



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 801-304-5515

**PRESCRIBED FIRE
 BURN PROJECT
 REQUEST FORM**

1. All information must be completed in its entirety and submitted to the UDA office no later than five business days before the commencement of the Prescribed Fire Burn Project to be scheduled on the policy.
2. Insured must complete the **Prescribed Fire Burn Project Go/No-Go Checklist** the day of the burn and submit a copy to the company upon completion of the Prescribed Fire Burn Project.
3. The Named Insured's non-compliance with any condition or requirement Will result in an automatic exclusion of coverage of the project being submitted.

Broker: _____ Date: _____

Insured Information

Policy Number: _____

Named Insured: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Scheduled Project Information

Project Location? _____

Purpose of Burn? _____

Proposed Burn Date? _____ Scheduled Burn Start Time? _____ A.M. P.M.

Duration of Burn? _____ hours

Employee(s) Assigned as Burn Boss(es): _____ Date NWGC Certified? _____

_____ Date NWGC Certified? _____

Number of Acres to be burned? _____

General type of terrain ? _____

Number NWCG Certified FFT1/Squad Bosses on Burn Crew? _____

Number NWCG Certified FFT2/Firefighters on Burn Crew? _____

Number of TNC-VCM Volunteers on Burn Crew? (if allowed): _____

Date Burn Permit Obtained: _____ From (Agency): _____

Are unexpected high winds likely at this time of year: Yes No

Conditions Information

Long Term Forecast for Region? _____

Average Daily High Temperature? _____ Average Daily Humidity? _____

Weather Info Obtained From: _____

Submitted By: _____ Date: _____

Underwriting Office Use Only:

Approved By: _____ Date: _____ Okay to issue End: _____

UDA Underwriter

Initials