

# Renewable Energy Claim



RENEWABLE ENERGY INSURANCE CLAIM FORM

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**Insured Name:**

**Policy Number:**

**Address:**

**Post Code:**

**Contact Name:**

**Telephone/Mobile Number:**

**Email Address:**

**VAT Registered?**

**YES/NO**

**Broker Name:**

**Broker Contact:**

**Broker Telephone:**

**Broker Email:**

DETAILS OF OCCURRENCE

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**Date:**

**Time:**

**Location:**

**Post Code:**

**Describe how loss or damage occurred:**

DETAILS OF INSURED MACHINE INVOLVED IN THE OCCURRENCE

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**Manufacturer:**

**Model Number:**

**Serial Number:**

**Date of Installation:**

**Location:**

**Year of Manufacture:**

**Is machine refurbished?**

**YES/NO**

**Is machine under Warranty? YES/NO**

**Is machine regularly maintained?**

**YES/NO**

**New replacement value (at time of Occurrence) including all ancillary equipment:**

REPAIRS/REPAIR PERIOD

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Are repairs being carried out under Manufacturers Warranty? YES/NO

Have repairs been completed? YES/NO

If No when are they due to be completed?

Will there be a Loss of Revenue claim? YES/NO

Have you received accreditation for FIT/ROC? YES/NO

Downtime Period? From \_\_\_\_\_ To \_\_\_\_\_

Meter reading at time of incident:

Approximate cost of Repairs if known? \_\_\_\_\_ Estimated revenue lost? \_\_\_\_\_

OTHER INSURANCES OR WARRANTIES

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Is the Insured aware of any other insurances or warranties (whether or not in the Insured's name) covering the loss or damage or liability to this machine/asset? YES / NO

If yes, please give details:

To make the claim process as efficient as possible please can you submit the following supporting documents (where applicable) along with this Claim Form:

- Engineer's Report (Required in ALL instances)
- Copy of Manufacturer's Warranty (Required in ALL instances)
- Repair quotations/invoices if applicable

For Business Interruption/Loss of revenue

- Evidence wind readings were at correct speed to have generated power during the loss period
- Copy of Purchasers Invoice showing the Tariff paid and normal amounts of production for the weeks prior to the loss and for the same period of loss for last year (if in production)
- Any documentation supporting the amount of energy lost (e.g. readings from a second turbine if more than one installed at same location)

*\*Please note other documentation may be required subject to the circumstances of your loss*

Please send all claim documentation to:

The Claims Manager,  
 HSB Engineering Insurance Limited,  
 Chancery Place,  
 50 Brown Street,  
 Manchester, M2 2JT

or alternatively email [new.loss@hsbeil.com](mailto:new.loss@hsbeil.com).

**VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS**

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Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true and correct to the best of your knowledge and belief. You must also ensure that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it.**

**FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.**

**Prior to making a claim you must take all reasonable steps and precautions to:**

- **prevent further damage;**
- **retain any damaged insured property and other evidence and make it available to us for inspection on request.**

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I/We declare that the whole of the statements made by me/us in this Claim Form are in every respect true and that no person(s) has/have an interest in the property lost or damaged other than as stated herein.

**Date:**

**Signature:**

**Print Name:**

**THE UNDERWRITERS DO NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM**

## Rural

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