



QUOTE REQUEST FOR FILM PRODUCTION

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): _____

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:

<u>DATE(S) OF EVENT</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 Hours:

_____ "X" hrs out of _____ "Y" hrs: OR _____ Non-Consecutive Dry Hrs: OR _____ Consecutive Dry Hrs

C) Snow Coverage

_____ Excess Snow _____ Lack of Snow _____ No Snow Cover

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

E) Temperature: _____ (maximum/minimum/average)

F) Other Coverage: _____

Claim Settlement:

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