Weather Insurance Application

Independent Weather Observer Qualification

Complete if you are using an Independent Weather Observer

If an insured event is occurring several miles from the closest recording weather station, an independent weather observer can be secured to alleviate concerns about conflicting characteristics or variations such as elevation or proximity to a body of water. The applicant is responsible for advising their broker and Abacus Insurance Brokers, Inc. of their intent to secure a qualified observer and must provide this completed and signed Independent Weather Observer Approval Form. Abacus Insurance Brokers, Inc. must approve prior to naming this person in the policy. The cost of the observer is the responsibility of the Applicant.

To secure an observer, contact the local water treatment/pollution facility, University, TV or radio station. Most of these have on-site or mobile equipment that can be employed for this purpose.

The independent weather observer must a) have weather recording experience, b) access to proper instrumentation, and c) not be affiliated with or have a financial interest in the insured event.

Regardless of claim, an original report detailing the weather measurement for the agreed peril must be completed, signed and submitted by the observer.

Independent Weather Observer Qualifications	
Observer's Name Observer's Address, City, State Zip Phone / Fax Email	
Are you in any way related to or affiliated with the applicant?	☐ Yes ☐ No
Observer's Qualifications (check all that apply)	 □ An active or retired member of the National Weather Service with observational experience. □ A cooperative weather observer affiliated with the National Weather Service, NOAA, or NCDC. □ A current or former member of AMS, AWO, or NWA with observational experience. □ An academic in an Atmospheric Sciences program with observational experience. □ An employee of a local television or radio station with observational experience.
Description of Qualifications	
Are you in any way related to or affiliated with the applicant?	
□ Yes □ No	
I hereby certify that the information provided above is true and accurate to the best of my knowledge.	
Signature:	Date: