



SPECIALTY UNDERWRITERS

part of the Crum&Forster group

ALTERNATIVE ENERGY SOURCE SOLAR / PV APPLICATION

160 WATER STREET, 16TH FLOOR, NEW YORK, NY 10038
PHONE 212 344-3000. FAX 212 422-0253

Table with columns: AGENCY, PROPOSED EFF DATE, PROPOSED EXP DATE, BILLING PLAN, PAYMENT PLAN, PHONE (No., Extension), FAX (No., Extension), DIRECT BILL, AGENCY BILL

PROJECT INFORMATION

Project Name:
Exact Site Address: (Please attach site plan)
Owner (Principle Named Insured): Name, Address
Financier (Loss Payee): Name, Address
Additional Named Insured(s): Name, Address
Principle Contractor(s): Name, Address
Certification(s): (e.g. NABCEP)
Operations & Maintenance Provider: Name, Address
Inspection Contact (Name & Phone No.)

Coverages Required:
[] Installation [] Transit (Domestic) [] Equipment / Property
[] Flood [] Earthquake [] Business Interruption

Deductible: (Note not all deductibles available for all project sizes)
[] \$ 5,000 [] \$10,000 [] Other:
Delay / Business Interruption Ded: (Note not all deductibles available for all project sizes)
[] 15 Days [] 20 Days [] 30 Days
Equipment Coinsurance: [] 80% [] 90% [] 100%

Type of Photovoltaic (PV) System:
[] Ground-mounted [] Roof-mounted* [] Parking Canopy
*(Fill out Building Information) [] Other: (e.g. BIPV, etc)
Mounting System:
[] Fixed-tilt [] Single-axis [] Dual-axis
[] Active Tracking [] Passive Tracking [] Wood Rack

Mounting Information: (Mfg, Model No.)

Loss History: (PLEASE ATTACH 3-YEARS HARD COPY LOSS RUNS, IF AVAILABLE)

Details of claims in the last 3-years:
Date, Loss Amount, Type of Loss
(including those covered by the manufacturer's warranty)

PHOTOVOLTAIC MODULE INFORMATION (PLEASE ATTACH A COPY OF THE PV MODULE DATA SHEET)

PV Module Info. (Mfr, Make, Model No.)
Annual Power Production (kW or MW): Occupied Area (S.F., Acres, etc.):

- LIGHTNING PROTECTION: _____ COMPLIES W/ NATIONAL ELECTRIC CODE
- GROUNDING PROTECTION: _____ COMPLIES W/ WIND CODE
- ANTI-THEFT SECURITY RAIL W/ ONE-WAY SCREW FITTINGS COMPLIES W/ EARTHQUAKE CODE
- PANELS CHAINED TOGETHER W/ HEAVY GAUGE WIRE
- INVERTER OR CONTROLLER IS NOT IN THE SAME SPACE OR BOX W/ BATTERY ICE BUILD-UP SENSOR
- BATTERY ROOM IS WELL VENTILATED FASTNERS

Equipment Information				Equipment / Property		Loss of Income	
YEAR INSTALLED	LENGTH OF MFR'S WARRANTY (YRS)	NO. OF UNITS IN EACH ARRAY	TOTAL NO. OF UNITS	VALUE PER UNIT	NEW REPLACEMENT VALUE	REVENUE PER UNIT	ANNUAL REVENUE
				\$ _____	\$ _____	\$ _____	\$ _____

Electricity Rate (i.e. - Power Purchase Agreement (PPA) agreed rate): \$ _____ / kWh

Inverters _____ \$ _____ \$ _____

Transformer(s) _____ \$ _____ \$ _____

Electrical Works - Control System(s), Meters & Wiring, etc. \$ _____

Mounting Structure \$ _____

Substation(s) \$ _____

Other: _____ \$ _____

Total Insured Values \$ _____ \$ _____

Total Project Limit \$ _____ \$ _____

Preventative Maintenance Information:

Is there a written planned preventative maintenance program: Yes No

Remote Monitoring: Yes No

If yes, monitored by & for: _____

Details of spares kept on site (or nearby location): _____

Lead times for key components: (e.g. PV Modules, Inverter, Transformer, etc.) _____

Substation and Backup Battery Information:

Is the Substation on site & owned by project: Yes No

Number of Backup Batteries hooked into the PV System:	
Description of Backup Batteries (e.g. type, location, fire-protection, etc.)	
Name of non-owned substation:	
Distance of non-owned substation from project:	

Are power lines to non-owned substation: Buried On surface Overhead

INSTALLATION COVERAGE

Commencement Date of Installation: _____ Expected Installation Period: _____

Anticipated Completion (take over date): _____ Testing & Commissioning Period: _____

Details of Security at Installation Site: _____

Any lifting or rigging involved? If yes, describe: _____

Any custom work involved? If yes, describe: _____

Does the PV system consist mostly of pre-assembled sections? Yes No

TRANSIT COVERAGE (for Installation Coverage) Domestic and 1st Party Coverage only:

Transportation route & means & mode: _____
Who is transporting the Modules? _____
Maximum value any one conveyance: _____
Expected transportation period: _____
Commencement date of transport: _____

BUSINESS INCOME COVERAGE (for Equipment Coverage)

Indemnity period: 3-months 6-months 12-months

Insured sum:	_____
Expected revenue for indemnity period: (Expected revenue = output in kWh in the indemnity period x sales price per kWh)	_____

EQUIPMENT COVERAGE

Ground-Mounted Information:

Distance & description of nearby exposures: (e.g. Buildings, vegetation, water, etc.)	_____
For nearby buildings (within 100 ft.), Occupancy of building:	_____
Details of Security at Site:	<input type="checkbox"/> PERIMETER FENCING <input type="checkbox"/> EXTERIOR LIGHTING <input type="checkbox"/> SECURITY GUARD(S) <input type="checkbox"/> SURVEILLANCE CAMERAS <input type="checkbox"/> OTHER: _____

Building Information: (for Non-Ground-Mounted projects)

Are there at least 10-years remaining of useful roof life: Yes No

Occupancies in the building:	_____
Distance & description of nearby exposures: (e.g. Buildings, etc.)	_____
For nearby building(s) (within 100 ft.), Occupancies of nearby building(s):	_____

Construction Type: <input type="checkbox"/> FIRE-RESISTIVE <input type="checkbox"/> MASONRY NON-COMBUSTIBLE <input type="checkbox"/> NON-COMBUSTIBLE <input type="checkbox"/> JOISTED MASONRY <input type="checkbox"/> FRAME	Load bearing specifications of the roof have been checked for the additional weight of: <input type="checkbox"/> The PV System <input type="checkbox"/> Weight of Ice and Snow <input type="checkbox"/> Ponding	Year Built: _____ Roof: _____ Wiring: _____ Plumbing: _____ Heating: _____ Public Protection Class: _____
	Total Building Area: _____ Number of Stories: _____	Yr Updated _____ Yr Updated _____ Yr Updated _____ Yr Updated _____

Roof Security & Roof Access: _____

Building Security: SECURITY GUARD(S) C/S BURGLAR ALARM OTHER: _____

Building Fire Protection: SPRINKLER SYSTEM C/S FIRE ALARM OTHER: _____

California Only:

Is the Building retrofitted in accordance with CA building codes: Yes No Date: _____

What is Brush clearance? (Vertical Feet): _____

Applicant's Signature: _____ (OWNER, PRINCIPAL, OR PARTNER)	Title: _____	Date: _____
Broker's Signature: _____		Date: _____
Address: _____		