

| | | | |
|--|-----------------|--------------------------------------|-----------------|
| <u>PV System</u> | <u>%</u> | <u>Mounting System</u> | <u>%</u> |
| <input type="checkbox"/> Ground-mounted | _____ | <input type="checkbox"/> Fixed-tilt | _____ |
| <input type="checkbox"/> Roof-mounted | _____ | <input type="checkbox"/> Single-axis | _____ |
| <input type="checkbox"/> Building-mounted | _____ | <input type="checkbox"/> Dual-axis | _____ |
| <input type="checkbox"/> Other: (e.g. BIPV, etc) | _____ | | |
| % projects Grid-Tied: _____ | | | |

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|--|
| <u>Load bearing specifications of the roof have been checked for the additional weight of:</u> <input type="checkbox"/> The PV System <input type="checkbox"/> Weight of Ice and Snow <input type="checkbox"/> Ponding |
|--|

Expected Installation Period: _____
 Testing & Commissioning Period: _____

PROJECT INFORMATION

Types of Properties Targeted: _____

PV Modules (Mfr, Make, Model No.) typically used: _____

Mounting Systems typically used: _____

Typically System Security: PERIMETER FENCING EXTERIOR LIGHTING SECURITY GUARD(S) SURVEILLANCE CAMERAS
 (GROUND-MOUNTED) OTHER: _____

Typically System Security: SECURITY GUARD(S) C/S BURGLAR ALARM OTHER: _____
 (ROOF-MOUNTED)

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|--|-------|
| How are installation materials, including PV modules, tools & machinery, secured from damage & theft, if left on the job site overnight? | _____ |
| Description of any lifting or rigging involved: | _____ |
| Description of any custom-design work (to meet specific customer needs/requirements): | _____ |

Does the Insured confirm that there are at least 10-years remaining of useful roof life? Yes No

Does the Insured generally install systems that consist mostly of pre-assembled sections? Yes No

Are subcontractors used? If yes, describe: _____

Do subcontractors provide a Certificate of Insurance, with the Insured also named on the policy? Yes No

How are the project(s) typically financed? _____

Who owns the Solar / PV Systems? _____

Providing Power Purchase Agreements (PPA) to the building owners: Yes No

TRANSIT COVERAGE Domestic and 1st Party Coverage only:

Typical Transportation route & means & mode: _____

Who transports the Modules? _____

Maximum value any one conveyance: _____ Expected transportation period: _____

California Only:

Are the Building(s) typically retrofitted in accordance with CA building codes: Yes No

Minimum Brush clearance? (Vertical Feet): _____

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