SCOTTSDALE INSURANCE COMPANY®

One Nationwide Plaza • Columbus, Ohio 43215 • 1-800-423-7675 (outside Arizona)

Rain Insurance Application

Applicant's Name _____	Agent Name _____
Mailing Address _____	Address _____
_____	_____

I hereby make application for insurance against direct loss by rainfall, upon my interest in the events, not exceeding amounts separately shown opposite each event date described in the "Schedule of Insurance."

Name of Event: _____

Kind of Event: _____

Location of Event: _____

| (Address) | (City) | (County) | (State) |

Amount of precipitation insured against: ☐ 1/10 in.   ☐ 2/10 in.   Other: _____

SCHEDULE OF INSURANCE

ITEM	DAY OF EVENT	PERIOD OF TIME	AMOUNT OF INSURANCE
1. _____, 20_____	between _____m. and _____m.	$_____
2. _____, 20_____	between _____m. and _____m.	$_____
3. _____, 20_____	between _____m. and _____m.	$_____
4. _____, 20_____	between _____m. and _____m.	$_____
5. _____, 20_____	between _____m. and _____m.	$_____
6. _____, 20_____	between _____m. and _____m.	$_____
		TOTAL	$_____

EXPERIENCE OF SIMILAR EVENTS

☐ NONE

	GROSS RECEIPTS	EXPENSE	PROFIT
Date: _____	$_____	$_____	$_____
Date: _____	$_____	$_____	$_____
Date: _____	$_____	$_____	$_____

It is understood and agreed that:

1. The applicant is responsible for providing a rain gauge at their expense. It must be located within a one mile radius of the covered event. The rain gauge will be located at: _____
   (Address)

   _____
   (City)   (County)   (State)

2. The applicant is also responsible for providing a rain gauge reader at their expense. The rain gauge reader must be an independent third party, such as a Chamber of Commerce member or a local weatherperson. The rain gauge reader will be:

   a. Name: _____

   b. Business Address: _____

   c. Qualifications and/or association with the covered event: _____

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3. Anticipated gross receipts for the covered event(s): $_____

4. Anticipated expenses for the covered event(s): $_____

5. Sources of revenue are: ☐ Advance ticket sales ☐ Gate ticket sales ☐ Concessions ☐ Other: _____

6. If there are advance ticket sales, are those tickets refundable? ☐ Yes ☐ No

7. The applicant's interest in the covered event is: _____

8. This application for insurance applied herein is submitted subject to acceptance and approval by the Company and must be bound by the Company not less than ten (10) days prior to the covered event.

The applicant certifies the above information to be true and correct. It is further understood and agreed that no coverage is afforded until this application is approved by issuance of a policy or binder. The premium will be fully earned at inception.

_____   _____
SIGNATURE OF APPLICANT   DATE

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