



Weather Insurance Application

Insurance Brokerage _____ Mailing Address _____
 Broker Name _____
 Telephone No. _____
 Email Address _____
 Producer Licensed Yes No
 Producer's License Number _____

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 yes, when: _____
 Carrier used: _____
 Loss history: _____
 Event Type _____
 Event Location(s) _____
 Zip Code(s) _____

Dates of Event	Hours of Event	Hours of Coverage	Limit Per Day
	From: (am/pm) To: (am/pm)	From: (am/pm) To: (am/pm)	\$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RAIN

I. Total Accumulation:	1/100"	1/20"	1/10"	1/5"	1/4"	1/3"	1/2"	3/4"	1"	Other _____
II. Rain Free Hours:	Rain Free Hours Definition:			1/100"	2/100"	3/100"	5/100"	Other _____		
_____ hours out of _____ hours										

ALTERNATIVE PERIL OPTIONS

Snow _____	Temperature _____	MAX MIN	Hurricane _____	Adverse Weather _____
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Claim Settlement

- Closest National Weather Station (as identified by BUA) _____
- On-Site Independent Weather Observer (to be approved by BUA) _____
- 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, BUA will designate the closest approved recording station in the terms of the contract. Should the Insured require additional information regarding an observer, please contact BUA.

Coverage is subject to a completed application, payment of premium 10 days prior to coverage inception and acceptance/approval of BUA.

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

Broker
Signature _____
Date _____

Insured
Signature _____
Date _____