



WEATHER INSURANCE APPLICATION

1. Name of Applicant: _____
 Address: _____
 Contact name _____ telephone #: _____
2. Name or Type of Event: _____
3. Location of Event (city & state): _____ Zip code _____
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 _____	\$ _____

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)

Other Amount
 Lightning causing cancellation

RAIN-FREE HOURS: _____ "X" hours out of _____ "Y" hours (Non-Consecutive hours only)

Rain-Free Hour is defined as having less than _____ of an inch of rainfall occurring in an o'clock hour.

- b) Snowfall Coverage: _____ (in inches)
- 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
- _____ Other, please specify _____

