

RISK QUESTIONNAIRE

ANAEROBIC DIGESTION



Please take care to review all documentation to ensure that the information provided accurately reflects Your circumstances and that the cover provided suits Your requirements. You are under a duty to answer all questions posed by Us honestly and with reasonable care

1. Name and Address	
Proposer entity:	
Trading name:	
Names of all parties to be insured and their association with the business and insurance:	
ERN:	
Business Address	
Postcode/Eircode:	
Hours the plant is occupied:	
Inception/renewal date:	
Business description:	
Year business established:	
Number of years' experience relating to this business activity	
Number of operating and maintenance staff and experience/ training?	

Has any proposer, director or partner of the Trade or Business or its Subsidiary Companies ever, either personally or in any business capacity, had a proposal refused or declined or ever had an insurance cancelled, renewal refused or had special terms imposed? Has any proposer, director or partner of the Trade or Business or its Subsidiary Companies ever, either personally or in any business capacity had any convictions, criminal offences or prosecutions pending other than motor offences? Has any proposer, director or partner of the Trade or Business or its Subsidiary Companies ever, either personally or in any business capacity been declared bankrupt or insolvent or been the subject of bankrupty proceedings or receivership/insolvency? A director or partner in any business which has been the subject of an individual voluntary arrangement with creditors, voluntary liquidation, a winding up or administrative order, or administrative receivership proceedings? Has any proposer, director or partner of the Trade or Business or its Subsidiary Companies ever, either personally or in any business capacity been the owner or director of, or partner in, any business, company or partnership had a county court judgement awarded against them? If yes please provide the following information – Date of Loss, Type of Loss, Amount Paid, Amount Outstanding, Status and Description	2. General Facts and Declaration	
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3. Cover Sections and Requirements

Material Damage: (required)		
Risk location Address:		
Total MD reinstatement values (£) of	the following;	
Buildings and housing		
Storage vessels and digester tanks		
Gas engines CHP (Gen Sets)		
Transformer/ substation		
Balance of plant		
Confirm construction detail of th	e site buildings	
2. Is cladding used in the building of	construction (not including tanks) if so, provide details below;	
3. What are the digester tanks cons	tructed from?	
4. What material is used for the tan	k insulation/cladding? Is this Euroclass A or B?	
5. Confirm detail of the constructio	n of the tank roofs.	
Business Interruption: Required Y/	N	
Estimated annual revenue		
Indemnity period required		
Total sum insured		
Terrorism cover required? Y/N		

Indemnity Limit					
Activities		Description of activ	vity	Turnove	
Bona fide sub-contractors:					
Activity			Payments		
Employers Liability:					
Employee Wages Breakdown					
Activities	Description	on	Wageroll (next 12 n	nonths)	Number of Employees
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Activities 4. Health and Safety	Description	on	Wageroll (next 12 n	nonths)	Number of Employees
				nonths)	Number of Employees
4. Health and Safety Does a senior person have overal	II responsibi	ility for health and safe	ety?	nonths)	Number of Employees
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Public Liability:

Do you have a formulised company Hot Wo		
Are hot work permits used for any visiting contractors using heat work?		
5. Plant Details		
What is the power generating capacity of the site?		
Have you made any alterations to the plant outside of the manufacturer's standard operating design? If yes, please provide full details and why?		
Mesophilic or thermophilic design including average operating temperature within the tanks?		
Age, model, size (KVA) and manufacturer of transformer(s)		
Has Dissolved Gas Analysis been carried out on the step-up transformer with no negative results / readings?		
Details and length of transmission lines, including route.		
6. Engine Details		
Please confirm number of engines installed, and further confirm the age, manufacturer, make and model of the unit(s).		
Please confirm size (MW) of each engine.		
Are all operational and maintenance standards as set down by the original equipment manufacturer of the CHP/ Engine supplier strictly implemented?		
Is gas/fuel quality in line with specification for the engine as defined by the manufacturer?		
How is the biogas filtered, cleaned and monitored?		

Details and duration of manufacture warranties – plant	
Engines	
Tanks	
Are there any suppliers available for critical plant? Availability and time lapse?	
7. Process and Feedstock	
Provide full details of the start to finish operational process of the site	
Number of anticipated annual operating hours and stop-starts in the forthcoming annual period	
Is operation of the plant in continuous flow or batch?	
Details of how the tanks are agitated, mixed or stirred.	
What are the feedstocks and ratios?	
Is feedstock specification maintained in line with plant specification?	
Does the feedstock used contain materials which are natural surfactants?	
What systems are in place to detect ferrous and non-ferrous metals and other undesirable bodies? How are these removed?	

8. Risk Controls

Details of SCADA and conditions monitoring systems. Where do these signal to?	
Is there the potential for seepage from the digester tanks to affect other plant?	
What is the capacity of the protective bund(s) around the tank(s)?	
Are these sufficient to prevent overflow in any given situation?	
Would seepage from the digester tanks affect other surrounding plant or buildings?	
Has there been any history of lightning damage at Site?	
Is the lightning protection system based on air terminals (lightning rods) or catenary system?	
If the lightning protection system is based on air terminals how many have been installed, and where?	
Please confirm if the lightning protection system is installed and maintained according to BS EN 62305.	
Provide details of site security e.g. guarding, alarms, site fencing	
How often is the electrical system inspected and by whom?	
Details of how levels of hydrogen sulphide are controlled and monitored.	
What are the PPM and is this within the manufacturer's recommendations?	
Are there engine emergency / automatic shutdown measures and what are these?	

How is pressure within the digester tanks monitored and controlled?	
Is emptying within the digestion tanks below the level of the gas outlet valve and thus enables emptying at a rate which overcomes a rise in level due to an out of control foaming event?	
Please describe how this is achieved.	
Details of any anti-foam alarm system. How is this activated and reset?	
Are additives used for controlling over- foaming events? Please provide details e.g. anti-foaming chemicals, natural oils, fatty acids, siloxanes or ester. How and	
where are these stored?	
Please provide full details of fixed fire detection and protection and to which standard they are installed (e.g. NFPA / FM Global).	
Details of gas detection systems	
Are methane monitors/detectors installed?	
Is gas flare protection installed?	
Capacity and distance from tanks.	
Are flame arrestors fitted?	

Availability of Fire Hydrants (confirm ap	plicable below)	
On-site (with annual testing):		
Within 100m of site:		
Over 100m from site:		
If no hydrant is located within 100m of site	, please advise what fire water supply is available to the fire s	ervice:
Fire detection system (can include smoke, h	neat and flame detection) conforms to:	
i) BS 5839 – Part 1:	i) BS 5839 – Part 1:	
ii) BS 5839 – Part 2:		
iii) Other (please specify below): smoke de in the control room	etection in engine room and heat detection	
in the control room		
Distance of the nearest fire station, whether full or part time and the response time. Has the fire service visited the site and what was the		
outcome? Carbon Filter media change system:		
Frequency? Isolation procedures, purge and emptying/refilling process within suitable timeframe to prevent spontaneous combustion of the media?		
Risk Assessment/SSOW for ACF Change?		
Has a HAZOP assessment been undertaken (including post any alterations made to the plant)?		
Has a COSHH assessment been undertaken?		
Where biogas is present, is all equipment ATEX rated		
Has DESAR assessment been undertaken		

Please confirm if there has been any history of flooding at site? If so, provide details
Are you aware that you are in an area potentially prone to flooding?
Details of flood protection installed at site.
Is there a flood emergency response plan? If so, please provide a copy

10. Supplementary Documentation:

In addition to the completed questionnaire please also forward the following documentation:

- Plant Technical Specification
- Maintenance Manual
- Site Layout Showing Key Plant Items
- HAZOP

9. Flood:

- COSHH
- DSEAR