Ryan Specialty National Programs

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Parametric Hail Application

This application is for an insurance policy providing supplemental benefits to offset the economic damage resulting from hail of an agreed upon size(s) impacting a specific location on your property. The policy, if issued, is not a replacement for your traditional property policy insuring against direct or consequential damage to real property. It is supplemental coverage designed to enhance your traditional policy.

Please consult with a licensed insurance agent, broker or advisor to determine if this is an appropriate policy for you.

1. Agency Details						
Agency Name:				Date:		
Address:						
City:		State: _		Zip :		
Phone:						
Agent Name:			Agent Email:			
2. Insured Details						
Named Insured:		Requested Effective Date:				
Address:						
City:	State: _		Zip :			
Insured Claim Contact Name:						
Phone:		_ Email: _	Email:			
3. Underwriting Details						
Current Hail Insurance Provider:						
Current Hail Deductible Per Vehicle: Cu			Current Hail Deductible Per Occurrence:			
4. Locations						
Street Address	City	State	Zip	# of Vehicles on Lot	Dealers Open Lot Limit	

5. Limits Requested: \$100,000	\$250,000 \$500,000)
6. Additional Information (optional):		
•	ecified location on the insured	rage is only valid, and benefits are only payable if premises. The person signing this application must
I have selected the hail size to be in	nsured against. I understand on	ly this size or larger will result in payment.
☐ I understand this policy covers we decide to cancel for any reason, I und	•	nal. While the policy covers the entire year if I
☐ I have discussed this type of coverage and	•	gent, broker or advisor and I understand the
If accepted for coverage I agree to There will be a one-time fee for each a		il measuring equipment on each covered location.
NOTICE TO APPLICANTS: THIS APPLICATION THE INFORMATION PROVIDED.	ATION MUST BE COMPLETED IN	FULL AS THE QUOTE WILL BE BASED SOLELY
	Fraud Warning No	<u>tice</u>
AN APPLICATION FOR INSURANCE COI INFORMATION CONCERNING ANY FAC CRIME BY SIGNING THIS APPLICATION	NTAINING FALSE INFORMATION CT MATERIAL THERETO, COMM I, THE SIGNOR WARRANTS THAT LORADO, THE DISTRICT OF COL	Y INSURANCE COMPANY OR OTHER PERSON, FILES N, OR CONCEALS FOR THE PURPOSE OF MISLEADING ITS A FRAUDULENT INSURANCE ACT, WHICH IS A ITO THEIR BEST KNOWLEDGE ALL INFORMATION UMBIA, LOUISIANA, MAINE, TENNESSEE, AND
Name (type or print)	Signature	Date
Dealer/Officer Name (type or print)		
Agent Name (type or print)	 Signature	

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