



Wind & Solar Energy Liability Application

Applicant's Name: _____

 Mailing Address: _____

 Web site Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Description Of Operations (indicate all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Solar Energy Contractors | <input type="checkbox"/> Wind Turbine Contractors |
| <input type="checkbox"/> Solar Energy Equipment Dealers or Distributors only | <input type="checkbox"/> Wind Turbine Equipment Dealers or Distributors only |
| <input type="checkbox"/> Solar Energy Farms | <input type="checkbox"/> Wind Farms-on-shore |
| <input type="checkbox"/> Solar Energy Systems-Existence hazard only (LRO) | <input type="checkbox"/> Wind Turbines-Existence hazard only (LRO) |
| <input type="checkbox"/> Other (Specify): _____ | |

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements: _____	\$
Deductible	\$

1. Location Of Operations:

Loc. No.	Street Address and City	State
1.	<input type="checkbox"/> Same as mailing address	
2.		
3.		
4.		

2. Contact person: _____ **Title:** _____

Phone number: _____

3. Length of time in business under applicant's name shown above: _____ years or new venture.

Years of experience: _____

Is applicant licensed? Yes No

Has applicant operated or been licensed under any other name(s) during the past ten (10) years? Yes No

If yes, provide prior name and describe type of operations:

Name	Description of Operations

4. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis
				(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

5. List all major projects completed within the last five years, including work in progress and planned projects.

Project Name	Date	Project Description	Location	Revenues
				\$
				\$
				\$
				\$
				\$

6. Total number of employees: _____

Number certified in: solar energy installation: _____ wind energy installation: _____

Type of certificates:

North American Board of Certified Energy Practitioners (NABCEP)..... Yes No

If no, provide details: _____

7. Account history for prior five years and projected current year:

Year	Payroll	Total Revenue	Subcontracted Cost		
			(a) Cost of Labor, Fees and Commissions	(b) Cost of Materials & Equipment Rental	(c) (a+b=c) Total Subcontracted Cost
Current	\$	\$	\$	\$	\$
1st Prior	\$	\$	\$	\$	\$
2nd Prior	\$	\$	\$	\$	\$
3rd Prior	\$	\$	\$	\$	\$
4th Prior	\$	\$	\$	\$	\$
5th Prior	\$	\$	\$	\$	\$

8. Does applicant have a formal safety program in operation?..... Yes No

If yes, provide details and/or attach a copy: _____

9. Does applicant have Workers' Compensation coverage in force?..... Yes No

10. Any employees working under U.S. Longshoremen's and Harborworkers' Act or Jones Maritime Act?..... Yes No

If yes, what percent of payroll? _____% Give city and state: _____

11. Does applicant use subcontractors?..... Yes No

If yes:

a. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? Yes No

b. Are certificates of insurance obtained from all subcontractors?..... Yes No

If yes, indicate minimum limit of liability required: \$ _____

c. Does applicant require all subcontractors to include the applicant as an additional interest on all subcontractors' policies?..... Yes No

d. Do written contracts contain hold-harmless agreements in favor of the applicant?..... Yes No

If no, explain when not required: _____

12. Is any operation insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance?..... Yes No

If yes, provide details: _____

13. Describe equipment used in operations: _____

Cranes/Cherry Pickers/Lifts—Maximum height: _____

14. Does applicant or applicant's subcontractors use explosives?..... Yes No

15. Is applicant involved in any hydro energy operations?..... Yes No

16. Is applicant involved in any offshore operations?..... Yes No

17. Is applicant involved in any biodiesel operations?..... Yes No
18. Is applicant involved in any biomass operations?..... Yes No
19. Is applicant involved in any geothermal energy operations?..... Yes No
20. Does applicant manufacture any products?..... Yes No
21. Any products sold under applicant's label?..... Yes No
22. Does applicant verify manufacturers have products liability coverage?..... Yes No
23. Is applicant named as additional insured by the manufacturer(s)?..... Yes No
24. If applicant is a dealer or distributor, does applicant also install and service products?..... Yes No
25. Does applicant import directly from foreign countries?..... Yes No
26. Does applicant sell any used items?..... Yes No
 If yes, what percent of sales does this represent? _____ %
 Any refurbishing or repair done prior to resale?..... Yes No
27. Does applicant hold a patent or ever involved in the design of any product?..... Yes No
 If yes, explain: _____
28. Does applicant own or maintain any electric transmission distribution lines or substations?..... Yes No
 If yes, describe line length (miles) and number of substations: _____
29. New York risks only: Any operations over three stories in height?..... Yes No
30. Any other insurance with this company or being submitted?..... Yes No
 If yes, list name(s) and/or policy number(s): _____
31. During the past three years, has any company ever canceled, declined, or refused similar insurance to the applicant? (Not Applicable in Missouri)..... Yes No
 If yes, advise: _____
32. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____

33. Additional Insured Information:

Name	Address	Interest

34. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Coverage					
Total Premium	\$	\$	\$	\$	\$

35. Loss History—Five-Year Period:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years..... Check if no losses last five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

36. Attach the following if applicable:

- a. Details of all losses in excess of ten thousand dollars (\$10,000): Yes No
- b. Agreement with Utility Company? Yes No
- c. Installation Warranty? Yes No
- d. Product Warranty? Yes No

37. Solar Energy or Wind Farms (Complete if applicable to applicant's operations):

a. Energy Farms:

Loc. No.	Solar Energy Farms			Wind Farms				
	Indicate Owner Operated or Lessors Risk Only	No. of Acres	Annual Wattage Hours Generated	Indicate Owner Operated or Lessors Risk only	No. of Acres	No. of Turbines	Maximum Height of Turbines	Annual Wattage Hours Generated
1								
2								
3								
4								

b. Site Security:

- On-site security: Yes No
- If yes, describe: _____
- Is site fenced? Yes No
- If yes, height of fence: _____ Type: _____
- Is site posted for No Trespassing? Yes No

c. How far are the wind turbines from neighbors building/home? _____

- d. Does applicant have any wind turbines without a lightning-specific warranty?..... Yes No**
- If yes, explain: _____

e. Proximity to nearest airfield: _____ miles _____

f. Do any rail lines, pipelines, or public roads pass through the property?..... Yes No

If yes, describe: _____

g. Is land used for other purposes? Yes No

If yes, describe: _____

h. Energy Generated is (% of each—Complete if owner operated):

Sold to Utility Companies: _____% Name of Utility Company: _____

Sold directly to Commercial/Industrial Companies: %

Sold directly to Residential Consumers: %

Used only for operations of the insured: %

Other (describe): _____ %

38. Solar Energy (Complete if applicable to applicant's operations):

a. Types of Solar Systems installed, serviced or repaired (% of each):

Solar Photovoltaic Systems Commercial _____% Residential _____%

Solar Thermal Systems Commercial _____% Residential _____%

Other: Describe: _____ Commercial _____% Residential _____%

b. Does applicant use only components approved by the Solar Rating and Certification Corporation (SRCC)?..... Yes No

If no, provide details: _____

c. What types of services and repairs does applicant perform? _____

d. Are the following types of services provided?

(1) Qualify the system to achieve customer electrical load and energy use..... Yes No

(2) Determine the location and impact of buildings, trees, local terrain and other obstacles at the client's site and suggest solutions to overcome their interference. Yes No

(3) Estimate output performance for the client, including the impact on their utility bill for on-grid systems or energy contribution to an off-grid battery charging system. Yes No

39. Wind Energy (Complete if applicable to applicant's operations):

a. What types of installation, services and repairs does applicant perform? _____

b. Does applicant construct or maintain wind turbines that produce more than one hundred (100) kilowatts (kw.) of power? Yes No

If yes, what percent of sales does this represent? %

c. Does applicant service or repair wind turbine/tower structures in excess of two hundred (200) feet (height from the ground to the top of the blades)? Yes No

If yes, what percent of sales does this represent? %

d. Types of wind turbine systems applicant sells and/or installs:

Turbine	Turbine Type No. 1	Turbine Type No. 2	Turbine Type No. 3	Turbine Type No. 4
Model number				
kw. capacity				
% of turbines installed	%	%	%	%
Blade length from tip of the blade to center of propeller	ft.	ft.	ft.	ft.
Tower			% of Total Installed	Maximum Height
Lattice type			%	ft.
Tube type			%	ft.
If other, describe:			%	ft.
Height of the systems:				
Combined height of tower and turbine blades from ground level to highest point of turbine blades	Minimum Height		Maximum Height	
	ft.		ft.	
		Average Height		ft.

e. Turbines sold or installed are manufactured by:

Type No. 1: _____ Mfgr. Web site: _____
 Type No. 2: _____ Mfgr. Web site: _____
 Type No. 3: _____ Mfgr. Web site: _____
 Type No. 4: _____ Mfgr. Web site: _____

f. Are geotechnical reports completed on all installation projects? Yes No
 If no, advise reason not needed. _____

g. Describe operations involving testing and certification (commissioning): _____

h. Are the following types of services provided?

- (1) Qualify the system to achieve customer electrical load and energy use? Yes No
- (2) Determine the location and impact of buildings, trees, local terrain and other obstacles at the client's site and suggest solutions to overcome their interference? Yes No
- (3) Determine the minimum acceptable tower height for the client's site? Yes No
- (4) Estimate turbine output performance for the client, including the impact on their utility bill for on-grid systems or energy contribution to an off-grid battery charging system? Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. **(Not applicable to Nebraska, Oregon or Vermont).**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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 subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly, provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK: 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 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.