



# EVENT WEATHER INSURANCE APPLICATION

**PRODUCER INFORMATION**

Name & Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone & Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Producer licensed in applicant state: Yes  No

**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 _____	\$ _____

(Attach additional sheet for multiple dates)

**COVERAGE OPTIONS**  
[Select desired option(s)]

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

Rain Free Hours: Guaranteeing \_\_\_ "X" hours out of \_\_\_ "Y" hours \_\_\_ will be rain free.  
 Rain free hour defined as:  1/100 (.01")  3/100 (.03")  5/100 (.05") of rainfall occurring in an o'clock hour.

Temperature (please select one):  minimum \_\_\_ °F  maximum \_\_\_ °F  average \_\_\_ °F

Severe Adverse Weather causing cancellation  Lightning causing cancellation

Snowfall: \_\_\_\_\_ (inches)  Other: (please specify) \_\_\_\_\_

**CLAIM VERIFICATION**  
[Select desired option]

Closest Hourly National Weather Station nearest the event location (determined by the underwriter at the time of quote)

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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# FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

- o **COLORADO:** 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.
- o **DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any 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.
- o **FLORIDA:** Any person who knowingly and with intent to 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 of the third degree.
- o **MAINE:** 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.
- o **MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- o **MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- o **NEW YORK NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
- o **OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
- o **OKLAHOMA:** 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.
- o **OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- o **RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*  
  
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?  
  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- o **UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- o **WISCONSIN:** 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.
- o **ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT, ) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE