



Enrollment Authorization Form

You know the threat of wildfire is real. Now, we've made it easy to help you stay protected.

Monitor Take precautions before a wildfire threatens Alert Be informed of any specific threats Protect Help protect your home and property during a wildfire event

Activate your enrollment today! Simply complete this form or go to www.chubbwildfiredefense.com.

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

Chubb policy number for this home: _____ Effective Date: _____

Part 1: Contact Information

The fields marked with an * are required to complete enrollment; however, we recommend completing all possible fields.

During a wildfire event, we may need to communicate with you. Please provide the following information.

Primary Contact/Relationship to You* _____

Self Spouse Relative Friend Property Manager Other _____

Phone No. 1* _____ Home Mobile Work Other _____

Phone No. 2 _____ Home Mobile Work Other _____

Phone No. 3 _____ Home Mobile Work Other _____

Email Address* _____

Secondary Contact/Relationship to You _____

Self Spouse Relative Friend Property Manager Other _____

Phone No. 1 _____ Home Mobile Work Other _____

Phone No. 2 _____ Home Mobile Work Other _____

Phone No. 3 _____ Home Mobile Work Other _____

Email Address _____

Tertiary Contact/Relationship to You _____

Self Spouse Relative Friend Property Manager Other _____

Phone No. 1 _____ Home Mobile Work Other _____

Phone No. 2 _____ Home Mobile Work Other _____

Phone No. 3 _____ Home Mobile Work Other _____

Email Address _____

You are close to having added peace of mind with Chubb Wildfire Defense Services. Continue to Part 2 on the reverse side and complete this form!

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You may choose to provide a brief description of the entrance to your property including gate access requirements that we may need during an emergency. This helps our wildfire fighters find your home if wildfire smoke reduces visibility. (Example: We are third driveway on the right, with a brick entrance gate & large evergreen trees – max. 100 characters.)

Part 2: Terms and Conditions

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 services 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 premises listed on the front of this form.

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

I hereby agree to the terms and conditions above:

Policyholder Signature _____ Date _____

Printed Policyholder Name(s) _____

Make sure Part 1 and Part 2 of this form are complete and mail your signed Enrollment Authorization Form to:

Chubb Personal Insurance
P.O. Box 1600
Whitehouse Station, NJ 08889-1600
Attn: Wildfire Defense Services

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 the following **TX counties**:

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



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.