



**Associated Underwriters, Inc.**

9412 Giles Road  
LaVista, NE 68128

**Phone:** 402.592.0900

**Fax:** 402.592.0962

**WEATHER INSURANCE APPLICATION**

|  |  |
|--|--|
| Producer Company _____   | Mailing Address _____  |
| Producer Name _____  | Facsimile No. _____  |
| Telephone No. _____  | Web Site Address _____   |
| Email Address _____  | E & O Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Producer Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Producer's License Number _____  |  |

|                       |                      |
|-----------------------|----------------------|
| Insured Name _____    | Contact Person _____ |
| Insured Address _____ | Telephone No. _____  |
| Email Address _____   | Facsimile No. _____  |

|  |                       |
|--|-----------------------|
| Has event had weather insurance coverage previously? _____ | Event Type: _____     |
| If yes, when _____   | Event Location: _____ |
| Carrier used: _____  | Zip Code: _____       |
| Loss history: _____  |                       |

| Dates of Event | Hours of Event | Hours of Coverage | Limit Per Day |
|----------------|----------------|-------------------|---------------|
| _____          | _____          | _____             | _____         |
| _____          | _____          | _____             | _____         |
| _____          | _____          | _____             | _____         |

**RAIN**

|                                |                                 |                                |                                |                               |                                 |                                 |                                 |                                 |                                      |
|--------------------------------|---------------------------------|--------------------------------|--------------------------------|-------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|
| I. Total Accumulation:         | 1/100" <input type="checkbox"/> | 1/20" <input type="checkbox"/> | 1/10" <input type="checkbox"/> | 1/5" <input type="checkbox"/> | 1/4" <input type="checkbox"/>   | 1/3" <input type="checkbox"/>   | 1/2" <input type="checkbox"/>   | 3/4" <input type="checkbox"/>   | Other _____ <input type="checkbox"/> |
| II. Rain Free Hours:           | Rain Free Hours Definition:     |                                |                                |                               | 1/100" <input type="checkbox"/> | 2/100" <input type="checkbox"/> | 3/100" <input type="checkbox"/> | 5/100" <input type="checkbox"/> | Other _____ <input type="checkbox"/> |
| _____ hours out of _____ hours |                                 |                                |                                |                               |                                 |                                 |                                 |                                 |                                      |

**ALTERNATIVE PERIL OPTIONS**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Snow _____  | <input type="checkbox"/> Lightning _____       | <input type="checkbox"/> Fog _____     |
| <input type="checkbox"/> Temperature <input type="checkbox"/> MAX <input type="checkbox"/> MIN | <input type="checkbox"/> Hurricane _____       | <input type="checkbox"/> Tornado _____ |
| <input type="checkbox"/> Wind Speed _____  | <input type="checkbox"/> Adverse Weather _____ | <input type="checkbox"/> No Fly _____  |

**Claim Settlement**

- Closest National Weather Station (as identified by Global Weather) \_\_\_\_\_
- On-Site Independent Weather Observer (to be approved by Global Weather) \_\_\_\_\_
- Weather Command (Third Party Doppler Radar Monitoring System)

*If an approved independent weather observer is not secured by the Insured, for purposes of claim verification, Global Weather will designate the closest approved recording station in the terms of the contract. Should the Insured require additional information regarding an observer, please contact Global Weather.*

## **WEATHER INSURANCE APPLICATION**

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS AND NEW MEXICO 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 AUTHORITIES

**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 KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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.

**NOTICE TO LOUISIANA 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 MAINE 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 NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**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 (365:15-1-10, 36 §3613.1).

**NOTICE TO 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 CLAIM 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.

**NOTICE TO TENNESSEE AND VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

***Coverage is subject to a completed application, full premium payment a minimum of 7 days prior to coverage inception, and acceptance/approval of Global Weather.***

**WEATHER INSURANCE IS PREPAID, FULLY EARNED AND CANNOT BE CANCELLED**

Agent/Broker \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Insured \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

## Independent Weather Observer Qualifications

If an insured event is occurring several miles from the closest recording weather station, conflicting characteristics such as elevation or proximity to a body of water, or the Insured simply wants the recording to be location specific without risk of variation, an independent weather observer can be secured.

### How does one secure an observer for the purpose of recording weather for an insured event?

1. Call us, we can assist you in finding an observer who is qualified for this purpose.
2. We recommend using **Compu Weather or Weather Watch Service** as an off-site provider of weather measurements. Each compiles data from various weather monitoring locations comparing these measurements against the movement of the storm and Doppler radar to determine the amount of rain that fell within 1 radial mile of the event location. They can be contacted thru ASU.
3. An independent observer can be hired for this purpose. ASU will secure this option through **Capital Weather Consultants** who will provide some options for this service (approximate cost is \$35 per hour) provided an observer is available. We also recommend contacting the local water treatment/pollution facility, University, TV or radio station. Most of these have on-site or mobile equipment that can be employed for this purpose with qualified individuals. Any of these must be approved by ASU prior to securing their services.

### Who is qualified to monitor the weather for an event?

1. A member of the AMS, IWW or NWA.
2. An active or retired member of the National Weather Service.
3. An active or retired member of the Canadian Weather Service.
4. An active or retired member of the Military.
5. A cooperative weather observer in some way affiliated with the National Weather Service or Canadian Weather Service.

**Each of the above must have weather recording experience and available proper instrumentation. The selected party can not be affiliated with or have a financial interest in the insured event.**

### Reporting:

Regardless of claim, the original attached report detailing the weather measurement as agreed upon, must be completed and submitted by the qualified observer. The qualified observer must complete and sign and notarize this report and provide contact information.

### Who is responsible for securing an Independent Weather Observer?

The insured is responsible for advising us of their intent to secure a qualified observer. They must provide us with the completed and signed approval form of which we must be approved prior to agreeing to an observer as part of the insurance policy. The cost of the observer is the responsibility of the Insured.

**Independent Weather Observer  
Approval Form  
Rain Accumulation**

Insured Name:

Insured Address:

Insured Date:

Insured Location (Street, City State Zip):

Independent Weather Observer's Name(s):  
Address:

Tel. No.:

Fax No.:

Description of Qualifications:

Measurements will be taken using a standard rain gauge calibrated to the nearest 1/100 (.01) inch or millimeter.  
YES \_\_\_\_ NO \_\_\_\_.

A measurement/recording will be taken each hour , i.e. accumulation amount during 3pm-4pm, 4pm-5pm, etc.  
YES \_\_\_\_ NO \_\_\_\_.

**I certify that neither I nor any member of my immediate family or those living in the same household is employed by or affiliated with the Insured in any way. (please initial)**

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Print Name:

Title:

Signature:

Date:

*NOTE: In the event of a claim, the approved Independent weather observer must submit the following reporting form also describing the area where the gauge was placed and the exact rainfall measurements for each of the insured hour. The report must be notarized and sent to ASU International immediately following the insured date.*