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PREMIUM INDICATION REQUEST SHEET

1) **NAME OF PROSPECT:** _____(or unique identification #)

2) **HEADQUARTER CITY & COUNTRY:** _____(if confidential state region)

Qualification: When a prospect indication is required, we request that the broker representative confirm, to the best of their knowledge that the prospect meets the Everen eligibility requirements prior to completing questions 3-8:

a. $1Bn minimum PP&E gross asset size,
b. At least an investment grade credit rating from either S&P, Moodys or Fitch (non-rated firms will need to obtain a shadow credit rating that is investment grade or above)
c. Either 50% of its assets or revenues are in the energy business.

3) **GROSS ASSETS(1) :** $ _____
State the % of Gross Assets as follows:

Biofuels & Biochemicals	_ %	Electrical Storage	_____%
Electric Utilities	_ %	Hydrogen	_____%
Mining	_ %	Offshore Carbon Capture & Storage	_____%
Offshore Exploration & Production	_ %	Offshore Wind	_____%
Onshore Carbon Capture & Storage	_ %	Onshore Exploration & Production	_____%
Onshore Wind	_ %	Other	_____%
Pharmaceuticals	_ %	Pipeline Operations	_____%
Refining & Marketing / Chemicals	_ %	Solar	_____%

(1) Gross Assets means a minimum of USD $1 Billion of Property Plant & Equipment before depreciation plus book value of Inventories.

4) **ATLANTIC NAMED WINDSTORM (ANWS) ONSHORE ASSETS(2) :** $ _
State the amount or % of ANWS Onshore Assets as follows:
ANWS Onshore: _____

(2) ANWS Onshore Assets refers to all onshore assets within the country that ANWS coverage is required.

5) **LIMIT/DEDUCTIBLE ELECTIONS (Non-Windstorm):**
$ _____part of $ _____ xs $ _____

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6) **LIMIT/DEDUCTIBLE ELECTIONS (Windstorm - ANWS):**
$150M part of $250M xs $ _____

7) **LIMIT ALLOCATION OPTIONS (Non-Windstorm):** _____
   a. Standard Premium Plan (60% of Everen Limit) ☐
   b. Flat Premium Plan (100% of Everen Limit - $450M Limit) ☐
   c. Retrospective Premium Plan (100% of Everen Limit - $450M with up to 40% ($180M) payback over 5 years). ☐

8) **BROKERAGE COMMISSION OF 15% (New Entrant Premium will be net 15%)**
   YES ☐ NO ☐

ADDITIONALCOMMENTS: _____

Broker or Company Representative: _____ **Date:** _____

***** Please note, all applicants for membership in Everen are subject to approval by Management, which may impose restrictions on the types of coverage and/or profile offered in any given situation. Provision of a premium indication does not imply any undertaking as to eligibility or acceptance of any applicant to Everen. Any representation of pricing/coverage/restrictions/conditions to a prospect prior to a formal submission of an Everen membership application shall be the sole responsibility of the broker.***

Requests for premium indications can be submitted via (notifications@everen.bm) or to any member of the Everen Underwriting team. Please note, Everen has a 48-72 business hour turnaround for premium indication requests.