

Acadia Marine
here for you.

Solar Energy Supplemental Application

AGENCY INFORMATION

Agency Name:		Agency Code:		
Agency Address	Street:	City:	State:	Zip:
Producer Name				

GENERAL INFORMATION

Insured Name:		Date:	Policy Type:	
Mailing Address	Street:	City:	State:	Zip:
Effective Date	From:	To:		
Individual	Partnership	Corporation	Joint Venture	Other
If Other, explain:				

SOLAR EQUIPMENT

	A	B
Location		
Rooftop		
Ground		
KW Capacity		
MFG of Inverters		
Model of Inverters		
MFG of Panels		
Model of Panels		
Operational		
Operator Name		
Under Construction		
Project Type		
Contractor Name		
Mono-crystalline, Polycrystalline, or Amorphous?		
Any rare or difficult pieces of equipment to replace?		

PROPERTY - BREAKDOWN OF VALUE

Total Values		
Panels		
Inverters		
Operations Building		
Balance of Plant and Mounts		
Spares		

SOLAR EQUIPMENT (continued)		
Are installers and operators NABCEP certified?	Yes	No
Confirmation that no new prototypes or untested equipment will be used?	Yes	No
Confirmation only new equipment and parts will be used?	Yes	No
Are panels under warranty?	Yes	No
If Yes, explain coverage terms:		
If Yes, Expiration Date on warranty:		
Identify units not under warranty:		

BUILDING INFORMATION			
Occupancy		Year Built	
Total Square Feet		Number of Stories	
Wiring Updated (Year)		Roofing Updated (Year)	
Plumbing Updated (Year)		Heating Updated (Year)	
Fire Protection:			

POWER EQUIPMENT		
Number of Owned Transformers		
Number of Non-Owned Transformers		
Number of Inverters		
Value of Each Inverter		
Size of Each Inverter		
Manufacturer of Each Inverter		
Age	New	Retrofitted
Warranty on inverters	Yes	No
If Yes, explain coverage terms:	If Yes, Expiration Date on warranty:	
Identify units not under warranty:		

PROTECTION		
Watchperson?	Does site have fencing?	Does site have lighting?
Is site posted for no trespassing?	Ice build-up sensor with remote monitoring?	
Lightning ground equipment?	Fire protection with remote monitoring?	

MAINTENANCE			
Is there a Maintenance Agreement?	Yes		No
Company performing maintenance			
Is a formal transformer oil analysis in place?	Yes		No
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 same room?			
If Yes, is room well ventilated?	Yes	No	Battery Type (Lead Acid, Lithium, or Other):
Certifications (U.L., ETL Testing Laboratories, etc.)			



PREVIOUS INSURANCE/LOSS INFORMATION

Check box if no losses in past three years:

Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?	Yes	No
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If yes, give details:

Carrier:			Existing deductible:
Renewal offered?	Yes	No	Existing limit:
Existing rate:			Expiration date:

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: _____ Date: _____
 Producer Signature: _____ Producer Name (Please Print): _____



SOLAR EQUIPMENT (ADDITIONAL LOCATIONS)		
	C	D
Location		
Rooftop		
Ground		
KW Capacity		
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Model of Inverters		
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SOLAR EQUIPMENT (ADDITIONAL LOCATIONS)		
	E	F
Location		
Rooftop		
Ground		
KW Capacity		
MFG of Inverters		
Model of Inverters		
MFG of Panels		
Model of Panels		
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