EV Charging Station Application

Please attach an SOV for all projects and locations.

General/Site

1. How many charging stations are/will be installed?
2. Where will the charging stations be installed? ☐ Parking Garage ☐ Open Air ☐ Gas Station ☐ Other
3. Are any charging stations installed below grade? ☐ Yes ☐ No
4. Describe the insured's operations:
5. Residential installation? ☐ Yes ☐ No **Please note:** If any are residential installations these installations are not within appetite.
6. Are the charging stations: ☐ Fee-based (Point of Sale) ☐ Non-fee based Both ☐
   a. If both, what are the percentages?
7. Who maintains ownership of the charging stations after installation?
8. What is the energy supply for the charging stations: ☐ Natural Gas ☐ Electrical Grid ☐ BESS (Battery Energy Storage System) ☐ Other
9. Is there automatic or manual power shut-down to all the charging stations? ☐ Automatic ☐ Manual
10. Does the insured have contracts in place? **Please include copies of contracts available.** (Check all that apply)
    ☐ Leases ☐ ITM (Inspection, Testing and Maintenance) ☐ Installation
    a. Frequency of inspections and testing?
    b. ☐ Self-performed ☐ Subcontractor
11. Is there a formalized EPM (Electrical Preventive Maintenance) program in place? ☐ Yes ☐ No
    a. Does the power cord/cable include a temperature monitoring device to shut down when a preset temperature is reached? ☐ Yes ☐ No
12. Do the charging stations have remote monitoring? ☐ Yes ☐ No
    a. If yes, who monitors?
13. What level charging stations are being planned? ☐ Level 1 ☐ Level 2 ☐ Level 3

Charging Stations

1. What is the manufacturer/model of the charging stations?
2. What is the designed energy capacity in kW hours for each charging station?
3. Is the charging station model specially certified per UL 1741-SA? ☐ Yes ☐ No
4. What voltage supply is provided to each charging station? (120V, 220V, 480V)
5. What is the length of the charging station output cables? (feet)

Property

1. Configuration of Charging Stations:
   a. Spacing between chargers:
   b. Distance off a structure:
   c. ☐ Head in ☐ Parallel
   d. Bollards in place? ☐ Yes ☐ No
2. Do charging stations use lithium-ion batteries? ☐ Yes ☐ No
3. If connected to a separate stand-alone BESS (Battery Energy Storage System), what is the separation? (feet) (Adequate separation is 100ft.)
4. Is there adequate security and protection:
   a. Parking blocks or bollards to guard against collision? ☐ Yes ☐ No
   b. Signage to help prevent improper use of the charging cables such as stretching? ☐ Yes ☐ No
   c. Is proper lighting installed and working? ☐ Yes ☐ No
   d. Are CCTV cameras installed and working? ☐ Yes ☐ No
   e. How frequently is the property inspected for damage?
   f. Is there a plan in place for an emergency response? ☐ Yes ☐ No

Casualty

1. Does the insured manufacture or directly import EV charging units? ☐ Yes ☐ No
2. If the insured is a manufacturer/assembler or directly importing EV charging units:
   a. Do products adhere to all relevant certifications/standards? (Minimal UL, CE required) ☐ Yes ☐ No
   b. Do products have clear instructions and labeling, including identification of which vehicles the chargers can be used with and the hazards/warnings associated with use? ☐ Yes ☐ No
3. If insured acts as the owner/operator:
   a. Are adequate controls in place to protect third parties and nearby/connected property (i.e., security protections, emergency response plans, cable storage requirements, maintenance plan and log)? ☐ Yes ☐ No
   b. Are the employees/subcontractors that are hired to perform operational duties experienced in the industry? ☐ Yes ☐ No
4. Who owns the software installed in EV charging units?
5. Does each charging station include a monitoring device for ground continuity which automatically does not energize or shuts down if grounding continuity is lost? ☐ 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.

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)

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Hartford Insurance Company of Illinois
Hartford Insurance Company of the Midwest
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