

WIND POWER

Installation(s) 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 / / To / /
1.7	Renewal Date Required (New Business Only)	
1.8	Has any insurer:	
	Declined to insure you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Cancelled or declined to renew any of your insurances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Required special terms as a condition of insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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

Have you suffered any loss or damage, made any claims or been involved in incidents which have or could have resulted in a claim for the covers proposed within the last three years?

Yes

No

If **Yes**, please provide more details below or attach a separate sheet.

1.11

Date	Nature of loss or damage	Cost or current estimate of claim

2 COVER REQUIREMENTS

Cover Required?	Insured Values	Excess/ Exclusion Period
Construction (Construction All Risks)	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.	£
	Contract Value for Civils, including foundations, small buildings, annexes, gangways, conveniences and other structures, roads, car parks, yards, paved areas, pavements and footpaths.	£
Construction Public Liability	Public Liability Limit of Indemnity.	£
Advanced Business Interruption	Estimated Revenue for Advanced Business Interruption.	days
	Advanced Business Interruption Indemnity Period.	
Property Damage (Operational All Risks) *Required in order for us to consider covers below	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.	£
	Civils, including foundations, small buildings, annexes, gangways, conveniences and other structures, roads, car parks, yards, paved areas, pavements and footpaths.	£
Business Interruption (All Risks) Insurance	Estimated annual revenue.	days
	Business Interruption Indemnity Period (in months).	
Terrorism Insurance	N/A	
Public and Products Liability	Public Liability Limit of Indemnity.	£
Optional Covers		
Commercial Legal Expenses	N/A	
Directors & Officers	N/A	
Employers' Liability	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)	
3.11	Does Lightning Protection conform to IEC 61400-24 (BS:EN 61400-24)?	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3.14	Are site distribution lines between wind turbines and site substation owned and insured by the project?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No , provide the name of the owner of the site distribution lines _____ _____
3.15	Is site substation owned and insured by the project?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , provide details of make, capacity and age _____ _____ If No , provide the name of site substation owner _____ _____

3 INSTALLATION DETAILS continued

3.16	Are the grid transmission lines overhead or underground, and if overhead what length?	Overhead <input type="checkbox"/>	Underground <input type="checkbox"/>
		If Overhead what length?	
3.17	Details of any spare parts held and their location address(s) (Operational Insurances Only)		

4 MAINTENANCE

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