

### General Risk Presentation

Please note there is a comments page at the end of the form for any additional information as well as required cover forms.

Date Produced On

Quote required by

#### Intermediary details

Intermediary Name

Address

Postcode

Contact Person

Direct Telephone No (inc code)

Email Address

#### Client details

Client Name

Postal address

Postcode

Business description

Year established

#### Period of Insurance

From  To

#### Additional Information

Do you currently hold this business?  (If NO, please give name of current intermediary)

Name of holding intermediary

Name(s) of holding insurer(s)

## Targets

Expiry premium

Target premium

LTU expiry date (if applicable)

## Background information

Provide any other relevant information on the company

## Claims experience

5 Year History - details of any incidents which have or could have resulted in a claim, whether insured or not.

Date	Address where occurred	Cover Type	£ paid	£ outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Incident

Date	Address where occurred	Cover Type	£ paid	£ outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Incident

Date	Address where occurred	Cover Type	£ paid	£ outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Details of Incident

Date	Address where occurred	Cover Type	£ paid	£ outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Incident

## General details

How long have you been in business:

i) in these premises?

ii) elsewhere?

Have you, your Directors, Partners or family members involved with the business or any other business ever:

had a proposal or insurance declined cancelled or refused?

Details of declinature, cancellation or refusal

had any renewal refused?

Details of renewal refusal

had any special terms or conditions imposed?

Details of special terms or conditions imposed

been convicted or charged (but not yet tried) or been given an Official Police Caution, in respect of any criminal offence

Details of criminal offence or police caution

been the subject of any County Court Judgements or Sheriff Court Decrees

Details of Judgements or Decrees

been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner Director or Partner with any company which went into receivership, administration or liquidation

Details of bankruptcy, insolvency, disqualification, receivership, administration or liquidation

been involved in another company within 6 months before receivership/insolvency?

Details of receivership/insolvency

Any other material circumstances to disclose?

Material circumstance details

Please give details of previous insurers in the last five years

### Cover Required

Please specify covers required and complete associated forms

**Asset Protection**

Machinery Damage

**Revenue Protection**

Business Interruption

**Legal Liabilities**

Public Liability

Product Liability

Employers Liability

# Asset Protection Machinery Damage

Location of installation

Postcode

## Covers required

All Risks (including Fire, Perils and Theft)   
plus Sudden and Unforeseen (including Breakdown)

Total New Replacement Value of Installation

Indemnity Limit required

Excess required (standard £1,000)

## Details of Solar Panels

Make and Model of Solar Panels	Number of Panels	Year of Manufacture	Output (specify KW/MW)	New Replacement Value £

## Details of Other Property or Items to be Insured

Description of Other Property (specify Make and Model if appropriate)	Year of Manufacture	New Replacement Value £

## Additional Information

Date installation completed/operational

Is the installation fixed to a building

If YES, what is the occupation of the building?

### Maintenance and Servicing

Please provide copies of any agreements

Is installation subject to:		Date of Expiry	Labour Included	Parts Included
A manufacturers guarantee				
A maintenance and repair agreement				
A servicing agreement				

Frequency of Maintenance/Servicing Visits

Frequency of other Visits to the Installation

Please provide full details of any remote monitoring for the installation

Please use this box for any additional information

# Revenue Protection Business Interruption

Location of installation

Postcode

## Covers required

All Risks (including Fire, Perils and Theft)   
plus Sudden and Unforeseen (including Breakdown)

Estimate Revenue Sum Insured

Does Revenue represent only the value of the Electricity generated?

Details of Revenue if NO

Indemnity Period (standard 12 months) in months

Note: The Sum Insured for Revenue should be no less than the projected annual figure for the business where the Indemnity Period is 12 months or less. Where the Indemnity Period is more than 12 months, the Sum Insured should be proportionately increased.

Excess Period (standard 14 days) in days

Extensions - please specify those required:

Full Failure of Utilities: Electricity  Gas  Water  Telecommunications

## Property Insured

As per the Material Damage Section

Details of Property Insured if NO

## Additional Information

Date installation completed/operational

Is there a Business Continuity Plan?

If YES, please provide a copy

Are there any Contracts in place which protect Revenue?

If YES, please provide a copy

Please provide full details of any remote monitoring for the installation

Please provide full details of any spare parts held and ability to undertake repairs

Please provide lead times to obtain and replace All major components

Please use this box for any additional information



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