



SPECIALTY UNDERWRITERS
part of the **Crum&Forster** group

ALTERNATIVE ENERGY SOURCE SOLAR / PV APPLICATION

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AGENCY		PROPOSED EFF DATE	PROPOSED EXP DATE
PHONE (No., Extension):		BILLING PLAN	
		PAYMENT PLAN	
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)	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000
	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> Other:
Delay / Business Interruption Ded.: (Note not all deductibles available for all project sizes)	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 10 Days	<input type="checkbox"/> 15 Days
	<input type="checkbox"/> 20 Days	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 50 Days
Equipment Coinsurance:	<input type="checkbox"/> 80%	<input type="checkbox"/> 90%	<input type="checkbox"/> 100%

Type of Photovoltaic (PV) System:	<input type="checkbox"/> Ground-mounted	<input type="checkbox"/> Roof-mounted*	<input type="checkbox"/> Building-mounted*
*(Fill out Building Information)	<input type="checkbox"/> Other: (e.g. BIPV, etc)		
Mounting System:	<input type="checkbox"/> Fixed-tilt	<input type="checkbox"/> Single-axis	<input type="checkbox"/> Dual-axis

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 Amounted, Type of Loss (including those covered by the manufacturer's warranty)	
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PHOTOVOLTAIC MODULE INFORMATION (PLEASE ATTACH A COPY OF THE PV MODULE DATA SHEET)

PV Module Info. (Mfr, Make, Model No.) _____

kW and Occupied Area (S.F., Acres, etc.): _____

Grounding / Lightning Protection: _____

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

If no, what plans exist for maintenance of PV Modules & associated equipment: _____

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: _____		