



application form Weather Guard weather insurance

APPLICANT DETAILS	1. Applicant name			
	2. Address		3. City	4. State
	5. Zip code		6. Email address	
	7. Telephone no.		8. Policy currency	
	Note: If weather cover is required for an event, please complete questions 9-15. If weather cover is required for a promotion, please complete questions 16-22.			
EVENT DETAILS	9. Location of event		10. City	11. State
	12. Zip code		13. Event name	
	14. Event type		15. Event details (If more than one Date of Coverage, please complete Appendix A - Schedule of Daily Limits)	
	Date of coverage	Hours of Event(s)	Hours of coverage	Limit per day
PROMOTION DETAILS	16. Promotion period		From: dd / mm / yyyy	To: dd / mm / yyyy
	17. Promotion date		From: dd / mm / yyyy	To: dd / mm / yyyy
	18. Location of promotion		19. City	20. State
	21. Zip code		22. Please give a detailed explanation of the weather promotion you are running	
COVERAGE OPTIONS	23. Rain		1/100" 1/20" 1/10" 1/5" 1/4" 1/3" 1/2" 3/4" Other	
	i) Accumulation		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	ii) Dry Hours		<input type="checkbox"/> hours out of <input type="checkbox"/> Definition of Dry Hours <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	24. Alternative peril options			
CLAIMS VERIFICATION	<input type="checkbox"/> Snow (Please complete Appendix B)		<input type="checkbox"/> Lightning	
	<input type="checkbox"/> Temperature (°F) Min: <input type="text"/> Max: <input type="text"/> Avg: <input type="text"/>		<input type="checkbox"/> Hurricane	
	<input type="checkbox"/> Wind speed (mph) Min: <input type="text"/> Max: <input type="text"/> Avg: <input type="text"/>		<input type="checkbox"/> Adverse weather / Travel Advisory	
	National Weather Station designated by Us at time of Quote		<input type="checkbox"/> <input type="text"/>	
	OR Independent Weather Source (at Your expense and subject to approval by Us)		<input type="checkbox"/> <input type="text"/>	
		<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite		
If an approved independent weather observer is not secured by you, or approved by us for purpose of claim verification, Underwriters will designate the closest NOAA or national weather station nearest the Event and capable of providing the report as per the terms of the contract.				
If you have held weather insurance previously, please provide details of your loss history:				



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CONDITIONS OF QUOTATION

Any terms provided by Us as a result of non binding indication and any supporting information will be subject to:

- 1 Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
- 2 You undertaking to advise Us of any change in the supporting information or additional information that should be supplied to make this non binding indication current, occurring prior to the inception date of any insurance subsequently issued.
- 3 Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
- 4 You having declared all material facts likely to influence a reasonable Underwriter in determining:
 - a) whether or not to accept the risk,
 - b) the premium
 - c) the terms, conditions, exclusions and limitations
- 5 You, if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them
 - a) any intermediary(ies) acting on behalf of any parties referred to in 4(a), being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act
 - b) You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below
- 6 You undertaking that no other insurance has been purchased on this specific risk and none shall be without Our prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any non binding indication may be amended by Us.
- 7 You paying the premium with acceptance of the non binding indication. If (in accordance with 1 and 3 above) We do not accept the risk, the premium will be returned.

DECLARATION

To the best of Your knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this application, whether in Your own hand or not, is true and You have not withheld any material facts. You understand that non-disclosure or misrepresentation of a *material fact will entitle Us to void the Insurance.

NOTE: * A material fact is one likely to influence acceptance or assessment of this application by Us: if You are in any doubt as to what constitutes a material fact You should consult your Broker.

It is understood that the signing of this application does not bind You to complete or Us to accept this Insurance, but You agree that, should a contract of insurance be concluded, this application and any supporting information shall be incorporated into and form the basis of the contract.



If cover is required for more than one event, please complete the following.

	Date of Coverage	Hours of Event(s)	Hours of coverage	Limit per day
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Notes:



Please complete one of the following three sections.

1) Daily Accumulation (24 hours)

- 2 inches 5 inches Other inches
3 inches 6 inches
4 inches 7 inches

2) Seasonal Accumulation

\$ limit per storm will be paid after number of deductible inches is met/exceeded

3) Deductible Inches

\$ limit per inch will be paid after number of Deductible Inches is met/exceeded



It is understood that coverage changes cannot be made less than 7 days preceding effective date of coverage.

FRAUD WARNING DISCLOSURE

Please be advised of the following in accordance with state law mandating that insurance carriers provide applicants for commercial insurance with the following fraud warning statements. Receipt of this information serves as an acknowledgement that the following information has been made known to the applicant in compliance with state law.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO AND RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

I/We declare that the information provided above is true to the best of my/our knowledge.

SIGNATURE	Applicant Signature	Date
	<input type="text"/>	<input type="text"/>
	Full name	Position held
	<input type="text"/>	<input type="text"/>
	Producer Company	Producer Name
	<input type="text"/>	<input type="text"/>
Producer signature	Date	
<input type="text"/>	<input type="text"/>	
Producer - tick here to confirm you are licensed in the state where the Applicant is domiciled		<input type="checkbox"/>



INDEPENDENT WEATHER OBSERVATION (IWO) QUALIFICATION WORKSHEET

Named Insured: ADH Mer LLC

WKFC Control # 927063

If insured chooses an independent weather observation source, this worksheet must be completed and returned with the request to bind and no later than 10 days preceding the Coverage Period. The expense of an independent weather observer is the responsibility of the insured.

Indicate desired Observation Method and complete required Section for your selection.

- Observation Method #1: (Recommended)**
Contracted third party off-site forensic meteorology firm

Pre-approved vendors and pricing
Cox Weather Service – \$50 per day for rainfall, \$10 each additional consecutive day
<http://www.coxweatherservices.com/>
Weather Command – \$55 per day for rainfall
<http://www.weathercommand.com/>
Compu Weather - \$55 per day for rainfall
<https://compuweather.com/>
(Note: Pricing for multiple days, seasonal contracts are determined individually.)

Please complete Section I – Page 2 attached.

- Observation Method #2: (Résumé Required)**
Automated, permanently installed weather instrumentation either on or off-site of the Event Location.

Please complete Section II – Page 3 attached.

- Observation Method #3: (Résumé Required)**
Portable, temporarily installed weather instrumentation set up and operated manually by an individual either on or off-site of the Event Location.

Please complete Section III –Page 4 attached.

IMPORTANT: The purpose of this worksheet is to assert qualifications and requirements for your selected **Claim Verification Source(s)**. **Independent Weather Observers** are independent entities, or professional meteorologists, contracted by you at your expense, whose exact address for claims verification will be known and agreed in advance, otherwise may not be accepted for claim verification purposes.

Should a policy be issued, Claims Verification Sources, including reports provided by Independent Weather Observers, are subject always to the terms, conditions, limitations and exclusions contained within said policy or any amendments or Endorsements made thereto.

Claims Verification Source changes will not be authorized less than 10 days prior to the Coverage Period

Named Insured Signature

Date

I am not related to, employed by or affiliated with the Independent Weather Observer named herein

Initials _____



INDEPENDENT WEATHER OBSERVATION (IWO) QUALIFICATION WORKSHEET

Named Insured: ADH Mer LLC

WKFC Control # 927063

Section I

Independently – contracted third party forensic meteorology firm described as follows:

Name of Firm Address City State Zip

Firm Contact Name Title

Contact Phone Number: E-mail

Firm Website:

Reporting Requirements:

Unless otherwise requested, the address of the Event Location as per the quote will be monitored for Claims Verification purposes, by the vendor indicated above.

Insured shall have the responsibility to provide the weather report for the insured perils and according to the following requirements:

- Reported by staff meteorologist above with accompanying credentials
• Location specific measurements using resources and back-up data supporting forensic weather analysis which may include: available National Weather Service data, independent cooperative observation data, and remote sensing such as Doppler radar; and/or proprietary modeling, algorithms and software used for making determinations of meteorological parameters for a given location.

Forensic determinations may also include data interpolation from surrounding or nearby NWS stations in order to meet a standard of accuracy within the most reasonable degree of scientific certainty.

Initials _____



INDEPENDENT WEATHER OBSERVATION (IWO) QUALIFICATION WORKSHEET

Named Insured: ADH Mer LLC

WKFC Control # 927063

Section II

Automated, permanently installed weather instrumentation described as follows:

Location of Instrumentation: Exact Address City State Zip

Description of Instrumentation NSW or NOAA Certified Y / N

Authorized Operator: Name Title

Authorized Operator: Phone E-mail

Detailed of formal training, Observation Experience, and Certifications or attach sheet

- Sample of hourly observations for Hours of Coverage and Insured Peril attached
(this is a required document and must accompany this worksheet)

Reporting Requirements:

Insured shall have the responsibility to provide the weather report for the insured perils and according to the following requirements:

- IWO must accompany and monitor the instrumentation for the duration of the coverage period
(this may not apply for certain automated instrumentation as determined by Underwriters)
- Notarized observation report
- Photographs of Instrumentation and Instrumentation Site

Rainfall: measurements recorded hourly, for the Hours of Coverage, in an open area away from any overhangs; instrumentation calibrated to measure accumulation to the nearest hundredth of an inch, measuring capacity of at least 5 inches, level and sufficiently secure against a blowing wind.

Newly Fallen Snow: measurements recorded hourly, for the Hours of Coverage, at a selected level site shielded from wind; a minimum of three measurements to the nearest tenth of an inch taken at the site, with the average value used as the recorded snow depth

Wind: measurements recorded hourly, for the Hours of Coverage, by an anemometer capable of recording to at least 50 mph, recorded every 15 minutes, with the average of four values given as the recorded Minimum, Maximum or average wind speed per hour.

Temperature: measurements recorded hourly, for the Hours of Coverage, to the nearest degree (Fahrenheit); instrumentation placed in an open area shielded from the sun or any other heat source

Lightning: number of strikes observed and recorded hourly at selected site for the Hours of Coverage.

Initials _____



INDEPENDENT WEATHER OBSERVATION (IWO) QUALIFICATION WORKSHEET

Named Insured: ADH Mer LLC

WKFC Control # 927063

Section III

Portable, temporarily installed weather instrumentation set up and operated manually by an individual with one or more of the following qualifications:

Check applicable:

- Active or retired member of the NOAA's National Weather Service
- Active or retired member of National Weather Service Cooperative Observers Network
- Staff Meteorologist employed by a television or radio station
- Academic in Atmospheric Sciences with a Bachelor's degree (or higher) in Meteorology

Location of Instrumentation: Exact Address City State Zip

Description of Instrumentation NSW or NOAA Certified Y / N

Observer Name Title

Observer Phone Number E-mail

Detailed of formal training, Observation Experience, and Certifications or attach sheet
(These are required documents and must accompany this worksheet)

Reporting Requirements:

Insured shall have the responsibility to provide the weather report for the insured perils and according to the following requirements:

- Observer must monitor instrumentation for the duration of the Coverage Period
- Notarized observation report
- Photographs of Instrumentation and Instrumentation Site

Rainfall: measurements recorded hourly, for the Hours of Coverage, in an open area away from any overhangs; instrumentation calibrated to measure accumulation to the nearest hundredth of an inch, measuring capacity of at least 5 inches, level and sufficiently secure against a blowing wind.

Newly Fallen Snow: measurements recorded hourly, for the Hours of Coverage, at a selected level site shielded from wind; a minimum of three measurements to the nearest tenth of an inch taken at the site, with the average value used as the recorded snow depth.

Wind: measurements recorded hourly, for the Hours of Coverage, by an anemometer capable of recording to at least 50 mph, recorded every 15 minutes, with the average of four values given as the recorded minimum, maximum or average wind speed per hour.

Temperature: measurements recorded hourly, for the Hours of Coverage, to the nearest degree (Fahrenheit); instrumentation placed in an open area shielded from the sun or any other heat source

Lightning: number of strikes observed and recorded hourly at selected site for the Hours of Coverage.

Initials _____