

PROPOSAL FORM – PHOTOVOLTAIC BUYER POLICY

Proposer Name:	
Company / Organisation:	
Address:	
Telephone:	
email:	

1 General Information

a) Project Name

b) Exact site address including postcode		
c) Layout of the site enclosed		Yes (please attach)
d) Owner (Principle named Insured)	Name	
	Address	
e) Financier(Loss Payee)	Name	
	Address	
f) Additional Named Insured(s)	Name	
	Address	
g) Principal Contractor(s)	Name	
(if different to above)	Address	
h) Operations & Maintenance Provider	Name	
	Address	
i) Other Parties involved in contract but not to be insured		
Note: rights of recourse will be retained against these parties		
j) Example of similar project already completed		

k) Deductibles Required

l) Type of mounting for Photovoltaic (PV) Modules e.g. commercial premises roof, carport, steel structure on agricultural land, etc.	
m) If commercial premises roof, please confirm the nature of the business	
n) Details of any offsite storage and/or pre-fabrication work	
o) Details of the security onsite	
p) Significant physical & environmental features	
i) Ground conditions	
ii) Geo-technical report conclusion (ref LEG protocol)	
iii) Flood History	
q) Fire precautions	
i) Fire fighting arrangements	
ii) Project discussions with local fire brigade	
iii) Adherence to Joint Code of Practice	
iv) Consideration of NFPA850	
r) Details of claims in last three years, including those covered by manufacturers warranty	

2 The Works

a) PV Module manufacturer and KW	
b) Number of PV Modules in total	
c) Number of PV Modules forming part of each array	years
d) How long is manufacturer's warranty(if applicable)	
e) Number of Inverters	
f) Number of Transformers	
g) Specification of main export transformer	
h) i) Is Substation on site and owned by project?	Yes No

ii) Substation details (location, alternative switching arrangements)	
iii) Name of substation & owner (if not included in insurance cover)	
i) i) Details of transmission lines to substation (length, route, buried or overhead)	
ii) Details of any transmission lines installed in conduit	
iii) Owner of transmission & distribution lines connected to sub station	

j) Operating all risks insurance required?

Yes	No
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k) Period of insurance

l) Business Interruption required?

Yes	No
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m) Indemnity period

3 months	6 months	12 months e)
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Expected revenue for indemnity period

(Expected revenue = output in kWh in the indemnity period x sales price per kWh)

n) Is Public / Products Liability required?

Yes	No
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o) Limit Required(USD)
(2 million, 5 million or 10 million)

p) Please attach : Warranty Contract with
Manufacturer

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Product Data Sheet

Equipment Description				Physical Damage		Loss of Income	
PV Module Manufacturer and Model	kW	Year Installed	Number of Units	Value Per Unit	New Replacement Value	Revenue Per Unit	Annual Revenue
Renewable Energy Production Incentive							
Inverters							
Transformer(s)							
Electrical Works – Control System(s), Meters & Wiring etc.							
Mounting Structure							
Substation(s)							
Transmission & Distribution Lines							
Roads, Fencing & other Civil Works							
Other property – specify							
Total Insured Values							
Total Project Limit							

DECLARATION

Material facts must be disclosed. These are facts which an Insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your insurance intermediary. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. You should keep a record (including copies of letters) of all information supplied for the purpose of entering into this contract.

We hereby declare that the statements made by us in this Proposal Form are true to the best of our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between us and the "IFFCO Tokio General Insurance Company Limited".

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Signature-

Date -

Name -

Position-

Toll Free: 1-800-103-5499; SMS "claim" to 56161

GSTIN: 06AAACI7573H1ZG; SAC Code: 9971

Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017

Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106

Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi

Prohibition of Rebates (Section 41) of the Insurance Act

No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to 10 Lakhs Rupees.