

6. PROVIDE DETAILS CONCERNING:

- (a) The disposal of waste nuclear material for others _____
- (b) The handling of spent fuel _____

7. If 4, 5 and 6 above are not applicable to the Applicant's activities, list and describe these activities in terms of the reasons that nuclear energy liability insurance is desired.

8. GROSS SALES:

The Applicant's Gross Sales for Products, Goods and Services (reasonably estimated when exact figures are unavailable) from:

	Last Fiscal Year	Current Fiscal Year	Next Fiscal Year
(a) All Sources	\$	\$	\$
(b) "Nuclear" sales (4a,b,c & d and 6 above) in \$'s or as a percentage of (a) above	\$	\$	\$
(c) Such nuclear sales to indemnified nuclear facilities* (in \$'s or as a percentage of (b) above)	\$	\$	\$

* Commercial reactors or nuclear facilities operated by or on behalf of an agency of the U.S. government (including nuclear powered vessels).

9. LIMITS OF LIABILITY (COMBINED SINGLE LIMIT) FOR WHICH QUOTATIONS ARE DESIRED:

10. DATE COVERAGE DESIRED NEEDED: _____

11. AUTHORIZATIONS:

- (a) The following broker is authorized to act as Broker of Record on our behalf in negotiation and placement of Nuclear Energy Liability Insurance:

NAME OF BROKER _____

ADDRESS _____

- (b) The Applicant authorizes the representatives of American Nuclear Insurers to inspect the operations and installations to be insured and to confer with the Nuclear Regulatory Commission and any other appropriate regulatory authority concerning such operations and installations.

12. ATTACHMENTS TO BE INCLUDED WITH THE APPLICATION:

- A copy of the Applicant's audited financial statements for the most recent fiscal year.
- If the Applicant is authorized to possess nuclear material, a copy of the Applicant's records retention program as it pertains to radiation exposure records (e.g., external and internal dosimetry results including bioassay records and records related to the radiological status of the location(s) including survey records).

13. (a) CONTACT TO ARRANGE INSPECTION OF PREMISES AND OPERATIONS

Name _____ Title _____ Phone _____

Address _____

(b) INSURANCE MANAGER (OR EQUIVALENT)

Name _____ Title _____ Phone _____

Address _____

14. ADDITIONAL SUPPORTIVE DATA:

It is understood by the Applicant that after the initial review of this properly completed application and attachments, ANI may from time to time require submission of additional information for subsequent evaluation, and that ANI's consideration of affording or continuing insurance coverage will, in part, depend upon receipt of all such information.

(Signature of Applicant)

(Name and Title - Print or Type)

(Telephone)

(Email Address)

(Date)

**ALL MATERIAL FORWARDED TO ANI WILL BE TREATED AS CONFIDENTIAL
EXCEPT AS PROVIDED IN SECTION 11.B ABOVE.**