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 HEARING IMPAIRED: (800) 735-2988 VOICE ♦ WWW.TEXASAGRICULTURE.GOV

**TEXAS DEPARTMENT OF AGRICULTURE**  
 PRESCRIBED BURNING BOARD  
 INSURANCE VERIFICATION FORM

**PBB-603**

COMMISSIONER SID MILLER

The policy identified in Section C has been issued by the insurer identified in Section B and insures the Certified and Insured Prescribed Burn Manager identified in Section A against liability for damage to persons or property occurring as a result of operations performed in the course of performing a prescribed burn on premises or any other property under the applicant's care, custody, or control in an amount not less than \$1,000,000 for bodily injury and property damage coverage, with a minimum total aggregate of \$2,000,000 for all occurrences.

<b>SECTION A</b>	<b>CERTIFIED AND INSURED PRESCRIBED BURN MANAGER LICENSEE</b>		
	Full Name:		
	Business Name (if applicable):		
	TDA License Number:		
	Physical Address:		
	City:	State:	Zip:
<b>SECTION B</b>	<b>INSURER INFORMATION</b>		
	Name of Insurance Company:		
	Mailing Address:		
	City:	State:	Zip:
	Phone: (    ) -	Email Address:	
<b>SEC. C</b>	<b>POLICY INFORMATION</b>		
	Policy No.	Policy Effective Date / / (mm/dd/yyyy)	Policy Expiration Date / / (mm/dd/yyyy)
<b>SECTION D</b>	<b>CERTIFICATION AND SIGNATURE</b>		
	I hereby certify that (1) the statements and information on this form are true and accurate to the best of my knowledge, (2) I am a licensed Certified and Insured Prescribed Burn Manager in the State of Texas, and (3) the insurer identified above is authorized to do business in the State of Texas.		
	Name of Insurer's Representative or Agent	Signature of Certified and Insured Prescribed Burn Manager:	
	Insurer's Contact Information:	/ / (mm/dd/yyyy)	

*This Certificate of Insurance is issued for informational purposes only, does not confer any rights or obligations other than the rights and obligations conveyed by the policy referenced herein, and the terms of said policy shall control over the terms herein.*