ALL WEATHER
Insurance Agency

Quote Request – Snow Removal / Cost Containment

Contact Information:

Name of Applicant: _____

Name of Organization: _____

Address: _____

Phone #: _____ **Fax #:** _____

Email Address: _____

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

Insured Date(s)/Period: _____

Previous Weather Insurance:

A) **Has this been insured before?** _____

B) **If Yes, with which Insurance Carrier?** _____

Financial History:

Current Annual Snow Removal Budget: $ _____

Two (2) Year Snow Removal Expenses Realized: **Last Year** $ _____

Two Years Ago $ _____

Coverage Options:

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A) **Per INCH - # of Deductible Inches:** ____**35"** ____**40"** ____**45"** ____**50"** ____**55"** ____**60"** ____**65"** ____**70"** ____**75"** ____**80"** ____ **85"** ____**Other**

- **Amount Per Inch:** $ _____

B) **Per STORM – Storm Definitions:** ____**3"** ____**4"** ____**5"** ____**6"** ____**8"** ____**10"** ____**12"** ___**Other**

- **Amount Per Storm:** $ _____

Claim Settlement:

Closest National Weather Station to the Location(s): _____

or

Independent Weather Observer on- or off-location: _____

•22 Union Ave •Sudbury, MA 01776 •Tel (978) 443-8200 or Toll Free 800-686-3226 •Fax (978) 443-8202