

INSURED INFORMATION			
Named Insured:			
Named Insured Address:			
Contact Person:		Phone:	
Additional Insureds:			
Loss Payee:			
Existing/Previous Insurance Carrier (if applicable):			
Existing Policy Expiration Date:			
PROJECT INFORMATION			
Project Name(s):			
Exact Site Address (or Longitude/Latitude[s]):			
*PLEASE ATTACH COPY OF SITE LAYOUT			
Is land Leased or Owned:		Number of Acres:	
Year Commissioned:		Installed MW Capacity:	
Power Sold to:			
Name of Substation:			
Is Substation Owned and Insured by Project:			
Does Substation serve other Wind Projects:			
Name/ MW Capacity of other Wind Projects:			
Number of Substation Transformers:		Manufacturer:	
1) If more than one, is the Substation configured to reroute all power through one transformer:			
2) If YES, what is the Redundancy Available Output (e.g.30%, etc.):			
3) If YES, confirm a blast wall/fire separation between the two:			
4) Substation Transformer Warranty Expiration Date:			
Length of Transmission Lines within Project:			
Length of Transmission Lines outside the Project:			
Number of Met Towers:			
Is there a Crane on site:			
If not, Crane Service Provider:			
Response Time for largest required Crane to Site:			
List of Spares on Site: (i.e. Blades, Gearbox, Pad Mount Transformers, Substation Transformer)			
Are Turbine manufacturer recommended list of spares available within close proximity to site (no more than 14 days away):			
Security Details Onsite (e.g. fenced security, etc.):			
Details of Contingency Plans for Critical Equipment Failure:			

PROJECT INFORMATION (CONTINUED)			
Wind Turbine Generator (WTG) Manufacturer:			
Model Numbers:		Number of Turbines:	
Production Type Certificate:		Turbine Certified By:	
Full Parts & Labor Warranty:			
Warranty Expiration Date:			
*PLEASE ATTACH COPY OF WARRANTY DETAILS			
Blade Manufacturer:			
Blade Length:			
Blade Lightning Protection:			
Number of Pad Mount Transformers:		Manufacturer:	
Battery Energy Storage System (BESS):			
1) Manufacturer:			
2) Has their process been certified by GL or any other design certificate:			
If NO, will they or are they in the process:			
3) Warranty Information:			
4) Is Energy Storage Container isolated from Substation:			
If YES, approximate distance:			
If NO, please advise configuration:			
5) Fire suppression system within Energy Storage Container:			
6) Are there PPA requirements for Energy Storage:			
7) How is Revenue Production calculated:			
8) Is system designed to isolate itself electrically if it senses any system irregularities:			
9) Can Project(s) put full energy to grid independent of the Energy Storage System:			
SCADA System / Version:			
Lead/Replacement Time for Key Components:			
Gearboxes:			
Main Transformer(s):			
Blades:			
Pad Mount Transformers:			
Generators:			
Other:			

COVERAGES			
OCEAN MARINE (OM – SECTION 1A) AND DELAY IN START-UP (DSU – SECTION 2A)			
OM Required:		DSU Required:	
Details of Equipment (e.g. WTG/Blades/Power Units, etc.):			
Values of Equipment coming overseas:			
Maximum Value any one conveyance:			
Port of Origin(s):			
Will there be any temporary storage at Port or Other Location:			
Transportation Period:		Start:	End:
Where does the OEM's Transit Insurance end:			
Property Damage Deductible requested:			
DSU Deductible requested:			
Indemnity Period (6, 12, 15, 18 months):			
*PLEASE ATTACH TURBINE SUPPLY AGREEMENT			
CONSTRUCTION ALL RISK (CAR – SECTION 1B) AND DELAY IN START-UP (DSU – SECTION 2A)			
CAR Required:		DSU Required:	
Construction Start Date:		Est Completion Date:	
*PLEASE ATTACH CONSTRUCTION SCHEDULE AND TURBINE SUPPLY AGREEMENT			
EPC/BOP Contractor:			
Is any work subcontracted (if YES, please answer the following):			
Are you named as an Additional Insured:			
Do you waive your Rights for Subrogation:			
Is Contractual Indemnification Mutual to you or to subcontractors:			
Are Certificates of Insurance required for all subcontractors:			
*PLEASE ATTACH EPC/BOP CONTRACT			
Will this insurance cover be Primary or Secondary to any other insurance cover:			
*IF SECONDARY, PLEASE PROVIDE EVIDENCE OF PRIMARY COVER			
Property Damage Deductible requested:			
DSU Deductible requested:			
Indemnity Period:			
OPERATING ALL RISK (OAR – SECTION 1C), BUSINESS INTERRUPTION (BI – SECTION 2B) AND CONTINGENT BUSINESS INTERRUPTION (CBI – SECTION 2B)			
OAR Required:		BI Required:	CBI Required:
Inception Date of Operational Cover:			
Turbine Handover:			

Does Project have an onsite Crane:	
Operations and Maintenance Provider (O&M):	
Distance to nearest O&M Facility:	
*PLEASE ATTACH O&M CONTRACT	
Warranty Service Provider (if other than O&M):	
Property Damage Deductible requested:	
BI Deductible requested:	
CBI Deductible requested:	
Indemnity Period:	
Loss History (Last 5 Years):	
Description:	
Date of Loss:	
Loss Amount (Paid and/or Reserved):	
*PLEASE ATTACH 5 YEAR CARRIER LOSS RUNS (IF APPLICABLE)	
STATEMENT OF VALUES (Completed in detail)	
WIND TURBINE GENERATOR (WTG)	
WTG Value per Unit (Tower/Blades/Nacelle):	
WTG Total:	
BALANCE OF PLANT (BOP)	
Foundations:	
Towers:	
Transformers:	
Substations:	
Operations Building:	
Transmission and Distribution Lines:	
Computer Hardware (SCADA) and Software:	
Roads and Fences:	
Battery Energy Storage System (If Applicable):	
Miscellaneous Other BOP:	
BOP Total Values:	
TOTAL PHYSICAL DAMAGE VALUE (WTG + BOP):	
BUSINESS INTERRUPTION	
Production Tax Credits / Incentives:	
Annual Income for Power Production:	
TOTAL BUSINESS INTERRUPTION:	
TOTAL PHYSICAL DAMAGE VALUES + TOTAL BUSINESS INTERRUPTION = TOTAL INSURED VALUES (TIV):	

GENERAL LIABILITY	
Limits Requested (\$) - ACCORD APPLICATIONS OR EQUIVALENT REQUIRED FOR AUTO AND WC	
General Liability:	
Auto:	
Workers Compensation:	
Umbrella:	
Other:	
UMBRELLA - Additional Underlying Policy Terms	
Auto:	Limits:
	Carrier:
	Premium:
Workers Compensation:	Limits:
	Carrier:
	Premium:
Other:	Limits:
	Carrier:
	Premium:
AUTO	
Light (Less than 50 Miles):	Number of Vehicles:
	Radium of Operations:
Medium (51-150 Miles):	Number of Vehicles:
	Radium of Operations:
Heavy (Greater than 150 Miles):	Number of Vehicles:
	Radium of Operations:
A formal Driver Safety training program used for all Drivers:	
All Drivers maintain a valid DL for class of vehicle operated:	
Are motor vehicles operating records reviewed for all Drivers:	
* If NO, please provide list of all Drivers including DOB, DL and State	
Describe International exposure (if any):	
Describe watercraft or aircraft exposure (if any):	
DECLARATION AND SIGNATURE	
I have read the above Application. I declare that to the best of my knowledge the statement and information on this Application and any attachments thereto are true, accurate, and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in the Application or in any attachments thereto is materially false, inaccurate or incomplete, the Insurer may deny coverage or cancel the policy.	
Signature for Named Insured:	
Title:	
Submitted By (Producer):	

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