



QUOTE REQUEST FOR EVENT WEATHER INSURANCE

CONTACT INFORMATION:

Name of Applicant: _____
Name of Organization: _____
Address: _____
Phone #: _____ Fax #: _____
Email Address: _____
Insurance Broker (Y/N): _____ If (Yes), Name of Agency: _____

EVENT INFORMATION:

Event Name: _____
Event Location (City, State & Zip): _____
Event Type: _____
Event Web-Address (if available): _____
Total Amount of Coverage Requested: _____
Previous Weather Insurance:
A) Has this event been insured before? _____
B) If Yes, with which Insurance Carrier? _____

COVERAGE INFORMATION:

- ✓ **Hours of Coverage** – consider peak hours of coverage (i.e., starting 1 to 2 hours prior to the featured entertainment and ending 1 hour prior to completion or select times of highest ticket sales and/or maximum gate fees, etc)
- ✓ **Limit of Insurance** – consider either the daily unrecoverable expenses (i.e., entertainment, venue fees, set-up costs) and/or revenues (i.e., ticket sales, concessions, sponsorships, etc.)

<u>DATE(S) OF COVERAGE</u>	<u>EVENT HOURS</u>	<u>HOURS OF COVERAGE</u>	<u>LIMIT PER DAY</u>
_____	_____ TO _____	_____ TO _____	\$ _____
_____	_____ TO _____	_____ TO _____	\$ _____
_____	_____ TO _____	_____ TO _____	\$ _____
_____	_____ TO _____	_____ TO _____	\$ _____

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) _____ 1/3 (.33) _____ 1/2 (.50) _____ 3/4 (.75)
- B) **Rain Free or Dry Hours:**
_____ "X" hrs out of _____ "Y" hrs: _____ Non-Consecutive Dry Hrs OR _____ Consecutive Dry Hrs
- C) **Event Cancellation:**
_____ Lightning causing cancellation OR _____ Severe Adverse Weather causing cancellation
- D) **Wind Coverage:** _____ (maximum/minimum/average)
- E) **Temperature:** _____ (maximum/minimum/average)

Claim Settlement:

Closest Hourly National Weather Station to the Event Location(s): _____
or Independent Weather Observer on- or off-Location: _____
or WeatherWatch Service (third-party independent service): _____