



3660 N Lake Shore Dr, Suite 2602, Chicago 60613

Weather Cancellation Insurance Application

(Please note that any premiums paid for weather cancellation insurance are not refundable.)

General Information

Named Insured:	
Entity Type:	
Primary Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
For Profit or Non-Profit?	
Years Entity in Business	
Years Experience of Owner	
Contact Person:	
Phone:	
Email:	
Website:	

Insurance History

	Yes / No
Any insurance declined or cancelled in the past 3 years?	
If yes provide details:	
Any losses in the past 3 years? If yes, provide details below.	

Policy / Line	Date of Loss	Description of Loss	Amount of Loss

Insurance History (continued)

	Yes / No
Any prior event cancellation insurance coverage? If yes, provide details below.	

Policy Type	Carrier	Policy #	Expiration Date	Premium

Event Details

Type of Event:	
Event Name:	
Budget (Cost of Event):	
No. of Event Occurrences:	
Dates:	
Times:	
Venue Name:	
Venue Street Address:	
Venue City, State, Zip:	
Indoors?	
Brief Description of Event:	
Event Gross Revenues:	
Average Daily Spectators:	
Average Daily Participants/ Volunteers:	
Hours of Coverage	
Coverage Limit Per Day \$	

Rain

Option 1: Total Accumulation

Total Accumulation	Select Max
1/100"	
1/20"	
1/10"	
1/5"	
1/4"	
1/3"	
1/2"	
3/4"	
Other	

Rain (continued)

Option 2: Rain Free Hours

Rain per Hour	Select Max
1/100"	
2/100"	
3/100"	
5/100"	
Other	

No. of Rain Free Hours	
Total Hours	

Other Weather Conditions

Condition	Set Limit Where Appropriate
Snow	
Lightning	
Fog	
Temperature (Maximum/ Minimum)	
Hurricane	
Tornado	
Wind Speed	
Other Adverse Weather (Describe):	

Weather Reporting Source*

Option	Provide Details
Closest National Weather Station	
On-Site Independent Weather Observer	
Weather Command (Third Party Doppler Radar Monitoring System)	

*must be approved by insurer prior to policy issuance

Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: _____ Date: _____