

RENEWABLE ENERGY SYSTEMS – QUESTIONNAIRE

- To be used in connection with the Renewable Energy Systems Underwriting Guidelines – only one system per Questionnaire.
- Only a Company Underwriter may bind coverage on a Renewable Energy System risk.
- Attach additional pages if more space is required for responses.

Name of Applicant:	Policy #:	Agent/Broker:	Date:
Mailing Address (including Postal Code):		Location of Risk (including Postal Code):	

GENERAL INFORMATION

Policy Class: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial	
Type of System: <input type="checkbox"/> Solar/Photovoltaic <input type="checkbox"/> Wind <input type="checkbox"/> Water/Micro Hydro <input type="checkbox"/> Anaerobic Digesters	
Power generating rating from name plate on installed equipment:	Have you entered into an agreement to place power in the Grid? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, type of agreement: <input type="checkbox"/> MicroFIT <input type="checkbox"/> FIT <input type="checkbox"/> Net Metering <input type="checkbox"/> Other – describe:
When was the system manufactured?	When was the system installed?
Who installed the system? Provide name and address:	
How long has the system been operational?	Is the system or are any of its components reconditioned? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide details:
Has the system be inspected by a regulatory body (ESA in Ontario or similar authority)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a maintenance schedule in place for the system? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the system installed to the manufacturer's specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide details:	
Have you had any losses with respect to the use or operation of this or any other Renewable Energy System in the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide details:	
<input type="checkbox"/> Attach a diagram of the location where the system is installed showing all other structures including distances from the system.	

COVERAGE REQUESTED

<input type="checkbox"/> Property (based on Company Guidelines)	
Form: <input type="checkbox"/> Named Perils <input type="checkbox"/> Broad/All Risk	Deductible: \$ Coinsurance: <input type="checkbox"/> No-Co <input type="checkbox"/> 100% <input type="checkbox"/> Other:
Limit (must equal total installed value of the system must include all parts, material and labour costs – attach a schedule if required): \$	
<input type="checkbox"/> Loss of Income	
Form: <input type="checkbox"/> Standard <input type="checkbox"/> Extended	
Anticipated Revenue from Renewable Energy System: \$	
Revenue from All Other Operations: \$	
TOTAL: \$	
<input type="checkbox"/> Equipment Breakdown (refer to Company) not available on Residential policies	
<input type="checkbox"/> Liability (mandatory for any risk)	
Limit (must match underlying policy limit): <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> Other:	
Is a Certificate of Insurance required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details:	
If this is a FIT installation, is Environmental Impairment Liability required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

STORAGE BATTERIES	
Are storage batteries used with this system? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, skip this section.	
Does the storage comply with the Canadian Electrical Code? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you keep maintenance logs for the batteries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where are the batteries housed?	Is there adequate ventilation for the batteries? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETE THE SECTION BELOW FOR THE APPLICABLE SYSTEM

SOLAR/PHOTOVOLTAIC SYSTEM	
Type of System: <input type="checkbox"/> Free standing with tracking <input type="checkbox"/> Free standing with no tracking <input type="checkbox"/> Mounted on a structure	
If mounted on a structure, provide complete details:	Was a building permit obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the structure built to accommodate the system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If installed on an existing structure, was an engineer's report obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'free standing' is an automatic leveling device part of the system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a battery back-up to power the automatic leveling device? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the system have lightning and surge protection? Lightning protection <input type="checkbox"/> Yes <input type="checkbox"/> No Surge protection <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the extent of each	If 'free standing' how substantial is the base on which it stands? Does the engineers report reflect the results of a soil sample to determine the size of the base? <input type="checkbox"/> Yes <input type="checkbox"/> No Was excavation done to install the base? <input type="checkbox"/> Yes <input type="checkbox"/> No Was 're-bar' used to reinforce the base strength? <input type="checkbox"/> Yes <input type="checkbox"/> No

WIND SYSTEM	
Tower height: _____	If over 20 metres/65 feet, has an Aeronautical Obstruction Clearance been received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the tower sit on a concrete base? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the tower have locked turnbuckle connections at the base? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the tower have climbing guards? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how high: _____	Does the tower have lightning and surge protection? <input type="checkbox"/> Yes <input type="checkbox"/> No

WATER/MICRO HYDRO SYSTEM	
Have you received an environmental assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received the proper permits to use the water resource? <input type="checkbox"/> Yes <input type="checkbox"/> No

ANAEROBIC DIGESTER	
Does the construction/installation comply with required building codes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the gas line installations approved by TSSA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you add any "off-farm" organic materials (i.e. fat, oil, grease)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, do they comply with the guidelines set out in the Nutrient Management Act (ON) or other similar legislation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have documented safety policies and procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ontario only – Have you taken or registered to take the <i>Biogas Systems Operators Course</i> from OMAFRA? <input type="checkbox"/> Yes <input type="checkbox"/> No