

INCOME STABILIZATION
WEATHER INSURANCE APPLICATION



Insurance Broker/Agent _____ Mailing Address _____
 Broker Name _____
 Telephone No. _____ Facsimile No. _____
 Email Address _____ Web Site Address _____
 Broker Licensed Yes No E & O Insurance Yes No
 Insured Name _____ Contact Person _____
 Insured Address _____ Company Type _____

Insured Time Period _____
 Insured Location(s) _____
 Insured Hours _____

Has this applicant had weather insurance previously? _____ If yes, when _____
 If applicable, loss history _____ Carrier used _____

Sum Insured (detail) _____

Financial History

Current Annual Expense or Revenue Budget \$ _____
 3 Year Expense or Revenue Posted 20 \$ _____
20 \$ _____
20 \$ _____

PERIL

I. RAIN Excess Deficit Description _____
 II. SNOW Excess Deficit
 By Inch By Storm Description _____
 III. TEMPERATURE Maximum Minimum Description _____

Claim Settlement: Closest National Weather Station or agreed upon alternative (As identified and approved by Carrier) _____

Coverage is subject to a completed application, premium payment received by Weather Insurance Agency a minimum of ten (10) days prior to coverage inception, and acceptance/approval of Weather Insurance Agency.

WEATHER INSURANCE IS PREPAID, FULLY EARNED AND CANNOT BE CANCELLED

Agent/Broker Signature _____ Insured Signature _____
 Date _____ Date _____