



For Energetic Insurance use only:

Date Received: _____

Claim Number: _____

Notice of Claim

1.) Policy Details

Insured Name:*

Policy Number:*

Policy Issuance Date:*

2.) Offtaker Details

Offtaker Name:*

Employer Identification Number:*

Street Address:*

City:*

State/Region:*

Country:*

Postal Code:*

3.) Circumstances of Loss

What is the proof that the offtaker is insolvent?*

- Bankruptcy Filing / Business Closed
- Deemed insolvent due to 6 Missed Contractual Payments

When did you first become aware a loss might occur:*

When did you first notify Energetic Insurance:*

How did you first become aware a loss might occur:*

Please describe in detail all actions taken to maintain grid connection and mitigate losses to the project:*

Last Received Payment Date:*

Date of First Loss:*

Last Received Payment Amount:*

Current Loss Amount:*

Describe any actions taken by the lender/lease provider:*

Security Held:*

- Retention of title
- Guarantee
- Lien
- Other

If yes to any security option, please give details:*

Actions taken to enforce security (please give details):*

Recovery actions (please give details):*

4.) Collection Action

Explain in detail all collections activity to date, including that of any project investor, lender, and/or loss payee:*

Was debt passed for collection to an external party:*

- Yes
- No

If yes, on what date was the debt passed for collection:

Please give the name, address, & telephone number of external party, and summaries of the actions they have taken:*

Any other information relevant to support your claim:*

Please note that Energetic Insurance and its insurance partners may need to ask for further documents and information to assess this claim.

Declaration

I declare that the above statements made by me or on my behalf are true, complete to the best of my knowledge and belief, and that no information has been withheld that may influence the assessment of the claim. I undertake to inform Energetic Insurance of any changes in circumstances relating to this claim, including any recoveries. I declare that I have the authority to submit this Notice of Claim on behalf of the Insured.

When this form has been completed and signed, please forward it to:

Energetic Insurance
Claims Department
2 Ave de Lafayette, 4th Floor
Boston, MA 02111_
claims@energeticinsurance.com

Name of Signatory:*

Signature:*

Position in Company:*

Email:*

For and on behalf of:

Company Name:*

Company Address:*

Phone Number:*

Date:*