



SPECIALTY UNDERWRITERS
part of the **Crum & Forster** group

ALTERNATIVE ENERGY SOURCE WIND BUILDERS RISK / INSTALLATION ADDENDUM

160 WATER STREET, 16TH FLOOR, NEW YORK, NY 10038
PHONE 212 344-3000. FAX 212 422-0253

INSTALLATION COVERAGE:

Commencement Date of Installation: _____ Expected Installation Period: _____
Anticipated Completion (take over date): _____ Testing & Commissioning Period: _____
Details of Security at Installation Site: _____

Temporary Storage Location(s) / Limit(s): _____

Are there any pre-existing roads? Yes No Are the roads developed logging roads? Yes No
Does any blasting need to be done prior to installation? Yes No

RIGGING INFORMATION:

Is the Contractor doing their own lifting or rigging? Yes No
If no, please provide Riggers Name and Address: _____

Rigger's Legal Liability Purchased? Yes No
Experienced with lifting / rigging for Wind Turbine risks? Yes No

TRANSIT COVERAGE: (for Installation Coverage) Domestic only:

Maximum value any one conveyance: _____ Number of Total conveyances: _____
Expected transportation period: _____ Commencement date of transport: _____
Where are the Turbine parts being transported from? _____
Who is doing the transporting? _____

Experienced with transporting for Wind Turbine risks? Yes No
Transportation route & means & mode: _____

Is the transportation route planned? Yes No
Does the route contemplate the over-sized Height / Width / Length / Weight of the load? Yes No
Is an Oversized Load transportation company utilized? Yes No
If yes, please provide Name and Address: _____

Is the Insured hiring a Contract or Common Carrier? Yes No
If yes, please provide Name and Address: _____

What is their Liability? (I.E. - LIMIT, FULL OR RELEASED , FOB ORIGIN, FOB DESTINATION, ETC.) _____