

**SADLER &**  
**COMPANY, INC.**

*P. O. Box 5866, Columbia, SC 29250-5866,  
Phone (803) 254-6311, Fax (803) 256-4017  
Toll Free (800) 622-7370*

**WEATHER SUPPLEMENT**

Applicant Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Applicant Address \_\_\_\_\_ Company Type \_\_\_\_\_  
\_\_\_\_\_

Insured Date(s)/Period \_\_\_\_\_  
Insured Location(s) \_\_\_\_\_  
Insured Hours \_\_\_\_\_

Has this applicant had weather insurance previously? Y or N  
If yes, when Carrier used: \_\_\_\_\_  
If applicable, loss history: \_\_\_\_\_

Sum Insured (details) \_\_\_\_\_

Financial History

Current Annual Expense or Revenue Budget \$ \_\_\_\_\_  
3 Year Expense or Revenue Posted Year: \_\_\_\_\_ \$ \_\_\_\_\_  
Year: \_\_\_\_\_ \$ \_\_\_\_\_  
Year: \_\_\_\_\_ \$ \_\_\_\_\_

**PERIL**

I. RAIN  Excess  Deficit Description: \_\_\_\_\_

II. SNOW  Excess  Deficit  
 By Inch  By Storm Description: \_\_\_\_\_

III. TEMPERATURE  Maximum  Minimum Description: \_\_\_\_\_

**Claim Settlement: Closest National Weather Station or agreed upon alternative (As identified and approved by provider.)**

*Coverage is subject to a completed application, premium payment received by Sadler & Company a minimum of seven (7) days prior to coverage inception, and acceptance/approval by underwriters.*

**WEATHER INSURANCE IS PREPAID, FULLY EARNED AND CANNOT BE CANCELLED**

Producer Signature \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**Please Return This Application To:**

Sadler & Company, Inc.  
P.O. Drawer 5866 Columbia, SC 29250-5866  
Phone: (803)254-6311 Toll Free: (800) 622-7370 Fax: (803) 256-4017