

Weather Insurance Application

insurevents.com

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Your Company Name				Years Experience		
Your First Name		Your Last Name		Your Email Address		
Mailing Address			City		State	Zip
Daytime Telephone Number	Mobile Telephone Number	Fax Number		Your Website Address		

General Information

Event Name		Type of Event				
Address of Event			City		State	Zip
Who was your Previous Insurance Company?	Premium Paid	List all previous claims (Last 5 years)				
	\$					

Event Details

Coverage Date(s)	Coverage Times	Policy Limit Per Day	Include
	From To	\$	<input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Lightning <input type="radio"/> Wind
Coverage Date(s)	Coverage Times	Policy Limit Per Day	Include
	From To	\$	<input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Lightning <input type="radio"/> Wind
Coverage Date(s)	Coverage Times	Policy Limit Per Day	Include
	From To	\$	<input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Lightning <input type="radio"/> Wind

Application Notes / Additional Information

Indicate any preferences on Rainfall or Snowfall amounts, etc., or if you desire other types of weather quotes such as temperature, fog, etc.

Notes

For Insurance Agents & Brokers Only

Your Company Name						
Your First Name		Your Last Name		Your Email Address		
Mailing Address			City		State	Zip
Daytime Telephone Number	Mobile Telephone Number	Fax Number		Your Website Address		