



RENEWABLE ENERGY (SOLAR PHOTOVOLTAICS) INSURANCE PROPOSAL FORM

Contact Name:

Company / Organisation:

Address:

Telephone:

email:

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1 General Information

a) Project Name

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b) Exact site address including postcode

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c) Layout of the site enclosed

Yes (please attach)

d) Owner (Principle named Insured) Name

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Address

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e) Financier (Loss Payee) Name

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Address

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f) Additional Named Insured(s) Name

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Address

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g) Principal Contractor(s) Name

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(if different to above) Address

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h) Operations & Maintenance Provider Name

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Address

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i) Other Parties involved in contract but not to be insured
Note: rights of recourse will be retained against these parties

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j) Example of similar project already completed

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k) Physical Damage Deductibles (GBP)
(note, not all deductibles available for all project sizes)

5,000 10,000 20,000
 Other (please indicate _____)

l) Physical Damage Deductibles (GBP)
(note, not all deductibles available for all project sizes)

5 Days 10 Days 20 Days
 Other (please indicate _____)

1 General Information (cont.)

m) Type of mounting for Photovoltaic (PV) Modules
e.g. commercial premises roof, carport, steel structure on agricultural land, etc.

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n) If commercial premises roof, please confirm the nature of the business

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o) Details of any offsite storage and/or pre-fabrication work

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p) Details of the security on site

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q) Significant physical & environmental features

i) Ground conditions

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ii) Geo-technical report conclusion (ref LEG protocol)

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iii) Flood History

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r) Fire precautions

i) Fire fighting arrangements

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ii) Project discussions with local fire brigade

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iii) Adherence to Joint Code of Practice

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iv) Consideration of NFPA 850

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q) Details of claims in last three years, including those covered by manufacturers warranty

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2 The Works

a) PV Module manufacturer and KW

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b) Number of PV Modules in total

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c) Number of PV Modules forming part of each array

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d) How long is manufacturer's warranty (if applicable)

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e) Number of Inverters

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f) Number of Transformers

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g) Specification of main export transformer

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h) i) Is Substation on site and owned by project?

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| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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ii) Substation details (location, alternative switching arrangements)

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iii) Name of substation & owner (if not included in insurance cover)

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i) i) Details of transmission lines to substation (length, route, buried or overhead)

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ii) Details of any transmission lines installed in conduit

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iii) Owner of transmission & distribution lines connected to substation

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2 The Works (cont)

j) Civils

i) General description

ii) Excavation details (including any blast work)

iii) Confirm that a foundation evaluation has been carried out (eg to BS5930) and that the design has been approved by the plant manufacturers.

iv) Foundation method statement(s)

v) Access Roads

vi) Temporary buildings – details of any on site and if insurance is required

vii) Details of any existing structures that are to be incorporated on to the works.

k) Is there a written planned preventative maintenance program?

Yes No

If NO, what plans exist for maintenance of PV modules and associated equipment?

l) Details of spares kept on site (or nearby location)

3 Transit

a) Is Transit Insurance Required?

Yes No

b) Transportation route and means

c) Maximum value any one conveyance

d) Expected transportation period

e) Commencement date of transport

4 Construction All Risks

a) Construction all risks insurance required?

Yes No

b) Expected construction period

Please provide project bar chart if available

c) Commencement date of construction

d) Testing and commissioning period

e) Anticipated completion (Take over) date

f) Is Public / Products Liability required?

Yes No

g) Limit of Public / Products Liability required (GBP)?
(2 million, 5 million or 10 million)

5 Advance revenue (delay in start up)

- a) Delay in start up required?
- b) Indemnity period
- c) Insured sum (GBP)
- d) Date of intended commercial operation
- e) Lead times for key components eg PV Modules, inverter, transformer etc.
- f) Utilities supplies – customer/supplier extensions
- d) Expected revenue for indemnity period

(Expected revenue = output in kWh in the indemnity period x sales price per kWh)

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| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months |
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6 Operating All Risks

- a) Operating all risks insurance required?
- b) Period of insurance
- c) Business Interruption required?
- d) Indemnity period
- e) Expected revenue for indemnity period
- f) Is Public / Products Liability required?
- g) Limit Required (GBP)
(2 million, 5 million or 10 million)
- h) Please provide any additional information that will assist us in evaluating this risk

(Expected revenue = output in kWh in the indemnity period x sales price per kWh)

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| <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months |
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| <input type="checkbox"/> Yes <input type="checkbox"/> No |
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7 Statement of values

| Equipment Description | | | | Physical Damage | | Loss of Income | |
|---|----|----------------|-----------------|-----------------|-----------------------|------------------|----------------|
| PV Module Manufacturer and Model | kW | Year Installed | Number of Units | Value Per Unit | New Replacement Value | Revenue Per Unit | Annual Revenue |
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| Renewable Energy Production Incentive | | | | | | | |
| Inverters | | | | | | | |
| Transformer(s) | | | | | | | |
| Electical Works – Control System(s), Meters & Wiring etc. | | | | | | | |
| Mounting Structure | | | | | | | |
| Substation(s) | | | | | | | |
| Transmission & Distribution Lines | | | | | | | |
| Roads, Fencing & other Civil Works | | | | | | | |
| Other property – specify | | | | | | | |
| Total Insured Values | | | | | | | |
| Total Project Limit | | | | | | | |

8 Extensions of Cover – Contingent Business Interruption and Terrorism

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| <p>a) Do you require Contingent Business Interruption Insurance?</p> <p>(i.e. insurance for lost revenue following failure of the first non-owned substation)</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| b) Name of non-owned substation | |
| c) Distance of non-owned substation from project | |
| d) Are power lines to non-owned substation buried, on surface or overhead | <p><input type="checkbox"/> Buried <input type="checkbox"/> On Surface <input type="checkbox"/> Overhead</p> |
| f) Is terrorism cover required? | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

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 -