BATTERY ENERGY STORAGE SYSTEMS (BESS)

Thank you for considering The Hartford for your Battery Energy Storage Systems submission.

In addition to the completed **signed ACORD applications and loss experience**, provide the following information for each entity, project and location, so we can provide you with our best quote.

BESS REQUIRED INFORMATION

- ☐ Statement of Values
- ☐ Location Layout, Construction drawings of buildings including distance between buildings and units
- ☐ Electrical One-Line Diagram
- ☐ Operations and Maintenance (O&P) 3rd Party Contract(s)
- ☐ Power Purchase Agreement(s) (PPA)
- ☐ Safety Certifications & Battery Testing Results
- ☐ Business Income Worksheet (If coverage is requested)

Today's Date:

COURSE OF CONSTRUCTION ☐ **COMPLETED OPERATION** ☐

GENERAL INFORMATION

Effective Date:	Expiration Date:
Named Insured & Other Named Insured(s):	
Contact Name:	Phone Number:
Years of Industry Experience:	BESS Specific Experience:

LOCATION NAME OR ID (COMPLETE A SEPARATE QUESTIONNAIRE FOR MULTIPLE LOCATIONS)

Project Name:	
Location Name or ID:	
Address:	
City/State/Zip:	
GPS Coordinates (or include on SOV):	

☐ Information included in the Statement of Values

INSTALLATION DESCRIPTION & LOCATION

☐ Inside – Building (describe where):

☐ Outside – Ground Mounted Elevated — Distance between units:

☐ Outside – Ground Mounted

☐ Outside – Elevated

Has the supporting structure been evaluated by an engineer? ☐ Yes ☐ No

BESS Construction Grade: ☐ Utility Grade ☐ Industrial/Commercial Grade ☐ Residential

☐ Other (describe):

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INSTALLATION USE & APPLICATION

☐ Frequency Regulation	
☐ Load Leveling	
☐ Peak Shaving	
☐ Renewable Energy Integration	Type (i.e., solar or wind):
☐ Resiliency	
☐ Uninterruptible Power Supply	
☐ Do you or will you sell any electricity produced by this installation to the grid?	☐ Yes ☐ No

EQUIPMENT DESCRIPTION

System Integrator:	Output Power (kW):
Plant Capacity (AC & DC) – kW, MW, MWh:	
Annual Power Production Capacity kWh or MWh:	
Battery Manufacturer:	
Cell Chemistry Type*: ☐ LFP ☐ LCO ☐ LMO ☐ LTO ☐ NMC ☐ NCA ☐ LI-POL ☐ LiFeP04 ☐ Other:	
Cell Cooling/Thermal Management: ☐ Air ☐ Liquid ☐ Oil ☐ Engineered Fluid Immersion ☐ Other:	
Energy Capacity (kWH):	
Number of BESS Units and/or Containers:	Model:
Values of Each BESS Unit/Container(s):	Value of Each Battery Rack(s):

SAFETY & TESTING CERTIFICATIONS (CHECK BOX, IF YES)

Power Conversion System (PCS) Manufacturer:	Safety Certifications:
Batteries: ☐ UL9540, UL9540 A ☐ UL1973 ☐ IEC62619 ☐ UL1642	
Storage Unit: ☐ IEEE 693	
Energy Storage System(s): ☐ UL9540 ☐ NFPA 855	

BATTERY WARRANTY, SERVICE & MONITORING SYSTEMS

BMS Provider:	
Describe BMS warranty (duration, type, expiration):	
Does the BMS warranty include parts and labor?	☐ Yes ☐ No
Is there a long-term service agreement in place?	☐ Yes ☐ No
Who provides the operations and maintenance? (describe)	
Do you use predictive battery analytics to monitor battery conditions?	☐ Yes ☐ No
Do you have a SCADA system to monitor performance?	☐ Power Loss ☐ HVAC Air Flow ☐ Temperature
Is there a backup power supply to the BESS and supporting equipment in the event of a power outage?	☐ Yes ☐ No

* Cell Chemistry Type: LFP, LCO, LMO, LTO, NMC, NCA, LI-POL, LiFeP04
Definitions: LFP – Lithium Iron Phosphate LTO – Lithium Titanate LMO – Lithium Manganese Oxide LCO – Lithium Cobalt Oxide NMC – Nickel Manganese Cobalt Oxide NCA – Lithium Nickel Cobalt Aluminum Oxide
LI-POL – Lithium Polymer LiFeP04 – Lithium Iron Phosphate

SAFETY PROTECTION SYSTEMS

Is there traditional central station heat and smoke detection in place?	☐ Yes ☐ No
Is there a fire suppression system? If yes, is it designed to prevent or stop thermal runaway? (describe)	☐ Yes ☐ No
Are fire suppression systems interconnected to isolate the affected battery cabinet or container?	☐ Yes ☐ No
Is ventilation provided for battery off-gassing and thermal runaway?	☐ Yes ☐ No
Is ventilation continuous, activated by gas detection or other? (describe)	
Are gas detection systems interconnected to isolate the affected battery cabinet or container?	☐ Yes ☐ No
Does the ventilation system meet criteria of NFPA 68 & 69 (Explosion Protection by Deflagration Venting and Explosion Prevention Systems)?	☐ Yes ☐ No

SITE CONTROLS & ACCESS

Is there controlled access to the site and the containers?	☐ Yes ☐ No
Fence around the perimeter (incl. height)?	☐ Yes ☐ No Fence Height:
Surveillance (CCTV, guard, etc)?	☐ Yes ☐ No
Other site controls (describe):	

EMERGENCY RESPONSE PLAN

When a dangerous condition or failure is detected, is there a written emergency incident response plan in place?	☐ Yes ☐ No
Are there dedicated employees that have access to the site and trained in BESS hazards and the emergency response plan?	☐ Yes ☐ No
Are site employees required to complete OEM operations, hazards, and safety training?	☐ Yes ☐ No
Has the responding fire department conducted a review of the site?	☐ Yes ☐ No
Frequency of fire department review:	
Is a custom fire emergency response plan in place for the BESS?	☐ Yes ☐ No
Do local first responders have experience with battery system hazards and response plans?	☐ Yes ☐ No ☐ Unknown
Has the account ever experienced an emergency response situation? (describe)	☐ Yes ☐ No

CONTRACTOR – INSTALLATION

☐ General Contractor ☐ Electrical Contractor ☐ Other (describe)

Describe the scope of work being self-performed by the insured for this project and the installation timeline in the construction project plan:	
How many BESS units are being installed on each project site:	
Are you responsible for transit of the BESS system?	☐ Yes ☐ No
Are you subcontracting the transit to a third party?	☐ Yes ☐ No
Are you responsible for rigging of the BESS system?	☐ Yes ☐ No
Are you subcontracting rigging to a third party?	☐ Yes ☐ No

COMMISSIONING/TESTING (APPLICABLE TO INSTALLATION EXPOSURES)

Describe the commissioning process:	
Who is doing the commissioning? (i.e., O&M contractor name, battery integrator, relationship to the project)	
Will the commissioning company be on-site or remote for the commissioning process?	☐ On-site ☐ Remote

BUSINESS INCOME (IF APPLICABLE)

Describe how BESS is connected to the rest of the electrical distribution system:	☐ Parallel ☐ Series
Age of solar installation(s):	
Describe contingency plan in the event of an incident or breakdown (include lead time for critical parts or unique components):	
Are spare parts available at the location?	☐ Yes ☐ No
Describe the number and description of spare parts maintained on- or off-site:	
Describe preventative maintenance and frequency (i.e., site and equipment inspections, visual checks of wiring and components, engineering tests, vegetation management, etc):	

CONTRACTOR & SUBCONTRACTOR – CONTRACTUAL RISK TRANSFER

Percentage of your gross annual revenue that is subcontracted to others (0-100%):	
Briefly describe the nature of work subcontracted:	

Do you require subcontractors to provide a certificate of insurance prior to project start? ☐ Yes ☐ No

Do you require a written executed (signed) contract with subcontractors prior to project start? ☐ Yes ☐ No

Does your contract require subcontractors to defend and indemnify you arising out of their work or negligence? ☐ Yes ☐ No

Does your contract require subcontractors to obtain a hold harmless, waiver of subrogation in your favor? ☐ Yes ☐ No

Does your contract require subcontractors to provide additional insured coverage to you? ☐ Yes ☐ No

POLLUTION

Has diking been installed around the BESS?	☐ Yes ☐ No
Do you have a separate pollution liability policy in force?	☐ Yes ☐ No

FRAUD WARNING STATEMENTS

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and West Virginia applicants: 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.

Alabama applicants: 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 is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

California applicants: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

District of Columbia applicants: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: 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.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

New Mexico applicants: 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 civil fines and criminal penalties.

New York applicants: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: 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 applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

Pennsylvania applicants: 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.

Tennessee applicants: 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.

Virginia applicants: 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.

Washington applicants: 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.

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ARBITRATION STATEMENT

Applicable to Utah applicants: If the policy will contain an arbitration clause: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a Warranty).

Authorized Signature: **Title:**

Print Name: **Date:**

Producer's Signature: **Title:**

Print Name: **Date:**

License Identification Number or National Producer Number:
(Florida Producers must Provide License Identification Number)

First State Insurance Company
Hartford Accident and Indemnity Company
Hartford Casualty Insurance Company
Hartford Fire Insurance Company
Hartford Insurance Company of Illinois
Hartford Insurance Company of the Midwest
Hartford Insurance Company of the Southeast
Hartford Lloyd's Insurance Company
Hartford Underwriters Insurance Company
New England Insurance Company
New England Reinsurance Corporation
Nutmeg Insurance Company
Omni Indemnity Company
Omni Insurance Company
Pacific Insurance Company, Limited
Property and Casualty Insurance Company of Hartford
Sentinel Insurance Company, Ltd.
Trumbull Insurance Company
Twin City Fire Insurance Company

LEARN MORE.

Visit us at **TheHartford.com/inland-marine-insurance** or contact Loren Kippels at **loren.kippels@thehartford.com**

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