



## SMALL RENEWABLE ENERGY (WIND TURBINE) INSURANCE PROPOSAL FORM

Contact Name:

Company / Organisation:

Address:

Telephone:

email:

Insured Parties (Parties to be named in the policy as insured)


**PLEASE NOTE:**

**Contract conditions should be consulted to ensure all parties who must be insured have been included for their respective interests.**

**1 General Information**

a) Project Name

b) Exact site address including postcode

c) Layout/Photo of the site enclosed

d) Owner Name  
Address

e) MCS Approved Installer

f) Is the equipment reconditioned?

g) Operations & Maintenance Provider Name  
Address

	Yes (please attach) / No
	Yes / No
	Yes (please give details) / No

<p>h) Are there any *warranties/comprehensive maintenance contracts in force providing free repair or replacement in the event of any electrical or mechanical failure?</p> <p>If YES, Please confirm if the warranty/maintenance contract includes parts <b>and</b> labour costs including the dismantling and erection costs and/or hire of ancillary equipment such as cranes/scaffolding etc.</p> <p>Please provide details including the providers name, address and the date when the *warranty/contract *expires/renews * please delete as applicable</p>	<p>Yes / No</p>
<p>i) Details of the security on site including any third party access to the site</p>	
<p>j) Are there any significant physical &amp; environmental features (please give details including the nature of third party property and distance from turbines)</p>	
<p>k) What fire precautions have been adopted</p>	
<p>m) Is the energy supplied to any third party other than the National Grid (If yes please provide details)</p>	<p>Yes / No</p>
<p>n) Are there any properties within 1500 meters of the system</p>	

<h2>2 Turbines and Equipment</h2>	
<p>a) Manufacturer</p>	
<p>b) Model</p>	
<p>c) Is the turbine manufactured to IEC 61400-24 standard for small turbines</p>	<p>Yes / No</p>
<p>d) Rating kW / MW</p>	
<p>e) i) Is Substation on site and owned by project?</p>	<p>Yes / No</p>
<p>ii) Substation details (location, alternative switching arrangements)</p>	
<p>f) Please give details of transmission lines &amp; conduit</p>	
<p>g) Where applicable, confirm that a foundation evaluation has been carried out (eg to BS5930) and that the design has been approved by the plant manufacturers.</p>	
<p>i) Foundation method statement(s)</p>	
<p>ii) Access Roads</p>	
<p>iii) Temporary buildings – details of any on site and if insurance is required</p>	
<p>iv) Details of any existing structures that are to be incorporated on to the works.</p>	

### 3 Cover Required

a) Which of the following do you require?

i) OAR (Material Damage, Mechanical Breakdown and Loss Of Revenue)

ii) OAR (Material Damage and Loss Of Revenue)

iii) OAR (Material Damage only)

b) Do you require cover for lost revenue following failure of the first non-owned substation

Yes / No

c) Is Public / Products Liability required?

Yes / No

If **YES** please indicate which limit of indemnity required

£2 million

£5 million

£10 million

d) Is Employers Liability required ?

If **YES**, please provide the following details

Yes / No

i) Number of employers paid and/or volunteers

ii) Annual Wage roll (if any)

iii) Details of activities undertaken

e) Do you carry out any activities involving any of the following:

i) work at height

Yes / No

ii) electrical/mechanical engineering work

Yes / No

iii) use of heat

Yes / No

If you have answered **YES** to any of the above please provide details

### 4 Claims

a) Details of claims in the last three years, including those covered by the manufacturer's warranty

b) Has any Insurer ever:

i) Declined your proposal?

Yes / No

ii) Refused to renew or cancelled your policy?

Yes / No

iii) Imposed special conditions?

Yes / No

If you have answered **YES** to any of the above please provide details

c) Are you currently, or have you previously been, insured against any of the risks proposed  If you have answered <b>YES</b> please provide details of your current and/or previous insurers	Yes / No

**5 Statement of values**

Equipment Description				Physical Damage		Loss of Income
Turbine Manufacturer and Model	kW	Date Installed	Number of Units	Value Per Unit	New Replacement Value	Annual Revenue
Total annual income						
Towers, nacelles and blades						
Foundations						
Substations(s)						
Transformers, switchgear, panels & circuit breakers						
Computer monitoring system						
Operations building(s)						
Transmission & distribution lines, cabling, grid connection and miscellaneous electrical equipment						
Roads, Fencing & other Civil Works						
Other property – specify						
Total Insured Values						
Total Project Limit						

**6 Additional Information**

Please provide any additional information that will assist us in evaluating your application for insurance

**DECLARATION**

Material facts must be disclosed. These are facts which an Insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your insurance intermediary. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. You should keep a record (including copies of letters) of all information supplied for the purpose of entering into this contract.

I/We declare that to the best of my/our knowledge and belief the above statements are true and complete and will form part of the contract between me/us and the Underwriters.

Signature -

Date -

Name -

Position -