Safehold SPORTS

A DIVISION OF igp Specialty

# SOLAR PANEL SUPPLEMENTAL QUESTIONNAIRE

## I. GENERAL INFORMATION

Named Insured: _____ DBA: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

## II. GENERAL INFORMATION

Is the solar system equipment: ☐ Owned ☐ Leased Year solar system was installed: _____

Are you responsible for insurance? ☐ Yes ☐ No Estimated value of the Solar Photovoltaic System: _____

What is the name of the company that manufactured the solar panels? _____

What is the solar panel rating? _____ How many solar panels? _____

What is the total power generating capacity based on the nameplate rating of equipment (Watts/Kilowatts):

_____

How are the solar panels mounted? (Attach picture) i.e. roof, ground, array, carport _____

If Roof mounted, how is the system mounted to the roof? ☐ Penetrating ☐ Ballasted

Are the Solar panels installed in a fixed position or do they track the sun? _____

Who monitors the system's performance and manages the preventative maintenance program of the equipment?

_____

What (Jurisdiction or Professional Engineer) reviewed, inspected, and approved the solar system installation?

_____

Do you have stamped and approved designs? ☐ Yes ☐ No

Is there a manual shut off to the array easily accessible by the fire department? ☐ Yes ☐ No

Are the solar panels still under warranty? ☐ Yes ☐ No

If so, when does the warranty expire? _____

If known what was the name of the installation contractor?

Are they a North American Board-Certified Energy Practitioners (NABCEP) certified contractor? ☐ Yes ☐ No

If known, which of the following system design features were addressed in the design plans (check all that apply):

☐ System components (built to nationally recognized safety standards) Roof Load: ☐ Snow ☐ Ice

☐ Lightning ☐ Hail ☐ High Winds/Hurricane ☐ Earthquake ☐ Flood

☐ Other (List) _____

What are the safety features of the solar panels (rapid shutdown devices installed, fire setbacks from roof edge, etc)? _____

Do you have any spare inverters and transformers, as well as their key components, readily available? ☐ Yes ☐ No

Do you have an electrical power source available to sustain the operations in the event there is a loss of power of the photovoltaic system? ☐ Yes ☐ No

I understand that the insurance company determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

_____ _____

Date Applicant's Signature