



PRODUCER INFORMATION	
Name & Address: _____ _____	Contact Name: _____
_____	Phone & Fax: _____
_____	E-Mail: _____
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 Coverage Requested: _____

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

COVERAGE INFORMATION <small>(Please select from the following perils)</small>	
<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 <small>(Please select one)</small>	
<input type="checkbox"/> Closest Hourly National Weather Station nearest the event location (determined by the underwriter at the time of quote)	
<input type="checkbox"/> Approved Independent Weather Observer (IWO Qualification Sheet must be completed prior to acceptance)	

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

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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INDEPENDENT WEATHER OBSERVER QUALIFICATION SHEET

Prepared for: _____
Named Insured)

This form must be completed by the observer and returned prior to the effective date of coverage for Company approval. If the form is not returned and/or qualifications are not met, then the first order National Weather Station nearest the event location, capable of providing the required weather report, will be used to validate any claim.

The Company requires that an observer have at least one of the following qualifications. **Please circle those that apply to your qualifications:**

1. An active or retired member of the National Weather Service with observational experience.
2. A cooperative weather observer affiliated with the National Weather Service or National Climatic Data Center.
3. An active or retired member of the Armed Services with observational experience.
4. A current or former member of AMS, AWO, or NWA with observational experience.
5. An academic in Atmospheric Sciences program with observational experience.
6. A meteorologist employed by a local television or radio station with observational experience.

OBSERVER NAME: _____ EMAIL _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

I agree that the information provided is true, I understand instrumentation requirements below and I am in no way related to or affiliated with the named insured above.

SIGNATURE: _____ **DATE:** _____

Required instrumentation: The observer must be with the recording equipment for the duration of the insured hours:

Rainfall: Rainfall measurements at a remote site will be recorded on an hourly basis in an open area away from any overhangs. The rain gauge must be calibrated to measure accumulation to the nearest hundredth of an inch (.01) and should have a measuring capacity of at least 5 inches. The gauge should be placed on a level site, sufficiently secure against a blowing wind.

Snowfall: Snow measurements at a remote site will be recorded at a selected level site shielded from the wind. A minimum of three measurements within the selected site shall be made with the average value used as the recorded snow depth. Snow will be recorded in the nearest tenth of an inch (.10). Measurements will be taken hourly unless otherwise advised.

Wind: Wind measurements at a remote site will be taken by an anemometer with the capacity to record wind values to at least 50 miles per hour. A reading should be taken every 15 minutes with the average of four values given as the recorded average wind per hour.

Temperature: Temperature measurements at a remote site will be recorded hourly with an acceptable gauge that measures to the nearest degree (Fahrenheit or Celsius). The gauge must be placed in an open area that is shielded from the sun or any other source that generates heat.

In the event of a claim, the Independent Weather Observer Observation Sheet provided with the policy must be signed by the observer, notarized and returned with a photograph picture of the recording device immediately following the date of coverage.