

# Proof of Loss

## POLICY DETAILS

QUESTION	ANSWER
Insured Name:	
Policy Number:	
Policy Issuance Date:	

## OFFTAKER DETAILS

QUESTION	ANSWER
Offtaker Legal Name:	
Employer Identification Number:	
Street Address:	
City:	
State:	
Postal Code:	

## CIRCUMSTANCE OF LOSS

QUESTION	ANSWER
What is the proof that the offtaker is insolvent?	
When did you first become aware a loss might occur:	
When did you first notify Energetic Insurance:	
How did you first become aware a loss might occur:	
Please describe in detail all actions taken to maintain grid connection and mitigate losses to the project:	
Last Received Payment Date:	
Date of First Loss:	
Last Received Payment Amount:	

Current Loss Amount:	
Describe any actions taken by the Lender/Lease Provider:	
Security Held:	
Please give details on security:	
Please give details on actions taken to enforce security:	
Please give details on recovery actions:	

## COLLECTION ACTION

QUESTION	ANSWER
Explain in detail all collections activity to date, including that of any project investor, lender, and/or loss payee:	
Was debt passed for collection to an external party:	
What date was the debt passed for collection:	
Please give the name, address, & telephone number of the external party:	
Please give a summary of the actions the external party has taken:	
Please provide any other information relevant to support your claim:	

## ATTACHMENTS

QUESTION	ANSWER
<b>Please note that Energetic Insurance and its insurance partners may need to ask for further documents and information to assess this Claim.</b>	
Evidence of insolvency:	
Complete Offtaker payment history, including payment dates and amounts:	
Current project financials:	
Evidence of actions taken to mitigate the loss and to recover the debt:	

Evidence of written demand to Offtaker and/or Guarantor:	
Any additional attachments & information you deem relevant:	

## DECLARATION

QUESTION	ANSWER
<b>I declare that the above statements made by me or on my behalf are true, complete to the best of my knowledge and belief, and that no information has been withheld that may influence the assessment of the claim. I undertake to inform Energetic Insurance of any changes in circumstances relating to this claim, including any recoveries. I declare that I have the authority to submit this Proof of Loss on behalf of the Insured.</b>	
When this form has been completed and signed, please forward it to:	
Energetic Insurance	
Claims Department	
2 Ave de Lafayette, 4th Floor	
Boston, MA 02111	
claims@energeticinsurance.com	
<hr/>	
Name of Signatory:	
Signature:	
Position in Company:	
Email:	
For and on behalf of:	
Company Name:	
Company Address:	
Phone Number:	
Today's Date	