

Name of Broker: _____ Contact: _____

Name of Applicant: _____

Applicant's Address: _____

Has Any Insurer Ever Cancelled or Refused Coverage Yes No (If yes, please explain)

Proposed effective date: _____ Term: _____

THE PROJECT

Name of Project: _____

Project Site Location: _____

Project Owner(s): _____

Project Manager: _____

Geotechnical Engineer: _____

Engineering Consultant: _____

General Contractor: _____

Rigging and Transportation Contractor: _____

Note: For mechanical and electrical breakdown coverages, application must be made to a boiler and machinery underwriter.

PROPERTY LIMITS

Property at Site: \$ _____ Property while in transit: \$ _____ Property at Any Other Location: \$ _____

Delay in Start Up Coverage (please complete appropriate worksheet): \$ _____ Expediting Expense \$ _____

Deductibles

Property Deductible: \$ _____ Business Interruption Deductible: _____ (days)

Note: Flood and Earthquake Deductibles vary by region.

LIABILITY COVERAGE and LIMITS

Coverage desired: Commercial General Liability Wrap-up Liability Limit \$ _____

Deductible (\$2,500 minimum): \$ _____

Total project hard costs: \$ _____

Details of Sub-contracted Work:

Name of Sub-trade	Description of Work	Approximate Cost Including Materials

If not Wrap-up Liability, are certificates of liability insurance requested from all contractors? Yes No

If yes, what limits of liability insurance are requested? \$ _____

PROJECT DESCRIPTION

Describe Project (if available, please attach a site plan):

Describe Site Security:

Will the following work be conducted? Blasting Demolition Pile Driving

If yes, please provide details including engineering loss control:

Describe nearest exposing property and distance from:

Has a geotechnical report been completed? Yes (if yes, please attach a copy) No (if no, please explain reasons)

Will construction be performed in compliance with the geotechnical engineer's recommendations? Yes No

If no, please explain reasons:

Describe any unusual or experimental features in construction or design:

List Project Manager's, General Contractor's and Rigging and Transportation Contractor's five largest projects in the past five years (include all related wind energy work):

Provide details of loss control programs to be implemented:

Property at Any Other Location:

Location: _____ Value: \$ _____

Location: _____ Value: \$ _____

Describe procedures for testing and commissioning:

Who will perform testing operations?

Anticipated replacement times for any key items if reorder is necessitated (i.e. turbines, blades and etc.):

WIND GENERATING UNITS

# of units	Capacity (MW)	New	Refurbished	Year	Manufacturer	Model #	Warranty Expiry Date	Value

What conditions and/or terms apply to the warranty:

TOWERS

Construction Type (steel lattice or tube): _____ Values, including foundations (installed): \$ _____

TRANSFORMERS

Number of Pad Mounted Units _____ Size: _____ (kVA) Values, including foundations (installed): \$ _____

CABLING AND OTHER ELECTRICAL EQUIPMENT

Cables: Above ground Under ground (length underground _____)

Other Electrical Equipment and Cable Value (installed): \$ _____

CONTROL & MAINTENANCE CENTRE (PLEASE ATTACH SITE AND ELECTRICAL DIAGRAMS)

Buildings and Substation(s)

	Building #1	Building #2	Building #3
Construction			
Size			
Foundation			
Roof			
# of Transformers			
Transformers size (kVA):			
Transformers Value			
	Building #1	Building #2	Building #3
Building Value			
Contents Value			
Total Value			

GENERAL UNDERWRITING INFORMATION

Are all towers, blades and electrical apparatus equipped with lightning arresters? Yes No Capacity: _____ kA

Proximity to nearest body of water: _____ Elevation of Substation(s) above nearest body of water: _____

Has there been a history of any flooding? Yes No Has there been a history of any tornados? Yes No

Fire hydrant protection: Yes No Distance to nearest Fire Station: (professional | volunteer): _____

Do any rail lines, pipelines, high voltage transmission lines, or public roads pass through the property? Yes No

If yes, please describe:

Use of surrounding land: _____ Is land owned or leased? _____

PAST LOSS INFORMATION

Describe any losses or claims and incidences that could have given rise to a claim in the last 5 years (include any claims resulting from construction operations incurred by the Owner, Project Managers General and Rigging and Transportation Contractors)

Date of Loss	Amount Paid	Amount Outstanding	Details

Signing this application neither binds the Company nor the applicant to complete the insurance.

Applicant's signature

Date signed