

Declaration of Coverage

IN ORDER TO INSTALL AND INTERCONNECT A RENEWABLE ENERGY SYSTEM AT YOUR PROPERTY, DAVIESS-MARTIN COUNTY REMC REQUIRES PROOF OF A MINIMUM OF \$1,000,000 PERSONAL LIABILITY COVERAGE FOR YOUR PROPERTY. A DECLARATION OF COVERAGE FORM CAN BE REQUESTED FROM YOUR INSURANCE PROVIDER. IF YOU DO NOT HAVE THE MINIMUM REQUIRED COVERAGE, TALK WITH YOUR PROVIDER TO OBTAIN APPROPRIATE COVERAGE. SYSTEMS EXCEEDING THE METER'S PEAK DEMAND MAY BE ASSUMED TO BE FOR COMMERCIAL PURPOSES AND COULD REQUIRE ADDITIONAL COVERAGE BY YOUR INSURANCE PROVIDER.

I have personal liab energy generation s interconnection by	system in an an	nount that meets o			
		Yes	No		
* Please attach the declaration of coverage form from your insurance provider to this document. *					
		Personal Ir	nformation		
Property Address:					
	Street Address		City	State	Zip Code
Owner of Property:					
	First Name		Last Name		
Owner's Address:					
(If different from property address)	Street Address		City	State	Zip Code
Additional Information:					
By signing below, I above property and maintain the minimulannual confirmation	have attached um coverage to	a Declaration of Continue operation	Coverage form. I	understand th	at I am required to
Signature				Date	