

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 Deductible: \$ <input type="checkbox"/> Broad/All Risk	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

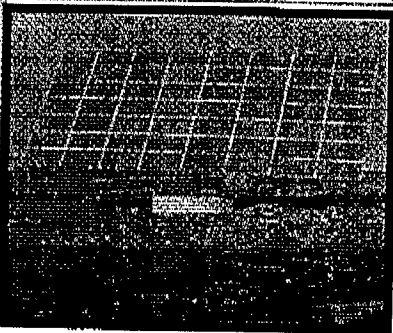


G-Talk

A helping hand when you need it most

February 17, 2010

Issue 3



MICROFIT SOLAR ENERGY

We are pleased to introduce our "Solar Energy" program:

- Coverage:** All Risk Building Wording (ACV settlement)
- Property Rate:** \$4/1000 (eligible for Claims Free and Full Time Farmers Discount)
IF ON FARM
- Deductible:** \$1000 (discounts available if higher deductibles)
- Liability:** \$75/unit (based on \$1,000,000 limit)
- Optional Coverage:** Loss of Income, Equipment Breakdown

REQUIREMENTS:

- The units must be insured in conjunction with a Property Policy (no stand alone coverage)
- Information must be submitted on the Photovoltaic Microfit Application for review and acceptance (click this box for documentation)
- All documentation as indicated on the application, must be included.
- No binding authority

Please note, the above program will be subject to change as more information becomes available.

How Can We Help You?



Ontario Mutual Insurance Association

Germania Mutual Insurance

403 Mary Street
Box 30
Ayrton, ON
N0G 1C0

Phone: (519) 665-7775

Fax: (519) 665-7558

www.germaniamutual.com



Use the pictures to check out the websites we have linked to them.