KALIFF INSURANCE
ESTABLISHED 1917

RAIN INSURANCE — APPLICATION

Name of Insured (as will appear on policy): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail address: _____ Contact Person: _____

Day phone: _____ Night phone: _____ Fax: _____

Name or Type of Event: _____

Location of Event (City & State): _____

Total Amount of Coverage Requested: _____

Event Information:

Date(s) of Event	Hours of the Event	Hours of Coverage	Limit Per Day

PLEASE SELECT THE WEATHER PERIL(S) DESIRED:

a) *Cumulative Rainfall Coverage (in inches):*

❑ 1/100 (.01) ❑ 1/10 (.10) ❑ 2/10 (.20) ❑ 1/4(.25) ❑ 1/2 (.50) ❑ 3/4 (.75) OTHER _____

Rain-free Hours:

_____ "X" Hours out of _____ "Y" Hours ❑ Non-Consecutive -OR- ❑ Consecutive Dry Hours

Lightning Cancellation:

❑ Lightning causing cancellation ❑ Severe Adverse Weather causing cancellation

b) Wind Coverage: _____ (maximum/minimum/average)

c) Temperature: _____ (maximum/minimum/average)

CLAIM SETTLEMENT:

Closest Hourly Weather Station to the Location: _____

-OR-

Independent Weather Observer On-location: _____

I attest that the information provided above is true and correct.

_____ _____ _____

Signature Title Date