

Project Information (continued):

VALUE PER UNIT	_____	_____	_____
ANNUAL REVENUE	_____	_____	_____
REVENUE PER UNIT	_____	_____	_____
ANNUAL KWH	_____	_____	_____
SOLD TO	_____	_____	_____
UTILITY	_____	_____	_____
PPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Builders Risk / Property Values:

LOCATION	A	B	C
TURBINES	_____	_____	_____
FOUNDATIONS	_____	_____	_____
TRANSFORMERS	_____	_____	_____
BALANCE OF PLANT	_____	_____	_____
SPARE PARTS	_____	_____	_____
OTHER	_____	_____	_____
BUSINESS INCOME***	_____	_____	_____
SUB-TOTAL	_____	_____	_____
TOTAL LIMITS	_____	_____	_____

*** PLEASE ATTACH A COMPLETED BUSINESS INCOME WORKSHEET FOR EACH LOCATION.

Coverage Extensions / Deductibles:

Type	Sublimit	Deductible
Earthquake	\$ _____	\$ _____
Flood	\$ _____	\$ _____
Windstorm / Hail	\$ _____	\$ _____
Transit (Domestic)	\$ _____	\$ _____
Other	\$ _____	\$ _____
Business Income	_____	_____ DAYS

Transformer Information:

OWNED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANUFACTURER	_____	_____	_____
AGE	_____	_____	_____
SIZE	_____	_____	_____
# PER TURBINE	_____	_____	_____

Substation Information:

Is the Substation on site & owned by project: Yes No

Name of non-owned substation:	_____
Distance of non-owned substation from project:	_____

Are power lines to non-owned substation: Buried On surface Overhead

Loss History: (PLEASE ATTACH 5-YEARS HARD COPY LOSS RUNS, IF AVAILABLE)

Description (losses including those covered by the manufacturer's warranty)	Date of Loss	Loss Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Preventative Maintenance Information:

Describe contingency plans in place for critical equipment failure (i.e. step-up transformer): _____

Describe any planned preventative maintenance program: _____

Details of spares kept on site (or nearby location): _____

Lead times for key components: _____

Equipment under manufacturer's warranty Yes No

If any, describe any accessibility issues for the Turbines: _____

Monitoring for:

- | | |
|---|---|
| <input type="checkbox"/> SELF FIRE EXTINGUISHING SYSTEM WITH NACELLE | <input type="checkbox"/> COMPLIES W/ NATIONAL ELECTRIC CODE |
| <input type="checkbox"/> HIGH WIND SENSOR (AUTO-SHUT DOWN DURING EXCESSIVE WIND SPEEDS) | <input type="checkbox"/> COMPLIES W/ WIND CODE |
| <input type="checkbox"/> ICE BUILD-UP SENSOR | <input type="checkbox"/> COMPLIES W/ EARTHQUAKE CODE |
| <input type="checkbox"/> VIBRATION SENSOR (AUTO-SHUT DOWN DURING EARTHQUAKE) | <input type="checkbox"/> LIGHTNING PROTECTION |
| | <input type="checkbox"/> GROUNDING PROTECTION |

Nearby Exposures:

Distance & description of nearby exposures: (e.g. Buildings, vegetation, water, etc.)		
For nearby buildings (within 100 ft.), Occupancy of building:		
Details of Security at Site:	<input type="checkbox"/> PERIMETER FENCING <input type="checkbox"/> EXTERIOR LIGHTING <input type="checkbox"/> SECURITY GUARD(S) <input type="checkbox"/> SURVEILLANCE CAMERAS	
	<input type="checkbox"/> OTHER: _____	

California Only:

What is Brush clearance? (Vertical Feet): _____

Applicant's Signature: _____ (OWNER, PRINCIPAL, OR PARTNER)	Title: _____	Date: _____
Broker's Signature: _____		Date: _____
Address: _____		