

## **EVEREN COVERAGE PROFILE SELECTION WORKSHEET**

Please indicate the coverage profile your company will require by answering the following questions.

## 1) Program Structure:

See the following instructions for completing the table below:

- a) input the limit required for each sector.
- (b) input the limit if this is to be part of a higher limit under an external quota share arrangement for each sector.
- (c) input the deductible required for each sector.

	(\$Millions)				
Sector	Limit	p/o External QS Limit	Deductible		
Biofuels & Biochemicals					
E&P Offshore					
E&P Onshore					
Electrical Storage					
Electrical Utilities					
Hydrogen					
Mining					
Offshore Carbon Capture & Storage					
Offshore Wind					
Onshore Carbon Capture & Storage					
Onshore Wind					
Other					
Pharmaceuticals					
Pipelines					
Refining & Marketing/Chemicals					
Solar					
DNWS Offshore*					
DNWS Onshore					

* Exclud	des coverage for DNWS Offshore Gulf of Mexico Region					
d)	Indicate if the Standard Premium Option Only is required? (60% of limit)					
	YesNo					
e)	Indicate if the Flat Premium Option is required? (60% of limit in Standard Pool + up to 40% of limit in Flat Pool)					
	Yes No					
	If "YES" please check one of the following Quota Share Retentions:					
	0%					
	^The "Other" option is available if a quota share retention is required outside of the percentages stated above	(i.e.				

greater than 0% and less than 40%). If so, please indicate the % on the line above.



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1)	Retro)	ne Reliospective	Fremum Op	tion is required:	(00% 01 1111111 111 3	otaliualu Pool + i	up to 40% of illflit ill
	•	ase check one of	the following pa	articination %'s			
	·	Sectors only:	the fellowing pe	No			
	10% 🗌	20%	30% 🗌	40%		%	
	- <u>DNWS Off</u>	shore* / Onshore	<u>ə</u> :	Yes	No		
	10% 🗌	20% 🗌	30% 🗌	40% 🗌	Other^	%	
		•	•		required outside le % on the line ab		es stated above (i.e.
	**The Retro Underwriter		ım election is a	vailable to Inve	stment Grade (or	above) member	s only and requires
2)	•	e Commission ap use indicate annu	•	ercentage:		Yes	No
		_ (Annual amoun	t in USD) O	or(A	nnual %)		
3)	Is OPOL Price	ority of Coverage	& Payments En	dorsement app	icable?	Yes	No
4)	Is Schedule	of Excess Insura	nce Endorseme	ent (Endorseme	nt 5#) applicable?	Yes	No
5)	Do you need	d to update the S	hareholder Repr	esentative Auth	orization (Form 5	)?Yes	No
#End	orsement 5 is r	not effective unti	l all applicable d	locuments are r	eceived and appro	oved in writing by	the Underwriter.
		horized Shareho he effective date	•	tive sign below	and return to <u>no</u>	tifications@evere	<u>en.bm</u> no later thar
				Co	mpany Name		
				Re	presentative		
Addit	ional Commen	ts:		Da	te		