

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

1. Years in business? _____ Years of Experience in this field? _____
2. Description of Operations _____
3. Percentage of work you perform as a: General Contractor ____% or Subcontractor: ____%
4. Are you licensed? ☐ Yes ☐ No If yes, type of license and license #: _____
5. # of employees: _____ # certified in solar energy installation _____
Name of entity providing certification (e.g. North American Board of Energy Practitioners) _____
6. Does an individual certified in solar energy installation inspect all jobs upon completion? ☐ Yes ☐ No
7. Type of systems you work on: ☐ Concentrating Solar Power ☐ Solar Photovoltaic ☐ Solar Thermal
Describe system _____
8. If Solar Thermal, are components certified by Solar Rating & Certification Corporation (SRCC)? ☐ Yes ☐ No
9. Percentage of each type of work: Residential ____% Commercial ____% Industrial ____%
10. Percentage of units mounted on the ground ____% or rooftop ____%
For rooftop, who does Structural Engineering Evaluation? _____
11. Does the applicant install, maintain and service systems that comply with standards set by Underwriters Laboratories (UL)? ☐ Yes ☐ No If no, provide details _____
12. Is all equipment maintained and serviced in accordance with the manufacturer's operation and maintenance instructions?
☐ Yes ☐ No If no, provide details _____
13. 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? _____
14. What is the maximum height of buildings you work on? (# of stories) _____
15. Do you offer warranties (including for power production)? If yes, **attach** copies ☐ Yes ☐ No
16. 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, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

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.

Kentucky

Application Forms: 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.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: 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.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date