

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.

Sector	(\$Millions)		
	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			

* Excludes coverage for DNWS Offshore Gulf of Mexico Region

d) Indicate if the Standard Premium Option Only is required? (60% of limit)

____ Yes ____ No

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% ☐ 10% ☐ 20% ☐ 30% ☐ Other^ ☐ _____%

^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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- f) Indicate if the Retrospective Premium** Option is required? (60% of limit in Standard Pool + up to 40% of limit in Retro)

If "YES" please check one of the following participation %'s:

- Business Sectors only: _____ Yes _____ No
 10% ☐ 20% ☐ 30% ☐ 40% ☐ Other^ ☐ _____%

- DNWS Offshore* / Onshore: _____ Yes _____ No
 10% ☐ 20% ☐ 30% ☐ 40% ☐ Other^ ☐ _____%

^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.

***The Retrospective Premium election is available to Investment Grade (or above) members only and requires Underwriter approval.*

- 2) Is Brokerage Commission applicable? _____ Yes _____ No

If "Yes" please indicate annual amount or percentage:

_____ (Annual amount in USD) Or _____ (Annual %)

- 3) Indicate the name, company and email address of your broker (**US & Canada Members only**):

Name: _____ Company: _____ Email: _____

- 4) Is OPOL Priority of Coverage & Payments Endorsement applicable? _____ Yes _____ No

- 5) Is Schedule of Excess Insurance Endorsement (Endorsement 5#) applicable? _____ Yes _____ No

- 6) Do you need to update the Shareholder Representative Authorization (Form 5)? _____ Yes _____ No

#Endorsement 5 is not effective until all applicable documents are received and approved in writing by the Underwriter.

Please have an authorized Shareholder Representative sign below and return to notifications@everen.bm **no later than one month prior to the effective date.**

 Company Name

 Representative

 Date

Additional Comments: