



This application is for an insurance policy providing supplemental benefits to offset the economic damage resulting from hail of an agreed upon size(s) impacting a specific location on your property. The policy, if issued, is not a replacement for your traditional property policy insuring against direct or consequential damage to real property. It is supplemental coverage designed to enhance your traditional policy.

Please consult with a licensed insurance agent, Broker or advisor to determine if this is an appropriate policy for you.

**IMPORTANT NOTE REGARDING EFFECTIVE DATE OF COVERAGE:** there is a five (5) day waiting period between bind order and effective date. The earliest that coverage can be effective is five (5) calendar days **AFTER** bind order is received.

**Agency Details**

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Email: \_\_\_\_\_

**Insured Details**

Named Insured: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insured Claim Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Underwriting Details**

Current Hail Insurance Provider: \_\_\_\_\_

Current Wind/Hail Deductible Structure: \_\_\_\_\_



Locations

Street Address	City	State	Zip	Parametric Hail Limit

Additional Information (optional)

If accepted for coverage it is understood and agreed that this coverage is only valid, and benefits are only payable if hail of the specified size impacts a specified location on the insured premises. The person signing this application must be a President, Chairmen, CEO, CFO, or Executive Director.

\_\_\_\_\_ I have selected the hail size to be insured against. I understand only this size or larger will result in payment.

\_\_\_\_\_ I understand this policy covers weather events that may be seasonal. While the policy covers the entire year if I decide to cancel for any reason, I understand there is NO RETURN PREMIUM.

\_\_\_\_\_ I have discussed this type of coverage with a licensed insurance agent, Broker or advisor and I understand the difference between this coverage and traditional property insurance.

\_\_\_\_\_ If accepted for coverage I agree to authorize the installation of hail measuring equipment on each covered location. There will be a one-time fee for each additional monitoring station.

Name of Applicant Signing: \_\_\_\_\_ Title of Applicant Signing: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_