

# Wind Power Property 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:				
Site layout enclosed:	Yes (please attach)		No					
Owner (Named Insured):								
Owner Address:								
City:				State:			Zip Code:	
Financier (Loss Payee):								
Financier Address:								
City:				State:			Zip Code:	
Additional Insured Name (attach extra sheets to list more):								
Additional Insured Address:								
City:				State:			Zip Code:	
Principle Contractor(s):								
Contractor Address:								
City:				State:			Zip Code:	
Operations/Maintenance Provider Name:								
Maintenance Provider Address:								
City:				State:			Zip Code:	
Currency:	EURO	GBP	USD	Other:				
Physical Damage Deductibles:	\$20,000	\$50,000	\$100,000	Other:				
Delay/Business Interruption Deductibles:	10 Days	20 Days	30 Days	60 Days	Other:			

EQUIPMENT INFORMATION			
Total Number of Turbines:		Wind Turbine Manufacturer:	
Wind Turbine Model:		Rated Capacity in kW:	
Total Generating in MW:			
Turbine Certified By:	Germanischer Lloyd	Riso	DNV TUV Nord Other:

Turbine Manufacturer Warranty:	Yes Inception Date:	Expiration Date:
	100% Parts and Labour	Parts Only
	No	
Crane Service Provider:		
Response Time of the Largest Crane Required to Site:		
Gearbox Manufacturer and Model:		Total Number of Gearboxes:
Gearbox Warranty in Place?	Yes Inception Date:	Expiration Date:
	100% Parts and Labour	Parts Only
	No	
Transformer Manufacturer and Model:		
Total Number of Transformers:		
Is there the ability to reroute all power through one transformer?	Yes	No
If yes, what is the redundancy available?		
Transformer Warranty in Place?	Yes Inception Date:	Expiration Date:
	100% Parts and Labour	Parts Only
	No	
Blade Lightning Protection?	Yes Type:	Factory Retro
	No	
Battery Energy Storage System (BESS)?	Yes (if yes, complete questions a-f)	No
a. BESS Manufacturer:		
b. Battery Type (Lead, Lithium, etc.)		
c. Is there BESS smoke/fire detection?	Yes	No
d. What type of fire protection system?		
e. Firewall Separating Battery Banks?	Yes	No
f. BESS Monitoring System?	Yes	No
Detail turbine mechanical and electrical spares kept on site:		
Lead Time for Key Components (to include gearboxes, main transformers, generators, blades):		
Is substation on site owned by project?	Yes	No
Distance of Owned Substation from Project:		
Power Lines to Substation:	Buried	On Surface Overhead
Does the substation serve other projects? (if yes, list other projects below)	Yes	No
Is there a written planned preventative maintenance program?	Yes	No
If no, what plans exist for equipment maintenance?		
Provide details of claims in the last five years, including those covered by manufacturer provided warranties, below:		

**TRANSIT AND MARINE DELAY IN START-UP (MDSU)**

Is transit insurance required?	Yes	No
Transportation Route and Means:	Yes	No
Insured Sum (Physical Damage):	\$	Max Value for any one Conveyance: \$

Expected Transportation Period:		Commencement Date of Transport:	
Will the manufacturer be carrying personal insurance during transit?	Yes	Limits:	No
Delay in start-up required (MDSU)?	Yes	If yes, what are limits:	No
Indemnity period:	12 months (standard)	6 months	3 months
Expected Annual Revenue:		Annual Tax Incentive Revenue:	

CONSTRUCTION ALL RISKS (EAR) AND ADVANCE LOSS OF PROFITS (ALOP)			
Construction All Risks Insurance Required (EAR)?	Yes	No	
Expected Construction Period:		Construction Commencement Date:	
Testing Period:		Anticipated Completion Date:	
Will this insurance cover be primary or secondary to any other insurance cover?	Primary	Secondary	
If secondary, provide details:			
Third Party Liability required?	Yes	If yes, limits required:	No
Delay in Start-Up (ALOP) required?	Yes	No	Indemnity Period: 12 months Other:
Expected Annual Revenue:		Annual Tax Incentive Revenue:	

OPERATING ALL RISKS			
Operating All Risks insurance required?	Yes	No	Inception Date for Coverage Period:
What service agreements will be in place, if applicable?			
Will turbines be handed over all at once or phased?	At Once	Phased	
Business Interruption required?	Yes	No	Indemnity Period: 12 months Other:
Expected Annual Revenue:		Annual Tax Incentive Revenue:	
Third Party Liability Required?	Yes	If yes, limit required:	No

EXTENSIONS OF COVER – CONTINGENT BUSINESS INTERRUPTION AND TERRORISM			
Contingent business interruption insurance required?	Yes	No	
Name of Non-Owned Substation:			
Power Lines to Non-Owned Substation:	Buried	On Surface	Overhead
Length of Transmission and Distribution Lines to the Insured:			
Material Used for Transmission and Distribution Lines:	Copper	Aluminium	Other:
Is Terrorism Cover Required?	Yes	No	

STATEMENT OF VALUES/LIMITS OF LIABILITY							
Equipment Description			Physical Damage			Loss of Income	
Turbine Manufacturer and Model	kW	Year Installed	Number of Units	Value per Unit	Replacement Value	Revenue per Unit	Total Revenue
Renewable Energy Production Incentive							
Towers							
Foundations							
Transformers including value of switchgear, panels, circuit breakers							
BESS, DVAR or Other Power Electronics							
Computer Monitoring System							
Substation or Upgrades							
Transmission and Distribution Lines							
Miscellaneous Electrical Equipment							
Operations Building(s)							
Roads and Fencing							
Other Property:							
Total Insured Values							
Total Project Limit							

**DISCLOSURE**

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.

\*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.

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.

Signature of Applicant:		Dated:	
Printed name of Applicant:			
Company:		Title:	
Signature of Agent/Broker:		Dated:	

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