

PUC 1-47

Request:

Please provide the following information regarding the Company's insurance policies: (a) a breakdown of the insurance expenses recorded in each of the years 2015 and 2016 and, for each insurance expense, please provide a detailed explanation for any differences between the expense amounts included in the year and the insurance premiums paid during that year; (b) the invoices for the insurance premiums paid in each of the years 2015 and 2016 and, if the Company only pays a portion of the insurance expense, please provide a summary of each insurance invoice showing the total expense and the Company's allocated portion of the expense; (c) if any insurance expense (including premiums) recorded in each of the years 2015 and 2016 have been allocated or assigned to the Company from any affiliate, please indicate the amount allocated or assigned and the method of assignment and provide copies of all policies for which expenses are allocated or assigned; and (d) an itemization and quantification of any insurance proceeds (e.g. reimbursements, recoveries, refunds, distribution, adjustments) received by the Company during or since the year 2015, along with a complete and detailed description of the accounting treatment given those proceeds.

Response:

- (a) Please refer to Attachment PUC 1-47-1 and Attachment PUC 1-47-2 for insurance premium expenses by line of coverage as charged or allocated to The Narragansett Electric Company, a list of insurance policies, and expense worksheets for the years 2015 and 2016, respectively.
- (b) Please refer to Attachment PUC 1-47-3, Attachment PUC 1-47-4 and Attachment PUC 1-47-5 for copies of invoices for the Company for the years 2015 and 2016. The Company's allocated costs for the years 2015 and 2016 are provided in Attachment PUC 1-47-1, Attachment PUC 1-47-2, and Attachment PUC 1-47-3.
- (c) Please refer to Attachment PUC 1-47-6 for copies of insurance policies in effect for the years 2015 and 2016. The Company's allocated costs for the years 2015 and 2016 are provided in Attachment PUC 1-47-1, Attachment PUC 1-47-2, and Attachment PUC 1-47-3.
- (d) Insurance returned premiums or credit proceeds are treated in the same manner as insurance premiums. This means that if the insurance premiums were allocated, any proceeds would be allocated using the same method. If a premium were charged directly, then, as applicable, any proceeds would be credited directly to the Company. Attachment PUC 1-47-1, Attachment PUC 1-47-2 and Attachment PUC 1-47-3 include insurance proceeds received by the Company for the years 2015 and 2016. Please see Attachment PUC 1-47-7 for credits for the Company for the years 2015 and 2016.

The Narragansett Electric Company  
Injuries and Damages  
Normalized Historical Insurance Data  
Historic Year Ended December 31, 2015  
(Insurance Payments ONLY)

## LIST OF INSURANCE POLICIES

Line of Coverage	Policy Period	Policy Number	Insurer	Total Premium Paid	NGUSA Share Only	Prem Paid in CY15 for NGUSA	Alloc. Code	Alloc. % for Electric	Allocated to NECO Electric	Alloc. % for Gas	Allocated to NECO Gas	SAP Cost Allocation Code Unless Otherwise Noted (see Note A for Further Explanation)
Property	04/01/14-04/01/15	NGUS/PD/14/031	National Grid Insurance USA Ltd. (NGI USA)	20,748,016	20,743,766	5,185,942	Manual	5.893%	305,608	0.801%	41,539	1. See Note A for explanation of premium paid vs. NGUSA share. 2. Used property replacement value and loss history for basis of cost allocation. 3. Premium amortized over 12 months.
Property	04/01/15-04/01/16	NGUS/PD/15/031	National Grid Insurance USA Ltd. (NGI USA)	18,673,215	18,240,447	13,680,335	Manual	5.869%	802,899	0.980%	134,067	1. See Note A for explanation of premium paid vs. NGUSA share. 2. Used property replacement value and loss history for basis of cost allocation. 3. Premium amortized over 12 months.
						<b>Total Property</b>			<b>1,108,506</b>		<b>175,607</b>	
Property Terrorism	04/01/14-04/01/15	NGUS/TE/14/029&30	National Grid Insurance USA Ltd. (NGI USA)	344,283	343,533	85,883	Manual	8.989%	7,720	1.738%	1,493	1. See Note A for explanation of premium paid vs. NGUSA share. 2. Used property replacement value and loss history for basis of cost allocation. 3. Premium amortized over 12 months.
Property Terrorism	04/01/15-04/01/16	NGUS/TE/15/029&30	National Grid Insurance USA Ltd. (NGI USA)	344,534	337,722	253,291	Manual	8.536%	21,621	1.334%	3,379	1. See Note A for explanation of premium paid vs. NGUSA share. 2. Used property replacement value and loss history for basis of cost allocation. 3. Premium amortized over 12 months.
						<b>Total Property Terrorism</b>			<b>29,341</b>		<b>4,872</b>	
Business Interruption	04/01/14-04/01/15	NGUS/PD/14/031	National Grid Insurance USA Ltd. (NGI USA)	1,145,792	1,145,792	286,448	Manual	4.778%	13,686	2.097%	6,007	1. Used property replacement value and loss history for basis of cost allocation. 2. Premium amortized over 12 months.
Business Interruption	04/01/15-04/01/16	NGUS/PD/15/031	National Grid Insurance USA Ltd. (NGI USA)	1,031,213	1,022,330	766,748	Manual	5.318%	40,776	2.125%	16,293	1. See Note A for explanation of premium paid vs. NGUSA share. 2. Used property replacement value and loss history for basis of cost allocation. 3. Premium amortized over 12 months.
						<b>Total Business Interruption</b>			<b>54,462</b>		<b>22,300</b>	
						<b>Total PD, Terrorism &amp; BI</b>			<b>1,192,310</b>		<b>202,778</b>	
Directors & Officers	12/01/14-12/01/15	DP5428202P	AEGIS	576,175	576,175	144,044	G012	7.930%	11,423	2.500%	3,601	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
Directors & Officers	12/01/14-12/01/15	292949-14DO	EIM	343,714	343,714	85,928	G012	7.930%	6,814	2.500%	2,148	
Directors & Officers	12/01/14-12/01/15	Various	Various	990,555	990,555	229,142	G012	8.380%	19,202	2.500%	5,729	
						660,370		7.930%	19,638	2.500%	6,191	
						660,370		8.380%	55,339	2.500%	16,509	
Directors & Officers	12/01/15-12/01/16	DP5428203P	AEGIS	286,185	286,185	23,849	G012	8.380%	1,999	2.500%	596	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
Directors & Officers	12/01/15-12/01/16	293270-15DO	EIM	327,346	327,346	27,279	G012	8.380%	2,286	2.500%	682	
Directors & Officers	12/01/15-12/01/16	Various	Various	891,500	891,500	74,292	G012	8.380%	6,226	2.500%	1,857	
						74,292		8.380%	6,226	2.500%	1,857	
						<b>Total D&amp;O for 12/01/15-12/01/16 Policy Period</b>			<b>10,510</b>		<b>3,135</b>	
						<b>Total Directors &amp; Officers</b>			<b>155,115</b>		<b>46,916</b>	
Public (Excess) Liability	04/01/14-04/01/15	NGUS/PL/14/003	NGI USA	4,635,090	4,635,090	1,158,772	G012	7.930%	91,891	2.500%	28,969	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
Public (Excess) Liability	04/01/15-04/01/16	NGUS/PL/15/003	NGI USA	5,119,391	5,119,391	3,839,543	G012	8.380%	321,754	2.500%	95,989	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
						<b>Total Excess Liability</b>			<b>413,644</b>		<b>124,958</b>	

Line of Coverage	Policy Period	Policy Number	Insurer	Total Premium Paid	NGUSA Share Only	Prem Paid in CY15 for NGUSA	Alloc. Code	Alloc. % for Electric	Allocated to NECO Electric	Alloc. % for Gas	Allocated to NECO Gas	SAP Cost Allocation Code Unless Otherwise Noted (see Note A for Further Explanation)
Aviation	04/01/15-04/01/16	10045246	Global Aerospace, Inc.	239,160	83,500	83,500	G020	8.380%	6,997	2.500%	2,088	1. Allocation code G020 - all company, 3-pt allocator based on net plant, net margin, net O&M 2. Premium paid/expensed same month
									6,997		2,088	
Business Travel Accident	01/01/15-01/01/16	GTP9132752-A	National Union Fire Insurance Company of Pittsburgh (AIG)	67,099	67,099	67,099	N139	4.090%	2,744	4.180%	2,805	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M 2.Premium paid/expensed same months.
				Total Business Travel					2,744		2,805	
Cargo Marine Transit	02/28/15-02/28/16	N05698625	Indemnity Insurance North America (an Ace USA Co.)	12,617	12,617	12,617	G175	23.450%	2,959	6.400%	807	1. Allocation code G175 - all company, 3-pt allocator based on net plant, net margin, net O&M 2. Premium paid/expensed same months.
				Total Cargo Marine Transit					2,959		807	
Fidelity Bond-Crime	11/30/14-11/30/15	01-881-41-03	National Union Fire Insurance Company of Pittsburgh (AIG)	85,359	85,359	21,340	N139	4.300%	918	4.290%	915	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M 2. Premium amortized over 12 months.
	11/30/14-11/30/15	XSC-554-40-90-12	Great American Insurance Co.	29,790	29,790	7,448	N139	4.300%	320	4.290%	319	
						19,860	N139	4.090%	812	4.180%	830	
				Total Fidelity Bond-Crime for 11/30/14-11/30/15 Policy Period	115,149	115,149	105,553		4,378		4,444	
Fidelity Bond-Crime	11/30/15-11/30/16	02-582-92-71	National Union Fire Insurance Company of Pittsburgh (AIG)	85,359	85,359	7,113	N139	4.090%	291	4.180%	297	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M 2. Premium amortized over 12 months.
	11/30/15-11/30/16	XSC-554-40-90-13	Great American Insurance Co.	29,790	29,790	2,483	N139	4.090%	102	4.180%	104	
				Total Fidelity Bond-Crime for 11/30/15-11/30/16 Policy Period	115,149	115,149	9,596		392		401	
Excess Liability	04/01/14-04/01/15	XL5088703P	AEGIS	7,150,000	7,150,000	1,787,500	G012	7.930%	141,749	2.500%	44,688	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
	04/01/14-04/01/15	252711-14GL	EIM	733,200	733,200	183,300	G012	7.930%	14,536	2.500%	4,583	
				Total Excess Liability for 04/01/14-04/01/15 Policy Period	7,883,200	7,883,200	1,970,800		156,284		49,270	
Excess Liability	04/01/15-04/01/16	XL5088704P	AEGIS	7,357,649	7,357,649	5,518,237	G012	8.380%	462,428	2.500%	137,956	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
	04/01/15-04/01/16	253052-15GL	EIM	738,937	738,937	554,203	G012	8.380%	46,442	2.500%	13,855	
				Total Excess Liability for 04/01/15-04/01/16 Policy Period	8,096,586	8,096,586	6,072,440		508,870		151,811	
				Total Excess Liability					665,155		201,081	
Employment Practices	11/30/14-11/30/15	01-910-72-31	National Union Fire Insurance Company of Pittsburgh (AIG)	216,875	216,875	54,219	N139	4.300%	2,331	4.290%	2,326	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
						144,583	N139	4.090%	5,913	4.180%	6,044	
				Total Employment Practices for 11/30/14-11/30/15 Policy Period	216,875	216,875	198,802		8,245		8,370	
Employment Practices	11/30/15-11/30/16	02-582-90-57	National Union Fire Insurance Company of Pittsburgh (AIG)	240,077	240,077	20,006	N139	4.090%	818	4.180%	836	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
				Total Employee Practices					9,063		9,206	
Fiduciary Liability	11/30/14-11/30/15	01-881-10-53	National Union Fire Insurance Company of Pittsburgh (AIG)	135,695	135,695	33,924	N139	4.300%	1,459	4.290%	1,455	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
						90,463	N139	4.090%	3,700	4.180%	3,781	
	11/30/14-11/30/15	FX5040714P	AEGIS	275,000	275,000	68,750	N139	4.300%	2,956	4.290%	2,949	
						18						

The Narragansett Electric Company  
Injuries and Damages  
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Historic Year Ended December 31, 2015  
(Insurance Payments ONLY)

## LIST OF INSURANCE POLICIES

Line of Coverage	Policy Period	Policy Number	Insurer	Total Premium Paid	NGUSA Share Only	Prem Paid in CY15 for NGUSA	Alloc. Code	Alloc. % for Electric	Allocated to NECO Electric	Alloc. % for Gas	Allocated to NECO Gas	SAP Cost Allocation Code Unless Otherwise Noted (see Note A for Further Explanation)
	11/30/14-11/30/15	272948-14FL	EIM	229,319	229,319	57,330	N139	4.300%	2,465	4.290%	2,459	
	11/30/14-11/30/15	6800-2140	Chubb (Federal Insurance co)	74,312	74,312	18,578	N139	4.300%	6,253	4.180%	6,390	
						49,541	N139	4.090%	799	4.290%	797	
									2,026	4.180%	2,071	
				<b>Total Fiduciary Liability for 11/30/14-11/30/15 Policy Period</b>	<b>714,326</b>	<b>654,799</b>			<b>27,156</b>		<b>27,567</b>	
Fiduciary Liability	11/30/15-11/30/16	02-582-92-02	National Union Fire Insurance Company of Pittsburgh (AIG)	135,695	135,695	11,308	N139	4.090%	462	4.180%	473	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M.
	11/30/15-11/30/16	FX5040715P	AEIGIS	261,000	261,000	21,750	N139	4.090%	890	4.180%	909	2. Premium amortized over 12 months.
	11/30/15-11/30/16	273269-15FL	EIM	217,853	217,853	18,154	N139	4.090%	743	4.180%	759	
	11/30/15-11/30/16	6800-2140	Chubb (Federal Insurance co)	70,596	70,596	5,883	N139	4.090%	241	4.180%	246	
				<b>Total Fiduciary Liability for 11/30/15-11/30/16 Policy Period</b>	<b>685,144</b>	<b>57,095</b>			<b>2,335</b>		<b>2,387</b>	
				<b>Total Fiduciary Liability</b>					<b>29,491</b>		<b>29,954</b>	
Excess Workers' Comp	07/01/14-07/01/15	WCU C47873149	ACE American Insurance	1,470,632	1,470,632	367,658	N139	4.300%	15,809	4.290%	15,773	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M.
						367,658	N139	4.090%	15,037	4.180%	15,368	2. Premium amortized over 12 months.
				<b>Total Excess Workers' Comp for 07/01/14-07/01/15 Policy Period</b>	<b>1,470,632</b>	<b>735,316</b>			<b>30,847</b>		<b>31,141</b>	
												1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M.
Excess Workers' Comp	07/01/15-07/01/16	WCU C47871086	ACE American Insurance	1,470,592	1,470,592	735,296	N139	4.090%	30,074	4.180%	30,735	2. Premium amortized over 12 months.
									<b>60,920</b>		<b>61,876</b>	
Tax on Insurance Premiums-Payment made in January 2015		IRS				120	G316	70.190%	84	29.810%	36	1. Tax paid/expensed same months. 2. Allocation code for FY15 was used.
Tax on Insurance Premiums-Payment made in February 2015		NYS				8,648	G316	70.190%	6,070	29.810%	2,578	1. Tax paid/expensed same months. 2. Allocation code for FY15 was used.
Tax on Insurance Premiums-Payment made in June 2015		IRS				47,581	G316	70.680%	33,630	29.320%	13,951	1. Tax paid/expensed same months. 2. Allocation code for FY16 was used.
Tax on Insurance Premiums-Payment made in September 2015		NYS				31,713	G316	70.680%	22,415	29.320%	9,298	1. Tax paid/expensed same months. 2. Allocation code for FY16 was used.
Tax on Insurance Premiums-Payment made in December 2015		NYS				907	G316	70.680%	641	29.320%	266	1. Tax paid/expensed same months. 2. Allocation code for FY16 was used.
				<b>Total Insurance Premium-Tax</b>					<b>62,839</b>		<b>26,128</b>	
												1. Surety bond fees are charged both 100% directly or by a Service Co allocation code, whichever is applicable.
												2. Allocation code for FY16 was used.
												3. Order # and WBS # are various for surety bond fees.
												4. Bond renewal period vary; renewal date depends on when the bond was opened.
Surety Bonds	01/01/15-12/31/15	N/A	Travelers			37,271	G316	70.680%	26,343	29.320%	10,928	5. Premium paid/expensed same months.
Property Inspection	01/01/15-12/31/15	N/A	ARISE/GRC			8,568	G316	70.680%	6,056	29.320%	2,512	1. Fee is paid quarterly. 2. Allocation code for FY16 was used.
Broker Fee	01/01/15-12/31/15	N/A	Marsh/McGriff Seibels & Williams			36,772	G316	70.680%	25,990	29.320%	10,781	1. Fee paid/expensed same months.
Credits												
Liability-Other	01/01/15-12/31/15	N/A	EIM			-72,557	G316	70.680%	-51,283	29.320%	-21,274	1. Fee paid/expensed same months.
Aviation	01/01/15-12/31/15	N/A	Global Aerospace, Inc.			-1,610	G316	70.680%	-1,138	29.320%	-472	1. Fee paid/expensed same months.
Tax Refund	01/01/15-12/31/15	N/A	United States Treasury			-112,307	G316	70.680%	-79,379	29.320%	-32,929	
				<b>Total Other</b>					<b>-73,411</b>		<b>-30,453</b>	
<b>GRAND TOTAL</b>									<b>2,532,597</b>		<b>682,989</b>	

The Narragansett Electric Company  
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Historic Year Ended December 31, 2015  
(Insurance Payments ONLY)

LIST OF INSURANCE POLICIES

Line of Coverage	Policy Period	Policy Number	Insurer	Total Premium Paid	NGUSA Share Only	Prem Paid in CY15 for NGUSA	Alloc. Code	Alloc. % for Electric	Allocated to NECO Electric	Alloc. % for Gas	Allocated to NECO Gas	SAP Cost Allocation Code Unless Otherwise Noted (see Note A for Further Explanation)
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- Notes on Allocation Methodology**
- 1. Insurance premiums are allocated using the SAP allocation code that most closely mirrors the underlying exposures that are being insured. If an appropriate SAP allocation code is not available, the insurance premiums are allocated manually.
  - 2. For example, the Workers Compensation, Fidelity Bond (Crime), Employment Practices Liability, and Fiduciary insurance policies have a common risk exposure – the number of employees. An all-company SAP allocation code, which is based on the number of employees, is used to allocate the premiums to all companies covered under these policies.
  - 3. The Property and Property Terrorism insurance premiums are based on the replacement value of the property insured and associated prior loss history. There is no predefined SAP allocation code that fits this risk exposure profile. Therefore, the insurance premiums are manually allocated to all companies covered under these policies based on insurable values and loss history.
  - 4. Surety bonds, taxes, inspection fees and broker fees - allocation code G316 was used.

**A. Notes on Property/Terrorism/Business Interruption Charges to NMP and LIPA**  
NM Properties (NMP) is charged a share of the Property & Terrorism premiums for its coverage under these policies.  
LIPA is charged a share of the Property, Terrorism & Business Interruption premiums for its lease of space at several NG facilities.

Colonial Gas Company d/b/a National Grid  
Injuries and Damages  
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Historic Year Ended December 31, 2016  
(Insurance Payments ONLY)

LIST OF INSURANCE POLICIES

Line of Coverage	Policy Period	Policy Number	Insurer	Total Premium Paid	NGUSA Share Only	Prem Paid in CY16 for NGUSA	Alloc. Code	Alloc. % for Electric	Allocated to NECO Electric	Alloc. % for Gas	Allocated to NECO Gas	SAP Cost Allocation Code Unless Otherwise Noted (see Note A for Further Explanation)
Property	04/01/15-04/01/16	NGUS/PD/15/031	NGI USA	18,673,215	18,240,447	4,560,112	Manual	5.869%	267,633	0.980%	44,689	1. See Note A for explanation of premium paid vs. NGUSA share. 2. Used property replacement value and loss history for basis of cost allocation. 3. Premium amortized over 12 months.
Property	04/01/16-04/01/17	NGUS/PD/16/031	NGI USA	17,583,535	17,579,285	13,184,464	Manual	3.280%	432,450	1.892%	249,450	1. See Note A for explanation of premium paid vs. NGUSA share. 2. Used property replacement value and loss history for basis of cost allocation. 3. Premium amortized over 12 months.
						Total Property			700,083		294,139	
Property Terrorism	04/01/15-04/01/16	NGUS/TE/15/029&30	NGI USA	344,534	337,722	84,430	Manual	8.536%	7,207	1.334%	1,126	1. See Note A for explanation of premium paid vs. NGUSA share. 2. Used property replacement value and loss history for basis of cost allocation. 3. Premium amortized over 12 months.
Property Terrorism	04/01/16-04/01/17	NGUS/TE/16/029&30	NGI USA	322,139	321,389	241,042	Manual	5.981%	14,417	3.410%	8,220	1. See Note A for explanation of premium paid vs. NGUSA share. 2. Used property replacement value and loss history for basis of cost allocation. 3. Premium amortized over 12 months.
						Total Property Terrorism			21,624		9,346	
Business Interruption	04/01/15-04/01/16	NGUS/PD/15/031	NGI USA	1,031,213	1,022,330	255,583	Manual	5.318%	13,592	2.125%	5,431	1. See Note A for explanation of premium paid vs. NGUSA share. 2. Used property replacement value and loss history for basis of cost allocation. 3. Premium amortized over 12 months.
Business Interruption	04/01/16-04/01/17	NGUS/PD/16/031	NGI USA	984,808	984,808	738,606	Manual	8.510%	62,855	2.680%	19,795	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. See Note A. 2. Premium amortized over 12 months.
						Total Business Interruption			76,447		25,226	
						Total PD, Terror, BI			798,154		328,711	
Directors & Officers	12/01/15-12/01/16	DP5428203P	AEGIS	286,185	286,185	71,546	G012	8.380%	5,996	2.500%	1,789	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
Directors & Officers	12/01/15-12/01/16	293270-15DO	EIM	327,346	327,346	190,790	G012	8.510%	16,236	2.680%	5,113	
Directors & Officers	12/01/15-12/01/16	Various	Various	891,500	891,500	218,231	G012	8.510%	18,571	2.680%	5,849	
Directors & Officers	12/01/15-12/01/16	Various	Various	891,500	891,500	222,875	G012	8.380%	18,677	2.500%	5,572	
						594,333		8.510%	50,578	2.680%	15,928	
				Total D&O for 12/01/15-12/01/16 Policy Period	1,505,031	1,505,031	1,379,611		116,916		36,296	
Directors & Officers	12/01/16-12/01/17	DP5428204P	AEGIS	211,698	211,698	17,642	G012	8.510%	1,501	2.680%	473	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
Directors & Officers	12/01/16-12/01/17	293595-16DO	EIM	310,979	310,979	25,915	G012	8.510%	2,205	2.680%	695	
Directors & Officers	12/01/16-12/01/17	Various	Various	802,349	802,349	66,862	G012	8.510%	5,690	2.680%	1,792	
Directors & Officers	12/01/16-12/01/17	Various	Various	802,349	802,349	66,862	G012	8.510%	5,690	2.680%	1,792	
				Total D&O for 12/01/16-12/01/17 Policy Period	1,325,026	1,325,026	110,419		9,397		2,959	
						Total Directors & Officers			126,312		39,256	
Public (Excess) Liability	04/01/15-04/01/16	NGUS/PL/15/03	NGI USA	5,119,391	5,119,391	1,279,848	G012	8.380%	107,251	2.500%	31,996	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.

Colonial Gas Company d/b/a National Grid  
Injuries and Damages  
Normalized Historical Insurance Data  
Historic Year Ended December 31, 2016  
(Insurance Payments ONLY)

LIST OF INSURANCE POLICIES

Line of Coverage	Policy Period	Policy Number	Insurer	Total Premium Paid	NGUSA Share Only	Prem Paid in CY16 for NGUSA	Alloc. Code	Alloc. % for Electric	Allocated to NECO Electric	Alloc. % for Gas	Allocated to NECO Gas	SAP Cost Allocation Code Unless Otherwise Noted (see Note A for Further Explanation)
Public (Excess) Liability	04/01/16-04/01/17	NGUS/PL/16/03	NGI USA	4,981,250	4,981,250	3,735,938	G012	8.510%	317,928	2.680%	100,123	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
Total Excess Liability									425,180		132,119	
Aviation	04/01/16-04/01/17	10045246	Global Aerospace, Inc.	221,414	77,272	77,272	G020	8.510%	6,576	2.680%	2,071	1. Allocation code G020 - all company, 3-pt allocator based on net plant, net margin, net O&M 2. Premium paid/expensed same month.
Total Aviation									6,576		2,071	
Business Travel Accident	01/01/16-01/01/17	GTP9132752-A	AIG	67,099	67,099	67,099	N139	3.970%	2,664	4.380%	2,939	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M 2. Premium paid/expensed same months.
Total Business Travel									2,664		2,939	
Cargo Marine Transit	02/28/16-04/30/17	N05698625	Chubb	9,400	9,400	9,400	G175	8.200%	771	3.320%	312	1. Allocation code G175 - all company, 3-pt allocator based on net plant, net margin, net O&M 2. Premium paid/expensed same months.
Total Cargo Marine Transit									771		312	
Fidelity Bond-Crime	11/30/15-11/30/16	02-582-92-71	National Union Fire	85,359	85,359	21,340	N139	4.090%	873	4.180%	892	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
	11/30/15-11/30/16	XSC-554-40-90-1300	Great American Insurance C	29,790	29,790	56,906	N139	3.970%	2,259	4.380%	2,492	
						7,448	N139	4.090%	305	4.180%	311	
Total Fidelity Bond-Crime for 11/30/15-11/30/16 Policy Period				115,149	115,149	105,553			4,225		4,566	
Fidelity Bond-Crime	11/30/16-11/30/17	28405318	National Union Fire	68,237	68,237	5,686	N139	3.970%	226	4.380%	249	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
	11/30/16-11/30/17	BCCR4500245520	Berkley	17,969	17,969	1,497	N139	3.970%	59	4.380%	66	
Total Fidelity Bond-Crime for 11/30/16-11/30/17 Policy Period				86,206	86,206	7,184			285		315	
Total Fidelity Crime									4,510		4,880	
Excess Liability	04/01/15-04/01/16	XL5088704P	AEGIS	7,357,649	7,357,649	1,839,412	G012	8.380%	154,143	2.500%	45,985	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
	04/01/15-04/01/16	253052-15GL	EIM	738,937	738,937	184,734	G012	8.380%	15,481	2.500%	4,618	
									169,623		50,604	
Excess Liability	04/01/16-04/01/17	XL5088705P	AEGIS	7,357,649	7,357,649	5,518,237	G012	8.510%	469,602	2.680%	147,889	1. Allocation code G012 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
	04/01/16-04/01/17	253357-16GL	EIM	738,937	738,937	554,203	G012	8.510%	47,163	2.680%	14,853	
									516,765		162,741	
Total Excess Liability for 04/01/16-04/01/17 Policy Period				8,096,586	8,096,586	6,072,440			686,388		213,345	
Total Excess Liability									686,388		213,345	
Employment Practices	11/30/15-11/30/16	02-582-90-57	National Union Fire	240,077	240,077	60,019	N139	4.090%	2,455	4.180%	2,509	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
						160,051	N139	3.970%	6,354	4.380%	7,010	
									8,809		9,519	
Total Employment Practices for 11/30/15-11/30/16 Policy Period				240,077	240,077	220,071						
Employment Practices	11/30/16-11/30/17	02-817-52-42	Insurance Company of Pittsburgh (AIG)	196,000	196,000	16,333	N139	4.090%	668	4.180%	683	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
Total Employee Practices									9,477		10,202	
Fiduciary Liability	11/30/15-11/30/16	02-582-92-02	National Union Fire	135,695	135,695	33,924	N139	4.090%	1,387	4.180%	1,418	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.
			Insurance Company of			90,463	N139	3.970%	3,591	4.380%	3,962	
	11/30/15-11/30/16	FX5040715P	AEGIS	261,000	261,000	65,250	N139	4.090%	2,669	4.180%	2,727	
						174,000	N139	3.970%	6,908	4.380%	7,621	
	11/30/15-11/30/16	273269-15FL	EIM	217,853	217,853	54,463	N139	4.090%	2,228	4.180%	2,277	
						145,235	N139	3.970%	5,766	4.380%	6,361	

Colonial Gas Company d/b/a National Grid  
Injuries and Damages  
Normalized Historical Insurance Data  
Historic Year Ended December 31, 2016  
(Insurance Payments ONLY)

LIST OF INSURANCE POLICIES

Line of Coverage	Policy Period	Policy Number	Insurer	Total Premium Paid	NGUSA Share Only	Prem Paid in CY16 for NGUSA	Alloc. Code	Alloc. % for Electric	Allocated to NECO Electric	Alloc. % for Gas	Allocated to NECO Gas	SAP Cost Allocation Code Unless Otherwise Noted (see Note A for Further Explanation)	
Fiduciary Liability	11/30/15-11/30/16	6800-2140	Chubb (Federal Insurance c	70,596	70,596	17,649	N139	4.090%	722	4.180%	738	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.	
						47,064	N139	3.970%	1,868	4.380%	2,061		
		Total Fiduciary Liability for 11/30/15-11/30/16 Policy Period			685,144	685,144	580,985		25,139		27,166		
	11/30/16-11/30/17	02-817-52-44	National Union Fire	74,261	74,261	6,188	N139	3.970%	246	4.380%	271		
	11/30/16-11/30/17	FX5040715P	AEGIS	176,426	170,000	14,167	N139	3.970%	562	4.380%	621		
	11/30/16-11/30/17	27359216FL	EIM	147,368	142,000	11,833	N139	3.970%	470	4.380%	518		
	11/30/16-11/30/17	6800-2140	Chubb (Federal Insurance c	46,000	46,000	3,833	N139	3.970%	152	4.380%	168		
Total Fiduciary Liability for 11/30/16-11/30/17 Policy Period				444,055	432,261	36,022		1,430		1,578			
Total Fiduciary Liability												26,569	28,744
Excess Workers' Comp	07/01/15-07/01/16	WCU C47871086	ACE American Insurance	1,470,592	1,470,592	367,648	N139	4.090%	15,037	4.180%	15,368	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M.	
						367,648	N139	3.970%	14,596	4.380%	16,103	2. Premium amortized over 12 months.	
Total Excess Workers' Comp for 07/01/15-07/01/16 Policy Period				1,470,592	1,470,592	735,296			29,632		31,471		
Excess Workers' Comp	07/01/16-07/01/17	EW1-62N-004536-556 (NY), 566 (NH & RI), 576 (MA)	Liberty Mutual Insurance Cr	1,208,778	1,208,778	604,389	N139	3.970%	23,994	4.380%	26,472	1. Allocation code N139 - all company, 3-pt allocator based on net plant, net margin, net O&M. 2. Premium amortized over 12 months.	
Total Excess Workers Comp									53,627		57,943		
Tax on Insurance Premiums-Payment made in March 2016			NYS			7,647	G316	76.590%	5,857	23.410%	1,790	1. Tax paid/expensed same months. 2. Allocation code for FY16 was used.	
Tax on Insurance Premiums-Payment made in July 2016			NYS			84	G316	69.320%	58	30.680%	26	1. Tax paid/expensed same months. 2. Allocation code for FY17 was used.	
Tax on Insurance Premiums-Payment made in November 2016			IRS			4,251	G316	69.320%	2,947	30.680%	1,304	1. Tax paid/expensed same months. 2. Allocation code for FY17 was used.	
Tax on Insurance Premiums-Payment made in December 2016			IRS			1,605	G316	69.320%	1,113	30.680%	492	1. Tax paid/expensed same months. 2. Allocation code for FY17 was used.	
Total Insurance Premiu						13,587			9,975		3,613		
Broker Fee	01/01/16-12/31/16	N/A	Marsh			37,897	G316	69.320%	26,270	30.680%	11,627	1. Fee paid/expensed same months. 2. Allocation code for FY17 was used.	
1. Surety bond fees are charged both 100% directly or by a Service Co allocation code, whichever is applicable. 2. Allocation code for FY17 was used. 3. Order # and WBS # are various for surety bond fees. 4. Bond renewal period vary; renewal date depends on when the bond was opened. 5. Premium paid/expensed same months.													
Surety Bonds	01/01/16-12/31/16	N/A	Travelers			86,628	G316	69.320%	60,051	30.680%	26,578	1. Fee is paid quarterly. 2. Allocation code for FY17 was used.	
Property Inspection	01/01/16-12/31/16	N/A	ARISE/GRC			8,519	G316	69.320%	5,906	30.680%	2,614		
Credits							G316	69.320%	0	30.680%	0		
Liability-Other	01/01/16-12/31/16	N/A	EIM			-73,856	G316	69.320%	-51,197	30.680%	-22,659	1. Fee paid/expensed same months. 2. Allocation code for FY17 was used.	
Aviation	01/01/16-12/31/16	N/A	Global Aerospace, Inc.			-474	G316	69.320%	-328	30.680%	-145	1. Fee paid/expensed same months. 2. Allocation code for FY17 was used.	
Total Other						58,716			40,702		18,014		
GRAND TOTAL									2,190,904		842,148		

Colonial Gas Company d/b/a National Grid  
Injuries and Damages  
Normalized Historical Insurance Data  
Historic Year Ended December 31, 2016  
(Insurance Payments ONLY)

LIST OF INSURANCE POLICIES

Line of Coverage	Policy Period	Policy Number	Insurer	Total Premium Paid	NGUSA Share Only	Prem Paid in CY16 for NGUSA	Alloc. Code	Alloc. % for Electric	Allocated to NECO Electric	Alloc. % for Gas	Allocated to NECO Gas	SAP Cost Allocation Code Unless Otherwise Noted (see Note A for Further Explanation)
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Notes on Allocation Methodology

- 1. Insurance premiums are allocated using the SAP allocation code that most closely mirrors the underlying exposures that are being insured. If an appropriate SAP allocation code is not available, the insurance premiums are allocated manually.
- 2. For example, the Workers Compensation, Fidelity Bond (Crime), Employment Practices Liability, and Fiduciary insurance policies have a common risk exposure – the number of employees. An all-company SAP allocation code, which is based on the number of employees, is used to allocate the premiums to all companies covered under these policies.
- 3. The Property and Property Terrorism insurance premiums are based on the replacement value of the property insured and associated prior loss history. There is no predefined SAP allocation code that fits this risk exposure profile. Therefore, the insurance premiums are manually allocated to all companies covered under these policies based on insurable values and loss history.
- 4. Surety bonds, taxes, inspection fees and broker fees - allocation code G316 was used.

A. Notes on Property/Terrorism/Business Interruption Charges to NMP and LIPA

NM Properties (NMP) is charged a share of the Property & Terrorism premiums for its coverage under these policies.  
LIPA is charged a share of the Property, Terrorism & Business Interruption premiums for its lease of space at several NG facilities.

The Narragansett Electric Company  
d/b/a National Grid  
RIPUC Docket No. 4770  
Attachment PUC 1-47-3  
Page 1 of 69

Attachment AG-1-61 Invoice Summary for NECO Rate Case 2017.xlsx  
2014-2015 invoices

**Copies of Invoices for CY2016**  
**Policy Period: 2014-2015**

Insured	Line of Coverage	Policy Period	Policy Number	Carrier	Total Premium		Invoiced By	# of Pages
					Paid			
National Grid USA	Excess Liability	04/01/14-04/01/15	XL5088703P	AEGIS	7,150,000	AEGIS		2
National Grid USA	Excess Liability	04/01/14-04/01/15	252711-14GL	EIM	733,200	EIM		2
<b>Total Excess Liability</b>					<b>7,883,200</b>			
National Grid (US) Holdings Ltd.,	Property	04/01/14-06/30/14	NG/PD/BI/14/031	National Grid Insurance USA Ltd.	5,187,004	National Grid Insurance Company		
National Grid (US) Holdings Ltd.,	Property Terrorism	04/01/14-06/30/14	NG/TE/14/029	National Grid Insurance USA Ltd.	86,071	National Grid Insurance USA Ltd.		
National Grid (US) Holdings Ltd.,	Business Interruption	04/01/14-06/30/14	NG/PD/BI/14/031	National Grid Insurance USA Ltd.	286,448	National Grid Insurance USA Ltd.		3
National Grid (US) Holdings Ltd.,	Public (Excess) Liability	04/01/14-06/30/14	NG/PL/14/003	National Grid Insurance USA Ltd.	3,382,895	National Grid Insurance USA Ltd.		
<i>Installment #1</i>					<i>8,942,418</i>	National Grid Insurance USA Ltd.		
National Grid (US) Holdings Ltd.,	Property	07/01/14-07/31/14	NG/PD/BI/14/031	National Grid Insurance USA Ltd.	1,729,001	National Grid Insurance Company		
National Grid (US) Holdings Ltd.,	Property Terrorism	07/01/14-07/31/14	NG/TE/14/029	National Grid Insurance USA Ltd.	28,690	National Grid Insurance USA Ltd.		
National Grid (US) Holdings Ltd.,	Business Interruption	07/01/14-07/31/14	NG/PD/BI/14/031	National Grid Insurance USA Ltd.	95,483	National Grid Insurance USA Ltd.		2
National Grid (US) Holdings Ltd.,	Public (Excess) Liability	07/01/14-07/31/14	NG/PL/14/003	National Grid Insurance USA Ltd.	139,131	National Grid Insurance USA Ltd.		
<i>Installment #2</i>					<i>1,992,305</i>	National Grid Insurance USA Ltd.		
National Grid (US) Holdings Ltd.,	Property	08/01/14-03/31/15	NG/PD/BI/14/031	National Grid Insurance USA Ltd.	13,832,011	National Grid Insurance USA Ltd.		
National Grid (US) Holdings Ltd.,	Property Terrorism	08/01/14-03/31/15	NG/TE/14/029	National Grid Insurance USA Ltd.	229,523	National Grid Insurance USA Ltd.		
National Grid (US) Holdings Ltd.,	Business Interruption	08/01/14-03/31/15	NG/PD/BI/14/031	National Grid Insurance USA Ltd.	763,861	National Grid Insurance USA Ltd.		2
National Grid (US) Holdings Ltd.,	Public (Excess) Liability	08/01/14-03/31/15	NG/PL/14/003	National Grid Insurance USA Ltd.	1,113,064	National Grid Insurance USA Ltd.		
<i>Installment #3</i>					<i>15,938,459</i>			
<b>Total Property, Public Liability, Terrorism, BI</b>					<b>26,873,182</b>			
National Grid USA	Excess Workers' Comp	07/01/14-07/01/15	WCU C47873149	ACE American Insurance	1,470,632	Marsh USA Inc.		3
National Grid USA	Fiduciary Liability	11/30/14-11/30/15	01-881-10-53	National Union Fire Insurance	135,695	Marsh USA Inc.		
National Grid USA	Fiduciary Liability	11/30/14-11/30/15	6800-2140	Chubb (Federal Insurance co)	74,312	Marsh USA Inc.		
National Grid USA	Employment Practices	11/30/14-11/30/15	01-910-72-31	National Union Fire Insurance	216,875	Marsh USA Inc.		3
National Grid USA	Fidelity Bond-Crime	11/30/14-11/30/15	01-881-41-03	National Union Fire Insurance	85,359	Marsh USA Inc.		
National Grid USA	Fidelity Bond-Crime	11/30/14-11/30/15	XSC-554-40-90-12	Great American Insurance Co.	29,790	Marsh USA Inc.		
<i>Total Invoice from Marsh USA Inc.</i>					<i>542,031</i>			
National Grid USA	Fiduciary Liability	11/30/14-11/30/15	FX5040714P	AEGIS	275,000	AEGIS		2
National Grid USA	Fiduciary Liability	11/30/14-11/30/15	272948-14FL	EIM	229,319	EIM		3
<b>Total Fidelity Bond-Crime, Employment Practices, Fiduciary</b>					<b>1,046,350</b>			
National Grid plc, incl. NGUSA	Directors & Officers	12/01/14-12/01/15	Various	Various	990,555	Miller Insurance Services Limited		9
National Grid plc, incl. NGUSA	Directors & Officers	12/01/14-12/01/15	DP5428202P	AEGIS	576,175	Miller Insurance Services Limited		
National Grid plc, incl. NGUSA	Directors & Officers	12/01/14-12/01/15	292949-14DO	EIM	343,714	Miller Insurance Services Limited		4
<b>Total Directors &amp; Officers</b>					<b>1,910,444</b>			
National Grid USA	Property Inspection*	various	N/A	Global Risk Consultants Corp.	10,000	Global Risk Consultants Corp.		2
National Grid USA	Property Inspection*	various	N/A	Global Risk Consultants Corp.	10,000	Global Risk Consultants Corp.		2
National Grid USA	Property Inspection*	various	N/A	Global Risk Consultants Corp.	10,000	Global Risk Consultants Corp.		2
National Grid USA	Property Inspection*	various	N/A	Global Risk Consultants Corp.	10,000	Global Risk Consultants Corp.		2
National Grid USA	Property Inspection*	various	N/A	Arise Incorporated	11,400	Arise Incorporated		2
National Grid USA	Property Inspection*	various	N/A	Arise Incorporated	11,400	Arise Incorporated		2
National Grid USA	Property Inspection*	various	N/A	Arise Incorporated	11,400	Arise Incorporated		2
<b>Total Property Inspection</b>					<b>74,200</b>			
National Grid USA	Broker Fee*	various	N/A	Marsh USA Inc.	10,000	Marsh USA Inc.		2
National Grid USA	Broker Fee*	various	N/A	Marsh USA Inc.	80,000	Marsh USA Inc.		3
National Grid USA	Broker Fee*	various	N/A	Marsh USA Inc.	264,573	Marsh USA Inc.		3
National Grid USA	Broker Fee*	various	N/A	Marsh USA Inc.	255,796	Marsh USA Inc.		5
National Grid USA	Broker Fee*	various	N/A	Marsh USA Inc.	34,180	Marsh USA Inc.		3
<b>Total Broker Fee</b>					<b>644,549</b>			

\*Note:

1. Property Inspection - invoices from Arise Incorporated and Global Risk Consultants show the entire invoice amount billed to National Grid USA. Invoices are not broken out by entity. The fees are allocated based on allocation code G-020.

1. Broker Fee - invoices from Marsh USA Inc. show the entire invoice amount billed to National Grid USA. Invoices are not broken out by entity. The fees are allocated based on allocation codes G-020, G-012 and N-139.

Forward to: Accounts Payable Administrator for Processing



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: National Grid USA  
One Metro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	1 of 2
Invoice Total	9,084.00 USD
Invoice No.	980710644892
Invoice Date	02/27/2014
Effective Date	02/28/2014
Client No.	9807187443
Installment No.	

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of Insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable Insurer, where permitted by law.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9807187443	980710644892	Immediate	9,084.00 USD	

Thank you for your prompt payment.

Please indicate Invoice 980710644892 on your remittance to:

By Wire:



By Mail: Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

980710644892 000090840073



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: National Grid USA  
One Metro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	2 of 2
Invoice Total	9,084.00 USD
Invoice No.	980710644892
Invoice Date	02/27/2014
Effective Date	02/28/2014
Client No.	9807187443
Installment No.	

Original  
Policy Holder: National Grid USA  
Billing Effective Date: 02/28/2014

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
INDEMNITY	N05696625	02/28/2015	Cargo Global Transit	PREMIUM	9,084.00
<b>Invoice Comments:</b> Invoice for marine policy #N05696625					
Invoice Total					9,084.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

nationalgrid		PAYMENT REQUEST									
Date: <u>03/10/14</u>		Due Date: <u>04/14/14</u>									
Check One Method of Payment											
<input type="checkbox"/> CHECK		<input type="checkbox"/> ACH									
<input checked="" type="checkbox"/> WIRE											
Check Stub Message: (max. limit of 50 Characters)		Bank Name:	Bank Name:								
		Routing #:	Routing #:								
		Account #:	Account #:								
(Check One):      Yes:      No: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Separate Check</td> <td></td> </tr> <tr> <td>Mail Check to Payee</td> <td></td> </tr> <tr> <td>OR</td> <td></td> </tr> <tr> <td>Mail Check to Internal Location:</td> <td></td> </tr> </table>		Separate Check		Mail Check to Payee		OR		Mail Check to Internal Location:		<b>Reference Information for Beneficiary</b> <b>Invoice #73862, National Grid USA</b> <b>Excess Liability Policy No. XL5088703P</b>	
Separate Check											
Mail Check to Payee											
OR											
Mail Check to Internal Location:											
Location of Service (Required Information):		AP Use Only:									
City: <u>Waltham</u> State: <u>MA</u> Zip Code: <u>02451</u>		Wired By: _____ Authorized By: _____ Value Date: _____ ET #: _____									
Vendor Information											
Payable To: <u>Associated Electric &amp; Gas Insurance Services Ltd</u>		Federal Tax No. or SS #:									
		Vendor #: <u>1000004923</u>									
Address: <u>1 Meadowlands Plaza, East Rutherford, NJ 07073</u>		Invoice #: <u>73862</u>									
Reason for Payment: <u>NGUSA Excess Liability Insurance Premium, Policy Period 4/1/14-15 [AEGIS-Primary Layer]</u>		Paying Company:	Amount								
		<u>5110</u>	<u>\$7,150,000.00</u>								
		Service Company									
National Grid Accounting											
G/L Account	Profit Center	WBS	Order								
C1650010	SVC8000										
			Amount								
			<u>\$7,150,000.00</u>								
Please Print		Employee ID#									
Approver's Name: <u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>									
Please Print		Phone Number									
Preparer's Name: <u>Patricia Needham</u>		<u>(781) 907-2306</u>									
NON-PURCHASE ORDER CATEGORY											
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services								
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive								
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA								
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriff/Marshals								
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketing Bill	29 Real Estate Rentals/Leases								
06 Clothing/ Safety Shoes	14 Government/ Municipality	Inactive	30 Rebate Programs								
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Retainment								
08 Dues/Fees/Permits	16 HR/Mod/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative								
			<b>Please Choose One</b>								
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing									

Mail To:  
ASSOCIATED ELECTRIC & GAS  
INSURANCE SERVICES  
16872 Collection Center Drive  
Chicago, IL 60693-0168



Overnight Delivery:  
Bank of America Lockbox Services  
Associated Electric & Gas Insurance Services  
16872 Collection Center Drive  
Chicago, IL 60693-0168

Wire Transfer:

Insured: National Grid (US) Holdings LTD  
1-3 Strand  
London, EN WC2N 5EH

Invoice Number: 73862  
Date of Invoice: 02/21/2014  
Policy Number: XL5088703P

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES  
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE  
APPROPRIATE STATE OR LOCAL AGENCY


EFFECTIVE DATES		DESCRIPTION	PREMIUM CHARGE	PREMIUM CREDIT
FROM	TO			
04/01/2014	04/01/2015	Excess Liability Insurance Policy Premium	\$ 6,775,000	
		Terrorism Premium	\$ 375,000	
AMOUNT DUE AEGIS			\$ 7,150,000	

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE  
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS  
PLEASE MAKE CHECKS PAYABLE TO ASSOCIATED ELECTRIC AND GAS INSURANCE SERVICES, LIMITED  
AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT

05686100

[PLEASE RETURN WITH PAYMENT]

[illegible]

 <p><b>3000 Bayport Drive  Suite 550  Tampa, Florida 33607-8418  (813) 287-2117 - Fax: (813) 874-2523</b></p>			<h1>INVOICE</h1> <table border="1"> <tr> <td colspan="3"><b>MEMBER Insured</b></td> </tr> <tr> <td colspan="3">National Grid US Holdings Ltd  One MetroTech Center  Brooklyn, NY 11201</td> </tr> </table> <table border="1"> <tr> <td><b>INVOICE NUMBER</b></td> <td><b>ISSUE DATE</b></td> <td><b>DUE DATE</b></td> </tr> <tr> <td>0000030181</td> <td>03/14/14</td> <td>04/30/14</td> </tr> </table>		<b>MEMBER Insured</b>			National Grid US Holdings Ltd One MetroTech Center Brooklyn, NY 11201			<b>INVOICE NUMBER</b>	<b>ISSUE DATE</b>	<b>DUE DATE</b>	0000030181	03/14/14	04/30/14
<b>MEMBER Insured</b>																
National Grid US Holdings Ltd One MetroTech Center Brooklyn, NY 11201																
<b>INVOICE NUMBER</b>	<b>ISSUE DATE</b>	<b>DUE DATE</b>														
0000030181	03/14/14	04/30/14														

EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER	DESCRIPTION	AMOUNT
04/01/14	04/01/15	252711-14GL	Annual Premium due by April 30, 2014	\$ 733,200.00
				<b>\$ 733,200.00</b> <b>TOTAL DUE</b>

JST DW:11

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>																																									
Date: <u>05/01/14</u>		Due Date: <u>05/05/14</u>																																									
<b>Check One Method of Payment</b>																																											
<input type="checkbox"/> CHECK		<input type="checkbox"/> ACH																																									
<input checked="" type="checkbox"/> WIRE																																											
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>																																									
		Routing #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>																																									
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>																																									
Separate Check <input type="checkbox"/>		<b>INSURANCE NOTES:</b> Business Interruption \$1,145,792.00 Property \$20,748,016.00 Public Liability/Prof Indemnity \$4,635,091.00 Property Terrorism \$344,283.00 NM Properties(separate inv)--GL \$26,873,182.00 Total Wire \$26,873,182.00																																									
Mail Check to Payee <input type="checkbox"/>																																											
OR																																											
Mail Check to Internal Location: <input type="checkbox"/>																																											
		<b>Reference Information for Beneficiary</b> 2014 Renewal w/ The Isle of Man Insurance Captive 1st. Installment Reference No. 2014/00081/14																																									
Location of Service (Required Information)		<b>AP Use Only:</b>																																									
City: <u>Waltham</u> State: <u>MA</u> Zip Code: <u>02451</u>		Wired By: _____ Authorized By: _____																																									
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<b>Vendor Information</b>																																											
Payable To: <b>NGRID PLC</b>		Federal Tax No. or SS #: _____																																									
		Vendor #: <b>4000004212</b>																																									
Address:		Invoice #: <b>2014/00081/14-1</b>																																									
Reason for Payment: Ref. No. 2014/00081/14, 4/1/14-15 NGUSA Insurance Renewals, Installment 1 April 1, 2014 to June 30, 2014		Paying Company: <b>5110</b> Amount: <b>\$8,942,417.75</b> NGUSA Service Company																																									
<b>National Grid Accounting</b>																																											
G/L Account	Profit Center	WBS	Order																																								
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C1650010	SVC8000	[for Property Terrorism]	\$5,185,941.50																																								
			\$3,382,895.00																																								
			\$85,883.25																																								
C1740030	SVC8000	[for NMProperties-Property]	\$1,062.50																																								
C1740030	SVC8000	[for NMProperties-Terrorism]	\$187.50																																								
Approver's Name: <b>Timothy Kiernan</b>		Employee ID#: <b>tkiernan 71045250</b>																																									
Preparer's Name: <b>Patricia Needham</b>		Phone Number: <b>(781) 907-2306</b>																																									
<b>NON-PURCHASE ORDER CATEGORY</b>																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">01 Advertising</td> <td style="padding: 2px;">08 Estimation</td> <td style="padding: 2px;">17 Incentive/Marketing Program</td> <td style="padding: 2px;">19 Outside Services</td> <td style="padding: 2px;">23 Subscription</td> </tr> <tr> <td style="padding: 2px;">02 Awards/Gifts</td> <td style="padding: 2px;">10 Flagging</td> <td style="padding: 2px;"><b>18 Inspection/Insurance</b></td> <td style="padding: 2px;">Incentive</td> <td style="padding: 2px;">24 Summons/DAM/Traffic</td> </tr> <tr> <td style="padding: 2px;">03 Financial Payment</td> <td style="padding: 2px;">11 Fleet Fuel*</td> <td style="padding: 2px;">19 Legal Professional Services</td> <td style="padding: 2px;">27 Payments on Behalf of LPs</td> <td style="padding: 2px;">25 Tax Payments/Assessments</td> </tr> <tr> <td style="padding: 2px;">Incentive</td> <td style="padding: 2px;">22 Fleet Leasing*</td> <td style="padding: 2px;">20 Legal/Settlement/Claim</td> <td style="padding: 2px;">28 Police/Security/Marshals</td> <td style="padding: 2px;">26 Training/Registration/Semin.</td> </tr> <tr> <td style="padding: 2px;">05 Charitable/ Sponsorship</td> <td style="padding: 2px;">23 Freight/Package</td> <td style="padding: 2px;">21 Market or Bill</td> <td style="padding: 2px;">29 Real Estate Rental/Leases</td> <td style="padding: 2px;">27 Utility/Telephone/Water/Ad</td> </tr> <tr> <td style="padding: 2px;">06 Clothing/ Safety Shoes</td> <td style="padding: 2px;">24 Government/Minor-Idgality</td> <td style="padding: 2px;">Incentive</td> <td style="padding: 2px;">30 Rebate Program</td> <td style="padding: 2px;">28 Other must be approved AP</td> </tr> <tr> <td style="padding: 2px;">Incentive</td> <td style="padding: 2px;">25 Hotels/ Lodging*</td> <td style="padding: 2px;">23 Transportation Services</td> <td style="padding: 2px;">31 Refund/Adjust/Reimburse</td> <td style="padding: 2px;"><b>Please Choose One</b></td> </tr> <tr> <td style="padding: 2px;">08 Dues/Fees/Permits</td> <td style="padding: 2px;">26 HR/Meal/Workman Comp</td> <td style="padding: 2px;">24 Natural Gas/Energy Purch</td> <td style="padding: 2px;">32 RAD Initiative</td> <td></td> </tr> </table>				01 Advertising	08 Estimation	17 Incentive/Marketing Program	19 Outside Services	23 Subscription	02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Incentive	24 Summons/DAM/Traffic	03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPs	25 Tax Payments/Assessments	Incentive	22 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Security/Marshals	26 Training/Registration/Semin.	05 Charitable/ Sponsorship	23 Freight/Package	21 Market or Bill	29 Real Estate Rental/Leases	27 Utility/Telephone/Water/Ad	06 Clothing/ Safety Shoes	24 Government/Minor-Idgality	Incentive	30 Rebate Program	28 Other must be approved AP	Incentive	25 Hotels/ Lodging*	23 Transportation Services	31 Refund/Adjust/Reimburse	<b>Please Choose One</b>	08 Dues/Fees/Permits	26 HR/Meal/Workman Comp	24 Natural Gas/Energy Purch	32 RAD Initiative	
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*Sales tax paid for these services/materials Forward to: Accounts Payable Administrator for Processing																																											

**nationalgrid**

Third Floor, St George's Court  
Upper Church Street, Douglas  
Isle of Man, IM1 1EE

National Grid Insurance Company  
(Isle of Man) Ltd  
Tel +44 (0) 1624 692400  
Fax +44 (0) 1624 673242

National Grid USA  
c/o 1 - 3 The Strand  
London  
WC2N 5EH

For the Attention of Kirsten Merlo

Date	Please quote our Reference No. 2014/00081/14	Amount												
01-Apr-2014	<p>Premium Due as Follows.</p> <p>Annual premium in relation to operational insurances for National Grid USA includes former Keyspan Non Power Generation (excludes Power Generation assets for BI, Property and Terrorism). Effective from 01-APR-2014 to 31-MAR-2015 both dates inclusive.</p> <p>A. Business Interruption</p> <p>B. Property</p> <p>A. Public Liability / Professional Indemnity</p> <p>C. Terrorism</p>	<p>USD 1,145,792</p> <p>USD 20,748,016</p> <p>USD 4,635,091</p> <p>USD 344,283</p>												
	<p>Payment must be made to National Grid Insurance Company (Isle of Man) Limited within 60 days of the instalment dates set out below.</p> <p>(Please make payment to our US Dollar account)</p> <p>Excludes FET and other applicable local taxes</p> <p>Gross Amount Due :</p>	<p>USD 26,873,182</p>												
	<p>Please quote our reference number above on all correspondence</p> <p>Note : All payments are to be made by telegraphic transfer.</p> <p>Banking details : Lloyds Bank plc, Victory Place, Prospect Hill, Douglas, Isle of Man. IM1 1EQ</p> <p>Account Name:</p> <p>Sort Code :</p> <p>US Dollar Account No:</p>													
	<p>Payable in 4 instalments as follows:</p> <table> <tr> <td>1 April 2014</td><td>Instalment 1</td><td>USD 8,942,419</td></tr> <tr> <td>1 July 2014</td><td>Instalment 2</td><td>USD 5,976,921</td></tr> <tr> <td>1 Oct 2014</td><td>Instalment 3</td><td>USD 5,976,921</td></tr> <tr> <td>1 Jan 2015</td><td>Instalment 4</td><td>USD 5,976,921</td></tr> </table>	1 April 2014	Instalment 1	USD 8,942,419	1 July 2014	Instalment 2	USD 5,976,921	1 Oct 2014	Instalment 3	USD 5,976,921	1 Jan 2015	Instalment 4	USD 5,976,921	
1 April 2014	Instalment 1	USD 8,942,419												
1 July 2014	Instalment 2	USD 5,976,921												
1 Oct 2014	Instalment 3	USD 5,976,921												
1 Jan 2015	Instalment 4	USD 5,976,921												

National Grid is a trading name for  
National Grid Insurance Company (Isle of Man) Ltd  
Registered Office: Third Floor, St George's Court  
Upper Church Street, Douglas, Isle of Man, IM1 1EE  
Registered in the Isle of Man, No 31708C


Notes regarding NM Properties, Inc:

- A. Coverage does not apply
- B. Share of Property ins. premium - 74,250.00
- C. Share of Terrorism ins. premium - 7,750.00

## National Grid Insurance Company (Isle of Man) Limited

### NG USA - Instalment breakdown

	Invoice date	Instalment 1 01/04/14	Instalment 2 01/07/14	Instalment 3 01/10/14	Instalment 4 01/01/15	Total
Business Interruption		\$286,448	\$286,448	\$286,448	\$286,448	\$1,145,792
Property		\$5,187,004	\$5,187,004	\$5,187,004	\$5,187,004	\$20,748,016
Public Liability / Professional Indemnity		\$3,382,895	\$417,399	\$417,399	\$417,399	\$4,635,091
Terrorism		\$86,071	\$86,071	\$86,071	\$86,071	\$344,283
		<b>\$8,942,419</b>	<b>\$5,976,921</b>	<b>\$5,976,921</b>	<b>\$5,976,921</b>	<b>\$26,873,182</b>

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>				
Date <u>10/08/14</u>		Due Date <u>10/15/14</u>				
Check One Method of Payment						
<input type="checkbox"/> CHECK		<input type="checkbox"/> ACH				
<input checked="" type="checkbox"/> WIRE						
Check Stub Message: (max. limit of 50 Characters)		Bank Name: _____				
		Bank Name: 				
Routing #: _____		Routing #: _____				
Account #: _____		Account #: _____				
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/> Separate Check <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> OR Mail Check to Internal Location: <input type="checkbox"/>		<b>INSURANCE NOTES:</b> Business Interruption \$95,482.67 Property \$1,729,001.33 Public Liability \$139,130.75 Property Terrorism \$28,690.25 Total Wire \$1,992,305.00				
		<b>Reference Information for Beneficiary</b> 2014 Renewal w/ The Isle of Man Insurance Captive Period 1-Jul-2014 to 31-Jul-2014 Reference "Statement as at 31 August 2014"				
Location of Service (Required Information)						
City: <u>Waltham</u> State: <u>MA</u> Zip Code: <u>02451</u>		<b>AP Use Only:</b> Wired By: _____ Authorized By: _____ Value Date: _____ ET #: _____				
Vendor Information						
Payable To: <u>NGRID PLC</u>		Federal Tax No. or SS #: _____				
Address: _____		Vendor #: <u>4000004212</u>				
Reason for Payment: <u>Ref. "Statement as at 31 August 2014" 4/1/14-15 NGUSA Insurance Renewals, 7/1/2014 to 7/31/2014 Premiums</u>		Invoice #: <u>Statement-31-Aug-2014</u>				
		Paying Company: <u>5110</u> Amount: <u>\$1,992,305.00</u>				
		NGUSA Service Company				
<b>National Grid Accounting</b>						
G/L Account	Profit Center	WBS	Order	Operation	Amount	
C1650010	SVC8000	[for Business Interruption]			\$95,482.67	
C1650010	SVC8000	[for Property]			\$1,728,647.16	
C1650010	SVC8000	[for Public Liability]			\$139,130.75	
C1650010	SVC8000	[for Property Terrorism]			\$28,627.75	
C1740030	SVC8000	[for NMProperties-Property]			\$354.17	
C1740030	SVC8000	[for NMProperties-Terrorism]			\$62.50	
<div style="display: flex; justify-content: space-between;"> <span>Please Print</span> <span>Employee ID#</span> </div>						
Approver's Name:		Timothy Kiernan		tkiernan 71045250		
		Please Print		Phone Number		
Preparer's Name:		Patricia Needham		(781) 907-2306		
<b>NON-PURCHASE ORDER CATEGORY</b>						
01 Advertising 02 Awards/Gifts 03 Financial Payment 04 Insurance 05 Charitable/ Sponsorship 06 Clothing/ Safety Shoes 07 Dues/Fees/Permits	09 Events 10 Flagging 11 Fleet Fuel** 12 Fleet Leasing* 13 Freight/Postage 14 Government/Municipality 15 Hotels/ Lodging* 16 HR/Meal/Workman Camp	17 Incentive/Marketing Program <b>18 Inspection/Insurance</b> 19 Legal/ Professional Services 20 Legal/Settlement/Claim 21 Manufacturer B/B 22 Insurance 23 Transportation Service 24 Natural Gas/Energy Purch	25 Outside Services 26 Inventory 27 Payments on Behalf of LPA 28 Police/ Sheriff/ Marshals 29 Real Estate Rentals/Leases 30 Rebate Program 31 Refund/Adjust/Reimburse 32 R&D Initiative	33 Subscription 34 Summon/DMV/Tolls 35 Tax Payments/Assessments 36 Training/Registration/Semin. 37 Utility/Telephone/Water/Ad 38 Other must be approved AP <b>Please Choose One</b>		
*Sales tax paid for these services/materials <span style="float: right;">Forward to: Accounts Payable Administrator for Processing</span>						

**nationalgrid**

Third Floor, St George's Court  
Upper Church Street, Douglas  
Isle of Man, IM1 1EE

National Grid Insurance Company  
(Isle of Man) Ltd  
Tel +44 (0) 1624 692400  
Fax +44 (0) 1624 673242

National Grid USA  
c/o 1 – 3 The Strand  
London  
WC2N 5EH

For the Attention of Kirsten Merlo

**STATEMENT  
as at 31 August 2014**

Date	Transaction Type	Debit (USD)	Credit (USD)	Balance (USD)
01-Apr-2014	12 month Invoiced amount ( 2014/00081/14)	26,873,182		26,873,182
06-May-2014	Cash received (instalment 1)		(8,942,419)	(8,942,419)
01-Aug-2014	Cancellation – Credit Note (CN2014/0008/001)		(15,938,458)	(15,938,458)
	Total outstanding relates to period 1 July 2014 – 31 July 2014			1,992,305
<p>The total outstanding is now due. Please remit the balance to National Grid Insurance Company (Isle of Man) Limited to the below US Dollar account.</p> <p>Please quote our reference number above on all correspondence.  Note : All payments are to be made by telegraphic transfer.</p> <p>US Correspondent Bank:  Fed Wire:  CHIPS ID:</p> <p><u>For further credit to:</u></p> <p>Banking details:  Account Name:  US Dollar Account Number:  Lloyds Bank International Swift code:</p>				

BI \$ 95,482.67  
Property \$ 1,729,001.33  
Terrorism \$ 28,690.25  
Subtotal \$ 1,853,174.25  
Public Liab \$ 139,130.75  
Total \$ 1,992,305.00

National Grid is a trading name for  
National Grid Insurance Company (Isle of Man) Ltd  
Registered Office: Third Floor, St George's Court  
Upper Church Street, Douglas, Isle of Man, IM1 1EE  
Registered in the Isle of Man, No 31706C

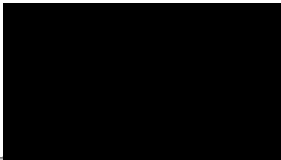
<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>			
Date: <u>09/25/14</u>		Due Date: <u>09/29/14</u>			
<b>Check One Method of Payment</b>					
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH			
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>			
		Routing #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>			
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>			
Separate Check <input type="checkbox"/>		<b>INSURANCE NOTES:</b> Business Interruption \$763,861.00 Property \$13,832,011.00 Public Liability \$1,113,064.00 Property Terrorism \$229,523.00 <b>\$15,938,459.00</b>			
Mail Check to Payee <input type="checkbox"/>					
OR					
Mail Check to Internal Location: <input type="checkbox"/>					
Location of Service (Required Information):		<b>AP Use Only:</b>			
City: <u>Waltham</u>		Wired By: _____ Authorized By: _____			
State: <u>MA</u> Zip Code: <u>02451</u>		Value Date: _____ ET #: _____			
<b>Vendor Information</b>					
Payable To: <u>National Grid Insurance USA Ltd</u>		Federal Tax No. or SS #: _____			
		Vendor #: <u>1000033008</u>			
Address: <u>c/o AON Insurance Managers (USA) Inc., 199 Water Street, New York, NY 10038</u>		Invoice #: <u>2014/01</u>			
Reason for Payment: <u>Invoice No. 2014/01, 4/1/14-15 NGUSA Insurance Renewals, Premiums August 1, 2014 to March 31, 2015</u>		Paying Company: <u>5110</u> Amount: <u>\$15,938,459.00</u>			
		NGUSA Service Company			
<b>National Grid Accounting</b>					
G/L Account	Profit Center	WBS	Order	Operation	Amount
C1650010	SVC8000	[for Business Interruption]			\$763,861.00
C1650010	SVC8000	[for Property]			\$13,829,177.67
C1650010	SVC8000	[for Public Liab/Prof Indemnity]			\$1,113,064.00
C1650010	SVC8000	[for Property Terrorism]			\$229,023.00
C1740030	SVC8000	[for NMProperties-Property]			\$2,833.33
C1740030	SVC8000	[for NMProperties-Terrorism]			\$500.00
<div style="display: flex; justify-content: space-between;"> <span>Please Print</span> <span>Employee ID#</span> </div>					
Approver's Name: <u>Timothy Kiernan</u>		tkiernan 71045250			
<div style="display: flex; justify-content: space-between;"> <span>Please Print</span> <span>Phone Number</span> </div>					
Preparer's Name: <u>Patricia Needham</u>		(781) 907-2306			
<b>NON-PURCHASE ORDER CATEGORY</b>					
01 Advertising	09 Leases	17 Incentive/Marketing Program	25 Outrigger Services	33 Subscription	<b>Please Choose One</b>
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive	34 Summons/DMAV/Folio	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claims	28 Police/Sheriff/Marshals	36 Training/Registration/Semin	
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marker Bill	29 Real Estate Rentals/Leases	37 Utility/Telephone/Water/Pd	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program	38 Other-must be approved AP	
Inactive	15 Hotels/ Lodging*	22 Transportation Service	31 Refund/Adjust/Reimburse		
08 Dues/Fees/Permits	16 HR/Med/Workman Camp	24 Natural Gas/Energy Purch	32 R&D Initiative		
<div style="display: flex; justify-content: space-between;"> <span>*Sales tax paid for these services/materials</span> <span>Forward to: Accounts Payable Administrator for Processing</span> </div>					



National Grid Insurance USA Ltd

National Grid USA  
One MetroTech Center  
Brooklyn, NY 11201

For the Attention of Tim Kiernan

Date	Premium Invoice No: 2014/01	Amount (USD)
08-27-2014	Premium Due as Follows.	
	Renewal premium for the operational insurances for National Grid USA (excluding Power Generation assets for BI, Property and Terrorism). Effective from AUG-01-2014 to MAR-31-2015 both dates inclusive.	
	Business Interruption	763,861
	Property	13,832,011
	Public Liability	1,113,064
	Terrorism	229,523
	Payment must be made to National Grid Insurance USA Ltd within 30 Days.	
	<b>Gross Amount Due</b>	<b>15,938,459</b>
	Please quote our reference number above on all correspondence.	
	Note: All payments are to be made by telegraphic transfer.	
		

National Grid Insurance USA Ltd  
c/o Aon Insurance Managers (USA) Inc., 199 Water Street, New York, NY, 10038  
t: + 1.802.652.1554 f: + 1.802.860.0440

[illegible]



**Tim Kiernan**  
**National Grid Services, Inc.**  
**One Metrotech Plaza**  
**Brooklyn, NY 11228**

# INVOICE

<b>Page</b>	<b>2 of 2</b>
<b>Invoice Total</b>	<b>1,470,632.00 USD</b>
<b>Invoice No.</b>	<b>934416963476</b>
<b>Invoice Date</b>	<b>07/07/2014</b>
<b>Effective Date</b>	<b>07/01/2014</b>
<b>Client No.</b>	<b>9344100000</b>
<b>Installment No.</b>	

**Original**  
**Policy Holder: National Grid Services, Inc.**  
**Billing Effective Date: 07/01/2014**

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
ACE AMER INS	WCUC47873149	07/01/2015	Work Comp Coverage	PREMIUM	1,470,632.00
Invoice Total					1,470,632.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	1,470,632.00 USD
Invoice No.	934416963476
Invoice Date	07/07/2014
Effective Date	07/01/2014
Client No.	9344100000
Installment No.	

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

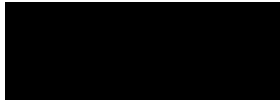
Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934416963476	Immediate	1,470,632.00 USD	

Thank you for your prompt payment.

Please indicate Invoice 934416963476 on your remittance to:

By Wire



By Mail

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

934416963476 014706320018

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <b>12/08/14</b>		Due Date: <b>12/12/14</b>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
		Routing #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
Separate Check <input type="checkbox"/>		<b>INSURANCE NOTES:</b> Fiduciary \$135,695 - AIG-NU, #01-881-10-53 Fiduciary \$ 74,312 - Chubb (Fed Ins), #6800-2140 \$210,007 - Total Fiduciary EPLI \$216,875 - AIG-NU, #01-910-72-31 Crime \$ 85,359 - AIG-NU, #01-881-41-03 Crime \$ 29,790 - Great Amer., #XSC554409012 \$115,149 - Total Fidelity Bond-Crime \$542,031 - Total Payment	
Mail Check to Payee <input type="checkbox"/>			
OR			
Mail Check to Internal Location: <input type="checkbox"/>			
Location of Service (Required Information):		<b>AP Use Only:</b> Wired By: _____ Authorized By: _____ Value Date: _____ ET #: _____	
City: <b>Waltham</b> State: <b>MA</b> Zip Code: <b>02451</b>			
<b>Vendor Information</b>			
Payable To: <b>Marsh USA Inc.</b>		Federal Tax No. or SS #: _____	
		Vendor #: <b>4000012444</b>	
Address: <b>P.O. Box 417724, Boston, MA 02241-7724</b>		Invoice #: <b>670354561520</b>	
Reason for Payment: <b>Inv #670354561520, 11/30/14-15 Insurance Renewals - Fiduciary Liability, EPLI and Fidelity Bond-Crime</b>		Paying Company: <b>5110</b> Amount: <b>\$542,031.00</b> NGUSA Service Company	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
C1651099	SVC8000	(for Fiduciary)	Operation
C1651099	SVC8000	(for EPLI)	Amount
C1651099	SVC8000	(for Fidelity Bond-Crime)	\$210,007.00
			\$216,875.00
			\$115,149.00
Please Print		Employee ID#	
Approver's Name: <b>Timothy Kiernan</b>		<b>tkiernan 71045250</b>	
Please Print		Phone Number	
Preparer's Name: <b>Patricia Needham</b>		<b>(781) 907-2306</b>	
<b>NON-PURCHASE ORDER CATEGORY</b>			
01 Advertising	09 Leases	17 Incentive/Marketing Program	25 Outside Services
02 Awards/City	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Cabin	28 Police/Security/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Market or B/E	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	22 Transportation Service	31 Refund/Adjust./Reimburse
08 Dues/Fees/Permits	16 HR/Meal/Workman Camp	24 Natural Gas/Energy Purch.	32 R&D Initiative
*Sales tax paid for these services/materials			Please Choose One
Forward to: Accounts Payable Administrator for Processing			



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Barbara Schnettler  
National Grid Services, Inc.  
300 Erie Blvd. West  
A-4  
Syracuse, NY 13202

## INVOICE

Page	2 of 2
Invoice Total	542,031.00 USD
Invoice No.	670354561520
Invoice Date	12/02/2014
Effective Date	11/30/2014
Client No.	6703500000
Installment No.	

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 11/30/2014

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
NATIONAL UN-PA	019107231	11/30/2015	Other Employ Practice Liab	PREMIUM	216,675.00
NATIONAL UN-PA	018814103	11/30/2015	Fidelity Bond - Crime	PREMIUM	65,359.00
GREAT AMERICAN	XSC554409012	11/30/2015	Fidelity Bond - Crime	PREMIUM	29,790.00
NATIONAL UN-PA	018811053	11/30/2015	Fiduciary Liability	PREMIUM	135,695.00
FEDERAL INS	68002140	11/30/2015	Fiduciary Liability	PREMIUM	74,312.00
<b>Invoice Comments:</b> Please note that premium payment terms are determined by the specific insurer and detailed on the respective binder of insurance. In order to avoid possible policy cancellation for non-payment of premium, please issue payment in full upon receipt of this invoice.					
Invoice Total					542,031.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of Insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable Insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3064 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To  
Barbara Schnettler  
National Grid Services, Inc.  
300 Erie Blvd. West  
A-4  
Syracuse, NY 13202

## INVOICE

Page	1 of 2
Invoice Total	542,031.00 USD
Invoice No.	670354561520
Invoice Date	12/02/2014
Effective Date	11/30/2014
Client No.	6703500000
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of Insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3064 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
6703500000	670354561520	Immediate	542,031.00 USD	

Thank you for your prompt payment.

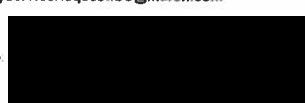
Please indicate Invoice Number 670354561520 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH



By Wire



By Mail:  
Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

670354561520 005420310009

nationalgrid		PAYMENT REQUEST	
Date: <u>11/26/14</u>		Due Date: <u>12/05/14</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK Check Stub Message: (max. limit of 50 Characters)		<input type="checkbox"/> ACH Bank Name: _____ Routing #: _____ Account #: _____	
<input type="checkbox"/> WIRE Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span> Routing #: _____ Account #: _____ SWIFT Code BOFAUS3N			
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/> Separate Check <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> OR Mail Check to Internal Location: <input type="checkbox"/>		Reference Information for Beneficiary <b>Invoice #75121, National Grid USA</b> <b>Fiduciary Liability Policy #FX5040714P</b>	
Location of Service (Required Information):		AP Use Only:	
City: <u>Waltham</u> State: <u>MA</u> Zip Code: <u>02451</u>		Wired By: _____ Authorized By: _____ Value Date: _____ ET #: _____	
Vendor Information			
Payable To: <b>Associated Electric &amp; Gas Insurance Services Ltd</b>		Federal Tax No. or SS #: _____	
Address: <b>1 Meadowlands Plaza, East Rutherford, NJ 07073</b>		Vendor #: <b>1000004923</b>	
Reason for Payment: <b>NGUSA Fiduciary Renewal 11/30/14-15, AEGIS Policy #FX5040714P (1st Excess Layer)</b>		Invoice #: <b>75121</b>	
		Paying Company: <b>5110</b>	Amount: <b>\$275,000.00</b>
		NGUSA Service Company	
National Grid Accounting			
G/L Account	Profit Center	WBS	Order
C1651099	SVC8000		
			Operation
			Amount
			<b>\$275,000.00</b>
Please Print			
Approver's Name: <b>Timothy Kiernan</b>		Employee ID#: <b>tkiernan 71045250</b>	
Preparer's Name: <b>Patricia Needham</b>		Phone Number: <b>(781) 907-2306</b>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising 02 Awards/Gifts 03 Financial Payment 04 Charitable/ Sponsorship 05 Clothing/ Safety Shoes 06 Dues/Fees/Permits 07 Estimates 08 Freight/Postage 09 Government/Municipality 10 Fleet Fuel* 11 Fleet Leasing* 12 Fleet Leasing* 13 Freight/Postage 14 Government/Municipality 15 Hotels/ Lodging* 16 Hrs/Med/Workman Comp	17 Incentive/Marketing Program <b>18 Inspection/Insurance</b> 19 Legal Professional Services 20 Legal/Settlement/Claims 21 Marketing Bill 22 Natural Gas/Energy Purch. 23 Inactive	24 Outside Services 25 Inactive 26 Payments on Behalf of UPA 27 Police/Sheriffs/Marshals 28 Real Estate Rentals/Leases 29 Rebate Program 30 Refund/Adjust/Rebourse 31 R&D Initiative	32 Subscription 33 Termination/DAMV/Tolls 34 Tax Payments/Assessments 35 Training/Registration/Semin. 36 Utility/Telephone/Water/Ad 37 Other-must be approved AP Please Choose One
*Sales tax paid for these services/materials			
Forward to: Accounts Payable Administrator for Processing			

Mail To:  
ASSOCIATED ELECTRIC & GAS  
INSURANCE SERVICES  
16872 Collection Center Drive  
Chicago, IL 60693-0168



Overnight Delivery  
Bank of America Lockbox Services  
Associated Electric & Gas Insurance Services  
16872 Collection Center Drive  
Chicago, IL 60693-0168



Broker: Marsh USA Inc.  
1166 Avenue of the Americas  
New York, NY 10036-2708

Insured: National Grid USA  
40 Sylvan Rd  
E2-544  
Waltham, MA 02451-1120

Invoice Number: 75121  
Date of Invoice: 11/24/2014  
Policy Number: FX5040714P

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES  
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE  
APPROPRIATE STATE OR LOCAL AGENCY


EFFECTIVE DATES		DESCRIPTION	PREMIUM CHARGE	PREMIUM CREDIT
FROM	TO			
11/30/2014	11/30/2015	Fiduciary Liab / Employee Ben Insurance Policy Premium	\$ 272,277	
		Terrorism Premium	\$ 2,723	
AMOUNT DUE AEGIS			\$ 275,000	

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE  
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS  
PLEASE MAKE CHECKS PAYABLE TO ASSOCIATED ELECTRIC AND GAS INSURANCE SERVICES, LIMITED  
AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

00107700

[PLEASE RETURN WITH PAYMENT]

Forward to: Accounts Payable Administrator for Processing

			<b>INVOICE</b>							
3000 Bayport Drive Suite 550 Tampa, Florida 33607-8418 (813) 287-2117 - Fax: (813) 874-2523			<table border="1"> <tr> <td colspan="3">MEMBER Insured</td> </tr> <tr> <td colspan="3"> National Grid USA  40 Sylvan Road  Wallham, MA 02451 </td> </tr> </table>		MEMBER Insured			National Grid USA 40 Sylvan Road Wallham, MA 02451		
MEMBER Insured										
National Grid USA 40 Sylvan Road Wallham, MA 02451										
<table border="1"> <tr> <td>INVOICE NUMBER</td> <td>ISSUE DATE</td> <td>DUE DATE</td> </tr> <tr> <td>0000030963</td> <td>11/25/14</td> <td>12/10/14</td> </tr> </table>			INVOICE NUMBER	ISSUE DATE	DUE DATE	0000030963	11/25/14	12/10/14		
INVOICE NUMBER	ISSUE DATE	DUE DATE								
0000030963	11/25/14	12/10/14								
EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER	DESCRIPTION	AMOUNT						
11/30/14	11/30/15	272948-14FL	Renewal Premium;	\$ 229,319.00						
				<b>\$ 229,319.00</b> <b>TOTAL DUE</b>						

11/25/14

[illegible]



Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7488 2345  
Fax: +44 (0)20 7702 3555  
www.miller-insurance.com

National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Policy Number : CNAT00114  
Transaction Ref: OP 0001 /1  
Account Number : 19468 CLT  
Date : 19th November 2014  
Contact : Gareth Jackson

**PREMIUM ALLOCATION ADVICE NOTE**

Insured : National Grid plc  
Period : 01/12/14 to 30/11/15 B.D.I.  
Type : Directors & Officers Liability  
Interest : Primary Layer  
Sum Insured : USD 35,000,000 in the Aggregate

In respect of the National Grid plc - USA you have been allocated a premium of :

	USD
Premium in full	1,288,750.45
Payment is now due	
Terrorism	15,425.00
Less Continuity Credit	728,000.00
	-----
	576,175.45

	USD
Due from you	576,175.45

Please quote our Policy Number and Transaction Reference on all correspondence.

We would appreciate receiving your remittance in settlement to:

Payee Name :  
Bank Name :  
IBAN :  
Swift Code :

Miller Insurance Services LLP is a limited liability partnership registered in England and Wales. Registered number OC311448.  
Registered Office: Dawson House, 5 Jewry Street, London EC3N 2PJ. VAT No: GB 245 6678 33. Authorized and regulated by the Financial Conduct Authority.



Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7488 2345  
Fax: +44 (0)20 7702 3555  
www.miller-insurance.com

National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Policy Number : CNAT00214  
Transaction Ref: OP 0001 /1  
Account Number : 19468 CLT  
Date : 19th November 2014  
Contact : Gareth Jackson

**PREMIUM ALLOCATION ADVICE NOTE**

Insured : National Grid plc  
Period : 01/12/14 to 30/11/15 B.D.I.  
Type : Directors & Officers Liability  
Interest : First Excess Layer  
Sum Insured : USD 35,000,000 in excess of USD 35,000,000

In respect of the National Grid plc - USA you have been allocated a premium of :

	USD
Premium in full	336,674.65
Payment is now due	
Terrorism	7,039.00
	-----
	343,713.65

	USD
Due from you	343,713.65

Please quote our Policy Number and Transaction Reference on all correspondence.

We would appreciate receiving your remittance in settlement to:

Payee Name :  
Bank Name :  
IBAN :  
Swift Code :



<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>12/22/14</u>		Due Date: <u>12/29/14</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input type="checkbox"/> ACH	
<input checked="" type="checkbox"/> WIRE			
Check Stub Message: (max. limit of 50 Characters)		Bank Name: _____	
		Routing #: _____	
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____	
Separate Check <input type="checkbox"/>		Insurance Notes:	
Mail Check to Payee <input type="checkbox"/>		\$185,250.00 2nd Excess-Chartis	
OR		\$260,000.00 3rd Excess-MARP	
Mail Check to Internal Location: <input type="checkbox"/>		\$162,500.00 4th Excess-ACE European	
		\$117,000.00 5th Excess-HCC Int'l	
		\$ 68,718.00 CODA Prim-	
		\$ 53,907.75 Side A 1st Ex-Endurance	
		\$ 84,678.75 Side A 2nd Ex-AIG CAT Excess	
		\$ 58,500.00 Side A 3rd Ex-	
Location of Service (Required Information):		AP Use Only: _____	
City: <u>Brooklyn</u>		Wired By: _____	
State: <u>NY</u>		Authorized By: _____	
Zip Code: <u>11201</u>		Value Date: _____	
		ET #: _____	
Vendor Information			
Payable To: <u>Miller Insurance Services Limited</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>1000003277</u>	
Address: <u>Dawson House, 5 Jewry Street, London EC3N 2PJ</u>		Invoice #: <u>CNAT00314-3614</u>	
Reason for Payment: <u>NGUSA D&amp;O Policy Nos. CNAT00314-CNAT03614</u>		Paying Company: _____	
<u>Transaction Ref # OP 0003, Account No. 19468 CLT</u>		Amount	
<u>1-Dec-2014 - 30-Nov-2015 BDI</u>		5110	
		\$990,554.50	
		NGUSA Service Company	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
C1651099	SVC8000		Operation
			Amount
			\$990,554.50
Please Print		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		tkiernan 71045250	
Please Print		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		(781) 907-2306	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Elements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flipping	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Closed	28 Police/Security/Marshals
05 Charitable/Sponsorship	13 Freight/Postage	21 Marketing Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Governance/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	22 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Rec/Workman Comp	24 Natural Gas/Energy Purch	32 R&D Initiative
*Sales tax paid for these services/materials			Please Choose One
Forward to: Accounts Payable Administrator for Processing			



Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7488 2345  
Fax +44 (0)20 7702 3555  
www.miller-insurance.com

National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Policy Number : CNAT00314  
Transaction Ref: OP 0005  
Account Number : 19468 CLT  
Date : 18th December 2014  
Contact : Richard Smith  
Direct Dial : +44 (0)20 7031 2308

**PREMIUM DEBIT NOTE**

Insured : National Grid plc  
Period : 1 December 2014 to 30 November 2015 BDI  
Type : Directors & Officers Liability  
Interest : Second Excess Layer  
Sum Insured : USD 30,000,000 XS USD 70,000,000

Your account has been debited as follows:

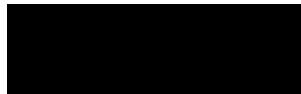
	USD
Premium in respect of USA	185,250.00
	-----

Second Excess Layer

	USD
Due from you	185,250.00

Please quote our Policy Number and Transaction Reference on all correspondence.  
We would appreciate receiving your remittance in settlement to:

Payee Name :  
Bank Name :  
IBAN :  
Swift Code :





National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7486 2345  
Fax: +44 (0)20 7702 3555  
www.miller-insurance.com

Policy Number : CNAT01714  
Transaction Ref: OP 0003  
Account Number : 19468 CLT  
Date : 18th December 2014  
Contact : Richard Smith  
Direct Dial : +44 (0)20 7031 2308

**PREMIUM DEBIT NOTE**

Insured : National Grid plc  
Period : 1 December 2014 to 30 November 2015 BDI  
Type : Directors & Officers Liability  
Interest : Third Excess Layer  
Sum Insured : USD 50,000,000 XS USD 100,000,000

Your account has been debited as follows:

	USD
Premium in respect of USA	260,000.00
	-----

Third Excess Layer

	USD
Due from you	260,000.00

Please quote our Policy Number and Transaction Reference on all correspondence.  
We would appreciate receiving your remittance in settlement to:

Payee Name :  
Bank Name :  
IBAN :  
Swift Code :



Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7488 2345  
Fax: +44 (0)20 7702 3555  
www.miller-insurance.com

National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Policy Number : CNAT01814  
Transaction Ref: OP 0003  
Account Number : 19468 CLT  
Date : 18th December 2014  
Contact : Richard Smith  
Direct Dial : +44 (0)20 7031 2308

**PREMIUM DEBIT NOTE**

Insured : National Grid plc  
Period : 1 December 2014 to 30 November 2015 BDI  
Type : Directors & Officers Liability  
Interest : Fourth Excess Layer  
Sum Insured : USD 50,000,000 XS USD 150,000,000

Your account has been debited as follows:

	USD
Premium in respect of USA	162,500.00
	-----

Fourth Excess Layer

	USD
Due from you	162,500.00

Please quote our Policy Number and Transaction Reference on all correspondence.  
We would appreciate receiving your remittance in settlement to:

Payee Name : [REDACTED]  
Bank Name : [REDACTED]  
IBAN : [REDACTED]  
Swift Code : BARCGB22



Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7488 2345  
Fax: +44 (0)20 7702 3555  
www.miller-insurance.com

National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Policy Number : CNAT01914  
Transaction Ref: OP 0002  
Account Number : 19468 CLT  
Date : 18th December 2014  
Contact : Richard Smith  
Direct Dial : +44 (0)20 7031 2308

**PREMIUM DEBIT NOTE**

Insured : National Grid plc  
Period : 01/12/2014 to 30/11/2015 B.D.I.  
Type : Directors & Officers Liability  
Interest : Fifth Excess Layer  
Sum Insured : USD 50,000,000 xs USD 200,000,000

Your account has been debited as follows:

	USD
Premium in respect of USA	117,000.00
	-----

Fifth Excess Layer

	USD
Due from you	117,000.00

Please quote our Policy Number and Transaction Reference on all correspondence.  
We would appreciate receiving your remittance in settlement to:

Payee Name :  
Bank Name :  
IBAN :  
Swift Code :





Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7488 2345  
Fax: +44 (0)20 7702 3555  
www.miller-insurance.com

National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Policy Number : CNAT03214  
Transaction Ref: OP 0004  
Account Number : 19468 CLT  
Date : 18th December 2014  
Contact : Gareth Jackson  
Direct Dial : +44 (0)20 7031 2796

#### PREMIUM DEBIT NOTE

Insured : National Grid plc  
Period : 01/12/2014 to 30/11/2015  
Type : Directors and Officers Liability Insurance  
Interest : CODA Primary  
Sum Insured : USD 25,000,000 XS USD 250,000,000

Your account has been debited as follows:

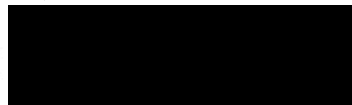
	USD
Premium in full	68,718.00
Due Immediately	-----

CODA Primary - USA Proportion

	USD
Due from you	68,718.00

Please quote our Policy Number and Transaction Reference on all correspondence.  
We would appreciate receiving your remittance in settlement to:

Payee Name :  
Bank Name :  
IBAN :  
Swift Code :





National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7488 2345  
Fax: +44 (0)20 7702 3555  
www.miller-insurance.com

Policy Number : CNAT03314  
Transaction Ref: OP 0003  
Account Number : 19468 CLT  
Date : 18th December 2014  
Contact : Richard Smith  
Direct Dial : +44 (0)20 7031 2308

**PREMIUM DEBIT NOTE**

Insured : National Grid plc  
Period : 01/12/2014 to 30/11/2015 B.D.I  
Type : Directors and Officers Liability Insurance  
Interest : Side A/DIC Excess  
Sum Insured : USD 25,000,000 xs USD 275,000,000

Your account has been debited as follows:

	USD
Premium in respect of USA	53,907.75
	-----

Side A/DIC Excess

	USD
Due from you	53,907.75

Please quote our Policy Number and Transaction Reference on all correspondence.  
We would appreciate receiving your remittance in settlement to:

Payee Name :  
Bank Name :  
IBAN :  
Swift Code :





Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7488 2345  
Fax: +44 (0)20 7702 3555  
www.miller-insurance.com

National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Policy Number : CNAT03514  
Transaction Ref: OP 0004  
Account Number : 19468 CLT  
Date : 18th December 2014  
Contact : Richard Smith  
Direct Dial : +44 (0)20 7031 2308

**PREMIUM DEBIT NOTE**

Insured : National Grid plc  
Period : 01/12/2014 to 30/11/2015 B.D.I  
Type : Directors and Officers Liability Insurance  
Interest : Side A/DIC Second Excess  
Sum Insured : USD 50,000,000 xs USD 300,000,000

Your account has been debited as follows:

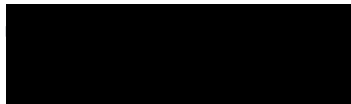
	USD
Premium in full	84,678.75
	-----

Side A/DIC Second Excess

	USD
Due from you	84,678.75

Please quote our Policy Number and Transaction Reference on all correspondence.  
We would appreciate receiving your remittance in settlement to:

Payee Name :  
Bank Name :  
IBAN :  
Swift Code :





Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7488 2345  
Fax +44 (0)20 7702 3555  
www.miller-insurance.com

National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Policy Number : CNAT03614  
Transaction Ref: OP 0003  
Account Number : 19468 CLT  
Date : 18th December 2014  
Contact : Richard Smith  
Direct Dial : +44 (0)20 7031 2308

**PREMIUM DEBIT NOTE**

Insured : National Grid plc  
Period : 01/12/2014 to 30/11/2015 B.D.I.  
Type : Directors and Officers Liability Insurance  
Interest : Side A / DIC Excess / Main Board  
Sum Insured : USD 50,000,000 xs USD 350,000,000

Your account has been debited as follows:

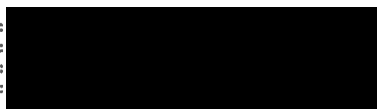
	USD
Premium in respect of USA	58,500.00
	-----

Side A / DIC Excess / Main Board

	USD
Due from you	58,500.00

Please quote our Policy Number and Transaction Reference on all correspondence.  
We would appreciate receiving your remittance in settlement to:

Payee Name :  
Bank Name :  
IBAN :  
Swift Code :



\*Sales tax paid for these services/materials Payable 11-21-14. Forward to: Accounts Payable Administrator for Processing



Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7488 2345  
Fax: +44 (0)20 7702 3555  
www.miller-insurance.com

National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Policy Number : CNAT00114  
Transaction Ref: OP 0001 /1  
Account Number : 19468 CLT  
Date : 19th November 2014  
Contact : Gareth Jackson

**PREMIUM ALLOCATION ADVICE NOTE**

Insured : National Grid plc  
Period : 01/12/14 to 30/11/15 B.D.I.  
Type : Directors & Officers Liability  
Interest : Primary Layer  
Sum Insured : USD 35,000,000 in the Aggregate

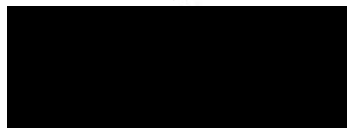
In respect of the National Grid plc - USA you have been allocated a premium of :

	USD
Premium in full	1,288,750.45
Payment is now due	
Terrorism	15,425.00
Less Continuity Credit	728,000.00
	-----
	576,175.45
	USD
Due from you	576,175.45

Please quote our Policy Number and Transaction Reference on all correspondence.

We would appreciate receiving your remittance in settlement to:

Payee Name :  
Bank Name :  
IBAN :  
Swift Code :





Dawson House  
5 Jewry Street  
London EC3N 2PJ  
Tel: +44 (0)20 7488 2345  
Fax: +44 (0)20 7702 3555  
www.miller-insurance.com

National Grid plc  
Grand Buildings  
1-3 Strand  
London  
UK  
WC2N 5EH

Policy Number : CNAT00214  
Transaction Ref: OP 0001 /1  
Account Number : 19468 CLT  
Date : 19th November 2014  
Contact : Gareth Jackson

**PREMIUM ALLOCATION ADVICE NOTE**

Insured : National Grid plc  
Period : 01/12/14 to 30/11/15 B.D.I.  
Type : Directors & Officers Liability  
Interest : First Excess Layer  
Sum Insured : USD 35,000,000 in excess of USD 35,000,000

In respect of the National Grid plc - USA you have been allocated a premium of :

Premium in full	USD 336,674.65
Payment is now due	
Terrorism	7,039.00

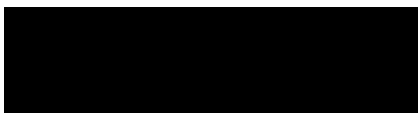
-----  
343,713.65

Due from you	USD 343,713.65
--------------	----------------

Please quote our Policy Number and Transaction Reference on all correspondence.

We would appreciate receiving your remittance in settlement to:

Payee Name :  
Bank Name :  
IBAN :  
Swift Code :



nationalgrid		PAYMENT REQUEST	
Date: <u>07/18/14</u>		Due Date: <u>07/24/14</u>	
Check One Method of Payment			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
<input type="checkbox"/> WIRE			
Check Stub Message: (max. limit of 50 Characters)		Bank Name:	Bank Name:
		Routing #:	Routing #:
		Account #:	Account #:
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/> Separate Check <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> OR Mail Check to Internal Location: <input type="checkbox"/>		Reference Information for Beneficiary	
Location of Service (Required Information):		AP Use Only:	
City: <u>Brooklyn</u>	State: <u>NY</u> Zip Code: <u>11201</u>	Wired By: _____	Authorized By: _____
		Value Date: _____	ET #: _____
Vendor Information			
Payable To: <u>Global Risk Consultants Corp.</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>4000010759</u>	
Address: <u>100 Walnut Avenue, Suite 501, Clark, NJ 07066</u>		Invoice #: <u>840815</u>	
Reason for Payment: <u>Invoice #840815 dated 06/02/14, Engineering Services Property Inspections, Installment 1 of 4 (Apr-Jun, 4/1/14-15)</u>		Paying Company: <u>5110 NGUSA Service Co</u>	Amount: <u>\$10,000.00</u>
National Grid Accounting			
G/L Account	Profit Center	WBS	Order
<u>C6355100</u>		<u>X008918.AGB846</u>	<u>XG020009171</u>
		Operation	Amount
			<u>\$10,000.00</u>
Please Print		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>	
Please Print		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		<u>(781) 907-2306</u>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Leases	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagg	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of UPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketing B/M	29 Real Estate Rental/Leases
06 Clothing/ Safety Shoes	14 Government/ Municipality	Inactive	30 Rebate Program
Inactive	15 Hotel/Lodging*	22 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Hand/Workman Comp	24 Natural Gas/Energy Purch	32 R&D Initiative
			Please Choose One
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	



Global Risk Consultants Corp.  
100 Walnut Avenue  
Suite 501  
Clark, NJ 07066-1247  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: DAVID SHAMBERGER  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

06/02/14  
INVOICE NUMBER: 840815

PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

	TOTAL
1ST OF 4 INSTALLMENTS FOR ENGINEERING CONSULTING SERVICES	\$ 10,000.00

CONTRACT PERIOD 4/1/14 - 3/31/15

AMOUNT TO PAY	USD	\$	10,000.00
=====			

INVOICES PAYABLE UPON RECEIPT

GL 06/02/14

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>07/18/14</u>		Due Date: <u>07/24/14</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
		Bank Name: _____	
		Routing #: _____	
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____	
Separate Check <input type="checkbox"/>		Reference Information for Beneficiary	
Mail Check to Payee <input type="checkbox"/>			
OR			
Mail Check to Internal Location: <input type="checkbox"/>			
Location of Service (Required Information):		AP Use Only:	
City: <u>Brooklyn</u>		Wired By: _____ Authorized By: _____	
State: <u>NY</u> Zip Code: <u>11201</u>		Value Date: _____ ET #: _____	
Vendor Information			
Payable To: <u>Global Risk Consultants Corp.</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>4000010759</u>	
Address: <u>100 Walnut Avenue, Suite 501, Clark, NJ 07066</u>		Invoice #: <u>840931</u>	
Reason for Payment: <u>Invoice #840931 dated 07/01/14, Engineering Services Property Inspections, Installment 2 of 4 (Jul-Sep, 4/1/14-15)</u>		Paying Company: <u>5110</u> Amount: <u>\$10,000.00</u>	
		NGUSA Service Co	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
C6355100		X008918.AGB846	XG020009171
Please Print		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		tkiernan 71045250	
Please Print		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		(781) 907-2306	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Exemptions	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of EPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriff/Marshall
05 Charitable/ Sponsorship	13 Freight/Postage	21 Meter/Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shirts	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	22 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Meal/Workman Comp	24 Natural Gas/Energy Purch	32 R&D Initiative
			Please Choose One
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	



Global Risk Consultants Corp.  
100 Walnut Avenue  
Suite 501  
Clark, NJ 07066-1247  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: DAVID SHAMBERGER  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

07/01/14  
INVOICE NUMBER: 840931

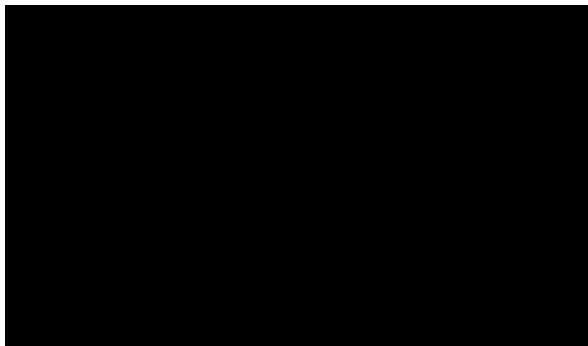
PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

	TOTAL
2ND OF 4 INSTALLMENTS FOR ENGINEERING CONSULTING SERVICES	\$ 10,000.00

CONTRACT PERIOD 4/1/14 - 3/31/15

AMOUNT TO PAY USD	\$	10,000.00
=====		



INVOICES PAYABLE UPON RECEIPT

DATE 07/01/14

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>10/29/14</u>		Due Date: <u>10/31/14</u>	
Check One Method of Payment			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
		Bank Name: _____	
		Routing #: _____	
		Routing #: _____	
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____	
Separate Check		Account #: _____	
Mail Check to Payee		Reference Information for Beneficiary	
OR			
Mail Check to Internal Location:			
Location of Service (Required Information):		AP Use Only:	
City: <u>Brooklyn</u>		Wired By: _____	
State: <u>NY</u> Zip Code: <u>11201</u>		Authorized By: _____	
		Value Date: _____ ET #:	
Vendor Information			
Payable To: <u>Global Risk Consultants Corp.</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>4000010759</u>	
Address: <u>100 Walnut Avenue, Suite 501, Clark, NJ 07066</u>		Invoice #: <u>841345</u>	
Reason for Payment: Invoice #841345 dated 10/01/14, Engineering Services Property Inspections, Installment 3 of 4 (Oct-Dec, 4/1/14-15)		Paying Company: <u>5110</u> NGUSA Service Co	
		Amount: <u>\$10,000.00</u>	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
<u>C6355100</u>		<u>X008918.AGB846</u>	<u>XG020009171</u>
			Operation
			Amount
			<u>\$10,000.00</u>
Please Print		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>	
Please Print		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		<u>(781) 907-2306</u>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	<b>Inactive</b>
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA
<b>Inactive</b>	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/Safety Shoes	14 Government/Municipality	<b>Inactive</b>	30 Rebate Program
<b>Inactive</b>	15 Hotels/Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch	32 R&D Initiative
			<b>Please Choose One</b>
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	



Global Risk Consultants Corp.  
100 Walnut Avenue  
Suite 501  
Clark, NJ 07066-1247  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: DAVID SHAMBERGER  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

10/01/14  
INVOICE NUMBER: 841345

PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

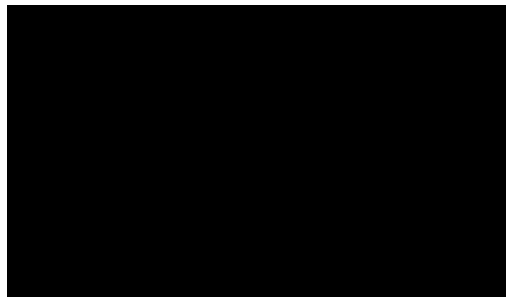
TOTAL

3RD OF 4 INSTALLMENTS FOR  
ENGINEERING CONSULTING  
SERVICES

\$ 10,000.00

CONTRACT PERIOD 4/1/14 - 3/31/15

AMOUNT TO PAY USD \$ 10,000.00



INVOICES PAYABLE UPON RECEIPT

GL 10/01/14

**Forward to: Accounts Payable Administrator for Processing**



Global Risk Consultants Corp.  
100 Walnut Avenue  
Suite 501  
Clark, NJ 07066-1247  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: TIMOTHY KEIRNAN  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

01/06/15  
INVOICE NUMBER: 850140

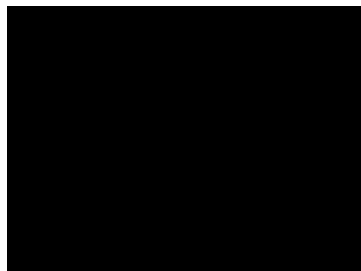
PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

	TOTAL
4TH OF 4 INSTALLMENTS FOR ENGINEERING CONSULTING SERVICES	\$ 10,000.00

CONTRACT PERIOD 4/1/14 - 3/31/15

AMOUNT TO PAY USD	\$ 10,000.00
-------------------	--------------



INVOICES PAYABLE UPON RECEIPT

GL 01/06/15

nationalgrid		PAYMENT REQUEST			
Date: 09/25/14		Due Date: 09/29/14			
Check One Method of Payment					
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH			
Check Stub Message: (max. limit of 50 Characters)		Bank Name:			
		Routing #:			
(Check One): Yes: No:		Account #:			
Separate Check					
Mail Check to Payee					
OR					
Mail Check to Internal Location:		Reference Information for Beneficiary			
Location of Service (Required Information):		AP Use Only:			
City: Brooklyn		Wired By:			
State: NY		Authorized By:			
Zip Code: 11201		Value Date:			
		ET #:			
Vendor Information					
Payable To: ARISE Incorporated		Federal Tax No. or SS #:			
Address: 7000 South Edgerton Road, Suite 100, Brecksville, OH 44141-3172		Vendor #: 1000007721			
Reason for Payment: Invoice #14-0683, Boiler and Pressure Vessel Inspections, Q2 Jul-Aug-Sep (4/1/14-15)		Invoice #: 14-0683			
		Paying Company: 5110			
		Amount: \$11,400.00			
		NGUSA Service Co			
National Grid Accounting					
G/L Account	Profit Center	WBS	Order	Operation	Amount
C6355100		X008918.AGBB46	XG020009171		\$11,400.00
Please Print		Employee ID#			
Approver's Name: Timothy Kiernan		tkiernan 71045250			
Please Print		Phone Number			
Preparer's Name: Patricia Needham		(781) 907-2306			
NON-PURCHASE ORDER CATEGORY					
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services	33 Subscription	
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive	34 Semonon/DMAV/Tools	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlements/Claims	28 Police/Sheriffs/Marshals	36 Training/Registration/Exam	
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketing Bill	29 Real Estate Rentals/Leases	37 Utility/Telephone/Water/Sid	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program	38 Other must be approved AP	
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse		
08 Dues/Fees/Permits	16 HR/Hand/Workman Camp	24 Natural Gas/Energy Purch	32 R&D Initiative	Please Choose One	
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing			

## ARISE INCORPORATED

7000 South Edgerton Road  
Suite 100  
Brecksville, OH 44141-3172  
Phone: (440) 746-8880

Tax ID # 34-1756475

Beginning 6/1/13 only send payments to  
address at left or electronically to bank  
account at bottom of page. Any other  
payment information is no longer valid.

### INVOICE

**BILL TO:**

National Grid USA  
Mr. David Shamberger  
One MetroTech Center  
Brooklyn, NY 11201

**INVOICE DATE:**

7/7/2014

**INVOICE NUMBER:**

14-0683

**FILE NO:**

2656

**CONTRACT NO:**

2656-03

**CUSTOMER NO:**

214952

**ACCOUNT NAME:**

NATIONAL GRID USA

**FOR:**

JURISDICTIONAL BOILER/PRESSURE VESSEL INSPECTIONS

**EFFECTIVE DATE:**

4/1/14 - 4/1/15 (SECOND QUARTER - JULY, AUGUST, SEPTEMBER)

**PLEASE PAY THIS AMOUNT:**

\$11,400.00

U.S. DOLLARS

Thank you for your patronage, and we look forward to serving you in the future.

[illegible]

## ARISE INCORPORATED

7000 South Edgerton Road  
Suite 100  
Brecksville, OH 44141-3172  
Phone: (440) 746-8880

Tax ID # 34-1756475

Beginning 6/1/13 only send payments to  
address at left or electronically to bank  
account at bottom of page. Any other  
payment information is no longer valid.

### INVOICE

**BILL TO:**

National Grid USA  
Mr. David Shamberger  
One MetroTech Center  
Brooklyn, NY 11201

**INVOICE DATE:**

10/7/2014

**INVOICE NUMBER:**

14-1016

**FILE NO:**

2656

**CONTRACT NO:**

2656-03

**CUSTOMER NO:**

214952

**ACCOUNT NAME:**

NATIONAL GRID USA

**FOR:**

JURISDICTIONAL BOILER/PRESSURE VESSEL INSPECTIONS

**EFFECTIVE DATE:**

4/1/14 - 4/1/15 (THIRD QUARTER - OCTOBER, NOVEMBER, DECEMBER)

**PLEASE PAY THIS AMOUNT:**

**\$11,400.00**

U.S. DOLLARS

Thank you for your patronage, and we look forward to serving you in the future.

Forward to: Accounts Payable Administrator for Processing

## ARISE INCORPORATED

7000 South Edgerton Road  
Suite 100  
Brecksville, OH 44141-3172  
Phone: (440) 746-8880

Tax ID # 34-1756475

Beginning 6/1/13 only send payments to  
address at left or electronically to bank  
account at bottom of page. Any other  
payment information is no longer valid.

### INVOICE

**BILL TO:**

National Grid USA  
Mr. Timothy Kieman  
One MetroTech Center, 15th Floor  
Brooklyn, NY 11201

**INVOICE DATE:**

1/16/2015

**INVOICE NUMBER:**

15-0030

**FILE NO:**

2656

**CONTRACT NO:**

2656-03

**CUSTOMER NO:**

214952

**ACCOUNT NAME:**

NATIONAL GRID USA

**FOR:**

JURISDICTIONAL BOILER/PRESSURE VESSEL INSPECTIONS

**EFFECTIVE DATE:**

4/1/14 - 4/1/15 (FOURTH QUARTER - JANUARY THROUGH MARCH)

**PLEASE PAY THIS AMOUNT:**

\$11,400.00

U.S. DOLLARS

Thank you for your patronage, and we look forward to serving you in the future.

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>04/24/15</u>		Due Date: <u>04/29/15</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input type="checkbox"/> WIRE	
Check Stub Message: (max. limit of 50 Characters)	Bank Name:	Bank Name:	
	Routing #:	Routing #:	
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Account #:	Account #:	
Separate Check <input type="checkbox"/>	<i>Reference Information for Beneficiary</i>		
Mail Check to Payee <input type="checkbox"/>			
OR Mail Check to Internal Location: <input type="checkbox"/>			
Location of Service (Required Information):		<b>AP Use Only:</b>	
City: <u>Waltham</u>	Wired By: _____	Authorized By: _____	
State: <u>MA</u> Zip Code: <u>02451</u>	Value Date: _____	ET #: _____	
<b>Vendor Information</b>			
Payable To: <u>McGriff, Seibels &amp; Williams, Inc.</u>		Federal Tax No. or SS #: _____	
Address: <u>Drawer #456, P.O. Box 11407, Birmingham, AL 35246-0001</u>		Vendor #: <u>1000013066</u>	
Reason for Payment: <u>Invoice #947880, NGUSA Brokerage Fee 2/01/15 to 2/01/16</u>		Invoice #: <u>947880</u>	
		Paying Company: <u>5110</u>	Amount: <u>\$10,000.00</u>
		NGUSA Service Co	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
<u>C6355100</u>		<u>X000176.AG0041</u>	<u>XG012004027</u>
Approver's Name: <u>Timothy Kiernan</u>		Employee ID# <u>tkiernan 71045250</u>	
Preparer's Name: <u>Patricia Needham</u>		Phone Number <u>(781) 907-2306</u>	
<b>NON-PURCHASE ORDER CATEGORY</b>			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal/Professional Services	27 Payments on Behalf of LPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Meal/Workman Comp	24 Natural Gas/Energy Purch	32 R&D Initiative
			<i>Please Choose One</i>
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	



**McGRIFF, SEIBELS & WILLIAMS, INC.**  
**INSURANCE BROKERS**  
2211 7th Avenue South/Birmingham, Alabama 35233  
P.O. Box 10266/Birmingham, Alabama 35202-0266  
Tel (205) 252-8871 Fax (205) 581-8203

National Grid (US) Holdings  
Ltd.  
40 Sylvan Road  
Wiltham, MA 02451

### INVOICE

INVOICE DATE	INVOICE NUMBER
4/13/15	947880
ASSURED NUMBER	AGENT
01 054152-000	Maguire, Patric
EFFECTIVE DATE	AMOUNT ENCLOSED
2/01/15	

**PLEASE NOTE**  
**PREMIUMS ARE DUE AND PAYABLE BY**  
**EFFECTIVE DATE**

DETACH AND RETURN WITH REMITTANCE TO: MCGRIFF, SEIBELS & WILLIAMS INC., DRAWER #458  
P.O. BOX 11407, BIRMINGHAM, AL 35248-0001

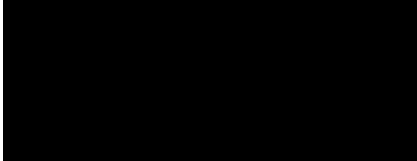
ALL OTHER CORRESPONDENCE TO: MCGRIFF, SEIBELS & WILLIAMS INC.  
P.O. BOX 10266  
BIRMINGHAM, AL 35202-0266

Policy Number- BROKERAGE FEE - TYPE 1 Company- SERVICE FEE ONLY  
Policy Term- 2/01/15 TO 2/01/16 Coverage- Service Fee  
Renewal Policy

SERVICE FEE 10,000.00

2015-2016 Brokerage Service Fee  
Please remit payment upon receipt.

Wire Instructions to:



INVOICE DATE	INVOICE NUMBER
4/13/15	947880

**McGRIFF, SEIBELS & WILLIAMS, INC.**

DRAWER #458  
P.O. BOX 10407  
BIRMINGHAM, AL 35248-0001  
(205) 252-8871

AMOUNT DUE	\$10,000.00
---------------	-------------

**THANK YOU !**

**Forward to: Accounts Payable Administrator for Processing**



**McGRIFF, SEIBELS & WILLIAMS, INC.**  
**INSURANCE BROKERS**  
2211 7th Avenue South / Birmingham, Alabama 35213  
PO Box 10265 / Birmingham, Alabama 35202-0265  
Tel (205) 252-9871 Fax (205) 581-9293

National Grid USA  
One MetroTech Center  
15th Floor  
Brooklyn, NY 11201

# INVOICE

INVOICE DATE	INVOICE NUMBER
11/13/14	931022
ASSURED NUMBER	AGENT
01 054152-701	Smith, Milton
EFFECTIVE DATE	AMOUNT ENCLOSED
12/01/14	

↑  
**PLEASE NOTE**  
**PREMIUMS ARE DUE AND PAYABLE BY**  
**EFFECTIVE DATE**

DETACH AND RETURN WITH REMITTANCE TO: **McGRIFF, SEIBELS & WILLIAMS, INC. DRAWER #456**  
P.O. BOX 11407, BIRMINGHAM, AL 35246-0001

ALL OTHER CORRESPONDENCE TO: **McGriff, Seibels & Williams, Inc.**  
P.O. BOX 10265  
BIRMINGHAM, AL 35202-0265

Policy Number- Type 1  
Policy Term- 12/01/14 TO 12/01/15  
Renewal Policy

Company- SERVICE FEE ONLY  
Coverage- Service Fee

SERVICE FEE 80,000.00

Bond Service Fee  
2014/2015

INVOICE DATE	INVOICE NUMBER
11/13/14	931022

AMOUNT DUE	\$80,000.00
------------	-------------

**McGRIFF, SEIBELS & WILLIAMS, INC.**

DRAWER #456  
P.O. BOX 11407  
BIRMINGHAM, AL 35246-0001  
(205) 252-9871

*Thank You!*

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>05/13/15</u>		Due Date: <u>05/20/15</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input type="checkbox"/> WIRE	
Check Stub Message: (max. limit of 50 Characters)		Bank Name:	
		Routing #:	
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #:	
Separate Check <input type="checkbox"/>		Reference Information for Beneficiary	
Mail Check to Payee <input type="checkbox"/>			
OR			
Mail Check to Internal Location: <input type="checkbox"/>			
Location of Service (Required Information):		AP Use Only:	
City: <u>Waltham</u>		Wired By: _____ Authorized By: _____	
State: <u>MA</u> Zip Code: <u>02451</u>		Value Date: _____ ET #:	
Vendor Information			
Payable To: <u>Marsh USA Inc.</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>4000012444</u>	
Address: <u>P.O. Box 417724, Boston, MA 02241-7724</u>		Invoice #: <u>934411770094</u>	
Reason for Payment: <u>Inv #934411770094, Broker Fee 4/1/15-16 and 11/30/14-15 Insurance Programs</u>		Paying Company: <u>5110</u> Amount: <u>\$264,573.00</u>	
		NGUSA Service Company	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
C6355100	(for FinPro)	X008919.AGB850	XN139009177
C6355100	(for Ex Liab)	X000176.AG0729	XG012004024
C6355100	(Aviation/SvcCo-Prop)	X008838.AG0984	XG020008983
C6355100	(Aviation/SvcCo-Liab)	X008918.AG0728	XG020009172
C6355100	(Aviation/NMPC-Prop)	X008843.AG0984	X521T008988
C6355100	(Aviation/NMPC-Liab)	X008921.AG0728	X521T009173
C6355100	(Property Generation)	X008962.AGB836	XG324009271
Please Print			Employee ID#
Approver's Name: <u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>	
Please Print			Phone Number
Preparer's Name: <u>Patricia Needham</u>		<u>(781) 907-2306</u>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Exemptions	17 Incentives/Marketing Program	25 Outside Services
02 Awards/Grants	10 Flagging	18 Inspection/Insurance	Inactive
23 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claims	28 Police/Therapist/Marshals
25 Charitable/Sponsorship	13 Freight/Postage	21 Marketing Bill	29 Real Estate Rentals/Leases
26 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Man/Workman Comp	24 Natural Gas/Energy Purch	32 R&D Initiative
Please Choose One			
*Sales tax paid for these services/materials			
Forward to: Accounts Payable Administrator for Processing			



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Klerman  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	2 of 2
Invoice Total	264,573.00 USD
Invoice No.	934411770094
Invoice Date	04/27/2015
Effective Date	04/01/2015
Client No.	9344100000
Installment No.	

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 04/01/2015

Insurer	Policy No. / Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
	Marsh Brokerage Consulting Fee	04/01/2016	Marsh Bk Cnsl Fee	FEE	264,573.00
<b>Invoice Comments:</b> Annual Fee for Finpro, Aviation, Excess Liability and Property					
Invoice Total					264,573.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of Insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law

If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3064 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	264,573.00 USD
Invoice No.	934411770094
Invoice Date	04/27/2015
Effective Date	04/01/2015
Client No.	9344100000
Instalment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3064 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

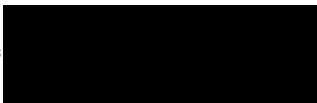
Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934411770094	Immediate	264,573.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 934411770094 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH



By Mail

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

By Wire

Bank Name: Bank of America  
Wire Routing Number: 026009593  
Account Title: Marsh USA Inc.  
Account Number: 8188190339

934411770094 002645730057

nationalgrid		PAYMENT REQUEST			
Date: <u>07/10/14</u>		Due Date: <u>07/15/14</u>			
Check One Method of Payment					
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH			
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>			
		Routing #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>			
		Account #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>			
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/> Separate Check <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> OR Mail Check to Internal Location: <input type="checkbox"/>		Bank Name: _____ Routing #: _____ Account #: _____ Reference Information for Beneficiary _____ _____ _____			
Location of Service (Required Information):		AP Use Only:			
City: <u>Waltham</u> State: <u>MA</u> Zip Code: <u>02451</u>		Wired By: _____ Authorized By: _____ Value Date: _____ ET #: _____			
Vendor Information					
Payable To: <u>Marsh USA Inc.</u>		Federal Tax No. or SS #: _____			
Address: <u>P.O. Box 417724, Boston, MA 02241-7724</u>		Vendor #: <u>4000012444</u>			
Reason for Payment: <u>Inv #934419240927, Broker Fees - Ins Programs: 4/1/14-15 and 11/30/13-14 At-Risk; 7/1/14-15 Deposit</u>		Invoice #: <u>934419240927</u>			
		Paying Company: <u>5110</u>	Amount: <u>\$255,796.00</u>		
		NGUSA Service Company			
National Grid Accounting					
G/L Account	Profit Center	WBS	Order	Operation	Amount
C6355100	(for FinPro)	X008919.AGB850	XN139009177		\$13,261.00
C6355100	(for Ex Liab)	X000176.AG0729	XG012004024		\$67,898.00
C6355100	(Aviation/SvcCo-Liab)	X008918.AG0728	XG020009172		\$2,029.33
C6355100	(Aviation/SvcCo-Prop)	X008838.AG0984	XG020008983		\$1,572.13
C6355100	(Aviation/NMPC-Liab)	X008921.AG0728	X521T009173		\$967.87
C6355100	(Aviation/NMPC-Prop)	X008843.AG0984	X521T008988		\$2,061.67
C6355100	(Property Generation)	X008962.AGB836	XG324009271		\$65,564.00
C6355100	(for Ex WC)	X008919.AGB851	XN139009178		\$102,442.00
Please Print			Employee ID#		
Approver's Name: <u>Timothy Kiernan</u>			<u>tkiernan 71045250</u>		
Please Print			Phone Number		
Preparer's Name: <u>Patricia Needham</u>			<u>(781) 907-2306</u>		
NON-PURCHASE ORDER CATEGORY					
01 Advertising	09 Enforcements	17 Incentive/Monitoring Program	25 Outside Services	33 Subscription	
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive	34 Summons/DNV/Tests	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriff/Marshals	36 Training/Registration/Seizure	
05 Charitable/Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases	37 Utility/Telephone/Water /Ad	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program	38 Other-must be approved AP	
Inactive	15 Hotels/ Lodging*	22 Transportation Service	31 Refund/Adjust/Reimburse		
08 Dues/Fees/Permits	16 HR/Rec/Workman Comp	24 Natural Gas/Energy Purch	32 ASO Initiative		
Please Choose One					
*Sales tax paid for these services/materials			Forward to: Accounts Payable Administrator for Processing		



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To  
Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	2 of 2
Invoice Total	255,796.00 USD
Invoice No.	934419240927
Invoice Date	06/30/2014
Effective Date	04/01/2014
Client No.	9344100000
Installment No.	

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 04/01/2014

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
	Marsh Brokerage Consulting	04/01/2015	Marsh Brk Cnstt Fee	FEE	255 796 00
Invoice Total					255,796.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	255,796.00 USD
Invoice No.	934419240927
Invoice Date	06/30/2014
Effective Date	04/01/2014
Client No.	9344100000
Installment No.	

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of Insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law

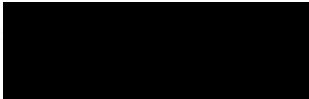
Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934419240927	Immediate	255,796.00 USD	

Thank you for your prompt payment.

Please indicate Invoice 934419240927 on your remittance to:

By Wire



By Mail

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

9344192409274 002557960056

**Needham, Patricia M.**

---

**From:** Kiernan, Timothy P.  
**Sent:** Monday, June 30, 2014 9:43 AM  
**To:** Needham, Patricia M.  
**Subject:** FW: June Fee Billing and KPIs

Pat

Proposed billing of broker fees from Marsh. Do you need the invoicing broken out any differently than proposed by Marsh (below in yellow)?

Tim

---

**From:** Looes, Christine A [<mailto:Christine.Looes@marsh.com>]  
**Sent:** Friday, June 27, 2014 11:20 AM  
**To:** Kiernan, Timothy P.  
**Cc:** Condon, Roberta  
**Subject:** RE: June Fee Billing and KPIs

Hi Tim, just wondering if you have had a chance to take a look at and if you can give me the go ahead to bill...thoughts?

Thanks.

Chris

---

**From:** Looes, Christine A  
**Sent:** Tuesday, June 24, 2014 3:42 PM  
**To:** 'Kiernan, Timothy P.'  
**Cc:** Condon, Roberta  
**Subject:** June Fee Billing and KPIs

Hi Tim-Below represents the fee billing for the month of June and attached is the spreadsheet noting our performance. If you could provide your confirmation that you are agreeable to us billing the fee, I would appreciate it.

I am writing to confirm that the annual fee payable by National Grid USA to Marsh for services performed by Marsh for the period April 1, 2014 to April 1, 2015 relating to coverages per the below will be a total of \$301,116. The allocation by line of coverage and coverage period are as follows:

Fiduciary/Employment Practices Liability /Crime :	\$13,261
11/30/13-11/30/14	
Aviation Liability:	\$6,631
4/1/14-4/1/15	
Primary Casualty (Liberty Program):	\$45,320

4/1/14-4/1/15

Excess Liability: \$67,898  
4/1/14-4/1/15

Property: \$65,564  
4/1/14-4/1/15

Excess Workers Compensation \$102,442  
7/1/2014-7/1/2015

Total: \$301,116

We will also issue you two separate fee invoice bills, one for the Primary Casualty (\$45,320) and one for all other (\$255,796).

Marsh's services will be described in a client service agreement between us.

Please confirm that the above reflects our understanding by replying with history to this email.

Thank you.

Chris

<< File: KPIs2014.xls >>

\* Go green – Think before you Print! \*

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.....

This e-mail transmission and any attachments that accompany it may contain information that is privileged, confidential or otherwise exempt from disclosure under applicable law and is intended solely for the use of the individual(s) to whom it was intended to be addressed. If you have received this e-mail by mistake, or you are not the intended recipient, any disclosure, dissemination, distribution, copying or other use or retention of this communication or its substance is prohibited. If you have received this communication in error, please immediately reply to the author via e-mail that you received this message by mistake and also permanently delete the original and all copies of this e-mail and any attachments from your computer. Thank you.

.....

[illegible]



Marsh USA Inc.  
New York NY  
(212) 345-8000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	2 of 2
Invoice Total	34,148.00 USD
Invoice No.	934417208749
Invoice Date	09/30/2014
Effective Date	04/01/2014
Client No.	9344100000
Installment No.	

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 07/01/2014

Insurer	Policy No./ Project No	Expiration Date	Description/Type of Coverage	Item	Amount
	Energy Consulting	04/01/2015	Energy Consulting	FEE	34,148.00
<b>Invoice Comments:</b> Fee for Energy Excess WC Balance for KPI eff 7/1/14					
Invoice Total					34,148.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3054 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	34,148.00 USD
Invoice No.	934417208749
Invoice Date	09/30/2014
Effective Date	04/01/2014
Client No.	9344100000
Installment No.	

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of Insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

*If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3064 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.*

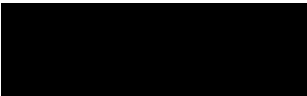
*Detach and remit this portion with your payment*

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934417208749	Immediate	34,148.00 USD	

Thank you for your prompt payment.

Please indicate Invoice 934417208749 on your remittance to:

By Wire:



By Mail:

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

9344172087492 000341480091

The Narragansett Electric Company  
d/b/a National Grid  
RIPUC Docket No. 4770  
Attachment PUC 1-47-4  
Page 1 of 70

Invoice Summary for NECO Rate Case 2017  
2015-2016 invoices

**Copies of Invoices for CY2016**  
**Policy Period: 2015-2016**

Insured	Line of Coverage	Policy Period	Policy Number	Carrier	Total Premium Paid	Invoiced By	# of Pages
National Grid USA	Excess Workers' Comp	07/01/15-07/01/16	WCU C47871086	ACE American Insurance	1,470,592	Marsh USA Inc.	3
National Grid USA	Fiduciary Liability	11/30/15-11/30/16	273269-15FL	EIM	217,853	EIM	3
National Grid USA	Fiduciary Liability	11/30/15-11/30/16	FX5040715P	AEGIS	261,000	AEGIS	2
National Grid USA	Fidelity Bond-Crime	11/30/15-11/30/16	02-582-92-71	National Union Fire Insurance	85,359	Marsh USA Inc.	
National Grid USA	Fidelity Bond-Crime	11/30/15-11/30/16	XSC-554-40-90-1300	Great American Insurance Co.	29,790	Marsh USA Inc.	
National Grid USA	Employment Practices	11/30/15-11/30/16	02-582-90-57	National Union Fire Insurance	240,077	Marsh USA Inc.	3
National Grid USA	Fiduciary Liability	11/30/15-11/30/16	02-582-92-02	National Union Fire Insurance	135,695	Marsh USA Inc.	
National Grid USA	Fiduciary Liability	11/30/15-11/30/16	6800-2140	Chubb (Federal Insurance co)	70,596	Marsh USA Inc.	
Total Invoice from Marsh USA Inc.					561,517		
Total Fidelity Bond-Crime, Employment Practices, Fiduciary					1,040,370		
National Grid plc, incl. NGUSA	Directors & Officers	12/01/15-12/01/16	Various	Various	891,500	Willis Limited	10
National Grid plc, incl. NGUSA	Directors & Officers	12/01/15-12/01/16	DP5428203P	AEGIS	286,185	AEGIS	2
National Grid plc, incl. NGUSA	Directors & Officers	12/01/15-12/01/16	293270-15DO	EIM	327,346	EIM	3
Total Directors & Officers					1,505,031		
Niagara Mohawk Power Corp. and National Grid (US) Holdings Ltd.	Aviation	04/01/15-04/01/16	10045246	Global Aerospace, Inc.	239,160	Marsh USA Inc.	4
National Grid USA	Business Travel Accident	01/01/15-01/01/16	GTP9132752-A	National Union Fire Insurance Company of Pittsburgh (AIG)	67,099	Marsh USA Inc.	3
National Grid USA	Cargo Marine Transit	02/28/15-02/28/16	N05698625	Indemnity Insurance North America	12,617	Marsh USA Inc.	3
National Grid USA	Excess Liability	04/01/15-04/01/16	XL5088704P	AEGIS	7,357,649	AEGIS	2
National Grid USA	Excess Liability	04/01/15-04/01/16	253052-15GL	EIM	738,937	EIM	2
Total Excess Liability					8,096,586		
National Grid (US) Holdings Ltd., National Grid (US) Holdings Ltd., National Grid (US) Holdings Ltd., National Grid (US) Holdings Ltd.,	Property Property Terrorism Business Interruption Public (Excess) Liability	04/01/15-04/01/16 04/01/15-04/01/16 04/01/15-04/01/16 04/01/15-04/01/16	NGUS/PD/15/031 NGUS/TE/14/029&30 NGUS/PD/15/031 Various	National Grid Insurance USA Ltd. National Grid Insurance USA Ltd. National Grid Insurance USA Ltd. National Grid Insurance USA Ltd.	18,673,215 344,534 1,031,213 5,119,391	National Grid Insurance USA Ltd. National Grid Insurance USA Ltd. National Grid Insurance USA Ltd. National Grid Insurance USA Ltd.	2
Total Property, Public Liability, Terrorism, BI					25,168,353	National Grid Insurance USA Ltd.	
National Grid USA	Property Inspection*	various	N/A	Global Risk Consultants Corp.	10,000	Global Risk Consultants Corp.	2
National Grid USA	Property Inspection*	various	N/A	Global Risk Consultants Corp.	10,000	Global Risk Consultants Corp.	3
National Grid USA	Property Inspection*	various	N/A	Global Risk Consultants Corp.	10,000	Global Risk Consultants Corp.	2
National Grid USA	Property Inspection*	various	N/A	Global Risk Consultants Corp.	10,000	Global Risk Consultants Corp.	2
National Grid USA	Property Inspection*	various	N/A	Global Risk Consultants Corp.	10,000	Global Risk Consultants Corp.	2
National Grid USA	Property Inspection*	various	N/A	Arise Incorporated	12,475	Arise Incorporated	2
National Grid USA	Property Inspection*	various	N/A	Arise Incorporated	12,475	Arise Incorporated	2
National Grid USA	Property Inspection*	various	N/A	Arise Incorporated	12,475	Arise Incorporated	2
Total Property Inspection					87,425		
National Grid USA	Broker Fee*	various	N/A	Marsh USA Inc.	264,573	Marsh USA Inc.	3
National Grid USA	Broker Fee*	various	N/A	Marsh USA Inc.	67,980	Marsh USA Inc.	4
National Grid USA	Broker Fee*	various	N/A	Marsh USA Inc.	34,148	Marsh USA Inc.	4
Total Broker Fee					366,701		
National Grid USA	Surety Bonds	various	N/A	Travelers	248,577		

**\*Note:**

1. Property Inspection - Invoices from Arise Incorporated and Global Risk Consultants show the entire invoice amount billed to National Grid USA. Invoices are not broken out by entity. The fees are allocated based on allocation code G-020.

1. Broker Fee - invoices from Marsh USA Inc. show the entire invoice amount billed to National Grid USA. Invoices are not broken out by entity. The fees are allocated based on allocation codes G-020, G-012 and N-139.

Accounts Payable 07-09-15: 11:06:16 Received



Marsh USA Inc.  
New York NY  
(212) 345-6000

Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

Billed To:

## INVOICE

Page	2 of 2
Invoice Total	1,470,592.00 USD
Invoice No.	934418212530
Invoice Date	07/06/2015
Effective Date	07/01/2015
Client No.	9344100000
Installment No.	

### Original

Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 07/01/2015

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
ACE AMER INS	WCUC47871086	07/01/2016	Work Comp Coverage	PREMIUM	1,470,592.00
<b>Invoice Comments:</b> Excess WC Renewal Premium eff 7/1/15					
Invoice Total					1,470,592.00

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Accounts Payable 07-09-15: 11:06:16 Received

The Narragansett Electric Company  
d/b/a National Grid  
RIPUC Docket No. 4770  
Attachment PUC 1-47-4  
Page 4 of 70



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	1,470,592.00 USD
Invoice No.	934418212530
Invoice Date	07/06/2015
Effective Date	07/01/2015
Client No.	9344100000
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

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Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934418212530	Immediate	1,470,592.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 934418212530 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH:


By Wire:

By Mail: Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

9344182125304 014705920075

Accounts Payable 07-09-15: 11:06:16 Received

nationalgrid		PAYMENT REQUEST	
Date: <u>12/03/15</u>		Due Date: <u>12/08/15</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input type="checkbox"/> ACH	
<input checked="" type="checkbox"/> WIRE			
Check Stub Message: (max. limit of 50 Characters)		Bank Name: _____	Bank Name: _____
		Routing #: _____	Routing #: _____
		Account #: _____	Account #: _____
(Check One):      Yes:      No: Separate Check <input type="checkbox"/> <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> <input type="checkbox"/> OR Mail Check to Internal Location: _____		<b>Reference Information for Beneficiary</b> Policy #273269-15FL Invoice #31886	
Location of Service (Required Information):		<b>AP Use Only:</b>	
City: <u>Waltham</u>	State: <u>MA</u> Zip Code: <u>02451</u>	Wired By: _____	Authorized By: _____
		Value Date: _____	ET #: _____
<b>Vendor Information</b>			
Payable To: <u>Energy Insurance Mutual</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>1000004597</u>	
Address: <u>3000 Bayport Drive, Suite 550, Tampa, FL 33607-8418</u>		Invoice #: <u>31886</u>	
Reason for Payment: <u>NGUSA Fiduciary Renewal 11/30/15-16, Policy #273269-15FL (EIM 2nd Excess)</u>		Paying Company: <u>5110</u>	Amount: <u>\$217,853.00</u>
		NGUSA Service Company	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
C1651099	SVC8000		
Please Print		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>	
Please Print		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		<u>(781) 907-2306</u>	
<b>NON-PURCHASE ORDER CATEGORY</b>			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal/Professional Services	27 Payments on Behalf of LPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
		<b>Please Choose One</b>	
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	

 <p>3000 Bayport Drive  Suite 550  Tampa, Florida 33607-8418  (813) 287-2117 - Fax: (813) 874-2523</p>			<h1>INVOICE</h1>							
<table border="1"> <tr> <td colspan="3">MEMBER Insured</td> </tr> <tr> <td colspan="3">National Grid USA  40 Sylvan Road  Waltham, MA 02451</td> </tr> </table>					MEMBER Insured			National Grid USA 40 Sylvan Road Waltham, MA 02451		
MEMBER Insured										
National Grid USA 40 Sylvan Road Waltham, MA 02451										
<table border="1"> <tr> <td>INVOICE NUMBER</td> <td>ISSUE DATE</td> <td>DUE DATE</td> </tr> <tr> <td>0000031886</td> <td>11/24/15</td> <td>12/10/15</td> </tr> </table>					INVOICE NUMBER	ISSUE DATE	DUE DATE	0000031886	11/24/15	12/10/15
INVOICE NUMBER	ISSUE DATE	DUE DATE								
0000031886	11/24/15	12/10/15								

EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER	DESCRIPTION	AMOUNT
11/30/15	11/30/16	273269-15FL	Renewal Premium	\$ 217,853.00
				<b>\$ 217,853.00</b> <b>TOTAL DUE</b>

JSA 112415



3000 Bayport Drive  
Suite 550  
Tampa, Florida 33607-8418  
Phone: (813) 287-2117  
Fax: (813) 874-2523

November 24, 2015

Timothy P. Kiernan  
National Grid USA  
One MetroTech Center, 15<sup>th</sup> Floor  
Brooklyn, NY 11201

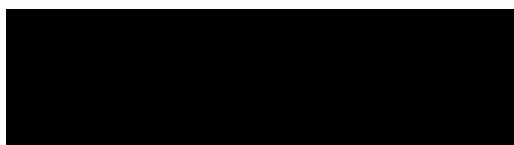
RE: National Grid USA  
Fiduciary Policy Number: 273269-15FL

Dear Tim,

Enclosed, please find EIM's binding confirmation for the above member. You will also find EIM's invoice that reflects the total amount due of \$217,853.00

Payment may be made via ACH or wire transfer. Please use the following wiring instructions to transfer funds to EIM:

ABA #:  
Bank:  
Account #:  
Ref:



Payment should be made on or before December 10, 2015

If you have any questions, please contact me.

Sincerely,

  
Jeanne Allen  
Assistant Underwriter

nationalgrid		PAYMENT REQUEST	
Date: <u>12/03/15</u>		Due Date: <u>12/10/15</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input type="checkbox"/> ACH	
<input checked="" type="checkbox"/> WIRE			
Check Stub Message: (max. limit of 50 Characters)		Bank Name:	Bank Name:
		Routing #:	Routing #:
		Account #:	Account #:
(Check One):      Yes:      No: Separate Check <input type="checkbox"/> <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> <input type="checkbox"/> OR Mail Check to Internal Location:		<b>Reference Information for Beneficiary</b> <b>Invoice #76634, National Grid USA</b> <b>Fiduciary Liability Policy #FX5040715P</b>	
Location of Service (Required Information):		AP Use Only:	
City: <u>Waltham</u>	State: <u>MA</u>	Zip Code: <u>02451</u>	Wired By: _____ Authorized By: _____
		Value Date: _____	ET #: _____
Vendor Information			
Payable To: <u>Associated Electric &amp; Gas Insurance Services Ltd</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>1000019525</u>	
Address: <u>1 Meadowlands Plaza, East Rutherford, NJ 07073</u>		Invoice #: <u>76634</u>	
Reason for Payment: <u>NGUSA Fiduciary Renewal 11/30/15-16, AEGIS Policy #FX5040715P (1st Excess Layer)</u>		Paying Company: <u>5110</u>	Amount: <u>\$261,000.00</u>
		NGUSA Service Company	
National Grid Accounting			
G/L Account	Profit Center	WBS	Order
C1651099	SVC8000		
Please Print		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>	
Please Print		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		<u>(781) 907-2306</u>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
			Please Choose One
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	

Mail To:  
ASSOCIATED ELECTRIC & GAS  
INSURANCE SERVICES  
16872 Collection Center Drive  
Chicago, IL 60693-0168



Overnight Delivery:  
Bank of America Lockbox Services  
Associated Electric & Gas Insurance Services  
16872 Collection Center Drive  
Chicago, IL 60693-0168

Wire Transfer:

**Broker:** Marsh Inc.  
1166 Avenue Of The Americas  
New York, NY 10036-2708

**Insured:** National Grid USA  
40 Sylvan Rd  
E2-544  
Waltham, MA 02451-1120

**Invoice Number:** 76634  
**Date of Invoice:** 11/23/2015  
**Policy Number:** FX5040715P

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.  
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE  
APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIVE DATES			PREMIUM CHARGE	PREMIUM CREDIT
FROM	TO	DESCRIPTION		
11/30/2015	11/30/2016	Fiduciary Liab / Employee Ben Insurance Policy Premium	\$ 258,416	
		Terrorism Premium	\$ 2,584	
AMOUNT DUE AEGIS			\$ 261,000	

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE.  
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.

PLEASE MAKE CHECKS PAYABLE TO ASSOCIATED ELECTRIC AND GAS INSURANCE SERVICES, LIMITED  
AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

00107700

[PLEASE RETURN WITH PAYMENT]

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>			
Date: <u>12/10/15</u>		Due Date: <u>12/17/15</u>			
<b>Check One Method of Payment</b>					
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH			
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>			
		Routing #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>			
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>			
Separate Check <input type="checkbox"/>		<b>INSURANCE NOTES:</b> Fiduciary \$135,695 - AIG-NU, #02-582-92-02 Fiduciary \$ 70,596 - Chubb (Fed Ins), #6800-2140 \$206,291 - Total Fiduciary EPLI \$240,077 - AIG-NU, #02-582-90-57 Crime \$ 85,359 - AIG-NU, #02-582-92-71 Crime \$ 29,790 - Great Amer., #XSC554409013 \$115,149 - Total Fidelity Bond-Crime \$561,517 - Total Payment			
Mail Check to Payee <input type="checkbox"/>					
OR					
Mail Check to Internal Location: <input type="checkbox"/>					
Location of Service (Required Information):		AP Use Only:			
City: <u>Waltham</u>		Wired By: _____			
State: <u>MA</u> Zip Code: <u>02451</u>		Authorized By: _____			
		Value Date: _____ ET #:			
<b>Vendor Information</b>					
Payable To: <u>Marsh USA Inc.</u>		Federal Tax No. or SS #: _____			
		Vendor #: <u>4000012444</u>			
Address: <u>P.O. Box 417724, Boston, MA 02241-7724</u>		Invoice #: <u>670358260144</u>			
Reason for Payment: <u>Inv #670358260144, 11/30/15-16 Insurance Renewals - Fiduciary Liability, EPLI and Fidelity Bond-Crime</u>		Paying Company: <u>5110</u> Amount: <u>\$561,517.00</u>			
		NGUSA Service Company			
<b>National Grid Accounting</b>					
G/L Account	Profit Center	WBS	Order	Operation	Amount
C1651099	SVC8000	(for Fiduciary)			\$206,291.00
C1651099	SVC8000	(for EPLI)			\$240,077.00
C1651099	SVC8000	(for Fidelity Bond-Crime)			\$115,149.00
Approver's Name: <u>Timothy Kiernan</u>		Employee ID# <u>tkiernan 71045250</u>			
Preparer's Name: <u>Patricia Needham</u>		Phone Number <u>(781) 907-2306</u>			
<b>NON-PURCHASE ORDER CATEGORY</b>					
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services	33 Subscription	
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive	34 Summons/DMV/Tolls	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals	36 Training/Registration/Semin.	
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases	37 Utility/Telephone/Water/Ad	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program	38 Other-must be approved AP	
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse	<b>Please Choose One</b>	
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative		
*Sales tax paid for these services/materials			Forward to: Accounts Payable Administrator for Processing		



Marsh USA Inc.  
New York NY  
(212) 345-6000

## INVOICE

Page	2 of 2
Invoice Total	561,517.00 USD
Invoice No.	670358260144
Invoice Date	12/08/2015
Effective Date	11/30/2015
Client No.	6703500000
Installment No.	

Billed To: **Barbara Schnettler**  
National Grid Services, Inc.  
300 Erie Blvd. West  
A-4  
Syracuse, NY 13202

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 11/30/2015

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
NATIONAL UN-PA	025829057	11/30/2016	Other Employ Practice Liab	PREMIUM	240,077.00
NATIONAL UN-PA	025829057 025829202	11/30/2016	Fiduciary Liability	PREMIUM	135,695.00
FEDERAL INS	68002140	11/30/2016	Fiduciary Liability	PREMIUM	70,596.00
NATIONAL UN-PA	025829271	11/30/2016	Commercial Crime	PREMIUM	85,359.00
GREAT AMERICAN	XSC55440901300	11/30/2016	Commercial Crime	PREMIUM	29,790.00
<b>Invoice Comments:</b> Remittance address located at the bottom of page 1. Attach this invoice or the invoice No. above with your payment to ensure payment is applied to the policy invoiced. *Note that premium payment terms are determined by the specific insurer and detailed on the respective binder of insurance. In order to avoid possible policy cancellation for non-payment of premium, please issue payment in full upon receipt of this invoice, thank you.					
Invoice Total					561,517.00

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Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Barbara Schnettler  
National Grid Services, Inc.  
300 Erie Blvd. West  
A-4  
Syracuse, NY 13202

## INVOICE

Page	1 of 2
Invoice Total	561,517.00 USD
Invoice No.	670358260144
Invoice Date	12/08/2015
Effective Date	11/30/2015
Client No.	6703500000
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

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If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
6703500000	670358260144	Immediate	561,517.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 670358260144 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH:

By Mail: Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

By Wire:

6703582601443 005615170098



**Willis Limited**

51 Lime Street London EC3M 7DD United Kingdom  
Telephone: +44 (0)2031246000 Fax: +44 (0)2031246223 Website: www.willis.com

**Willis**

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 36006P15 / 000002PRM  
Advice Date 26 January 2016

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2015 to 30 November 2016  
Type: Insurance of:  
Excess Directors and Officers Liability and Company Reimbursement Insurance

Details:  
Premium due in respect of Second Excess Directors and Officers Liability Insurance - US

Premium	USD	166,725.00
Order Hereon 100.00000000%	USD	166,725.00
<b>Net Amount Due From You</b>	<b>USD</b>	<b>166,725.00</b>

Premium payable to Willis Limited on or before 16 February 2016.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 36006P15 / 000002PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

**Willis Limited**

51 Fench Street London EC3M 7DQ United Kingdom  
Telephone: +44 (0)2031246000 Fax: +44 (0)2031248223 Website: www.willis.com

**Willis**

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 36009P15 / 000002PRM  
Advice Date 26 January 2016

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2015 to 30 November 2016  
Type: Insurance of:  
Excess Directors and Officers Liability and Company Reimbursement  
Insurance

**Details:**

Premium due in respect of Third Excess Directors and Officers Liability - US

Premium	USD	234,000.00
Order Hereon 100.00000000%	USD	234,000.00
<b>Net Amount Due From You</b>	<b>USD</b>	<b>234,000.00</b>

Premium payable to Willis Limited on or before 16 February 2016.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 36009P15 / 000002PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

**Willis Limited**

51 Lime Street London EC3M 7DD United Kingdom  
Telephone: +44 (0)2031246000 Fax: +44 (0)2031246223 Website: www.willis.com

**Willis**

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 36010P15 / 000004PRM  
Advice Date 26 January 2016

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2015 to 30 November 2016  
Type: Insurance of:  
Excess Directors and Officers Liability and Company Reimbursement  
Insurance

**Details:**

Premium due in respect of Fourth Excess Directors and Officers Liability Insurance - US.

Premium	USD	146,250.00
Order Hereon 100.00000000%	USD	146,250.00

<b>Net Amount Due From You</b>	<b>USD</b>	<b>146,250.00</b>
--------------------------------	------------	-------------------

Premium payable to Willis Limited on or before 16 February 2016.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 36010P15 / 000004PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

**Willis Limited**

81 Lime Street London EC 3M 7DQ United Kingdom  
Telephone: +44 (0)2031246000 Fax: +44 (0)2031248223 Website: www.willis.com

**Willis**

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 36011P15 / 000004PRM  
Advice Date 26 January 2016

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2015 to 30 November 2016  
Type: Insurance of:  
Excess Directors and Officers Liability and Company Reimbursement Insurance

Details:  
Premium due in respect of Fifth Excess Directors and Officers Liability Insurance - US

Premium	USD	105,300.00
Order Hereon 100.00000000%	USD	105,300.00
<b>Net Amount Due From You</b>	<b>USD</b>	<b>105,300.00</b>

Premium payable to Willis Limited on or before 16 February 2016.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 36011P15 / 000004PRM when making settlement.

In the event of query please contact Clare Filtress who is dealing with this item.  
Contact details: 02031247217, Clare.Filtress@WillisTowersWatson.com

**Willis Limited**

51 Lime Street London EC3M 7DD United Kingdom  
Telephone: +44 (0)2031246000 Fax: +44 (0)2031248223 Website: www.willis.com

**Willis**

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 35407P15 / 000004PRM  
Advice Date 26 January 2016

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2015 to 30 November 2016  
Type: Insurance of:  
D&O Insurance

**Details:**

Premium due in respect of CODA Directors and Officers Liability Insurance - US

Premium	USD	61,846.20
Order Hereon 100.0000000%	USD	61,846.20

<b>Net Amount Due From You</b>	<b>USD</b>	<b>61,846.20</b>
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Premium payable to Willis Limited on or before 16 February 2016.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 35407P15 / 000004PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

**Willis Limited**

57 Lime Street London EC3M 7DD United Kingdom  
Telephone: +44 (0)2031216000 Fax: +44 (0)2031216225 Website: www.willis.com

**Willis**

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 35444P15 / 000002PRM  
Advice Date 26 January 2016

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2015 to 30 November 2016  
Type: Insurance of:  
D&O Insurance

**Details:**

Premium due in respect of Directors and Officers Liability Insurance Side A/DIC Excess - US

Premium	USD	48,516.00
Order Hereon 100.0000000%	USD	48,516.00
<b>Net Amount Due From You</b>	<b>USD</b>	<b>48,516.00</b>

Premium payable to Willis Limited on or before 16 February 2016.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 35444P15 / 000002PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

# Willis Limited

51 Finsbury Street London EC3M 7DQ United Kingdom  
Telephone: +44 (0)2031 746000 Fax: +44 (0)2031248223 Website: www.willis.com

Willis

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 35452P15 / 000002PRM  
Advice Date 26 January 2016

## Debit Note

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2015 to 30 November 2016  
Type: Insurance of:  
D&O Insurance

### Details:

Premium due in respect of Directors and Officers Liability Insurance Side A/DIC Second Excess  
- US

Premium	USD	76,212.50
Order Hereon 100.0000000%	USD	76,212.50
<b>Net Amount Due From You</b>	<b>USD</b>	<b>76,212.50</b>

Premium payable to Willis Limited on or before 16 February 2016.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 35452P15 / 000002PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

**Willis Limited**

81 Lime Street London EC 3M 7DD United Kingdom  
Telephone: +44 (0)2031 246000 Fax: +44 (0)2031246223 Website: www.willis.com

**Willis**

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 35475P15 / 000004PRM  
Advice Date 26 January 2016

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2015 to 30 November 2016  
Type: Insurance of:  
Directors & Officers Insurance

**Details:**

Premium due in respect of Directors and Officers Liability Insurance Side A/DIC Excess/Main Board  
- US

Premium	USD	52,650.00
Order Hereon 100.0000000%	USD	52,650.00

<b>Net Amount Due From You</b>	<b>USD</b>	<b>52,650.00</b>
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Premium payable to Willis Limited on or before 16 February 2016.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 35475P15 / 000004PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

# Wills

CURRENCY	NAME OF BANK	ADDRESS	ACCOUNT NAME	ACCOUNT NUMBER	SWIFT/BIC	IBAN
USD		Attn: Global Products Group 252 Fifth Avenue New York NY 10018				

2000

nationalgrid		PAYMENT REQUEST	
Date: <u>12/10/15</u>		Due Date: <u>12/17/15</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input type="checkbox"/> ACH	
<input checked="" type="checkbox"/> WIRE			
Check Stub Message: (max. limit of 50 Characters)		Bank Name:	Bank Name:
		Routing #:	Routing #:
		Account #:	Account #:
(Check One):      Yes:      No: Separate Check <input type="checkbox"/> <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> <input type="checkbox"/> OR Mail Check to Internal Location:		<i>Reference information for Beneficiary</i> <b>Invoice #76621B, National Grid USA</b> <b>D&amp;O Liability Policy #DP5428203P</b>	
Location of Service (Required Information):		<b>AP Use Only:</b>	
City: <u>Waltham</u>	State: <u>MA</u>	Zip Code: <u>02451</u>	Wired By: _____ Authorized By: _____
		Value Date: _____	ET #: _____
Vendor Information			
Payable To: <u>Associated Electric &amp; Gas Insurance Services Ltd</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>1000019525</u>	
Address: <u>1 Meadowlands Plaza, East Rutherford, NJ 07073</u>		Invoice #: <u>76621B</u>	
Reason for Payment: <u>NGUSA D&amp;O Renewal 12/1/15-16, Policy #DP5428203P (AEGIS-Primary Layer)</u>		Paying Company: <u>5110</u>	Amount: <u>\$286,185.00</u>
		NGUSA Service Company	
National Grid Accounting			
G/L Account	Profit Center	WBS	Order
C1651099	SVC8000		
		Operation	Amount
			\$286,185.00
Please Print		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>	
Please Print		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		<u>(781) 907-2306</u>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitables/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
			Please Choose One
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	

Mail To:  
ASSOCIATED ELECTRIC & GAS  
INSURANCE SERVICES  
16872 Collection Center Drive  
Chicago, IL 60693-0168



Overnight Delivery:  
Bank of America Lockbox Services  
Associated Electric & Gas Insurance Services  
16872 Collection Center Drive  
Chicago, IL 60693-0168

WireTransfer\*:

Broker: Willis Limited  
Willis Building, 51 Lime Stree  
London, EN EC3M 7DQ

Insured: National Grid plc.  
1-3 Strand  
London, EN WC2N5EH

Invoice Number: 76621B  
Date of Invoice: 11/20/2015  
Policy Number: DP5428203P

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.  
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE  
APPROPRIATE STATE OR LOCAL AGENCY.


EFFECTIVE DATES		DESCRIPTION	PREMIUM CHARGE	PREMIUM CREDIT
FROM	TO			
12/01/2015	12/01/2016	Directors and Officers Insurance Policy Premium (U.S.)	\$ 1,013,918	
		Terrorism Premium	\$ 15,126	
		Less Continuity Credit		\$ 742,859
AMOUNT DUE AEGIS			\$ 286,185	

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE.  
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.  
PLEASE MAKE CHECKS PAYABLE TO ASSOCIATED ELECTRIC AND GAS INSURANCE SERVICES, LIMITED  
AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

00732200

[PLEASE RETURN WITH PAYMENT]

nationalgrid						PAYMENT REQUEST					
Date: 12/10/15						Due Date: 12/17/15					
Check One Method of Payment											
<input type="checkbox"/> CHECK				<input checked="" type="checkbox"/> ACH				<input type="checkbox"/> WIRE			
Check Stub Message: max. limit of 50 Characters)				Bank Name:				Bank Name:			
				Routing #:				Routing #:			
(Check One): Yes: No:				Account #:				Account #:			
Separate Check											
Mail Check to Payee											
OR											
Mail Check to Internal Location:								Reference Information for Beneficiary Invoice #31887US, National Grid USA D&O Liability Policy #293270-15DO			
Location of Service (Required Information):						AP Use Only:					
City: Waltham State: MA Zip Code: 02451						Wired By: Authorized By:					
						Value Date: ET #:					
Vendor Information											
Payable To: Energy Insurance Mutual						Federal Tax No. or SS #:					
						Vendor #: 1000004597					
Address: 3000 Bayport Drive, Suite 550, Tampa, FL 33607-8418						Invoice #: 31887US					
Reason for Payment: NGUSA D&O Renewal 12/1/15-16, Policy #293270-15DO (EIM-1st Excess Layer)						Paying Company: Amount					
						5110 \$327,346.00					
						NGUSA Service Company					
National Grid Accounting											
G/L Account		Profit Center		WBS		Order		Operation		Amount	
C1651099		SVC8000								\$327,346.00	
Please Print						Employee ID#					
Approver's Name: Timothy Kiernan						tkiernan 71045250					
Please Print						Phone Number					
Preparer's Name: Patricia Needham						(781) 907-2306					
NON-PURCHASE ORDER CATEGORY											
01 Advertising		09 Easements		17 Incentive/Marketing Program		25 Outside Services		33 Subscription			
02 Awards/Gifts		10 Flagging		18 Inspection/Insurance		Inactive		34 Summons/DNR/Toils			
03 Financial Payment		11 Fleet Fuel*		19 Legal Professional Services		27 Payments on Behalf of LIPA		35 Tax Payments/Assessments			
Inactive		12 Fleet Leasing*		20 Legal/Settlement/Claim		28 Police/Sheriffs/Marshals		36 Training/Registration/Semin			
05 Charitable/Sponsorship		13 Freight/Postage		21 Marketer Bill		29 Real Estate Rentals/Leases		37 Utility/Telephone/Water/Ad			
06 Clothing/ Safety Shoes		14 Government/Municipality		Inactive		30 Rebate Program		38 Other-must be approved AP			
Inactive		15 Hotels/ Lodging*		23 Transportation Service		31 Refund/Adjust/Reimburse					
08 Dues/Fees/Permits		16 HR/Med/Workman Comp		24 Natural Gas/Energy Purch.		32 R&D Initiative					
										Please Choose One	

 <p>3000 Bayport Drive  Suite 550  Tampa, Florida 33607-8418  (813) 287-2117 - Fax: (813) 874-2523</p>		<h1>INVOICE</h1> <table border="1"> <tr> <td colspan="3">MEMBER Insured</td> </tr> <tr> <td colspan="3">National Grid plc  1-3 Strand  London, UK WC2N 5EH  GBR</td> </tr> </table> <table border="1"> <tr> <td>INVOICE NUMBER</td> <td>ISSUE DATE</td> <td>DUE DATE</td> </tr> <tr> <td>0000031887</td> <td>11/24/15</td> <td>12/30/15</td> </tr> </table>		MEMBER Insured			National Grid plc 1-3 Strand London, UK WC2N 5EH GBR			INVOICE NUMBER	ISSUE DATE	DUE DATE	0000031887	11/24/15	12/30/15
MEMBER Insured															
National Grid plc 1-3 Strand London, UK WC2N 5EH GBR															
INVOICE NUMBER	ISSUE DATE	DUE DATE													
0000031887	11/24/15	12/30/15													

EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER	DESCRIPTION	AMOUNT
11/30/15	11/30/16	293270-15DO	Renewal Premium- USA portion	\$ 327,346.00
				<b>\$ 327,346.00</b> <b>TOTAL DUE</b>

JSA 112415



3000 Bayport Drive  
Suite 550  
Tampa, Florida 33607-8418  
Phone: (813) 287-2117  
Fax: (813) 874-2523

November 24, 2015

Richard Watts  
Miller Insurance Services Limited  
5 Jewry Street, Dawson House  
London, UK EC3N 2PJ

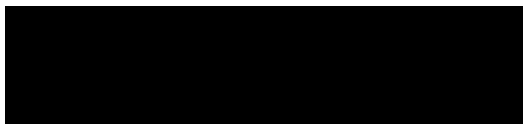
RE: National Grid plc  
Directors & Officers Policy Number: 293270-15DO

Dear Richard,

Enclosed, please find EIM's binding confirmation for the above member. You will also find EIM's invoice that reflects the total amount due of \$327,346.00.

Payment may be made via ACH or wire transfer. Please use the following wiring instructions to transfer funds to EIM:


ABA #:  
Bank:  
Account #:  
Ref:



Payment should be made on or before December 30, 2015.

If you have any questions, please contact me.

Sincerely,

  
Jeanne Allen  
Assistant Underwriter

nationalgrid		PAYMENT REQUEST			
Date: <u>04/23/15</u>		Due Date: <u>04/28/15</u>			
<b>Check One Method of Payment</b>					
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH			
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Bank Name: _____		
		Routing #: _____	Routing #: _____		
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____	Account #: _____		
Separate Check <input type="checkbox"/>		<i>Reference Information for Beneficiary</i>			
Mail Check to Payee <input type="checkbox"/>					
OR Mail Check to Internal Location: _____					
Location of Service (Required information):		<b>AP Use Only:</b>			
City: <u>Walham</u>	State: <u>MA</u> Zip Code: <u>02451</u>	Wired By: _____	Authorized By: _____		
		Value Date: _____	ET #: _____		
<b>Vendor Information</b>					
Payable To: <u>Marsh USA Inc.</u>		Federal Tax No. or SS #: _____			
Address: <u>P.O. Box 417724, Boston, MA 02241-7724</u>		Vendor #: <u>4000012444</u>			
Reason for Payment: <u>Inv #670353742959, 4/1/15-16 Aviation Hull &amp; Liability, Global Aerospace # 10045246</u>		Invoice #: <u>670353742959</u>			
		Paying Company: <u>5110</u>	Amount: <u>\$239,160.00</u>		
		NGUSA Service Company			
National Grid Accounting					
G/L Account	Profit Center	WBS	Order	Operation	Amount
C6604500	(for SvcCo-Prop)	X008838.AG0984	XG020008983		\$36,450.00
C6604500	(for SvcCo-Liab)	X008918.AG0728	XG020009172		\$47,050.00
C6604500	(for NMPC-Prop)	X008843.AG0984	X521T008988		\$110,780.00
C6604500	(for NMPC-Liab)	X008921.AG0728	X521T009173		\$44,880.00
Please Print				Employee ID#	
Approver's Name:		Timothy Kiernan		tkiernan 71045250	
Please Print				Phone Number	
Preparer's Name:		Patricia Needham		(781) 907-2306	
NON-PURCHASE ORDER CATEGORY					
01 Advertising	09 Events	17 Incentive/Marketing Program	25 Outside Services	33 Subscription	
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive	34 Surveys/DMV/Tolls	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claims	28 Police/Security/Marshals	36 Training/Registration/Semin.	
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketing Bill	29 Real Estate Rentals/Lessons	37 Utility/Telephone/Water/MS	
06 Clothing/ Safety Shirts	14 Government/Municipality	Inactive	30 Rebate Program	38 Other must be approved AP	
Inactive	15 Hotels/ Lodging*	22 Transportation Service	31 Refund/Adjust/Reimburse		
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative		
Please Choose One					
*Sales tax paid for these services/materials			Forward to: Accounts Payable Administrator for Processing		



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Barbara Schnettler  
National Grid Services, Inc.  
300 Erie Blvd. West  
A-4  
Syracuse, NY 13202

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 04/01/2015

## INVOICE

Page	2 of 2
Invoice Total	239,160.00 USD
Invoice No.	670353742959
Invoice Date	04/07/2015
Effective Date	04/01/2015
Client No.	6703500000
Installment No.	

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
AMERICAN ALTER	10045246	04/01/2016	Aircraft Hull Liability	PREMIUM	107,526.00
MITSUMI SUMITOM	10045246	04/01/2016	Aircraft Hull Liability	PREMIUM	22,194.00
Tobio Marine Am	10045246	04/01/2016	Aircraft Hull Liability	PREMIUM	29,584.00
AMERICAN COMM	10045246	04/01/2016	Aircraft Hull Liability	PREMIUM	23,916.00
CSI CO OF OMAH	10045246	04/01/2016	Aircraft Hull Liability	PREMIUM	55,940.00
<b>Invoice Comments:</b> Premium due for renewal effective 4-1-15 to 4-1-16					
Invoice Total					239,160.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of Insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3884 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Barbara Schnettler  
National Grid Services, Inc.  
300 Erie Blvd. West  
A-4  
Syracuse, NY 13202

## INVOICE

Page	1 of 2
Invoice Total	239,160.00 USD
Invoice No.	670353742959
Invoice Date	04/07/2015
Effective Date	04/01/2015
Client No.	6703500000
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of Insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3864 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

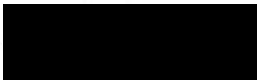
Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
6703500000	670353742959	Immediate	239,160.00 USD	

Thank you for your prompt payment.

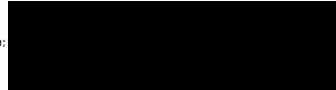
Please indicate Invoice Number 670353742959 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH:



By Wire:



By Mail: Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

6703537429596 002391600057

**NATIONAL GRID USA - RISK AND INSURANCE**  
Allocation of Insurance Premium

**Coverage:** Aviation Hull & Liability  
**Policy Period:** 4/1/15 - 4/1/16

Marsh USA Invoice #:	670353742959
Invoice Date:	4/7/2015
Amount Due:	\$239,160.00
Payment Date:	4/28/2015

**Information for Payment Form:**

Paying Company	Amount
5110	\$239,160.00

Q/L Account	Profit Center	WBS	Order	Operation	Amount
C6604500	(for SvcCo-Prop)	X008838 AG0984	XG0200009303		\$36,450.00
C6604500	(for SvcCo-Prop)	X008918 AG0728	XG0200009172		\$47,950.00
C6604500	(for NMPC-Prop)	X008943 AG0598	X5211009394		\$110,780.00
C6604500	(for NMPC-Lmb)	X008972 AG0728	X5211009378		\$44,890.00

Co Code- FERC Category	Helicopter Belt 429	Helicopter Belt 206L	Helicopter Total	Plane Beech 1900D	Plane Learjet-35	Plane Total	Premium Total	Alloc %
Co 5110-Prod	0	0	0	35,550	0	35,550	0	15.241%
	0	0	0	900	0	900	0	
	0	0	0	36,450	0	36,450	0	
Co 5110-Lab	0	0	0	20,150	23,935	44,085	0	19.673%
	0	0	0	2,955	23,832	47,050	0	48.320%
	0	0	0	0	0	0	0	18.756%
Co 5211-Prod	0	0	0	0	0	0	0	18.756%
Co 5211-Lab	0	0	0	0	0	0	0	18.756%
Total	85,420	70,240	155,660	59,585	23,835	83,500	239,160	100.000%

Co 5110-National Grid USA Service Co  
Co 5217-Niagara Mohawk Power Corp-TRAN

Copy of the Premium Breakdown from 3/17/15 Insurance Quote.

Note: The initial quote from Global of £ 39,252 was based on the new helicopter value of \$7,500,047.

\$7,981, which brought the premium down to \$739,160



## Aircraft Schedule (Page 1 of 1)

1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	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Global Special Programs SLM Safety Initiatives Included

Est. Group Value	\$11,723
Individual Value	\$25,121
Total Est. Value*	\$37,844

H 1123 DATA ALLOCATIONS-INVOICING Allocation of Aviation 4.1 15-16 4.1 15-10

**Forward to: Accounts Payable Administrator for Processing**



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: National Grid USA  
One Molro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	2 of 2
Invoice Total	67,098.50 USD
Invoice No.	980718424205
Invoice Date	11/11/2014
Effective Date	01/01/2015
Client No.	9807187443
Instatement No.	

Installment  
Policy Holder: National Grid USA  
Billing Effective Date: 01/01/2015

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
NATIONAL UN-PA	GTP 9132752-A	01/01/2015	Business Travel Accid	PREMIUM	67,098.50
Invoice Comments: 2ND ANNUAL INSTALLMENT PREMIUM SLATTERY/BROWN					
Invoice Total					67,098.50

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Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: National Grid USA  
One Metro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	1 of 2
<b>Invoice Total</b>	67,098.50 USD
<b>Invoice No.</b>	980716424205
<b>Invoice Date</b>	11/11/2014
<b>Effective Date</b>	01/01/2015
<b>Client No.</b>	9807187443
<b>Installment No.</b>	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

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If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3064 or premiumfinance@marsh.com to determine eligibility.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9807187443	980716424205	Immediate	67,098.50 USD	

Thank you for your prompt payment.

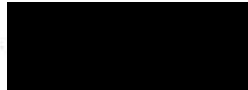
Please indicate Invoice Number 980716424205 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: fiduciaryserviceRequest.US@marsh.com

By ACH:



By Wire



By Mail:

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

9807164242053 000670985009

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>03/19/15</u>		Due Date: <u>03/26/15</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
		Bank Name: _____	
		Routing #: _____	
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____	
Separate Check <input type="checkbox"/>		Reference Information for Beneficiary	
Mail Check to Payee <input type="checkbox"/>			
OR			
Mail Check to Internal Location: <input type="checkbox"/>			
Location of Service (Required Information):		AP Use Only:	
City: <u>Brooklyn</u>		Wired By: _____ Authorized By: _____	
State: <u>NY</u> Zip Code: <u>11201</u>		Value Date: _____ ET #: _____	
Vendor Information			
Payable To: <u>Marsh USA Inc.</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>4000012444</u>	
Address: <u>P.O. Box 417724, Boston, MA 02241-7724</u>		Invoice #: <u>980713360190</u>	
Reason for Payment: <u>Inv #980713360190, 2/28/15-16 Marine Open Cargo, Indemnity Ins Policy # N05698625</u>		Paying Company: <u>5110</u> Amount: <u>\$12,617.00</u>	
		NGUSA Service Company	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
C6604500		X008920.AGB845	XG173009170
Approver's Name: <u>Timothy Kiernan</u>		Employee ID# <u>tkiernan 71045250</u>	
Preparer's Name: <u>Patricia Needham</u>		Phone Number <u>(781) 907-2306</u>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Essments	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claims	28 Policies/Shortly/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	22 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HH/Mod/Workmen Comp	24 Natural Gas/Energy Purch	32 R&D Initiative
			<b>Please Choose One</b>
*Sales tax paid for these services/materials			Forward to: Accounts Payable Administrator for Processing



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: National Grid USA  
One Metro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	1 of 2
Invoice Total	12,617.00 USD
Invoice No.	980713360190
Invoice Date	02/26/2015
Effective Date	02/28/2015
Client No.	9807187443
Installment No.	



If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3054 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

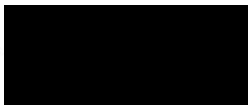
Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9807187443	980713360190	Immediate	12,617.00 USD	

Thank you for your prompt payment.

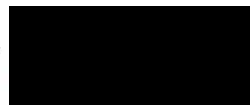
Please indicate Invoice Number 980713360190 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryServiceRequest.US@marsh.com](mailto:FiduciaryServiceRequest.US@marsh.com)

By ACH:



By Wire:



By Mail:

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

9807133601903 000126170024



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: National Grid USA  
One Metro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	2 of 2
Invoice Total	12,617.00 USD
Invoice No.	980713360190
Invoice Date	02/26/2015
Effective Date	02/28/2015
Client No.	9807187443
Installment No.	

Original  
Policy Holder: National Grid USA  
Billing Effective Date: 02/28/2015



Insurer	Policy No./Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
INDEMNITY	N05898625	02/28/2016	Cargo Global Transit	PREMIUM	12,617.00
<b>Invoice Comments:</b> Invoice for Marine Policy #N05898625					
Invoice Total					12,617.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in learning more about our services, please contact the Marsh Premium Finance team at 1-855-345-6000 or premiumfinance@marsh.com to determine eligibility.

[illegible]

Mail To:  
ASSOCIATED ELECTRIC & GAS  
INSURANCE SERVICES  
16872 Collection Center Drive  
Chicago, IL 60693-0168



Overnight Delivery:  
Bank of America Lockbox Services  
Associated Electric & Gas Insurance Services  
16872 Collection Center Drive  
Chicago, IL 60693-0168

Wire Transfer:

Insured: National Grid (US) Holdings LTD  
1-3 Strand  
London, EN WC2N 5EH

Invoice Number: 75427  
Date of Invoice: 02/20/2015  
Policy Number: XL5088704P

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES  
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE  
APPROPRIATE STATE OR LOCAL AGENCY

EFFECTIVE DATES		DESCRIPTION	PREMIUM CHARGE	PREMIUM CREDIT
FROM	TO			
04/01/2015	04/01/2016	Excess Liability Insurance Policy Premium	\$ 6,972,649	
		Terrorism Premium	\$ 385,000	
AMOUNT DUE AEGIS			\$ 7,357,649	

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE  
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS  
PLEASE MAKE CHECKS PAYABLE TO ASSOCIATED ELECTRIC AND GAS INSURANCE SERVICES, LIMITED  
AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

05686100

[PLEASE RETURN WITH PAYMENT]

118



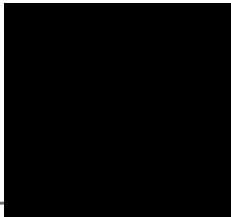
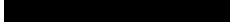
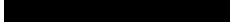
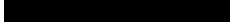
<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>04/08/15</u>		Due Date: <u>04/15/15</u>	
Check One Method of Payment			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters)		Bank Name:	Bank Name:
		Routing #:	Routing #:
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #:	Account #:
Separate Check <input type="checkbox"/>		<b>INSURANCE NOTES:</b> Business Interruption \$1,031,213.00 Property \$18,673,215.00 Public Liability \$5,119,391.00 Property Terrorism <u>\$344,534.00</u> <b>\$25,168,353.00</b>	
Mail Check to Payee <input type="checkbox"/>			
OR Mail Check to Internal Location: <input type="checkbox"/>			
Location of Service (Required Information):		AP Use Only:	
City: <u>Waltham</u>	State: <u>MA</u> Zip Code: <u>02451</u>	Wired By: _____	Authorized By: _____
		Value Date: _____	ET #: _____
Vendor Information			
Payable To: <u>National Grid Insurance USA Ltd</u>		Federal Tax No. or SS #: _____	
Address: <u>c/o AON Insurance Managers (USA) Inc., 199 Water Street, New York, NY 10038</u>		Vendor #: <u>1000033008</u>	
Reason for Payment: <u>Invoice No. 2015/16/001, 4/1/15-16 NGUSA Insurance Renewals for Business Interruption, Property, Public Liability, Property Terrorism</u>		Invoice #: <u>2015/16/001</u>	
		Paying Company: <u>5110</u>	Amount: <u>\$25,168,353.00</u>
		NGUSA Service Company	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
C1651099	SVC8000	[for Business Interruption]	
C1651099	SVC8000	[for Property]	
C1651099	SVC8000	[for Public Liability]	
C1651099	SVC8000	[for Property Terrorism]	
C1740030	SVC8000	[for NMProperties-Property]	
C1740030	SVC8000	[for NMProperties-Terrorism]	
Please Print		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>	
Please Print		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		<u>(781) 907-2306</u>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Estimation	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	26 Payments on Behalf of LPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Security/Security
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 H/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
*Sales tax paid for these services/materials		Please Choose One	
Forward to: Accounts Payable Administrator for Processing			

**nationalgrid**

National Grid Insurance USA Ltd

National Grid USA  
One MetroTech Center  
Brooklyn, NY 11201

For the Attention of Timothy Kiernan

Date	Please quote our reference number: 2015/16/001	Amount
February 18, 2015	Renewal premium for the operational insurances for National Grid USA, (excluding Power Generation assets for BI, Property and Terrorism)  Effective from Apr-01-2015 to Mar-31-2016 both dates inclusive.	
A.	Business Interruption	USD 1,031,213
B.	Property	USD 18,673,215
A.	Public Liability	USD 5,119,391
C.	Terrorism	USD 344,534
	<b>Net Total :</b>	<b>USD 25,168,353</b>
	<b>Payment must be made to National Grid Insurance USA Ltd within 60 days.</b>	
	<b>Gross Amount Due :</b>	<b>USD 25,168,353</b>
	Please quote our reference number above on all correspondence. Note: All payments are to be made by telegraphic transfer.	
	Banking details : 	
	Account Name : 	
	Account Number : 	
	ABA # : 	

Notes regarding NM Properties, Inc:

- A. Coverage does not apply
- B. Share of Property insurance premium - \$4,250.00
- C. Share of Terrorism insurance premium - \$ 750.00

National Grid Insurance USA Ltd

c/o Aon Insurance Managers (USA) Inc., 199 Water Street, New York, NY, 10038  
Telephone: + 1.802.652.1554  
Fax: + 1.802.860.0440

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>			
Date: <u>06/10/15</u>		Due Date: <u>06/17/15</u>			
<b>Check One Method of Payment</b>					
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH			
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>			
		Bank Name: _____			
		Routing #: _____			
		Routing #: _____			
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____			
Separate Check <input type="checkbox"/>		<i>Reference Information for Beneficiary</i>			
Mail Check to Payee <input type="checkbox"/>					
OR					
Mail Check to Internal Location: <input type="checkbox"/>					
Location of Service (Required Information):		<i>AP Use Only:</i>			
City: <u>Brooklyn</u>		Wired By: _____ Authorized By: _____			
State: <u>NY</u> Zip Code: <u>11201</u>		Value Date: _____ ET #: _____			
<b>Vendor Information</b>					
Payable To: <u>Global Risk Consultants Corp.</u>		Federal Tax No. or SS #: _____			
		Vendor #: <u>4000010759</u>			
Address: <u>100 Walnut Avenue, Suite 501, Clark, NJ 07066</u>		Invoice #: <u>850841</u>			
Reason for Payment: Invoice #850841 dated 06/04/15, Engineering Services Property Inspections, Installment 1 of 4 (Apr-Jun), Contract Period 4/1/15-16		Paying Company: <u>5110</u> Amount: <u>\$10,000.00</u>			
		NGUSA Service Co			
<b>National Grid Accounting</b>					
G/L Account	Profit Center	WBS	Order	Operation	Amount
<u>C6355100</u>		<u>X008918.AGB846</u>	<u>XG020009171</u>		<u>\$10,000.00</u>
		<i>Please Print</i>		Employee ID#	
Approver's Name:		<u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>	
		<i>Please Print</i>		Phone Number	
Preparer's Name:		<u>Patricia Needham</u>		<u>(781) 907-2306</u>	
<b>NON-PURCHASE ORDER CATEGORY</b>					
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services	33 Subscription	<i>Please Choose One</i>
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive	34 Summons/DMV/Tolls	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals	36 Training/Registration/Semin	
05 Charitables/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases	37 Utility/Telephone/Water/Ad	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program	38 Other-must be approved AP	
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse		
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative		
*Sales tax paid for these services/materials					

Accounts Payable 06-10-15: 10:56:30 Received



Global Risk Consultants Corp.  
100 Walnut Ave.  
Suite 501  
Clark, NJ 07066  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: TIMOTHY KEIRNAN  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

06/04/15  
INVOICE NUMBER: 850841

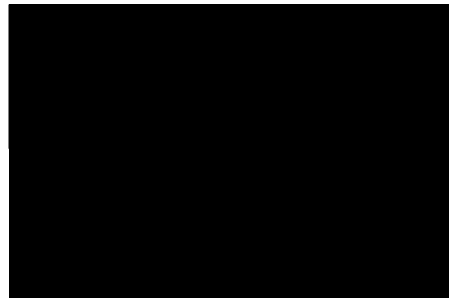
PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

	TOTAL
1ST OF 4 INSTALLMENTS FOR ENGINEERING CONSULTING SERVICES	\$ 10,000.00

CONTRACT PERIOD 4/1/15 - 3/31/16

A M O U N T   T O   P A Y   U S D   \$	10,000.00
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Peabody, MA 01960

INVOICES PAYABLE UPON RECEIPT

GL 06/04/15

INVOICE

Accounts Payable 06-10-15: 10:56:30 Received



 **Global Risk Consultants**

Global Risk Consultants Corp.  
100 Walnut Ave.  
Suite 501  
Clark, NJ 07066  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: TIMOTHY KEIRNAN  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

10/02/15  
INVOICE NUMBER: 000851419

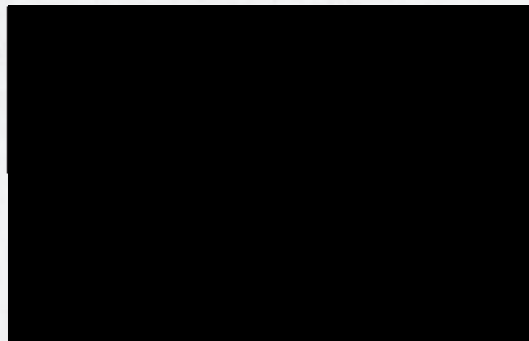
PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

	TOTAL
3RD OF 4 INSTALLMENTS FOR ENGINEERING CONSULTING SERVICES	\$ 10,000.00

CONTRACT PERIOD 4/1/15 - 3/31/16

A M O U N T   T O   P A Y   U S D	\$	10,000.00
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INVOICES PAYABLE UPON RECEIPT

GL 10/02/15

INVOICE

Accounts Payable 10-07-15: 11:37:47 Received



Global Risk Consultants Corp.  
100 Walnut Ave.  
Suite 501  
Clark, NJ 07066  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: TIMOTHY KEIRNAN  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

07/07/15  
INVOICE NUMBER: 000850959

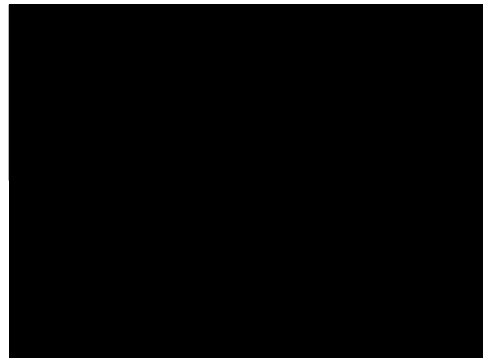
PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

TOTAL	
2ND OF 4 INSTALLMENTS FOR ENGINEERING CONSULTING SERVICES	\$ 10,000.00

CONTRACT PERIOD 4/1/15 - 3/31/16

A M O U N T   T O   P A Y   U S D   \$	10,000.00
=====	



INVOICES PAYABLE UPON RECEIPT

GL 07/07/15

INVOICE

Accounts Payable 07-09-15: 11:06:44 Received

nationalgrid		PAYMENT REQUEST			
Date: <u>01/07/16</u>		Due Date: <u>01/14/16</u>			
<b>Check One Method of Payment</b>					
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH			
<input type="checkbox"/> WIRE					
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Bank Name: _____		
		Routing #: _____	Routing #: _____		
		Account #: _____	Account #: _____		
(Check One):      Yes:      No: Separate Check <input type="checkbox"/> <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> <input type="checkbox"/> OR Mail Check to Internal Location: _____		Reference Information for Beneficiary			
Location of Service (Required Information):		<b>AP Use Only:</b>			
City: <u>Brooklyn</u>	State: <u>NY</u>	Zip Code: <u>11201</u>	Wired By: _____ Authorized By: _____		
			Value Date: _____ ET #: _____		
Vendor Information					
Payable To: <u>Global Risk Consultants Corp.</u>		Federal Tax No. or SS #: _____			
		Vendor #: <u>4000010759</u>			
Address: <u>100 Walnut Avenue, Suite 501, Clark, NJ 07066</u>		Invoice #: <u>860071</u>			
Reason for Payment: <u>Invoice #860071 dated 01/05/16, Engineering Services Property Inspections, Installment 4 of 4 (Jan-Mar), Contract Period 4/1/15-16</u>		Paying Company:	Amount		
		<u>5110</u>	<u>\$10,000.00</u>		
		NGUSA Service Co			
National Grid Accounting					
G/L Account	Profit Center	WBS	Order	Operation	Amount
<b>C6355100</b>		X008918.AGB846	XG020009171		<b>\$10,000.00</b>
Please Print			Employee ID#		
Approver's Name:		Timothy Kiernan		tkiernan 71045250	
Please Print			Phone Number		
Preparer's Name:		Patricia Needham		(781) 907-2306	
NON-PURCHASE ORDER CATEGORY					
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services	33 Subscription	
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive	34 Summons/DMV/Tolls	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of UPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals	36 Training/Registration/Semin.	
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases	37 Utility/Telephone/Water/Ad	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program	38 Other-must be approved AP	
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse		
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative		
				Please Choose One	
*Sales tax paid for these services/materials			Forward to: Accounts Payable Administrator for Processing		

Accounts Payable 01-07-16: 13:10:09 Received



Global Risk Consultants Corp.  
100 Walnut Ave.  
Suite 501  
Clark, NJ 07066  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: TIMOTHY KEIRNAN  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

01/05/16  
INVOICE NUMBER: 000860071

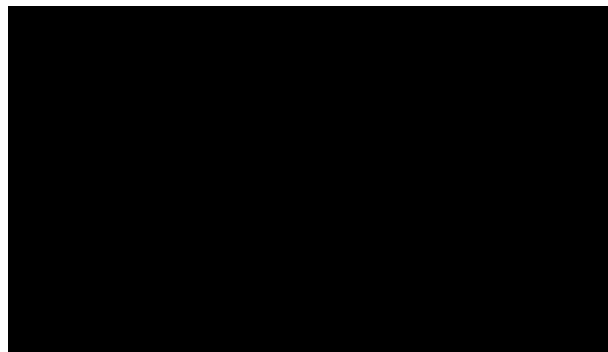
PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

	TOTAL
4TH OF 4 INSTALLMENTS FOR ENGINEERING CONSULTING SERVICES	\$ 10,000.00

CONTRACT PERIOD 4/1/15 - 3/31/16

A M O U N T   T O   P A Y   U S D   \$	10,000.00
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INVOICES PAYABLE UPON RECEIPT

GL 01/05/16

INVOICE

Accounts Payable 01-07-16: 13:10:09 Received

nationalgrid		PAYMENT REQUEST			
Date: <u>07/09/15</u>		Due Date: <u>07/23/15</u>			
<b>Check One Method of Payment</b>					
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH			
Check Stub Message: (max. limit of 50 Characters)		Bank Name:	Bank Name: _____		
		Routing #: _____	Routing #: _____		
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____	Account #: _____		
Separate Check <input type="checkbox"/>		Reference Information for Beneficiary			
Mail Check to Payee <input type="checkbox"/>					
OR					
Mail Check to Internal Location: <input type="checkbox"/>					
Location of Service (Required Information):		AP Use Only:			
City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11201</u>		Wired By: _____ Authorized By: _____			
		Value Date: _____ ET #: _____			
Vendor Information					
Payable To: <u>Global Risk Consultants Corp.</u>		Federal Tax No. or SS #: _____			
		Vendor #: <u>4000010759</u>			
Address: <u>100 Walnut Avenue, Suite 501, Clark, NJ 07066</u>		Invoice #: <u>850959</u>			
Reason for Payment: <u>Invoice #850959 dated 07/07/15, Engineering Services Property Inspections, Installment 2 of 4 (Jul-Sep), Contract Period 4/1/15-16</u>		Paying Company:	Amount		
		<u>5110</u>	<u>\$10,000.00</u>		
		NGUSA Service Co			
National Grid Accounting					
G/L Account	Profit Center	WBS	Order	Operation	Amount
<b>C6355100</b>		<b>X008918.AGB846</b>	<b>XG020009171</b>		<b>\$10,000.00</b>
Please Print		Employee ID#			
Approver's Name: <u>Timothy Kiernan</u>				<u>tkiernan 71045250</u>	
Please Print		Phone Number			
Preparer's Name: <u>Patricia Needham</u>				<u>(781) 907-2306</u>	
NON-PURCHASE ORDER CATEGORY					
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services	33 Subscription	
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>		Inactive	34 Summons/DHV/Tolls
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals	36 Training/Registration/Semin	
05 Charitables/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases	37 Utility/Telephone/Water/Ad	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive		30 Rebate Program	38 Other-must be approved AP
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse	Please Choose One	
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative		
*Sales tax paid for these services/materials			Forward to: Accounts Payable Administrator for Processing		

Accounts Payable 07-09-15: 11:06:44 Received



Global Risk Consultants Corp.  
100 Walnut Ave.  
Suite 501  
Clark, NJ 07066  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: TIMOTHY KEIRNAN  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

07/07/15  
INVOICE NUMBER: 000850959

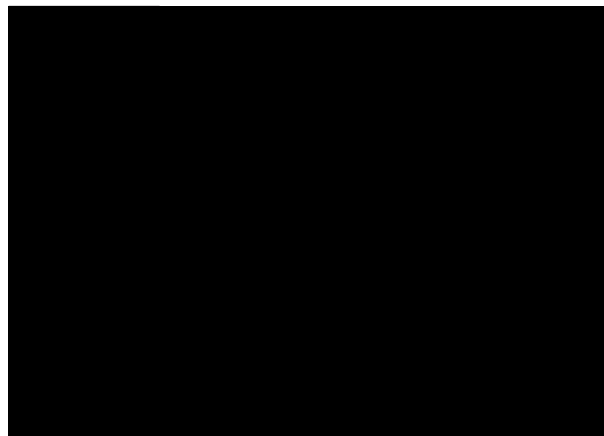
PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

TOTAL	
2ND OF 4 INSTALLMENTS FOR ENGINEERING CONSULTING SERVICES	\$ 10,000.00

CONTRACT PERIOD 4/1/15 - 3/31/16

A M O U N T   T O   P A Y   U S D   \$	10,000.00
=====	



INVOICES PAYABLE UPON RECEIPT

GL 07/07/15

INVOICE

Accounts Payable 07-09-15: 11:06:44 Received

nationalgrid		PAYMENT REQUEST	
Date: 06/10/15		Due Date: 06/17/15	
Check One Method of Payment			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters)		Bank Name:	
		Bank Name:	
		Routing #:	
		Routing #:	
(Check One): Yes: No:		Account #:	
Separate Check			
Mail Check to Payee			
OR			
Mail Check to Internal Location:		Reference Information for Beneficiary	
Location of Service (Required Information):		AP Use Only:	
City: Brooklyn		Wired By: _____ Authorized By: _____	
State: NY Zip Code: 11201		Value Date: _____ ET #: _____	
Vendor Information			
Payable To: Global Risk Consultants Corp.		Federal Tax No. or SS #:	
		Vendor #: 4000010759	
Address: 100 Walnut Avenue, Suite 501, Clark, NJ 07066		Invoice #: 850841	
Reason for Payment: Invoice #850841 dated 06/04/15, Engineering Services Property Inspections, Installment 1 of 4 (Apr-Jun), Contract Period 4/1/15-16		Paying Company: 5110 NGUSA Service Co	Amount \$10,000.00
National Grid Accounting			
G/L Account	Profit Center	WBS	Order
C6355100		X008918.AGB846	XG020009171
Please Print		Employee ID#	
Approver's Name:		Timothy Kiernan	
		tkiernan 71045250	
Please Print		Phone Number	
Preparer's Name:		Patricia Needham	
		(781) 907-2306	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitables/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
			33 Subscription
			34 Summons/DMV/Tolls
			35 Tax Payments/Assessments
			36 Training/Registration/Semin
			37 Utility/Telephone/Water/Ad
			38 Other-must be approved AP
			Please Choose One
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	

Accounts Payable 06-10-15: 10:56:30 Received



Global Risk Consultants Corp.  
100 Walnut Ave.  
Suite 501  
Clark, NJ 07066  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: TIMOTHY KEIRNAN  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

06/04/15  
INVOICE NUMBER: 850841

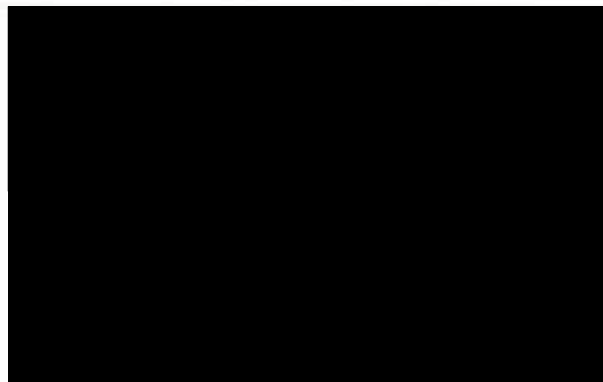
PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

	TOTAL
1ST OF 4 INSTALLMENTS FOR ENGINEERING CONSULTING SERVICES	\$ 10,000.00

CONTRACT PERIOD 4/1/15 - 3/31/16

A M O U N T   T O   P A Y   U S D   \$	10,000.00
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INVOICES PAYABLE UPON RECEIPT

GL 06/04/15

INVOICE

Accounts Payable 06-10-15: 10:56:30 Received

Forward to: Accounts Payable Administrator for Processing

133

## ARISE INCORPORATED

7000 South Edgerton Road  
Suite 100  
Brecksville, OH 44141-3172  
Phone: (440) 746-8880

Tax ID # 34-1756475

Beginning 6/1/13 only send payments to  
address at left or electronically to bank  
account at bottom of page. Any other  
payment information is no longer valid.

### INVOICE

**BILL TO:**

National Grid USA  
Mr. Timothy Kiernan  
One MetroTech Center, 15th Floor  
Brooklyn, NY 11201

**INVOICE DATE:**

6/10/2015

**INVOICE NUMBER:**

CI15-0551

**FILE NO:**

2656

**CONTRACT NO:**

2656-03

**CUSTOMER NO:**

214952

**ACCOUNT NAME:**

NATIONAL GRID USA

**FOR:**

JURISDICTIONAL BOILER/PRESSURE VESSEL INSPECTIONS

**EFFECTIVE DATE:**

6/1/15-4/1/16 (FIRST QUARTER)

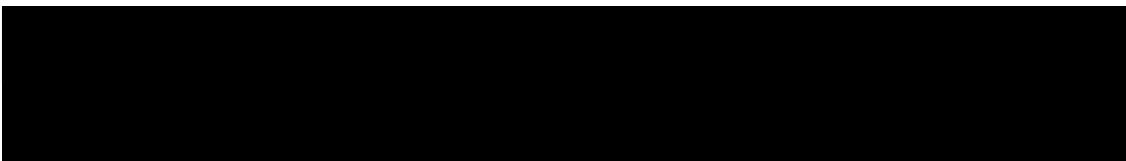
**PLEASE PAY THIS AMOUNT:**

**\$12,475.00**

**U.S. DOLLARS**

ARISE Jurisdictional	\$8,390.02
ABIIC Policy Premium	\$4,000.00
ABIIC Premium Tax	\$84.98

Thank you for your patronage, and we look forward to serving you in the future.



Forward to: Accounts Payable Administrator for Processing

135

## ARISE INCORPORATED

7000 South Edgerton Road  
Suite 100  
Brecksville, OH 44141-3172  
Phone: (440) 746-8880

Tax ID # 34-1756475

Beginning 6/1/13 only send payments to  
address at left or electronically to bank  
account at bottom of page. Any other  
payment information is no longer valid.

## INVOICE

**BILL TO:**

National Grid USA  
Mr. Timothy Kiernan  
One MetroTech Center, 15th Floor  
Brooklyn, NY 11201

**INVOICE DATE:**

7/9/2015

**INVOICE NUMBER:**

CH15-0650

**FILE NO:**

2656

**CONTRACT NO:**

2656-03

**CUSTOMER NO:**

214952

**ACCOUNT NAME:**

NATIONAL GRID USA

**FOR:**

JURISDICTIONAL BOILER/PRESSURE VESSEL INSPECTIONS

**EFFECTIVE DATE:**

4/1/15 - 4/1/16 (SECOND QUARTER - JULY, AUGUST, SEPTEMBER 2015)

**PLEASE PAY THIS AMOUNT:**

\$12,475.00

U.S. DOLLARS

Thank you for your patronage, and we look forward to serving you in the future.



Accounts Payable 10-20-15: 09:52:53 Received

## ARISE INCORPORATED

7000 South Edgerton Road  
Suite 100  
Brecksville, OH 44141-3172  
Phone: (440) 746-8880

Tax ID # 34-1756475

Beginning 6/1/13 only send payments to  
address at left or electronically to bank  
account at bottom of page. Any other  
payment information is no longer valid.

### INVOICE

**BILL TO:**

National Grid USA  
Mr. Timothy Kiernan  
One MetroTech Center, 15th Floor  
Brooklyn, NY 11201

**INVOICE DATE:**

10/16/2015

**INVOICE NUMBER:**

CI15-0960

**FILE NO:**

2656

**CONTRACT NO:**

2656-03

**CUSTOMER NO:**

214952

**ACCOUNT NAME:**

NATIONAL GRID USA

**FOR:**

JURISDICTIONAL BOILER/PRESSURE VESSEL INSPECTIONS

**EFFECTIVE DATE:**

4/1/15 - 4/1/16 (THIRD QUARTER - OCTOBER, NOVEMBER, DECEMBER)

**PLEASE PAY THIS AMOUNT:**

**\$12,475.00**

**U.S. DOLLARS**

Thank you for your patronage, and we look forward to serving you in the future.

nationalgrid		PAYMENT REQUEST			
Date: <u>05/13/15</u>		Due Date: <u>05/20/15</u>			
<b>Check One Method of Payment</b>					
[ ] CHECK		[ ] WIRE			
Check Stub Message: (max. limit of 50 Characters)	Bank Name:	Bank Name:			
	Routing #:	Routing #:			
(Check One): Yes: No:	Account #:	Account #:			
Separate Check		<i>Reference Information for Beneficiary</i>			
Mail Check to Payee					
OR					
Mail Check to Internal Location:					
Location of Service (Required Information):		AP Use Only:			
City: <u>Waltham</u>	Wired By: _____	Authorized By: _____			
State: <u>MA</u> Zip Code: <u>02451</u>	Value Date: _____	ET #: _____			
Vendor Information					
Payable To: <u>Marsh USA Inc.</u>		Federal Tax No. or SS #: _____			
		Vendor #: <u>4000012444</u>			
Address: <u>P.O. Box 417724, Boston, MA 02241-7724</u>		Invoice #: <u>934411770094</u>			
Reason for Payment: <u>Inv #934411770094, Broker Fee 4/1/15-16 and 11/30/14-15 Insurance Programs</u>		Paying Company: <u>5110</u>	Amount: <u>\$264,573.00</u>		
		NGUSA Service Company			
National Grid Accounting					
G/L Account	Profit Center	WBS	Order	Operation	Amount
C6355100	(for FinPro)	X008919.AGB850	XN139009177		\$40,977.00
C6355100	(for Ex Liab)	X000176.AG0729	XG012004024		\$103,883.00
C6355100	(Aviation/SvcCo-Prop)	X008838.AG0984	XG020008983		\$3,031.71
C6355100	(Aviation/SvcCo-Liab)	X008918.AG0728	XG020009172		\$3,913.36
C6355100	(Aviation/NMPC-Prop)	X008843.AG0984	X521T008988		\$9,214.06
C6355100	(Aviation/NMPC-Liab)	X008921.AG0728	X521T009173		\$3,732.87
C6355100	(Property Generation)	X008962.AGB836	XG324009271		\$99,821.00
Please Print		Employee ID#			
Approver's Name:		Timothy Kiernan		tkiernan 71045250	
Please Print		Phone Number			
Preparer's Name:		Patricia Needham		(781) 907-2306	
NON-PURCHASE ORDER CATEGORY					
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services	33 Subscription	
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive	34 Summons/DNV/Tolls	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals	36 Training/Registration/Semin.	
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rental/Leases	37 Utility/Telephone/Water/Ad	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program	38 Other-must be approved AP	
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse		
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative		
				Please Choose One	
*Sales tax paid for these services/materials			Forward to: Accounts Payable Administrator for Processing		

Accounts Payable 05-14-15: 06:57:10Received



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	2 of 2
Invoice Total	264,573.00 USD
Invoice No.	934411770094
Invoice Date	04/27/2015
Effective Date	04/01/2015
Client No.	9344100000
Installment No.	

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 04/01/2015

Insurer	Policy No. / Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
	Marsh Brokerage Consulting Fee	04/01/2016	Marsh Brk Cnslt Fee	FEE	264,573.00
<b>Invoice Comments:</b> Annual Fee for Finpro, Aviation, Excess Liability and Property					
Invoice Total					264,573.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3064 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

**Accounts Payable 05-14-15: 06:57:10Received**



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	264,573.00 USD
Invoice No.	934411770094
Invoice Date	04/27/2015
Effective Date	04/01/2015
Client No.	9344100000
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3064 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934411770094	Immediate	264,573.00 USD	

Thank you for your prompt payment.

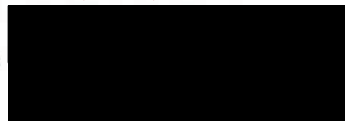
Please indicate Invoice Number 934411770094 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH:



By Wire:



By Mail:

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

9344117700947 002645730057

Accounts Payable 05-14-15: 06:57:10Received

142

**NATIONAL GRID USA – RISK AND INSURANCE**  
Allocation of Premiums to Companies

Marsh USA Broker Fee: Services performed for the Policy Period  
Coverage: Unreinsured Primary Program (Primary Casualty Program)  
Policy Period: 4/1/15 - 4/1/16

Marsh Invoice No: 934412246122  
Invoice Date: 4/27/2015  
Amount Due: \$67,990.00  
Payment Date: 5/20/2015

Insured Subsidiaries	Accounting for Payment Form				Accounting to Reduce Premium to Insured Subsidiaries				Comments
	Co. Code	GL Account	Profit Center	WBS	Order	Amount	(*) Alloc. %	Co. Code GL Account Profit Center	
NGUSA Service Company, Inc.	5110	C5355100	n/a	X000178 AG0731	XG012004025	\$134.65	0.20%		Expense settled to Insurance CC1680 Src Co has the WC coverage only
Wayfinder Group, Inc.	5110	C5355100	n/a	X003028 AG0733	X5004002401	\$300.10	0.44%		Expense settled to Insurance CC1680
Transgas, Inc.	5110	C1651099	SVC0000	n/a	n/a	\$17,659.66	25.96%	5825 C1650230 NRB0610	Expense settled to Unreg company, cost center unknown. Contact: Alan Rodman & Menard Bossa, send them a copy of the payment and the table.
National Grid Energy Management LLC	5110	C1651099	SVC0000	n/a	n/a	\$40,899.37	59.87%	5860 C1650000 NRB0610	Expense settled to Unreg company, cost center unknown. Contact: Alan Rodman & Menard Bossa, send them a copy of the payment and the table.
Sold Subsidiaries (Co 9555-NS Home Energy Svcs, LLC)	5110	C1651099	SVC0000	n/a	n/a	\$9,187.19	13.51%	5955 C2334380 NRB0610	Expense settled to Unreg company, cost center unknown. Contact: Alan Rodman & Menard Bossa, send them a copy of the payment and the table.
					TOTAL:	\$67,990.00	100.00%		

(\*) Allocations are based on rates from the underwriters - see Allocation % tab.

Descriptions:  
Company Code 5110 - NGUSA Service Company, Inc.  
Company Code 5804 - Wayfinder Group, Inc.  
GL Account C0335100 - Consultants  
GL Account C1651099 - Prepaid Corp Ins  
Activity AG0731 - US Liability-Other  
Activity AG0733 - US Liability-ANREG  
Order XG012004025 - 5110S-All K&HCo US Liability-  
Order X5004002401 - 5110S-Wayfinder Group, US Liability-Unreg

H:\12DATA\ALLOCATIONS\INVCING\Alloc-Unreg Pgm\Allocation of Broker Fee-March\_Unreg Pgm 4.1.15-16 Deposit Alloc per Company 4.1.15-16

PAGE 1 OF 1 5/13/2015 2:48 PM



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	2 of 2
Invoice Total	67,980.00 USD
Invoice No.	934412246122
Invoice Date	04/27/2015
Effective Date	04/01/2015
Client No.	9344100000
Installment No.	

**Original**  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 04/01/2015

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
	Energy Consulting	04/01/2016	Energy Consulting	FEE	67,980.00
<b>Invoice Comments:</b> Annual Fee for the Primary Casualty eff 4/1/15-16					
Invoice Total					67,980.00

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If you are interested in financing your premiums please contact the Marsh Premium Finance team at 212-345-3064 or [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

**Accounts Payable 05-14-15: 06:57:24Received**



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Matrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	67,980.00 USD
Invoice No.	934412246122
Invoice Date	04/27/2015
Effective Date	04/01/2015
Client No.	9344100000
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

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Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934412246122	Immediate	67,980.00 USD	

Thank you for your prompt payment.

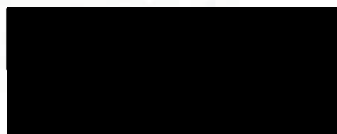
Please indicate Invoice Number 934412246122 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH:



By Wire:



By Mail:

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

9344122461221 000679800095

Accounts Payable 05-14-15: 06:57:24Received

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>10/07/15</u>		Due Date: <u>10/09/15</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
		Bank Name: _____	
		Routing #: _____	
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____	
Separate Check <input type="checkbox"/>		Reference Information for Beneficiary	
Mail Check to Payee <input type="checkbox"/>			
OR			
Mail Check to Internal Location: <input type="checkbox"/>			
Location of Service (Required Information):		<i>AP Use Only:</i>	
City: <u>Waltham</u>		Wired By: _____	
State: <u>MA</u> Zip Code: <u>02461</u>		Authorized By: _____	
		Value Date: _____ ET #: _____	
<b>Vendor Information</b>			
Payable To: <u>Marsh USA Inc.</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>4000012444</u>	
Address: <u>P.O. Box 417724, Boston, MA 02241-7724</u>		Invoice #: <u>934415718339</u>	
Reason for Payment: <u>Inv #934415718339, Broker Fee (At-Risk Portion) - 7/1/15-16 Excess WC Insurance Program</u>		Paying Company: _____ Amount: <u>\$34,148.00</u>	
		5110 NGUSA Service Company	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
C6355100	(for Ex WC)	X008919.AGB851	XN139009178
Please Print		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		tkiernan 71045250	
Please Print		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		(781) 907-2306	
<b>NON-PURCHASE ORDER CATEGORY</b>			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Lesses
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
		Please Choose One	
*Sales tax paid for these services/materials			
Forward to: Accounts Payable Administrator for Processing			

Accounts Payable 10-07-15: 11:37:21 Received



**Marsh USA Inc.**  
New York NY  
(212) 345-6000

**Tim Kiernan**  
**Billed To:** National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	2 of 2
Invoice Total	<b>34,148.00 USD</b>
Invoice No.	934415718339
Invoice Date	09/24/2015
Effective Date	04/01/2015
Client No.	9344100000
Installment No.	

**Original**  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 07/01/2014

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
	Energy Consulting	04/01/2016	Energy Consulting	FEE	34,148.00
<b>Invoice Comments:</b> KPI Balance due for the Excess WC renewal eff 7/1/15					
Invoice Total					34,148.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

*If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.*

**Accounts Payable 10-07-15: 11:37:21 Received**



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: **Tim Kiernan**  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	<b>34,148.00 USD</b>
Invoice No.	934415718339
Invoice Date	09/24/2015
Effective Date	04/01/2015
Client No.	9344100000
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

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If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

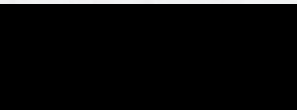
Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934415718339	Immediate	34,148.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 934415718339 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryServiceRequest.US@marsh.com](mailto:FiduciaryServiceRequest.US@marsh.com)

By ACH:



By Wire:



By Mail: Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

9344157183390 000341480094

Accounts Payable 10-07-15: 11:37:21 Received

The Narragansett Electric Company  
d/b/a National Grid  
RIPUC Docket No. 4770  
Attachment PUC 1-47-5  
Page 1 of 66

Invoice Summary for NECO Rate Case 2017  
2016-2017 invoices

Copies of Invoices for CY2016  
Policy Period: 2016-2017

Insured	Line of Coverage	Policy Period	Policy Number	Carrier	Total Premium Paid	Invoiced By
National Grid USA	Excess Liability	04/01/16-04/01/17	XL5088705P	AEGIS	7,357,649	AEGIS
National Grid USA	Excess Liability	04/01/16-04/01/17	253357-16GL	EIM	738,937	EIM
<b>Total Excess Liability</b>					<b>8,096,586</b>	
National Grid (US) Holdings Ltd.,	Property	04/01/16-04/01/17	NGUS/PD/16/031	National Grid Insurance USA Ltd.	17,583,535	National Grid Insurance USA Ltd.
National Grid (US) Holdings Ltd.,	Property Terrorism	04/01/16-04/01/17	NGUS/TE/16/029&30	National Grid Insurance USA Ltd.	322,139	National Grid Insurance USA Ltd.
National Grid (US) Holdings Ltd.,	Business Interruption	04/01/16-04/01/17	NGUS/PD/16/031	National Grid Insurance USA Ltd.	984,808	National Grid Insurance USA Ltd.
National Grid (US) Holdings Ltd.,	Public (Excess) Liability	04/01/16-04/01/17	Various	National Grid Insurance USA Ltd.	4,981,250	National Grid Insurance USA Ltd.
<b>Total Property, Public Liability, Terrorism, BI</b>					<b>23,871,732</b>	
National Grid USA	Excess Workers' Comp	07/01/16-07/01/17	EW1-62N-004536-576 (MA)	Liberty Mutual Insurance Company	1,208,778	Marsh USA Inc.
National Grid USA	Cargo Marine Transit	02/28/16-02/28/17	N05698625	Indemnity Insurance North America (an Ace USA Co.)	9,400	Marsh USA Inc.
National Grid USA	Business Travel Accident	01/01/16-01/01/17	GTP9132752-A	National Union Fire Insurance Company of Pittsburgh (AIG)	67,099	Marsh USA Inc.
Niagara Mohawk Power Corp. and National Grid (US) Holdings Ltd.	Aviation	04/01/16-04/01/17	10045246	Global Aerospace, Inc.	221,414	Marsh USA Inc.
National Grid USA	Fidelity Bond-Crime	11/30/16-11/30/17	28405318	National Union Fire Insurance Company of Pittsburgh (AIG)	68,237	Marsh USA Inc.
National Grid USA	Fidelity Bond-Crime	11/30/16-11/30/17	BCCR4500245520	Berkley	17,969	Marsh USA Inc.
National Grid USA	Employment Practices	11/30/16-11/30/17	02-817-52-42	National Union Fire Insurance Company of Pittsburgh (AIG)	196,000	Marsh USA Inc.
National Grid USA	Fiduciary Liability	11/30/16-11/30/17	02-817-52-44	National Union Fire Insurance Company of Pittsburgh (AIG)	74,261	Marsh USA Inc.
National Grid USA	Fiduciary Liability	11/30/16-11/30/17	6800-2140	Chubb (Federal Insurance co)	46,000	Marsh USA Inc.
National Grid USA	Fiduciary Liability	11/30/16-11/30/17	FX5040715P	AEGIS	176,426	Marsh USA Inc.
National Grid USA	Fiduciary Liability	11/30/16-11/30/17	27359216FL	EIM	147,368	Marsh USA Inc.
<b>Total Fidelity Bond-Crime, Employment Practices, Fiduciary Liability</b>					<b>726,261</b>	Marsh USA Inc.
National Grid plc, incl. NGUSA	Directors & Officers	12/01/16-12/01/17	Various	Various	802,349	Willis Limited
National Grid plc, incl. NGUSA	Directors & Officers	12/01/16-12/01/17	DP5428204P	AEGIS	211,698	AEGIS
National Grid plc, incl. NGUSA	Directors & Officers	12/01/16-12/01/17	293595-16DO	EIM	310,979	EIM
<b>Total Directors &amp; Officers</b>					<b>1,325,026</b>	
National Grid USA	Property Inspection*	various	N/A	Global Risk Consultants Corp.	10,000	Global Risk Consultants Corp.
National Grid USA	Property Inspection*	various	N/A	Arise Incorporated	11,375	Arise Incorporated
National Grid USA	Property Inspection*	various	N/A	Arise Incorporated	1,530	Arise Incorporated
National Grid USA	Property Inspection*	various	N/A	Arise Incorporated	11,375	Arise Incorporated
National Grid USA	Property Inspection*	various	N/A	Global Risk Consultants Corp.	10,000	Global Risk Consultants Corp.
National Grid USA	Property Inspection*	various	N/A	Arise Incorporated	12,475	Arise Incorporated
<b>Total Property Inspection</b>					<b>56,755</b>	
National Grid USA	Broker Fee*	various	N/A	Marsh USA Inc.	34,148	Marsh USA Inc.
National Grid USA	Broker Fee*	various	N/A	Marsh USA Inc.	268,196	Marsh USA Inc.
National Grid USA	Broker Fee*	various	N/A	Marsh USA Inc.	260,114	Marsh USA Inc.
<b>Total Broker Fee</b>					<b>562,458</b>	
National Grid USA	Surety Bonds	various	N/A	Travelers	276,978	
National Grid USA	Letter of Credit Fee	01/01/16-12/31/16	N/A	JPMorgan Chase	1,272	

\*Note:

1. Property Inspection - invoices from Arise Incorporated and Global Risk Consultants show the entire invoice amount billed to National Grid USA. Invoices are not broken out by entity. The fees are allocated based on allocation code G-020.

1. Broker Fee - invoices from Marsh USA Inc. show the entire invoice amount billed to National Grid USA. Invoices are not broken out by entity. The fees are allocated based on allocation codes G-020, G-012 and N-139.

nationalgrid		PAYMENT REQUEST	
Date: <u>04/07/16</u>		Due Date: <u>04/18/16</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input type="checkbox"/> ACH	
<input checked="" type="checkbox"/> WIRE			
Check Stub Message: (max. limit of 50 Characters)		Bank Name: _____	Bank Name: _____
		Routing #: _____	Routing #: _____
		Account #: _____	Account #: _____
(Check One):      Yes:      No: Separate Check <input type="checkbox"/> <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> <input type="checkbox"/> OR Mail Check to Internal Location:		<b>Reference Information for Beneficiary</b> <b>Invoice #77035, National Grid USA</b> <b>Excess Liability Policy No. XL5088705P</b>	
Location of Service (Required Information):		<i>AP Use Only:</i>	
City: <u>Waltham</u> State: <u>MA</u> Zip Code: <u>02451</u>		Wired By: _____ Authorized By: _____ Value Date: _____ ET #: _____	
Vendor Information			
Payable To: <u>Associated Electric &amp; Gas Insurance Services Ltd</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>1000019525</u>	
Address: <u>1 Meadowlands Plaza, East Rutherford, NJ 07073</u>		Invoice #: <u>77035</u>	
Reason for Payment: <u>NGUSA Excess Liability Insurance Premium, Policy Period 4/1/16-17 [AEGIS-Primary Layer]</u>		Paying Company: <u>5110</u>	Amount: <u>\$7,357,649.00</u>
		Service Company	
National Grid Accounting			
G/L Account	Profit Center	WBS	Order
C1651099	SVC8000		
Please Print		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>	
Please Print		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		<u>(781) 907-2306</u>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotel/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
			<b>Please Choose One</b>
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	

Mail To:  
ASSOCIATED ELECTRIC & GAS  
INSURANCE SERVICES  
16872 Collection Center Drive  
Chicago, IL 60693-0168



Overnight Delivery:  
Bank of America Lockbox Services  
Associated Electric & Gas Insurance Services  
16872 Collection Center Drive  
Chicago, IL 60693-0168

WireTransfer\*:

Broker: Marsh Inc.  
1166 Avenue of The Americas  
New York, NY 10036-2708

Insured: National Grid (US) Holdings LTD  
1-3 Strand  
London, EN WC2N 5EH

Invoice Number: 77035  
Date of Invoice: 03/30/2016  
Policy Number: XL5088705P

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.  
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE  
APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIVE DATES		DESCRIPTION	PREMIUM CHARGE	PREMIUM CREDIT
FROM	TO			
04/01/2016	04/01/2017	Excess Liability Insurance Policy Premium	\$ 7,007,649	
		Terrorism Premium	\$ 350,000	
AMOUNT DUE AEGIS			\$ 7,357,649	


PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE.  
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.

PLEASE MAKE CHECKS PAYABLE TO ASSOCIATED ELECTRIC AND GAS INSURANCE SERVICES, LIMITED  
AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

05686100

[PLEASE RETURN WITH PAYMENT]

nationalgrid		PAYMENT REQUEST	
Date: <u>04/14/16</u>		Due Date: <u>04/27/16</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input type="checkbox"/> ACH	
<input checked="" type="checkbox"/> WIRE			
Check Stub Message: (max. limit of 50 Characters)		Bank Name:	Bank Name:
		Routing #:	Routing #:
		Account #:	Account #:
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/> Separate Check <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> OR Mail Check to Internal Location: <input type="checkbox"/>		<i>Reference Information for Beneficiary</i> Policy # 253357-16GL	
Location of Service (Required Information):		<i>AP Use Only:</i>	
City: <u>Waltham</u>	State: <u>MA</u>	Zip Code: <u>02451</u>	Wired By: _____ Authorized By: _____ Value Date: _____ ET #: _____
<b>Vendor Information</b>			
Payable To: <u>Energy Insurance Mutual</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>1000004597</u>	
Address: <u>3000 Bayport Drive, Suite 550, Tampa, FL 33607-8418</u>		Invoice #: <u>32098</u>	
Reason for Payment: <u>NGUSA Excess Liability Insurance Premium, Policy Period 4/1/16-17 [EIM-1st Excess Layer]</u>		Paying Company: <u>5110</u>	Amount: <u>\$738,937.00</u>
		NGUSA Service Company	
National Grid Accounting			
G/L Account	Profit Center	WBS	Order
C1651099	SVC8000		
<i>Please Print</i>		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>	
<i>Please Print</i>		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		<u>(781) 907-2306</u>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sherrifs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
<i>Please Choose One</i>			
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	

 <p>3000 Bayport Drive  Suite 550  Tampa, Florida 33607-8418  (813) 287-2117 - Fax: (813) 874-2523</p>		<h1>INVOICE</h1> <table border="1"> <tr> <td colspan="3">INSURED NAME:</td> </tr> <tr> <td colspan="3">National Grid (US) Holdings Ltd  One MetroTech Center, 15<sup>th</sup> Floor  Brooklyn, New York 11201</td> </tr> </table> <table border="1"> <tr> <td>INVOICE NUMBER</td> <td>ISSUE DATE</td> <td>DUE DATE</td> </tr> <tr> <td>0000032098</td> <td>03/14/16</td> <td>05/01/16</td> </tr> </table>			INSURED NAME:			National Grid (US) Holdings Ltd One MetroTech Center, 15 <sup>th</sup> Floor Brooklyn, New York 11201			INVOICE NUMBER	ISSUE DATE	DUE DATE	0000032098	03/14/16	05/01/16
INSURED NAME:																
National Grid (US) Holdings Ltd One MetroTech Center, 15 <sup>th</sup> Floor Brooklyn, New York 11201																
INVOICE NUMBER	ISSUE DATE	DUE DATE														
0000032098	03/14/16	05/01/16														
EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER	DESCRIPTION	AMOUNT												
04/01/16	04/01/17	253357-16GL	Annual Premium due by May 1, 2016	\$ 738,937.00												
				<b>\$ 738,937.00</b> <b>TOTAL DUE</b>												

JST 03/14/16

nationalgrid		PAYMENT REQUEST	
Date: <u>04/07/16</u>		Due Date: <u>04/29/16</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
<input type="checkbox"/> WIRE			
Check Stub Message: (max. limit of 50 Characters)	Bank Name:	Bank Name:	
	Routing #:	Routing #:	
(Check One): Separate Check Mail Check to Payee OR Mail Check to Internal Location:	Account #:	Account #:	
		<b>INSURANCE NOTES:</b> Public Liability \$4,981,250.00 Business Interruption \$984,808.00 Property \$17,583,535.00 Property Terrorism \$322,139.00 <b>\$23,871,732.00</b>	
Location of Service (Required Information):		AP Use Only:	
City: <u>Waltham</u>	Wired By: _____	Authorized By: _____	
State: <u>MA</u> Zip Code: <u>02451</u>	Value Date: _____	ET #: _____	
Vendor Information			
Payable To: <b>National Grid Insurance USA Ltd</b>		Federal Tax No. or SS #: _____	
Address: <b>c/o AON Insurance Managers (USA) Inc., 199 Water Street, New York, NY 10038</b>		Vendor #: <b>1000033008</b>	
Reason for Payment: Invoice No. 2016/17/001, 4/1/16-17 NGUSA Insurance Renewals for Public Liability, Business Interruption, Property, Property Terrorism		Invoice #: <b>2016/17/001</b>	
		Paying Company: <b>5110</b>	Amount: <b>\$23,871,732.00</b>
		NGUSA Service Company	
National Grid Accounting			
G/L Account	Profit Center	WBS	Order
C1651099	SVC8000	[for Public Liability]	
C1651099	SVC8000	[for Business Interruption]	
C1651099	SVC8000	[for Property]	
C1651099	SVC8000	[for Property Terrorism]	
C1740030	SVC8000	[for NMProperties-Property]	
C1740030	SVC8000	[for NMProperties-Terrorism]	
Please Print		Employee ID#	
Approver's Name: <b>Timothy Kiernan</b>		<b>tkiernan 71045250</b>	
Please Print		Phone Number	
Preparer's Name: <b>Patricia Needham</b>		<b>(781) 907-2306</b>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
			<b>Please Choose One</b>
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	



National Grid Insurance USA Ltd

National Grid USA  
One MetroTech Center  
Brooklyn, NY 11201

For the Attention of Timothy Kiernan

Date	Please quote our reference number: <u>2016/17/001</u>	Amount
March 31, 2016	Renewal premium for the operational insurances for: National Grid USA, (excluding Power Generation assets for BI, Property and Terrorism)  Effective from Apr-01-2016 to Mar-31-2017 both dates inclusive.	
	<b>A.</b> Business Interruption	USD 984,808
	<b>B.</b> Property	USD 17,583,535
	<b>A.</b> Public Liability	USD 4,981,250
	<b>C.</b> Terrorism	USD 322,139
	<b>Net Total :</b>	<b>USD 23,871,732</b>
	<b>Payment must be made to National Grid Insurance USA Ltd within 60 days.</b>	
	<b>Gross Amount Due :</b>	<b>USD 23,871,732</b>
	Please quote our reference number above on all correspondence. <b>Note:</b> All payments are to be made by telegraphic transfer.	
	Banking details :	
	Account Name :	
	Account Number :	
	ABA # :	

Notes regarding NM Properties, Inc:

A. Coverage does not apply

B. Share of Property insurance premium - \$4,250.00

C. Share of Terrorism insurance premium - \$ 750.00

National Grid Insurance USA Ltd

c/o Aon Insurance Managers (USA) Inc., 199 Water Street, New York, NY, 10038  
Telephone: + 1.802.652.1554  
Fax: + 1.802.860.0440

Forward to: Accounts Payable Administrator for Processing



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	2 of 2
Invoice Total	1,208,778.00 USD
Invoice No.	934415905966
Invoice Date	07/15/2016
Effective Date	07/01/2016
Client No.	9344100000
Installment No.	

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 07/01/2016

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
LIBERTY MUTUAL	EW162N004536556	07/01/2017	Work Comp Coverage	PREMIUM	713,179.00
LIBERTY MUTUAL	EW562N004536566	07/01/2017	Work Comp Coverage	PREMIUM	72,527.00
LIBERTY MUTUAL	EW762N004536576	07/01/2017	Work Comp Coverage	PREMIUM	423,072.00
Invoice Comments:					
Excess WC Renewal Invoice eff 7/1/16					
Invoice Total					1,208,778.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	1,208,778.00 USD
Invoice No.	934415905966
Invoice Date	07/15/2016
Effective Date	07/01/2016
Client No.	9344100000
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934415905966	Immediate	1,208,778.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 934415905966 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryServiceRequest.US@marsh.com](mailto:FiduciaryServiceRequest.US@marsh.com)

By ACH:

By Mail:

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

By Wire:

934415905966 012087780007

Forward to: Accounts Payable Administrator for Processing



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To  
Timothy Kiernan  
National Grid USA  
One Metro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	2 of 2
Invoice Total	8,055.00 USD
Invoice No.	980716015828
Invoice Date	03/22/2016
Effective Date	02/28/2016
Client No.	9807187443
Installment No.	

Original  
Policy Holder: National Grid USA  
Billing Effective Date: 02/28/2016



Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
INDEMNITY	N05698625	02/28/2017	Cargo Global Transit	PREMIUM	8,055.00
<b>Invoice Comments:</b> Invoice for Marine OC 2016 Policy# N05698625					
Invoice Total					8,055.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To  
Timothy Kiernan  
National Grid USA  
One Metro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	1 of 2
Invoice Total	8,055.00 USD
Invoice No.	980716015828
Invoice Date	03/22/2016
Effective Date	02/28/2016
Client No.	9807187443
Installment No.	



If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9807187443	980716015828	Immediate	8,055.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 980716015828 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryServiceRequest.US@marsh.com](mailto:FiduciaryServiceRequest.US@marsh.com)

By ACH

By Mail

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

By Wire

9807160158285 000080550020

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>04/21/17</u>		Due Date: <u>04/30/17</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters) <b>Marine Cargo policy extend to 04/30/17</b>		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
		Bank Name: _____	
		Routing #: _____	
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____	
Separate Check <input type="checkbox"/>			
Mail Check to Payee <input type="checkbox"/>			
OR			
Mail Check to Internal Location: <input type="checkbox"/>			
Location of Service (Required Information):		<i>AP Use Only:</i>	
City: <u>Brooklyn</u>		Wired By: _____ Authorized By: _____	
State: <u>NY</u> Zip Code: <u>11201</u>		Value Date: _____ ET #: _____	
<b>Vendor Information</b>			
Payable To: <b>Marsh USA Inc.</b>		Federal Tax No. or SS #: _____	
		Vendor #: <b>4000012444</b>	
Address: <b>P.O. Box 417724, Boston, MA 02241-7724</b>		Invoice #: <b>980711927736</b>	
Reason for Payment: <b>Inv #980711927736, Marine Cargo Transit, Indemnity Ins Co Policy # N05698625. Extend policy to 4/30/17</b>		Paying Company: <b>5110</b> Amount: <b>\$1,345.00</b>	
		NGUSA Service Company	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
<b>C6604500</b>		<b>X008920.AGB845</b>	<b>XG173009170</b>
Approver's Name:		Employee ID#	
<b>Timothy Kiernan</b>		<b>tkiernan 71045250</b>	
Preparer's Name:		Phone Number	
<b>Haejae Lee</b>		<b>929-324-4716</b>	
<b>NON-PURCHASE ORDER CATEGORY</b>			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sherriffs/Marshals
05 Charitables/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
			<b>Please Choose One</b>
<b>*Sales tax paid for these services/materials</b>		<b>Forward to: Accounts Payable Administrator for Processing</b>	



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Timothy Kiernan  
National Grid USA  
One Metro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	1 of 2
Invoice Total	1,345.00 USD
Invoice No.	980711927736
Invoice Date	04/17/2017
Effective Date	02/28/2016
Client No.	9807187443
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9807187443	980711927736	Immediate	1,345.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 980711927736 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH:

By Wire:

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

9807119277364 000013450038



**Marsh USA Inc.**  
New York NY  
(212) 345-6000

Billed To: **Timothy Kiernan**  
National Grid USA  
One Metro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	2 of 2
Invoice Total	1,345.00 USD
Invoice No.	980711927736
Invoice Date	04/17/2017
Effective Date	02/28/2016
Client No.	9807187443
Installment No.	

### Extension

Policy Holder: **National Grid USA**  
Billing Effective Date: **02/28/2017**

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
INDEMNITY	N05698625	04/30/2017	Cargo Global Transit	PREMIUM	1,345.00
<b>Invoice Comments:</b>  Marine Cargo Policy# N05698625 Invoice for policy extension until 4/30/2017, with additional premium of \$1,345					
<b>Invoice Total</b>					1,345.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>12/03/15</u>		Due Date: <u>12/18/15</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
		Bank Name: _____	
		Routing #: _____	
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____	
Separate Check _____		Reference Information for Beneficiary	
Mail Check to Payee <input type="checkbox"/>			
OR			
Mail Check to Internal Location: _____			
Location of Service (Required Information):		AP Use Only:	
City: <u>Brooklyn</u>		Wired By: _____ Authorized By: _____	
State: <u>NY</u> Zip Code: <u>11201</u>		Value Date: _____ ET #: _____	
<b>Vendor Information</b>			
Payable To: <u>Marsh USA Inc.</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>4000012444</u>	
Address: <u>P.O. Box 417724, Boston, MA 02241-7724</u>		Invoice #: <u>980711027170</u>	
Reason for Payment: <u>Inv #980711027170, NGUSA Business Travel Accident, AIG-NU Policy #GTP 9132752-A, 1/1/16-17, 3rd Annual Installment</u>		Paying Company: <u>5110</u> Amount: <u>\$67,098.50</u>	
		NGUSA Service Company	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
C6604500		X008919.AGB847	XN139009174
Approver's Name: <u>Timothy Kiernan</u>		Employee ID# <u>tkiernan 71045250</u>	
Preparer's Name: <u>Patricia Needham</u>		Phone Number <u>(781) 907-2306</u>	
<b>NON-PURCHASE ORDER CATEGORY</b>			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Houses
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch	32 R&D Initiative
*Sales tax paid for these services/materials			Please Choose One
Forward to: Accounts Payable Administrator for Processing			



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Timothy Kiernan  
National Grid USA  
One Metro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	2 of 2
Invoice Total	67,098.50 USD
Invoice No.	980711027170
Invoice Date	10/30/2015
Effective Date	01/01/2016
Client No.	9807187443
Installment No.	

Installment  
Policy Holder: National Grid USA  
Billing Effective Date: 01/01/2016

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
NATIONAL UN-PA	GTP 9132752-A	01/01/2017	Business Travel Accid	PREMIUM	67,098.50
<b>Invoice Comments:</b> THIRD ANNUAL INSTALLMENT PREMIUM KING/BROWN					
Invoice Total					67,098.50

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Timothy Kiernan  
National Grid USA  
One Metro Tech Center  
Brooklyn, NY 11201

## INVOICE

Page	1 of 2
Invoice Total	67,098.50 USD
Invoice No.	980711027170
Invoice Date	10/30/2015
Effective Date	01/01/2016
Client No.	9807187443
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of Insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable Insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9807187443	980711027170	Immediate	67,098.50 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 980711027170 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH

By Mail: Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

By Wire

9807110271705 000670985006

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: National Grid USA, including all affiliates and subsidiary companies as now exists or are hereinafter constituted or acquired

Policy Number: GTP 0009132752-A

**BLANKET ACCIDENT INSURANCE**

Policy Amendment No. 2

This Policy Amendment is attached to and made part of the Policy effective January 1, 2016 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to accidents and emergency sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

It is hereby Understood and Agreed that the Third Annual Installment for the period commencing January 1, 2016 and ending January 1, 2017 is now due to the Company.

**Third Annual Installment Premium Due: \$67,098.50**

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy Amendment:



President



Secretary

(Signed for the Policyholder)  
(Signature required if amendment reduces or eliminates coverage)

(Title)

(Date)

C11863DBG-NY

GTP

\*Sales tax paid for these services/materials





Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To  
Barbara Schnettler  
National Grid Services, Inc.  
300 Erie Blvd. West  
A-4  
Syracuse, NY 13202

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 04/01/2016

## INVOICE

Page	2 of 2
Invoice Total	221,414.00 USD
Invoice No.	670358996387
Invoice Date	03/25/2016
Effective Date	04/01/2016
Client No.	6703500000
Installment No.	



Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
AMERICAN ALTER	10045248	04/01/2017	Aircraft Hull Liability	PREMIUM	99,548 00
CSI CO OF OMAH	10045248	04/01/2017	Aircraft Hull Liability	PREMIUM	51,789 00
MTSUI SUMITOM	10045248	04/01/2017	Aircraft Hull Liability	PREMIUM	20,547 00
AMERICAN COMM	10045248	04/01/2017	Aircraft Hull Liability	PREMIUM	22,141 00
Tokio Marine Am	10045248	04/01/2017	Aircraft Hull Liability	PREMIUM	27,389 00
<b>Invoice Comments:</b> Premium due for renewal term 4/1/2016 to 4/1/2017					
Invoice Total					221,414.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To  
Barbara Schnettler  
National Grid Services, Inc.  
300 Erie Blvd. West  
A-4  
Syracuse, NY 13202

## INVOICE

Page	1 of 2
Invoice Total	221,414.00 USD
Invoice No.	670358996387
Invoice Date	03/25/2016
Effective Date	04/01/2016
Client No.	6703500000
Installment No.	



If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premlumfinance@marsh.com](mailto:premlumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
6703500000	670358996387	Immediate	221,414.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 670358996387 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH

By Mail

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

By Wire

593

670358996387 002214140005

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>12/6/2016</u>		Due Date: <u>12/9/2016</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXXXXXXXXXXXX</span>	
		Routing #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
Separate Check <input type="checkbox"/>		INSURANCE	
Mail Check to Payee <input type="checkbox"/>		1. EPL: AIG NU (primary)/policy#028175242/\$196,000	
OR		2. Fiduciary: AIG NU (primary)/policy#028175244/\$74,261	
Mail Check to Internal Location: <input type="checkbox"/>		3. Fiduciary: AEGIS (1st Excess)/policy#FX5040715P/\$176,426	
		4. Fiduciary: EIM (2nd Excess)/policy#27359216FL/\$147,368	
		5. Fiduciary: Chubb Federal (3rd Excess) policy#68002140/\$46,000	
		6. Crime: AIG NU (primary)/policy#028405318/\$68,237	
		7. Crime: Berkley (1st Excess)/policy#BCCR4500245520/\$17,969	
Location of Service (Required Information):		<b>AP Use Only:</b>	
City: <u>Waltham</u>		Wired By: _____ Authorized By: _____	
State: <u>MA</u> Zip Code: <u>02451</u>		Value Date: _____ ET #: _____	
<b>Vendor Information</b>			
Payable To: <b>Marsh USA Inc.</b>		Vendor #: <b>4000012444</b>	
		Invoice #: <b>670358342998</b>	
Address: <b>P.O. Box 417724, Boston, MA 02241-7724</b>		Company Code: <b>5110</b>	
In Payment of: <b>Inv#670358342998;11/30/16 to 11/30/17 insurance renewals for EPL, Fiduciary Liability, Fidelity Bond-Crime</b>		Amount: <b>\$726,260.60</b>	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
<b>C1651099</b>	<b>SVC8000</b>	(for Fiduciary)	
<b>C1651099</b>	<b>SVC8000</b>	(for EPL)	
<b>C1651099</b>	<b>SVC8000</b>	(for Fidelity Bond-Crime)	
Approver's Name		Employee ID#	
<b>Timothy Kiernan</b>		<b>71045250</b>	
Preparer's Name		Phone Number	
<b>Haejae Lee</b>		<b>(929) 324-4716</b>	
<b>NON-PURCHASE ORDER CATEGORY</b>			
01 Advertising	09 Events	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LHA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
		<b>Please Choose One</b>	
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan, Director of Insurance  
National Grid USA  
One Metrotech Center  
Brooklyn, NY 11201

## INVOICE

Page	1 of 2
Invoice Total	726,260.60 USD
Invoice No.	670358342998
Invoice Date	12/05/2016
Effective Date	11/30/2016
Client No.	6703500000
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
6703500000	670358342998	Immediate	726,260.60 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 670358342998 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH:

By Mail: Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

By Wire:

6703583429981 007262606017



Marsh USA Inc.  
New York NY  
(212) 345-6000

## INVOICE

Page	2 of 2
Invoice Total	726,260.60 USD
Invoice No.	670358342998
Invoice Date	12/05/2016
Effective Date	11/30/2016
Client No.	6703500000
Installment No.	

Billed To: Tim Kiernan, Director of Insurance  
National Grid USA  
One Metrotech Center  
Brooklyn, NY 11201

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 11/30/2016

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
NATIONAL UN-PA	028175242	11/30/2017	Other Employ Practice Liab	PREMIUM	196,000.00
AEGIS	FX5040715P	11/30/2017	Fiduciary Liability	PREMIUM	170,000.00
AEGIS	FX5040715P	11/30/2017	Fiduciary Liability	SURPLUS LN TAX	6,120.00
AEGIS	FX5040715P	11/30/2017	Fiduciary Liability	STAMPING FEE	306.00
NATIONAL UN-PA	028175244	11/30/2017	Fiduciary Liability	PREMIUM	74,261.00
ENERGY	27359216FL	11/30/2017	Fiduciary Liability	PREMIUM	142,000.00
ENERGY	27359216FL	11/30/2017	Fiduciary Liability	SURPLUS LN TAX	5,112.00
ENERGY	27359216FL	11/30/2017	Fiduciary Liability	STAMPING FEE	255.60
FEDERAL INS	68002140	11/30/2017	Fiduciary Liability	PREMIUM	46,000.00
NATIONAL UN-PA	028405318	11/30/2017	Commercial Crime	PREMIUM	68,237.00
BERKLEY	BCCR4500245520	11/30/2017	Commercial Crime	PREMIUM	17,969.00
Invoice Comments:					
Please note that premium payment terms are determined by the specific insurer and detailed on the respective binder of insurance. In order to avoid possible policy cancellation for non-payment of premium, please issue payment in full upon receipt of this invoice.					
Invoice Total					726,260.60

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.

nationalgrid		PAYMENT REQUEST	
Date: <u>01/31/17</u>		Due Date: <u>01/31/17</u>	
<b>1/31/2017</b>			
<input type="checkbox"/> CHECK		<input type="checkbox"/> ACH	
<input checked="" type="checkbox"/> WIRE			
Check Stub Message: (max. limit of 50 Characters) <b>D&amp;O Renewal 2016-2017</b> <b>Acct#1382064103</b>		Bank Name:	Bank Name: [REDACTED]
		Routing #:	Routing #: [REDACTED]
		Account #:	Account #: [REDACTED]
(Check One):      Yes:      No: Separate Check <input type="checkbox"/> <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> <input type="checkbox"/> OR Mail Check to Internal Location:		<b>Insurance Notes:</b> \$43,664.40 1st Excess Side A D&O \$150,052.50 2nd Excess D &O \$68,591.25 2nd Excess Side A D&O \$210,600.00 3rd Excess D&O \$131,625.00 4th Excess D&O \$94,770.00 5th Excess D&O \$47,385.00 Main Board Side A D&O \$55,661.45 CODA D&O	
		<b>Reference Information for Beneficiary</b> 35444P16,36006P16,35452P16,36009P16, 36010P16,36011P16,35475P16,35407P16 /000004PRM Account No. 1382064103	
Location of Service (Required Information):		<i>AP Use Only:</i>	
City: <u>Brooklyn</u>	State: <u>NY</u>	Zip Code: <u>11201</u>	Wired By: _____
		Value Date: _____	Authorized By: _____
		ET #: _____	
<b>Vendor Information</b>			
Payable To: <b>Willis Limited</b>		Federal Tax No. or SS #: _____	
		Vendor #: <b>1000036998</b>	
Address: <b>51 Lime Street, London EC3M 7DQ</b>		Invoice #: <b>Willis-D&amp;O Jan 6 2017</b>	
Reason for Payment: <b>NGUSA D&amp;O. Policy period 12/01/16-11/30/17.</b>		Paying Company:	Amount
<b>Account No. 1382064103</b>		<b>5110</b>	<b>\$802,349.60</b>
		NGUSA Service Company	
National Grid Accounting			
G/L Account	Profit Center	WBS	Order
C1651099	SVC8000		
		Employee ID#	
Approver's Name: <b>Timothy Kiernan</b>		<b>71045250</b>	
		Phone Number	
Preparer's Name: <b>Haejae Lee</b>		<b>(929) 324-4716</b>	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch	32 R&D Initiative
			<b>Please Choose One</b>

# **Willis Limited**

51 Lime Street London EC3M 7DQ United Kingdom  
Telephone: +44 (0)2031240000 Fax: +44 (0)2031248223 Website: www.willis.com



Please quote our reference in any enquiry to Accounts Department

**National Grid Plc**  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

**Account Number** 1382064103  
**Your Reference**  
**Our Reference** 35444P16 / 000004PRM  
**Advice Date** 06 January 2017

## **Debit Note**

VAT Category: VAT Exemption

**Insured:** National Grid Plc  
**Period:** 01 December 2016 to 30 November 2017  
**Type:** Insurance of:  
D&O Insurance

### **Details:**

Premium due in respect of First Excess Side A Directors and Officers Liability Insurance

Premium	USD	43,664.40
Order Hereon 100.00000000%	USD	43,664.40

<b>Net Amount Due From You</b>	<b>USD</b>	<b>43,664.40</b>
--------------------------------	------------	------------------

Premium payable to Willis Limited on or before 17 January 2017.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 35444P16 / 000004PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

**Willis Limited**

51 Finsbury Street London EC2M 7DQ United Kingdom  
Telephone: +44 (0)2031246000 Fax: +44 (0)2031248223 Website: www.willis.com

**Willis**

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 36006P16 / 000004PRM  
Advice Date 06 January 2017

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2016 to 30 November 2017  
Type: Insurance of:  
Excess Directors and Officers Liability and Company Reimbursement Insurance

**Details:**

Premium due in respect of Second Excess Directors and Officers Liability Insurance

Premium	USD	150,052.50
Order Hereon 100.00000000%	USD	150,052.50
<b>Net Amount Due From You</b>	<b>USD</b>	<b>150,052.50</b>

Premium payable to Willis Limited on or before 17 January 2017.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 36006P16 / 000004PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

## Willis Limited

51 Finsbury Street London EC2M 7DQ United Kingdom  
Telephone: +44 (0)2031246000 Fax: +44 (0)2031248223 Website: www.willis.com

Willis

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Please quote our reference in any enquiry to Accounts Department

Account Number 1382064103  
Your Reference  
Our Reference 35452P16 / 000004PRM  
Advice Date 06 January 2017

### Debit Note

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2016 to 30 November 2017  
Type: Insurance of:  
D&O Insurance

#### Details:

Premium due in respect of Second Excess Side A Directors and Officers Liability Insurance

Premium	USD	68,591.25
Order Hereon 100.00000000%	USD	68,591.25

Net Amount Due From You	USD	<u>68,591.25</u>
-------------------------	-----	------------------

Premium payable to Willis Limited on or before 17 January 2017.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 35452P16 / 000004PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

**Willis Limited**

51 Lime Street London EC3M 7DQ United Kingdom  
Telephone: +44 (0)2031246000 Fax: +44 (0)2031248223 Website: www.willis.com

**Willis**

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 36009P16 / 000004PRM  
Advice Date 06 January 2017

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2016 to 30 November 2017  
Type: Insurance of:  
Excess Directors and Officers Liability and Company Reimbursement Insurance

**Details:**

Premium due in respect of Third Excess Directors and Officers Liability Insurance

Premium	USD	210,600.00
Order Hereon 100.00000000%	USD	210,600.00
<b>Net Amount Due From You</b>	<b>USD</b>	<b>210,600.00</b>

Premium payable to Willis Limited on or before 17 January 2017.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 36009P16 / 000004PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

**Willis Limited**

51 Finsbury Street, London EC2M 7DQ United Kingdom  
Telephone: +44 (0)2031248000 Fax: +44 (0)2031248223 Website: www.willis.com

**Willis**

**National Grid Plc**  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Please quote our reference in any enquiry to Accounts Department

Account Number 1382064103  
Your Reference  
Our Reference 36010P16 / 000004PRM  
Advice Date 06 January 2017

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2016 to 30 November 2017  
Type: Insurance of:  
Excess Directors and Officers Liability and Company Reimbursement Insurance

**Details:**

Premium due in respect of Fourth Excess Directors and Officers Liability Insurance

Premium	USD	131,625.00
Order Hereon 100.00000000%	USD	131,625.00
<b>Net Amount Due From You</b>	<b>USD</b>	<b>131,625.00</b>

Premium payable to Willis Limited on or before 17 January 2017.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 36010P16 / 000004PRM when making settlement.

In the event of query please contact Clare Filtress who is dealing with this item.  
Contact details: 02031247217, Clare.Filtress@WillisTowersWatson.com

**Willis Limited**

51 Lime Street London EC3M 7DQ United Kingdom  
Telephone: +44 (0)2031246000 Fax: +44 (0)2031248223 Website: www.willis.com

**Willis**

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 36011P16 / 000004PRM  
Advice Date 06 January 2017

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2016 to 30 November 2017  
Type: Insurance of:  
Excess Directors and Officers Liability and Company Reimbursement  
Insurance

**Details:**

Premium due in respect of Fifth Excess Directors and Officers Liability Insurance

Premium	USD	94,770.00
Order Hereon 100.00000000%	USD	94,770.00
<b>Net Amount Due From You</b>	<b>USD</b>	<b>94,770.00</b>

Premium payable to Willis Limited on or before 17 January 2017.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 36011P16 / 000004PRM when making settlement.

In the event of query please contact Clare Filtness who is dealing with this item.  
Contact details: 02031247217, Clare.Filtness@WillisTowersWatson.com

**Willis Limited**

51 Lime Street London EC3M 7DQ United Kingdom  
Telephone: +44 (0)2031246000 Fax: +44 (0)2031248223 Website: www.willis.com

**Willis**

Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 35475P16 / 000004PRM  
Advice Date 06 January 2017

**Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2016 to 30 November 2017  
Type: Insurance of:  
Directors & Officers Insurance

**Details:**

Premium due in respect of Main Board Side A Directors and Officers Liability Insurance

Premium	USD	47,385.00
Order Hereon 100.00000000%	USD	47,385.00
<b>Net Amount Due From You</b>	<b>USD</b>	<b>47,385.00</b>

Premium payable to Willis Limited on or before 17 January 2017.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 35475P16 / 000004PRM when making settlement.

In the event of query please contact Clare Filtress who is dealing with this item.  
Contact details: 02031247217, Clare.Filtress@WillisTowersWatson.com

# **Willis Limited**

51 Finsbury Street London EC3M 7DQ United Kingdom  
Telephone: +44 (0)2031246000 Fax: +44 (0)2031248223 Website: www.willis.com



Please quote our reference in any enquiry to Accounts Department

National Grid Plc  
1-3 Strand  
London  
WC2N 5EH  
United Kingdom

Account Number 1382064103  
Your Reference  
Our Reference 35407P16 / 000004PRM  
Advice Date 06 January 2017

## **Debit Note**

VAT Category: VAT Exemption

Insured: National Grid Plc  
Period: 01 December 2016 to 30 November 2017  
Type: Insurance of:  
D&O Insurance

Details:  
Premium due in respect of CODA Directors and Officers Liability Insurance

Premium	USD	55,661.45
Order Hereon 100.00000000%	USD	55,661.45
<b>Net Amount Due From You</b>	<b>USD</b>	<b>55,661.45</b>

Premium payable to Willis Limited on or before 17 January 2017.

Willis Limited will not be responsible for any consequences, including cancellation of cover, that may arise from any delay or failure by you to pay the amount payable by the stated date.

Please quote our reference 35407P16 / 000004PRM when making settlement.

In the event of query please contact Clare Filtress who is dealing with this item.  
Contact details: 02031247217, Clare.Filtress@WillisTowersWatson.com

Willis

**Willis Limited**  
51 Lime Street London EC3M 7DQ United Kingdom  
Telephone: +44 (0)2031246600 Fax: +44 (0)2031245225 Website: www.willis.com

CURRENCY
USD

Willis Limited, Lloyd's Broker, A Willis Tower Company, 51, The Limited, is authorised and regulated by the Financial Conduct Authority. Registered office 51 Lime Street, London EC3M 7DQ. Registered number 181116 England and Wales. Registered VAT number GB341229730.  
Saved: 06/01/2017 13:34:41

nationalgrid					
PAYMENT REQUEST					
Date:	12/15/2016			Due Date:	12/20/2016
<b>Check One Method of Payment</b>					
[ ] CHECK				[ X] ACH	X] WIRE
Check Stub Message: (max. limit of 50 Characters)	Bank Name:			Bank Name:	<div style="background-color: black; width: 100%; height: 100px;"></div>
	Routing #:			Routing #:	
(Check One) Yes No	Account #:			Account #	
Separate Check Mail Check to Payee OR Mail Check to Internal Location:					
Location of Service (Required Information):  City:                 Waltham State:          MA              Zip Code:      02451			AP Use Only:  Wired By: _____ Authorized By: _____  Value Date: _____ ET #: _____		
Vendor Information					
Payable To: Associated Electric & Gas Insurance Services Ltd.				Vendor #: 1000019525	
Address: 1 Meadowlands Plaza, East Rutherford, NJ 07073				Invoice #: 78204B	
In Payment of :	NGUSA D&O Renewal 12/1/2016-12/1/2017, Policy# DP5428204P (AEGIS-Primary Layer)			Company Code: 5110	Amount \$211,698.00
National Grid Accounting					
G/L Account C1651099	Profit Center SVC8000	WBS	Order	Operation	Amount \$211,698.00
Please Print			Employee ID#		
Approver's Name Timothy Kiernan			71045250		
Preparer's Name Haejae Lee			(929) 324-4716		
NON-PURCHASE ORDER CATEGORY					
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services	33 Subscription	
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive	34 Summitt/DMM/Tolls	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals	36 Training/Registration/Semin	
05 Charitable/ Sponsorship	13 Freight/Postage	21 Meter/Bill	29 Real Estate Rentals/Leases	37 Utility/Telephone/Water/Ad	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program	38 Other must be approved AP	
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund /Adjust./Reimburse	Please Choose One	
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative		
Sales tax paid for these services/materials			Forward to: Accounts Payable Administrator for Processing		

Mail To:  
ASSOCIATED ELECTRIC & GAS  
INSURANCE SERVICES  
16872 Collection Center Drive  
Chicago, IL 60693-0168



Overnight Delivery  
Bank of America Lockbox Services  
Associated Electric & Gas Insurance Services  
16872 Collection Center Drive  
Chicago, IL 60693-0168

Wire Transfer\*

**Broker:** Willis Limited  
Willis Building, 51 Lime Street  
London, EN EC3M 7DQ

**Insured:** National Grid plc.  
1-3 Strand  
London, EN WC2N5EH

**Invoice Number:** 78204B  
**Date of Invoice:** 11/22/2016  
**Policy Number:** DP5428204P

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES. IT IS THE INSURED'S OR  
THEIR BROKER'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS  
DIRECTLY TO THE APPROPRIATE STATE, PROVINCE OR LOCAL AGENCY.

EFFECTIVE DATES		DESCRIPTION	PREMIUM CHARGE	PREMIUM CREDIT
FROM	TO			
12/01/2016	12/01/2017	Directors and Officers Insurance Policy Premium (U.S)	\$ 965,168	
		Terrorism Premium	\$ 15,126	
		Less Continuity Credit		\$ 768,596
AMOUNT DUE AEGIS			\$ 211,698	

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE.  
NON-PAYMENT MAY RESULT IN POLICY CANCELLATION.  
PLEASE MAKE PAYMENT TO ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED

00732200

[illegible]



3000 Bayport Drive  
Suite 550  
Tampa, Florida 33607-8418  
Phone: (813) 287-2117  
Fax: (813) 874-2523

November 22, 2016

Richard Watts  
Miller Insurance Services Limited  
5 Jewry Street, Dawson House  
London, UK EC3N 2PJ

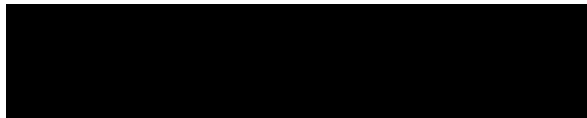
RE: National Grid plc  
Directors & Officers Policy Number: 293595-16DO

Dear Richard,

Enclosed, please find EIM's binding confirmation for the above member. You will also find EIM's invoice that reflects the total amount due of \$310,979.00

Payment may be made via ACH or wire transfer. Please use the following wiring instructions to transfer funds to EIM:

ABA #:  
Bank:  
Account #:  
Ref:




Payment should be made on or before December 30, 2016.

If you have any questions, please contact me.

Sincerely,

  
Jeanne Allen  
Assistant Underwriter

 <p>3000 Bayport Drive  Suite 550  Tampa, Florida 33607-8418  (813) 287-2117 - Fax: (813) 874-2523</p>			<h1>INVOICE</h1>								
			<table border="1"> <tr> <td colspan="3">MEMBER Insured</td> </tr> <tr> <td colspan="3"> National Grid plc  1-3 Strand  London, UK WC2N 5EH  GBR </td> </tr> </table>			MEMBER Insured			National Grid plc 1-3 Strand London, UK WC2N 5EH GBR		
MEMBER Insured											
National Grid plc 1-3 Strand London, UK WC2N 5EH GBR											
			<table border="1"> <tr> <td>INVOICE NUMBER</td> <td>ISSUE DATE</td> <td>DUE DATE</td> </tr> <tr> <td>0000032946</td> <td>11/22/16</td> <td>12/30/16</td> </tr> </table>			INVOICE NUMBER	ISSUE DATE	DUE DATE	0000032946	11/22/16	12/30/16
INVOICE NUMBER	ISSUE DATE	DUE DATE									
0000032946	11/22/16	12/30/16									

EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER	DESCRIPTION	AMOUNT
12/01/16	11/30/17	293595-16DO	Renewal Premium – US Portion	\$ 304,610.00
			TRIA Election	\$ 6,369.00
				<b>\$ 310,979.00</b> <b>TOTAL DUE</b>

Forward to: Accounts Payable Administrator for Processing



Global Risk Consultants Corp.  
100 Walnut Ave.  
Suite 501  
Clark, NJ 07066  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: TIMOTHY KEIRNAN  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

07/05/16  
INVOICE NUMBER: 000860770

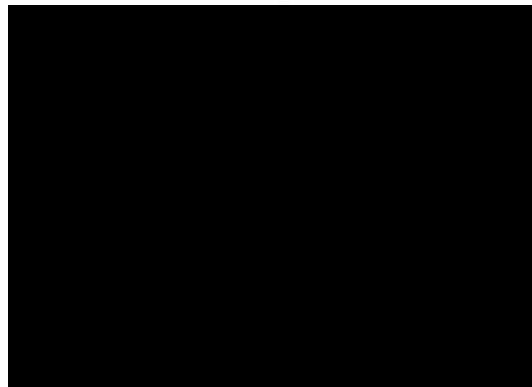
PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

	TOTAL
2ND OF 4 INSTALLMENTS FOR ENGINEERING CONSULTING SERVICES	\$ 10,000.00

CONTRACT PERIOD 4/1/16 - 3/31/17

A M O U N T   T O   P A Y   U S D   \$	10,000.00
--	-----------



INVOICES PAYABLE UPON RECEIPT

GL 07/05/16

INVOICE

Forward to: Accounts Payable Administrator for Processing

## ARISE INCORPORATED

7000 South Edgerton Road  
Suite 100  
Brecksville, OH 44141-3172  
Phone: (440) 746-8880

Tax ID # 34-1756475

Beginning 6/1/13 only send payments to  
address at left or electronically to bank  
account at bottom of page. Any other  
payment information is no longer valid.

### INVOICE

**BILL TO:**

National Grid USA  
Mr. Timothy Kiernan  
One MetroTech Center, 15th Floor  
Brooklyn, NY 11201

**INVOICE DATE:**

7/11/2016

**INVOICE NUMBER:**

CI16-0596

**FILE NO:**

2656

**CONTRACT NO:**

2656-03

**CUSTOMER NO:**

214952

**ACCOUNT NAME:**

NATIONAL GRID USA

**FOR:**

JURISDICTIONAL BOILER/PRESSURE VESSEL INSPECTIONS

**EFFECTIVE DATE:**

4/1/16 - 4/1/17 (SECOND QUARTER - JULY, AUGUST, SEPTEMBER)

**PLEASE PAY THIS AMOUNT:**

\$11,375.00

U.S. DOLLARS

Thank you for your patronage, and we look forward to serving you in the future.

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>			
Date: <u>10/13/16</u>		Due Date: <u>10/20/16</u>			
<b>Check One Method of Payment</b>					
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH			
<input type="checkbox"/> WIRE					
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Bank Name: _____		
		Routing #: _____	Routing #: _____		
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____	Account #: _____		
Separate Check <input type="checkbox"/>		<i>Reference Information for Beneficiary</i>			
Mail Check to Payee <input type="checkbox"/>					
OR					
Mail Check to Internal Location: <input type="checkbox"/>					
Location of Service (Required Information):		<b>AP Use Only:</b>			
City: <u>Brooklyn</u> State: <u>NY</u> Zip Code: <u>11201</u>		Wired By: _____ Authorized By: _____			
		Value Date: _____ ET #: _____			
<b>Vendor Information</b>					
Payable To: <u>ARISE Incorporated</u>		Federal Tax No. or SS #: _____			
		Vendor #: <u>1000007721</u>			
Address: <u>7000 South Edgerton Road, Suite 100, Brecksville, OH 44141-3172</u>		Invoice #: <u>16-0783</u>			
Reason for Payment: <u>Invoice #16-0783, Boiler and Pressure Vessel Inspections, Endt. 1 dated 7/1/16 (4/1/16-17 Contract)</u>		Paying Company: <u>5110</u> Amount: <u>\$1,530.00</u>			
		NGUSA Service Co			
<b>National Grid Accounting</b>					
G/L Account	Profit Center	WBS	Order	Operation	Amount
<b>C6355100</b>		<b>X008918.AGB846</b>	<b>XG020009171</b>		<b>\$1,530.00</b>
Please Print		Employee ID#			
Approver's Name: <u>Timothy Kiernan</u>		tkiernan 71045250			
Please Print		Phone Number			
Preparer's Name: <u>Patricia Needham</u>		(781) 907-2306			
<b>NON-PURCHASE ORDER CATEGORY</b>					
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services	33 Subscription	<b>Please Choose One</b>
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive	34 Summons/DNR/Tolls	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals	36 Training/Registration/Semin	
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases	37 Utility/Telephone/Water/Ad	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program	38 Other-must be approved AP	
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse		
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch	32 R&D Initiative		
*Sales tax paid for these services/materials				Forward to: Accounts Payable Administrator for Processing	

## ARISE INCORPORATED

7000 South Edgerton Road  
Suite 100  
Brecksville, OH 44141-3172  
Phone: (440) 746-8880

Tax ID # 34-1756475

### INVOICE

**BILL TO:**

National Grid USA  
Mr. Timothy Kiernan  
One MetroTech Center, 15th Floor  
Brooklyn, NY 11201

**INVOICE DATE:**

9/15/2016

**INVOICE NUMBER:**

CI16-0783

**FILE NO:**

2656

**CONTRACT NO:**

2656-03

**CUSTOMER NO:**

214952

**ACCOUNT NAME:**

NATIONAL GRID USA

**FOR:**

JURISDICTIONAL BOILER/PRESSURE VESSEL INSPECTIONS

**EFFECTIVE DATE:**

7/1/16 - 4/1/17

**PLEASE PAY THIS AMOUNT:**

**\$1,530.00**

**U.S. DOLLARS**

Add Lincoln, RI \$500.00  
Additional Visit Worcester, MA \$500.00  
Additional Boiler Brooklyn, NY \$530.00

Thank you for your patronage, and we look forward to serving you in the future.

**ARISE BOILER INSPECTION AND INSURANCE COMPANY RISK RETENTION GROUP**  
P.O. Box 23790, 1700 Eastpoint Parkway, Louisville, KY 40223-0790

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.**

**GENERAL CHANGE ENDORSEMENT**

**Attached to and forming part of Policy No. 156043**

**Named Insured:** National Grid USA

**Mailing Address:** One Metrotech Center  
Brooklyn, NY 11201

**Policy Period:** From 04/01/2016 to 04/01/2017 at 12:01 AM at the mailing address shown above.

**Effective Date of Endorsement:** 07/01/2016

**Endorsement No. 1**

**Description of Change(s)**

<input type="checkbox"/> Insured's Name	Original Annual Premium \$4,000.00
<input type="checkbox"/> Policy Number	New Annualized Premium \$4,000.00
<input type="checkbox"/> Policy Effective Date	No Premium Change \$0
<input type="checkbox"/> Policy Expiration Date	
<input type="checkbox"/> Insured's Mailing Address	
<input checked="" type="checkbox"/> Change in Schedule of Location(s) of Insured	
<input type="checkbox"/> Limits of Liability	

is (are) changed to read:

**(Location Added)**

642 George Washington Hwy.  
Lincoln, RI 02865

09/07/2016

Date



Authorized Representative

All other terms and conditions of this policy remain unchanged.

Edition 2009-3-6

Page 1 of 1

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>	
Date: <u>10/13/16</u>		Due Date: <u>10/20/16</u>	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <div style="background-color: black; width: 150px; height: 40px; display: inline-block;"></div>	
		Bank Name: _____	
		Routing #: _____	
		Account #: _____	
(Check One):      Yes:      No: Separate Check <input type="checkbox"/> <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> <input type="checkbox"/> OR Mail Check to Internal Location: _____		<i>Reference Information for Beneficiary</i>	
Location of Service (Required Information):		<b>AP Use Only:</b>	
City: <u>Brooklyn</u>		Wired By: _____ Authorized By: _____	
State: <u>NY</u> Zip Code: <u>11201</u>		Value Date: _____ ET #: _____	
<b>Vendor Information</b>			
Payable To: <u>ARISE Incorporated</u>		Federal Tax No. or SS #: _____	
		Vendor #: <u>1000007721</u>	
Address: <u>7000 South Edgerton Road, Suite 100, Brecksville, OH 44141-3172</u>		Invoice #: <u>16-0884</u>	
Reason for Payment: <u>Invoice #16-0884, Boiler and Pressure Vessel Inspections, Q3 Oct-Nov-Dec (4/1/16-17 Contract)</u>		Paying Company: <u>5110</u> Amount: <u>\$11,375.00</u> NGUSA Service Co	
<b>National Grid Accounting</b>			
G/L Account	Profit Center	WBS	Order
<u>C6355100</u>		<u>X008918.AGB846</u>	<u>XG020009171</u>
<i>Please Print</i>		Employee ID#	
Approver's Name: <u>Timothy Kiernan</u>		<u>tkiernan 71045250</u>	
<i>Please Print</i>		Phone Number	
Preparer's Name: <u>Patricia Needham</u>		<u>(781) 907-2306</u>	
<b>NON-PURCHASE ORDER CATEGORY</b>			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	<b>18 Inspection/Insurance</b>	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative
			<b>Please Choose One</b>
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	

## ARISE INCORPORATED

7000 South Edgerton Road  
Suite 100  
Brecksville, OH 44141-3172  
Phone: (440) 746-8880

Tax ID # 34-1756475

### INVOICE

**BILL TO:**

National Grid USA  
Mr. Timothy Kiernan  
One MetroTech Center, 15th Floor  
Brooklyn, NY 11201

**INVOICE DATE:**

10/6/2016

**INVOICE NUMBER:**

CI16-0884

**FILE NO:**

2656

**CONTRACT NO:**

2656-03

**CUSTOMER NO:**

214952

**ACCOUNT NAME:**

NATIONAL GRID USA

**FOR:**

JURISDICTIONAL BOILER/PRESSURE VESSEL INSPECTIONS

**EFFECTIVE DATE:**

4/1/16 - 4/1/17 (THIRD QUARTER - OCTOBER, NOVEMBER, DECEMBER)

**PLEASE PAY THIS AMOUNT:**

\$11,375.00

U.S. DOLLARS

Thank you for your patronage, and we look forward to serving you in the future.



 **Global Risk Consultants**

Global Risk Consultants Corp.  
100 Walnut Ave.  
Suite 501  
Clark, NJ 07066  
(732) 827-4400  
Fax (732) 827-4467

NATIONAL GRID  
ATTN: TIMOTHY KEIRNAN  
ONE METROTECH CENTER  
BROOKLYN, NY 11201

04/04/16  
INVOICE NUMBER: 000860424

PLEASE IDENTIFY CUSTOMER  
AND INVOICE NUMBER ON CHECK

CUSTOMER CODE: NATIOGR56

	TOTAL
1ST OF 4 INSTALLMENTS FOR ENGINEERING CONSULTING SERVICES	\$ 10,000.00

CONTRACT PERIOD 4/1/16 - 3/31/17

A M O U N T   T O   P A Y   U S D   \$	10,000.00
=====	

INVOICES PAYABLE UPON RECEIPT      GL 04/04/16

INVOICE

Accounts Payable 04-11-16: 13:40:19 Received

nationalgrid		PAYMENT REQUEST	
Date: 01/27/16		Due Date: 01/29/16	
<b>Check One Method of Payment</b>			
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH	
Check Stub Message: (max. limit of 50 Characters)		Bank Name:	Bank Name:
		Routing #:	Routing #:
		Account #:	Account #:
(Check One):      Yes:      No: Separate Check <input type="checkbox"/> <input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> <input type="checkbox"/> OR Mail Check to Internal Location:		Reference Information for Beneficiary	
Location of Service (Required Information):		AP Use Only:	
City: Brooklyn State: NY      Zip Code: 11201		Wired By:      Authorized By:	
		Value Date:      ET #:	
Vendor Information			
Payable To: ARISE Incorporated		Federal Tax No. or SS #:	
Address: 7000 South Edgerton Road, Suite 100, Brecksville, OH 44141-3172		Vendor #: 1000007721	
Reason for Payment: Invoice #16-0010, Boiler and Pressure Vessel Inspections, Q4 Jan-Feb-Mar (4/1/15-16 Contract)		Invoice #: 16-0010	
		Paying Company:	Amount
		5110	\$12,475.00
		NGUSA Service Co	
National Grid Accounting			
G/L Account	Profit Center	WBS	Order
C6355100		X008918.AGB846	XG020009171
Please Print		Employee ID#	
Approver's Name: Timothy Kiernan		tkiernan 71045250	
Please Print		Phone Number	
Preparer's Name: Patricia Needham		(781) 907-2306	
NON-PURCHASE ORDER CATEGORY			
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sherrifs/Marshals
05 Charitables/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch	32 R&D Initiative
			33 Subscription
			34 Summons/DMV/Tolls
			35 Tax Payments/Assessments
			36 Training/Registration/Semin
			37 Utility/Telephone/Water/Ad
			38 Other-must be approved AP
Please Choose One			
*Sales tax paid for these services/materials		Forward to: Accounts Payable Administrator for Processing	

# ARISE INCORPORATED

7000 South Edgerton Road  
Suite 100  
Brecksville, OH 44141-3172  
Phone: (440) 746-8880

Tax ID # 34-1756475

Beginning 6/1/13 only send payments to  
address at left or electronically to bank  
account at bottom of page. Any other  
payment information is no longer valid.

## INVOICE

**BILL TO:**

National Grid USA  
Mr. Timothy Kiernan  
One MetroTech Center, 15th Floor  
Brooklyn, NY 11201

**INVOICE DATE:**

1/8/2016

**INVOICE NUMBER:**

CI16-0010

**FILE NO:**

2656

**CONTRACT NO:**

2656-03

**CUSTOMER NO:**

214952

**ACCOUNT NAME:**

NATIONAL GRID USA

**FOR:**

JURISDICTIONAL BOILER/PRESSURE VESSEL INSPECTIONS

**EFFECTIVE DATE:**

6/1/15 - 4/1/16 (FOURTH QUARTER - JANUARY, FEBRUARY, MARCH)

**PLEASE PAY THIS AMOUNT:**

\$12,475.00

U.S. DOLLARS

Thank you for your patronage, and we look forward to serving you in the future.

Forward to: Accounts Payable Administrator for Processing



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	2 of 2
Invoice Total	34,148.00 USD
Invoice No.	934415251377
Invoice Date	09/20/2016
Effective Date	04/01/2016
Client No.	9344100000
Installment No.	

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 07/01/2016

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
	Energy Consulting Fee	04/01/2017	Energy Consulting	FEE	34,148.00
<b>Invoice Comments:</b> This invoice represents KPI Fee for Excess WC					
Invoice Total					34,148.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	34,148.00 USD
Invoice No.	934415251377
Invoice Date	09/20/2016
Effective Date	04/01/2016
Client No.	9344100000
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

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Detach and remit this portion with your payment

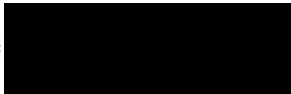
Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934415251377	Immediate	34,148.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 934415251377 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH:



By Wire:



By Mail: Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

9344152513772 000341480091

<b>nationalgrid</b>		<b>PAYMENT REQUEST</b>			
Date: <u>05/19/16</u>		Due Date: <u>05/25/16</u>			
<b>Check One Method of Payment</b>					
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH			
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <span style="background-color: black; color: black;">[REDACTED]</span>			
		Bank Name: _____			
		Routing #: _____			
(Check One): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Account #: _____			
Separate Check <input type="checkbox"/>		Account # _____			
Mail Check to Payee <input type="checkbox"/>		Reference Information for Beneficiary			
OR					
Mail Check to Internal Location: _____					
Location of Service (Required Information):		AP Use Only:			
City: <u>Waltham</u>		Wired By: _____ Authorized By: _____			
State: <u>MA</u> Zip Code: <u>02451</u>		Value Date: _____ ET #: _____			
<b>Vendor Information</b>					
Payable To: <u>Marsh USA Inc.</u>		Federal Tax No. or SS #: _____			
		Vendor #: <u>4000012444</u>			
Address: <u>P.O. Box 417724, Boston, MA 02241-7724</u>		Invoice #: <u>934410107865</u>			
Reason for Payment: <u>Inv #934410107865, Broker Fee 4/1/16-17 and 11/30/15-16 Insurance Programs</u>		Paying Company: _____ Amount			
		<u>5110</u> <u>\$268,196.00</u>			
		NGUSA Service Company			
<b>National Grid Accounting</b>					
G/L Account	Profit Center	WBS	Order	Operation	Amount
C6355100	(for FinPro)	X008919.AGB850	XN139009177		\$42,000.00
C6355100	(for Ex Liab)	X000176.AG0729	XG012004024		\$105,000.00
C6355100	(Aviation/SvcCo-Prop)	X008838.AG0984	XG020008983		\$3,258.19
C6355100	(Aviation/SvcCo-Liab)	X008918.AG0728	XG020009172		\$4,201.55
C6355100	(Aviation/NMPC-Prop)	X008843.AG0984	X521T008988		\$9,907.56
C6355100	(Aviation/NMPC-Liab)	X008921.AG0728	X521T009173		\$4,007.70
C6355100	(Property Generation)	X008962.AGB836	XG324009271		\$99,821.00
Please Print			Employee ID#		
Approver's Name:		Timothy Kiernan		tkiernan 71045250	
Please Print			Phone Number		
Preparer's Name:		Patricia Needham		(781) 907-2306	
<b>NON-PURCHASE ORDER CATEGORY</b>					
01 Advertising	09 Easements	17 Incentive/Marketing Program	<b>25 Outside Services</b>	33 Subscription	
02 Awards/Gifts	10 Flaggings	18 Inspection/Insurance	Inactive	34 Summons/DMV/Tolls	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sherrifs/Marshals	36 Training/Registration/Semin.	
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases	37 Utility/Telephone/Water/Ad	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program	38 Other-must be approved AP	
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse	<b>Please Choose One</b>	
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative		
*Sales tax paid for these services/materials			Forward to: Accounts Payable Administrator for Processing		

**NATIONAL GRID USA -- RISK AND INSURANCE**  
Allocation of Premiums to Companies

Marsh USA Broker Fee: Services performed for the Policy Period  
Coverage: Aviation Hull & Liability  
Policy Period: 4/1/16 - 4/1/17

Marsh Invoice No: 934410107865  
Invoice Date: 4/28/2016  
Total Invoice Amount: \$268,196.00 (Total fee includes other lines of insurance)  
Payment Date: 5/25/2016

Aviation Broker Fee: \$21,375.00

Information for Payment Form:

Allocation of Premium		Paying Company				
		5110				
		Amount				
		\$21,375.00				
Allocation of Premium	Alloc. %	G/L Account	Profit Center	WBS	Order	Operation
Co 5110-Property	15.243%	C6604500	(for SvcCo-Prop)	X008838.AG0984	XG020008983	
Co 5110-Liability	19.658%	C6604500	(for SvcCo-Liab)	X008918.AG0728	XG020009172	
Co 521T-Property	46.351%	C6604500	(for NMPC-Prop)	X008843.AG0984	X521T008988	
Co 521T-Liability	18.749%	C6604500	(for NMPC-Liab)	X008921.AG0728	X521T009173	
	100.000%					
					TOTAL:	\$21,375.00

(\*) The allocation percentages used for the renewal premium are used for the broker fee.

Descriptions:

Co 5110-National Grid USA Service Co  
Co 521T-Niagara Mohawk Power Corp-TRAN  
GL Account C6355100 - Consultants  
Order XG020008983 - 5110S-All Ks&NgCo-US Property-Aviation  
Order XG020009172 - 5110S-USInsurance-USLiab-Aviation G020  
Order X521T008988 - 5110S-US Property Aviation-5210TRAN  
Order X521T009173 - 5110S-USInsurance-USLiab-Aviation 521T



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	2 of 2
Invoice Total	268,196.00 USD
Invoice No.	934410107865
Invoice Date	04/28/2016
Effective Date	04/01/2016
Client No.	9344100000
Installment No.	

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 11/30/2015

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
	Marsh Brokerage Consulting Fees	04/01/2017	Marsh Brk Cnslt Fee	FEE	268,196.00
<b>Invoice Comments:</b> Excess Casualty, Property, Finpro and Aviation Fees 2016					
Invoice Total					268,196.00

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

If you are interested in financing your premiums please contact the Marsh Premium Finance team at [premiumfinance@marsh.com](mailto:premiumfinance@marsh.com) to determine eligibility.



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	268,196.00 USD
Invoice No.	934410107865
Invoice Date	04/28/2016
Effective Date	04/01/2016
Client No.	9344100000
Installment No.	

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

## Remittance Copy

Marsh earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

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Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934410107865	Immediate	268,196.00 USD	

Thank you for your prompt payment.

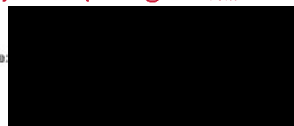
Please indicate Invoice Number 934410107865 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH:



By Wire:



By Mail:

Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

9344101078657 002681960036

nationalgrid		PAYMENT REQUEST			
Date: <u>07/07/16</u>		Due Date: <u>07/21/16</u>			
<b>Check One Method of Payment</b>					
<input type="checkbox"/> CHECK		<input checked="" type="checkbox"/> ACH			
Check Stub Message: (max. limit of 50 Characters)		Bank Name: <div style="background-color: black; width: 100px; height: 40px; display: inline-block;"></div>	Bank Name: _____		
		Routing #: _____	Routing #: _____		
(Check One): Separate Check: Yes <input type="checkbox"/> No <input type="checkbox"/> Mail Check to Payee: <input type="checkbox"/> OR Mail Check to Internal Location: <input type="checkbox"/>		Account #: _____	Account #: _____		
		<i>Reference Information for Beneficiary</i>			
Location of Service (Required Information):		AP Use Only: _____			
City: <u>Waltham</u>	State: <u>MA</u> Zip Code: <u>02451</u>	Wired By: _____	Authorized By: _____		
		Value Date: _____	ET #: _____		
Vendor Information					
Payable To: <u>Marsh USA Inc.</u>		Federal Tax No. or SS #: _____			
Address: <u>P.O. Box 417724, Boston, MA 02241-7724</u>		Vendor #: <u>4000012444</u>			
Reason for Payment: <u>Inv #934417546357, Broker Fees - Ins Programs: 4/1/16-17 and 11/30/15-16 At-Risk; 7/1/16-17 Deposit</u>		Invoice #: <u>934417546357</u>			
		Paying Company: <u>5110</u>	Amount: <u>\$260,114.00</u>		
		NGUSA Service Company			
National Grid Accounting					
G/L Account	Profit Center	WBS	Order	Operation	Amount
C6355100	(for FinPro)	X008919.AGB850	XN139009177		\$14,000.00
C6355100	(for Ex Liab)	X000176.AG0729	XG012004024		\$70,000.00
C6355100	(Aviation/SvcCo-Prop)	X008838.AG0984	XG020008983		\$1,086.06
C6355100	(Aviation/SvcCo-Liab)	X008918.AG0728	XG020009172		\$1,400.52
C6355100	(Aviation/NMPC-Prop)	X008843.AG0984	X521T008988		\$3,302.52
C6355100	(Aviation/NMPC-Liab)	X008921.AG0728	X521T009173		\$1,335.90
C6355100	(Property Generation)	X008962.AGB836	XG324009271		\$66,547.00
C6355100	(Ex Workers' Comp)	X008919.AGB851	XN139009178		\$102,442.00
Approver's Name: <u>Timothy Kiernan</u>		Employee ID# <u>tkiernan 71045250</u>			
Preparer's Name: <u>Patricia Needham</u>		Phone Number <u>(781) 907-2306</u>			
NON-PURCHASE ORDER CATEGORY					
01 Advertising	09 Easements	17 Incentive/Marketing Program	25 Outside Services	33 Subscription	
02 Awards/Gifts	10 Flagging	18 Inspection/Insurance	Inactive	34 Summons/DNV/Tolls	
03 Financial Payment	11 Fleet Fuel*	19 Legal Professional Services	27 Payments on Behalf of LIPA	35 Tax Payments/Assessments	
Inactive	12 Fleet Leasing*	20 Legal/Settlement/Claim	28 Police/Sheriffs/Marshals	36 Training/Registration/Semin.	
05 Charitable/ Sponsorship	13 Freight/Postage	21 Marketer Bill	29 Real Estate Rentals/Leases	37 Utility/Telephone/Water/Ad	
06 Clothing/ Safety Shoes	14 Government/Municipality	Inactive	30 Rebate Program	38 Other-must be approved AP	
Inactive	15 Hotels/ Lodging*	23 Transportation Service	31 Refund/Adjust/Reimburse		
08 Dues/Fees/Permits	16 HR/Med/Workman Comp	24 Natural Gas/Energy Purch.	32 R&D Initiative		
Please Choose One					
*Sales tax paid for these services/materials			Forward to: Accounts Payable Administrator for Processing		

**NATIONAL GRID USA -- RISK AND INSURANCE**  
Allocation of Premiums to Companies

Marsh USA Broker Fee: Services performed for the Policy Period  
Coverage: Aviation Hull & Liability  
Policy Period: 4/1/16 - 4/1/17

Marsh Invoice No: 934417546357  
Invoice Date: 6/29/2016  
Total Invoice Amount: \$260,114.00 (Total fee includes other lines of insurance)  
Payment Date: 7/21/2016

Aviation Broker Fee: \$7,125.00

Information for Payment Form:

		Information for Payment Form:				Paying Company	Amount
						5110	\$7,125.00
(*)							
Allocation of Premium	Alloc. %	G/L Account	Profit Center	WBS	Order	Operation	Amount
Co 5110-Property	15.243%	C6604500	(for SvcCo-Prop)	X008838 AG0984	XG020008983		\$1,086.06
Co 5110-Liability	19.656%	C6604500	(for SvcCo-Liab)	X008918 AG0728	XG020009172		\$1,400.52
Co 521T-Property	46.351%	C6604500	(for NMPC-Prop)	X008843 AG0984	X521T008988		\$3,302.52
Co 521T-Liability	18.749%	C6604500	(for NMPC-Liab)	X008921 AG0728	X521T009173		\$1,335.90
100.000%		TOTAL:					\$7,125.00

(\*) The allocation percentages used for the renewal premium are used for the broker fee.

Descriptions:

Co 5110-National Grid USA Service Co  
Co 521T-Niagara Mohawk Power Corp-TRAN  
GL Account C6355100 - Consultants  
Order XG020008983 - 5110S-All Ks&NgCo-US Property-Aviation  
Order XG020009172 - 5110S-USInsurance-USLiab-Aviation G020  
Order X521T008988 - 5110S-US Property Aviation-5210TRAN  
Order X521T009173 - 5110S-USInsurance-USLiab-Aviation 521T



Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: Tim Kiernan  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	2 of 2
Invoice Total	260,114.00 USD
Invoice No.	934417546357
Invoice Date	06/29/2016
Effective Date	04/01/2016
Client No.	9344100000
Installment No.	

Original  
Policy Holder: National Grid Services, Inc.  
Billing Effective Date: 04/01/2016

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
	Energy Consulting Fee	04/01/2017	Energy Consulting	FEE	260,114.00
<b>Invoice Comments:</b> 2016 Fees and KPIS for Finpro, Aviation, Excess Casualty, Excess WC and Property programs					
Invoice Total					260,114.00

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Marsh USA Inc.  
New York NY  
(212) 345-6000

Billed To: **Tim Kiernan**  
National Grid Services, Inc.  
One Metrotech Plaza  
Brooklyn, NY 11228

## INVOICE

Page	1 of 2
Invoice Total	260,114.00 USD
Invoice No.	934417546357
Invoice Date	06/29/2016
Effective Date	04/01/2016
Client No.	9344100000
Installment No.	

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Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
9344100000	934417546357	Immediate	260,114.00 USD	

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Please indicate Invoice Number 934417546357 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: [FiduciaryserviceRequest.US@marsh.com](mailto:FiduciaryserviceRequest.US@marsh.com)

By ACH:

By Mail: Marsh USA Inc.  
P.O. Box 417724  
Boston, MA 02241-7724 USA

By Wire:

9344175463572 002601140051