



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

TO: 95 Glastonbury Boulevard, Suite 300, Glastonbury, Connecticut 06033-4453
ATTENTION: Underwriting Department

1. NAME OF APPLICANT _____

2. ADDRESS (PRINCIPAL OFFICE) _____

3. CONVENTIONAL INSURANCE CARRIER(S) Auto Liability _____

General Liability _____
Workers' Compensation _____

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

5. DATE COVERAGE IS DESIRED: _____

6. (a) MODE(S) OF TRANSIT: Air _____
Railroad _____
Truck _____
Other (Specify) _____

(b) PRINCIPAL AREAS OF OPERATION _____

7. GROSS RECEIPTS FROM:

	<u>All Sources</u>	<u>All Nuclear Shipments</u>	<u>Nuclear Shipments To/From Indemnified Nuclear Facilities*</u>
(a) Last fiscal year	\$ _____	\$ _____	\$ _____
(b) Current fiscal year	\$ _____	\$ _____	\$ _____
(c) Next fiscal year	\$ _____	\$ _____	\$ _____

* Shipments to or from commercial reactors or nuclear facilities operated by or on behalf of an agency of the U.S. government (including nuclear powered vessels). If \$ not available show as estimated percentage of Gross Receipts from all nuclear shipments.

8. ESTIMATED NUMBER OF NUCLEAR MATERIAL SHIPMENTS FOR:

	No. of Shipments
(a) Last fiscal year	_____
(b) Current fiscal year	_____
(c) Next fiscal year	_____

9. (a) Types of nuclear material being transported:

___ Source Material ___ Special Nuclear Material ___ Byproduct Material
___ Spent Fuel ___ Waste ___ Other (Specify) _____

(b) Indicate respective physical forms of nuclear material handled: _____

(c) List points of origin and destination for nuclear material shipments (include extra sheets if necessary): _____

10. If safeguarding is required per Code of Federal Regulations, Title 10 Part 73 estimate percentage of total nuclear material shipments involved: _____ %.

11. MAXIMUM CASK WEIGHT CARRIED: _____

12. (a) Radiation safety equipment carried on vehicle (list) _____

(b) How are vehicles checked for contamination? _____

(c) How would a contaminated vehicle be decontaminated? _____

13. PACKAGE OR CASK TIEDOWN:

Tiedown made by ___ Shipper ___ Carrier

Tiedown inspected by ___ Shipper ___ Carrier

Attach copy of Tiedown Procedures or Instructions.

14. AUTHORIZATIONS:

(a) The following broker is authorized to act as Broker of Record on your 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.

15. ATTACHMENTS TO BE RETURNED WITH COMPLETED APPLICATION:

APPLICATION REFERENCE

ITEM

- A copy of the Applicant's audited financial statements for the most recent fiscal year.
- 13. A copy of the Applicant's tiedown procedures or instructions (if applicable).

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

Name _____ Title _____ Phone _____

Address _____

(b) INSURANCE MANAGER (OR EQUIVALENT)

Name _____ Title _____ Phone _____

Address _____

17. ADDITIONAL SUPPORTIVE DATA:

It is understood by the Applicant that after initial review of this properly completed application form and attachments, ANI may require submission of additional information for subsequent evaluation and that ANI's consideration to afford or continue to afford insurance 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 14.B ABOVE**