

Solar Array or Roof Mounted Solar Coverage Application

GENERAL INFORMATION

1. Named Insured: _____
2. Mailing Address: _____
3. Policy Term: _____
4. Owner of Property (if different from Named Insured): _____
5. General Contractor/Engineering, Procurement and Construction (EPC) Contractor: _____
6. Detailed Description of the Project/Covered Property: _____

7. Total Limit of Insurance: \$ _____

LOCATION ADDRESS(ES)

Please provide the following information regarding your current and requested insurance programs:

LOCATION	ANNUAL POWER PRODUCTION MW OR KW	TOTAL AREA	LIMIT OF INSURANCE	LOSS OF INCOME
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$

POLICY LIMITS/DEDUCTIBLES REQUESTED

1. Property Damage: _____
2. Income Coverage: _____
3. Soft Cost/Delay in Completion (if Builder's Risk): _____

EQUIPMENT BREAKDOWN COVERAGE

Equipment Breakdown Coverage:

☐ Yes ☐ No

POWER PURCHASE AGREEMENTS OR FINANCIAL INCENTIVES

Please provide details of Power Purchase Agreements or other financial incentives, income, tax aspects relative to solar power generation exposure.

EQUIPMENT

1. Panels/Modules:

- a. Number: _____
- b. Manufacturer of Each: _____
- c. Value of Each: \$ _____
- d. Age (If retrofitted, state year of retrofit): _____
- e. Type (Fixed OR Tracking Single/Multi Axis): _____
- f. Power Generated MW or KW: _____
- g. Warranty? ☐ Yes ☐ No
If Yes, describe and advise as to how much time remains on warranty: _____
- h. Maintenance Agreement? ☐ Yes ☐ No
- i. Company Performing Maintenance? ☐ Yes ☐ No
- j. Converter/Inverter? ☐ Yes ☐ No
If Yes, provide #, size, value, manufacturer, make/model: _____
- k. Transformers? ☐ Yes ☐ No
If Yes, owned or rented? ☐ Owned ☐ Rented
If Owned, provide #, size, manufacturer, value, make/model: _____
- l. Attach any design or site plans (including any 1-line or 2-line drawings, if available)

2. Overhead Distribution and Transmission Power Lines

- a. Value: \$ _____
- b. # of feet extending from Insured premises: _____

3. Substations

- a. If Yes, owned or rented? ☐ Owned ☐ Non-owned
- b. Number of Transformers: _____
- c. Size of Each: _____
- d. Age—new or year of retrofit: _____
- e. Manufacturer: _____

SITE/PROJECT INFORMATION

1. Mounting type: ☐ Rooftop ☐ Carport ☐ Ground Mount
2. Is the equipment built or being built on a landfill? ☐ Yes ☐ No
3. If rooftop, describe construction of building and building occupancy: _____
4. If rooftop, is the building equipped by fire protection or suppression? ☐ Yes ☐ No
5. EPC Contractor Name and Address: _____
5. Operations and Maintenance (O&M) Provider Name and Address: _____

MAINTENANCE

1. Is there a written Preventive Maintenance Program for the entire project or specific components? ☐ Entire project ☐ Specific components
2. Are contingency plans in place to expedite replacement of key equipment? ☐ Yes ☐ No

SECURITY AND SURVEILLANCE

1. What is the distance from the facility to the nearest fire department? _____
2. What is the distance from the facility to the nearest fire hydrant? _____
3. Is the facility manned 24/7? ☐ Yes ☐ No
If No, how frequently is the facility visited? _____
4. Is the site fenced? ☐ Yes ☐ No
If Yes, what is the height of the fencing? _____
5. Is the facility equipped with remote monitoring, notification and shutoff capability in the event of an emergency? ☐ Yes ☐ No
6. Is there lighting around the facility? ☐ Yes ☐ No
7. Does the facility have an ice build-up sensor with remote monitoring? ☐ Yes ☐ No
8. Does the facility have lightning grounding equipment? ☐ Yes ☐ No

APPLICANT

Name: _____

Position: _____

Signature: _____

Date: _____

AGENT

Name: _____

Position: _____

Signature: _____

Date: _____

PAGE 3



The Hanover Insurance Company
440 Lincoln Street, Worcester, MA 01653

hanover.com
The Agency Place (TAP)—<https://tap.hanover.com>

All products are underwritten by The Hanover Insurance Company or one of its insurance company subsidiaries or affiliates ("The Hanover"). Coverage may not be available in all jurisdictions and is subject to the company underwriting guidelines and the issued policy. This material is provided for informational purposes only and does not provide any coverage. For more information about The Hanover visit our website at www.hanover.com

©2020 The Hanover Insurance Group. All Rights Reserved.