

Solar Application

General information

Project name(s): _____

Project owner names: _____

Effective date: _____ Project address including coordinates: _____

Project type: _____

PV Solar: _____

- Ground mount
 Rooftop (Commercial, Industrial, Habitational, Residential)

Description of type and use of building: _____

- Carport
 BESS included (see separate supplement)

Project size

Solar MWdc nameplate capacity: _____

Estimated annual kWh production: _____

Coverage extensions required:

- Pollution
 Hired and Non-owned auto
 Employee benefits liability (Retro DT required)

Total limits of liability required: _____

Coverage requirements:

- Development
 Construction (owner's only interest)
 Operating

Unmanned aircraft

- Leased (Unable to offer blanket cover, need to schedule drones to the policy – see supplemental)
 Owned

How much residential or habitual exposure? _____

Are they manufacturing any equipment or components? _____

Check off if there are any projects in the following states:

AK
AZ
CA
CO FL
ID
MT
NV NM
OK
OR
TN TX
UT
WA
WY

Public site informationPublic access to site? Yes No

Site security details

- Fence
- Guard
- Video surveillance
- Other

Land leased or owned : _____

Number of acres : _____

Off taker:

- PPA
- Interconnect
- Host facility

Vegetation management plan (please provide copy or complete supplement)

How much T&D exposure do they have? _____

What is the total length of line? _____

If construction phase:

Expected construction period _____

Construction commencement date _____

Estimated total cost of construction _____

Anticipated completion date (substantial completion) _____

EPC, O&M, Contractor/Subcontractor insurance

Do all contractors/subcontractors carry first and third-party insurance(s)? Yes No Is there a contract in place (provide a copy) Yes No

What is the total annual subcontractor cost? _____

If their employees are performing O&M at these sites, and if so, what is the total annual payroll? _____

Confirm the coverages and limits required

- | | |
|--|---|
| <input type="checkbox"/> General Liability Limit | <input type="checkbox"/> Workers Compensation/Employers Liability |
| <input type="checkbox"/> Automobile Limit | <input type="checkbox"/> Limit Umbrella/Excess Limit |

Are you named as an additional insured? Yes No Do you waive your rights of subrogation? Yes No

Contractual indemnification

- Mutual
- To you
- To subcontractor

The undersigned declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true. It is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached to and become a part of such Policy, if issued. Insurer hereby is authorized to make any investigation and inquiry in connection with this Application as they may deem necessary. The Company will have relied upon such Applicant, attachments, and such other information submitted therewith in issuing such policy. The undersigned further certifies that he/she has read the applicable fraud notices referenced below in this Application and that none of the information provided herein has been provided in violation of any applicable insurance fraud laws or regulations.

A policy cannot be issued unless the application is properly signed and dated

Signature: _____ Title: _____ Date: _____

Fraud statements

General statement

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Applicable in all states except those specifically identified below).

Applicable in Alabama, Arkansas, Louisiana, Maryland, New Mexico, Rhode Island and West Virginia

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to (civil)** fines and (criminal penalties)** confinement in prison. *Applies in MD only. **Applies in NM only.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in the District of Columbia

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Florida

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 of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Kentucky, New York, and Pennsylvania

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)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**.*Applies in NY and PA only. **Applies in NY Only.

Applicable in Massachusetts and Nebraska

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Applicable in Maine, Tennessee, Virginia, 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 (may)* include imprisonment, fines, and denial of insurance benefits. * Applies in ME Only.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in New Hampshire

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Vermont

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.