

EVEREN COVERAGE PROFILE SELECTION WORKSHEET

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

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

5) 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:
