

## MICRO WIND PROPOSAL

### SECTION 1 - INSURED PARTIES

- Parties to be named in the policy as insured including details of their involvement

### SECTION 2 – THE TURBINES

- **Manufacturer:**
- **Model:**
- **KW Rating:**
- **Date Installed:**
- **Expiry date of warranty:**
- **Is a maintenance contract in force?** **Yes/No**
  - **If Yes please provide details:**

- **Details of any spare parts kept on site:**

- **Is a remote monitoring system in place?** **Yes/No**



**SECTION 3 – THE SITE**

- **Location Address (inc. Postcode):**
  
- **Electrical installation: (Direct to Grid or through a distribution transformer)**
  
- **Proposed Maintenance program for the distribution transformer (if applicable)**
  
- **Transmission/distribution lines (length and route):**
  - **Are these buried or overhead lines?** **Yes/No**
  
  - **If buried, are they in a conduit?** **Yes/No**
  
  - **Are these the responsibility of the operator?** **Yes/No**
  
- **Is substation owned & insured by the Insured?** **Yes/No**

**SECTION 4 - GENERAL INFORMATION**

- **Please provide details of any losses sustained during the last 5 years, whether insured or not**

- **Who is the current insurer in respect of this site?**
  
- **Please detail any other information which you feel is relevant and will assist the underwriter's consideration of the risk**



**SECTION 5 – COVER OPTIONS**

- **Material Damage Excess:**

£1,000(<100kw turbines)      £2,500      £5,000      £10,000

- **Loss of Revenue Indemnity Period:**

3 months      6 months      12 months

- **Loss of Revenue Excess Period:**

5 days      10 days      15 days      20 days

**SECTION 6 - STATEMENT OF VALUES**

Equipment Description			Physical Damage			Loss Of Revenue	
Turbine Manufacturer and Model	KW	Year Installed	Number of Units	Value Per Unit	Total Value	Revenue Per Unit	Total Revenue
Substation(s)							
Transformers, switchgear, panels & circuit breakers							
Computer monitoring system							
Operations building(s)							
Transmission & distribution lines, cabling, grid connection and miscellaneous electrical equipment							
Total Insured Value							

**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**

**Company / Position**