

# Wind Power Liability Application

Email completed application to [submit@midman.com](mailto:submit@midman.com).

Requested Effective Date: \_\_\_\_\_

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

APPLICANT INFORMATION								
Project Name:								
Site Address:								
City:						State:		
Zip Code:				Country:				
Email Address:								
Owner (Named Insured):								
Owner Address:								
City:				State:			Zip Code:	
Principle Contractor(s):								
Contractor Address:								
City:				State:			Zip Code:	
Currency:	USD	CAD	Other:					
Extensions of Cover Required:	Pollution      TRIA/Non-Certified Terrorism      Additional Insureds Hired & Non-Owned Auto (complete supplemental page 4) Employee Benefits Liability (complete supplemental page 4)							
Limit Required:								
Deductible Required:	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000			
Coverage is Required During (check all that apply):				Development	Construction	Operations		

GENERAL SITE INFORMATION			
Is site accessible to the public?	Yes	No	
Are public events held at the wind farm, i.e. viewings? <i>If yes, provide details below:</i>	Yes	No	
Provide details of third party surrounding property below:			
Do third parties have access to the turbines? <i>If yes, provide details below:</i>	Yes	No	

Provide details of all claims in the last five years below:						
Is there a written planned preventative maintenance program?					Yes	No
<i>List additional insured. Attach document that lists additional more than 2.</i>						
Name Additional Insured 1:				Nature of work:		
Address:				City:		
State:		Zip Code:		Contract in place?	Yes No	
Name Additional Insured 2:				Nature of work:		
Address:				City:		
State:		Zip Code:		Contract in place?	Yes No	
Size of Project Site in Acres:				Lease agreement in place?	Yes No	
If Development Liability is required, provide detail of early work below.						
Expected construction period:				Construction commencement date:		
Estimated construction cost:				Testing Period:		
Anticipated completion date:				Number of Met Towers:		
Total number of turbines:				Wind turbine manufacturer:		
Wind turbine model:				Annual KWH production:		
Rated capacity:						

CONTRACTOR/SUBCONTRACTOR INSURANCE DETAILS						
Do all contractors/subcontractors have first and third party insurance?					Yes	No
Is there a contract in place?		Yes	No			
General Liability?		Yes	No		GL Limit required:	
Automobile?		Yes	No		Auto Limit required:	
Workers' Compensation?		Yes	No		Comp Limit required:	
Umbrella/Excess?		Yes	No		Umb./Excess Limit required:	
Are you named as an Additional Insured?				Yes	No	
Do you waive your rights of subrogation? <i>If yes, provide details below.</i>					Yes	No
Is contractual indemnification:		Mutual	To You	To Subcontractor		

OTHER COMMENTS/NOTES

**DISCLOSURE**

I declare that after proper inquiry the statements and particulars given in this applications are true and that I have not mis-stated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact\* may entitle underwriters to void the insurance.

\*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.

This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signature of Applicant:		Dated:	
Printed name of Applicant:			
Company:		Title:	
Signature of Agent/Broker:		Dated:	

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HIRED AND NON-OWNED AUTO SUPPLEMENTAL QUESTIONS			
Does the insured own or lease any commercial autos used on the project?		Yes	No
Commercial auto coverages elsewhere?	Yes No	If yes, Liability Limit:	
Are there company vehicles not insured under your auto policy?		Yes	No
Do employees use personal vehicles for business purposes?		Yes	No
Total number of employees:			
Does the insured require any employee who drives his/her own care for company business to provide evidence of personal auto insurance coverage?		Yes	No
If yes, what is the required liability limit?			
Certificate of insurance on each employee?		Yes	No
Non-owned automobiles used, other than those owned by employees? <i>If yes, describe below.</i>		Yes	No
Does the insured regularly hire, rent or borrow or are you expecting to hire, rent or borrow in the next 12 months, vehicles for used in the business? <i>If yes, describe below.</i>		Yes	No

EMPLOYEE BENEFITS SUPPLEMENTAL QUESTIONS			
Total number of employees (including any part-time or seasonal that receive or are eligible for any one of the covered employee benefit plans administered by you):			
Employee benefits plans you administer and wish us to consider:			
Employee benefit plans shared or pooled with other employers' benefit plans?		Yes	No
Administer employee benefits provided by/or a union or similar employee organization?		Yes	No
Is there a maintained unit responsible for all employee benefit plans?		Yes	No
Do you use elective employee benefit plans that employees can enrol in, waive or select options for? <i>If yes, please answer questions a – c below.</i>		Yes	No
a. Written verification or confirmation forms that summarize the employee's latest elections and current elective benefits status?		Yes	No
b. Written election forms requiring the employee's signature and date?		Yes	No
c. If neither a or b, then describe how employee elections are recorded, confirmed and verified below.			
Are employees asked to review and verify their elections annually?		Yes	No
Permanently retain copies of plan documents and employee benefit plan records?		Yes	No
Has any claim ever been made against you alleging any negligent act, error or omission resulting from the administration of your employee benefit plans?		Yes	No
Do you have any knowledge of any negligent act, error or omission resulting from the administration of your employee benefit plans which might lead to a later claim? <i>If yes, provide details below.</i>		Yes	No