



**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 \_\_\_\_\_