

Insured Name: _____

I. PROJECT INFORMATION

1. Named insured is: Owner/Operator Contractor operator Owner/Developer
(check all that apply) General contractor Other _____

2. Project name: _____

3. Location: _____

4. Is the facility run of river, impoundment, diversion, or pump storage?

5. Annual production: _____ KWH Rated capacity: _____ MW

6. Annual power sales: \$_____

7. Project is: urban rural remote.

8. Is the project operated/maintained by you or others?

9. Is the project manned or unmanned?

10. If unmanned:

a. Frequency of visits is daily weekly monthly.

b. Is there automatic notification to supervisor in the event of emergency? Yes No.

11. Dam or diversion

a. Does the project include a dam or diversion?

b. Dam: (Submit a dam safety inspection report if available.)

(1) Is it owned or leased? If leased, who is the owner? _____

(2) Type of dam:
 concrete gravity timber crib arch embankment
 buttress Other _____

(3) Size: length: _____ height: _____ width: _____

(4) Year built: _____

(5) Reservoir capacity: _____ acre-feet.

(6) Are flashboards used? Yes No.
If yes, are they mechanical or wooden?

12. Check if applicable protective devices for this project.

- Over speed trip
- Low lube oil
- High vibration
- Wicket gate protection
- Ground fault trip
- Reverse current
- Over current trip
- Loss of excitation
- Lightning protection

II. GENERAL LIABILITY COVERAGE INFORMATION

If you are requesting General Liability Coverage, please complete this section.

1. Is the site secured with fences, locked gates or other physical barriers? Yes No.
2. Are there hazard warning signs at the premises? Yes No.
3. Is the public allowed access to the premises? Yes No.
4. Are there any recreational facilities on or adjacent to your premises? Yes No.
5. Are there any dams, reservoirs, or other hydroelectric facilities upstream that can affect your operation?
 Yes No. If yes, describe: _____

6. Do you have a written emergency action plan? Yes No.

III. PROPERTY COVERAGE INFORMATION

If you are requesting Property Coverage, please complete this section.

A. Powerhouse

1. Year Built: _____
2. Has the powerhouse been refurbished? Yes No. If yes, when? _____

B. Turbine(s)

- | | Turbine 1 | Turbine 2 | Turbine 3 |
|----------------|---|---|---|
| 1. Type: | <input type="checkbox"/> Pelton
<input type="checkbox"/> Kaplan
<input type="checkbox"/> Francis
<input type="checkbox"/> Bulb | <input type="checkbox"/> Pelton
<input type="checkbox"/> Kaplan
<input type="checkbox"/> Francis
<input type="checkbox"/> Bulb | <input type="checkbox"/> Pelton
<input type="checkbox"/> Kaplan
<input type="checkbox"/> Francis
<input type="checkbox"/> Bulb |
| 2. Year Built: | _____ | _____ | _____ |
| 3. Rebuilt: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, date rebuilt: _____ by whom: _____ | | |

C. Generator(s)

- | | Generator 1 | Generator 2 | Generator 3 |
|----------------|--|--|--|
| 1. Size: | _____ | _____ | _____ |
| 2. Type: | <input type="checkbox"/> synchronous
<input type="checkbox"/> induction | <input type="checkbox"/> synchronous
<input type="checkbox"/> induction | <input type="checkbox"/> synchronous
<input type="checkbox"/> induction |
| 3. Year Built: | _____ | _____ | _____ |
| 4. Rebuilt: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, date rebuilt: _____ by whom: _____ | | |

D. Transmission and Distribution

Transformer 1 Transformer 2 Transformer 3

1. Size: _____ _____ _____

2. Do you own transmission lines? Yes No.

If yes, how long is it? _____

E. Dam and Diversion

1. Is the dam or diversion structure to be insured? Yes No. If yes, please state values:
dam \$ _____ diversion \$ _____

2. Is the dam or diversion is leased, what is the replacement cost of improvements and betterments?
\$ _____

F. Penstock

1. Is the penstock to be insured? Yes No. If yes, values: \$ _____

2. Type: Steel Concrete Other _____

3. Is the penstock above ground or underground?

Declaration and Signature

The undersigned declares that to the best of his or her knowledge and belief the statements and information in this application statement are true. The company is hereby authorized to make any investigation and inquiry in connection with the application statement that it deems necessary.

Dated: _____ Signed: _____ Title: _____
(First Named Insured)

Submitted by: _____ Date: _____
(Producer)

FALSE INFORMATION

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The undersigned persons declare that to the best of their knowledge the statements set forth above and in any attachments to this APPLICATION are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of this APPLICATION. The undersigned agree that if any significant change in the condition of the Applicant is discovered between the date of this APPLICATION and the effective date of the policy which would render this APPLICATION inaccurate or incomplete, notice of such change will be reported in writing to the COMPANY immediately and, if necessary, any outstanding quotation may be modified or withdrawn. The undersigned persons understand and further agree that the completion and signing of this APPLICATION neither binds the COMPANY to sell nor the Applicant to purchase the insurance.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.

False Information:

Any person who, knowingly and with intent to defraud an insurance company or other person, files an Application or insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

False Information (California Only):

For your protection, California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

False Information (Colorado Only):

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company, who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado division of insurance within the department of regulatory agencies.

False Information (Florida Only):

Any person who, knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an Application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

False Information (Louisiana Only):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

False Information (Maine Only):

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

False Information (Nebraska Only):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, where such person subsequently submits a claim.

False Information (New Mexico Only):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

False Information (New York Only):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any materially false information, or conceals information concerning any material fact thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

False Information (Ohio Only):

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

False Information (Oklahoma Only):

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

False Information (Oregon Only):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading information containing any material fact thereto, may be guilty of a insurance fraud.

False Information (Pennsylvania Only):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

False Information (Vermont Only):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, and the policy may be voided.

False Information (Virginia Only):

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines, and denial of insurance benefits.