

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