



# VORTEX WEATHER INSURANCE APPLICATION

Agent Name Megan Green Agent No. 91660

Name of Applicant \_\_\_\_\_  
Applicant's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Contact Person (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_  
Email Address \_\_\_\_\_ Fax \_\_\_\_\_  
Website \_\_\_\_\_

**Your Operations** Describe your business, your operations that may have a weather-related loss, and describe the potential loss. (Example: Municipal government is the business; snow plowing is the operation subject to loss; and increased material and overtime cost from heavier storms is the potential loss.)

## Weather Insurance

### Section I. Short Term Policies

(For events longer than one week, do not complete this section, and refer to Section II, Long-Term Policies.)

Event Type:

Event Location (Example: Taos, NM, 87571)	Event Date(s) (Example: 3/24/08 to 3/28/08)	Event Hours (Example: 7:00AM to 7:00PM)	Hours of Coverage (Example: 10:00AM to 4:00PM)	Limit Per Day (Example: \$5,000)

### Rain

**Total Accumulation (in inches)** Describe how you wish to be protected for rain, and indicate the amount in a box below.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe
.01"	.05"	.10"	.25"	.50"	1.0"	Other	

### Dry Hours

Check this box\* when you want less than the amount of rain indicated in the table above for:

\_\_\_\_\_ Consecutive dry hours (or) \_\_\_\_\_ Total dry hours

\*Example: For insurance for less than a twentieth of an inch of rain for at least 3 hours in total, place an "x" in the box above "0.5" and write "3" for Total dry hours.

Additional Comments \_\_\_\_\_

### Temperature

Describe fully how you wish to be protected from temperature. (Example: I would like to be protected from temperatures of 90°F or higher between 5PM and 7PM on 9/5/08.)

Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Short Term Policies** *Continued*

**Other**

Describe fully other weather perils (not addressed above) for which you need protection, and how you wish to be protected. *Please be specific.*

**Section II. Long Term Policies**

Location (Ex: Rye, NY, 10580)	Coverage Dates (Ex: 11/1/08 to 3/31/09)	Coverage Hours* (Ex: 7:00AM to 7:00PM)	Weights by Location* (Ex: 3 locations: .40, .35 & .25)

\* *If applicable.* **Note:** Weighting is used when more than one location is needed to measure a single weather event.

(Example: A manufacturer sells snow shovels in the Northwest, and primary buyers are in Northern CA, Western OR, and Western WA. Weather reporting stations are picked in those 3 areas, and weights are assigned to them based upon their sales volumes. In all cases, the chosen Weights by Location must add up to 1.0.)

**Rain**

**Coverage Per Inch**

Limit (payment) of \$\_\_\_\_\_+ for every inch that the total rainfall is  above  below \_\_\_\_\_ inches, up to a maximum insurance limit of \$\_\_\_\_\_+.

(Example: You need insurance of \$10,000 per inch for rainfall amounts below 12 inches in order to cover estimated losses, subject to a maximum limit of \$100,000.)

**Coverage Per Day**

Limit (payment) of \$\_\_\_\_\_+ per day for every day that the rain exceeds \_\_\_\_\_ inches after \_\_\_\_\_ such days, up to a maximum insurance limit of \$\_\_\_\_\_+.

(Example: You need insurance of \$25,000 per day for every day that rain exceeds 2 inches, after 3 days of 2 inches or more of rain per day, to pay estimated losses, subject to a maximum limit of \$500,000.)

+ *These will be your Each Occurrence and Aggregate insurance limits, respectively.*

**Other**

Describe fully how you wish to be protected from rain or lack of rain. Note: Minimum rain level request is .01" (Example: I do not want any more than .01 inches of rain between 5PM and 8PM every Saturday between June 15<sup>th</sup> and September 1<sup>st</sup>.)  
*Description*

**Long Term Policies** *Continued*

**Snow**

**Coverage Per Inch**

Limit (payment) of \$ \_\_\_\_\_\* for every inch that the total snowfall is  above  below \_\_\_\_\_ inches, up to a maximum insurance limit of \$ \_\_\_\_\_.\*

(Example: You need insurance of \$20,000 for each inch above 40 inches to pay estimated losses, subject to a maximum limit of \$500,000.)

**Coverage Per Day**

Limit (payment) of \$ \_\_\_\_\_\* per day for every day that the snow exceeds \_\_\_\_\_ inches after \_\_\_\_\_ such days, up to a maximum insurance limit of \$ \_\_\_\_\_.\*

(Example: You need a payment of \$25,000 per day for every day that snow exceeds 4 inches, after 2 days of 4 inches or more of snow per day, to pay estimated losses, subject to a maximum limit of \$150,000.)

\* *These will be your Each Occurrence and Aggregate insurance limits, respectively.*

**Other**

Describe fully how you wish to be protected from snow or lack of snow. (Example: I need insurance that the snow will exceed 10 inches per week from November 15<sup>th</sup> 2008 to March 31<sup>st</sup>, 2009.)


**Temperature**

Describe fully how you wish to be protected from temperature. (Example: I would like to be protected from temperatures of 90°F or higher during the month of August 2009)

Description


**Other Weather Perils**

Describe fully other weather perils (not addressed above) which you need insured, and how you wish to be protected. *Please be specific.*


**Section III. Limits of Insurance**

(Limits requested must be no greater than a reasonable estimate of your potential weather loss.)

**If you have not indicated the limits of insurance you require above, please read and complete the following:**

Per Occurrence Limit is the limit that would apply to a single insured weather event. The Aggregate Limit is the total limit for the policy, regardless of how many weather events take place. For some insurance, you may want additional limits. Please describe those limits, and how they would apply.

Per Occurrence Limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_ Additional Limits: \_\_\_\_\_ (Be specific; explain over)

**Section IV. History & Loss Information**

Has weather insurance been purchased to cover this operation before?  Yes  No  
If "Yes", please provide the insurance company used, and the dates of coverage:

Were there ever any prior losses for this operation?  Yes  No If "Yes", please provide full details of the losses, including dates, expenses/costs and description of the weather event:

**Additional Comments**

**IMPORTANT NOTICE TO APPLICANTS**

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 CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.

**Settlement of Loss**

Should a policy be issued, claims will be paid within 30 (thirty) days after Coverage Ending Date and after receipt of both the detailed report of loss and the agreed weather readings.

**REPRESENTATIONS, WARRANTIES AND ACKNOWLEDGEMENTS**

**Application**

This application does not bind the applicant nor the insurer, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The applicant agrees that if the information changes between the date of this application and the time when the policy is issued, the applicant will immediately notify Mitsui Sumitomo Insurance USA Inc. of such changes.

**Agreed Loss Statement**

The applicant represents that the coverage being applied for will not exceed the maximum potential losses incurred by the applicant, net of all other insurance to which applicant now or hereafter has recourse for loss caused by the same peril for which insurance is being sought.

**Reliance on Answers**

The applicant warrants to Mitsui Sumitomo Insurance USA Inc. that the answers in the application are to the best of the applicant's knowledge and belief, true and complete, and that no material facts have been misstated in this application or concealed.

**Acknowledgement / No Coverage Bound**

The applicant acknowledges that:

1. The applicant understands that this application for insurance may not be accepted for coverage, and that the applicant has no coverage unless and until the applicant's premium payment has been received by Mitsui Sumitomo Insurance USA Inc., and a coverage binder or policy has been issued by Mitsui Sumitomo Insurance USA Inc.;
2. The applicant understands that this application and premium payment must be received by Mitsui Sumitomo Insurance USA Inc. at least fifteen (15) days prior to the requested inception date of coverage;

3. The applicant understands that, if issued, the policy cannot be cancelled by the applicant or the insurer after the premium has been accepted by the insurer from the applicant;
4. The applicant understands that, if issued, the policy will not be renewed; and
5. The applicant understands that, if issued, the entire binder or policy shall be null and void if, whether before or after a loss, the applicant has concealed or misrepresented any material fact or circumstance regarding this insurance or the subject thereof, or the interest herein, or in case of any fraud or false swearing by the applicant relating thereto. Premiums that are already paid for the time period for which coverage has been rescinded will be refunded.

I have read and understand the above Important Notice to Applicants and Representations, Warranties and Acknowledgements, and I am authorized by the Applicant to apply for this coverage.

\_\_\_\_\_  
Signature: Authorized Representative for the Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

(and license number, if applicable)

#### Fraud Warning Statements

- Alaska** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
- Arkansas** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Arizona** **For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.**
- California** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- 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.
- 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 other 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.
- Delaware** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- Florida** Any person who knowingly and with intent to injure, 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.
- Idaho** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
- Indiana** Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
- Kentucky** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim 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.
- Louisiana** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

<b>Maine</b>	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.
<b>Maryland</b>	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison
<b>Minnesota</b>	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>New Hampshire</b>	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.
<b>New Jersey</b>	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
<b>New Mexico</b>	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
<b>New York</b>	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 insurance act, which is a crime, shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	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.
<b>Oregon</b>	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
<b>Pennsylvania</b>	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 insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>Puerto Rico</b>	Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
<b>Tennessee</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Texas</b>	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Virginia</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Washington</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
<b>West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.