



SHAREHOLDER APPLICATION & INFORMATION FORM

SECTION I Please provide the following information as it is to appear on your (re)insurance policy.

INSURED DETAILS:

Named Insured:

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip:

Country:

Phone:

Fax:

(State and country of registration if different from above)

State:

Country:

ENTITY DETAILS: (If Applicable)

Named Entity:

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip:

Country:

Phone:

Fax:

(State and country of registration if different from above)

State:

Country:

SECTION II Please provide the name and details of the Company that will be the Shareholder (the Company to be listed on the Everen Specialty Ltd. Share Register).

SHAREHOLDER DETAILS:

Named Shareholder:

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip:

Country:

Phone:

Fax:

(State and country of registration if different from above)

State:

Country:



SECTION III Please provide the name of the Everen Specialty Shareholder Representative and at least one Alternate Representative and their details. The Everen Specialty Shareholder Representative is Everen Specialty's primary contact and will receive all correspondence sent by Everen Specialty, including information for the Annual General Meeting.

SHAREHOLDER REPRESENTATIVE: *

Full Name:

Title:

Company:

Email:

Direct Tel. No:

Mobile No:

Business mailing address (If different from entity address on page 1)

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip:

Country:

ALTERNATE REPRESENTATIVE 1: *

Full Name:

Title:

Company:

Email:

Direct Tel. No:

Mobile No:

Business mailing address(If different from entity address on page 1)

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip:

Country:

* As an Authorized Shareholder Representative and in compliance with privacy laws, by submitting your information, you consent to Everen Specialty Ltd. sharing your name, company, and e-mail address only with Everen Specialty Shareholders.



ALTERNATE REPRESENTATIVE 2 (Optional): *

Full Name:

Title:

Company:

Email:

Direct Tel. No:

Mobile No:

Business mailing address (If different from entity address on page 1)

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip:

Country:

* As an Authorized Shareholder Representative and in compliance with privacy laws, by submitting your information, you consent to Everen Specialty Ltd. sharing your name, company, and e-mail address only with Everen Specialty Shareholders.



Everen Specialty Ltd.
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Hamilton HM 08, Bermuda
T +1 441-295-0905
Everenspecialty.bm

SECTION IV

Shareholder Representative Authorization Certificate

We

of

being the registered holder (the “Shareholder”) of 1 (One) Common Share of par value USD\$5,000 each in the share capital of **Everen Specialty Ltd.**, a Bermuda exempted limited liability company (the “Company”), hereby authorize the shareholder representative or failing them, alternate representative 1 or, failing them, alternate representative 2 (if applicable) to act as representatives¹ of the Shareholder at all meetings of Shareholders of the Company and to exercise all powers of the Shareholder as a shareholder of the Company at all such meetings.

Date:

Certifying Officer²:

Signature

Print Name

Title

¹ Please complete details in section III of this document for each representative.

² This form / certificate must be executed by a director or officer of the applicant shareholder / shareholder, or any other person duly authorized to sign the same on behalf of the applicant shareholder / shareholder.