



SNOW REMOVAL 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) _____
 Has this applicant had weather insurance previously? Y / N 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. SNOW Excess Deficit

Per Inch - # of Deductible Inches: ___35" ___40" ___45" ___50" ___55" ___60" ___70" ___75"
 Amount Per Inch: \$ _____

Per Storm – Storm Definition: ___3" ___4" ___5" ___6" ___7" ___8" ___9" ___10" ___11" ___12"
 Amount Per Storm: \$ _____

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 twelve (12) 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 _____