

**SOLAR OR WIND CONTRACTORS, FARMS & MANUFACTURERS APPLICATION**

1. Proposed First Named Insured & Other Named Insured(s): \_\_\_\_\_

2. Mailing Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. Locations: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Effective Date Desired: From: \_\_\_\_\_ To: \_\_\_\_\_ Term Desired: \_\_\_\_\_

**DESCRIPTION OF OPERATIONS – Indicate all that apply**

- Solar Energy Contractor
- Solar Energy Equipment Dealer or Distributor only
- Solar Energy Farm or Developer
- Solar Energy Systems – existence hazard only (Lessors Risk Only)
- Solar Equipment Manufacturer
- Solar System Design
- Wind Turbine Contractor
- Wind Turbine Equipment Dealer or Distributor only
- Wind Farm on-shore
- Wind Turbine – existence hazard only (Lessors Risk Only)
- Wind Turbine Manufacturer
- Wind Turbine Systems or Machinery/Equipment Design
- Other (specify): \_\_\_\_\_

**LOCATIONS OF OPERATIONS (Street Address, City, State & Zip Code)**

Location #1:  Same as mailing address \_\_\_\_\_

Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_

Location #3: \_\_\_\_\_

Location #4: \_\_\_\_\_

**OPERATIONS**

1. Length of time in business under applicant's name shown above: \_\_\_\_\_ years

2. Years of ownership or management experience in the industry: \_\_\_\_\_ years

3. Has applicant operated or been licensed under any other name(s) during the past ten years?  Yes  No  
 If yes, provide prior name and describe type of operations: \_\_\_\_\_

4. Schedule of Hazards

Loc. No.	Class Description	Class Code	Exposure	Premium Basis

5. List all major projects completed within the last five years, including work in progress and planned projects.

Project Name	Date	Project Description	Location	Revenues
				\$
				\$
				\$
				\$
				\$

6. Total number of employees certified in:

Solar energy installation:

Wind energy installation:

7. Type of certificates:

North American Board of Certified Energy Practitioners (NABCEP)  Yes  No

If no, provide details:

8. Account history for prior five years and projected current year:

Year	Payroll	Total Revenue	Subcontracted Cost		
			(a) Cost of Labor, Fees and Commissions	(b) Cost of Materials & Equipment Rental	(c) (a+b=c) Total Subcontracted Cost

9. Do any employees work under the U.S. Longshoremen's and Harborworkers' Act or Jones Maritime Act?

Yes  No

10. Does applicant use subcontractors?  Yes  No If yes:

**Yes No**

a. Are all subcontractors required to carry General Liability and Workers Compensation insurance?

b. Are certificates of insurance obtained from all subcontractors?

If yes, minimum limit of liability required: \$ \_\_\_\_\_

c. Does applicant require all subcontractors to include the applicant as an additional interest on all subcontractors' policies?

d. Do written contracts contain hold-harmless agreements in favor of the applicant?

If no, explain when not required:

11. Is any operation insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance?  Yes  No

If yes, provide details:

12. Describe equipment used in operations:

**Yes No**

a. If any cranes, do all cranes conform to all OSHA/NCCCO standards?

b. Are all operators OSHA/NCCCO certified (and, if applicable, licensed by the state)?

c. Do any operations involve cherry pickers or other personnel lift equipment?

If yes, do any persons other than employees use the equipment?

Maximum height: \_\_\_\_\_ ft.

**Yes No**

13. Does applicant or applicant's subcontractors use explosives?

14. Is applicant involved in any of the following:

a. Hydro energy operations

b. Offshore operations

c. Biodiesel operations

d. Biomass operations

e. Geothermal energy operations

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 15. Does applicant manufacture any products?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are any products sold under applicant's label?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does applicant verify manufacturers have products liability coverage?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is applicant named as additional insured by the manufacturer(s)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. If applicant is a dealer or distributor, does applicant also install and service products?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Does applicant import directly from foreign countries?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Does applicant sell any used items?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, indicate percent of sales this represents: _____ %  |                          |                          |
| b. Any refurbishing or repair done prior to resale?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does applicant hold a patent or ever involved in the design of any products?<br>If yes, explain:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Does applicant own or maintain any electric transmission distribution lines or substations?<br>If yes, describe line length (miles) and number of substations: | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. <b>New York risks only:</b> Any operations over three stories in height?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Any other insurance with this company or being submitted?<br>If yes, list name(s) and/or policy number(s):   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Does applicant have other business ventures for which coverage is not requested?<br>If yes, explain and advise where insured:                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Is applicant involved in any Industrial/Commercial Solar Thermal Steam Generation?   | <input type="checkbox"/> | <input type="checkbox"/> |

**ADDITIONAL INSURED INFORMATION**

Name	Address	Interest

**PRIOR CARRIER INFORMATION**

Year	Carrier	Policy Number	Coverage	Total Premium
				\$
				\$
				\$
				\$
				\$

**LOSS HISTORY – Attach separate sheet if necessary**

**See Loss Runs Attached**

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, declined, refused, or nonrenewed by any company during the past 3 years?

No     Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years:

**Check if no losses last 5 years**

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Attach the following if applicable:

- Details of all losses in excess of ten thousand dollars (\$10,000)
- Agreement with Utility Company
- Installation Warranty
- Product Warranty

**SOLAR ENERGY OR WIND FARMS (Complete if applicable to applicant's operations)**

1. Energy Farms

Loc. No.	SOLAR ENERGY FARMS			WIND FARMS			
	Indicate Owner Operated or Lessors Risk Only	No. of Acres	Annual Wattage Hours Generated	Indicate Owner Operated or Lessors Risk Only	No. of Acres	Maximum Height of Turbines	Annual Wattage Hours Generated
1							
2							

2. Site Security

a. On-site security?  Yes  No If yes, describe:

b. Is site fenced?  Yes  No If yes, height of fence:

c. Is site posted for No Trespassing?  Yes  No

3. Distance wind turbines are from neighboring buildings/homes:

4. Does applicant have any wind turbines without a lightning-specific warranty?  Yes  No

If yes, explain:

5. Proximity to nearest airfield: Miles:

6. Do any rail lines, pipelines, or public roads pass through the property?  Yes  No

If yes, describe:

7. Is land used for other purposes?  Yes  No

If yes, describe:

8. Energy generated (% of each – complete if owner operated):

Sold to Utility Companies: % Name of Utility Company:

Sold directly to Commercial/Industrial Companies: %

Sold directly to Residential Consumers: %

Used only for operations of the Insured: %

Other (describe):

**SOLAR ENERGY (Complete if applicable to applicant's operations)**

1. Types of Solar Systems installed, serviced or repaired (% of each):

Solar Photovoltaic Systems Commercial % Residential %

Solar Thermal Systems Commercial % Residential %

Other (describe): Commercial % Residential %

2. Does applicant use only components approved by the Solar Rating and Certification Corporation (SRCC)?

Yes  No If no, provide details:

3. Types of services and repairs applicant performs:

4. Are the following types of services provided?

a. Qualify the system to achieve customer electrical load and energy use?  Yes  No

b. Determine the location and impact of buildings, trees, local terrain and other obstacles at the client's site and suggest solutions to overcome their interference?  Yes  No

c. Estimate output performance for the client, including the impact on their utility bill for on-grid systems or energy contribution to an off-grid battery charging system?  Yes  No

5. Does applicant construct or maintain wind turbines that produce more than one hundred (100) kilowatts (kw.) of power?  Yes  No If yes, percent of sales this represents: %

6. Does applicant service or repair wind turbine/tower structures in excess of two hundred (200) feet (height from the ground to the top of the blades)?  Yes  No  
 If yes, percent of sales this represents: %

**WIND TURBINES**

1. Types of wind turbine systems applicant sells and/or installs:

Turbine	Turbine Type No. 1	Turbine Type No. 2	Turbine Type No. 3	Turbine Type No. 4
Model Number				
Kw. Capacity				
% of Turbines Installed	%	%	%	%
Blade length from tip of the blade to center of propeller	ft.	ft.	ft.	ft.
<b>Tower</b>			<b>% of Total Installed</b>	<b>Maximum Height</b>
Lattice type			%	ft.
Tube type			%	ft.
Other (describe):			%	ft.
<b>Height of the systems:</b>				
Combined height of tower and turbine blades from ground level to highest point of turbine blades		<b>Minimum Height</b>	<b>Maximum Height</b>	<b>Average Height</b>
		ft.	ft.	ft.

2. Turbines sold or installed are manufactured by:

Type No. 1:	Mfgr. Website:
Type No. 2:	Mfgr. Website:
Type No. 3:	Mfgr. Website:
Type No. 4:	Mfgr. Website:

3. Are geotechnical reports completed on all installation projects?  Yes  No

If no, advise reason not needed:

4. Describe operations involving testing and certification (commissioning):

5. Are the following types of services provided?

- a. Qualify the system to achieve customer electrical load and energy use?  Yes  No
- b. Determine the location and impact of buildings, trees, local terrain and other obstacles at the client's site and suggest solutions to overcome their interference?  Yes  No
- c. Determine the minimum acceptable tower height for the client's site?  Yes  No
- d. Estimate turbine output performance for the client, including the impact on their utility bill for on-grid systems or energy contribution to an off-grid battery charging system?  Yes  No

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

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**FRAUD STATEMENTS**

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**ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) 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.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND 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, and denial of insurance benefits.

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**IMPORTANT NOTICE  
DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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**SIGNATURES**

Applicant Signature

Title

Date

Producer Signature

Date

Producer Name and Address