



**ANAEROBIC DIGESTION/LANDFILL GAS FACILITIES
ADDITIONAL INFORMATION REQUEST**

A completed and signed copy of the ACORD 125 Commercial Insurance Application must be attached.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

GENERAL INFORMATION

First Named Insured & Other Named Insured(s):		Today's Date:
Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	
Contact Name:	Phone Number:	

REQUIRED ATTACHMENTS

Include a copy of the following with the submission if applicable:

- Contract for 3rd Party Maintenance and/or Operation
- Health & Safety Plan
- Plant Layout Diagram/Drawings
- Gas Quality Report

LOCATION/EQUIPMENT INFORMATION

Multiple Locations:

For multiple locations include a Statement of Values that includes the information requested below for each location.

Location Name/ Identifier: _____
 Address: _____
 City/State/Zip: _____

Year Original Equipment Was Installed: _____ Total Generating Output: _____ (MW)
 Operation: Anaerobic Digester: Landfill Gas Facility:
 Type of Anaerobic Digester Operation: Water Resource Recovery Facility Stand Alone Digester
 Farm Digesters: Plug Flow Complete Mix Covered Lagoon
 Total Area: _____ sq.ft. Number of Generator Sets: _____ Generating Output of
 Generator _____ Each Generator Set: _____
 Manufacturer: _____ Set Model: _____ Date Installed: _____

If an answer to any of the following questions varies by location, complete a separate supplemental application for each location or group of similar locations together under a single application.

1. Private Protection Inside Buildings

a. Are automatic fuel (methane gas) shut off valves used to protect the building systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do all building(s) have central station heat and smoke detection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does an automatic fire suppression system protect indoor feedstock storage and handling areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you monitor gas levels in biomass enclosures or adjacent enclosed areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do enclosed digesters have explosion proof electrical wiring and fixtures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Is fire protection testing and maintenance conducted at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Equipment Maintenance & Safety Devices

a. Is equipment maintenance performed in accordance with manufacturer specifications or industry recognized best practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is equipment maintenance self-performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. Is methane gas treated for the following impurities: <ul style="list-style-type: none"> • Hydrogen Sulfide? • Moisture and Sediment (condensate and sediment trap)? • Carbon Dioxide? • Siloxanes (Land Fill Gas Recovery Operations)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are all digesters covers and biogas holding tanks equipped with pressure and vacuum relief valves with flame arrestors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is a foam separator installed immediately downstream of the digester?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Is the combustion equipment originally designed to burn the biogas produced by the plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If the answer to the question above was <i>No</i> , does the combustion equipment consist of used or retrofitted equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Is a SCADA system used to monitor equipment performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Feedstock

a. Is a dependable and uniform supply of feedstock available to maintain a consistent level of biogas production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Describe types and sources of feedstock:	
<input type="checkbox"/> Sewage Sludge Source:	
<input type="checkbox"/> Food Waste Source:	
<input type="checkbox"/> Manure Source:	
<input type="checkbox"/> Other: Source:	
c. Are tipping fees charged for waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is there a sorting operation on site to separate the feedstock from the inorganic waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are feedstock suppliers contractually obligated to supply feedstock on a routine basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. If a new feedstock is going to be introduced, is it tested (via a test digester) to determine its impact on the digester's performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you contractually obligated to accept feedstock from the supplier?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Operations & Premises

a. Have there been any environmental incidents associated with this operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If the answer to the question above was <i>Yes</i> , were there any fines or penalties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you conduct plant tours for visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are these premises fenced and gated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you sell any of the methane gas generated by this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you sell any electricity produced by this facility? <i>If Yes</i> , the Grid <input type="checkbox"/> or Other entity <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you sell any byproducts, such as bio solids, as fertilizer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Staffing

a. Are plant operators employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do plant operators have 2 years or more experience in operating a biogas facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. What type of training have plant operators received?	

6. Incidents

Have there been any past fire or explosion incidents, regardless of whether or not they were reported to an insurance carrier? <i>If Yes, please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Pollution

Do you have a separate pollution liability policy in force?

Yes No

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA: 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.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OKLAHOMA: 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.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: x	Authorized Representative Name - Printed	Date (mm/dd/yyyy):
Producer Signature*: x	State Producer License No (required in FL):	Date (mm/dd/yyyy):

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer