



QUOTE REQUEST - WEATHER RELATED SALES PROMOTION

CONTACT INFORMATION:

Name of Applicant: _____

Name of Organization: _____

Address: _____

Phone #: _____ Fax #: _____

Email Address: _____

Event Web-Address (if available): _____

Insurance Broker (Y/N): ____ If (Yes), Name of Agency: _____

Previous Weather Related Sales Promotion Insurance:

A) Has this promotion been insured before? _____

B) If Yes, with which Insurance Carrier? _____

COVERAGE INFORMATION:

Promotion Location(s) (only if different from above): _____

Sales Period Coverage (beginning & ending dates): _____

Weather Peril Date(s): _____

Hours of Coverage: _____

Amount of Insurance Requested: _____

Note: This will be used as your initial policy limit to be adjusted at end of promotion based on actual sales.

Select Weather Coverage Desired:

A) RAINFALL: _____ (inches) or more of rainfall

B) SNOWFALL: _____ (inches) or more of newly fallen snow

C) TEMPERATURE: _____ (Fahrenheit) maximum/minimum/average

D) WIND SPEED: _____ (mph) 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): _____