



INSURED INFORMATION			
Named Insured:			
Named Insured Address:			
Contact Person:		Phone:	
Additional Insureds:			
Loss Payee:			
Existing/Previous Insurance Carrier (if applicable):			
Existing Policy Expiration Date:			
PROJECT INFORMATION			
Project Name(s):			
Exact Site Address (or Longitude/Latitude[s]):			
*PLEASE ATTACH COPY OF SITE LAYOUT			
Is land Leased or Owned:		Number of Acres:	
Year Commissioned:		Installed MW Capacity:	
Power Sold to:			
Name of Substation:			
Is Substation Owned and Insured by Project:			
Does Substation serve other Wind Projects:			
Name & MW Capacity of other Wind Projects:			
Number of Substation Transformers (if applicable):		Manufacturer:	
1) If more than one, is the Substation configured to reroute all power through one transformer:			
2) If YES, what is the Redundancy Available Output (e.g., 30%, etc.):			
3) If YES, confirm a blast wall/fire separation between the two:			
4) Substation Transformer Warranty Expiration Date:			
Length of Transmission Lines within Project:			
Length of Transmission Lines outside Project:			
Number of Solar Met Towers (if applicable):			
Complete List of Spares on Site:			
Security Details Onsite (e.g., fenced, 24/7 security, CCTV, controlled access, etc.):			
Details of Contingency Plans for Critical Equipment Failure:			
Please provide any additional information that will assist in evaluating the risk:			

Type of Technology:			
Mounting Type: (Roof / Ground / Carport)			
If Rooftop, confirm all host buildings comply with latest UBC or equivalent building codes with respect to fire protection and structural stability:			
If Rooftop, confirm Mounting Systems to comply with ASCE Standard 7-05 or equivalent recommendations for structural design:			
Solar Module Manufacturer:			
Certified By:			
Production Type Certificate:			
Are Solar Modules certified according to IEC 61215 or equivalent standards for design qualification and type approval:			
Confirm Solar Modules, control rooms and O&M buildings to comply with NFPA standards or equivalent:			
Model Numbers:		Number of Modules:	
Warranty Expiration Date:			
Warranty Details: (Solar Modules, inverters and substation to contain full parts and labor warranty and power output guarantee)			
*PLEASE ATTACH COPY OF WARRANTY			
Inverter Manufacturer:			
Number of Transformers:		Manufacturer:	
Battery Energy Storage System (BESS):			
1) Manufacturer:			
2) Has their process been certified by GL or any other design certificate:			
If NO, will they or are they in the process:			
3) Warranty Information:			
4) Is Energy Storage Container isolated from Substation:			
If YES, approximate distance:			
If NO, please advise configuration:			
5) Fire suppression system within Energy Storage Container:			
6) Are there PPA requirements for Energy Storage:			

7) How is Revenue Production calculated:	
8) Is system designed to isolate itself electrically if it senses any system irregularities:	
9) Can Project(s) put full energy to grid independent of the Energy Storage System:	
Lead Time for Key Components:	
Modules:	
Inverters:	
Transformer(s) / Other:	
COVERAGES	
OCEAN MARINE (OM – SECTION 1A) AND DELAY IN START-UP (DSU – SECTION 2A)	
OM Required:	DSU Required:
Details of Equipment (e.g., Modules, Inverters, etc.):	
Values of Equipment coming overseas:	
Maximum Value any one conveyance:	
Port of Origin(s):	
Will there be any temporary storage at Port or Other Location:	
Transportation Period:	Start: <input type="text"/> End: <input type="text"/>
Where does the OEM's Transit Insurance end:	
Property Damage Deductible requested:	
DSU Deductible requested:	
Indemnity Period:	
*PLEASE ATTACH PANEL SUPPLY AGREEMENT	
CONSTRUCTION ALL RISK (CAR – SECTION 1B) AND DELAY IN START-UP (DSU – SECTION 2A)	
CAR Required:	DSU Required:
Construction Start Date:	Est Completion Date
*PLEASE ATTACH CONSTRUCTION SCHEDULE AND PANEL SUPPLY AGREEMENT	
EPC/BOP Contractor:	
Is any work subcontracted (if YES, please answer the following):	
Are you named as an Additional Insured:	
Do you waive your Rights for Subrogation:	
Is Contractual Indemnification Mutual to you or to subcontractors:	
Are Certificates of Insurance required for all subcontractors:	
*PLEASE ATTACH EPC/BOP CONTRACT	

Will this insurance cover be Primary or Secondary to any other insurance cover:			
*IF SECONDARY, PLEASE PROVIDE EVIDENCE OF PRIMARY COVER			
Property Damage Deductible requested:			
DSU Deductible requested:			
Indemnity Period:			
OPERATING ALL RISK (OAR – SECTION 1C), BUSINESS INTERRUPTION (BI – SECTION 2B), AND CONTINGENT BUSINESS INTERRUPTION (CBI – SECTION 2B)			
OAR Required:		BI Required:	
Inception Date of Operational Cover:			
Project Operations and Maintenance Provider:			
Distance to nearest O&M Facility:			
Warranty Service Provider (if other than O&M):			
*PLEASE ATTACH O&M CONTRACT			
Property Damage Deductible requested:			
BI Deductible requested:			
CBI Deductible requested:			
Indemnity Period:			
Loss History (Last 5 Years):			
Description:			
Date of Loss:			
Loss Amount (Paid and/or Reserved):			
*PLEASE ATTACH LOSS RUNS (IF APPLICABLE)			



STATEMENT OF VALUES (Completed in detail)	
SOLAR MODULE MANUFACTURER	
Module Value per Unit:	
Module Total:	
BALANCE OF PLANT (BOP)	
Inverters:	
Mounting Structure:	
Power Tower:	
Transformers:	
Substations:	
Operating Building:	
Transmission and Distribution Lines:	
Computer Hardware (SCADA) and Software:	
Spares:	
Miscellaneous Other BOP:	
BOP Total Values:	
TOTAL PHYSICAL DAMAGE VALUE (WTG + BOP):	
BUSINESS INTERRUPTION	
Production Tax Credits/ Incentives:	
Annual Income for Power Production:	
TOTAL BUSINESS INTERRUPTION	
TOTAL PHYSICAL DAMAGE VALUES + TOTAL BUSINESS INTERRUPTION = TOTAL INSURED VALUES (TIV):	



GENERAL LIABILITY		
Limits Requested (\$) - ACCORD APPLICATIONS OR EQUIVALENT REQUIRED FOR AUTO AND WC		
General Liability:		
Auto:		
Workers Compensation:		
Umbrella:		
Other:		
UMBRELLA - Additional Underlying Policy Terms:		
Auto:	Limits:	
	Carrier:	
	Premium:	
Workers Compensation:	Limits:	
	Carrier:	
	Premium:	
Other:	Limits:	
	Carrier:	
	Premium:	
AUTO		
Light (Less than 50 Miles):	Number of Vehicles:	
	Radium of Operations:	
Medium (51-150 Miles):	Number of Vehicles:	
	Radium of Operations:	
Heavy (Greater than 150 Miles):	Number of Vehicles:	
	Radium of Operations:	
A formal Driver Safety training program used for all Drivers:		
All Drivers maintain a valid DL for class of vehicle operated:		
Are motor vehicles operating records reviewed for all Drivers:		
*IF NO, PLEASE PROVIDE LIST OF ALL DRIVERS INCLUDING DOB, DL, AND STATE		
Describe International exposure (if any):		
Describe watercraft or aircraft exposure (if any):		
DECLARATION AND SIGNATURE		
I have read the above Application. I declare that to the best of my knowledge the statement and information on this Application and any attachments thereto are true, accurate, and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in the Application or in any attachments thereto is materially false, inaccurate or incomplete, the Insurer may deny coverage or cancel the policy.		
Signature for Named Insured:		
Title:		
Submitted By (Producer):		