



Event Weather Application

Page 1 of 1

Insurance Designers of Maryland
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Applicant Information

Corporate Name:			Trading Name:		
Address 1:			Phone: () - ext.		
Address 2:			Fax: () -		
Address 3:			Email:		
City:	St:	Zip:	Inception Year:	Tax ID:	
Applicant Is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other					

Contact Information

Contact Name:			Address 1:		
Contact Phone: () - ext.			Address 2:		
Contact Fax: () -			Address 3:		
Contact Email:			City:	St:	Zip:

Event Information

Name of Event:		
Type of Event:		
Budgeted Gross Revenue:	Budgeted Expense:	Budgeted Net Income:

Coverage Information

Proposed Effective Date:		Proposed Expiration Date:	
Total amount of coverage per day:			
Coverage Requested: <input type="checkbox"/> 1 / 100 " <input type="checkbox"/> 1 / 10 " <input type="checkbox"/> 2 / 10 " <input type="checkbox"/> 1 / 4 " <input type="checkbox"/> 1 / 2 " <input type="checkbox"/> 3 / 4 " <input type="checkbox"/> One "			
Hours of Coverage:			
Is Event Rain or Shine? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Claim Settlement: <input type="checkbox"/> Closest Hourly Weather Station to the Event <input type="checkbox"/> Independent Weather Observer on Location			
Applicant Signature:			