

Weather Insurance Application

Event Programs

CARTER & COMPANY, LLP; P. O. BOX 672; LULING, TEXAS 78648
(830) 875-3164 FAX (830) 875-9362 WWW.CARTERCOMPANY.COM

COVERAGE DOES NOT EXIST UNLESS AND UNTIL APPLICANT'S CHECK COVERED BY SUFFICIENT FUNDS HAS BEEN DEPOSITED WITH COMPANY AND A BINDER OR POLICY HAS BEEN ISSUED BY THE COMPANY.

1. Name / Address of Applicant: _____

telephone (____) _____ - _____ fax (____) _____ - _____

2. Name / Address of Broker: _____ CARTER AND COMPANY, LLP _____
_____ P. O. BOX 672 - 522 E. CROCKETT _____
_____ LULING, TEXAS 78648-0672 _____

telephone (830) __ 875 __ - __ 3164 __ fax (830) __ 875 __ - __ 9362 __

3. Name of Event: _____

4. Type of Event: _____

5. Location of Event: _____

6. Total Amount of Coverage Requested: \$ _____

7. How Coverage Amounts are Determined (i.e. expenses, revenue, cost): _____

8. Date(s) of Event: _____ Hours of Event: from _____ to _____
Date(s) of Event: _____ Hours of Event: from _____ to _____
Date(s) of Event: _____ Hours of Event: from _____ to _____
Date(s) of Event: _____ Hours of Event: from _____ to _____

9. Hours of Coverage: from _____ to _____ Amount of Coverage per day: \$ _____
Hours of Coverage: from _____ to _____ Amount of Coverage per day: \$ _____
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Note: You may want to cover additional hours prior to the event if adverse weather during these hours would affect the success of the event. You may not want to cover the hours at the end of the event if adverse weather during these hours would not impact upon the success of the event.

10. Measurement of Weather Peril (Check one or more). For coverage to be collectible, these conditions must occur during the requested hours of coverage:

(a) Cumulative Rain

_____ 1/100 (.01) inch or more
_____ 1/10 "(.10)" or more
_____ 1 / 4 "(.25)" or more
_____ 1/2 "(.50)" or more
_____ Other, please specify:

(b) Snow

_____ No Accumulation
_____ 1" or more
_____ 2" or more
_____ 3" or more
_____ Other, please specify:

(c) Wind

_____ level of wind speed
_____ maximum speed
_____ average speed
_____ Other, please specify:

(d) Temperature

_____ degree of temp.
_____ maximum temp.
_____ minimum temp.
_____ average temp.
_____ Other, please specify:

11. Consecutive or Non-consecutive Dry Hour Coverage Only:

- a) _____ Consecutive Dry Hours
b) _____ Non-consecutive Dry Hours
c) Indicate "X" hours out of "Y" hours (i.e. 8 out of 12) specify; _____ hours out of _____ hours.
d) A dry hour is one in which less than _____ of an inch of rainfall occurs.

Desired Coverage for Commercial Film or Video Shoots:

- a) _____ Reasonable Photographic Conditions
b) _____ Sunshine

12. If your chosen threshold is met, would your event be postponed or canceled? [] YES or [] NO
If postponed, to what date? _____
If canceled, would any of the paid out expenses be refunded to you? (please explain) [] YES or [] NO

13. Claim Settlement Option: (check only one)

- a) _____ Closest National Hourly Weather Station
b) _____ Independent Weather Observer on Location. This must be an accredited meteorologist approved by Insurance Company

THE INSURED ACKNOWLEDGES AND FULLY UNDERSTANDS THAT THE CRITERIA SELECTED ABOVE WILL BE THE SOLE AND EXCLUSIVE CRITERIA FOR MEASUREMENT OF RAINFALL. NO OTHER METHOD OF MEASUREMENT WILL BE UTILIZED BY THE COMPANY.

14. Previous Insurance

Has the applicant insured this event in the past? [] YES or [] NO

If yes, please indicate policy number or company. _____

IMPORTANT: THIS APPLICATION DOES NOT BLEND THE APPLICANT FOR THE INSURED, BUT IT IS AGREED THAT HIS FORM SHALL BE THE BASIS OF THE CONTRCT SHOULD A POLICY BE ISSUED, AND IT WILL 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 WHEN THE POLICY IS ISSUED. THE APPLICANT WILL IMMEDIATELY NOTIFY WORLDWIDE WEATHER OF SUCH CHANGES.

The applicant declares that the answers in this application are to the best of the applicant's knowledge and belief, true, and complete and agrees that:

1. Applicant understands that this application for insurance may not be accepted for coverage by the Insurance Company because of capacity limitations or other reasons, and that the applicant has no coverage unless and until the applicant's check covered by sufficient funds has been deposited and a coverage binder or policy has been issued.
2. Applicant understands that this application and a check covered by sufficient funds made out to "Carter & Company, LLP" for the total premium amount must be received at lease seven (7) days prior to the requested inception date of coverage.
3. Applicant agrees that if his check is invalid because of insufficient funds then no coverage exists and any binder or policy which may have been issued shall be null and void.
4. Applicant understands that we are not bound by any statements made by or to any broker unless such statements are written in this application and accepted by Worldwide Weather and the Insurance Company.
5. Applicant understands that the entire binder or policy shall be null and void if, whether before or after a lose, the applicant has concealed or misrepresented any material fact or circumstance regarding this insurance or the subject theof, or the interest of the insured herein, or in case of any fraud or false swearing by the applicant relating thereto. Premiums already paid for the time periods for which coverage has been rescinded will be refunded.
6. Applicant certifies that the information listed in this application is a true assessment and no pertinent facts are being withheld.

Applicant's Signature

Date

Broker's Signature

Date