



WILDFIRE PREVENTION QUESTIONNAIRE

PLEASE NOTE - This application is to be used when the risk is in one of the following 15 states: Alaska, Arizona, California, Colorado, Florida, Idaho, Montana, New Mexico, Nevada, Oklahoma, Oregon, Texas, Utah, Washington, Wyoming.

NAMED INSURED (as will appear on policy): _____

1. What are your procedures for clearing brush/debris/shrubs/vegetation and other combustible materials from around buildings and the property in general to help prevent the spread of wildfires (*should be 100' of clearance*)?

2. Are trees and branches pruned back to a minimum of 10 feet from all buildings? ☐ Yes ☐ No

3. Is the property served by the local municipal water system? ☐ Yes ☐ No

If not, what water is immediately available for firefighting? (e.g., *Water tower, pumper truck, pond, lake, stream with capability of pumping water into a fire*) _____

4. Name of the fire department serving your facility: _____

Fire Department Address: _____

City: _____ State: _____ Zip: _____

5. What is the distance of the fire department listed above from your facility? _____

Is it full-time or volunteer? _____

6. Are the access roads to your facility paved and reasonably maintained all year? ☐ Yes ☐ No

7. Are the majority of your interior roadways (check one): ☐ Paved ☐ Gravel ☐ Dirt

Are there any steep grades that could hinder vehicle movement? ☐ Yes ☐ No

8. Type of fire prevention material on site (e.g., *Fire Gel, Fire Retardant, Foam*)? _____

9. Explain the training you have received on applying the fire prevention material: _____

10. What is the breakdown of roofing materials on your buildings? _____ % Asphalt _____ % Metal

_____ % Tile/Slate

_____ % Other (describe) _____

11. _____ % Percentage of buildings that have protective screens on all exterior openings such as sub-floor ventilation/crawl spaces and attic louvers to prevent the entry of windblown sparks, flying firebrands and embers.

12. Describe any type of natural breaks or man-made fire breaks surrounding the property: _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)