Declaration of Coverage

IN ORDER TO INSTALL AND INTERCONNECT A DISTRIUTED GENERATION SYSTEM AT YOUR PROPERTY, WHITEWATER VALLEY REMC REQUIRES PROOF OF A MINIMUM OF \$500,000 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.

		Yes	No		
*Please atto	ach the declaratior		form from your insuran	ce provider to t	his document.
		Perso	nal Information		
roperty Address:					
	Street Address		City	State	Zip Code
Owner of Property:					
	First		Last		
Owner's Address:					
f different from roperty address)	Street Address		City	State	Zip Code
dditional Informat	ion:				