

## Information

Named Insured:

Address:

FEIN:  Website:

Insured Contact / Title:  Phone Number:  Email:

Narrative of Insureds Operation:

Years in Business:  Broker Email:

LOB Request:

GL  Property  Inland Marine  Excess

## Types of Operations

Developer?  Yes  No

Please Provide Detail of Services Provided:

Solar System Owner?  Yes  No Residential %:  Commercial %:

EPC Contractor?  Yes  No Residential %:  Commercial %:

Installer?  Yes  No General Contractor %:  Sub Contractor %:

O&M Provider?  Yes  No General Contractor %:  Sub Contractor %:

## Employee Information

Number of Full-Time Employees:

Number of Part-Time Employees:

Number of Seasonal Employees:

Employee Turnover % in Past 3 Years:

Employee Turnover % in Past 5 Years:

## Certifications & Licenses

North American Board of Energy Practitioners:

Yes

No

If Other Licensing, Please Provide Details:

Number of Certified Employees:

Number of Owners, Supervisors, and/or Other Management-Level Employees:

## Historical Detail

Receipts:

Projected Policy Term:

Prior Policy Term:

2<sup>nd</sup> Year Prior:3<sup>rd</sup> Year Prior:4<sup>th</sup> Year Prior:

Payroll:

Projected Policy Term:

Prior Policy Term:

2<sup>nd</sup> Year Prior:3<sup>rd</sup> Year Prior:4<sup>th</sup> Year Prior:Subcontractor  
Costs:

Projected Policy Term:

Prior Policy Term:

2<sup>nd</sup> Year Prior:3<sup>rd</sup> Year Prior:4<sup>th</sup> Year Prior:

## Current Term Payroll Breakout:

(Please enter estimates for current year)

Non-Electrical Payroll:

Salesperson:

Electrical Payroll:

Roofing (*not in NJ, NY, or PA*):

Project Manager Payroll:

Engineering:

Clerical:

Solar Installation:

List All States Insured Operates In:

Do You Operate in NY?

 Yes  No

% of NY  
Exposure:

Current Year:

Year Prior:

2<sup>nd</sup> Year Prior:

3<sup>rd</sup> Year Prior:

4<sup>th</sup> Year Prior:






% of 5  
Boros  
Exposure:

Current Year:

Year Prior:

2<sup>nd</sup> Year Prior:

3<sup>rd</sup> Year Prior:

4<sup>th</sup> Year Prior:






Do You Operate in CA?

 Yes  No

% of CA  
New Home  
Installation:

Current Year:

Year Prior:

2<sup>nd</sup> Year Prior:

3<sup>rd</sup> Year Prior:

4<sup>th</sup> Year Prior:






## Operations / Installations

### Service Sectors

Solar %:

Other %:

Please list description of activities and % of "other" work in table below

### Additional Service Sectors

Other:



%:



If Other Work Exists, Please Provide Description and Payroll/Sales for Each:

Tract Homes?

 Yes  No

Estimated # of Development:

# of Homes Per Development:

Total # of Homes:

Name, Builder, and Contract for Development:

Condominium, Duplexes, Triplexes, Fourplexes, or Townhouses?

Yes  No

If yes, please explain:

If yes, do you ever install rooftop panels on buildings over than 50 Years?

Yes  No

Roofing Exposure?

Yes  No

Description of Roofing Exposure:

Are There Any Standalone Roofing Exposures That Do Not Relate to Solar Installations?

Yes  No

If So, Please Provide Detail:

# of Roofing Jobs:

Residential %:

Commercial %:

Types of Solar Work Performed

Installation %:

Service/Maintenance %:

Repair %:

Types of Systems Installed

Rooftop Residential %:

New Construction %:

Existing Homes %:

Rooftop Commercial/Industrial %:

Carport %:

Ground Mount %:

Do you perform work above three stories?

Yes  No

If Yes, Max Height:

What percentage of work is at Max Height?

Have you performed or will you or your subcontractors perform any work below grade?

Yes  No

If yes, Maximum Depth (inches):

% of Operations:

**Installation Detail**

**Estimated # of Installs Annually:**

**Residential:**

**Commercial:**



**Average Time to Complete Installation:**

**Residential:**

**Commercial:**



**Number of Crew Members Per Install:**

**Residential:**

**Commercial:**



**Average System Size (kW):**

**Residential:**

**Commercial:**



**What % Of Work Do You Perform as an EPC?**

**What % Of Work Do You Perform as a Sub?**

**EPC/Installer/O&M**

**Engineers on Staff?**

Yes  No

**What Percentage of Jobs Have Engineering Work In-house vs. Subbed Out to an Engineering Firm?**

**If Subbed Out, Does the Insured's Name Go On the Engineering Docs?**

Yes  No

**Do You Have Subcontractors?**

Yes  No

**Do you require proof of Workers Compensation and Liability insurance before they or their employees are allowed on the job site?**

Yes  No

**What liability limits do you require:**

**Do you require a written contract containing Hold-Harmless Agreement (favoring you) before they begin work?**

Yes  No

**Are you named as an Additional Insured on all subcontractors' policies?**

Yes  No

**Type of Work is Subcontracted Out:**

## Safety & Loss Control Provisions

(Please provide details for all YES answers)

**Is a Formal Safety Director Employed?**

**If Yes, Please Provide Name & Phone Number:**

Yes  No



**If No, Who Is in Charge of Safety? What Other Roles & Responsibilities Does This Individual Oversee?**

**Is There a Formal Safety Program?**

Yes  No

If Yes, Provide Details:

**Are Pre-Employment Drug Screens Performed?**

Yes  No

If Yes, Provide Details:

**Are Employees MVRs Checked Prior To Hiring and Monitored on a Regular Basis?**

Yes  No

If Yes, Provide Details:

**Is There a Vehicle Maintenance Program?**

Yes  No

If Yes, Provide Details:

**Does the Insured Follow OSHA Standards for Promoting a Safe Workplace?**

Yes  No

If Yes, Provide Details:

**Does the Insured Conduct Accident Investigations?**

Yes  No

If Yes, Provide Details:

**Is the Public Kept at a Safe Distance From All of the Insured Work Areas?**

Yes  No

If Yes, Please Explain:

**Has the Insured Ever Been Cited for Safety Violations?**

Yes  No

If Yes, Please Explain:

**Is There a Quality Control Program in Place for All Installations?**

Yes  No

If Yes, Provide an Example of a Quality Assessment of a Recent Installation

**Does the Insured Use Drones?**

Yes  No

How Are They Used?  
How Often?  
Is the Operator Licensed To Operate?

How Do Modules Get To the Roof for Residential Jobs?

How Do Modules Get To the Roof for Commercial Jobs?

What Sort of Jobsite Supervision Does the Insured Have To Review Employee Safety?

## Solar System Ownership

Do You Have Solar System Ownership?

Yes  No

### Protection

<p><b>Watchperson?</b>  <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>Does Site Have Lighting?</b>  <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>Ice Build-up Sensor With Remote Monitoring?</b>  <input type="radio"/> Yes <input type="radio"/> No</p>	<p><b>Lightning Ground Equipment?</b>  <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>Does Site Have Fencing?</b>  <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>Is Site Posted for No Trespassing?</b>  <input type="radio"/> Yes <input type="radio"/> No</p>	<p><b>Fire Protection with Remote Monitoring?</b>  <input type="radio"/> Yes <input type="radio"/> No</p>
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## Maintenance

Is There a Maintenance Agreement?

Yes  No

Company Performing Maintenance:

If Yes, How Often Are the Main Set-Up Transformers Tested?

Is There a Battery Room?

Yes  No

If Yes, Are Inverters, Charger, or Controller In the Same Room?

Yes  No

If Yes, Is the Room Well Ventilated?

Yes  No

Battery Type:

Lead Acid  Lithium Other:

Certifications: Untitled

## Solar Operational Project Outline

Total Number of Owned Assets:

<b>% Residential:</b> <input type="text"/>	<b>% Commercial:</b> <input type="text"/>	<b>% Ground:</b> <input type="text"/>	<b>% Roof:</b> <input type="text"/>
<b>Total # Systems in Residential:</b> <input type="text"/>	<b>Total # Systems in Commercial:</b> <input type="text"/>	<b>Total # Systems Ground:</b> <input type="text"/>	<b>Total # Systems Roof:</b> <input type="text"/>
<b>Total kW in Residential:</b> <input type="text"/>	<b>Total kW in Commercial:</b> <input type="text"/>	<b>Total kW in Ground:</b> <input type="text"/>	<b>Total kW on Roof:</b> <input type="text"/>
<b>Name:</b> <input type="text"/>	<b>Title:</b> <input type="text"/>		<b>Date:</b> <input type="text"/>

**Applicable in NY**

Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Signature**

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy. (Policyholders located in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, OH, OK, OR, PA, RI, TN, VA, WA, and WV must read the fraud language applicable to their state.

**Applicable in AL, AR, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only

**Applicable in CA**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in DC**

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in FL**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OK**

WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in VT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.