

## Application Form Weather Guard Weather Insurance

APPLICANT DETAILS	1. Applicant name	<input style="width: 100%;" type="text"/>						
	2. Address		3. City		4. State		5. Zip code	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	6. Email address				7. Telephone no.		8. Policy currency	
<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text" value="CUR"/>		
<b>Note: If weather cover is required for an event, please complete questions 9-15. If weather cover is required for a promotion, please complete questions 16-22.</b>								
EVENT DETAILS	9. Location of event		10. City		11. State		12. Zip code	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	13. Event name			14. Event type				
	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>				
15. Event details (If more than one Date of Coverage, please complete Appendix A - Schedule of Daily Limits)								
Date of coverage		Hours of Event(s)		Hours of coverage		Limit per day		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
PROMOTION DETAILS	16. Promotion period		From: <input style="width: 20px;" type="text" value="dd"/> / <input style="width: 20px;" type="text" value="mm"/> / <input style="width: 20px;" type="text" value="yyyy"/>		To: <input style="width: 20px;" type="text" value="dd"/> / <input style="width: 20px;" type="text" value="mm"/> / <input style="width: 20px;" type="text" value="yyyy"/>			
	17. Promotion date		From: <input style="width: 20px;" type="text" value="dd"/> / <input style="width: 20px;" type="text" value="mm"/> / <input style="width: 20px;" type="text" value="yyyy"/>		To: <input style="width: 20px;" type="text" value="dd"/> / <input style="width: 20px;" type="text" value="mm"/> / <input style="width: 20px;" type="text" value="yyyy"/>			
	18. Location of promotion		19. City		20. State		21. Zip code	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
22. Please give a detailed explanation of the weather promotion you are running								
<input style="width: 100%; height: 30px;" type="text"/>								
COVERAGE OPTIONS	23. Rain		1/100"   1/20"   1/10"   1/5"   1/4"   1/3"   1/2"   3/4"   Other					
	i) Accumulation		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input style="width: 100%;" type="text"/>			
	ii) Dry Hours		<input style="width: 40px;" type="text"/> hours out of <input style="width: 40px;" type="text"/>		Definition of Dry Hours		1/100"   2/100"   3/100"   5/100"   Other	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
24. Alternative peril options								
<input type="checkbox"/> Snow (Please complete Appendix B)				<input type="checkbox"/> Lightning				
<input type="checkbox"/> Temperature (°F)   Min: <input style="width: 30px;" type="text"/> Max: <input style="width: 30px;" type="text"/> Avg: <input style="width: 30px;" type="text"/>				<input type="checkbox"/> Hurricane				
<input type="checkbox"/> Wind speed (mph)   Min: <input style="width: 30px;" type="text"/> Max: <input style="width: 30px;" type="text"/> Avg: <input style="width: 30px;" type="text"/>				<input type="checkbox"/> Adverse weather / Travel Advisory				
CLAIMS VERIFICATION	National Weather Station designated by Us at time of Quote							<input type="checkbox"/> <input style="width: 100%;" type="text"/>
	OR							
	Independent Weather Source (at Your expense and subject to approval by Us)							<input type="checkbox"/> <input style="width: 100%;" type="text"/>
								<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite
If an approved independent weather observer is not secured by you, or approved by us for purpose of claim verification, Underwriters will designate the closest NOAA or national weather station nearest the Event and capable of providing the report as per the terms of the contract.								
If you have held weather insurance previously, please provide details of your loss history:								
<input style="width: 100%; height: 30px;" type="text"/>								



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CONDITIONS OF QUOTATION

Any terms provided by Us as a result of non binding indication and any supporting information will be subject to:

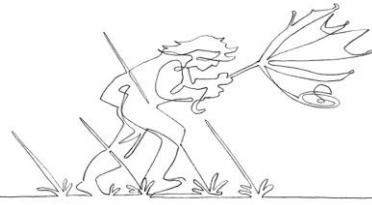
- 1 Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
- 2 You undertaking to advise Us of any change in the supporting information or additional information that should be supplied to make this non binding indication current, occurring prior to the inception date of any insurance subsequently issued.
- 3 Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
- 4 You having declared all material facts likely to influence a reasonable Underwriter in determining:
  - a) whether or not to accept the risk,
  - b) the premium
  - c) the terms, conditions, exclusions and limitations
- 5 You, if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them
  - a) any intermediary(ies) acting on behalf of any parties referred to in 4(a), being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act
  - b) You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below
- 6 You undertaking that no other insurance has been purchased on this specific risk and none shall be without Our prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any non binding indication may be amended by Us.
- 7 You paying the premium with acceptance of the non binding indication. If (in accordance with 1 and 3 above) We do not accept the risk, the premium will be returned.

DECLARATION

To the best of Your knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this application, whether in Your own hand or not, is true and You have not withheld any material facts. You understand that non-disclosure or misrepresentation of a \*material fact will entitle Us to void the Insurance.

NOTE: \* A material fact is one likely to influence acceptance or assessment of this application by Us: if You are in any doubt as to what constitutes a material fact You should consult your Broker.

It is understood that the signing of this application does not bind You to complete or Us to accept this Insurance, but You agree that, should a contract of insurance be concluded, this application and any supporting information shall be incorporated into and form the basis of the contract.

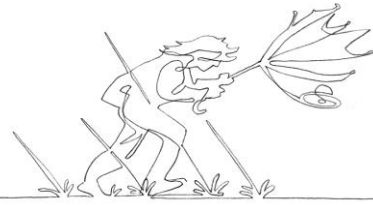


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**Appendix A - Schedule of Daily Limits**

If cover is required for more than one event, please complete the following.

	Date of Coverage	Hours of Event(s)	Hours of coverage	Limit per day
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Notes:



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Appendix B - Supplemental Questionnaire

Please complete one of the following three sections.

1) Daily Accumulation (24 hours)

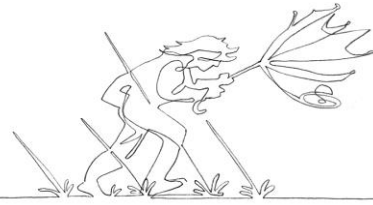
- 2 inches       5 inches       Other  inches  
3 inches       6 inches   
4 inches       7 inches

2) Seasonal Accumulation

\$  limit per storm will be paid after  number of Deductible inches is met/exceeded

3) Deductible Inches

\$  limit per inch will be paid after  number of Deductible Inches is met/exceeded



**It is understood that coverage changes cannot be made less than 7 days preceding effective date of coverage.**

**FRAUD WARNING DISCLOSURE**

Please be advised of the following in accordance with state law mandating that insurance carriers provide applicants for commercial insurance with the following fraud warning statements. Receipt of this information serves as an acknowledgement that the following information has been made known to the applicant in compliance with state law.

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO AND RHODE ISLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**I/We declare that the information provided above is true to the best of my/our knowledge.**

SIGNATURE	Applicant Signature	Date
	<input type="text"/>	<input type="text"/>
	Full name	Position held
	<input type="text"/>	<input type="text"/>
	Producer Company	Producer Name
	<input type="text"/>	<input type="text"/>
Producer signature	Date	
<input type="text"/>	<input type="text"/>	
Producer - tick here to confirm you are licensed in the state where the Applicant is domiciled		<input type="checkbox"/>