



# Wildfire Defense Services

## 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.**

I wish to enroll my home at the following location: \_\_\_\_\_

Policy number for this home: \_\_\_\_\_ Policy 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. Please be sure to provide your personal information, not your agent or brokers, so we can contact you directly in the event of an emergency.**

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!**



## Enrollment Authorization Form

**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

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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 fire-blocking 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 email it to [wildfiredefenseenrollment@chubb.com](mailto:wildfiredefenseenrollment@chubb.com) or mail your signed Enrollment Authorization Form to:

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

This service is available to Chubb Personal Risk Services Homeowner policyholders in select states. Clients can view their eligible locations and enroll for Chubb's Wildfire Defense Services, provided at no additional cost, by visiting our secure Customer Portal: [www.chubb.com/welcome](http://www.chubb.com/welcome) (login required) or by downloading the Chubb Mobile app from the App Store or Google Play.

This service is not available to condominium, cooperative, townhouse, or renter policyholders. It is also not available to Difference in Condition (DIC) Platinum Portfolio policyholders in any state or Fair Plan extension policyholders in CA.

**Chubb. Insured.<sup>SM</sup>**