



SMALL RENEWABLE ENERGY (SOLAR PHOTOVOLTAICS) INSURANCE PROPOSAL FORM

Contact Name:

Company / Organisation:

Address:

Telephone:

email:

Insured Parties (Parties to be named in the policy as insured)

PLEASE NOTE:

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

1 General Information

a) Project Name

b) Exact site address including postcode

c) Layout/Photo of the site enclosed

d) Owner

Name

Address

e) MCS Approved Installer

f) Is the equipment reconditioned?

g) Operations & Maintenance Provider

Name

Address

h) Type of mounting for Photovoltaic (PV) Modules
e.g. PDH/Community/Industry/School

| | |
|--|--------------------------------|
| | |
| | |
| | Yes (please attach) / No |
| | |
| | Yes / No |
| | Yes (please give details) / No |
| | |
| | |
| | |

| | |
|---|----------|
| i) If commercial premises roof, please confirm the nature of the business | |
| j) Details of the security on site | |
| k) Are there any significant physical & environmental features (please give details) | |
| l) What fire precautions have been adopted | |
| m) Is the energy supplied to any third party other than the National Grid (If yes please provide details) | Yes / No |

| | |
|---|----------|
| 2 Equipment | |
| a) How long is manufacturer's warranty (if applicable) If YES, Please confirm if the warranty/maintenance contract includes parts and labour costs including the dismantling and erection costs and/or hire of ancillary equipment such as cranes/scaffolding etc. Please provide details including the providers name, address and the date when the *warranty/contract *expires/renews | years |
| b) i) Is Substation on site and owned by project? | Yes / No |
| ii) Substation details (location, alternative switching arrangements) | |
| c) Please give details of transmission lines & conduit | |
| d) Where applicable, confirm that a foundation evaluation has been carried out (eg to BS5930) and that the design has been approved by the plant manufacturers. | |
| i) Foundation method statement(s) | |
| ii) Access Roads | |
| iii) Temporary buildings – details of any on site and if insurance is required | |
| iv) Details of any existing structures that are to be incorporated on to the works. | |

3 Cover Required

a) Which of the following do you require?

i) OAR (Material Damage, Mechanical Breakdown and Loss Of Revenue)

ii) OAR (Material Damage and Loss Of Revenue)

iii) OAR (Material Damage only)

b) Do you require cover for lost revenue following failure of the first non-owned substation

Yes / No

c) Is Public / Products Liability required?

Yes / No

If **YES** please indicate which limit of indemnity required

£2 million

£5 million

£10 million

d) Is Employers Liability required ?
If **YES**, please provide the following details

Yes / No

i) Number of employers paid and/or volunteers

ii) Annual Wage roll (if any)

iii) Details of activities undertaken

e) Do you carry out any activities involving any of the following:

i) work at height

Yes / No

ii) electrical/mechanical engineering work

Yes / No

iii) use of heat

Yes / No

If you have answered **YES** to any of the above please provide details

4 Claims

a) Details of claims in the last three years, including those covered by the manufacturer's warranty

b) Has any Insurer ever:
i) Declined your proposal?

Yes / No

ii) Refused to renew or cancelled your policy?

Yes / No

iii) Imposed special conditions?

Yes / No

If you have answered **YES** to any of the above please provide details

| | |
|--|----------|
| <p>c) Are you currently, or have you previously been, insured against any of the risks proposed</p> <p>If you have answered YES please provide details of your current and/or previous insurers</p> | |
| | Yes / No |
| | |

5 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 | Annual Revenue |
| | | | | | | |
| Total annual income | | | | | | |
| Inverters | | | | | | |
| Transformer(s) | | | | | | |
| Electrical 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 | | | | | | |

6 Additional Information

Please provide any additional information that will assist us in evaluating this risk

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 -