**Solar Panel Questionnaire**

If the insured wishes for coverage to apply to the solar panels and the Business Income , please answer the following:

* When were the panels installed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Were they installed by a factory certified contractor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Size (kW) of solar panels \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of solar panels \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are these solar panels the sole source of power? \_\_\_\_\_\_\_\_\_\_\_\_\_
* Is power sold back to the electric company/grid? \_\_\_\_\_\_\_\_\_\_\_\_\_
* Are additional penalties or fees charged from the electric company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is there a Purchase Power Agreement in place? \_\_\_\_\_\_\_\_\_\_\_\_\_
	+ - If so, who with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please provide a brief summary of the attachment methods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Feed-in tariffs – Is the facility contracted for a feed-in tariff for electricity sold back into the grid, or will the system be closed for just their use? If the former, we need to know the projected income for selling power back under the subsidy program.
* Replacement cost values – Provide the break out for entire system on a 100% RC basis.
* Does the insured have a maintenance contract with s certified contractor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If Not who does the maintenance testing and how were they trained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are annual inspections performed?
* Will the system be warrantied and for how long?
* Will the contractor or any outside party be given entry code access to the facility to service or monitor the system?
* What training, if any, has the local fire department received in fighting fires that include solar panels? Have they been out to the facility to develop a plan of action should a fire occur?

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_