



RENEWABLE ENERGY – WAVE & TIDAL OPERATIONAL INSURANCE PROPOSAL FORM

Contact Name:	
Address:	
Telephone No:	
Email address:	

SECTION 1 - INSURED PARTIES: Parties to be named in the policy as insured

Principal:	
Contractors:	
Sub Contractors:	
Financiers:	

PLEASE NOTE: Contract conditions should be consulted to ensure all parties who must be insured have been included for their respective interests.

SECTION 2 – COVER REQUESTED

Anticipated Effective Dates	
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			Indemnity Periods		
	Yes	No	12 mths	18 mths	24 mths
Transit					
Delay in Start Up					
Erection/Installation All Risks					
Advance Loss of Revenue					
Operating All Risks					
Business Interruption					
Construction/Installation Plant					

Excess Level			
Section of Cover	Excess		Other
Material Damage	£20,000	£50,000	
Business Interruption	10 Days	20 Days	

Public & Products Liability	Yes	No	Limit of Indemnity		
			£10m	£15m	Other
Construction					
Operation					

SECTION 3 – EQUIPMENT

Description of equipment Please attach drawings and specifications	
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SECTION 4 – THE SITE

Project location	
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Significant physical & environmental features of the site

General topography	
Distance offshore	
Sea bed conditions	
Water depth	

Electrical installation

Are site distribution cables between wave/tidal units & site substation owned & insured by the project?	Yes	No
If No provide the name of the owner of the site distribution cables		
Is site substation situated onshore or offshore?		
Is site substation owned & insured by the project?	Yes	No
If No provide the name of site substation owner		

Direct to grid or via site substation transformer		
Specification/rating of site substation transformer		
Maintenance programme for the site substation transformer - Annual inspection / Oil analysis, etc.		
Cable plan for wave/tidal units & the site		
Number of grid transmission cables		
Length & route of grid transmission lines between site substation & grid substation		
Are these buried or on the seabed?	Buried	Seabed
If buried, are they in conduit?	Yes	No
Who is responsible for these lines?	Contractor	Operator/Utility
Details of cable laying contractor		
Is grid substation owned & insured by the Utility?	Yes	No
If No provide the name of grid substation owner		
Distance of grid substation from wave/tidal units & its location		
Does grid substation serve other wave/tidal projects?	Yes	No
If Yes please provide details:		

SECTION 5 – CONTRACT WORKS

Duration of the contract	
Anticipated completion date	

PLEASE PROVIDE A PROJECT BAR CHART

Maintenance/defects liability period		
Is there a phased hand over?	Yes	No

General description of civil works

Wave/tidal units & site configuration		
Type of foundations		
Who is responsible for the foundation specifications?	Manufacturer	Contractor
If the contractor, are they approved by turbine manufacturer?	Yes	No

If cover for own/hired plant is to be included, please provide the details requested in the Statement of Values form at the rear of this document.

SECTION 6 – OPERATION

Anticipated completion date		
Details of warranties applicable for <u>All Equipment</u> including the relevant periods		
Details of any spare parts held & their location address(s)		
Lead times for ALL major components		
Arrangements with manufacturers about supply of components		

Operation & Maintenance

Who carries out O&M work, including electrical installation?		
What is the frequency & what work is carried out?		
Maintenance vessel response time to site?		
Number of technicians on site?		
Is there an alarm system in place for breakdown?	Yes	No
If Yes , where is the signal received?		
Who responds to an alarm call?		
Frequency of routine visits to site?		

SECTION 7 – PUBLIC & PRODUCTS LIABILITY

Proximity to shipping lanes		
Details & type of local shipping		
Proximity to fishing grounds		

Details of blasting work undertaken		
Does site comply with current Marine Regulations & is it marked on maps?	Yes	No
If No , please provide details:		
Proximity of public services e.g. cables & pipelines		
Are visitors allowed on site	Yes	No
If Yes in what capacity & approximate numbers per visit?		

SECTION 8 – GENERAL INFORMATION

Details of any loses in last five years, whether insured or not		
Who is current insurer of the site?		
Has the current insurer invited renewal?	Yes	No
If Yes , advise terms required		
Any further information which you may feel is relevant & which will assist the underwriter’s consideration of the risk		

SECTION 9 - STATEMENT OF VALUES

Insured	
Project Name	
Project Site	

Equipment Description			Physical Damage			Loss Of Income	
Equipment model	kW	Year Installed	Number of Units	Value Per Unit	Total Value	Revenue Per Unit	Total Revenue
Renewable Energy Production Incentive							

Wave / Tidal Device / Unit					
Foundations / Piling					
Substation(s) on / offshore					
Transformers, switchgear, panels & circuit breakers					
Computer monitoring system					
Operations building(s)					
Transmission & distribution cables					
Grid connection and miscellaneous electrical equipment					
Miscellaneous fees etc.					
Other Property – Specify	Construction Plant – Owned				
Other Property - Specify	Construction Plant - Hired In Charges / Values				
Total Insured Value - GBP/EUR/AUD					
Total Project Limit - GBP/EUR/AUD					

DECLARATION

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 -