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MOOL

ACORD	CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YYYY) 11/28/2016	
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCEF IMPORTANT: If the certificate hol	ATIVELY C INSURANC , AND THE der is an Al	OR NEGATIVELY AMEND, E DOES NOT CONSTITU CERTIFICATE HOLDER. DDITIONAL INSURED, the	EXTEND OR ALT TE A CONTRACT policy(ies) must be	ER THE CO BETWEEN 1	VERAGE AFFORDED THE ISSUING INSUREF	BY THE R(S), AU VAIVED	POLICIES JTHORIZED
the terms and conditions of the po certificate holder in lieu of such en			ndorsement. A sta	tement on th	is certificate does not	confer r	ights to the
PRODUCER	aoisement(.	<u>.</u>	CONTACT NAME:				
Marsh USA Inc. 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400			PHONE FAX (A/C, No, Ext): (A/C, No):				
			E-MAIL ADDRESS:				r
				INSURER(S) AFFORDING COVERAGE			
-EXPI-NUCLR-16-17	-EXPI-NUCLR-16-17			INSURER A : American Nuclear Insurers			
Xcel Energy, Inc. ATTN: Robert Miller			INSURER B :				
414 Nicollet Mall, 4th Floor		•	INSURER D :				
Minneapolis, MN 55401			INSURER E :				، ، نب
		· · · · · · · · · · · · · · · · · · ·	INSURER F :				9.000
COVERAGES THIS IS TO CERTIFY THAT THE POLI		TE NUMBER:	CHI-005576857-08		REVISION NUMBER:1		
INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF SI	(requirem Ay pertain	ient, term or condition I, the insurance afford	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT 1	ст то	WHICH THIS
INSR LTR TYPE OF INSURANCE		BR	POLICY EFF (MM/DD/YYYY)		LIM	TS	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	54 200 (* 1
					PREMISES (Ea occurrence) MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
					PRODUCTS - COMP/OP AGG	\$ \$	
			-		COMBINED SINGLE LIMIT (Ea accident)	\$	
					BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident PROPERTY DAMAGE		· · - · · ·
HIRED AUTOS					(Per accident)	\$ \$	
					EACH OCCURRENCE	\$	
EXCESS LIAB OCCUR	ADE				AGGREGATE	\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<u>//N</u> N N/A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYE		
If yes, describe under DESCRIPTION OF OPERATIONS below A Nuclear Energy Liability			04/04/2046	01/01/2017	E.L. DISEASE - POLICY LIMIT See Attached ACORD 101	\$	
		See Attached ACORD 101	01/01/2016	0110112011			
Insurance							
DESCRIPTION OF OPERATIONS / LOCATIONS / V	EHICLES (ACO	RD 101, Additional Remarks Schedu	ule, may be attached if mo	re space is requi	red)		
CERTIFICATE HOLDER			CANCELLATION				
Document Control Desk U.S. Nuclear Regulatory Commission Washington, DC 20555-0001			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
			AUTHORIZED REPRESENTATIVE of Marsh USA Inc.				
			Manashi Mukherjee	-	Marrooni Mu	energ	-e.l.
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AGENCY CUSTOMER ID:

LOC #: Minneapolis



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

	ADDITIK			
AGENCY Marsh USA Inc.		NAMED INSURED Xcel Energy, Inc. ATTN: Robert Miller		
POLICY NUMBER			414 Nicollet Mall, 4th Floor Minneapolis, MN 55401	
CARRIER	·····	NAIC CODE	1	
			EFFECTIVE DATE:	
ADDITIONAL REMARKS				
05	KS FORM IS A SCHEDULE FORM TITLE: <u>Certifica</u>	,	Reo.	
FORM NUMBER:25	FORM IIILE: Certilica			
				:
CERTIFICATE OF NUCLEAR ENER	RGY LIABILITY INSURANCE			
This is to certify that there is in force	e as of the effective date of this Certificat	e a Nuclear Energy Liability Ins	surance Policy issued by members of American Nuclear Insurers as	
indicated (Companies), to the Insure	ed named herein, with respect to the Nuc	clear Facility at the Location sh	own and/or with respect to the Insured's operations described herein. If	
· ·		-	which the Effective Date of this Certificate occurs, notice will be delivered	, •
In accordance with the policy provisi calendar year unless requested in w		ninate as of the end of such De	ecember 31st. A Certificate will NOT be issued for any subsequent	
	and g.			د. شم قدر
Types of Insurance: NF - (Facility F	form], NW- [Master Worker Certificate], N	IS - [US Domestic Supplier's &	Transporters], FS - [Foreign Suppliers & Transporters]	i,
COVERAGE FOR NUCLEAR FACI	LITIES:			
1. SITE #1 - PRAIRIE ISLAND	Y: Prairie Island Nuclear Power Plant or	n the Mississioni River in Good	hue County Minnesota	
	DLICY]: Northern States Power Company			
POLICY NUMBER:	POLICY EFFECTIVE:	LIMIT OF LIABIL	ITY:	
NF-0197	09/01/1971	\$375 Milli	on	
NW-0580	09/01/1971	\$375 Milli	On**	
2. SITE #2 - MONTICELLO	-			
LOCATION OF NUCLEAR FACILIT	Y: Monticello Nuclear Power Plant on th	ie Mississippi River in Wright C	County, Minnesota	
-	DLICY]: Northern States Power Company	y		
POLICY NUMBER:	POLICY EFFECTIVE:			
NF-0174 NW-0564	06/09/1969 06/09/1969	\$375 Milli \$375 Milli		
		·		
3. SITE #3 - PATHFINDER			state Original Death Detects	
	Y: Pathfinder Atomic Nuclear Power Pla DLICY): Northern States Power Company		enana County, Souin Dakota	
POLICY NUMBER:	POLICY EFFECTIVE:	, LIMIT OF LIABIL	ITY:	
NF-0106	04/27/1961	\$5 Million		
NW-0531	04/27/1961	\$375 Milli	on**	
COVERAGE FOR SUPPLIER'S & T	IRANSPORTER'S:			
4. US DOMESTIC S&T				
	Furnishing of services, materials, parts	or equipment in connection wit	h the planning, construction, maintenance, involving the handling,	
	of specified types of nuclear materials.			
NAMED INSURED (LISTED ON PO POLICY NUMBER:	DLICY]: Xcel Energy, Inc. POLICY EFFECTIVE:	LIMIT OF LIABILI	TV-	
NS-0474	09/01/1985	\$375 Millio		
THIS CERTIFICATE IS ISSUED AS	A MATTER OF INFORMATION ONLY	AND CONFERS NO RIGHTS I	JPON THE CERTIFICATE HOLDER.	
		•	policy(ies). Neither this Certificate nor any contract or other document	
·	all amend, extend or alter the coverage a	fforded by the policy. The Lim	it of Liability shown above may have been reduced by payment of claims	
or claims expenses.				
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AGENCY CUSTOMER ID: LOC #: Minneapolis

ACORD ADDITIONAL REMA		NAMED INSURED		
Marsh USA Inc. POLICY NUMBER		Xcel Energy, Inc. ATTN: Robert Miller 414 Nicollet Mall, 4th Floor		
POLICY NUMBER		Minneapolis, MN 55401		
CARRIER	NAIC CODE			
ADDITIONAL REMARKS	l	EFFECTIVE DATE:		··· ··-
THIS ADDITIONAL REMARKS FORM IS A SCHEDU	LE TO ACORD FORM,			· · · ·
	icate of Liability Insura	ance		
COMMENTS/NOTES:				
** Master Worker Certificate - This limit is shared by all Certificates to th	e Master Worker Policy of which e	each Certificate is a part and is subject to all of the provisions of such Policy		2 ¹ .
and Certificate having reference thereto. Such limit may have been red				يوند. معرفي در معرفي
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