Gold Coast Specialty Insurance Agency, Inc.
222 Main Street, East Setauket, New York 11733
Tel: 631-675-2529 * Fax: 631-675-2530

Cost Containment / Income Stabilization
Weather Insurance Application

Producer Company _____ Mailing Address _____
Producer Name _____ _____
Telephone No. _____ Facsimile No. _____
Email Address _____ Web Site Address _____
Producer Licensed oYes oNo E & O Insurance oYes oNo

Assured Name _____ Contact Person _____
Assured Address _____ Company Type _____
_____

Insured Date(s)/Period _____
Insured Location(s) _____
Insured Hours _____

Has this applicant had weather insurance previously? _____ If yes, when _____
If applicable, loss history _____ Carrier used _____
_____

Sum Insured (detail) _____

Financial History
Current Annual Expense or Revenue Budget $_____
3 Year Expense or Revenue Posted 19___ $ _____
19___ $ _____
19___ $ _____

PERIL

I. RAIN o Excess o Deficit Description _____

II. SNOW o Excess o Deficit
o By Inch o By Storm Description _____

III. TEMPERATURE o Maximum o Minimum Description _____

Claim Settlement: Closest National Weather Station or agreed upon alternative (As identified and approved by Carrier) _____

Coverage is subject to a completed application, premium payment received by Global Weather a minimum of seven (7) days prior to coverage inception, and acceptance/approval of Global Weather.

WEATHER INSURANCE IS PREPAID, FULLY EARNED AND CANNOT BE CANCELLED

Producer Signature _____ Assured Signature _____
Date _____ Date _____