

PROPOSAL FORM FOR MACHINERY INSURANCE

SECTION 1 - PERSONAL DETAILS

- a. Full Name of Proposer
- b. Contact Details of Plant : (tel): (fax):
(mobile): (web):
(email):
(postal): (code): (town/ city):
- c. Nature of Business :
- d. Nearest railway station / airport
- e. Period Of Insurance (From): (To):
2. Has any of the machinery to be insured previously been covered by other companies? Yes No
If so, which items of the specification and what companies ?
3. Do you wish to insure the foundation of the machinery ? Yes No
If so state the relevant items of the specification.
4. Does the specification include all the machinery coverable under a Machinery policy ? Yes No
If not, does the machinery to be insured represent all the machinery coverable in one plant section ? Yes No
5. Do you wish the cover to include extra charges (in case of loss) for :
> express freight, overnight, night work, work on public holidays ? Yes No
> air freight ? Yes No
Limit of air freight :
6. Give details of any special extension of cover required .

DECLARATION

We hereby declare that the statements made by us in this Questionnaire and proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms and is part of any policy issued in connection with above risk(s).Its is agreed that the insurers are liable in accordance with the terms of the policy only and that the insured will not lodge any other claims of whatever nature. The insurer undertake to deal with this information in strict confidence.

Executed at : _____ Date : _____ Signature : _____

Additional Questionnaire for Machinery Insurance of Hydroelctrical Power Stations

(No.# _____)

Only to be completed with Questionnaire for Machinery Insurance

1: General Technical data			
Water Head	m	Annual Maximum	m ³ /s
Water Flow : Annual average	m ³ /s		
Number of Units		Number of penstocks	
Is it a pumped-storage plant ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2 : Turbine (Unit No)			
2.1 Life History	Manufacturer		
	Year of Manufacture	Opersting Hours	
	Total	Per Year	
	Date of Last Overhaul (Attach Report)		
Previous Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, state Date, type of damage, repair work, measures taken, to avoid similar damage in future.	
2.2 Specifications	Type	<input type="checkbox"/> Francis <input type="checkbox"/> Kaplan <input type="checkbox"/> Pelton	
		<input type="checkbox"/> Other	
	Shaft	<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Other	
	Capacity	MW	Speed rpm
	Nominal discharge	m ³ /s	
	If the power plant is a pumped storage plant	<input type="checkbox"/> Pump turbine set or	<input type="checkbox"/> Reversible turbine
2.3 Protection and safety devices	Fall safe governor drive mechanism	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, give description		
	Is there an alternative to stop the water flow to penstock and turbine in the event of failure of penstock, turbine or guide vane apparatues ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Overspeed	<input type="checkbox"/> Alarm at ___% overspeed	<input type="checkbox"/> trip at ___% overspeed
	Automatic shutdown of the turbine upon high bearing oil temperature	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	abnormal flow rates of lubrication, cooling or sealing fluids or gases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	the breaking of a guide van shear pin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	high shaft deflection / vibration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	others (give description)		
	Additional devices for unattended stations		
	Automatic flow control	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3 : Generator (Unit No)			
3.1 Life History	Manufacturer		
	Year of Manufacture		Opersting Hours
	Total		Per Year
	Date of Last Overhaul (Attach Report)		
Previous Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, state Date, type of damage, repair work, measures taken, to avoid similar damage in future.	

3.2 Specifications	Capacity	kVA	Speed	rpm
	Voltage	kV	Current	A
	Power factor	(cos p)	Frequency	Hz
	Voltage	V	Current	A
Exciter	<input type="checkbox"/> AC exciter		<input type="checkbox"/> thyristors	
Type	<input type="checkbox"/> Rotating Diodes		<input type="checkbox"/> Others	

3.3 Protection and safety devices	Automatic synchronizing devices	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Oversvoltage Protection	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Overcurrent protection	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Stator winding temperature	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	single phased and unbalanced load	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Different current	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Loss of synchroniam	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Loss of excitation	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Winding Short-circuit	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Earth fault rotor	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Earth fault stator	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Reverse power	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	synchronous capacitor operation	<input type="checkbox"/> Yes <input type="checkbox"/> No		

4 : Transformer (Unit No)			
4.1 Life History	Manufacturer		
	Year of Manufacture		
	Date of Last Overhaul (Attach Report)		
	Oil :		winding insulation :
Previous Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, state Date, type of damage, repair work, measures taken, to avoid similar damage in future.	

4.2 Specifications	Type	<input type="checkbox"/> Single Phase	<input type="checkbox"/> three phase
	Location	<input type="checkbox"/> Indoor	<input type="checkbox"/> outdoor
	Capacity	MVA	
	Voltage	Primary kV	Secondary kV
Rated Short-Circuit voltage	%	Rated Current kV	
Load tap Changers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If So, describe taps .		
	Cooling	<input type="checkbox"/> Forced	<input type="checkbox"/> Unforced
	Insulating System	<input type="checkbox"/> Mineral Oil	<input type="checkbox"/> Silicon Oil <input type="checkbox"/> Askarel
4.3 Protection and Safety Devices	Oil Temperature	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip <input type="checkbox"/> No
	Gas Pressure	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip <input type="checkbox"/> No
	Liquid Level	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip <input type="checkbox"/> No
	Overcurrent	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip <input type="checkbox"/> No
	Surge arrester	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Earth Fault	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Air Dryer (colour)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Lightning equipement of open-air electrical equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Earthed wires over the plant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Earthed Rods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Surge diverters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If so, distance to the transformer	m
5.0 Operation and Maintenance			
5.1 Staff	Is the station	<input type="checkbox"/> Manned or	<input type="checkbox"/> Unmanned ?
	how far away are the nearest employees ?		
	how long does it take them to reach the station ?		
	May there be difficulties in reaching the station (e.g due to bad weather such as snow, rainy season) ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, when ?		
If Manned	Are there periodic visits ?	<input type="checkbox"/> daily	<input type="checkbox"/> weekly ? <input type="checkbox"/> Other :
	engineers		
	operating personnel per shift		
	maintainance personnel per shift		
5.2 Operation	<input type="checkbox"/> Local	<input type="checkbox"/> Remote	
	<input type="checkbox"/> Manual	<input type="checkbox"/> semi-automatic	<input type="checkbox"/> fully-automatic
	<input type="checkbox"/> base load	<input type="checkbox"/> peak load	<input type="checkbox"/> other (give decription)

6.o Remarks

Other Details :

