

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 (if available, please attach a site plan): \_\_\_\_\_

Project Owner(s): \_\_\_\_\_

Project Manager: \_\_\_\_\_

Geotechnical Engineer: \_\_\_\_\_

Engineering Consultant: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Rigging Contractor: \_\_\_\_\_

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

**PROPERTY AND BUSINESS INTERRUPTION LIMITS OF LIABILITY**

Property at Site: \$ \_\_\_\_\_

Business Interruption (please complete appropriate worksheet):  Profits  Gross Earnings % \_\_\_\_\_

Coinsurance \$ \_\_\_\_\_

**Deductibles**

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

**Note:** Flood and Earthquake Deductibles vary by region.

**COMMERCIAL GENERAL LIABILITY**

Limit \$ \_\_\_\_\_ Deductible (\$2,500 minimum):\$ \_\_\_\_\_

Estimated annual gross receipts: \$ \_\_\_\_\_

**PROJECT SITE**

Describe Site Security: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe nearest exposing property and distance from: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any unusual or experimental features in construction or design: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Turbine Certification has been conducted by: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide details of existing loss control programs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide details of all existing maintenance programs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Anticipated replacement times for key items (i.e. turbines, blades and etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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, under or above ground? \_\_\_\_\_

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
Age			
Construction			
Size			
	Building #1	Building #2	Building #3
Foundation			
Roof			
Sprinkler Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security			
# of Transformers			
Transformers size (kVA):			
Transformers Value			
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 the land owned or leased? \_\_\_\_\_

**INSURANCE HISTORY INFORMATION**

Prior Insurer: \_\_\_\_\_

Term: \_\_\_\_\_ Premium: \_\_\_\_\_

**APPLICATION  
OPERATING WIND TURBINES and WINDMILLS**

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 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