



Swett & Crawford

Weather Insurance Application

1. Today's date: _____ Due date: _____

2. BROKER/AGENT:

Your name _____

Address _____

Telephone _____ Fax _____

3. AGENCY:

Name _____

Address _____

4. LOCATION OF EVENT:

City _____ County _____ State _____

5. TYPE OF EVENT

Event date(s): _____

Hours of event: _____ Hours of coverage _____

Limit of Insurance: _____

Rain:

Incremental accumulation:

1/100" 5/100" 1/10" 1/4" 1/2" 1" Other _____

Rain-free hours threshold: _____ out of _____ (ex. 6 out of 8)

1/100" 2/100" Other _____

6. OTHER INSURANCE WEATHER PERILS

Snow (inches) _____

Average wind (MPH) _____

Average temperature (Fahrenheit) _____

Sky cover (1-10) _____

Percent of sunshine (10% to 100%) _____

Severe weather causing cancellation _____

7. OTHER PERILS

Weather may be recorded at the closest hourly weather recording station, whose location we advise. Or applicant may hire a qualified independent weather observer to be on-site. Please specify _____

Once coverage is bound it cannot be canceled.

