

# Wind Power Liability Application

Email completed application to [submit@midman.com](mailto:submit@midman.com).

Requested Effective Date: \_\_\_\_\_

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

| APPLICANT INFORMATION                               |   |          |          |             |              |            |           |  |
|---|---|----------|----------|-------------|--------------|------------|-----------|--|
| Project Name:                                       |   |          |          |             |              |            |           |  |
| Site Address:                                       |   |          |          |             |              |            |           |  |
| City:   |   |          |          |             |              | State:     |           |  |
| Zip Code:   |   |          |          | Country:    |              |            |           |  |
| Email Address:                                      |   |          |          |             |              |            |           |  |
| Owner (Named Insured):                              |   |          |          |             |              |            |           |  |
| Owner Address:                                      |   |          |          |             |              |            |           |  |
| City:   |   |          |          | State:      |              |            | Zip Code: |  |
| Principle Contractor(s):                            |   |          |          |             |              |            |           |  |
| Contractor Address:                                 |   |          |          |             |              |            |           |  |
| City:   |   |          |          | State:      |              |            | Zip Code: |  |
| Currency:   | USD   | CAD      | Other:   |             |              |            |           |  |
| Extensions of Cover Required:                       | Pollution      TRIA/Non-Certified Terrorism      Additional Insureds<br>Hired & Non-Owned Auto (complete supplemental page 4)<br>Employee Benefits Liability (complete supplemental page 4) |          |          |             |              |            |           |  |
| Limit Required:                                     |   |          |          |             |              |            |           |  |
| Deductible Required:                                | \$5,000   | \$10,000 | \$25,000 | \$50,000    | \$100,000    |            |           |  |
| Coverage is Required During (check all that apply): |   |          |          | Development | Construction | Operations |           |  |

| GENERAL SITE INFORMATION  |     |    |  |
|---|-----|----|--|
| Is site accessible to the public?   | Yes | No |  |
| Are public events held at the wind farm, i.e. viewings? <i>If yes, provide details below:</i> | Yes | No |  |
| Provide details of third party surrounding property below:                                    |     |    |  |
|   |     |    |  |
| Do third parties have access to the turbines? <i>If yes, provide details below:</i>           | Yes | No |  |
|   |     |    |  |





| HIRED AND NON-OWNED AUTO SUPPLEMENTAL QUESTIONS   |           |                          |    |
|---|-----------|--------------------------|----|
| Does the insured own or lease any commercial autos used on the project?   |           | Yes                      | No |
| Commercial auto coverages elsewhere?  | Yes    No | If yes, Liability Limit: |    |
| Are there company vehicles not insured under your auto policy?  |           | Yes                      | No |
| Do employees use personal vehicles for business purposes?   |           | Yes                      | No |
| Total number of employees:  |           |                          |    |
| Does the insured require any employee who drives his/her own care for company business to provide evidence of personal auto insurance coverage?                                       |           | Yes                      | No |
| If yes, what is the required liability limit?   |           |                          |    |
| Certificate of insurance on each employee?  |           | Yes                      | No |
| Non-owned automobiles used, other than those owned by employees? <i>If yes, describe below.</i>   |           | Yes                      | No |
|   |           |                          |    |
| Does the insured regularly hire, rent or borrow or are you expecting to hire, rent or borrow in the next 12 months, vehicles for used in the business? <i>If yes, describe below.</i> |           | Yes                      | No |

| EMPLOYEE BENEFITS SUPPLEMENTAL QUESTIONS  |  |     |    |
|---|--|-----|----|
| Total number of employees (including any part-time or seasonal that receive or are eligible for any one of the covered employee benefit plans administered by you):   |  |     |    |
| Employee benefits plans you administer and wish us to consider:   |  |     |    |
| Employee benefit plans shared or pooled with other employers' benefit plans?  |  | Yes | No |
| Administer employee benefits provided by/or a union or similar employee organization?   |  | Yes | No |
| Is there a maintained unit responsible for all employee benefit plans?  |  | Yes | No |
| Do you use elective employee benefit plans that employees can enrol in, waive or select options for? <i>If yes, please answer questions a – c below.</i>  |  | Yes | No |
| a. Written verification or confirmation forms that summarize the employee's latest elections and current elective benefits status?  |  | Yes | No |
| b. Written election forms requiring the employee's signature and date?  |  | Yes | No |
| c. If neither a or b, then describe how employee elections are recorded, confirmed and verified below.  |  |     |    |
|   |  |     |    |
| Are employees asked to review and verify their elections annually?  |  | Yes | No |
| Permanently retain copies of plan documents and employee benefit plan records?  |  | Yes | No |
| Has any claim ever been made against you alleging any negligent act, error or omission resulting from the administration of your employee benefit plans?  |  | Yes | No |
| Do you have any knowledge of any negligent act, error or omission resulting from the administration of your employee benefit plans which might lead to a later claim? <i>If yes, provide details below.</i> |  | Yes | No |
|   |  |     |    |