

## Solar Panel Supplemental Questionnaire

Name Insured: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policy Number/Account Number: \_\_\_\_\_

Building Address: \_\_\_\_\_

1. Are the solar panels located at your facility owned? ☐ Yes ☐ No Leased? ☐ Yes ☐ No

If solar panels are owned by you:

- a. Is there a regular service/maintenance program in place? ☐ Yes ☐ No
- b. Is the maintenance program in accordance with the manufacturer specifications? ☐ Yes ☐ No
- c. Is there a warranty in place? ☐ Yes ☐ No

If yes, what is the expiration date of the warranty? \_\_\_\_\_

Please provide a copy of the contract.

If solar panels are leased by you, who owns the equipment? \_\_\_\_\_

- a. Do you have a SL (Solar Lease)? ☐ Yes ☐ No or PPA (Power Purchase Agreement)? ☐ Yes ☐ No
- b. Please provide a copy of the contract.

2. Where are the solar panels mounted? ☐ Rooftop(s) ☐ Ground ☐ Carport

If rooftop, please select applicable roof materials from table below:

ROOF MATERIALS					
<input type="checkbox"/>	Asphalt shingles	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Slate
<input type="checkbox"/>	Concrete tile	<input type="checkbox"/>	Clay tile	<input type="checkbox"/>	Wood shake
<input type="checkbox"/>	Gravel or asphalt built-up roof	<input type="checkbox"/>	Modified bitumen	<input type="checkbox"/>	EPDM (rubber membrane)
<input type="checkbox"/>	Roll roofing	<input type="checkbox"/>	PVC/TPO membrane	<input type="checkbox"/>	Sprayed polyurethane foam
<input type="checkbox"/>	Copper	<input type="checkbox"/>	Other/describe: _____		

- a. What is the age of your roof cover? \_\_\_\_\_
- b. Year solar panels were installed: \_\_\_\_\_
- c. Is it a ballasted rack system? ☐ Yes ☐ No or is it a penetrating rack? ☐ Yes ☐ No

3. Estimated value of the solar panels \$ \_\_\_\_\_

4. Was a certified structural engineer consulted to approve/stamp roof load capacity and roof integrity with the solar system added? ☐ Yes ☐ No
- Review roof load capacity and roof integrity? ☐ Yes ☐ No
- a. Was wind, snow and ice load considerations factored in based on local geography? ☐ Yes ☐ No

5. How many panels are installed on the building? \_\_\_\_\_ Percentage of roof covered: \_\_\_\_\_

- a. Size of the perimeter pathway: \_\_\_\_\_
- b. Size of firefighting pathway: \_\_\_\_\_
- c. Size of pathway for ventilation: \_\_\_\_\_

6. Who installed the solar panels? \_\_\_\_\_  
a. Is there a warranty in place? ☐ Yes ☐ No
7. What is the power generating capacity of the solar panels? \_\_\_\_\_kW
8. Were installation plans reviewed with the local fire department? ☐ Yes ☐ No  
a. Did they visit your premises to review physical plant exposures prior to installation? ☐ Yes ☐ No  
b. Does the FD maintain a set of plans for your installation? ☐ Yes ☐ No
9. Does the system have rapid shutdown devices installed? ☐ Yes ☐ No  
a. Are there accessible and identifiable disconnects for both the DC and AC systems? ☐ Yes ☐ No
10. Is the solar panel system grounded to protect against lightning damage? ☐ Yes ☐ No  
a. Is the system equipped with surge protection devices? ☐ Yes ☐ No
11. Have the solar panel systems been exposed to prior hail damage? ☐ Yes ☐ No  
a. If yes, when was damage fully repaired? ☐ Yes ☐ No
12. Are the solar panels acting as the primary electrical supply? ☐ Yes ☐ No  
or supplement or back-up power supply? ☐ Yes ☐ No  
Is surplus power sold back to the utility company? ☐ Yes ☐ No  
a. If yes, is this value included in the business income limit? ☐ Yes ☐ No
13. Are the solar panels a grid connected system? ☐ Yes ☐ No  
or self-contained system? ☐ Yes ☐ No
14. Do you have battery storage? ☐ Yes ☐ No  
a. Estimated value of the battery storage system: \$ \_\_\_\_\_  
b. Total system rating: \_\_\_\_\_ (power output kW/storage capacity kWh)  
c. Number of containers or cabinets: \_\_\_\_\_  
d. Could you continue to operate if the batter storage system was unavailable? ☐ Yes ☐ No
15. How many inverters does the building have? \_\_\_\_\_ Size of inverters: \_\_\_\_\_  
a. Model and manufacturer of inverters: \_\_\_\_\_  
b. Value of inverters: \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

PAGE 2



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