

5. Limits Requested: \$100,000 \$250,000 \$500,000 \$1,000,000 Other: _____

6. Additional Information (optional):

If accepted for coverage it is understood and agreed that this coverage is only valid, and benefits are only payable if hail of the specified size impacts a specified location on the insured premises. The person signing this application must be a President, Chairmen, CEO, CFO, or Executive Director.

I have selected the hail size to be insured against. I understand only this size or larger will result in payment.

I understand this policy covers weather events that may be seasonal. While the policy covers the entire year if I decide to cancel for any reason, I understand there is NO RETURN PREMIUM.

I have discussed this type of coverage with a licensed insurance agent, broker or advisor and I understand the difference between this coverage and traditional property insurance.

If accepted for coverage I agree to authorize the installation of hail measuring equipment on each covered location. There will be a one-time fee for each additional monitoring station.

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED.

Fraud Warning Notice

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE. IN COLORADO, THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE, AND WASHINGTON, INSURANCE BENEFITS MAY ALSO BE DENIED.

Name (type or print)

Signature

Date

Dealer/Officer Name (type or print)

Agent Name (type or print)

Signature

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