

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):

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Describe Site Security:

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Will the following work be conducted?  Blasting       Demolition       Pile Driving

If yes, please provide details including engineering loss control:

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Describe nearest exposing property and distance from:

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

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

If no, please explain reasons:

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Describe any unusual or experimental features in construction or design:

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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):

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Provide details of loss control programs to be implemented:

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Property at Any Other Location:

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Describe procedures for testing and commissioning:

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Who will perform testing operations?

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

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**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:

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**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)**

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

**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)

<b>Date of Loss</b>	<b>Amount Paid</b>	<b>Amount Outstanding</b>	<b>Details</b>

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

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date signed