

Renewable Energy Application

Broker Name
Broker Street Address
Broker City, State, Zip Code

PLEASE ANSWER ALL QUESTIONS COMPLETELY

All applicants must submit the following information in addition to the application:

1. Qualifications including resumes or certifications of key personnel if Professional Liability coverage requested
2. Most recent income statement and balance sheet if attachment point is greater than \$100,000
3. Current and prior 4 years of currently valued loss runs for all coverages requested for all Named Insureds
4. Completed Accord Application

GENERAL INFORMATION

1. Please fill out Applicant information below:

Full legal name of applicant:		Date:	
Inspection contact name:		Phone:	
Address:		City:	
State:		Zip code:	
Company website:		D&B No.:	
Email address:		NAICS:	

Company is a/an: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture
☐ Other (please describe) _____

2. Please specify if this is for a: ☐ New Business, ☐ Renewal, or ☐ Special Project
3. Please attach a copy of Project Contract and complete the Project Supplemental Application.



4. Please indicate below the coverages requested.

	Coverage Part	Occurrence	Claims Made	Occurrence Limit	Aggregate Limit	Deductible or SIR	Retroactive Date
<input type="checkbox"/>	General Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	
<input type="checkbox"/>	Contractor's Pollution Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	
<input type="checkbox"/>	Environmental Professional Liability	N/A		\$	\$	\$	
<input type="checkbox"/>	Site Pollution Or Sudden And Accidental	N/A		\$	\$	\$	
<input type="checkbox"/>	Excess	N/A	N/A	\$	\$	\$	

5. List any entities to be included as Named Insureds on the policy, including ownership or relationship information and date of acquisition or formation:

Named Insured	Ownership or Relationship	Date of Acquisition or Formation

6. How many years has the insured been in business performing services to be covered by this insurance policy? _____

7. Is work done through or by any affiliated or related company(ies)?

☐ Yes ☐ No

If yes, provide full details (use additional sheets if necessary):

8. Is the applicant or any affiliated or related predecessor entity currently involved with sharing office space, use of employees, or co-mingling of affiliated or related operations of any kind?

☐ Yes ☐ No

If yes, provide full details (use additional sheets if necessary):

9. Is the applicant a successor of any other business?

☐ Yes ☐ No

If yes, list predecessor:

10. Is the applicant directly or indirectly controlled, owned, or otherwise managed by another party? ☐ Yes ☐ No
If yes, provide full details (use additional sheets if necessary):

11. Does the applicant directly or indirectly control, own, or otherwise manage any other entity? ☐ Yes ☐ No

If yes, provide full details (use additional sheets if necessary):

FINANCIAL AND OPERATIONS INFORMATION

1. Indicate all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Biodiesel operations | <input type="checkbox"/> Offshore operations |
| <input type="checkbox"/> Biomass operations | <input type="checkbox"/> Solar energy contractors |
| <input type="checkbox"/> EV charging station installation | <input type="checkbox"/> Solar energy equipment dealers or distributors only |
| <input type="checkbox"/> Geothermal energy operations | <input type="checkbox"/> Solar energy farms |
| <input type="checkbox"/> Hydro-energy operations | <input type="checkbox"/> Wind farms-on-shore |
| <input type="checkbox"/> Lithium battery installation | <input type="checkbox"/> Wind turbine contractors |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Wind turbine equipment dealers or distributors only |

If any hydro-energy operations, describe any work on dams:

If any EV charging station installation, attach any applicable contracts.

2. List all major projects completed within the last 5 years, including work in progress and planned projects:

Project Name	Date	Project Description	State	Revenues
				\$
				\$
				\$
				\$
				\$

3. Provide account history for the prior 5 years and projected current year:

Year	Payroll	Total Revenue
Current	\$	\$
1 st prior	\$	\$
2 nd prior	\$	\$
3 rd prior	\$	\$
4 th prior	\$	\$
5 th prior	\$	\$

4. Does applicant have a formal safety program in operation? ☐ Yes ☐ No

If yes, provide details or attach a copy:

5. Are any employees working under the U.S. Longshore and Harborworkers' Act or Jones Maritime Act? ☐ Yes ☐ No

If yes, what percentage of payroll? _____% Give city and state: _____

6. Does applicant use subcontractors? ☐ Yes ☐ No

If yes,

- a. Are all subcontractors required to carry general liability and workers compensation Insurance? ☐ Yes ☐ No

- b. Are certificates of insurance obtained from all contractors? ☐ Yes ☐ No

If yes, indicate minimum limited of liability required: \$_____

- c. Does applicant require all subcontractors to include the applicant as an additional interest on all subcontractors' policies? ☐ Yes ☐ No

- d. Do written contracts contain hold-harmless agreements in favor of the applicant? ☐ Yes ☐ No

If no, explain when not required:

7. Is any operation insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance? ☐ Yes ☐ No

If yes, provide full details:

8. Describe equipment used in operations:

If equipment used are cranes or cherry pickers, or lifts, please provide their maximum height: _____

9. Does applicant or applicant's subcontractors use explosives? ☐ Yes ☐ No

10. Is applicant involved in any:

- a. Hydro energy operations? ☐ Yes ☐ No

If yes, describe any work on dams:

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| b. Offshore operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Biodiesel operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Biomass operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Geothermal energy operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Lithium battery installation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. EV charging station installation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, attach any applicable contracts.

- | | | |
|--|------------------------------|-----------------------------|
| 11. Does applicant manufacture any products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Any products sold under applicant's label? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Does applicant verify manufacturers have products liability coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Is applicant named as additional insured by the manufacturer(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. If applicant is a dealer or distributor, does applicant also install and service products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Does applicant: | | |
| a. Import directly from foreign countries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Sell any used items? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes,

What percent of sales does this represent? _____ %

Is any refurbishing or repair done prior to resale? ☐ Yes ☐ No

- | | | |
|---|------------------------------|-----------------------------|
| c. Hold a patent or ever involved in the design of any product? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If yes, explain:

- | | | |
|---|------------------------------|-----------------------------|
| d. Own or maintain any electric transmission distribution lines or substations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If yes, describe line length (miles) and number of substations:

- | | | |
|---|------------------------------|-----------------------------|
| 17.. Does the applicant currently or in the future plan to provide services or perform work outside the United States of America? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If yes,

- | | |
|--|---------|
| a. What percentage of the applicant's services and work are performed outside the USA? | _____ % |
|--|---------|

- | | |
|---|----------|
| b. What is the estimated value of applicant's work performed outside the USA? | \$ _____ |
|---|----------|

- | | |
|---|--|
| c. List all countries, other than the United States, where the applicant currently or in the future plan to provide services or perform work: | |
|---|--|

- d. List all services provided or work performed outside the United States:

SOLAR ENERGY OR WIND FARMS (Complete if applicable to applicant's operation)

1. Energy Farms:

LOC Number	Solar energy farms			Wind farms			
	Indicate Owner Operated or Lessors Risk Only	Number of Acres	Annual Wattage Hours Generated	Number of Acres	Number of Turbines	Maximum Height of Turbines	Annual Wattage Hours Generated

2. Site security:

- a. Is there on-site security? ☐ Yes ☐ No

If yes, describe:

- b. Is the site fenced? ☐ Yes ☐ No

If yes, what is the: Height of fence? _____ Type of fence? _____

- c. Is the site posted for no trespassing? ☐ Yes ☐ No

3. How far are the wind turbine's from neighbor's building or home? _____

4. Does applicant have any wind turbines without a lightning-specific warranty? ☐ Yes ☐ No

If yes, provide full details (use additional sheets if necessary):

5. What is proximity to nearest airfield? _____miles

6. Do any rail lines, pipelines, or public roads pass through the property? ☐ Yes ☐ No

If yes, provide full details (use additional sheets if necessary):

7. Is land used for other purposes? ☐ Yes ☐ No

If yes, provide full details (use additional sheets if necessary):

8. What percentage of energy generated is (complete if owner operated):
- a. Sold to utility companies? _____% If sold, name of utility company? _____
 - b. Sold directly to commercial or industrial companies? _____%
 - c. Sold directly to residential consumers? _____%
 - d. Used only for operations of the insured? _____%
 - e. Other (describe): _____

SOLAR ENERGY CONTRACTING (Complete if applicable to applicant's operation):

1. What are the types of solar systems installed, serviced, or repaired (percentage of each)?

☐ Solar photovoltaic systems:

Roof top commercial or Industrial _____%

Roof top residential _____%

Ground mount _____%

☐ Solar thermal systems:

Industrial _____%

Commercial _____%

Residential _____%

☐ Other (describe): _____

Industrial _____%

Commercial _____%

Residential _____%

2. What are the estimated number of installs annually?

Commercial _____ Residential _____

3. What percentage of your projects are located in the states of
AZ, CA, CO, FL, HI, LA, MI, NV, NY, OR, TX or WA _____%

4. What percentage of your projects are above 3 stories tall? _____%

5. Does applicant use only components approved by the solar rating and certification
corporation (SRCC)? ☐ Yes ☐ No

6. What types of services and repairs does applicant perform?

7. Are the following types of services provided:

a. Qualify the system to achieve customer electrical load and energy use? ☐ Yes ☐ No

- b. Determine the location and impact of buildings, trees, local terrain, and other obstacles at the client's site and suggest solutions to overcome their interference? [] Yes [] No
- c. Estimate output performance for the client, including the impact on their utility bill for on-grid systems, or energy contribution to an off-grid battery charging system? [] Yes [] No
8. Does the applicant currently or in the future plan to provide services or perform work in the states of AR, CA, CO, FL, HI, LA, MI, NV, NY, OR, TX, or WA? [] Yes [] No

If yes,

- a. What percentage of the applicant's overall sales is associated with this operation? _____ %
- b. Describe services provided:

WIND ENERGY CONTRACTING (Complete if applicable to applicant's operation):

1. What types of installation, services, and repairs does the applicant perform?

2. Does applicant construct or maintain wind turbines that produce more than 100 kilowatts (kw) of power? [] Yes [] No

If yes, what percent of sales does this represent? _____ %

3. Does applicant service or repair wind turbine or tower structures in excess of 200 feet (height from the ground to the top of the blades)? [] Yes [] No

4. What types of wind turbine systems does the applicant sell or install?

Turbine	Turbine Type No. 1	Turbine Type No. 2	Turbine Type No. 3	Turbine Type No. 4
Manufacturer				
Model number				
Kilowatt capacity				
Percentage of turbines installed	%	%	%	%
Blade length from tip of the blade to the center of propeller	ft.	ft.	ft.	ft.

Combined height of tower and turbine blades from ground level to highest point of turbine blades	Minimum Height	Maximum Height	Average Height
	ft.	ft.	ft.

5. Are geotechnical reports completed on all installation projects? [] Yes [] No

If no, advise reason not needed:

6. Describe operations involving testing and certification (commissioning):

INSURANCE CLAIMS HISTORY

1. Provide details on prior liability coverage for current year and prior 2 years:

Type of Coverage	Carrier	Effective Date	Retroactive Date	Limits of Liability	Deductible or SIR	Gross Annual Revenue
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

2. Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years? ☐ Yes ☐ No

If yes, provide full details (use additional sheets if necessary):

3. Is the applicant aware of any circumstances which may result in any claim, suit, or notice of incident against the applicant, the predecessors in business, any of the present or past partners or officers, or any staff member, or has any claim, suit, or notice of incident been made against the applicant, any officer, or any staff member?

☐ Yes ☐ No

If yes, provide full details of each incident:

4. Please provide any other information which might be pertinent to our underwriting review or coverage determination of the policy.

FRAUD WARNINGS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CA: For your protection, California law requires the following to appear on your application for insurance. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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 FL and OK: 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)*. *Applies in FL only.

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, NY, OH and PA: 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 only.

Applicable in ME, TN, VA and WA: 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 MN: 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 NJ: 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 OR: 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 VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other states: 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.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

Name of applicant

Title

Signature of applicant

Date

(Florida only) Agent license number: _____