

Solar Panel Supplemental Application

Legal Name of Applicant _____ Policy Number _____
 Brokerage Name _____

Location/Address of Solar Panels _____ Postal Code _____

Are the solar panels a solar hydro producing system? YES _____ NO _____

Are the solar panels a solar water heating system? YES _____ NO _____

Replacement value of solar panels \$ _____

Capacity of panels (KW) and transformer MVA _____

Is the production of energy from the solar equipment an ancillary exposure to the Applicant's existing occupancy? YES _____ NO _____

Are the panels Ground mounted _____ Roof mounted _____ Wall mounted _____

If "Ground mounted", are there security measures in place (e.g. A/V sensors/fencing)? YES _____ NO _____

If "Roof mounted" or "Wall mounted", has an engineer confirmed load capacity? YES _____ NO _____

Does the solar installation have an electrical shut off switch? YES _____ NO _____

Where is the shut off switch located? _____

Has the attending fire department reviewed the solar installation? YES _____ NO _____

Does the Applicant have a feed in tariff contract? YES _____ NO _____

If "YES", is it Fit _____ Microfit _____ Other _____

Is there a commitment for a minimum output of energy that the Applicant must produce in an agreement? YES _____ NO _____

What is the anticipated revenue? \$ _____

What percentage of the total revenue does this represent? _____ %

Is there a full parts and labour maintenance or warranty agreement? YES _____ NO _____

Is there a ground mounted disconnects switch? YES _____ NO _____

Effective date Applicant is responsible to insure solar panels _____

Additional information may be required by our subscribing companies upon review of the basic information received

Applicant Name _____ Title/Position _____

Applicant Signature _____ Date _____

Broker Name _____

Broker Signature _____