



INSURED INFORMATION	
Named Insured:	
Named Insured Address:	
Contact Person:	Phone:
Project Management Organization:	
Finance Parties:	
Additional Insureds:	
Loss Payee:	
Existing/Previous Insurance Carrier (if applicable):	
Existing Policy Expiration Date:	
PROJECT INFORMATION	
Project Name(s):	
Exact Site Address (or Longitude/Latitude[s]):	
Site Layout Enclosed:	
Is land Leased or Owned:	Number of Acres:
Year Commissioned (if Operational):	
Installed Production Capacity (in MGPY):	
Estimated Annual MGPY Production:	
Details of access roads from the nearest public highway to site:	
Proximity of Public Service (e.g. Electric, Water, Cables, etc.):	
Details of any previous operational experience/ prototype testing/ demonstration of technology to be deployed:	
Type of foundation/ support structures:	
Details of ground and soil conditions:	
Describe adequacy of drainage and diking of the plant site:	
Describe any redundancy in the plant in the event of a loss or breakdown to a key component:	
Complete List of Spares on Site:	
Security Details Onsite (e.g. alarms, perimeter fencing, security guards, etc.):	
Details of Contingency Plans for Critical Equipment Failure:	
Is there a written preventative maintenance program:	
If NO, what plans exist for maintenance equipment:	



PROJECT INFORMATION (CONTINUED)	
Details of any environmentally sensitive areas / site of scientific interest within close proximity to site:	
Please provide any additional information that will assist in evaluating the risk:	
Type of Technology:	
Primary Feedstock:	
Number of Gasifier stacks:	
Model:	
Manufacturer:	
Description of Fuel Feed System:	
Control and Monitoring System:	
Warranty Expiration Date:	
Warranty Details on Project Plant and Equipment:	
*PLEASE ATTACH COPY OF WARRANTY	
Design of Project (i.e. Fagan, Delta T, IMC, etc.):	
Details of any certification of design:	
Number of dryers forming part of the project:	
How dryers are powered:	
Fire Protection Details (including sprinklers, deluge system, water cannons or nozzles, halon injection systems, etc.):	
Does the Main Plant Building comply with IBC or equivalent codes for fire protection and structural stability:	
Describe any Hot Work Permit System in place to reduce the risk of fire associated with any spark producing activity:	
Detail of system in place whenever Hot Work activities need to occur outside a recognized/ approved Hot Work area:	
Describe any explosion resistant / relieving design that will be utilized:	
Lead Time for Key Components:	
Gasifier Unit:	
Generator Set:	
Fuel Feed System:	
Main Circuit Breaker:	
Other:	



STATEMENT OF VALUES	
PLANT DESCRIPTION	
Ethanol Distillation Process:	
Fuel Loading and Unloading:	
Fermentation/ Liquefaction Process Area:	
Turbines and Generators:	
Milling:	
Instrumentation and Control Systems:	
Spent Grain Drying:	
Tank Farms:	
Roads and fencing:	
Fuel Storage:	
Other:	
Miscellaneous (Soft Costs):	
TOTAL PHYSICAL DAMAGE VALUE:	
BUSINESS INTERRUPTION	
Production Tax Credits/ Incentives:	
Annual Income for Power Production:	
Total Business Interruption:	
TOTAL INSURED VALUES (TIV):	
COVERAGES	
OCEAN MARINE (OM – SECTION 1A) AND DELAY IN START-UP (DSU – SECTION 2A)	
OM Required:	DSU Required:
Details of Equipment:	
Values of Equipment coming overseas:	
Maximum Value any one conveyance:	
Port of Origin(s):	
Will there be any temporary storage at Port or Other Location:	
Transportation Period:	Start: _____ End: _____
Where does the OEM’s Transit Insurance end:	
Property Damage Deductible requested:	
DSU Deductible requested:	
Indemnity Period:	
*PLEASE ATTACH SUPPLY AGREEMENT(S)	
CONSTRUCTION ALL RISK (CAR – SECTION 1B) AND DELAY IN START-UP (DSU – SECTION 2A)	
CAR Required:	DSU Required:
Construction Period:	Estimated Start Date: _____
	Estimated Completion Date: _____
Describe installation method for major equipment:	



(e.g. gasifier units, generators, fuel feed systems, etc.):	
Detail any design, method or process of the project NOT consistent with standard engineering practice and/or incorporates experimental items of equipment, technology or method of construction:	
*PLEASE ATTACH CONSTRUCTION SCHEDULE	
EPC/BOP Contractor:	
Is any work subcontracted (if YES, please answer the following):	
Are you named as an Additional Insured:	
Do you waive your Rights for Subrogation:	
Is Contractual Indemnification Mutual to you or to subcontractors:	
Are Certificates of Insurance required for all subcontractors:	
*PLEASE ATTACH EPC/BOB CONTRACT	
Will this insurance cover be Primary or Secondary to any other insurance cover:	
*IF SECONDARY, PLEASE PROVIDE EVIDENCE OF PRIMARY COVER	
Property Damage Deductible requested:	
DSU Deductible requested:	
Indemnity Period:	
OPERATING ALL RISK (OAR – SECTION 1C), BUSINESS INTERRUPTION (BI – SECTION 2B) AND CONTINGENT BUSINESS INTERRUPTION (CBI – SECTION 2B)	
OAR Required:	BI Required:
	CBI Required:
Inception Date of Operational Cover:	
Project Operations and Maintenance Provider:	
Distance to nearest O&M Facility:	
Warranty Service Provider (if other than O&M):	
*PLEASE ATTACH O&M CONTRACT	
Property Damage Deductible requested:	
BI Deductible requested:	
CBI Deductible requested:	
Indemnity Period:	
Loss History (Last 5 Years):	
Description:	
Date of Loss:	
Loss Amount (Paid and/or Reserved):	
*PLEASE ATTACH LOSS RUNS (IF APPLICABLE)	



GENERAL LIABILITY	
Limits Requested (\$) - ACCORD APPLICATIONS OR EQUIVALENT REQUIRED FOR AUTO AND WC	
General Liability:	
Auto:	
Workers Compensation:	
Umbrella:	
Other:	
UMBRELLA	
Additional Underlying Policy Terms:	
Auto:	Limits:
	Carrier:
	Premium:
Workers Compensation:	Limits:
	Carrier:
	Premium:
Other:	Limits:
	Carrier:
	Premium:
AUTO	
Light (Less than 50 Miles):	Number of Vehicles:
	Radium of Operations:
Medium (51-150 Miles):	Number of Vehicles:
	Radium of Operations:
Heavy (Greater than 150 Miles):	Number of Vehicles:
	Radium of Operations:
A formal Driver Safety training program used for all Drivers:	
All Drivers maintain a valid DL for class of vehicle operated:	
Are motor vehicles operating records reviewed for all Drivers:	
*IF NO, PLEASE PROVIDE LIST OF ALL DRIVERS INCLUDING DOB, DL AND STATE	
Describe International exposure (if any):	
Describe watercraft or aircraft exposure (if any):	
DECLARATION AND SIGNATURE	
I have read the above Application. I declare that to the best of my knowledge the statement and information on this Application and any attachments thereto are true, accurate, and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in the Application or in any attachments thereto is materially false, inaccurate or incomplete, the Insurer may deny coverage or cancel the policy.	
Signature for Named Insured:	
Title:	
Submitted By (Producer):	

23 Corporate Plaza, Suite 248 • Newport Beach, CA 92660 • p 949.873.0320

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