INSURANCE CENTER
AN ALASKAN CORPORATION

Power Generation Supplemental Application
TO BE USED WITH COMMERCIAL PROPERTY APPLICATION (ACORD 140)
All questions must be answered in full. Application must be signed and dated by the applicant.

Date: _____

Insured Name: _____

Physical Location Address: _____

City, State, Zip: _____

1. What type of units do you use to drive generators (Steam turbines, gas turbines, internal combustion engines, wind, solar, or other)?
   _____
   _____

2. Please provide the number of units, age, and size of each unit (horsepower or KW) except for solar.
   _____
   _____

3. For solar units, please provide the number of and largest inverter (KW).
   _____
   _____

4. What is the total power demand? What is the total generating capacity?
   _____
   _____

5. Is power used internally or sold on the utility grid? If both, please provide the percentage of each.
   _____
   _____

6. Are the units base-loaded or used for peak shaving? What is the number of hours on each unit?
   _____
   _____

7. What penalties are imposed by the utility if the facility is unable to generate the agreed demand?
   _____
   _____

8. How often are under cover inspections performed on steam or gas turbines? How often are borescopic inspections performed?
   _____
   _____

(Continued on next page)

9. Are generators subject to insulation resistance testing? When was the last test performed?

_____ _____
_____ _____

10. Are cranes available to service wind turbines? What is the cost if cranes are rented?

_____ _____
_____ _____

11. Please describe any condition monitoring.

_____ _____
_____ _____

12. Please describe any additional maintenance practices.

_____ _____
_____ _____

13. Are electric transformers present? Are they owned by the facility or the utility? Please provide the age, size, and if oil or air cooled.

_____ _____
_____ _____

14. How is the transformer maintained (oil testing, etc)? Are PCB's present in this unit or was the unit retrofilled?

_____ _____
_____ _____

15. How are the switchgear or breakers maintained (manually exercise breakers, infrared testing)?

_____ _____
_____ _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, **Iowa, Louisiana**, **Massachusetts**, **Michigan**, **Minnesota, Mississippi, Missouri**, **Montana, Nebraska, Nevada, New Hampshire**, **North Carolina**, **North Dakota, Rhode Island, South Carolina**, **South Dakota**, **Texas**, **Utah**, **Vermont**, **West Virginia**, **Wisconsin**, **Wyoming**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who

knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING**:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature	Date	Applicant's Signature	Date