



4. Generating Facility / Inverter Information

Manufacturer: Solar Products Inc

Model No. 123456 Version No. 1 Serial No. 112233

Generating Facility Type:

Single Phase  Three Phase \_\_\_\_\_  
Synchronous \_\_\_\_\_ Induction \_\_\_\_\_ DC \_\_\_\_\_ Other \_\_\_\_\_

Nameplate AC Rating: 5.0 kW or \_\_\_\_\_ kVA

Generating Facility / Inverter AC output voltage: 240 Volts

Rated Current: 30 Amps

Prime Mover:

Photovoltaic  Reciprocating Engine \_\_\_\_\_ Fuel Cell \_\_\_\_\_ Turbine \_\_\_\_\_ Other \_\_\_\_\_

Energy Source:

Solar  Wind \_\_\_\_\_ Hydo \_\_\_\_\_ Diesel \_\_\_\_\_ Natural Gas \_\_\_\_\_ Fuel Oil \_\_\_\_\_ Other \_\_\_\_\_

UL 1741 Listed? Yes  No \_\_\_\_\_

System cost (pre-tax) \$30,000

Provide Single Line Diagram of Interconnection and Site Plan (attach)

5. Liability Insurance: Send us your certificate of liability insurance.

Carrier: \_\_\_\_\_ Insurance Company \_\_\_\_\_

Limits: \$500,000

Agent Name & Address: Mary Jones, 123 Main Street, Norwich, CT 06360

6. Other Comments, Specifications and Exceptions (attach additional pages if required):

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7. Generator Signature (Attach manufacturer's certification of UL 1741 compliance and sign here)

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and correct, and I agree to the Terms and Conditions as described within the Interconnection Agreement attached hereto.

Generator Signature: Tom Smith Date: 1/1/22











<b>Insurance, Co.</b> 123 Main Street Norwich, CT 06360	<b>Homeowners Policy Declarations</b>
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**Named Insured and Mailing Address**

Tom Smith  
 123 Broad Street  
 Norwich, CT 06360

Policy Number:	000001
Policy Type:	Homeowners

**Sales Rep Name and Address**

Mary Jones  
 123 Main Street  
 Norwich, CT 06360

**Location of Insured Property**

123 Broad Street, Norwich CT 06360

Policy Period		
From:	To:	Standard Time:

**Additional Named Insured(s)**
**Coverages and Limits of Liability**

Insurance is provided only with respect to the following coverages for which a specific limit of liability is shown. Subject to all conditions of this policy.

Section I				Section II	
A	B	C	D	E	F
Dwelling	Other Structures	Personal Property	Loss of Use	Personal Liability Each Occurrence	Medical Payments to Others

**Deductible** (In case of loss under Section I, we cover only that part of the loss over the deductible(s))

**Discount Information**

Discount Category	Discounts Applied	Savings

**Your Discounts Saved You:**

**Forms and Endorsements** (Additional policy endorsements, if any, will be shown on page 2 of this Declarations.)

Number/Edition	Forms and Endorsements Made Part of this Policy	Limit (if applicable)	Premium
001 002 003	Homeowners Policy		Included

Base Policy Premium:
Endorsement Premium:
<b>Total Premium:</b>