



INSURANCE COMPANY (BARBADOS) LIMITED

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Solar P.V. Insurance Questionnaire

GENERAL INFORMATION

Project Name _____

Project Summary _____

Principal Named Insured _____

Insured Address _____

Contact Name _____

Telephone No.: H _____ W _____ M _____

Email Address _____

Additional Insured Name _____

Address _____

Is there any loan on the equipment? Yes No

If so: What is the Name of Mortgagee _____

Address of Mortgagee: _____

PROJECT SITE DETAILS:

Project Site Address _____

Year of Construction _____

Location of PV Panels: example warehouse, farm storage area, solar park _____

How are the PV panels fixed in position? Are they ground mounted or on a building?

If located on a roof of a building, what is stored in the building? _____

What is the construction of the building? _____

SECURITY

Please provide full details of security below

Is the location fenced? Yes No

Are security cameras mounted at location? Yes No

Is the area well lit? Yes No

Is there 24-hour security? Yes No

Is it monitored by a security firm? Yes No

If monitored by a security, state the name of the firm? _____

Is there anything in place such as bollards to protect the panels from damage by vehicles if adjacent to a road? _____

Is there any liability exposure to surrounding property? _____

If yes, please advise how close is the adjacent property and what is the nature of the exposure:

INSURANCE COVERAGE REQUIRED

Please indicate what coverage is required and the sum insured or Limit of Liability

FIRE AND PERILS _____

BUSINESS INTERRUPTION _____

What indemnity period is required? _____

PUBLIC LIABILITY

What is the period of insurance? _____

CONSTRUCTION DETAILS (IF INSTALLATION IS NEW)

Main Contractor's Name _____

Address _____

Contact Person _____

Project start date _____ Length of Project _____

Has the project been certified by the relevant authorities? Yes No

If so, please submit a copy of the certificate.

EQUIPMENT

Number of panels _____

Value of Panels _____

CLAIMS

Please state any claims occurring during the past 5 years, detailing the year of occurrence, claim event, actual settlement paid and period of business interruption

ANY OTHER INFORMATION

Please state any other information you think would be useful in evaluating this insurance

DECLARATION

I/We declare that all the answers in this Proposal are true; and no information has been withheld that might lead to influence the Company's decision regarding this proposal. I/We confirm that the amounts proposed represent the full value of the property and undertake to exercise all reasonable precautions for the safety of the property. I/We agree that this Proposal and Declaration shall be the basis of the contract between the Company and myself/ourselves and to accept the Policy issued under all the conditions contained therein or endorsed thereon and to pay the premium on request.

Date:

Signature: