

ANWS ONSHORE COVERAGE PROFILE SELECTION WORKSHEET (CPSW)

This form is to be used for Policyholders that wish to elect ANWS Onshore windstorm coverage.

The ANWS Endorsement is available to Investment Grade (or above) members only and requires Underwriter approval.

If "YES" was selected to question 7 on the Coverage Profile Selection Worksheet, please complete questions below. If "NO" was selected, do not complete this form.

1) Program Structure: ANWS Onshore Only

See the following instructions for completing the table below:

- a) Input the deductible required (the maximum windstorm limit offered is \$150M p/o \$250M)
- b) Any requests for deductible reductions will be subject to an Underwriting review which requires updated windstorm exposure data (i.e. replacement cost values xs \$5M, contact us for form).

	(\$Millions)		
Sector	Limit	p/o External QS Limit	Deductible
ANWS Onshore			

- c) 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:

☐ Yes ☐ No

10% ☐ 20% ☐ 30% ☐ 40% ☐ Other# ☐ _____ %

****The Retrospective Premium election requires Underwriter approval.**

#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

- 2) Please provide a list of countries for which ANWS Onshore windstorm coverage is required. If a country is not listed, no windstorm coverage will be available. For the purposes of the ANWS Endorsement, a country refers to (1) a sovereign state or (2) a dependent territory or other similar polity. In the case of the United States of America, it means the forty-eight (48) contiguous United States' states located on the North American continent, excluding Alaska and Hawaii.

List of Countries:



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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:
