

VALENTINE

Wind Turbine Operator

Extended Warranty Insurance Application

Named Insured _____

Mailing Address _____

FEIN Number _____

Applicant Information

- Individual Corporation Subchapter "S" Corp.
 Partnership Joint Venture Limited Liability Corp.

Named Insured Contact _____

Title _____

Telephone Number _____

Effective Date of Coverage _____

- Term of Coverage** 1 Year 2 years 3 years
 4 Years 5 Years

Description of Operations _____

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Coverages and Limits Desired, *Check appropriate boxes and indicate limit of liability desired*

- | | | |
|--------------------------------------|---|----------------|
| <input type="checkbox"/> Power Curve | <input type="checkbox"/> Product Defect | Limit \$ _____ |
| <input type="checkbox"/> Noise | <input type="checkbox"/> Availability | |

Deductible/Self Insured Retention

- | | | |
|-------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$30,000 , | <input type="checkbox"/> \$100,000 | All amounts are per claim. |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$250,000 | Subject to negotiation with carrier. |

Wind Turbine Equipment

Location of Operations

No. of Turbines

List, or attach a list

or other documentation.

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Turbine Manufacturer	Model	USD Value	Serial Number	Wattage Output	Location
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Attach additional schedule to include all turbines.)

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Wind Turbine Operator

Extended Warranty Insurance Application

**Please attach all of these
required documents.**

- Current financial statements
- OEM sales agreement
- OEM warranty agreement

**Please check the boxes
for those items you are
including with this
application.**

- Detailed warranty claims history (5 years)
- Technical specifications (make, model)
- End of Warranty inspection report (all turbines)
- Two year's maintenance records (all turbines)
- Maintenance contractor service agreement

Supplemental Information

1. Is named insured a subsidiary or does it have any subsidiaries?, Yes No
Please explain YES answer below.
2. Does named insured erect wind turbines? Yes No
If the answer to 2. is NO, identify construction firm(s) below.
If the answer to 2. is YES, and erection is sub-contracted identify construction firm(s) below.
3. Are certificates of insurance on file for sub-contractors? Yes No
4. Does the named insured perform all field service and repair? Yes No
5. If the answer to 4. is NO, does the named insured contract with field service contractors? Yes No
6. Are all service and repair contractors authorized by manufacturer to service owned wind turbine generators? Yes No
7. Are certificates of insurance on file for service and repair contractors? Yes No
8. Has any prior warranty claim been denied by a manufacturer? Yes No

If YES, please explain. _____

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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

(NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.)

Signature of Applicant

Printed Name of Applicant

Date

Signature of Agent

Printed Name of Agent

Date
