

Information

Named Insured:

FEIN:

Address:

Insured Contact / Title:

Phone Number:

Email:

Website:

Years in Business:

Narrative of Insureds Operation:

Broker Email:

LOB Request:

GL Property Inland Marine Auto Umbrella WC

Types of Operations

Developer?

Yes No

Please Provide Detail of Services Provided:

Solar System Owner?

Yes No

Residential:

Commercial:

EPC Contractor?

Yes No

Residential:

Commercial:

Installer?

Yes No

General Contractor:

Sub Contractor:

O&M Provider?

Yes No

General Contractor:

Sub Contractor:

Employee Information

Number of Full-Time Employees: Number of Part-Time Employees: Number of Seasonal Employees:

Employee Turnover % in Past 3 Years:

Employee Turnover % in Past 5 Years:

Certifications & Licenses

North American Board of Energy Practitioners:

Yes No

If Other Licensing, Please Provide Details:

Number of Certified Employees:

Number of Owners, Supervisors, and/or Other Management-Level Employees

Historical Detail

Receipts:

Projected Policy Term:

Prior Policy Term:

2nd Year Prior:

3rd Year Prior:

4th Year Prior:

Payroll:

Projected Policy Term:

Prior Policy Term:

2nd Year Prior:

3rd Year Prior:

4th Year Prior:

Subcontractor
Costs:

Projected Policy Term:

Prior Policy Term:

2nd Year Prior:

3rd Year Prior:

4th Year Prior:

Current Term Payroll Breakout:

(Please enter estimates for current year)

Non-Electrical Payroll:

Salesperson:

Electrical Payroll:

Roofing (not in NJ, NY, or PA):

Project Manager Payroll:

Engineering:

Clerical:

Solar Installation:

List All States Insured Operates In:

Do You Operate in NY?

Yes No

% of NY Exposure:

Current Year:	Year Prior:	2 nd Year Prior:	3 rd Year Prior:	4 th Year Prior:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

% of 5 Boros Exposure:

Current Year:	Year Prior:	2 nd Year Prior:	3 rd Year Prior:	4 th Year Prior:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do You Operate in CA?

Yes No

% of CA New Home Installation:

Current Year:	Year Prior:	2 nd Year Prior:	3 rd Year Prior:	4 th Year Prior:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Send Financials When Submitting Application

Operations / Installations

Service Sectors

Solar %:

Other %:

Please list description of activities and % of "other" work in table below

Additional Service Sectors

Other:

%:

If Other Work Exists, Please Provide Description and Payroll/Sales for Each:

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Tract Homes?

Yes No

Estimated # of Development:

of Homes Per Development:

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Total # of Homes:

Name, Builder, and Contract for Development:

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Roofing Exposure?

Yes No

Description of Roofing Exposure:

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Are There Any Standalone Roofing Exposures That Do Not Relate to Solar Installations?

Yes No

If So, Please Provide Detail:

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of Roofing Jobs:

Residential %:

Commercial %:

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Types of Solar Work Performed

Installation %:

Service/Maintenance %:

Repair %:

Types of Systems Installed

Rooftop Residential %:

New Construction %:

Existing Homes %:

Rooftop Commercial/Industrial %:

Carport %:

Ground Mount %:

Installation Detail

Estimated # of Installs Annually:

Residential:

Commercial:

Average Time to Complete Installation:

Residential:

Commercial:

Number of Crew Members Per Install:

Residential:

Commercial:

Average System Size (kW):

Residential:

Commercial:

What % Of Work Do You Performance as an EPC?

What % Of Work Do You Performance as a Sub?

EPC/Installer/O&M

Engineers on Staff?

Yes No

What Percentage of Jobs Have Engineering Work In-house vs. Subbed Out to an Engineering Firm?

If Subbed Out, Does the Insured's Name Go On the Engineering Docs?

Yes No

Safety & Loss Control Provisions

(Please provide details for all YES answers)

Is a Formal Safety Director Employed?

Yes No

If Yes, Please Provide Name & Phone Number:

If No, Who Is in Charge of Safety? What Other Roles & Responsibilities Does This Individual Oversee?

Is There a Formal Safety Program?

Yes No If Yes, Provide Details:

Is There a Formal Training Program?

Yes No If Yes, Provide Details:

Are Pre-Employment Drug Screens Performed?

Yes No If Yes, Provide Details:

Are Employees MVRs Checked Prior To Hiring and Monitored on a Regular Basis?

Yes No If Yes, Provide Details:

Is There a Vehicle Maintenance Program?

Yes No If Yes, Provide Details:

Does the Insured Follow OSHA Standards for Promoting a Safe Workplace?

Yes No If Yes, Provide Details:

Does the Insured Conduct Accident Investigations?

Yes No If Yes, Provide Details:

Is the Public Kept at a Safe Distance From All of the Insured Work Areas?

Yes No If Yes, Please Explain:

Has the Insured Ever Been Cited for Safety Violations?

Yes No If Yes, Please Explain:

Is There a Quality Control Program in Place for All Installations?

Yes No

If Yes, Provide an Example of a Quality Assessment of a Recent Installation

Does the Insured Use Drones?

Yes No

How Are They Used?
How Often?
Is the Operator Licensed To Operate?

How Do Modules Get To the Roof for Residential Jobs?

How Do Modules Get To the Roof for Commercial Jobs?

What Sort of Jobsite Supervision Does the Insured Have To Review Employee Safety?

Please Send Any Supporting Documentation for YES Answers

Do You Have Subcontractors?

Yes No

Solar System Ownership

Do You Have Solar System Ownership?

Yes No

Protection

Watchperson?

Yes No

Does Site Have Fencing?

Yes No

Does Site Have Lighting?

Yes No

Is Site Posted for No Trespassing?

Yes No

Ice Build-up Sensor With Remote Monitoring?

Yes No

Lightning Ground Equipment?

Yes No

Fire Protection With Remote Monitoring?

Yes No

Maintenance

Is There a Maintenance Agreement?

Yes No

Company Performing Maintenance:

If Yes, How Often Are the Main Set-Up Transformers Tested?

Is There a Battery Room?

Yes No

If Yes, Are Inverters, Charger, or Controller In the Same Room?

Yes No

If Yes, Is the Room Well Ventilated?

Yes No

Battery Type:

Lead Acid Lithium Other:

Certifications: Untitled

(U.L., ETL Testing Laboratories, Etc.)

Solar Operational Project Outline

Total Number of Owned Assets:

% Residential:

% Commercial:

% Ground:

% Roof:

Total # Systems in Residential:

Total # Systems in Commercial:

Total # Systems in Ground:

Total # Systems on Roof:

Total KW In Residential:

Total KW In Commercial:

Total KW In Ground:

Total KW On Roof:

Please Request an SOV To Be Completed From Your Broker

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that at the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy.

Name:

Title:

Date:

Signature: