



APPLICATION FOR NUCLEAR ENERGY LIABILITY INSURANCE
SUPPLIER'S AND TRANSPORTER'S POLICY FORM
(To Be Completed for Non-Transportation Risks Only)
(Use Additional Sheets Where Required)

TO: 95 Glastonbury Boulevard, Glastonbury, Connecticut 06033
ATTENTION: Underwriting Department

1. NAME OF APPLICANT _____

2. ADDRESS _____

3. CONVENTIONAL INSURANCE CARRIER(S) Auto _____

General Liability _____

Worker's Compensation _____

4. DESCRIPTION OF PRODUCTS, GOODS AND SERVICES: List and Describe:

- (a) Reactors, critical facilities, subcritical assemblies or cores designed or manufactured by the Applicant. Indicate date of sale and name of customer.
- (b) All other products or goods designed, manufactured or sold which could reasonably be expected to be used as component parts of, or at, nuclear facilities* indicating the Applicants involvement with each (designer, manufacturer, tester, wholesaler, etc.).
- (c) Professional services (other than products or goods) which have been, are or could reasonably expect to be furnished in connection with the planning, construction, maintenance, operation of any nuclear facility* or component parts thereof (Also see 6 below).
- (d) Each Radioactive Material License, Operating or other licenses issued by the NRC to the Applicant and, where applicable, such licenses issued by State and local authorities. Indicate the quantities of nuclear material permitted under each and the location(s) where such material is used, identifying each such location not owned by the Applicant.
- (e) Applicant's products, goods or services for use only at a nuclear facility * which the Applicant owns or operates.

* Nuclear reactors, nuclear fuel fabricators, nuclear waste burial sites, laboratories, etc.

5. List, by contract number, each contract with the NRC not previously covered in (4) which involves the use of source and special nuclear material and provide details concerning the quantities involved and the locations where such materials will be used.

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 Applicant's Annual Report or audited financial statements;
- 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 Officer of Applicant)

(Name and Title - Print or Type)

(Telephone)

(Date)

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

NOTE: Exclusion (h)(6) provides that the policy does not apply to bodily injury or property damage arising out of any radioactive isotope while away from any nuclear facility.