

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

Details of Incident

Date

Address where occurred

Cover Type

£ paid

£ outstanding

Details of Incident

Date

Address where occurred

Cover Type

£ paid

£ outstanding

Details of Incident

Date

Address where occurred

Cover Type

£ paid

£ outstanding

Details of Incident

Date

Address where occurred

Cover Type

£ paid

£ outstanding

Details of Incident

Date

Address where occurred

Cover Type

£ paid

£ outstanding

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

Sudden and Unforeseen (including Breakdown)
plus Fire and Perils

Total New Replacement Value of Installation

Indemnity Limit required

Excess required

Details of Wind Turbine(s)

Make and Model of Wind Turbine (specify each)	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

Are the Wind Turbines fixed to a 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 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 Required

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



AVIVA

Aviva Insurance Limited Registered in Scotland No 2116 Registered Office Pitheavlis Perth Scotland PH2 0NH
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority
and the Prudential Regulation Authority.