

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 & Phone Number

* _____ *
Estimated Amount of Loss (per insurance company) 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 including: 1. **was the property posted before or after the person came forward;** 2. **any threats against the person, any connections to the "wrongdoer";** and 3. **any other extenuating circumstances involved.**

