

Ohio FAIR Plan Underwriting Association
BLUE RIBBON ARSON COMMITTEE
Arson Reward Program
Application

Today's Date

Nominator's Name

Title

Department

Phone Number

Address

Zip

Location of Fire

Date of Fire

Insurance Company(s)

Company Contact

Estimated Amount of Loss

Company Address

Name of Accused (if applicable)

Date of Conviction

Legal Jurisdiction/Sentence/Disposition/Remarks (if applicable)

Name, Address, Phone Number and Age of Reward Applicant

(Please read Rule #4)

I nominate _____ to be considered for the Ohio Blue Ribbon Arson
Committee's Arson Reward because of the following: (attach additional sheets if necessary)
Please provide SPECIFIC INFORMATION on the case.

