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TEL 617 471 7171 / TF 800 972 5381
FAX 617 471 7180 / TF 888 628 1906
EMAIL info@xsbrokers.com

WEB
xsbrokers.com

WEATHER INSURANCE APPLICATION

1. Name of Applicant: _____

Address: _____

Contact name _____ telephone #: _____

2. Name or Type of Event: _____

3. Location of Event (city & state): _____ Zip code _____

4. Total Amount of Coverage Requested: \$ _____

5. Event Information:

DATE(S) OF EVENT	HOURS OF THE EVENT	HOURS OF COVERAGE	LIMIT PER DAY
_____	_____ TO _____	_____ TO _____	\$ _____
_____	_____ TO _____	_____ TO _____	\$ _____
_____	_____ TO _____	_____ TO _____	\$ _____

6. Please select the weather peril(s) desired:

a) Cumulative Rainfall Coverage (in inches):

_____ 1/100 (.01) _____ 1/10 (.10) _____ 2/10 (.20) _____ 1/4 (.25) _____ 1/2 (.50) _____ 3/4 (.75) _____ One (1.00)

_____ Other Amount _____ Lightning causing cancellation

RAIN-FREE HOURS: _____ "X" hours out of _____ "Y" hours (Non-Consecutive hours only)

Rain-Free Hour is defined as having less than _____ of an inch of rainfall occurring in an o'clock hour.

b) Snowfall Coverage: _____ (in inches)

c) Wind Coverage: _____ (maximum/minimum/average)

d) Temperature Coverage: _____ (maximum/minimum/average)

7. Claim Settlement:

_____ Closest Hourly Weather Station to the location

_____ Independent Weather Observer on-location

_____ Other, please specify _____

8. Previous Insurance & with whom (yes/no): _____

Loss History/Expiring premium: _____

NO COVERAGE WILL BE PROVIDED FOR WEATHER INSURANCE UNTIL THIS APPLICATION AND PAYMENT IN FULL ARE RECEIVED AND APPROVED BY THE COMPANY IN ADVANCE OF THE EVENT FOR WHICH COVERAGE IS DESIRED AND A POLICY OR BINDER IS ISSUED. ONCE COVERAGE IS BOUND, IT CANNOT BE CANCELLED.

THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGES.

NEW YORK NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature of Applicant Date

Signature of Agent Date

Name & Address of Agent:

Phone Number: _____
E-mail: _____
Fax Number: _____

Agent licensed in applicant state: [] YES [] NO

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

- COLORADO:** 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.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any 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.
- FLORIDA:** Any person who knowingly and with intent to 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 of the third degree.
- MAINE:** 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.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
- OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
- OKLAHOMA:** 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.
- OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

_____ **YES**
_____ **NO**
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- WISCONSIN:** 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.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

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_____ SIGNATURE OF APPLICANT	_____ DATE
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