Tellus Edge

ALTERNATIVE ENERGY APPLICATION

Please answer all of the following questions completely

Please submit the following information in addition to this application:

1. Completed ACORD application.
2. 5 years of currently valued loss runs for each line of business being sought.
3. Current and prior year financial statements (income statement and balance sheet).
4. Qualifications including resumes, brochures, licenses/certificates, and a listing of previous projects.
5. Copy of Standard Operation Procedures (SOP).
6. Copy of Subcontractor Agreement and/or Master Subcontractor Agreement.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN AUTHORIZED OWNER, PARTNER, OFFICER, DIRECTOR, OR RISK MANAGER OF THE FIRST NAME INSURED

I. APPLICATION INFORMATION:

Named Insured:			
Mailing Address:	City	State	Zip Code
Physical address if different:	City	State	Zip Code
Contact Name:	Contact Email:	Contact Phone #	Website address:
Is the applicant a subsidiary of another entity ☐ Yes ☐ No If yes, what entity (with full explanation):			
Company is: ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership, ☐ Joint Venture ☐ Other (please describe):			

II. COVERAGE REQUESTED:

☐ New Business	☐ Renewal	
Check the box that applies	☐ Commercial General Liability	☐ Occurrence ☐ Claims Made
	☐ Contractors Pollution Liability	☐ Occurrence ☐ Claims Made
	☐ Professional Liability (claims made only)	
	☐ Environmental Impairment Liability (claims made only)	
	☐ Other Coverages and/or Endorsements:	

Limits of Insurance Requested:	Each Occurrence/Claim: $	Aggregate: $
Deductible/SIR:	$	
Proposed Effective date: (mm/dd/yyyy):	Proposed Expiration date (mm/dd/yyyy):	

III. EXPIRING COVERAGE:

Coverage	General Liability	Contractors Pollution Liability	Professional Liability	Other
Carrier				
Limits				
Retroactive Dates				
Deductible				
Premium				
Effective Dates				
Retroactive Date				

IV. HISTORY OF COMPANY:

Date Established:			
Does the applicant have subsidiaries, parent company, and/or other related entities not listed above?	☐ Yes	☐ No	If Yes, explain:
Is the applicant a successor of any other business?	☐ Yes	☐ No	If Yes, please list predecessor:
Does the applicant share employees?	☐ Yes	☐ No	If Yes, explain:
Have there been any acquisitions, consolidations, dissolutions, mergers in the last 5 years?	☐ Yes	☐ No	If Yes, explain:
Has any Insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years?	☐ Yes	☐ No	If Yes, explain:
Has this account ever operated under a different name?	☐ Yes	☐ No	If Yes, explain:
Have any operations or services been discontinued, sold or abandoned or any operations that have been acquired?	☐ Yes	☐ No	If Yes, explain:

V. GROSS RECEIPTS:

Project Gross Receipts (for the next 12 months)	$
First Year Prior Gross Receipts (last year)	$
Second Year Prior Gross Receipts	$
Third Year Prior Gross Receipts	$

VI. OPERATIONS:

Provide brief description of applicant's operations:

ALTERNATIVE ENERGY OPERATIONS:

Operations	Projected Gross Receipts	Percentage Subcontracted to Others
Solar Panel Installation-Ground Mounted		
Solar Installation- Car Port		
Solar Installation-Commercial		
Solar Installation-Residential		
Solar Panel Developers(no contracting exposure)		
Solar Panel Operations-Maintenance		
Anaerobic Digester Construction-Food Waste/Animal Waste		
Methane Collection		
Natural Gas Fueling Installation/Construction		
Charging Stations-Commercial/Retail/Residential		
Energy Storage- Batteries		
Geothermal System Installation-Commercial/Industrial		
Geothermal System Installation-Residential		
Biomass Plant Construction		
Biomass Plant Operation		
Wind Turbine Installation		
Wind Turne Operational		
Total Alternative Energy Receipts: $		

SOLAR CONTRACTORS

☐ Check here if this section does not apply

Total percent of all work is residential/commercial	Residential % Commercial%	
Average/Maximum number of stories solar panels are installed?		

Does the applicant manufacture the solar panels that are installed? If yes, where are they manufactured?	☐ Yes	☐ No (if no please explain):
• Does the applicant offer service/maintenance agreements. If yes please provide:	☐ Yes	☐ No (if no please explain):

BIO-DIGESTESTERS

1. What is the construction of the system, and my prevention plans in place?
2. Who is responsible for the waste removal?
3. What controls are in place to mitigate any foaming events?
4. How is odor controlled?
5. Where is the facility location, rural or suburbs?
6. Who is providing the insured the water?
7. Is the exterior of the facility secured
8. What is the construction of the system, and my prevention plans in place?

V. SUBCONTRACTED OPERATIONS:

☐ Check here if this section does not apply

Total percentage of all work subcontracted to others (including 1099 employees):		%
What percentage of your work is with repeat subcontractors (vetted/preferred):		%
Does the applicant require a standard contract with your sub-contractors/independent contractors	☐ Yes	☐ No (if no please explain):

What are the minimum limits of liability required for your subcontractors/subconsultants?		
General Liability $	Contractors Pollution Liability $	Professional Liability $

When hiring subcontractors and/or subconsultants, do you:		
Obtain certificates of insurance?	☐ Yes	☐ No
Do you require a written contract for 100% of subcontractors utilized?		
Confirm all subcontractors are licensed and accredited?		
Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance?	☐ Yes	☐ No
Require to be named as an Additional Insured on the subcontractor's and/or subconsultant's policies?	☐ Yes	☐ No
Obtain Waivers of Subrogation?	☐ Yes	☐ No
Obtain Hold Harmless Agreements?	☐ Yes	☐ No
Verify all hired subcontractors and/or subconsultants carry workers' compensation coverage?	☐ Yes	☐ No

VI. OPERATIONS & PROCEDURES:

Does the applicant loan, lease or rent equipment to others?	☐ Yes If **yes,** describe the equipment: • What percentage of rented equipment requires an operator? • What percentage of rented equipment <u>does not</u> require an operator? • What Commercial General Liability limits are required from clients who use this equipment:? • Is the applicant named as Additional Insured on the client's Commercial General Liability policy? ☐ Yes or ☐ No • Does the client hold the applicant harmless and indemnify the applicant for their use of this equipment ☐ Yes or ☐ No	☐ No
Please list all states where the applicant performs operations		
Does the applicant perform any operations in New York State, do you conduct any operations in any of the 5 boroughs of New York City	☐ Yes (if **yes**, provide the percentage)	☐ No

(Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau or Suffolk Counties?		

VII. BUSINESS PRACTICES:

Do you ever perform Contracting Operations or Professional Services within 50 feet of a railroad?	☐ Yes (provide details of operations):	☐ No
Does your firm have any aircraft, watercraft or drone exposures? If yes, please describe:	☐ Yes (provide details of operations):	☐ No
Does your firm have written quality control procedures? If yes, please include the table of contents with this application	☐ Yes	☐ No
Does your firm have an in-house continuing education program? If yes, please describe:	☐ Yes	☐ No
Do you have a written formal health and safety program in place? If yes, what percentage?	☐ Yes	☐ No
Do you engage in any operations, involving Exterior Insulation and Finishing Systems (EIFS)?	☐ Yes	☐ No
Do you utilize the ASTM – 1527 standard Protocol for Audits/Assessments? If not, please attach a sample copy of your contract	☐ Yes	☐ No
Do you provide written warranties for your work?	☐ Yes	☐ No

VIII. CLAIM INFORMATION:

Has any claim, suit or notice of incident been made against the firm or any staff member?	☐ Yes (if yes, please attach full details on each incident)	☐ No
Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member?	☐ Yes (if yes, please attach full details on each incident)	☐ No
Has any staff member or employee been the subject of disciplinary action by authorities as a result of Contracting Operations or Professional Services? If yes, describe:	☐ Yes (if yes, please attach full details on each incident)	☐ No

XI. FRAUD WARNING:

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

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS WARNING: 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 insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: 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 PENNSYLVANIA APPLICANTS: 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.

NOTICE TO RHODE ISLAND: 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 TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE APPLICANTS: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

X. REPRESENTATION STATEMENT:

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signing of this application does not bind the applicant to the insurer to complete the insurance.

Name of Applicant	Title
Signature of Applicant	Date