

INCOME STABILIZATION
WEATHER INSURANCE APPLICATION



Insurance Broker/Agent _____	Mailing Address _____
Broker Name _____	Facsimile No. _____
Telephone No. _____	Web Site Address _____
Email Address _____	
Broker Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No	E & O Insurance <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	Insured Signature _____
Date _____	Date _____