



Sarah Baldys

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

June 16, 2015

Subject: Updated 2015 Nuclear Liability Certificate of Insurance

Enclosed, please find an updated 2015 Nuclear Liability Certificate of Insurance for the named insured listed in Table 1. The Certificate of Insurance provides evidence of financial protection in accordance with 10CFR140.15 and other NRC Regulatory Compliance requirements.

If you have any questions, please do not hesitate to contact me.

Best regards,

A handwritten signature in black ink, appearing to be 'S. Baldys', written over a circular stamp or seal.

Sarah Baldys
U.S. Nuclear Energy Practice

Enclosure

Copy:

J. Oehler, M. Kolodner, J. Loesner, T. Farward, C. Hardie, N. Cayabyab

4001



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/16/2015

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).

PRODUCER Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797 Attn: Philadelphia.Certs@marsh.com/ fax - 212-948-0360 S27324-NUC-ENR-15-16	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED Susquehanna Nuclear, LLC 835 Hamilton Street Suite 150 GENPL7N, Plaza 7 Allentown, PA 18101	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : American Nuclear Insurers		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** CLE-004721348-07 **REVISION NUMBER:** 7

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Nuclear Energy Liability Insurance			See Attached Acord 101	01/01/2015	01/01/2016	See Attached Acord 101

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

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CERTIFICATE HOLDER

State of Tennessee Department of Environment and Conservation Division of Radiological Health 3rd Floor, L and C Annex 401 Church Street Nashville, TN 37243-1532
--

CANCELLATION

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 <i>Manashi Mukherjee</i>

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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Susquehanna Nuclear, LLC 835 Hamilton Street Suite 150 GENPL7N, Plaza 7 Allentown, PA 18101	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM 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]

COVERAGE FOR NUCLEAR FACILITIES:

1. SITE #1 - SUSQUEHANNA

LOCATION OF NUCLEAR FACILITY: Susquehanna Nuclear Power Plant in Salem Township, Luzerne County, Pennsylvania

NAMED INSURED [LISTED ON POLICY]: Susquehanna Nuclear, LLC & Allegheny Electric Cooperative, Inc.

POLICY NUMBER:	POLICY EFFECTIVE:	LIMIT OF LIABILITY:
NF-0262	01/01/1981	\$375 Million
NW-0622	01/01/1981	\$375 Million**

COVERAGE FOR SUPPLIER'S & TRANSPORTER'S:

2. US DOMESTIC S&T

DESCRIPTION OF OPERATIONS: Furnishing of services, materials, parts or equipment in connection with the planning, construction, maintenance, involving the handling, storage, shipment, use or disposal of specified types of nuclear materials:

NAMED INSURED [LISTED ON POLICY]: Susquehanna Nuclear, LLC, PPL Corporation, PPL Energy Funding Corporation, PPL Energy Supply, LLC, PPL Generation, LLC, Allegheny Electric Cooperative, Inc., Talen Energy Corporation [NOTE 1]

POLICY NUMBER:	POLICY EFFECTIVE:	LIMIT OF LIABILITY:
NS-0422	07/27/1982	\$375 Million

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.

NOTE 1 - NS-0422: Suppliers & Transporters Coverage - Additional Named Insured - Restricted Coverage

Such insurance as is afforded by the policy shall also apply to Allegheny Electric Cooperative, Inc. and Talen Energy Corporation, but solely with respect to liability for bodily injury, property damage or environmental damage which arises out of nuclear material which has been used or is to be used, or has been irradiated in the course of the operation of a reactor in which it has an ownership interest, located at the Susquehanna Steam Electric Station.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/16/2015

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).

PRODUCER Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797 Attn: Philadelphia.Certs@marsh.com/ fax - 212-948-0360	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
S27324-NUC-ENR-15-16	INSURER(S) AFFORDING COVERAGE	
INSURED Susquehanna Nuclear, LLC 835 Hamilton Street Suite 150 GENPL7N, Plaza 7 Allentown, PA 18101	INSURER A: American Nuclear Insurers	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CLE-004963523-01 **REVISION NUMBER:** 2

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Nuclear Energy Liability Insurance			See Attached Acord 101	01/01/2015	01/01/2016	See Attached Acord 101

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

CERTIFICATE HOLDER

South Carolina Department of
Health & Environmental Control
Bureau of Solid and Hazardous Waste Management
Division of Radioactive Waste Management
2600 Bull Street
Columbia, SC 29201

CANCELLATION

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

Manashi Mukherjee

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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Susquehanna Nuclear, LLC 835 Hamilton Street Suite 150 GENPL7N, Plaza 7 Allentown, PA 18101	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM 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]

COVERAGE FOR NUCLEAR FACILITIES:

1. SITE #1 - SUSQUEHANNA

LOCATION OF NUCLEAR FACILITY: Susquehanna Nuclear Power Plant in Salem Township, Luzerne County, Pennsylvania

NAMED INSURED [LISTED ON POLICY]: Susquehanna Nuclear, LLC & Allegheny Electric Cooperative, Inc.

POLICY NUMBER:	POLICY EFFECTIVE:	LIMIT OF LIABILITY:
NF-0262	01/01/1981	\$375 Million
NW-0622	01/01/1981	\$375 Million**

COVERAGE FOR SUPPLIER'S & TRANSPORTER'S:

2. US DOMESTIC S&T

DESCRIPTION OF OPERATIONS: Furnishing of services, materials, parts or equipment in connection with the planning, construction, maintenance, involving the handling, storage, shipment, use or disposal of specified types of nuclear materials:

NAMED INSURED [LISTED ON POLICY]: Susquehanna Nuclear, LLC, PPL Corporation, PPL Energy Funding Corporation, PPL Energy Supply, LLC, PPL Generation, LLC, Allegheny Electric Cooperative, Inc., Talen Energy Corporation [NOTE 1]

POLICY NUMBER:	POLICY EFFECTIVE:	LIMIT OF LIABILITY:
NS-0422	07/27/1982	\$375 Million

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.

NOTE 1 - NS-0422: Suppliers & Transporters Coverage - Additional Named Insured - Restricted Coverage

Such insurance as is afforded by the policy shall also apply to Allegheny Electric Cooperative, Inc. and Talen Energy Corporation, but solely with respect to liability for bodily injury, property damage or environmental damage which arises out of nuclear material which has been used or is to be used; or has been irradiated in the course of the operation of a reactor in which it has an ownership interest, located at the Susquehanna Steam Electric Station.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/16/2015

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).

PRODUCER Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
S27324-NUC-NUC-15-16	INSURER(S) AFFORDING COVERAGE INSURER A: American Nuclear Insurers INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Susquehanna Nuclear, LLC 835 Hamilton Street Suite 150 GENPL7N, Plaza 7 Allentown, PA 18101	NAIC #:

COVERAGES **CERTIFICATE NUMBER:** CLE-004443748-02 **REVISION NUMBER:** 4

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Nuclear Energy Liability Insurance			See Attached Acord 101	01/01/2015	01/01/2016	See Attached Acord 101

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

CERTIFICATE HOLDER

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

CANCELLATION

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

Manashi Mukherjee

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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Susquehanna Nuclear, LLC 835 Hamilton Street Suite 150 GENPL7N, Plaza 7 Allentown, PA 18101	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM 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 - SUSQUEHANNA

LOCATION OF NUCLEAR FACILITY: Susquehanna Nuclear Power Plant in Salem Township, Luzerne County, Pennsylvania

NAMED INSURED [LISTED ON POLICY]: Susquehanna Nuclear, LLC & Allegheny Electric Cooperative, Inc.

POLICY NUMBER:	POLICY EFFECTIVE:	LIMIT OF LIABILITY:
NF-0262	01/01/1981	\$375 Million
NW-0622	01/01/1981	\$375 Million**
N-0084	07/17/1982	***
N-0096	03/23/1984	***

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.

*** Secondary Financial Protection Certificate - Financial protection available under an industry retrospective rating plan.

TABLE 1

Policy	Named Insured(s)
NF-0262	Susquehanna Nuclear, LLC and Allegheny Electric Cooperative, Inc.
NW-0622	Susquehanna Nuclear, LLC and Allegheny Electric Cooperative, Inc.
N-0084	Susquehanna Nuclear, LLC and Allegheny Electric Cooperative, Inc.
N-0096	Susquehanna Nuclear, LLC and Allegheny Electric Cooperative, Inc.