

SOLAR PANEL SUPPLEMENTAL QUESTIONNAIRE

I. GENERAL INFORMATION

Named Insured: _____ DBA: _____

Facility Address: _____

City: _____ State: _____ ZIP Code: _____

II. GENERAL INFORMATION

Is the solar system equipment: Owned Leased

Are you responsible for insurance? Yes No

What is the name of the company that manufactured the solar panels? _____

What is the solar panel rating? _____ How many solar panels? _____

How are the solar panels mounted? (Attach picture) i.e. roof, ground, array, carport _____

If Roof mounted, how is the system mounted to the roof? Penetrating Ballasted

Are the Solar panels installed in a fixed position or do they track the sun? _____

Who monitors the system's performance and manages the preventative maintenance program of the equipment?

What (Jurisdiction or Professional Engineer) reviewed, inspected, and approved the solar system installation?

Do you have stamped and approved designs? Yes No

Is there a manual shut off to the array easily accessible by the fire department? Yes No

Are the solar panels still under warrant? Yes No

If so, when does the warranty expire? _____

If known what was the name of the installation contractor? _____

Are they a North American Board-Certified Energy Practitioners (NABCEP) certified contractor? Yes No

If known, which of the following system design features were addressed in the design plans (check all that apply):

System components (built to nationally recognized safety standards) Roof Load: Snow Ice

Lightning Hail High Winds/Hurricane Earthquake Flood

Other (List) _____

What are the safety features of the solar panels (rapid shutdown devices installed, fire setbacks from roof edge, etc)? _____

Do you have any spare inverters and transformers, as well as their key components, readily available? Yes No

Do you have an electrical power source available to sustain the operations in the event there is a loss of power of the photovoltaic system? Yes No

I understand that the insurance company determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Date

Applicant's Signature