



ROYAL OAK UNDERWRITERS, INC.

Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

Wind & Solar Energy Liability Application

Applicant's Name _____

Mailing Address _____

Location _____

Web site Address _____

Agency Name _____
Agent _____
Address _____

E-mail _____
Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify): _____

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements: _____	\$
Deductible	\$

GENERAL INFORMATION

1. Contact person: _____ **Title:** _____
Contact person is: ☐ Owner ☐ General Manager ☐ Other: _____
Daytime phone number: _____ **Nighttime phone number:** _____
Fax number: _____ **E-mail address:** _____

2. Length of time in business: _____ years. **Years of experience:** _____
Are you licensed? ☐ Yes ☐ No
Type of license and no.: _____ Year license issued: _____
Length of time in business under applicant's name shown above: _____ years or ☐ new venture.
Have you operated or been licensed under any other name(s) during the past ten (10) years? ☐ Yes ☐ No



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2. Length of time in business – cont'd:

If yes, provide prior name and describe type of operations:

Name	Describe Operations

3. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Bases	Liab. Terr.
				(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	

4. 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
Current					
1st Prior					
2nd Prior					
3rd Prior					
4th Prior					
5th Prior					



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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. Are certificates of insurance obtained from all subcontractors? ☐ Yes ☐ No

If yes, minimum Limits required: \$ _____

Do you use uninsured subcontractors? ☐ Yes ☐ No

If yes, percentage of total subcontracted cost: _____%

7. Are written contracts obtained from subcontractors, which include a hold harmless clause in your favor? ☐ Yes ☐ No

If no, explain when not required: _____

8. Are you named as an additional interest on the subcontractors' policies? ☐ Yes ☐ No

9. Do you have a formal safety program in operation? ☐ Yes ☐ No

If yes, please explain and/or provide a copy: _____

10. Do you have Workers' Compensation coverage in force? ☐ Yes ☐ No

11. Any employees working under U.S. Longshoremen's and Harborworkers' Act or Jones Maritime Act? ☐ Yes ☐ No

If yes, what percent of payroll? _____% Give city and state: _____

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

If yes, provide details: _____

13. Do you have other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

14. Describe equipment used in operations: _____

Cranes/Cherry Pickers/Lifts—Maximum height: _____

15. Do you or your subcontractors use explosives? ☐ Yes ☐ No

16. Are you involved in any hydro energy operations? ☐ Yes ☐ No

17. Are you involved in any offshore operations? ☐ Yes ☐ No

18. Are you involved in any biodiesel operations? ☐ Yes ☐ No

19. Are you involved in any biomass operations? ☐ Yes ☐ No

20. Are you involved in any geothermal energy operations? ☐ Yes ☐ No



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21. List additional interests:

Name and Address	Interest

22. Do you manufacture any products? ☐ Yes ☐ No

23. Are any products sold under your label? ☐ Yes ☐ No

24. Do you verify manufacturers have products liability coverage? ☐ Yes ☐ No

25. Are you named as additional insured by the manufacturer(s)? ☐ Yes ☐ No

26. Are you a dealer of distributor of products that you do not also install? ☐ Yes ☐ No

If yes, what percent of sales does this represent? %

27. Do you import directly from foreign countries? ☐ Yes ☐ No

28. Do you sell any used items? ☐ Yes ☐ No

If yes, what percent of sales does this represent? %

Any refurbishing or repair done prior to resale? ☐ Yes ☐ No

29. Do you hold a patent or were you involved in the design for any product? ☐ Yes ☐ No

If yes, explain: _____

30. Do you have a formal warranty program? ☐ Yes ☐ No

If yes, please provide details or attach copy: _____

31. Previous carrier and loss information (current and previous five years): ☐ Check if no losses last five years.

Year	Company	Coverage	Premium	Date of Loss	Losses Paid/ Reserved	Description of Loss

32. Any other insurance with this company or being submitted? ☐ Yes ☐ No

If yes, please list name(s) and/or policy number(s): _____

33. Any policy or coverage declined, cancelled or non-renewed during the prior three years (Not Applicable in Missouri)? ☐ Yes ☐ No

If yes, advise: _____

34. New York risks only: Any operations over three stories in height? ☐ Yes ☐ No



ATTACHMENTS LISTED BELOW MUST BE INCLUDED WITH YOUR SUBMISSION

Details of all losses in excess of ten thousand dollars (\$10,000).

Do you have the following? If yes, attach copy.

Agreement with Utility Company? ☐ Yes ☐ No
Installation warranty? ☐ Yes ☐ No
Product Warranty? ☐ Yes ☐ No
Written safety program? ☐ Yes ☐ No

SOLAR ENERGY CONTRACTORS
(Complete if applicable to your operations)

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

<input type="checkbox"/> Solar Photovoltaic Systems	Commercial _____ %	Residential _____ %
<input type="checkbox"/> Solar Thermal Systems	Commercial _____ %	Residential _____ %
<input type="checkbox"/> 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. Number of employees: _____ **How many are certified in solar energy installations?** _____

Type of certificate:
North American Board of Energy Practitioners (NABCEP) ☐ Yes ☐ No
If no, provide details: _____

4. What types of service and repairs do you perform? _____

5. Indicate if the following types of services are 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

WIND ENERGY CONTRACTORS
(Complete if applicable to your operations)

1. What types of installation, service and repairs do you perform? _____

2. Do you service or repair wind turbines that produce more than 100 kilowatts (kW) of power? ☐ Yes ☐ No
If yes, what percent of sales does this represent? _____ %



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3. Do you service or repair wind turbine/tower structures in excess of 200 feet (height from the ground to the top of the blades)? ☐ Yes ☐ No

If yes, what percent of sales does this represent? _____ %

4. Types of wind turbine systems you sell and/or install:

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.

Tower	% of Total Installed	Maximum Height
Lattice type	%	ft.
Tube type	%	ft.
If other, describe:	%	ft.

Height of the systems:			
Combined height of tower and turbine blades from ground level to highest point of turbine blades	Minimum Height	Maximum Height	Average Height
	ft.	ft.	ft.

5. Turbines used are manufactured by:

Type No. 1: _____ Mfgr. Web site: _____
Type No. 2: _____ Mfgr. Web site: _____
Type No. 3: _____ Mfgr. Web site: _____
Type No. 4: _____ Mfgr. Web site: _____

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

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

7. Are geotechnical reports completed on all projects? ☐ Yes ☐ No

If no, please advise reason not needed. _____



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8. Describe operations involving testing and certification (commissioning): _____

9. Number of employees: _____ How many are certified in wind energy installations? _____

Type of certificate:

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

If no, provide details: _____

10. Do you own or maintain any electric transmission distribution lines or substations?..... ☐ Yes ☐ No

If yes, describe line length (miles) and number of substations: _____

11. Indicate if the following types of services are 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

SOLAR OR WIND ENERGY GENERATING FACILITIES

(Complete if applicable to your operations)

1. Location address or description:

Location No. 1 _____

Location No. 2 _____

Location No. 3 _____

Location No. 4 _____

2. Energy Generating Facilities:

Loc. No.	<u>Owned</u> Wind Energy Generating Facilities				<u>Owned</u> Solar Energy Generating Facilities		
	No. of Acres	No. of Turbines	Annual Wattage Hours Generated	Annual Receipts	Square Footage	Annual Wattage Hours Generated	Annual Receipts
1							
2							
3							
4							



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3. Energy Generated is (% of each):
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): _____%
4. **Site Security:**
On-site security: _____ ☐ Yes ☐ No
If yes, describe: _____
Is site fenced? _____ ☐ Yes ☐ No
If yes, height: _____ Type: _____
Is site posted for No Trespassing? _____ ☐ Yes ☐ No
5. **Do you own or maintain any electric transmission distribution lines or substations?** _____ ☐ Yes ☐ No
If yes, describe line length (miles) and number of substations: _____
6. **How far are the wind turbines from neighbors building/home?** _____
7. **Do you have any wind turbines without a lightning-specific warranty?** _____ ☐ Yes ☐ No
If yes, explain: _____
8. **Proximity to nearest airfield:** _____ miles
9. **Do any rail lines, pipelines, or public roads pass through the property?** _____ ☐ Yes ☐ No
If yes, describe: _____
10. **Is land used for other purposes:** _____ ☐ Yes ☐ No
If yes, describe: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. (**Not applicable to Nebraska, Oregon or Vermont**).

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.



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WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.