkbox"/> S-390 <input type="checkbox"/> S-490 <input type="checkbox"/> S-590 <input type="checkbox"/> Burn Boss II <input type="checkbox"/> Burn Boss III <input type="checkbox"/> Other – Explain _____

What is your procedure for notifying all civil / municipal authorities for prescribed burning?

\_\_\_\_\_  
\_\_\_\_\_

Do your prescribed fire jobs always require a permit from a governmental entity?

\_\_\_\_\_ Yes \_\_\_\_\_ No If no, why not?

\_\_\_\_\_  
\_\_\_\_\_

When a burn plan requires that you burn within two miles of a paved roadway, airport, or railway, what smoke management and traffic control measures do you use to safeguard the public?

\_\_\_\_\_  
\_\_\_\_\_

When developing a burn plan how do you identify commercial / industrial buildings or personal residences located in or near the burn plan? How are residents or occupants notified about the planned prescribed fire?

\_\_\_\_\_  
\_\_\_\_\_

When developing a burn plan how do you identify any mining, petroleum, or natural gas exposures, or electrical utilities located in or near the burn plan?

\_\_\_\_\_  
\_\_\_\_\_

When developing a burn plan how do you identify waste disposal (landfill exposures) located on or near the burn plan?

\_\_\_\_\_  
\_\_\_\_\_

What is the process for notifying campers / hikers / trail riders near the burn site? What is the process for controlling access to a burn site? Are signs posted on the perimeter?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the maximum allowable wind velocity on burn days? \_\_\_\_\_

Are "After-Sunset" burns allowed? If so, under what circumstances?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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<b>Below please check off the frequency of these behaviors,</b>	Always	When our Judgment calls for it	When we are told it is required	Other - explain
You meet with emergency suppression forces and provide high quality location information to them before a burn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You examine the burn history and the burn diary of the previous burn (if applicable) for each burn plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You examine the unit before ignition to assure that no unexpected visitors or hazards are present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You examine what the fuels are outside the unit, before ignition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regardless of the size of the team, your on-site PF Specialist has the authority to shut down a burn if conditions are not right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You designate an area in or near the burn plan as the staging area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When provisioning for a burn, you bring two or more extra radios for emergency personnel in case their radios are not compatible with yours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You require a burn plan before you begin any ignitions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You require that each burn plan has an expressed clear objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You require that each burn plan be approved by the appropriate line officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You require that each burn be managed by staff with the appropriate credentials and experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You perform a test burn before you send out the team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have a complete team pre-burn conference in the morning before the burn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before the burn begins, all team members know their roles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You communicate to all team members the fire escape routes and safety zones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the pre-burn conference, trigger points are established which every member knows are set for their safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You create a chain of command and delegate and disperse responsibilities among each burn team so that others can pick up responsibilities if the head of the burn gets distracted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You build back-up strategies for each contingency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You communicate to all team members how tactics will change if the burn changes to Suppression Mode.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You complete the Post-Burn Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Beyond the brochures, webpage prints, factsheets, or Acord application info enclosed what other information do you want underwriters to know about the operations of your firm?

Are you currently insured for your prescribed fire operations?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please attach a copy of your current insurance policy.

Has any insurer cancelled, restricted, or refused to renew your insurance in the past five years?

\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, provide details \_\_\_\_\_

At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for bodily injury or property damage or personal or advertising injury arising from any prior or current job?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide details \_\_\_\_\_

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. If coverage is bound, this form shall be the basis of the insurance policy.**

**All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made apart hereof.**

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Officer

APPLICANT \_\_\_\_\_

(Print Name & Title)

BROKER \_\_\_\_\_ DATE \_\_\_\_\_

(Print Name & Firm)

\_\_\_\_\_  
(Address of Brokerage Firm)

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Telephone Number)