



Chubb Wildfire Defense Services

Enrollment Authorization Form



I hereby authorize representatives of Chubb, including Wildfire Defense Systems, Inc., to enter the grounds of my property in order to provide wildfire suppression and structural protection services for the house or houses indicated when a wildfire threatens my property or when arranged with my advance permission.

I understand that Chubb and its representatives will use their best efforts to provide the services and help protect my property. However, I understand that there may be instances when Chubb will not be able to provide the services to my property, and there is no guarantee that

the service will prevent damage. I hereby waive the right to bring legal action against Chubb or its representatives for personal injury or liability (including but not limited to emotional distress and mental anguish) arising out of the treatment or lack of treatment of my property. I retain the right to make an insurance claim for personal injury or property damage and I understand that my Chubb homeowner's policy will respond to covered losses if there is damage to my home.

I understand that Chubb's representatives will determine the most appropriate methods for the protection of my home, which could include, but are not limited to, the temporary establishment of sprinkler systems and the application of Thermo-Gel®, a thin gel barrier, on my home, landscape and/or other structures.

I recognize that it is my responsibility to provide accurate and current contact information to Chubb in order to receive updates during a wildfire event and to provide information that may be critical to the response by Chubb's representatives, such as security access or a description of property. I understand that there is no coverage and no wildfire defense services provided if I or Chubb terminates homeowners coverage for the premise location listed below.

I understand that I must complete a separate authorization form to enroll each of my eligible homes.

I wish to enroll my home at the following location: _____

My home at this location is insured under the following Chubb policy number: _____

I hereby agree to the above terms:

Policyholder Signature

Date

Printed Policyholder Name(s)

This service is available to Chubb Homeowner policyholders in the states of **AZ, CA, CO, ID, MT, ND, NM, NV, OR, SD, UT, WA and WY**. This service is available in **many select TX counties**, including:

Anderson	Bosque	Clay	Ellis	Gonzales	Hood	Kendall	Llano	Morris	Red River	Somervell	Washington
Angelina	Brazoria	Collin	Erath	Grayson	Hopkins	Kerr	Madison	Nacogdoches	Refugio	Stephens	Wharton
Archer	Brazos	Colorado	Falls	Gregg	Houston	Kleberg	Marion	Navarro	Robertson	Tarrant	Wichita
Atascosa	Brown	Comal	Fannin	Grimes	Hunt	La Salle	Mason	Newton	Rockwall	Titus	Williamson
Austin	Burleson	Comanche	Fayette	Guadalupe	Jack	Lamar	Matagorda	Nueces	Rusk	Travis	Wilson
Bandera	Burnet	Cooke	Fort Bend	Hamilton	Jackson	Lampasas	McLennan	Orange	Sabine	Trinity	Wise
Bastrop	Caldwell	Coryell	Franklin	Hardin	Jasper	Lavaca	McMullen	Palo Pinto	San Augustine	Tyler	Wood
Bee	Calhoun	Dallas	Freestone	Harris	Jefferson	Lee	Medina	Panola	San Jacinto	Upshur	Young
Bell	Camp	Delta	Frio	Harrison	Jim Wells	Leon	Milam	Parker	San Patricio	Van Zandt	Zapata
Bexar	Cass	Denton	Galveston	Hays	Johnson	Liberty	Mills	Polk	San Saba	Victoria	
Blanco	Chambers	DeWitt	Gillespie	Henderson	Karnes	Limestone	Montague	Rains	Shelby	Walker	
Bowie	Cherokee	Eastland	Goliad	Hill	Kaufman	Live Oak	Montgomery	Real	Smith	Waller	

During a wildfire event, we may need to call or email you to request gate access, ask questions about your property, or communicate with you about specific wildfire threats. **The fields marked with a * are required to complete enrollment; however, we recommend completing all possible fields.**

Whom should we contact in the event a wildfire threatens your property?

*Name of Primary Contact	*Relationship to You (Example: self, spouse, partner, relative, property manager, domestic employee, business employee, security provider, friend, insurance agent, or other)	
*Phone #1 & Type (Example: home, mobile, work, 2nd home, or other)	Phone #2 & Type	Phone #3 & Type
Email Address		

Whom should we contact next, if this individual cannot be reached during a wildfire event?

Name of Secondary Contact	Relationship to You (Example: self, spouse, partner, relative, property manager, domestic employee, business employee, security provider, friend, insurance agent, or other)	
Phone #1 & Type (Example: home, mobile, work, 2nd home, or other)	Phone #2 & Type	Phone #3 & Type
Email Address		

Name of Tertiary Contact	Relationship to You (Example: self, spouse, partner, relative, property manager, domestic employee, business employee, security provider, friend, insurance agent, or other)	
Phone #1 & Type (Example: home, mobile, work, 2nd home, or other)	Phone #2 & Type	Phone #3 & Type
Email Address		

You may choose to provide a brief description (250 characters or less) of the entrance to your property. This can help our wildfire fighters find your home in the event wildfire smoke reduces visibility.

Example: We are the third driveway on the right, with a brick entrance gate and large evergreen trees.

Please mail your signed and completed authorization form to:

Chubb Group of Insurance Companies
P.O. Box 1600
Whitehouse Station, NJ 08889-9977
Attn: Wildfire Defense Services



Chubb, Box 1615, Warren, NJ 07061-1615
www.chubb.com/personal

Chubb refers to the insurers of the Chubb Group of Insurance Companies. Chubb Personal Insurance (CPI) is the personal lines property and casualty strategic business unit of Chubb & Son, a division of Federal Insurance Company, as manager and/or agent for the insurers of the Chubb Group of Insurance Companies. Actual coverage is subject to the language of the policies as issued. The coverages and services described in the literature are not available in all jurisdictions and are not available to condominium, cooperative or renter policyholders, but are available to houses under construction and houses that are rented to others.

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