



# Rain 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

Location of Event: Town

State

Zip Code:

Dates to Cover: (list all dates)

Hours to Cover / Each Day:

Coverage Amount / Per Day:

Deductible Days (This is Optional)

Rain Threshold (You may leave this blank and we will show the appropriate options for the amount of hours you've chosen to cover per day)

**(800)528-7975**

**sales@rainprotection.net**

**www.Rainprotection.net**

