

HCC SPECIALTY

A Division of HCC Insurance Holdings, Inc. (NYSE: HCC)

401 Edgewater Place, Suite 400, Wakefield, Massachusetts 01880 Telephone: (781) 994-6000 Facsimile: (781) 994-6001

SECURING INDEPENDENT WEATHER OBSERVERS

If an insured event is occurring several miles from the closest recording weather station, conflicting characteristics such as elevation or proximity to a body of water, or the Insured simply wants the recording to be location specific without risk of variation, an independent weather observer can be secured.

How does one secure an observer for the purpose of recording weather for an insured event?

We recommend contacting the local water treatment/pollution facility, University, TV or radio station, most of these have on-site or mobile equipment that can be employed for this purpose. If you need assistance, call us, we can help you in finding an observer who is qualified to meet your weather recording needs in your local region

Who is qualified to monitor the weather for an event?

1. A member of the AMS, IWW or NWA.
2. An active or retired member of the National Weather Service.
3. An active or retired member of the Canadian Weather Service.
4. An active or retired member of the Military.
5. A cooperative weather observer in some way affiliated with the National Weather Service or Canadian Weather Service.

Each of the above must have weather recording experience and access to proper instrumentation. The selected party must not be affiliated with or have a financial interest in the insured event.

Reporting:

Regardless of claim, an original report detailing the weather measurement as agreed upon, must be completed and submitted by the qualified observer. The qualified observer must sign this report and provide contact information.

Who is responsible for securing an Independent Weather Observer?

The insured is responsible for advising us of their intent to secure a qualified observer. They must provide us with a completed and signed Independent Weather Observer Approval Form of which we must approve prior to naming this person in the contract. The cost of the observer is the responsibility of the Insured.

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MEASUREMENTS AND EQUIPMENT

Rain: Rain measurements at a remote site must be recorded on an hourly basis in an open area away from any overhangs. The rain gauge must be calibrated to measure accumulation to the nearest hundredth of an inch (.01) and should have a measuring capacity of at least 5 inches. The gauge should be placed on a level site, sufficiently secure against a blowing wind.

Snow: Newly fallen snow measurements at a remote site must be recorded at a selected level location shielded from the wind. A minimum of three measurements within the selected site shall be made with the average value used as the recorded snow depth. Newly fallen snow will be recorded in the nearest tenth of an inch (.10). Measurements will be taken hourly unless otherwise advised and agreed to.

Wind: Wind measurements at a remote site must be recorded using an anemometer having the capacity to record wind values to at least 50 miles per hour. A reading should be taken/recorded, excluding gusts, every 15 minutes with the average of four values given as the recorded average wind per hour.

Temperature: Temperature measurements must be taken at a remote site recorded hourly with an acceptable gauge measuring to the nearest degree (Fahrenheit or Celsius). The gauge must be placed in an open area that is shielded from the sun or any other source that generates heat.

Other Weather Conditions: To be approved by HCC Specialty and agreed upon in writing prior to recordings.

NOTE: The agreed upon independent weather observer must stay with the equipment for the duration of the insured hours unless otherwise approved by HCC Specialty and agreed upon in writing prior to recordings.

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INDEPENDENT WEATHER OBSERVER (IWO) QUALIFICATIONS SHEET

Insured Name: _____
Insured Date: _____
Insured Hours: _____
Insured Location: _____

Independent Weather

Observer's Name: _____
Address: _____

Telephone Number: _____
Fax Number: _____

Please check off any and all of the following that pertain to your qualifications:

- ☐ An active or retired member of the National Weather Service with observational experience.
- ☐ A cooperative weather observer affiliated with the National Weather Service, NOAA, or NCDC.
- ☐ A current or former member of AMS, AWO, or NWA with observational experience.
- ☐ An academic in an Atmospheric Sciences program with observational experience.
- ☐ An employee of a local television or radio station with observational experience.

Description of Qualifications:

Requirements:

- ✓ Measurements will be taken using standard equipment for each Insured Peril as listed on Page 2 of this packet.
- ✓ On-site measurements must be recorded in accordance with the requirements set forth on Page 2 of this packet.
- ✓ The Independent Weather Observer's Record must be fully completed and legible (Page 4).

- ☐ I certify that neither I nor any member of my immediate family or those living in the same household is employed by or affiliated with the Insured in any way.

I hereby certify that the information provided above is true and accurate to the best of my knowledge.

Print Name: _____ Signature: _____

Title: _____ Date: _____

FOR INTERNAL USE ONLY:

Underwriter Approval: _____ Date: _____

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INDEPENDENT WEATHER OBSERVER'S RECORD

Insured Event:

Location of Event:

Insured Date:

Insured Hours:

Observer's Name:

Arrival Time:

Departure Time:

Description of Set-Up:

HOURS		WEATHER MEASUREMENT (i.e., rain, snow, wind, etc.)		DESCRIPTION	INITIALS
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
	to				
TOTAL:				INITIALS:	

I certify that the weather measurements recorded are true and accurate.

Signature: _____ Date: _____

INSTRUCTIONS

Measurements must be taken using standard equipment for each Insured Peril as listed on Page 2 of this packet. On-site measurements must be recorded in accordance with the requirements set forth on Page 2 of this packet. Please fax the completed form to the fax number shown above. In addition, the original document may be requested for claim purposes.

Please Note: This form will only be used to validate a claim if it is fully completed and legible.