

HYDRO POWER

Installation(s) Overview

Please answer each question and complete in CAPITAL letters.
Indicate Yes or No as appropriate and supply any further information requested.

| 1 GENERAL | | |
|-----------|--|---|
| 1.1 | Name of Client | |
| 1.2 | Correspondence Address | |
| | | Postcode |
| 1.3 | Additional Insured Parties (and the nature of their interest) | |
| 1.4 | Full Business Description | |
| 1.5 | How long have you been trading? | |
| 1.6 | Period of Insurance Required (New Business Only) | From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/> |
| 1.7 | Renewal Date Required (New Business Only) | |
| 1.8 | Has any insurer: | |
| | Declined to insure you? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Cancelled or declined to renew any of your insurances? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Required special terms as a condition of insurance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If Yes , please provide more details | |
| 1.9 | Installation Address (full installation address including postcode or grid reference where applicable). In addition to the completed proposal form please provide a site plan indicating the installation location. | |
| 1.10 | Current Insurance Provider | |

1 GENERAL continued

Have you suffered any loss or damage, made any claims or been involved in incidents which have or could have resulted in a claim for the covers proposed within the last three years?

Yes

No

If **Yes**, please provide more details below or attach a separate sheet.

1.11

| Date | Nature of loss or damage | Cost or current estimate of claim |
|------|--------------------------|-----------------------------------|
| | | |

2 COVER REQUIREMENTS

| Cover Required? | Insured Values | Excess/ Exclusion Period |
|---|---|--------------------------------|
| Construction (Construction All Risks) | Contract Value for Power Island, including all ancillary equipment such as turbine, inverter, generator, and their integral mechanical or electrical controls, transformers and protective devices. | £ |
| | Contract Value for Dry Civils, including foundations, small buildings, annexes, gangways, conveniences and other structures, roads, car parks, yards, paved areas, pavements and footpaths. | £ |
| | Contract Value for Wet Civils, including dams, penstocks, weirs, shafts, pipes, supporting structures and ancillary structures. | £ |
| Construction Public Liability | Public Liability Limit of Indemnity. | £ |
| Advanced Business Interruption | Estimated Revenue for Advanced Business Interruption. | £ |
| | Advanced Business Interruption Indemnity Period. | months |
| Property Damage (Operational All Risks) <small>*Required in order for us to consider covers below</small> | Power Island, including all ancillary equipment such as turbine, inverter, generator, and their integral mechanical or electrical controls, transformers and protective devices. | £ |
| | Dry Civils, including foundations, small buildings, annexes, gangways, conveniences and other structures, roads, car parks, yards, paved areas, pavements and footpaths. | £ |
| | Wet Civils, including dams, penstocks, weirs, shafts, pipes, supporting structures and ancillary structures. | £ |
| Business Interruption (All Risks) Insurance | Estimated annual revenue. | £ |
| | Business Interruption Indemnity Period (in months). | months |
| Terrorism Insurance | N/A | |
| Public and Products Liability | Public Liability Limit of Indemnity. | £ |

2 COVER REQUIREMENTS continued

Optional Covers

| | | |
|---------------------------|--------------------------|-----|
| Commercial Legal Expenses | <input type="checkbox"/> | N/A |
| Directors & Officers | <input type="checkbox"/> | N/A |
| Employers' Liability | <input type="checkbox"/> | N/A |

3 INSTALLATION DETAILS

| | | |
|------|---|--|
| 3.1 | In addition to the completed form please attach project plan/ details that consist as a minimum of: type of water supply, e.g. river or reservoir; head, height length of pipework, penstock, tunnel shaft etc. | |
| 3.2 | Details of Installer(s) | |
| 3.3 | Maintenance/defects liability period (Construction Only) | |
| 3.4 | Testing Period (Construction Only) | |
| 3.5 | Manufacturer(s) | |
| 3.6 | Turbine Type(s)/Model(s) | |
| 3.7 | Rating(s) (Power output in kW/MW) | |
| 3.8 | Detail measures taken to protect against ingress of foreign bodies into the generation process | |
| 3.9 | Has the installation been designed to account for dynamic head forces as well as static? | |
| 3.10 | Year(s) Commissioned (Operational Only) | |
| 3.11 | Year(s) of Manufacture (if not new) | |
| 3.12 | Do you have any of the following Environmental Agency licences? (Please tick) | |
| | Abstraction <input type="checkbox"/> | Fish Pass <input type="checkbox"/> |
| | Impoundment <input type="checkbox"/> | Flood Defence Consent <input type="checkbox"/> |
| | Discharge <input type="checkbox"/> | |
| 3.13 | Please provide details of lightning protection in power island | |

3 INSTALLATION DETAILS continued

| | | |
|------|--|---|
| 3.14 | <p>Is there a Supervisory Control and Data Acquisition (SCADA) system on the turbine that as a minimum:</p> <ul style="list-style-type: none">• Monitors Vibration, Temperature, Pressure, Speed, Flow of Water?• Operates 24/7 and immediately reports to designated engineer? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3.15 | Please provide details of any fire protection in the power island and any civils structures. | <input type="text"/> |
| 3.16 | Is the design of flood defences in accordance with the return period for the area? | <input type="text"/> |
| 3.17 | Are site distribution lines between power island and site substation owned and insured by the project? | Yes <input type="checkbox"/> No <input type="checkbox"/> If No , provide the name of the owner of the site distribution lines <input type="text"/> |
| 3.18 | Is site substation owned and insured by the project? | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , provide details of make, capacity and age <input type="text"/> If No , provide the name of site substation owner <input type="text"/> |
| 3.19 | Are the grid transmission lines overhead or underground, and if overhead what length? | Overhead <input type="checkbox"/> Underground <input type="checkbox"/> If Overhead what length? <input type="text"/> |
| 3.20 | Details of any spare parts held and their location address(s) (Operational Insurances Only) | <input type="text"/> |

4 MAINTENANCE

| | | | | | | | |
|-----|--|--|--------------------------|---------------|--------------------------|------------------------------------|--------------------------|
| 4.1 | Is your maintenance provided by the following? | Original Equipment Manufacturer | <input type="checkbox"/> | Owner/Utility | <input type="checkbox"/> | Operations and Maintenance Company | <input type="checkbox"/> |
| | | If so, please name <input type="text"/> | | | | | |
| 4.2 | Does your maintenance provide any of the following (tick all that apply): Supply/replacement of parts damaged (including by fire or collapse) as a result of and following machinery breakdown/failure? Have responsibility on the same basis in respect of high voltage equipment? Be subject to penalties in the event that replacements are not available within agreed timescales? 24hours/7days a week service? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 4.3 | Please outline the main provisions of any warranties, the equipment covered, whether parts and labour are included and the warranty expiry dates. | <input type="text"/> | | | | | |