

Application for Weather Insurance

Please provide the following information:	
Contact (Broker) Name:	
Contact Address: Street Address City, State, Country Postal Code	
Insured Name:	
Insured Address: Street Address City, State, Country Postal Code	

1. Have you purchased or used weather insurance coverage previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. If applicable, please provide your loss history:		Carrier Used:	

EVENT INFORMATION

If coverage is required for more than one event, please complete questions 4 – 12 for each event as applicable.

3. Is cover required for more than one Event or Event Location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Event Name:			
6. Event Address: Street Address City, State, Country Postal Code			
7. Type of Event:			
E.g.: Classical music event, Motor sport (Grass Track), Product Demonstration, Dance, Regatta (Rowing), Garden Show, Dinner, Parade, Cycling, etc.			
8. Please provide Event Details below:			
Dates of Event	Hours of Event	Hours of Coverage	Limit Per Day
9. Total sum to be insured:			Currency:

WEATHER PERIL

10. Rain Accumulation	<input type="checkbox"/> 1/100" <input type="checkbox"/> 1/10" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1/2" <input type="checkbox"/> 1/20" <input type="checkbox"/> 1/5" <input type="checkbox"/> 1/3" <input type="checkbox"/> Other _____
11. Rain Free Hours: "Rain Free Hours" means a maximum of the following is allowable:	_____ hours out of _____ hours <input type="checkbox"/> 1/100" <input type="checkbox"/> 2/100" <input type="checkbox"/> 3/100" <input type="checkbox"/> 5/100" <input type="checkbox"/> Other _____
12. Alternative Snow Perils	<input type="checkbox"/> Max Snow <input type="checkbox"/> Min Snow Measure _____ <input type="checkbox"/> Max Temperature <input type="checkbox"/> Min Temperature Measure _____ <input type="checkbox"/> Wind Speed Measure _____ Occurrence of: <input type="checkbox"/> Lightning <input type="checkbox"/> Fog <input type="checkbox"/> Adverse Weather <input type="checkbox"/> Hurricane <input type="checkbox"/> Tornado <input type="checkbox"/> No Fly

SPECIAL CONSIDERATIONS:

Please enter any special requests that you would like to be considered:

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