

**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 \_\_\_\_\_  
Date \_\_\_\_\_

Insured Signature \_\_\_\_\_  
Date \_\_\_\_\_