

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 Plant Layout Diagram/Drawings Health & Safety Plan

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: _____

Total Building Area: _____sq.ft.

- Operation: Direct Combustion: Combined Heat & Power
 Co-Firing Fuel Type: Oil Natural Gas Coal
 Other: (please describe) _____

Equipment: Type of Boiler: _____	Number of Generator Sets: _____	Generating Output of Each Generator Set: _____
Boiler Manufacturer: _____	Year Original Equipment was Installed: _____	Total Generating Capacity Output: _____

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 (natural gas) shut off valves used to protect the building systems and boiler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the building(s) have central station heat and smoke detection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is an automatic fire suppression system located at all 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. Are dust or explosion proof electrical wiring and fixtures utilized where required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you utilize a SCADA system to monitor the equipment and overall plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Is fire protection testing and maintenance conducted at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are all equipment and conveyors grounded to eliminate static electricity?	<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
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b. Is equipment maintenance self-performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is there an emergency means of supplying feed water to the boiler(s) in the event of a loss of the primary source of feed water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the boiler(s) have low water alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is the combustion equipment designed to burn the feedstock currently being used by the plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Does the combustion equipment consist of retrofitted equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you purchase used parts or equipment that are used in power generation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are critical spare parts available onsite for rapid repairs? <i>If Yes, please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Feedstock

a. Is a dependable supply of feedstock available to maintain a consistent level of electrical production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Describe types and sources of feedstock:	
<input type="checkbox"/> Forest Residues Source:	
<input type="checkbox"/> Wood Pellets Source:	
<input type="checkbox"/> Agriculture Residues Source:	
<input type="checkbox"/> Energy Crops Source:	
<input type="checkbox"/> Other: Source:	
c. Is feedstock being processed at your plant? <input type="checkbox"/> Shredding <input type="checkbox"/> Grinding <input type="checkbox"/> Drying <input type="checkbox"/> Milling <input type="checkbox"/> Densification <input type="checkbox"/> Inside Buildings (<i>check all that apply</i>) <input type="checkbox"/> Other: (<i>please describe</i>)	
d. If the feedstock is transported to your premises, by what conveyance? <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Boat/Barge	
e. How is feedstock stored? <input type="checkbox"/> Silo <input type="checkbox"/> Pile <input type="checkbox"/> Bin <input type="checkbox"/> Baled <input type="checkbox"/> Inside Buildings (<i>check all that apply</i>)	
f. If feedstock is stored in a silo, is it protected by a fire suppression system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If feedstock is being processed or stored within a building, is there a dust collection system to remove any dust accumulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. If a conveyor system provides feedstock to the boiler, does it have shut down interlocks in the event of a fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are feedstock suppliers contractually obligated to supply feedstock on a routine basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Are you contractually obligated to accept feedstock from the supplier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. If residual ash is stored on site, how is it being stored? <i>Please describe:</i>	
l. If agriculture residues or energy crops are used as feed stocks, were herbicides or pesticides applied while they were growing?	<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 Yes, 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 receive tipping fees from the feedstock you receive from others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you sell any of the methane gas generated by this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you sell any electricity produced by this facility to the grid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Do you sell any byproducts to others? <i>If Yes, please describe:</i>	<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? <i>Please describe.</i>	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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