

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 been 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? Yes No If No, skip this section.

Does the storage comply with the Canadian Electrical Code?
 Yes No

Do you keep maintenance logs for the batteries?
 Yes No

Where are the batteries housed?

Is there adequate ventilation for the batteries?
 Yes No

COMPLETE THE SECTION BELOW FOR THE APPLICABLE SYSTEM**SOLAR/PHOTOVOLTAIC SYSTEM**

Type of System: Free standing with tracking Free standing with no tracking Mounted on a structure

If mounted on a structure, provide complete details:

Was a building permit obtained?
 Yes No

Was the structure built to accommodate the system?
 Yes No

If installed on an existing structure, was an engineer's report obtained?
 Yes No

If 'free standing' is an automatic leveling device part of the system?
 Yes No

Is there a battery back-up to power the automatic leveling device?
 Yes No

Does the system have lightning and surge protection?
 Lightning protection Yes No Surge protection Yes 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? Yes No
 Was excavation done to install the base? Yes No
 Was 're-bar' used to reinforce the base strength? Yes No

WIND SYSTEM

Tower height: If over 20 metres/65 feet, has an Aeronautical Obstruction Clearance been received?
 Yes No

Does the tower sit on a concrete base? Yes No

Does the tower have locked turnbuckle connections at the base?
 Yes No

Does the tower have climbing guards? Yes No
 If Yes, how high:

Does the tower have lightning and surge protection?
 Yes No

WATER/MICRO HYDRO SYSTEM

Have you received an environmental assessment?
 Yes No

Have you received the proper permits to use the water resource?
 Yes No

ANAEROBIC DIGESTER

Does the construction/installation comply with required building codes?
 Yes No

Are the gas line installations approved by TSSA?
 Yes No

Do you add any "off-farm" organic materials (i.e. fat, oil, grease)?
 Yes No

If Yes, do they comply with the guidelines set out in the Nutrient Management Act (ON) or other similar legislation?
 Yes No

Do you have documented safety policies and procedures in place?
 Yes No

Ontario only – Have you taken or registered to take the *Biogas Systems Operators Course* from OMAFRA? Yes No