



Municipality: \_\_\_\_\_

Location of solar panels: \_\_\_\_\_

Prepared by: \_\_\_\_\_

<b>POWER PURCHASE</b>	Power Purchaser(s): _____
	Expiration date of contract: _____
	Type of contract (Fixed Price, Net-Metering, etc.): _____

<b>SOLAR PANEL SPECIFICATIONS &amp; WARRANTY INFORMATION</b>	<b>Solar Panels:</b>		
	Manufacturer: _____	Model: _____	
	# of Panels: _____	Cost per panel: _____	Age of panels: _____
	Projected Rated Capacity (kWh or MW): _____		
	Roof mounted	Free standing	
	Are any panels' prototypes or utilize prototype components?	Yes	No
	Does system utilize mechanical tracking?	Yes	No
	Is the installation fenced in?	Yes	No
	1) If "no", are the backs of the panels covered to prevent access to wiring?	Yes	No
	Please describe the vegetation management plan, if applicable: _____		
	Who is providing maintenance to the installation? _____		
	General warranty coverage terms: _____		
	Identify units not under factory warranty: _____		
	Manufacturer warranty expires: _____		
	<b>Inverters:</b>		
	Manufacturer: _____		
	# of Inverters: _____	Country of origin: _____	Age of inverters: _____
	Rating/size of inverters: _____		
	Roof mounted	Free standing	
	Are any inverters prototypes or utilize prototype components?	Yes	No
	General warranty coverage terms: _____		
	Manufacturer warranty expires: _____		
	<b>Transformers &amp; Batteries:</b>		
	Any transformers owned by insured?	Yes	No
	Transformer manufacturer: _____	Year Built: _____	
Are any transformer prototypes or utilize prototype components?	Yes	No	
Battery manufacturer: _____	# of storage batteries: _____		
Rating/size of batteries: _____	Battery warranty expires: _____		
Are any of the storage batteries prototypes or utilize prototype components?	Yes	No	



**LOSS  
HISTORY**

Include any issues addressed through warranty or otherwise:

**COMMENTS**

Please provide any additional information/details not included above:

**To the best of the applicant's knowledge and belief, the information provided above is accurate and complete.**

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Applicant's Signature

Printed Name

Title

Date

Please email this completed request to [rmsunderwriting@memun.org](mailto:rmsunderwriting@memun.org)