



Proposal Document

Micro Photovoltaic



Micro Photovoltaic Operational Insurance

Proposal Form

When completing this Form, please tick the appropriate boxes and answer all questions using BLOCK CAPITALS.

You (or the broker or agent completing the form on your behalf) must provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material you should disclose it. Failure to disclose any material fact may invalidate your policy or may result in your policy not operating fully. Please note that the proposal form, policy booklet, schedule and any additional information on the insurance provided by you (or the broker or agent acting on your behalf) will be the basis of the contract between us. A Period of Insurance Inception Date Renewal Date Please show names of all companies to be insured including all subsidiaries; if not a limited company, full names of all partners Web Site Address www. Business Description

B Proposers Details	
Full Name of Proposer	Web Site Address
Please show names of all companies to be insured including all subsidiaries; if not a limited company, full names of all partners	www.
	Business Description
Company Registration Number	
Trading Name	
Postal Address	
Postcode	
Situation of property to be insured if different from above	
	Business Telephone Number
	Survey Contact Name
Postcode	

If you have any further premises where property is to be insured, please give details on the Additional Information page.

C	General Questions
1	Please provide details of any losses sustained during the last 5 years, whether insured or not
2	Who is the current insurer in respect of the property to be insured?
3	If you are renting roof space from a third party for the operation of Photovoltaic activity, please provide details of the occupancy of the lessor
4	Please detail any other information which you feel is relevant and will assist the underwriter's consideration of the risk

If you have any further premises where property is to be insured, please provide the above details on the Additional Information page, clearly stating to which premises the information relates.

D Cover Details

Ple	ease confirm the foll	owing:					
1	Please confirm the	name(s) of the main manufacturer(s) ir	n respe	ect of the following items of p	property to be insur	ed?	
	Panels:			Inverters:			
2	Please confirm the	name(s) of the main contractor(s) in re	espect	of the following items of pro	perty to be insured	?	
	Panels:			Inverters:			
3	Please confirm the);		J			
	Type of Panels:			KW Rating:			
	N. Cl.			T (NAVA D :			
	No. of Inverters			Transformer: MVA Rating			
	Date the Installatio	on was Commissioned					
4	In respect of Certif	fication and Warranties, please confirm	the fo	llowing:			
	a Are the panels	IEC61215 certified?				Yes	No
	b The expiry date	e of the panel warranty:					
	c The expiry date	e of the inverter warranty:					
5	Is a Tracking / Follo	ower System in place?				Yes	No
6	Have plans, desigr previous construct	ns and materials of the kind used in this	proje	ct been used and/ or tested	l in	Yes	No
	If no , please give o						
7	If the Panels are ro	oof mounted please confirm the followin	na:				
		of standard brick/steel frame construct	_			Yes	No
		timber framed or clad?				Yes	No
	c Does the building contain flammable material (i.e. hay, fertiliser etc)?					Yes	No
8	If the Panels are gr	round mounted please confirm the follo	wing:				
	a Are they protect	cted by a fence with a minimum height	of 2.00	Om?		Yes	No
	b What additiona	al theft protection is in place (please given	e des	cription)?			
	c What precaution	ons do you take to cut vegetation to pro	otect tl	he panels from fire?			

D	С	over Details continued				
		s there a history of flooding at the site? f yes, please give details:			Yes	No
9	ls th	e protection against lightning and over voltage based	on:			
	а	EC 61 024			Yes	No
	b	DIN/VDE 0185			Yes	No _
	С	alternative standard?			Yes	No
		f no , please give details:				
		ave any further premises where property is to be insur- to which premises the information relates.	ed, please provide the above deta	ils on the Additional I	Information page	e, clearly
	Ü					
Œ	C	over Options				
Ple	ase	select the following preferred cover options				
1	Mat	erial Damage and Machinery Breakdown Excess:				
		£250 (Domestic Only) £500	£1,000	£2,500	£5,000	
2	Los	s of Revenue Indemnity Period:				
		3 months 6 months	12 months			
3	Los	s of Revenue Time Deductible:				
	Ш	5 days 10 days	15 days	20 days	30 days	
G	S	tatement of Values				
Ple	ase	complete the following statement in respect of the pre	emises where property is to be insi	red stated in B Pro	nosers Details a	hove
lf y	ou h	ave any further premises where property is to be insur-				
		stating to which premises the information relates.				
1		erial Damage and Machinery Breakdown	£			
	Iota	I Value of property to be insured	~			
2	Esti	mated Gross Revenue (where applicable)	£			

G Data Protection and Declaration

At NIG we are aware of the trust you place in us when you buy our products and our responsibility to protect your information. This notice describes who we are, why we need to collect your information and how we will use it. We will tell you who we share your information with and how we use it to improve the service we provide to our customers.

Privacy Statement

Why we need your information

We will use your information to give you quotations, and manage your insurance policy, including underwriting and claims handling.

Your information comprises of all the details we hold about you and your transactions and includes information we obtain about you from third parties.

We will only collect the information we need so that we can provide you with the service you expect from us.

From time to time we may need to change the way we use your information. Where we believe you may not reasonably expect such a change we will write to you. When we do so, you will have 60 days to object to the change but if we do not hear from you within that time you consent to that change.

Who we will share your information with

NIG insurance policies are underwritten by U K Insurance Limited (UKI).

During the course of our dealings with you we may need to disclose some of your information to other insurers, third party underwriters, reinsurers, credit reference and fraud prevention and law prevention agencies and other companies that provide service to us or you, to:

- assess financial and insurance risks
- · recover debt
- · prevent and detect crime
- · develop our products, services, systems and relationships with you
- · understand our customers' requirements
- · rate and price.

We do not disclose your information to anyone outside UKI except:

- · where we have your permission;
- · where we are required or permitted to do so by law;
- to other companies who provide a service to us or you; or
- where we may transfer rights and obligations under this agreement.

Where we transfer your information

From time to time we may require services from suppliers that are based worldwide and your information will be shared with them for the purposes of providing that service. Where we engage these suppliers we make sure that they apply the same levels of protection, security and confidentiality we apply. However, such information may be accessed by law enforcement agencies and other authorities to prevent and detect crime and comply with legal obligations.

Brokers or Agencies

We will discuss your information with your broker or agency and provide them with information about your policy and dealings with us to enable them to manage your relationship.

Sensitive Information

Some of the personal information we ask you for may be sensitive personal information, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We may also ask you to provide sensitive information about other people, please ensure that you have their agreement before providing information to us. We will not use such sensitive personal data about you or others except for the specific purpose for which you provide it and to provide the services described in your policy documents.

Dealing with other people

It is our policy to deal with your spouse or partner who calls us on your behalf, provided they are named on the policy. If you would like someone else to deal with your policy on your behalf on a regular basis please let us know. In some exceptional cases we may also deal with other people who call on your behalf, with your consent. If at any time you would prefer us to deal only with you, please let us know.

Credit Reference Agencies

UKI carries out a consumer search when any application for insurance is submitted. This is done using public data to evaluate insurance risks and no financial information is reviewed as part of this process. There is no visible credit footprint and after 12 months is automatically deleted.

G Data Protection and Declaration continued

Access to your information

You have the right to see the information we hold about you. If you would like a copy of your information, please telephone 0870 609 9920, or write to The Data Protection Officer, Churchill Court, Westmoreland Road, Bromley BR1 1DP quoting your reference and ask for a Subject Access Request Form. A fee may be payable.

Fraud prevention and detection

Please take time to read the following as it contains important information relating to the details you have given or should give to us. You should show this notice to anyone whose data has been supplied to us in connection with your policy.

To prevent and detect fraud we may at any time:

Share information with other organisations and public bodies including the police although we only do so in compliance with the Data Protection Act 1998

Check and/or file details with fraud prevention agencies and databases and if we are given false or inaccurate information and we identify fraud, we will record this. We and other organisations may also use and search these agencies and databases from the UK and other countries to:

- help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- · trace debtors or beneficiaries, recover debt, prevent fraud, and to manage your accounts or insurance policies; or
- · check your identity to prevent money laundering, unless you provide us with other satisfactory proof of identity

Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example when:

- · Checking applications for, and managing credit and other facilities and recovering debt;
- · Checking insurance proposals and claims;
- · Checking details of job applicants and employees.

We, and other organisations that may access and use information recorded by fraud prevention agencies, may do so from other countries.

We can provide the names and addresses of the agencies we use if you would like a copy of your information held by them. Please contact us at, UKI, Churchill Court, Westmoreland Road, Bromley, BR1 1DP, quoting your reference. The agencies may charge a fee.

Choice of Law

The parties to an Insurance contract are free to choose the law that will apply. In the absence of a specific agreement between the parties the law applying to this contract is English Law.

Declaration

I/We declare that:

- a if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation
- b to the best of my/our knowledge and belief the information given in this form is correct and complete in every detail
- c I/we agree that this Proposal and Declaration, and any additional information on the insurance provided by my/our insurance intermediary on my/our behalf to U K Insurance Limited trading as NIG ("the Company"), shall be the basis of the contract between me/us and the Company
- d I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums thereon.
- I/we consent to the information given in this form, any information the Company may obtain from Fraud prevention agencies or information received with any subsequent claim I/We may make being used in the manner set out in the Privacy Statement above.
- f I/we consent for my appointed broker or agency to discuss my personal information with NIG on my/our behalf.

Signature of Proposer(s)	Date	Position Held	

H Additional Information		

H Additional Information		





