

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Solar Energy Contractor Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant Name _____ Agent _____

Applicant Mailing Address _____ Applicant Phone Number _____

Web Address _____
Inspection Contact _____
Proposed Policy Period - From _____ to _____ Phone Number for Inspection Contact _____
Applicant is Individual Partnership Corporation Joint Venture Other _____
Location #1 _____
Location #2 _____

UNDERWRITING INFORMATION

- Years in business? _____ Years of Experience in this field? _____
- Description of Operations _____
- Percentage of work you perform as a: General Contractor ____% or Subcontractor: ____%
- Are you licensed? Yes No If yes, type of license and license #: _____
- # of employees: _____ # certified in solar energy installation _____
Name of entity providing certification (e.g. North American Board of Energy Practitioners) _____
- Does an individual certified in solar energy installation inspect all jobs upon completion? Yes No
- Type of systems you work on: Concentrating Solar Power Solar Photovoltaic Solar Thermal
Describe system _____
- If Solar Thermal, are components certified by Solar Rating & Certification Corporation (SRCC)? Yes No
- Percentage of each type of work: Residential ____% Commercial ____% Industrial ____%
- Percentage of units mounted on the ground ____% or rooftop ____%
For rooftop, who does Structural Engineering Evaluation? _____
- Does the applicant install, maintain and service systems that comply with standards set by Underwriters Laboratories (UL)? Yes No If no, provide details _____
- Is all equipment maintained and serviced in accordance with the manufacturer's operation and maintenance instructions? Yes No If no, provide details _____
- Do you have a written safety program? Yes No
Describe what safety precautions are in place _____
How do you protect the general public from potential injury? _____
- What is the maximum height of buildings you work on? (# of stories)
- Do you offer warranties (including for power production)? If yes, **attach** copies Yes No
- Have you operated under any other name(s)? Yes No
If yes, list name, years in operation, location and exposures. _____

17. Have you ever been involved in or are you aware of pending litigation against any named insured concerning construction defect or fungus/mold claims? Yes No
If yes, describe _____
18. Are you a subsidiary of another entity or do you have any subsidiaries? Yes No
19. Any operations sold, acquired, or discontinued in last 5 years? Yes No
20. Have you been active in or are you currently active in joint ventures? Yes No
21. Any bankruptcies, tax or credit liens against you in the past 5 years? Yes No
22. Details for yes responses: _____

LIST YOUR LARGEST JOBS IN THE LAST THREE (3) YEARS, INCLUDING WORK IN PROGRESS AND PLANNED PROJECTS:

CUSTOMER	DESCRIPTION OF WORK	JOB COST	LOCATION	DATE COMPLETED

SUBCONTRACTORS If you NEVER hire subcontractors, please check here

1. What type of work is subcontracted? _____ Total Subcontracted Cost _____
2. Are certificates of insurance required from subcontractors? Yes No
3. Do your subcontractors carry coverage or limits less than yours? Yes No
4. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors?
(A copy of the contract is mandatory to bind coverage) Yes No
5. Are you named as an additional insured on the subcontractors' policy? Yes No

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

PRIOR CARRIER HISTORY (ATTACH SEPARATE SHEET IF NECESSARY)

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain. Yes No

LOSS HISTORY (ATTACH SEPARATE SHEET IF NECESSARY)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: 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.

Florida: 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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, Washington: 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, or a denial of insurance benefits.

Maryland: 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date