Snow Insurance - Application

Named Insured Information:

Named Insured (Policyholder Name)

Address - Number and Street

Address - Town/City   Address - State   Address - Zip Code

Applicant Name (First and Last)

Phone Number

E-mail   Confirm E-mail

Event Information:

Name of Event   Type of Event

Location of Event: Address and Town   State   Zip Code

Dates to Insure:

Snowfall Threshold: (how many inches of snow must accumulate for you to get paid)
                    (You may list a few different options)

Insured Amount in Dollars (Per Day):

Please complete and remit this form to sales@rainprotection.net

(800)528-7975

sales@rainprotection.net

www.Rainprotection.net