WIND POWER

Installation (2) Overview

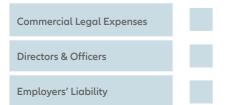
Please answer each question and complete in CAPITAL letters. Indicate Yes or No as appropriate and supply any further information requested.

1 GENERAL								
1.1	Name of Client							
1.2	Correspondence Address						Postcode	
1.3	Additional Insured Parties (and the nature of their interest)							
1.4	Full Business Description							
1.5	How long have you been trading?							
1.6	Period of Insurance Required (New Business Only)	From		/	/	То	/	/
1.7	Renewal Date Required (New Business Only)							
	Has any insurer:							
	Declined to insure you?	Yes	No					
	Cancelled or declined to renew any of your insurances?	Yes	No					
1.8	Required special terms as a condition of insurance?	Yes	No					
	If Yes , please provide more details							
1.9	Installation Address (full installation address including postcode or grid reference where applicable). In addition to the completed proposal form please provide a site plan indicating the turbine(s) location.							
1.10	Current Insurance Provider							



1 GENERAL continued							
1.11	Have you suffered have resulted in a If Yes , please provid	hich have or could	Yes	No			
	Date	Nature of loss or damage	Cost or current estimo	te of claim			

2 COVER REQUIREMENTS							
Cover Required?		Insured Values	Excess/ Exclusion Period				
Construction	•	Contract Value for turbine, including all ancillary equipment such as wind generators and their integral mechanical or electrical controls, transformers, protective devices, housing, nacelles, turbine blades and including mountings and mounting towers.	£	£			
(Construction All Risks)		Contract Value for Civils, including foundations, small buildings, annexes, gangways, conveniences and other structures, roads, car parks, yards, paved areas, pavements and footpaths.	ays, conveniences and other structures, roads, £				
Construction Public Liability		Public Liability Limit of Indemnity.	£	£			
Advanced Business Interruption		mated Revenue for Advanced Business Interruption. £		al en ve			
Advanced business interruption		Advanced Business Interruption Indemnity Period.	months	days			
Property Damage (Operational All Risks)		Turbine(s), including all ancillary equipment such as wind generators and their integral mechanical or electrical controls, transformers, protective devices, housing, nacelles, turbine blades and including mountings and mounting towers.	£				
*Required in order for us to consider covers below	2	Civils, including foundations, small buildings, annexes, gangways, conveniences and other structures, roads, car parks, yards, paved areas, pavements and footpaths.	£	£			
Business Interruption		Estimated annual revenue.	£	days			
(All Risks) Insurance		Business Interruption Indemnity Period (in months).	months	uuys			
Terrorism Insurance		N/A					
Public and Products Liability		Public Liability Limit of Indemnity.	£	£			
Optional Covers							



N/A

N/A

N/A



3 INSTALLATION DETAILS

3.1	Number Installed	
3.2	Manufacturer(s)	
3.3	Details of Installer(s)	
3.4	Maintenance/defects liability period (Construction Only)	
3.5	Is there to be a phased hand over? If yes, give details. (Construction Only)	
3.6	Testing Period (Construction Only)	
3.7	Type(s)/Model(s)	
3.8	Rating(s) (Power output in kW/MW)	
3.9	Year(s) Commissioned (Operational Only)	
3.10	Year(s) of Manufacture (if not new)	
	Does Lightning Protection conform to IEC 61400-24 (BS:EN 61400-24)?	Yes No
3.11		If No , what lightning protection is in place?
3.12	Please provide details (if any) of any fire protection in the turbines and any civils structures.	
3.13	 Is there a Supervisory Control and Data Acquisition (SCADA) system on the turbine(s) that as a minimum: Monitors Vibration, Temperature and Speed? Operates 24/7 and immediately reports to designated engineer? 	Yes No
	Are site distribution lines between wind turbines and site substation owned and insured by the project?	Yes No
3.14		If $\operatorname{\mathbf{No}}$, provide the name of the owner of the site distribution lines
	Is site substation owned and insured by the project?	Yes No
		If Yes , provide details of make, capacity and age
3.15		
		If No , provide the name of site substation owner



3 INSTALLATION DETAILS continued						
	Are the grid transmission lines overhead or underground, and if overhead what length?	Overhead		Underground		
3.16		If Overhead wi	hat length?			
3.17	Details of any spare parts held and their location address(s) (Operational Insurances Only)					

4 MAINTENANCE

	Is your maintenance provided by the following?	Original Equipment Manufacturer	Owner/Utility	Operations and Maintenance Company			
4.1		If so, please name					
	Does your maintenance provide any of the following (tick all that apply):						
4.2	Supply/replacement of parts damaged (including by fire or collapse) as a result of and following machinery breakdown/failure?						
	Have responsibility on the same basis in respect of high voltage equipment?						
	Be subject to penalties in the event that replacements are not available within agreed timescales?						
	24hours/7days a week service?						
4.3	Please outline the main provisions of any warranties, the equipment covered, whether parts and labour are included and the warranty expiry dates.						

