

**APPLICANT DETAILS**

1. Applicant name

2. Address  3. City  4. State  5. Zip code

6. Email address  7. Telephone no.  ( )  8. Policy currency

**Note: If weather cover is required for an event, please complete questions 9-15. If weather cover is required for a promotion, please complete questions 16-22.**

**EVENT DETAILS**

9. Location of event  10. City  11. State  12. Zip code

13. Event name  14. Event type

15. Event details (If more than one Date of Coverage, please complete Appendix A - Schedule of Daily Limits)

Date of coverage	Hours of Event(s) (LST)	Hours of coverage (LST)	Limit per day (\$)
mm/dd/yyyy	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

**PROMOTION DETAILS**

16. Promotion period From: mm / dd / yyyy To: mm / dd / yyyy

17. Promotion date mm / dd / yyyy

18. Location of promotion  19. City  20. State  21. Zip code

22. Please give a detailed explanation of the weather promotion you are running

**COVERAGE OPTIONS**

23. Rain (inch) 0.01 0.10 0.20 0.25 0.33 0.50 0.75 1.00 Other

i) Accumulation

ii) Dry Hours  hours out of  Definition of Dry Hours (inch) 0.01 0.02 0.03 0.05 Other

24. Alternative peril options

<input type="checkbox"/> Snow (Please complete Appendix B)	<input type="checkbox"/> Lightning
<input type="checkbox"/> Temperature (°F) Min: <input type="text"/> Max: <input type="text"/> Avg: <input type="text"/>	<input type="checkbox"/> Hurricane
<input type="checkbox"/> Wind speed (mph) Min: <input type="text"/> Max: <input type="text"/> Avg: <input type="text"/>	<input type="checkbox"/> Adverse weather

**CLAIMS VERIFICATION**

Nearest National Weather Station You wish to use or to be designated by Us at time of Quote

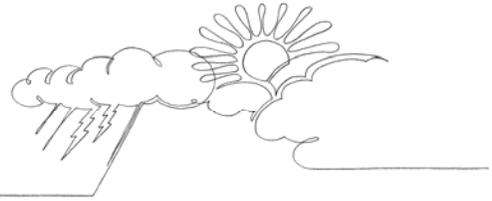
Third Party Monitoring System\* (i.e. Weather Command or Cox)

On-Site Independent Weather Observer\* (to be approved by Beazley)

(\*at Your expense and subject to approval by Us)

If an approved independent weather observer is not secured by you, for purposes of claim verification, Beazley will designate the closest approved recording station in the terms of the contract. Should you require additional information regarding an observer, please contact Beazley.

If you have held weather insurance previously, please provide details of your loss history:



CONDITIONS OF QUOTATION

Any terms provided by Us as a result of non binding indication and any supporting information will be subject to:

- 1 Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
- 2 You undertaking to advise Us of any change in the supporting information or additional information that should be supplied to make this non binding indication current, occurring prior to the inception date of any insurance subsequently issued.
- 3 Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
- 4 You having declared all material facts likely to influence a reasonable Underwriter in determining:
  - a) whether or not to accept the risk,
  - b) the premium
  - c) the terms, conditions, exclusions and limitations
- 5 You, if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them
  - a) any intermediary(ies) acting on behalf of any parties referred to in 4(a), being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act
  - b) You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below
- 6 You undertaking that no other insurance has been purchased on this specific risk and none shall be without Our prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any non binding indication may be amended by Us.
- 7 You paying the premium with acceptance of the non binding indication. If (in accordance with 1 and 3 above) We do not accept the risk, the premium will be returned.

DECLARATION

To the best of Your knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this application, whether in Your own hand or not, is true and You have not withheld any material facts. You understand that non-disclosure or misrepresentation of a \*material fact will entitle Us to void the Insurance.

NOTE: \* A material fact is one likely to influence acceptance or assessment of this application by Us: if You are in any doubt as to what constitutes a material fact You should consult your Broker.

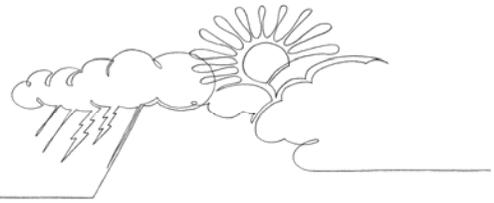
It is understood that the signing of this application does not bind You to complete or Us to accept this Insurance, but You agree that, should a contract of insurance be concluded, this application and any supporting information shall be incorporated into and form the basis of the contract.

SIGNATURE

**I/We declare that the information provided above is true to the best of my/our knowledge.**

Applicant Signature	Date
Full name	Position held
Producer Company	Producer Name
Producer signature	Date

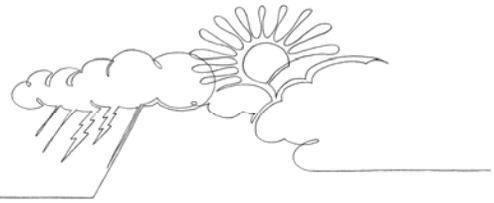
Producer - tick here to confirm you are licensed in the state where the Applicant is domiciled



If cover is required for more than one event, please complete the following.

	Date of Coverage	Hours of Event(s)	Hours of coverage	Limit per day
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Notes:



Beazley | Weather Guard | US Proposal Form  
Appendix B - Supplemental Questionnaire

Please complete one of the following three sections.

1) Daily Accumulation (24 hours)

- 2 inches       5 inches       Other  inches  
3 inches       6 inches   
4 inches       7 inches

2) Seasonal Accumulation Per Storm

- Excess Snow       Lack of Snow

\$  per storm limit will be paid after  (number of) deductible storms is met/exceeded

A storm is any climate\*\* day with  inch(es) or greater of newly fallen snowfall

3) Deductible Inches Per Season

- Excess Snow       Lack of Snow

\$  per inch limit will be paid after  (number of) deductible inches is met/exceeded

(\*\* a climate day is the 24 hour period used by the Claim Verification source selected)

It is understood that coverage changes cannot be made less than 7 days preceding effective date of coverage.