

# Green Home Power Generation Questionnaire



Insured's name:

Insured's address:

Address of installation:

When was the installation completed?

Type of equipment: solar panels  wind turbine

If solar panels, are they: roof mounted  wall mounted  on the ground

And: tracking  fixed

Is the equipment: owned  leased  non-owned

If non-owned, provide name of the owner:

If non-owned, does the insured lease their property to the owner of the equipment?

yes  no

Total value of the equipment (including installations):

Is the equipment professionally installed? yes  no

Name of installer:

Is the equipment: new  used

Is the equipment ULC/CSA approved? yes  no

Is the equipment connected to the power grid? yes  no

Name of the power generation company that you have a contract with:

What is the maximum nameplate\* capacity?

Is your connection: direct  indirect

Annual income from power generated:

Is equipment part of a collectively owned project? yes  no

Is there a guaranteed production level in the contract for production? yes  no

\* Manufacturer's total installed rated capacity of the equipment to generate electricity