

### WEATHER INSURANCE APPLICATION

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name or Type of Event: \_\_\_\_\_

3. Location of Event (city & state): \_\_\_\_\_

4. Total Amount of Coverage Requested: \$ \_\_\_\_\_

5. Event Information:

DATE(S) OF EVENT	HOURS OF THE EVENT	HOURS OF COVERAGE	LIMIT PER DAY
_____	_____ TO _____	_____ TO _____	\$ _____
_____	_____ TO _____	_____ TO _____	\$ _____
_____	_____ TO _____	_____ TO _____	\$ _____
_____	_____ TO _____	_____ TO _____	\$ _____
_____	_____ TO _____	_____ TO _____	\$ _____

6. Please select the weather peril(s) desired:

a) Cumulative Rainfall Coverage (in inches):

\_\_\_\_\_ 1/100 (.01) \_\_\_\_\_ 1/10 (.10) \_\_\_\_\_ 2/10 (.20) \_\_\_\_\_ 1/4 (.25) \_\_\_\_\_ 1/2 (.50) \_\_\_\_\_ 3/4 (.75) \_\_\_\_\_ One (1.00)

\_\_\_\_\_ Lightning causing cancellation \_\_\_\_\_ Severe Adverse Weather causing cancellation

b) Snowfall Coverage (in inches):

\_\_\_\_\_ One (1.00) \_\_\_\_\_ Two (2.00) \_\_\_\_\_ Three (3.00) \_\_\_\_\_ Four (4.00) \_\_\_\_\_ Five (5.00) \_\_\_\_\_ Other Amount

c) Wind Coverage: \_\_\_\_\_ (maximum/minimum/average)

d) Temperature Coverage: \_\_\_\_\_ (maximum/minimum/average)

7. Claim Settlement:

\_\_\_\_\_ Closest Hourly Weather Station to the location

\_\_\_\_\_ Independent Weather Observer on-location

8. Previous Insurance & with whom (yes/no): \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Producer \_\_\_\_\_ Date \_\_\_\_\_

Name & Address of Producer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_