

# 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:<br>100% Parts and Labour Parts Only<br>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:<br>100% Parts and Labour Parts Only<br>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:<br>100% Parts and Labour Parts Only<br>No |
| Blade Lightning Protection?   | Yes Type: Factory Retro<br>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  |  |        |  |
|---|--|--------|--|
| <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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