

# Solar Energy Project Owner Contingent Warranty Claim Insurance Application

**Broker:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Key Contact/Telephone:** \_\_\_\_\_

**Name Insured:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**FEIN Number:** \_\_\_\_\_

**Applicant Information:**     Individual                       Corporation                       Subchapter "S" Corp  
     Partnership                       Joint Venture                       Limited Liability Corp

**Name Insured Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Effective Date of Coverage:** \_\_\_\_\_

**Name of Project:** \_\_\_\_\_

**Site Location:** \_\_\_\_\_

**Date Commissioned:** \_\_\_\_\_

**Ownership:** \_\_\_\_\_

**Parties and Interest:** \_\_\_\_\_

**Limit of Liability:**    Cost of Equipment \_\_\_\_\_  
    Revenue from PPA (Optional Coverage) \_\_\_\_\_

**Self Insured Retention:** 1% cost of solar equipment

**Revenue SIR:**                      ¾ of 1% of revenue

**Technology Employed at Project Site**

*List or attach list or other documentation  
 Attach spec sheet  
 Attached certifications*

Manufacturer	Model	Price	Quantity	Wattage	Eff. Date OEM Warranty

**Warranty Claims History**

*Please use separate sheet if necessary*

Manufacturer	Model	Claim Description	Remedy Provided

<p><b>Please attach all of these required documents.</b></p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Current OEM financial reports</li><li><input type="checkbox"/> OEM Warranty agreements, ESA, PPA</li><li><input type="checkbox"/> Detailed warranty claims history (5 years)</li><li><input type="checkbox"/> Product model specifications</li><li><input type="checkbox"/> Copies of IEC, ISO certifications</li></ul>	<p>Please check the boxes for those items you including with this application. We cannot release a bindable quotation without required risk information.</p>
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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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.  
(NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Broker

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Broker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**ADDITIONAL NOTES:**