

# KSI CONSULTING, LLC

*Specialty Insurance Professionals*

## WEATHER INSURANCE APPLICATION

Producer Company	KSI Consulting LLC	Mailing Address	On file
Producer Name	On file		
Telephone No.	On file	Facsimile No.	On file
Email Address	On file	Web Site Address	On file
Producer Licensed	<input type="checkbox"/> Yes <input type="checkbox"/> No	E & O Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Producer's License Number	On file		

Insured Name	_____	Contact Person	_____
Insured Address	_____	Telephone No.	_____
Email Address	_____	Facsimile No.	_____

Has event had weather insurance coverage previously? _____	If yes, when: _____
If applicable, _____	Carrier used: _____
Loss history: _____	
Event Type _____	Event Location(s) _____
	Zip Code(s) _____

Dates of Event	Hours of Event	Hours of Coverage	Limit Per Day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### RAIN

I. Total Accumulation:	1/100" <input type="checkbox"/>	1/20" <input type="checkbox"/>	1/10" <input type="checkbox"/>	1/5" <input type="checkbox"/>	1/4" <input type="checkbox"/>	1/3" <input type="checkbox"/>	1/2" <input type="checkbox"/>	3/4" <input type="checkbox"/>	Other _____ <input type="checkbox"/>
II. Rain Free Hours:	Rain Free Hours Definition: _____				1/100" <input type="checkbox"/>	2/100" <input type="checkbox"/>	3/100" <input type="checkbox"/>	5/100" <input type="checkbox"/>	Other _____ <input type="checkbox"/>
_____ hours out of _____ hours									

### ALTERNATIVE PERIL OPTIONS

<input type="checkbox"/> Snow _____	<input type="checkbox"/> Lightning _____	<input type="checkbox"/> Fog _____
<input type="checkbox"/> Temperature <input type="checkbox"/> MAX <input type="checkbox"/> MIN	<input type="checkbox"/> Hurricane _____	<input type="checkbox"/> Tornado _____
<input type="checkbox"/> Wind Speed _____	<input type="checkbox"/> Adverse Weather _____ Describe _____	<input type="checkbox"/> Other _____

### Claim Settlement

- Closest National Weather Station (as identified by the Company) \_\_\_\_\_
- On-Site Independent Weather Observer (to be approved by the Company) \_\_\_\_\_
- Weather Command (Third Party Doppler Radar Monitoring System)

*If an approved independent weather observer is not secured by the Insured, for purposes of claim verification, the Company will designate the closest approved recording station in the terms of the contract. Should the Insured require additional information regarding an observer, please contact KSI Consulting.*

**NO COVERAGE WILL BE PROVIDED FOR WEATHER INSURANCE UNTIL THIS APPLICATION AND PAYMENT IN FULL ARE RECEIVED AND APPROVED BY THE COMPANY AT LEAST 10 DAYS PRIOR TO THE EVENT. ONCE COVERAGE IS BOUND, IT CANNOT BE CANCELLED. SHOULD A POLICY BE ISSUED, THE APPLICATION SHALL BE ATTACHED TO AND MADE PART OF THE POLICY. COVERAGE CHANGES CANNOT BE MADE LESS THAN 10 DAYS PRIOR TO THE EVENT.**

**4701 Shore Drive #103-423 Virginia Beach, VA 23455**  
**Phone - 770-310-1181; Facsimile - 888-392-7719; E-mail - [steve@ksiconsulting.net](mailto:steve@ksiconsulting.net)**

## WEATHER INSURANCE APPLICATION

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

- o **COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- o **DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- o **FLORIDA:** Any person who knowingly and with intent to defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- o **MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- o **MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- o **MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- o **NEW YORK 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.
- o **OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
- o **OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- o **OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- o **RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*  
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- o **UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- o **WISCONSIN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- o **ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT, ) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

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

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

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