

Wind Power Cargo/Stock/Marine Delay

Email completed application to submit@midman.com.

Requested Effective Date: _____

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

APPLICANT INFORMATION					
Owner (Named Insured):					
Owner Address:					
City:		State:		Zip Code:	
Website:					

CARGO			
<i>Describe goods to be shipped below.</i>			
<i>Describe packing details below, for example the manufacturer's export packing.</i>			
<i>What is the Basis of Valuation (BOV)? This will be used by the loss adjuster in the event of a claim.</i>			
Total Values of Cargo to be Shipped over the Next 12 Months (based on BOV) :	\$		
Total Values of Cargo Shipped over the Previous 12 Months (based on BOV) :	\$		
Schedule of Main Voyages and Values Shipped Based on BOV Including Domestic			
Voyage	Total Values Shipped	Max Any One Shipment	Primary/Contingent

MARINE DELAY IN START-UP (MDSU)			
Delay in start-up required (MDSU)?	Yes	If yes, what are limits:	No
Estimated Construction State Date (<i>attach project Gantt Chart of available</i>):			
Estimated Operational Start Date:			
Indemnity period:	12 months (standard)	6 months	3 months
Details of Surveyors Being Used for Key Equipment:			
<i>Complete the Marine Delay Schedule on page 5. Include any item with a replacement time of more than 2 months.</i>			

DEDUCTIBLES REQUIRED					
Transit Deductible:	\$10,000	\$25,000	\$50,000	\$100,000	Other:
Storage Deductible:	60 Days	45 Days	30 Days		
MDSU Deductible:	60 Days	45 Days	30 Days		

LOSS HISTORY
<i>Describe in detail all claims in the last 5 years, below.</i>

OTHER COMMENTS/NOTES

DISCLOSURE			
<p>I declare that after proper inquiry the statements and particulars given in this applications are true and that I have not mis-stated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.</p> <p>*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.</p> <p>This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.</p>			
Signature of Applicant:		Dated:	
Printed name of Applicant:			
Company:		Title:	
Signature of Agent/Broker:		Dated:	

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Location (Storage) Information

Required prior to binding stock risks. Complete one for each location.

GENERAL INFORMATION					
Location Name:					
Address:					
City:		State:		Zip Code:	
Building Age:		Construction Type:			
Bedrock Soil Type:		How high is equipment stacked?			
Total Values in Store:		What percent is under cover?			
<i>Please attach a full valued inventory.</i>					
<i>Describe what work will be performed on the equipment, if any, below. For example, regular maintenance in accordance to the manufacturer's instructions, etc.</i>					
Which of the following are the "NatCat" perils associated with this location?					
Wind:	Yes	No			
Quake:	Yes	No			
Flood:	Yes	No			
If yes to any one of the above, what specific measures are taken to protect the equipment against these? <i>Describe below.</i>					
Is there fire protection?	Yes	No			
For outside risks, is the location:					
Fenced?	Yes	No	Lit with 24/7 security?	Yes	No
<i>If no, please describe other details below.</i>					
Bailees:					
Name of warehousing company responsible for storing the goods:					
Do they have insurance?					
			Yes	No	
Are any waivers of subrogation given to the Bailee?		Yes	No	Dated:	

Marine Delay in Start-Up Schedule

Key Item	Value	Replacement Time (reorder, manufacture, ship, etc.)	Shipment Date	Loading Port	Vessel Details (name, GRT, age, etc.)	Packing Details