



ADDITIONAL REMARKS SCHEDULE

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AGENCY Marsh USA Inc.		NAMED INSURED SCANA Corporation ATTN: Allison M. Moser Division Energy Services, Inc. Cranehouse Building - Corporate Risk 120 Tredegar Street Richmond, VA 23219	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CLASS		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM 101.
 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 subject 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 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 - VIRGIL C. SUMMER NUCLEAR STATION

LOCATION OF NUCLEAR FACILITY: Virgil C. Summer Nuclear Station 2.5 miles N of Parr, Fairfield County, South Carolina
 NAMED INSURED [LISTED ON POLICY]: South Carolina Electric & Gas Company and South Carolina Public Service Authority

POLICY NUMBER:	POLICY EFFECTIVE:	LIMIT OF LIABILITY:
NF-0252	03/21/1978	\$450 Million
NW-0616	03/21/1978	\$450 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]: SCANA Corporation
 POLICY NUMBER: NS-0420 POLICY EFFECTIVE: 08/05/1982 LIMIT OF LIABILITY: \$450 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.

MODI
NRR



Dear Certificate Holder:

As many companies have moved to a remote working environment, mailing Certificates of Insurance to a physical address can cause unnecessary delays in providing you proof of insurance. To streamline delivery and in an effort to support our firm's commitment to sustainability, going forward, we would like to distribute your Certificates of Insurance electronically if possible.

We are kindly requesting Certificate Holders provide us an email address where we can deliver your COI in the future.

Please send your response to: USOperations.email@marsh.com and provide the following information so that we can expedite your COI delivery:

- Certificate # (Shown below Insured Name – e.g.: ABC-123456789-01)
- E-Mail for future delivery:

For undeliverable email addresses, our system is configured to automatically redirect the Certificate for delivery via USPS.

Lastly, if you no longer need this COI please respond to USOperations.email@marsh.com with the Certificate number and we will inactive the record in our system to avoid future automatic delivery.

Thank you.

US Operations, Marsh USA, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2021

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 on the policy(ies) must have ADDITIONAL INSURED provisions or 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. 100 North Tryon Street, Suite 3600 Charlotte, NC 28202	CONTACT INFORMATION NAME: _____ PHONE (No. Ext.): _____ FAX (A/C No.): _____ ADDRESS: _____
INSURED SCANA Corporation ATTN: Allison M. Moser Dominion Energy Services, Inc. Clearinghouse Building - Corporate Risk 120 Tredegar Street Richmond, VA 23219	INSURER(S) AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____

COVERAGES **CERTIFICATE NUMBER** ATL-004418500-15 **REVISION NUMBER** 20

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 \$ OTHER: \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		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	01/01/2022	01/01/2023	SEE ATTACHED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, to 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 Marsh USA Inc.
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U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

