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Document Control Desk  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001



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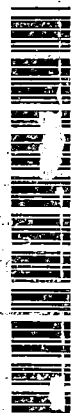
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/05/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |               |
|---|--|---------------|
| <b>PRODUCER</b><br>Marsh USA Inc.<br>500 Dallas Street, Suite 1500<br>Houston, TX 77002<br><br>J03175-Sp-17-18        | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____<br><b>E-MAIL ADDRESS:</b> _____ |               |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |               |
| <b>INSURED</b><br>Arizona Public Service Company, et al*<br>Mail Station: 9618 PO Box 53999<br>Phoenix, AZ 85072-3999 | <b>INSURER A:</b> American Nuclear Insurers  |               |
|   | <b>INSURER B:</b>  |               |
|   | <b>INSURER C:</b>  |               |
|   | <b>INSURER D:</b>  |               |
|   | <b>INSURER E:</b>  |               |
| <b>INSURER F:</b>   |  | <b>NAIC #</b> |

**COVERAGES**      **CERTIFICATE NUMBER:** HOU-002668951-07      **REVISION NUMBER:** 33

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD   | SUBR WVD                     | POLICY NUMBER          | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|---|------------------------------|------------------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |   |                              |                        |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                           |   |                              |                        |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  |   |                              |                        |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | <input type="checkbox"/> Y<br><input checked="" type="checkbox"/> N | <input type="checkbox"/> N/A |                        |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                          |
| A        | Nuclear Energy Liability Insurance   |   |                              | See Attached Acord 101 | 01/01/2017              | 01/01/2018              | See Attached Acord 101   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

|  |  |
|--|--|
| Document Control Desk<br>U.S. Nuclear Regulatory Commission<br>Washington, DC 20555-0001 | <p>! WOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE<br/>         of Marsh USA Inc.<br/>         Manashi Mukherjee <i>Manashi Mukherjee</i></p> |
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**ADDITIONAL REMARKS SCHEDULE**

|                          |           |  |  |
|--------------------------|-----------|--|--|
| AGENCY<br>Marsh USA Inc. |           | NAMED INSURED<br>Arizona Public Service Company, et al*<br>Mail Station: 9618 PO Box 53999<br>Phoenix, AZ 85072-3999 |  |
| POLICY NUMBER            |           | EFFECTIVE DATE:  |  |
| CARRIER                  | NAIC CODE |  |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FOR TITLE: Certificate of Liability Insurance**

**CERTIFICATE OF NUCLEAR ENERGY LIABILITY INSURANCE**

This is to certify that there is in force as of the effective date of this Certificate a Nuclear Energy Liability Insurance Policy issued by members of American Nuclear Insurers as indicated (Companies), to the Insured named herein, with respect to the Nuclear Facility at the Location shown and/or with respect to the Insured's operations described herein. If such policy is cancelled or otherwise terminated prior to the end of December 31st of the calendar year in which the Effective Date of this Certificate occurs, notice will be delivered in accordance with the policy provisions. Otherwise this Certificate shall terminate as of the end of such December 31st. A Certificate will NOT be issued for any subsequent calendar year unless requested in writing.

Types of Insurance: NF - [Facility Form], NW- [Master Worker Certificate], NS - [US Domestic Supplier's & Transporters], FS - [Foreign Suppliers & Transporters], N- [Secondary Financial Protection Certificate]

**COVERAGE FOR NUCLEAR FACILITIES:**

**1. SITE #1 - PALO VERDE**

LOCATION OF NUCLEAR FACILITY: Palo Verde Nuclear Generating Station located in Wintersburg, Arizona

NAMED INSURED [LISTED ON POLICY]: Arizona Public Service Company, et al

| POLICY NUMBER: | POLICY EFFECTIVE: | LIMIT OF LIABILITY: |
|----------------|-------------------|---------------------|
| NF-0266        | 08/07/1981        | \$450 Million       |
| NW-0625        | 08/07/1981        | \$450 Million**     |
| N-0088         | 12/31/1984        | ***                 |
| N-0107         | 12/09/1985        | ***                 |
| N-0114         | 03/25/1987        | ***                 |

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.

The insurance afforded by the policy(ies) is subject to the exclusions, conditions and other provisions of the policy(ies). Neither this Certificate nor any contract or other document with respect to which it is issued shall amend, extend or alter the coverage afforded by the policy. The Limit of Liability shown above may have been reduced by payment of claims or claims expenses.

**COMMENTS/NOTES:**

\*\* Master Worker Certificate - This limit is shared by all Certificates to the Master Worker Policy of which each Certificate is a part and is subject to all of the provisions of such Policy and Certificate having reference thereto. Such limit may have been reduced by payment of claims or claims expenses.

\* The following are Named Insureds: Arizona Public Service Company, Southern California Edison Company, Salt River Project Agricultural Improvement and Power District, Public Service Company of New Mexico, El Paso Electric Company, Southern California Public Power Authority, and The Department of Water and Power of the City of Los Angeles.