

**CUESTIONARIO TODO RIESGO DAÑOS MATERIALES-AVERÍA DE MAQUINARIA, PÉRDIDA DE BENEFICIOS Y RESPONSABILIDAD CIVIL PARA MINICENTRALES HIDRÁULICAS**

**ALL RISK QUESTIONNAIRE FOR PROPERTY DAMAGES-MACHINERY BREAKDOWN, BUSINESS INTERRUPTION AND THIRD PARTY LIABILITY FOR MINIHYDROELECTRIC PLANTS**

| <b>1</b>                     | <b>Nombre Completo del Asegurado / Full Name of the Insured:</b>   |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
|------------------------------|--|---|---|-----------------------|-----------------------|------------------|--|--|--|---------------------------|--|--|--|----------------|--|--|--|-------------|--|--|--|------------------|---|---|---|------------------------------|---|---|---|
| <b>2</b>                     | <b>Dirección Completa / Full Address:</b>  |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| <b>3</b>                     | <b>Asegurados Adicionales – Beneficiario / Additional Insureds - Loss Payee:</b>   |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| <b>4</b>                     | <b>Nombre del Proyecto / Project Name:</b>   |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| <b>5</b>                     | <b>Vinculación del asegurado con el proyecto / Interest of the Insured in the Project:</b><br>Propietario / Principal: <input type="checkbox"/> Operador / Operator: <input type="checkbox"/> Inversor / Investor: <input type="checkbox"/><br>Contratista mantenedor / Maintenance Contractor: <input type="checkbox"/> Otro / Other: <input type="checkbox"/>  |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| <b>6</b>                     | <b>Situación del riesgo - Dirección / Location of risk - Address:</b><br>Descripción del emplazamiento (adjuntar plano de distribución) / Site description (enclose site-layout):  |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| <b>7</b>                     | <p><b>Descripción del riesgo – Instalaciones / Description of the Risk – Premises:</b><br/>         Tipo de central / Type of plant:<br/>         Central de caudal fluyente / Run of river plant <input type="checkbox"/>    Central de pie de presa / Foot of dam plant <input type="checkbox"/><br/>         Otros / Others: <input type="checkbox"/><br/>         Observaciones / Comments:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:20%; text-align:center;">Turbina / Turbine</th> <th style="width:20%; text-align:center;">Generador / Generator</th> <th style="width:30%; text-align:center;">Transformador / Trafo</th> </tr> </thead> <tbody> <tr> <td>Unidades / Units</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fabricante / Manufacturer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Modelo / Model</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tipo / Type</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Potencia / Power</td> <td style="text-align:center;">W</td> <td style="text-align:center;">W</td> <td style="text-align:center;">W</td> </tr> <tr> <td>En garantía / Under warranty</td> <td>Sí/Yes <input type="checkbox"/>    No <input type="checkbox"/></td> <td>Sí/Yes <input type="checkbox"/>    No <input type="checkbox"/></td> <td>Sí/Yes <input type="checkbox"/>    No <input type="checkbox"/></td> </tr> </tbody> </table> <p>Potencia nominal total / Total Nominal Power:            kW<br/>         Fecha de inicio de la explotación / Date commercial operation:<br/>         Fecha de la última rehabilitación importante / Date last major rehabilitation:</p> |   | Turbina / Turbine   | Generador / Generator | Transformador / Trafo | Unidades / Units |  |  |  | Fabricante / Manufacturer |  |  |  | Modelo / Model |  |  |  | Tipo / Type |  |  |  | Potencia / Power | W | W | W | En garantía / Under warranty | Sí/Yes <input type="checkbox"/> No <input type="checkbox"/> | Sí/Yes <input type="checkbox"/> No <input type="checkbox"/> | Sí/Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                              | Turbina / Turbine  | Generador / Generator                                       | Transformador / Trafo                                       |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| Unidades / Units             |  |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| Fabricante / Manufacturer    |  |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| Modelo / Model               |  |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| Tipo / Type                  |  |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| Potencia / Power             | W  | W   | W   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| En garantía / Under warranty | Sí/Yes <input type="checkbox"/> No <input type="checkbox"/>  | Sí/Yes <input type="checkbox"/> No <input type="checkbox"/> | Sí/Yes <input type="checkbox"/> No <input type="checkbox"/> |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| <b>8</b>                     | <b>Seguridad-Medidas de Prevención / Security-Safety Measures</b><br>Sin protecciones / No protections <input type="checkbox"/> Seguridad 24 hrs / Security 24 H <input type="checkbox"/><br>Medidas de protección conectadas a central / Security measures connected to security co. <input type="checkbox"/><br>Valla perimetral / Perimeter fence <input type="checkbox"/> Otros / Other:   |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |
| <b>9</b>                     | <b>Contrato de Mantenimiento / Maintenance Contract:</b> Sí/Yes <input type="checkbox"/> No <input type="checkbox"/><br>Suministrador / Provider:<br>Ambito / Scope:    Correctivo / Corrective <input type="checkbox"/> Preventivo / Preventive <input type="checkbox"/><br>Otro / Other:<br>Duración / Duration:   |   |   |                       |                       |                  |  |  |  |                           |  |  |  |                |  |  |  |             |  |  |  |                  |   |   |   |                              |   |   |   |



|   |  |  |
|---|--|--|
| <b>Sumas Aseguradas / Sums Insured:</b>   |  |  |
| Obra Civil /<br>Civil Works   | Presa / Dam  | €  |
|   | Canal / Canal  | €  |
|   | Tubería forzada / Penstock   | €  |
|   | Edificios / Buildings  | €  |
|   | Accesos / Access Roads   | €  |
|   | Otros / Others   | €  |
|   | <b>Total</b>   | <b>€</b>   |
| 10<br>Obra eléctrica /<br>Electric Works  | Instalación eléctrica general / Electrical Installation  | €  |
|   | Cableado aéreo / Overhead electrical transmission lines  | €  |
|   | Cableado subterráneo / Underground electrical transmission lines   | €  |
|   | Otros / Others   | €  |
|   | <b>Total</b>   | <b>€</b>   |
| Maquinaria /<br>Machinery   | Turbina/s / Turbine/s  | €  |
|   | Compuertas y válvulas / Sluice gates and valves  | €  |
|   | Generador/es / Generator/s   | €  |
|   | Transformador/es / Transformer/s   | €  |
|   | Otros / Others   | €  |
| <b>Total</b>  | <b>€</b>   |  |
| <b>Total daños materiales / Total material damages: €</b>   |  |  |
| 11  | <b>Pérdida de beneficios / Business Interruption</b><br>Periodo de Indemnización PB / Period of indemnity BI:            meses / months<br>Facturación Anual Total / Total Annual Turnover:            €   |  |
| 12  | <b>Responsabilidad civil / Third Party Liability</b><br>Límite de indemnización solicitado / Limit of Indemnity required:<br><input type="checkbox"/> 600.000 € <input type="checkbox"/> 1.000.000 € <input type="checkbox"/> 1.500.000 € <input type="checkbox"/> 3.000.000 <input type="checkbox"/> 5.000.000 € <input type="checkbox"/> € |  |
| <b>¿Ha tenido el Asegurado siniestros de daños materiales o RC en los últimos 5 años?</b><br><b>Has the Insured had any property or TPL claims in the last 5 years?</b> Sí/Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |
| En caso afirmativo, proporcionar la siguiente información / If yes, provide the following information:  |  |  |
| 13  | Breve detalle del incidente<br>Brief details of each incident  | Fecha siniestro<br>Date of loss                            |
|   |  | Importe pagado – reservado*<br>Amount paid – outstanding * |
|   |  | €<br>€   |
| * Indicar pago o reserva sin aplicación de franquicia / Indicate paid or o/s amount from the ground up  |  |  |
| 14  | <b>Fecha inicio/renovación de la póliza / Inception/renewal date of current policy:</b>  |  |
| 15  | <b>Franquicias solicitadas / Deductibles requested</b><br>Daños Materiales / Property:            € Pérdida de Beneficios / Business Interruption:            Días / Days<br>Responsabilidad Civil / Third Party Liability:            €   |  |
| 16  | <b>Información Adicional (continuar en hoja separada) / Additional Comments:</b>   |  |

Firma / Nombre / Empresa / Cargo que desempeña  
Signature / Name / Company / Position Held

Fecha / date

