

Weather Insurance Application

About This Program

This application is used to insure weather for a single event or production.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Independent Weather Observer Supplemental (if using an outside weather monitoring service).

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Underwriting Qualification Questions

Has the event been held before and suffered a weather cancellation loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Event Information

Type of Event or Production	
Name of Event	
Description of Event or Production	
Event Location	
Venue Name	_____
Address	_____
City, State, Zip	_____
Requested Limit of Insurance	
Event Date(s) and hours	<div>Start Date & Time * ____/____/____ : ____ am/pm</div> <div>End Date & Time * ____/____/____ : ____ am/pm</div>

* Event time is local time at the event location

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Coverage Options

Covered Peril	Description	Coverage Trigger Point
Rain - Total Accumulation	Provides coverage if a certain amount of rain falls during the selected time period. The level of rain selected should be based on how much rain would need to fall during the selected hours in order to negatively impact the event.	<input type="checkbox"/> 1/100" <input type="checkbox"/> 1/10" <input type="checkbox"/> 1/5" <input type="checkbox"/> 1/4" <input type="checkbox"/> 1/3" <input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1"
Rain Free Hours	Provides coverage if the threshold of rain selected were to fall for more hours than selected during the designated event hours. For example, you may have a 10 hour window that you need 4 hours to be dry. If it is not dry for at least 4 of those 10 hours then the policy would pay.	_____ covered hours out of _____ total event hours will be rain free Rain free hours is defined as: <input type="checkbox"/> 1/100" <input type="checkbox"/> 2/100" <input type="checkbox"/> 3/100" <input type="checkbox"/> 5/100"
Snow	Provides coverage if a certain amount of snow accumulates during the selected time period. The level of snow selected should be based on how much snow would need to fall during the selected hours in order to negatively impact the event.	<input type="checkbox"/> 1/2" <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 3" <input type="checkbox"/> 4" <input type="checkbox"/> 6" <input type="checkbox"/> 12"
Temperature - Maximum	Provides coverage if the selected Temperature is reached or exceeded during the coverage period.	_____ Maximum in degrees Fahrenheit
Temperature - Minimum	Provides coverage if the selected Temperature is not reached during the coverage period.	_____ Minimum in degrees Fahrenheit
Wind Speed	Provides coverage if the selected Wind speed is reached or exceeded during the coverage period.	_____ miles per hour
Visibility	Provides coverage if the selected Visibility distance is not reached during the coverage period.	<input type="checkbox"/> 1/2 mile <input type="checkbox"/> 1 mile <input type="checkbox"/> 5 miles <input type="checkbox"/> 10 miles <input type="checkbox"/> 15 miles <input type="checkbox"/> 20 miles
Cloud Cover	Provides coverage if the selected Cloud Cover percentage is reached or exceeded during the coverage period.	<input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 90% <input type="checkbox"/> 100%
Sunshine	Provides coverage if the selected sunshine percentage is not reached during the coverage period.	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 90% <input type="checkbox"/> 100%

Claim Verification and Settlement

Select the desired method for monitoring the weather at your event.

<input type="checkbox"/> Closest National Weather Station	The weather station is usually the closest airport. If the other options are not selected and approved, the National Weather Station option will apply.	No additional charge
<input type="checkbox"/> Independent Weather Observer	The on-site Independent Weather Observer Qualification form (see page 4) must be completed, forwarded to underwriters and approved prior to acceptance.	Payment by client directly to Independent Weather Observer

Coverage must be purchased at least 14 days prior to the event date. Coverage changes cannot be made less than 14 days prior to the event date.

Applicant Signature: _____

Date: _____

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: _____

Insurance Agency/Agent: _____

License Number: _____

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Availability of coverage will depend on individual risk characteristics and the State in which insured is located.

Rainfall Amounts & Descriptions

1/100 (.01) Inch of Rain	A light shower for 2-5 minutes or a drizzle for 2 hours. This would not leave puddles on the ground and would slightly wet the surface.
1/4 (.25) Inch of Rain	A light rain for 2-3 hours, moderate rain for 30-60 minutes or heavy rain for 15 minutes. Many puddles on ground that do not disappear easily.
1/2 (.50) Inch of Rain	Moderate rain for 1-2 hours or heavy rain for 30-45 minutes. Deep standing water for long periods of time (a light rain never reaches this amount).
3/4 (.75) Inch of Rain	Heavy rain for 2-4 hours. Deep standing water for long periods of time (a light or moderate rain never reaches this amount).
1.0 Inch of Rain	Heavy rain for several hours (2-5 hours). Deep standing water for long periods of time (a light or moderate rain never reaches this amount).

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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	<hr/> <hr/> <hr/> <hr/>
Are you in any way related to or affiliated with the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observer's Qualifications (check all that apply)	<input type="checkbox"/> An active or retired member of the National Weather Service with observational experience. <input type="checkbox"/> A cooperative weather observer affiliated with the National Weather Service, NOAA, or NCDC. <input type="checkbox"/> A current or former member of AMS, AWO, or NWA with observational experience. <input type="checkbox"/> An academic in an Atmospheric Sciences program with observational experience. <input type="checkbox"/> 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: _____

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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.

- ☐ **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.
- ☐ **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.
- ☐ **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.
- ☐ **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.
- ☐ **MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ☐ **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.
- ☐ **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.
- ☐ **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.
- ☐ **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.
- ☐ **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.
- ☐ **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.
- ☐ **Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.
- ☐ **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**
- ☐ **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."
- ☐ **WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
- ☐ **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.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

SIGNATURE OF APPLICANT

DATE