

# EVENT WEATHER INSURANCE APPLICATION

PRODUCER INFORMATION	
Name & Address: _____ _____	Contact Name: _____
_____	Phone & Fax: _____
_____	Email Address: _____
Producer licensed in applicant state: Yes <input type="checkbox"/> No <input type="checkbox"/>	

APPLICANT INFORMATION	
Name of insured/Address: _____ _____	Type of Event: _____
_____	Location of Event: _____
_____	Limit of Insurance: _____

EVENT INFORMATION			
Date(s) of Event	Hours of Event	Hours of Coverage	Limit Per Day
_____ to _____	_____ to _____	_____ to _____	\$ _____
(Attach additional sheet for multiple dates)			

COVERAGE OPTIONS [Select desired option(s)]	
<input type="checkbox"/> Incremental Rainfall (please select one): ____ 1/10 (.10") ____ 1/5 (.20") ____ 1/4 (.25") ____ 1/3 (.33") ____ 1/2 (.50") ____ 3/4 (.75") ____ 1 (1.0") ____ Other	
<input type="checkbox"/> Rain Free Hours: Guaranteeing ____ "X" hours out of ____ "Y" hours ____ will be rain free. Rain free hour defined as: <input type="checkbox"/> 1/100 (.01") <input type="checkbox"/> 3/100 (.03") <input type="checkbox"/> 5/100 (.05") of rainfall occurring in an o'clock hour.	
<input type="checkbox"/> Temperature (please select one): <input type="checkbox"/> minimum ____ °F <input type="checkbox"/> maximum ____ °F <input type="checkbox"/> average ____ °F	
<input type="checkbox"/> Severe Adverse Weather causing cancellation	<input type="checkbox"/> Lightning causing cancellation
<input type="checkbox"/> Snowfall: _____ (inches)	<input type="checkbox"/> Other: (please specify) _____

CLAIM VERIFICATION [Select desired option]	
<input type="checkbox"/> Closest Hourly National Weather Station nearest the event location (determined by the underwriter at the time of quote)	
<input type="checkbox"/> Independent Weather Observer (subject to Underwriters' acceptance) IWO Qualification Sheet must be completed prior to acceptance	

PREVIOUS INSURANCE	
Previous Insurance Carrier: _____	Policy #: _____
Loss History: _____ (Attach additional sheet if necessary)	

NO COVERAGE WILL BE PROVIDED FOR WEATHER INSURANCE UNTIL THIS APPLICATION AND PAYMENT IN FULL ARE RECEIVED AND APPROVED BY THE COMPANY AT LEAST 7 DAYS PRIOR TO THE EVENT. ONCE COVERAGE IS BOUND, IT CANNOT BE CANCELLED. SHOULD A POLICY BE ISSUED, THE APPLICATION SHALL BE ATTACHED TO AND MADE PART OF THE POLICY. COVERAGE CHANGES CANNOT BE MADE LESS THAN 7 DAYS PRIOR TO THE EVENT.

Signature of Applicant _____	Date _____	Signature of Producer _____	Date _____
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