



WEATHER INSURANCE APPLICATION

Producer Company _____ Mailing Address _____
 Producer Name _____
 Telephone No. _____ Facsimile No. _____
 Email Address _____ Web Site Address _____
 Producer Licensed Yes No E & O Insurance Yes No
 Producer's License Number _____
 Insured Name _____ Contact Person _____
 Insured Address _____ Telephone No. _____
 Email Address _____ Facsimile No. _____
 Has event had weather insurance coverage previously? _____ If yes, when: _____
 If applicable, _____ Carrier used: _____
 Loss history: _____
 Event Type _____ Event Location(s) _____
 _____ Zip Code(s) _____

Dates of Event	Hours of Event	Hours of Coverage	Limit Per Day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RAIN

I. Total Accumulation:	1/100" <input type="checkbox"/>	1/20" <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"/>	Other _____ <input type="checkbox"/>
II. Rain Free Hours:	Rain Free Hours Definition:		1/100" <input type="checkbox"/>	2/100" <input type="checkbox"/>	3/100" <input type="checkbox"/>	5/100" <input type="checkbox"/>	Other _____ <input type="checkbox"/>		
_____ hours out of _____ hours									

ALTERNATIVE PERIL OPTIONS

<input type="checkbox"/> Snow _____	<input type="checkbox"/> Lightning _____	<input type="checkbox"/> Fog _____
<input type="checkbox"/> Temperature <input type="checkbox"/> MAX <input type="checkbox"/> MIN	<input type="checkbox"/> Hurricane _____	<input type="checkbox"/> Tornado _____
<input type="checkbox"/> Wind Speed _____	<input type="checkbox"/> Adverse Weather _____	<input type="checkbox"/> No Fly _____

Claim Settlement

- Closest National Weather Station (as identified by Underwriters) _____
- On-Site Independent Weather Observer (to be approved by Underwriters) _____

If an approved independent weather observer is not secured by the Insured, for purposes of claim verification, Underwriters will designate the closest approved recording station in the terms of the contract. Should the Insured require additional information regarding an observer, please contact Buttine Underwriters Agency.

Coverage is subject to a completed application, payment of premium 7 days prior to coverage inception and acceptance/approval of Underwriters.

WEATHER INSURANCE IS PREPAID, FULLY EARNED AND CANNOT BE CANCELLED

Agent/Broker
 Signature _____
 Date _____

Insured
 Signature _____
 Date _____