EVERSOURCE

Supplement Authorization Form

Project Title: Insurance Claims/Keep Cost Program	Project Number: CTINS24
Date Prepared: 10/08/2025	**Company:** Eversource CT
Organization: Distribution Engineering	**Project Category:** Insurance Claim/Keep Cost
Project Initiator: [redacted]	**Project Type:** Annual
Initiating Organization: Distribution	**Capital Investment part of original Op Plan:** Yes
Project Manager: [redacted]	**Emergency Related Request?** No
Project Sponsor: [redacted]	**Facility Type** (check all that apply)**:** ☐ PTF ☐ non-PTF ☒ Distribution ☐ N/A (General Plant)
Current Authorized Amount: $8,000K	**Approved In-Service Date:** 12/31/2025
Supplement Request: $5,500K	**Estimated In-Service Date:** 12/31/2025
Total Capital Request: $13,500K	**Authorization Type:** Supplement Request
	Reason: Cost Overage

1. Project Background

This 2025 annual project covers distribution cost of overhead/underground/DB Cable capital replacement for company property damaged by third parties and subject to insurance claims. Due to timing and non-reimbursable charges, some expenditures are not recovered and funded under this annual project. This project pertains to high volume work orders not to exceed $500K and covers the entire state of CT. Capital work orders initiated against this annual project must include total costs less than or equal to $500K. Any work order exceeding $500K will require a separate Project Authorization Form (PAF).

2. Supplement Justification Overview

Supplemental funding request is due to an increase of insurance claims costs in 2025.

3. Supplement Justification Detail

9A work orders have increased spend in 2025 in part due to increased allocation rates compared to prior years.

4. Supplement Cost Summary (Project Total)

Financial Evaluation ($000's)

Capital Costs	To Date Spend	Prior Authorized	Supplemental Request	Total Request
Internal Labor and Construction Equipment	2,567.9	1,148.3	789.5	1,937.8
Outside Services	1,571.8	2,037.4	1,400.7	3,438.1
Materials	1,220.2	518.6	356.5	875.1
Removals	-210.8	2,358.1	1,621.2	3,979.3
Risk and Contingency	0.0	0.0	0.0	0.0
Other	-6,817.7	0.0	0.0	0.0
Subtotal	**-1,668.6**	**6,062.4**	**4,168.0**	**10,230.4**

Indirect Capital Costs	To Date Spend	Prior Authorized	Supplemental Request	Total Request
Indirects/Overheads (including benefits)	11,706.3	1,918.1	1,318.7	3,236.8
Capitalized interest or AFUDC, if any	64.0	19.5	13.4	32.8
Subtotal	**11,770.3**	**1,937.6**	**1,332.1**	**3,269.6**
Total Capital Costs (Gross)	**10,101.7**	**8,000.0**	**5,500.1**	**13,500.0**
Less Total Customer Contribution	**0.0**	**0.0**	**0.0**	**0.0**
Project Costs (Net of Reimbursement)	**10,101.7**	**8,000.0**	**5,500.1**	**13,500.0**

5. New Total Request by Year (if applicable)

Note: If multi-year project, include actuals for current and years past, and then show forecasted spend for upcoming years.

6. Lessons Learned

n/a

Operations Project Authorization Form

Project Title: Insurance Claims/Keep Cost Program	**Project Number: CTINS24**
Date Prepared: 01/30/2025	**Company:** Eversource CT
Organization: Electric Field Operations	**Class(es) of Plant:** D Line
Project Initiator: CT EFO AWC Managers	**Project Category:** Insurance Claim/Keep Cost
Project Manager: CT EFO Directors	**Project Type:** Annual
Project Sponsor: [redacted]	**Capital Investment part of original Operating Plan:** Yes
Estimated in service date: 12/31/2025	**Emergency Related Request?** No
Eng./Constr. Resources Budgeted? Yes	**Facility Type** (check all that apply)**:** ☐ PTF ☐ non-PTF x Distribution
Total Gross Capital Request: $8,000K	**Authorization Type:** Full Funding

Executive Summary

This 2025 annual project covers distribution cost of overhead/underground/DB Cable capital replacement for company property damaged by third parties and subject to insurance claims. Due to timing and non-reimbursable charges, some expenditures are not recovered and funded under this annual project. This project pertains to high volume work orders not to exceed $500K and covers the entire state of CT. Capital work orders initiated against this annual project **must include total costs less than or equal to $500K.** Any work order exceeding $500K will require a separate Project Authorization Form (PAF).

Project Costs Summary

Capital Costs	Year 2025	Total
Direct Capital Costs		
Internal Labor and Construction Equipment	1,148.3	1,148.3
Outside Services	2,037.4	2,037.4
Materials	518.6	518.6
Removals	2,358.1	2,358.1
Risk and Contingency	0.0	0.0
Other	0.0	0.0
Subtotal – Direct Costs	**6,062.4**	**6,062.4**
Indirect Capital Costs	**Year 2025**	**Total**
Indirect/Overheads (including benefits)	1,918.1	1,918.1
Capitalized interest or AFUDC, if any	19.4	19.4
Subtotal – Indirect Costs	**1,937.5**	**1,937.5**
Total Gross Capital Costs	**8,000.0**	**8,000.0**
Customer Contribution		
Total Net Capital Project Costs	**8,000.0**	**8,000.0**

Insurance Claim/Keep Cost	RT1:CT Electric Field Operations Central	4,200,000
	RT5:CT Electric Field Operations Western	2,500,000
	RXE:CT Electric Field Operation Eastern	1,300,000

Technical Justification:

Project Need, Objective and Justification

This annual incorporates the work necessary to repair damaged capital property by third parties. This work is subject to insurance claims (9A Events).

Project Scope

The project includes the work needed to repair damaged capital property.

Background

The annual project is created based on historic spending levels. Capital funding is needed to address replacement of distribution line equipment (OH, UG, DB) and other capital property due to damage.

Alternatives Considered:

Were alternative solutions considered/applicable? Include any cost/benefit analysis.

Alternatives are considered at the time each event occurs.

Regulatory Approvals:

Are Regulatory body approvals needed for the project?

No

If yes, provide detailed regulatory approvals

Project Schedule

Milestone/Phase Name	Estimated Date
Annual Projects	12/31/2025

Risks and Risk Mitigation Plans

List top risks and mitigation plans associated with this project. Include any contingency related to each risk.

(Permitting/siting; environmental; outage constraints; customer/community outreach; material delivery; constructability challenges; excavation; etc.)

Risks are assessed at the time of each event.

References

Appendices (One-Line Diagrams, Images, etc.)

Reference appendices items in the appropriate section of the PAF and list items in the same order as referenced in the PAF

If the project has future financial benefits, please use the following table to provide the yearly amounts.

Financial Benefits	Year 20__	Year 20__	Year 20__	Year 20__
Capital				
O&M				
Other				
Total Financial Benefits				

Describe the estimated future Capital, O&M and/or Other benefits noted above:

What functional area(s) will these benefits be reflected in?_____

A representative from the respective functional area is required to be included as a project approver.