

2024 - EVEREN COVERAGE PROFILE SELECTION WORKSHEET

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

(1) **Program Structure:**

Please complete the boxes below showing:

- (a) the limit required for each sector. Everen's maximum per occurrence limit is \$450M. Members may elect limits that vary between \$300M and \$450M. For limit elections below \$300M, members must warrant the absence of other insurance.
- (b) whether this is to be part of a higher limit under an external quota share arrangement.
- (c) the deductible required for each sector.

Sector	(\$Millions), by Sector		
	Limit	p/o External QS Limit	Deductible
Biofuels & Biochemicals			
Electrical Storage			
Electrical 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			
DNWS Offshore			
DNWS Onshore			

(2) **Flat Premium (Pool B) Election – (Business Sectors only)**

YES NO (check one)

If "YES" please check one of the following:

Quota Share Retention: 0% 10% 20% 30%

(3) **Standard Premium (Pool A) Election - (40% Quota Share Retention)**

YES NO (check one)

(4) **Retrospective Premium Election[^] – (Investment Grade Members only)**

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

- Business Sectors only: YES NO (check one)
 10% 20% 30% 40%

- DNWS Offshore* / Onshore: YES NO (check one)
 10% 20% 30% 40%

*Excludes coverage for DNWS Offshore Gulf of Mexico Region

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

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(5) **Brokerage Commission**

YES NO

If "YES" please indicate annual amount or percentage:

Annual Amount: \$ _____ or Annual Percentage: _____ %

(6) **OPOL Priority of Coverage & Payments Endorsement- Exhibit H**

Does your company require the OPOL Endorsement to be attached to their Everen policy?

YES NO (check one)

(7) **Schedule of Excess Insurance Endorsement - Exhibit I**

YES NO (check one)

If "YES" please complete the attached Appendix A template. Please also attach a diagram/pictorial of your company's insurance program. **Please note, Endorsement 5 is not effective until all applicable documents are received and approved in writing by the Underwriter.**

8) **Everen Shareholder Representative Authorization Certificate - Form 5**

Has there been changes to the authorized shareholder representatives for your Company?

YES NO (check one)

If "YES" please complete the attached blank Form 5 and return it to us.

9) **Permissions**

In order to meet data privacy laws in Bermuda, USA and Europe, please advise if you give Everen permission to distribute your name, company, title and email address of your Company's representatives to other Everen shareholders:

YES NO (check one)

Please have an authorized Shareholder Representative sign below and return to notifications@everen.bm as soon as possible but in any event **no later than November 1, 2023.**

Company Name: _____

Representative: _____ Date: _____

Additional Comments:
