

Wind & Solar Energy Liability Application

Applicant's Name	_____
Mailing Address	_____ _____
Location	_____ _____
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

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

Applicant is:

- Individual
 Corporation
 Partnership
 Joint Venture
 Limited Liability Company
 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 Coverage, Restrictions, and/or Endorsements: _____	\$
Deductible	\$

GENERAL INFORMATION

- 1. Contact person:** _____ **Title:** _____
 Contact person is: Owner
 General Manager
 Other: _____
 Daytime phone number: _____
 Nighttime phone number: _____
 Fax number: _____
 E-mail address: _____

2. **Length of time in business:** _____ years. **Years of experience:** _____

Are you licensed? Yes No

Type of license and no.: _____ Year license issued: _____

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

Have you 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	Describe Operations

3. **Schedule Of Hazards:**

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

4. **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					

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

If yes, minimum Limits required: \$ _____

Do you use uninsured subcontractors? Yes No

If yes, percentage of total subcontracted cost: _____%

6. **Are written contracts obtained from subcontractors, which include a hold harmless clause in your favor?** Yes No

If no, explain when not required: _____

7. **Are you named as an additional interest on the subcontractors' policies?** Yes No

8. Do you have a formal safety program in operation? Yes No
If yes, please explain and/or provide a copy: _____
9. Do you 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. Is any operation insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance? Yes No
If yes, provide details: _____

12. Do you have other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured: _____

13. Describe equipment used in operations: _____
Cranes/Cherry Pickers/Lifts—Maximum height: _____

14. Do you or your subcontractors use explosives? Yes No
15. Are you involved in any Hydro energy projects? Yes No
16. Are you involved in any offshore operations? Yes No

17. List additional interests:

Name and Address	Interest

18. Do you manufacture any products? Yes No
19. Are any products sold under your label? Yes No
20. Do you verify manufacturers have products liability coverage? Yes No
21. Are you named as additional insured by the manufacturer(s)? Yes No
22. Are you a dealer or distributor of products that you do not also install? Yes No
If yes, what percent of sales does this represent? _____%
23. Do you import directly from foreign countries? Yes No
24. Do you 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
25. Do you hold a patent or were you involved in the design for any product? Yes No
If yes, explain: _____
26. Do you have a formal warranty program? Yes No
If yes, please provide details or attach copy: _____

27. Previous carrier and loss information (current and previous five years): Check if no losses last five years.

Year	Company	Coverage	Premium	Date of Loss	Losses Paid/ Reserved	Description of Loss

28. Any other insurance with this company or being submitted? Yes No
 If yes, please list name(s) and/or policy number(s): _____

29. Any policy or coverage declined, cancelled or non-renewed during the prior three years (Not Applicable in Missouri)? Yes No
 If yes, advise: _____

30. New York risks only: Any operations over 3 stories in height? Yes No

ATTACHMENTS LISTED BELOW MUST BE INCLUDED WITH YOUR SUBMISSION

Details of all losses in excess of ten thousand dollars (\$10,000).

Do you have the following? If yes, attach copy.

- Agreement with Utility Company? Yes No
- Installation warranty? Yes No
- Product Warranty? Yes No
- Written safety program? Yes No

SOLAR ENERGY CONTRACTORS
 (Complete if applicable to your operations)

1. **Types of Solar Systems installed, serviced or repaired (% of each):**
 Solar Photovoltaic Systems Commercial _____% Residential _____%
 Solar Thermal Systems Commercial _____% Residential _____%
 Other: Describe: _____ Commercial _____% Residential _____%

2. **Does applicant use only components approved by the Solar Rating and Certification Corporation (SRCC)?** Yes No
 If no, provide details: _____

3. **Number of employees:** _____ **How many are certified in solar energy installations?** _____
 Type of certificate:
 North American Board of Energy Practitioners (NABCEP) Yes No
 If no, provide details: _____

4. **What types of service and repairs do you perform?** _____

5. Indicate if the following types of services are provided:

- a. Qualify the system to achieve customer electrical load and energy use. Yes No
- b. 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
- c. 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

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

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

WIND ENERGY CONTRACTORS
(Complete if applicable to your operations)

1. What types of installation, service and repairs do you perform? _____

2. Do you service or repair wind turbines that produce more than 100 kilowatts (kW) of power? Yes No
 If yes, what percent of sales does this represent? _____%

3. Do you service or repair wind turbine/tower structures in excess of 200 feet (height from the ground to the top of the blades)? Yes No
 If yes, what percent of sales does this represent? _____%

4. Types of wind turbine systems you sell and/or install:

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.
Other: Describe	%	ft.

Height of the systems:			
Combined height of tower and turbine blades from ground level to highest point of turbine blades	Minimum	Maximum	Average
	Height	Height	Height
	ft.	ft.	ft.

5. Turbines used 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: _____

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

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

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

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

9. Number of employees: _____ **How many are certified in wind energy installations?** _____
 Type of certificate:
 North American Board of Energy Practitioners (NABCEP) Yes No
 If no, provide details: _____

10. Do you own or maintain any electric transmission distribution lines or substations? Yes No
 If yes, describe line length (miles) and number of substations: _____

- 11. Indicate if the following types of services are provided:**
- a. Qualify the system to achieve customer electrical load and energy use. Yes No
 - b. 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
 - c. Determine the minimum acceptable tower height for the client's site. Yes No
 - d. 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

SOLAR OR WIND ENERGY GENERATING FACILITIES
 (Complete if applicable to your operations)

1. Location address or description:

Location No. 1 _____
 Location No. 2 _____
 Location No. 3 _____
 Location No. 4 _____

2. Energy Generating Facilities:

Loc. No.	<u>Owned</u> Wind Energy Generating Facilities				<u>Owned</u> Solar Energy Generating Facilities		
	No. of Acres	No. of Turbines	Annual Wattage Hours Generated	Annual Receipts	Square Footage	Annual Wattage Hours Generated	Annual Receipts
1							
2							
3							
4							

3. Energy Generated is (% of each):

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): _____ %

4. Site Security:

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

5. Do you own or maintain any electric transmission distribution lines or substations? Yes No

If yes, describe line length (miles) and number of substations: _____

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

7. Do you have any wind turbines without a lightning-specific warranty? Yes No

If yes, explain: _____

8. Proximity to nearest airfield: _____ miles

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

If yes, describe: _____

10. Is land used for other purposes: Yes No

If yes, describe: _____

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.

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 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.