

# BEDFORD UNDERWRITERS, LTD.

315 East Mill St., P. O. Box 278  
Plymouth, WI 53073  
Ph. (920) 892-8795  
(800) 735-1378  
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## Rain Insurance Application

Agency Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
\_\_\_\_\_ Fax No. \_\_\_\_\_

Is producer licensed in applicant's state?  Yes  No  
Does producer carry E & O coverage?  Yes  No

Named Insured \_\_\_\_\_ Contact Person \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Event type \_\_\_\_\_ Event hours \_\_\_\_\_  
Event date(s) \_\_\_\_\_ Insured hours \_\_\_\_\_  
Event location(s) \_\_\_\_\_ Limits of Insurance \_\_\_\_\_  
Comments \_\_\_\_\_

Has applicant insured this event in the past?  Yes  No

### Peril: Rain

Total Accumulation:  1/100"  1/20"  1/10"  1/5"  1/4"  
 1/3"  1/2"  3/4"  Other \_\_\_\_\_

Dry Hours:  Consecutive  Non-Consecutive

Dry Hour is defined as less than:  1/100"  2/100"  3/100"  5/100"  Other \_\_\_\_\_

### various Peril Options

Snow (inches/storms) \_\_\_\_\_  
 Temperature (avg./min./max.) \_\_\_\_\_  
 Average wind speed \_\_\_\_\_

Sky Cover (1 - 10) \_\_\_\_\_  
 Percent of Sunshine (10% to 100%) \_\_\_\_\_  
 Lightning Causing Cancellation \_\_\_\_\_

### Financial History of Event (if applicable)

Date \_\_\_\_\_ Expense \_\_\_\_\_  
Gross Income \_\_\_\_\_ Profit \_\_\_\_\_

### Claim Settlement Option

Closest NWS \_\_\_\_\_  
 On-site IWO \_\_\_\_\_  
Contact \_\_\_\_\_

No coverage will be provided for Weather Insurance until this application and payment in full are received and approved by Weather Specialty Underwriters at least seven (7) days in advance of the event for which coverage is desired and a policy or binder is issued.

If an independent weather observer is not contracted and secured by the insured, Weather Specialty will designate the closest approved government weather bureau at which weather measurements will be recorded for this event. If other arrangements are necessary, please contact Weather Specialty Underwriters.

**WEATHER INSURANCE CANNOT BE CANCELLED.**

\_\_\_\_\_  
Signature of Agent or Broker

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Additional Insured if Applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date