

**APPLICANT INFORMATION**

1. **Named Insured:** \_\_\_\_\_

2. **Risk Address:** \_\_\_\_\_

3. **Insured Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Rooftop**  **Ground**

**MW Capacity:** \_\_\_\_\_ **Manufacturer and # of Panels:** \_\_\_\_\_

**Manufacturer and # of Inverts:** \_\_\_\_\_ **Year Installed** \_\_\_\_\_

*For additional projects please continue on another Solar Energy Application.*

**Operational**  **Construction**  **Development**

**Operator Name:** \_\_\_\_\_

**If rooftop, who does Structural Engineering Evaluation?** \_\_\_\_\_

**GENERAL LIABILITY**

1. **Please detail annual energy generation by location:**

**Annual KWH:** \_\_\_\_\_ **Sold To:** \_\_\_\_\_

**Utility:**  **Host:**  **Other:**

2. **Project Access – Restricted?** **YES**  **NO**

If YES, describe: \_\_\_\_\_

3. **Do you own or maintain any electric transmission distribution lines or substations?** **YES**  **NO**

If YES, describe line length (miles) and number of substations: \_\_\_\_\_

4. **If any work is subcontracted, please describe type of work contracted out & attach sample contract:**

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**Subcontractor coverage required:**

General Liability **YES**  **NO**  **Limit Required:** \_\_\_\_\_

Automobile **YES**  **NO**  **Limit Required:** \_\_\_\_\_

Umbrella/Excess Liability **YES**  **NO**  **Limit Required:** \_\_\_\_\_

Are you named as an additional insured? **YES**  **NO**

Do you waive your rights of subrogation? **YES**  **NO**

4. cont'd.

In contractual indemnification?      Mutual     To You     To Subcontractor

**Are certificates of insurance required for all subcontractors?**      YES       NO

5. **Describe Special Endorsements required by Host, Power Purchase Agreement, Interconnect Agreement, or Solar Incentive Program.**

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6. **Are you developing any additional sites?**      YES       NO

If YES, provide location(s) and describe what is being done: \_\_\_\_\_

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7. **Do you provide any consulting services for others?**      YES       NO

If YES, provide location(s) and describe what is being done: \_\_\_\_\_

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**PROPERTY**

1. **Values:**

**Location**

Panels	_____
Inverters	_____
Power Tower	_____
Operations Building	_____
Balance of Plant	_____
Spares	_____
Business Income <sup>(1)</sup>	_____
<b>Total</b>	_____

<sup>(1)</sup> Attach a completed Power Generation Business Income worksheet or RET Screen for each location.

2. **Deductible:**

Building and Personal Property	\$	_____
Windstorm/Hail	\$	_____
Flood	\$	_____
Earthquake	\$	_____
Lightning	\$	_____
Business Interruption	\$	_____

3. Please describe contingency plans in place for critical equipment failure (i.e. inverters).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Equipment under manufacturer's warranty? YES  NO  Warranty ends (date)? \_\_\_\_\_

**COVERAGES**

Please check coverages and limits desired

COVERAGE	LIMITS OF INSURANCE
<input type="checkbox"/> General Liability	_____
<input type="checkbox"/> Property	_____
<input type="checkbox"/> Auto*	_____
<input type="checkbox"/> Business Interruption*	_____
<input type="checkbox"/> Umbrella	_____
<input type="checkbox"/> Other _____	_____

Submit Current Financial Statements

*\*Complete Auto application required.*

**UMBRELLA**

1. Additional underlying insurance information:

**Auto**

Limits \_\_\_\_\_

Carrier \_\_\_\_\_

Premium \_\_\_\_\_

2. Auto

A. Number of vehicles \_\_\_\_\_ PP \_\_\_\_\_ Light \_\_\_\_\_ Med. \_\_\_\_\_ Heavy

Radius of Operations \_\_\_\_\_ Less than 50 miles \_\_\_\_\_ 50 – 150 miles \_\_\_\_\_ Greater than \_\_\_\_\_ Other

B. Driver Selection / Training Criteria

Is a formal driver safety training program utilized for all drivers? YES  NO

Do all drivers maintain valid licenses for the class of vehicle operated?

Are motor vehicle operating records reviewed for all drivers?  
*(If no, attach a list of drivers including date of birth, license number and state)*

**3. International Exposures:**

Describe operations and location: \_\_\_\_\_  
\_\_\_\_\_

**4. Watercraft or aircraft exposure?**

YES  NO

If YES, describe: \_\_\_\_\_  
\_\_\_\_\_

**LOSS HISTORY** - List paid and pending losses over last 5 years for submitted coverages:

DESCRIPTION	DATE OF LOSS	LOSS AMOUNT

**PRODUCER INFORMATION**

Producer/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**DECLARATION AND SIGNATURE**

I have read the above Application. I declare that to the best of my knowledge and belief the statements and information in this Application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this Application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

\_\_\_\_\_  
Signature for First Named Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date