



INSURED INFORMATION

Named Insured:			
Named Insured Address:			
Contact Person:		Phone/Email:	
Additional Insured(s):			
Loss Payee:			

COVERAGES

CONSTRUCTION ALL RISK (CAR – Section 1B) and DELAY IN START-UP (DSU – Section 2A)			
CAR required:	<input type="checkbox"/> YES <input type="checkbox"/> NO	DSU Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Construction Start Date:		Est. Completion Date:	
Maintenance period:			
EPC/BOP Contractor		Describe experience of contractor	
Contractor Address:			
Is any work subcontracted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES: - are you named as Additional Insured? - do you waive your Rights of Subrogation? - is Contractual Indemnification Mutual to you or to subcontractors?	
INDEMNITY PERIOD:			
DEDUCTIBLES:		Property Damage (PD):	
		Delay in Start-Up (DSU):	
Will this insurance cover be Primary or Secondary to any other insurance cover?			If Secondary please provide evidence of Primary cover
Please attach:	Construction schedule, Equipment Supply Agreement,		
OPERATIONS ALL RISK (OAR – Section 1C), BUSINESS INTERRUPTION (BI – Section 2B) and CONTINGENT BUSINESS INTERRUPTION (CBI – Section 2B)			
OAR required:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
BI required:	<input type="checkbox"/> YES <input type="checkbox"/> NO	CBI required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Inception Date:		Policy Period:	
O&M Provider:		Describe experience of provider:	
Warranty Provider:		Warranty expiration dates:	
INDEMNITY PERIOD:			
DEDUCTIBLES:		Property Damage (PD):	
		Business Interruption (BI):	
		Contingent Business Interruption (CBI):	
Previous /Existing Insurance Carrier (if applicable)			
Please attach:	5 Years Loss History (loss dates, description, claim amounts ground-up) O&M Agreement		

COVERAGES (continued)

OCEAN MARINE (OM – Section 1A) and DELAY IN START-UP (DSU – Section 2A)			
OM required:	<input type="checkbox"/> YES <input type="checkbox"/> NO	DSU Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Details of Equipment:			
Total Values of Equipment transported:			
Max. Value per trip			
Ports of Origin:			
Will there be Temporary storage at Port or Other Location?:			
Transportation Period	Start:	End:	
INDEMNITY PERIOD:			
DEDUCTIBLES:	Property Damage (PD):		
	Delay in Start-Up (DSU):		
Please attach:	Supply Agreement(s)		
GENERAL LIABILITY			
Limits Requested (US\$)	ACORD Applications or equivalent required for Auto and WorkersComp		
	General Liability:		
	Auto:		
	Workers Compensation:		
	Umbrella:		
	Other:		

PROJECT INFORMATION

Project Name(s):			
Project Site Address:			
Country:			
Longitude (N/S):		Latitude (E/W):	
Rated Capacity MW		Est. Annual Production KWh	
Year Commissioned			
Type of Facility	<input type="checkbox"/> Run of river, <input type="checkbox"/> Dam/Impoundment, <input type="checkbox"/> Diversion, <input type="checkbox"/> Pump Storage		
Is the river/waterway partially or fully obstructed/redirected by the Hydro Project? Please provide details	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the site exposed to an upstream dam failure?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify.		
Is Project manned?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO: how frequent are visits?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Remote monitoring of Site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Site Security:	<input type="checkbox"/> Fenced <input type="checkbox"/> CCTV <input type="checkbox"/> Guard
Access Road	<input type="checkbox"/> Paved <input type="checkbox"/> Not Paved		
PLEASE ATTACH:	<ul style="list-style-type: none"> - Site Plan - Last Survey Report 		

PLANT & EQUIPMENT

DAM & PENSTOCK

DAM CONSTRUCTION			
	<input type="checkbox"/> Concrete, <input type="checkbox"/> Stone, <input type="checkbox"/> Earth		
Year Built:			
Date of Last Inspection:			
SIZE:	Length:	Height:	Width:
Reservoir Capacity			
Describe Spillways/Overflow facilities			
Public has access to Facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES provide details:	
Dam is	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	If Leased who is the Owner?	
PENSTOCK CONSTRUCTION			
	<input type="checkbox"/> Concrete, <input type="checkbox"/> Steel, <input type="checkbox"/> Concrete with steel liner <input type="checkbox"/> Above Ground, <input type="checkbox"/> Buried in Concrete, <input type="checkbox"/> Buried in Earth/Rock		
Penstock Size:	Length:	Height:	
Is there a quick closing valve at the penstock/dam site?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
How is it actuated?	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual		
Emergency power available to close control gates and open spillways in case of grid power failure?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Operating Head	Vertical Distance between Hydro inlet and Turbine:		
Other remarks			

POWERHOUSE				
Powerhouse Construction	<input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground <input type="checkbox"/> Partially Below Ground			
Year of Construction				
Fire Protection (please describe)				
Flood evacuation system				
TURBINES	(how many?):			
Type (Pelton, Francis, Kaplan etc):	Manufacturer:	Model	Power (kW):	Year Built / Rebuilt
Turbine Warranty in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, Expiration date:	<input type="checkbox"/> 100% Parts & Labor <input type="checkbox"/> Parts only
Inspection & Maintenance: Describe type and frequency				
GENERATORS	(how many?):			
Type (Synchronous, Induction):	Manufacturer:	Size (kW)	Year Built/Installed:	Year Rebuilt:
Generators Warranty in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, Expiration date:	<input type="checkbox"/> 100% Parts & Labor <input type="checkbox"/> Parts only
Inspection & Maintenance: Describe type and frequency				
TRANSFORMERS	(how many?):			
Type :	Manufacturer:	Year Built/Installed:	Size (kW)	
Transformers Warranty in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, Expiration date:	<input type="checkbox"/> 100% Parts & Labor <input type="checkbox"/> Parts only
Inspection & Maintenance: Describe type and frequency				
Oil spill containment available?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Protective devices:	Overspeed Trip <input type="checkbox"/> YES <input type="checkbox"/> NO	High Vibration <input type="checkbox"/> YES <input type="checkbox"/> NO	Low Lube Oil <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Ground Fault <input type="checkbox"/> YES <input type="checkbox"/> NO	Reverse Current <input type="checkbox"/> YES <input type="checkbox"/> NO	Overcurrent <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Loss Excitation <input type="checkbox"/> YES <input type="checkbox"/> NO	Lightning <input type="checkbox"/> YES <input type="checkbox"/> NO		
List Spare parts available on site:			Lead times for key spares:	
			- Turbine rotor	
			- Transformers	
			- Other	
Is a crane available on site?	<input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, what is the response time to get one:	
AdditionalComments/remarks				

SUBSTATIONS & T&D LINES

Are Substations owned?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Substation location:	<input type="checkbox"/> At the site <input type="checkbox"/> Outside	If Outside, how distant?	
Are T&D lines owned?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
T&D lines construction:	<input type="checkbox"/> Above ground <input type="checkbox"/> Below ground	T&D lines length:	

STATEMENT OF VALUES

Property Damage			
Project Site Address:			
Country:			
Item	Number of Units	Value Per Unit (USD)	Total Value (USD)
Turbines			
Generators/Alternators:			
Transformers:			
Other Electrical Works:			
Buildings (Powerhouse etc)			
Dam(s)			
Penstock(s)			
Canals/ Diversions/Spillways			
Other			
Other			
Substations			
T&D lines			
TOTAL PD:			
Time Element (DSU/BI/Loss of Income)			
Annual Production Revenue			
Incentives			
TOTAL Time element:			
TOTAL INSURED VALUES (TIV):			
PROJECT LIMIT:			

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):	