



# prize indemnity underwriters inc.

204 Division Street, Suite 250, Cobourg, ON, K9A 3P7  
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## Weather Insurance Application

1. Name of Insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

2. Name of Broker: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

3. Insured event Information:

Event Type: \_\_\_\_\_  
Name of Location or Venue: \_\_\_\_\_  
Website Address or link of Location or Venue if available: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Dates of Event	Hours of Event	Hours of Coverage	Insured Limit Per day

4. **If** this is a Sales Promotion please indicate Sales Period:

From: \_\_\_\_\_  
To: \_\_\_\_\_

5. Please indicate the weather peril to which this Insurance will be applied **including** unit of measurement. Please note that not all perils may be available at all locations:

Rain total accumulation:	
Rain free hours:	
Snow total accumulation:	
Temperature Min / Max:	
Wind Speed:	
Adverse weather:	
Other, please describe:	

6. Has this event been held before? Has the event had Weather Insurance Previously? If yes, please note event history and Carrier.

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7. Has the event ever sustained an Insured loss? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

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8. Has the proposed Insured ever had similar Insurance (as applied for herein) declined, cancelled or renewal refused? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

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9. Weather Insurance Claim Verification is normally performed by Weather Analytics, a third party Weather Observer. If you wish to use a National Weather Station, or Independent Weather Observer please state details and Qualifications below. Please note, those options are Subject to Underwriter Approval.

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**Please Note: Coverage is subject to Acceptance of a completed Application and full premium payment a minimum of 7 days prior to coverage inception.**

**WEATHER INSURANCE IS PREPAID, FULLY EARNED AND CANNOT BE CANCELLED.**

**DECLARATION**

To the best of my knowledge and belief the information provided in this Application, whether in my own hand or not, is true and I have not withheld any material facts.

I understand that non-disclosures or misrepresentation of a material fact will entitle the Insurance Company to void the Insurance.

I understand that signing this Application does not bind me to complete the Insurance but agree that should an Insurance policy be issued, this Application and the statements made therein shall form the basis of the Insurance policy.

I agree to advise Prize Indemnity Underwriters of any change in the information detailed in this Application which takes place prior to the commencement of the event/promotion.

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\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Name of Insurance Broker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Agency