



**ALTERNATIVE PERIL OPTIONS**

<input type="checkbox"/> Snow _____	<input type="checkbox"/> Lightning _____	<input type="checkbox"/> Fog _____
<input type="checkbox"/> Temperature MAX <input type="checkbox"/> MIN	<input type="checkbox"/> Hurricane _____	<input type="checkbox"/> Tornado _____
<input type="checkbox"/> Wind Speed _____	<input type="checkbox"/> Adverse Weather _____	<input type="checkbox"/> No Fly _____

**Claim Settlement**

- Closest National Weather Station (as identified by Insurer) \_\_\_\_\_
- On-Site Independent Weather Observer (to be approved by Insurer) \_\_\_\_\_

*If an approved independent weather observer is not secured by the Insured, for purposes of claim verification, The Insurer will designate the closest approved recording station in the terms of the contract. Should the Insured require additional information regarding an observer, please contact Ozprize & Weather Insurance.*

**WEATHER INSURANCE APPLICATION**

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

***Coverage is subject to a completed application, full premium payment a minimum of 14 days prior to coverage inception, and acceptance/approval of Insurer.***

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

**Agent/Broker**  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_

**Insured**  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_