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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/30/2018

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY O SURANCE ND THE (	R NEGATIVELY AMEND, E DOES NOT CONSTITUT CERTIFICATE HOLDER.	EXTEND OR ALT	ER THE CO BETWEEN T	VERAGE AFFORDED BY	THE POL	ICIES RIZED
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	to the te	erms and conditions of th	e policy, certain p	olicies may			
PRODUCER			CONTACT NAME:	<u>/:</u>			
MARSH USA, INC. TWO ALLIANCE CENTER			PHONE (A/C, No, Ext);		FAX (A/C, No):		
3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326			E-MAIL ADDRESS:				
ATLANTA, CA SUSZU			INS	URER(S) AFFOR	RDING COVERAGE	N	AIC #
CN102113409-4-Nuke-19-20			INSURER A : American N	luciear insurers			
INSURED Southern Company Services, Inc.			INSURER B :				· · ·
Attn: Deborah Gaffney dsgaffne@southernco.com			INSURER C :			·	
30 Ivan Allen Jr. Boulevard NW			INSURER D :				<u> </u>
Bin SC1404 Atlanta, GA 30308							
	TIFICAT	E NUMBER:	INSURER F : ATL-004781494-14		<b>REVISION NUMBER:</b> 5		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR	of insu Equiremi Pertain,	IRANCE LISTED BELOW HA ENT, TERM OR CONDITION THE INSURANCE AFFORD INTS SHOWN MAY HAVE	VE BEEN ISSUED TO OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	ED NAMED ABOVE FOR THI DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO WHICH	I THIS
LTR TYPE OF INSURANCE	INSD WVI	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
					EACH OCCURRENCE		
CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)		
· · · · · · · · · · · · · · · · · · ·					MED EXP (Any one person)		
GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY S GENERAL AGGREGATE		
POLICY PRO- LOC					PRODUCTS - COMP/OP AGG		
OTHER:							
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	6	
ANY AUTO					BODILY INJURY (Per person)	5	
OWNED AUTOS ONLY HIRED SCHEDULFD AUTOS NON-OWNED					BODILY INJURY (Per accident)	5	
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	· ·	
					<u>؛</u>	6	
UMBRELLA LIAB OCCUR		·			EACH OCCURRENCE	5	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$						5	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A				E.L. EACH ACCIDENT		
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below A Nuclear Energy Liability		See Attached Acord 101	01/01/2019	01/01/2020	E.L. DISEASE - POLICY LIMIT S See Attached Acord 101		dl page text
		See Allached Acord 101	01/01/2019	01/01/2020		366 au	n hage text
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedu	le, may be attached if mor	e space is requir	ed)		
CERTIFICATE HOLDER		<u> </u>	CANCELLATION				
Document Control Desk U.S. Nuclear Regulatory Commission Washington, DC 20555-0001			SHOULD ANY OF	DATE THE	ESCRIBED POLICIES BE CAI EREOF, NOTICE WILL BE Y PROVISIONS.		
			AUTHORIZED REPRESE of Marsh USA Inc.				
			Manashi Mukherjee		Marraoni Mules	erzee	
			© 19	88-2016 AC	ORD CORPORATION. A	II riahts re	served.

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LOC #: Atlanta

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Page 2 of 2

sorah Gaffney @southernco.com Nilen Jr. Boulevard NW 104 GA 30308 DATE: sued by members of American Nuclear Insurers as respect to the Insured's operations described herein. If re Date of this Certificate occurs, notice will be delivered Certificate will NOT be issued for any subsequent 'S - [Foreign Suppliers & Transporters]
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Power Corporation, Municipal Electric Authority of $50 - 424/$
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