



WEATHER INSURANCE APPLICATION

Producer Company _____
Producer Name _____
Telephone No. _____
Email Address _____
Producer Licensed Yes No
Producer's License Number _____

Mailing Address _____
Facsimile No. _____
Web Site Address _____
E & O Insurance Yes No

Insured Name _____
Insured Address _____
Email Address _____

Contact Person _____
Telephone No. _____
Facsimile No. _____

Has event had weather insurance coverage previously? _____
If applicable, _____
Loss history: _____
Event Type _____

If yes, when: _____
Carrier used: _____
Event Location(s) _____
Zip Code(s) _____

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 Describe _____	<input type="checkbox"/> Other _____

Claim Settlement

- Closest National Weather Station (as identified by HCC Specialty Underwriters) _____
- On-Site Independent Weather Observer (to be approved by HCC Specialty Underwriters) _____
- Weather Watch (Third Party Doppler Radar Monitoring System)

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

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 HCC Specialty Underwriters, Inc.

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. You can hire a person who meets with at least one of the qualifications listed below. We suggest calling **Sol Hirsch at Capital Weather at 410.486.5258** as he should be able to provide you with some options for this service (approximate cost is \$35 per hour). 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.

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, an original report detailing the weather measurement as agreed upon, must be completed and submitted by the qualified observer. The qualified observer must 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 observer's credentials of which we must approve prior to naming this person in the contract. 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 a report describing the area where the gauge was placed and a report detailing the exact rainfall measurements for each of the insured hours. The report must be notarized and sent to ASU International immediately following the insured date.