



NorthStar Nuclear Decommissioning Co., LLC
Vermont Yankee Nuclear Power Station
320 Governor Hunt Rd.
Vernon, VT 05354
802-451-5354

Corey R. Daniels
ISFSI Senior Manager

10 CFR 140.21

BVY 22-028

November 28, 2022

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

SUBJECT: Proof of Financial Protection
Vermont Yankee Nuclear Power Station
Docket No. 50-271
License No. DPR-28

REFERENCE: Letter, USNRC to Entergy Nuclear Operations Inc., "Exemption from the Requirements of Title 10 of the *Code of Federal Regulations*, Part 140, Section 140.11(a)(4), Concerning Primary and Secondary Liability Insurance," NVEY 16-014, dated April 15, 2016 (ML16012A144)

Dear Sir or Madam:

In accordance with 10 CFR 140.21, NorthStar Nuclear Decommissioning Co. LLC hereby provides proof of financial protection in the form of nuclear energy liability insurance for the Vermont Yankee Nuclear Power Station. As documented in the above Reference, NorthStar Nuclear Decommissioning Co. LLC maintains the existing offsite nuclear liability coverage in accordance with the approved exemption to 10 CFR 140.11(a)(4).

The attached Certificate of Liability Insurance satisfies the requirement to provide proof of financial protection per the requirements of 10 CFR 140.15.

This letter contains no new regulatory commitments.

Should you have any questions concerning this letter, or require additional information, please contact Mr. Thomas B. Silko at (802) 451-5354, Ext 2506.

Sincerely,

CRD/tbs

Attachment: Certificate of Liability Insurance

cc: Commissioner
Vermont Department of Public Service
112 State Street – Drawer 20
Montpelier, Vermont 05602-2601

Regional Administrator, Region 1
U.S. Nuclear Regulatory Commission
475 Allendale Rd, Suite 102
King of Prussia, PA 19406

Attachment

Vermont Yankee Nuclear Power Station

Certificate of Liability Insurance
(2 pages)

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
11/10/2022

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 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. 501 MERRITT 7 NORWALK, CT 06856-6010		CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No): E-MAIL ADDRESS:	
CN101885087-all-NUC-23-24		INSURER(S) AFFORDING COVERAGE INSURER A : SEE ATTACHED*	
INSURED NorthStar Group Services, Inc. Attn: Gregory G. DiCarlo 35 Corporate Drive, Suite 1155 Trumbull, CT 06611		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES**CERTIFICATE NUMBER:**

NYC-011503382-02

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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> 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"/> 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) \$ \$
	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? <input type="checkbox"/> Y / N (Mandatory in NH) 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			See Attached Acord 101	01/01/2023	01/01/2024	SEE ATTACHED

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

CERTIFICATE HOLDER**CANCELLATION**

NorthStar Services Group, Inc Attn: Gregory G. DiCarlo 35 Corporate Drive, Suite 1155 Trumbull, CT 06611	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 <i>Marsh USA Inc.</i>
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AGENCY CUSTOMER ID: CN101885087

LOC #: All Offices



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA, INC.		NAMED INSURED NorthStar Group Services, Inc. Attn: Gregory G. DiCarlo 35 Corporate Drive, Suite 1155 Trumbull, CT 06611
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

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 - Vermont Yankee Nuclear Power Station

LOCATION OF NUCLEAR FACILITY: Vermont Yankee Nuclear Power Station located approximately five (5) miles south of Brattleboro, Vermont, on the West bank of the Connecticut River in the town of Vernon, Vermont

NAMED INSURED [LISTED ON POLICY]: NorthStar Vermont Yankee, LLC and NorthStar Nuclear Decommissioning Company, LLC

POLICY NUMBER:	POLICY EFFECTIVE:	LIMIT OF LIABILITY:
NF-0189	11/1/1970	\$100 Million
NW-0574	11/1/1970	\$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.

** 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.