

**Acadia Marine**  
*here for you.*

**Solar Energy**  
 Supplemental Application

**AGENCY INFORMATION**

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

**GENERAL INFORMATION**

Insured Name:		Date:	Policy Type:						
Mailing Address	Street:	City:	State:	Zip:					
Effective Date	From:	To:							
Individual	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>	Other	<input type="checkbox"/>
If Other, explain:									

**SOLAR EQUIPMENT**

	A	B
Location		
Rooftop	<input type="checkbox"/>	<input type="checkbox"/>
Ground	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	No <input type="checkbox"/>
Confirmation that no new prototypes or untested equipment will be used?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Confirmation only new equipment and parts will be used?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are panels under warranty?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
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 (KW)			
Manufacturer of Each Inverter			
Age	New	<input type="checkbox"/>	Retrofitted <input type="checkbox"/>
Warranty on inverters	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, explain coverage terms:		If Yes, Expiration Date on warranty:	
Identify units not under warranty:			

PROTECTION			
Watchperson?	<input type="checkbox"/>	Does site have fencing?	<input type="checkbox"/>
		Does site have lighting?	<input type="checkbox"/>
Is site posted for no trespassing?	<input type="checkbox"/>	Ice build-up sensor with remote monitoring?	<input type="checkbox"/>
Lightning ground equipment?	<input type="checkbox"/>	Fire protection with remote monitoring?	<input type="checkbox"/>

MAINTENANCE			
Is there a Maintenance Agreement?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Company performing maintenance			
Is a formal transformer oil analysis in place?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, how often are the main set-up transformers tested?			
Is there a battery room?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, are inverters, charger or controller in same room?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, is room well ventilated?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
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:		<input type="checkbox"/>	
Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, give details:			
Carrier:		Existing deductible:	
Renewal offered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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): \_\_\_\_\_



<b>SOLAR EQUIPMENT (ADDITIONAL LOCATIONS)</b>		
	<b>C</b>	<b>D</b>
Location		
Rooftop	<input type="checkbox"/>	<input type="checkbox"/>
Ground	<input type="checkbox"/>	<input type="checkbox"/>
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?		
<b>PROPERTY - BREAKDOWN OF VALUE</b>		
Total Values		
Panels		
Inverters		
Operations Building		
Balance of Plant and Mounts		
Spares		



<b>SOLAR EQUIPMENT (ADDITIONAL LOCATIONS)</b>		
	<b>E</b>	<b>F</b>
Location		
Rooftop	<input type="checkbox"/>	<input type="checkbox"/>
Ground	<input type="checkbox"/>	<input type="checkbox"/>
KW Capacity		
MFG of Inverters		
Model of Inverters		
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