



Global Weather Insurance Agency, Inc.

475 Northern Blvd., Suite 30 • Great Neck, New York, 11021 • Telephone: 516.466.3138 • Fax: 516.466.5307

**SNOW REMOVAL APPLICATION**

**COVERAGE DOES NOT EXIST UNLESS AND UNTIL APPLICANT'S CHECK COVERED BY SUFFICIENT FUNDS HAS BEEN DEPOSITED BY GLOBAL WEATHER OR THE INSURANCE COMPANY AND A BINDER OR POLICY HAS BEEN ISSUED BY GLOBAL WEATHER.**

1. Name/Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_

2. Name/Address of Broker: \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_

3. Type of Organization: \_\_\_\_\_

4. Location (if other): \_\_\_\_\_

5. Term: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ inclusive

6. Limit Determination: U.S. \$ \_\_\_\_\_ Per Inch Excess of \_\_\_\_\_ inches

Covered Costs include: (check all that apply)

\_\_\_\_\_ Plowing/Carting/Dumping \_\_\_\_\_ Towing  
\_\_\_\_\_ Salting/Sanding \_\_\_\_\_ Personnel Overtime

Others: \_\_\_\_\_

7. Aggregate (per inch x 40 additional inches) \_\_\_\_\_

8. Verification of Snowfall - The weather station(s) where data will be used for verification of qualifying snowfall amounts is/are:

- A. \_\_\_\_\_ allotted \_\_\_\_\_ % of limit
- B. \_\_\_\_\_ allotted \_\_\_\_\_ % of limit
- C. \_\_\_\_\_ allotted \_\_\_\_\_ % of limit
- D. \_\_\_\_\_ allotted \_\_\_\_\_ % of limit
- E. \_\_\_\_\_ allotted \_\_\_\_\_ % of limit
- F. \_\_\_\_\_ allotted \_\_\_\_\_ % of limit

The total of all station allotments must be 100%

**MEASUREMENT OF SNOWFALL:**

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THE AGGREGATE SEASON SNOWFALL IS SPECIFICALLY THE TOTAL OF SNOWFALL DURING THE COVERAGE PERIOD, MEASURED AT REGULAR INTERVALS AS STANDARD FOR THE AGREED UPON MEASUREMENT STATION, OR AT INTERVALS AS AGREED UPON BY THE COMPANY AND THE INSURED. COVERAGE IS AFFORDED AT THE AGREED *PER INCH* INDEMNITY FOR EACH WHOLE INCH GREATER THAN THE DEDUCTIBLE AMOUNT (TRIGGER AMOUNT).

**Important:** 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 part of the policy. The applicant represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify Global Weather of such changes.

The applicant declares that the answers in this application are to the best of the applicant's knowledge and belief, true and complete and agrees that:

1. Applicant understands that this application for insurance may not be accepted for coverage by Global Weather or the Insurance Company because of capacity limitations or other reasons, and that the applicant has no coverage unless and until the applicant's check covered by sufficient funds has been deposited by Global Weather or the Insurance Company and a coverage binder or policy has been issued by Global Weather.
2. Applicant understands that this application and a check covered by sufficient funds made out to either "Global Weather" or "Legion Insurance Company" for the total premium amount must be received by Global Weather at least seven (7) days prior to the requested inception date of coverage.
3. Applicant agrees that if his check is invalid because of insufficient funds then no coverage exists and any binder or policy which may have been issued shall be null and void.
4. Applicant understands that Global Weather or the Insurance Company is not bound by any statements made by or to any broker unless such statements are written in this application and accepted by Global Weather and the Insurance Company.
5. Applicant understands that 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.
6. Applicant certifies that the information listed in this application is a true assessment and no pertinent facts are being withheld of which Global Weather or the Insurance Company should be advised.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Brokers Signature

\_\_\_\_\_  
Date

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