



**QUOTE REQUEST FOR INCOME STABILIZATION 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:

<u>DATE(S) OF EVENT</u>	<u>HOURS OF COVERAGE</u>	<u>LIMIT PER DAY</u>
_____	_____ 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 (.25) \_\_\_ 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:**

**Cumulative Snow Fall over a 24 hr period:** \_\_\_ 4" \_\_\_ 5" \_\_\_ 6" \_\_\_ 8" \_\_\_ 10" \_\_\_ Other

**D) Wind Coverage:** \_\_\_\_\_ (maximum/minimum/average)

**E) Temperature:** \_\_\_\_\_ (maximum/minimum/average)

**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): \_\_\_\_\_