



Energy Insurance Mutual

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**ENERGY INSURANCE MUTUAL LIMITED  
EXCESS GENERAL PARTNER LIABILITY INSURANCE**

**APPLICATION**

**THE COMPLETION AND SUBMISSION TO ENERGY INSURANCE MUTUAL LIMITED OF THIS APPLICATION FOR EXCESS GENERAL PARTNER LIABILITY INSURANCE DOES NOT CONSTITUTE A BINDING CONTRACT OF INSURANCE NOR ANY INSURANCE COVERAGE WHATSOEVER, NOR DOES IT COMMIT ENERGY INSURANCE MUTUAL LIMITED TO OFFER OR THE APPLICANT TO PURCHASE ANY COVERAGE.**

**THIS APPLICATION IS FOR AN EXCESS GENERAL PARTNER LIABILITY CLAIMS FIRST MADE INSURANCE POLICY. THE POLICY PROVIDES COVERAGE WHICH IS DIFFERENT FROM THAT PROVIDED BY OTHER POLICIES. THE POLICY ALSO PROVIDES FOR ALTERNATE DISPUTE RESOLUTION, FOLLOWED, IF NECESSARY, BY MANDATORY ARBITRATION OF ALL DISPUTES WHICH MAY ARISE UNDER THE POLICY. PLEASE READ CAREFULLY THE ATTACHED SPECIMEN COPY OF THE POLICY.**

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**PLEASE RETURN TO: ENERGY INSURANCE MUTUAL LIMITED  
3000 BAYPORT DRIVE, SUITE 550  
TAMPA, FLORIDA 33607-8412**

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- 1. a) State full name and address of Applicant.**

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b) Please list all General Partners and Operating Partners to be insured (hereinafter, collectively referred to as the "Applicant").

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c) Are you submitting another application in lieu of the standard EIM application? (NOTE: Any other application must contain information equivalent to that requested in this application. If this is an original application, a short form renewal application is not acceptable.

- Yes
- No

(If Yes, please list the application.) \_\_\_\_\_

2. The Partnership is formed under the laws of the Uniform Partnership Act of the State of:

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3. Date of filing under the State's laws or the Uniform Partnership Act:

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4. Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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Telephone Number(s) ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

5. The following documents must be attached to receive a quotation for insurance coverage, or indicate the document is available publicly on the Internet and may be obtained independently by EIM. (All documents are deemed to be attached hereto.)

- (a) List of individuals and their positions with the General Partner who are serving on the Management or Operating Committee;
- (b) Applicant's latest Form 8-K, Form 10-K and most recent Form 10-Q's, if such forms were filed with the SEC;
- (c) A copy of the indemnification provisions of the Limited Partnership currently in effect;
- (d) Copies of underlying insurance policies currently in effect;
- (e) Latest interim financial statement available for the Limited Partnership and General Partner;
- (f) Copy of the offering memorandum, prospectus or registration statement, if offered within the past three years;
- (g) Copy of the Partnership Agreement;
- (h) Latest Notice of Annual Meeting of Shareholders including Proxy Statement of the Limited Partnership.

6. State below the coverage options to be quoted: **NOTE: Minimum attachment point \$25 Million**

OPTION I:	Attachment Point	_____
	Limits	_____
OPTION II:	Attachment Point	_____
	Limits	_____
OPTION III:	Attachment Point	_____
	Limits	_____

7. State Applicant's existing Retroactive Date on their existing primary coverage for General Partner Liability and give details of policy and limit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. From what date has the Limited Partnership maintained continuous general partner liability insurance?

\_\_\_\_\_

**9. Give full details of all claims made against Applicant during the past five years, specifying:**

**(a) Description of each claim whether paid or outstanding, insured or not, which exceeds \$1,000,000 (including defense expenses), giving the paid and outstanding amount of each claim.**

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**(b) The name and address of the organization which has evaluated any outstanding amounts and the date of the evaluation.**

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**10. Has the Limited Partnership had any prior or current general partner liability insurance cancelled or non-renewed for reasons other than previous insurer's withdrawal from the marketplace?**

- Yes
- No

**If yes, provide details:**

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**11. Have any of the past or present General Partners given written notice under the provisions of any prior or current general partner liability insurance of any claim or of specific facts or circumstances which might give rise to claim being made against any General Partner?**

- Yes
- No

**If Yes, provide details:**

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**12. Units:**

- (a) The number of units outstanding: \_\_\_\_\_
- (b) The percentage and number of units owned by each General Partner:

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**13. Are funds commingled with other entities managed by any General Partner?**

- Yes
- No

**14. Are separate accounts maintained for each Limited Partnership?**

- Yes
- No

**15. Has the Limited Partnership or its past or present General Partners been involved in any of the following:**

	<u>Yes</u>	<u>No</u>
A. Antitrust, copyright or patent litigation	•	•
B. Civil or criminal action or administrative proceeding charging a violation of any federal or state security law or regulation	•	•
C. Representative actions, class actions or derivative suits	•	•

**If yes to any of the above, provide details:**

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## REPRESENTATIONS AND WARRANTIES

The General Partners warrant and agree that they have no knowledge at the date of this application of any fact, circumstance or situation which is likely to give rise to a claim except (if no exceptions, please so state): \_\_\_\_\_.

- (a) That to the best of his knowledge and belief the statements set forth herein are true, and that he knows of no other relevant facts which might affect the judgment of Energy Insurance Mutual Limited when considering this application;
- (b) That Applicant will update this Application if any of the information provided herein or publicly available documents deemed to be part of this application change prior to the inception date of the policy period, and that this application and Applicant's statement herein shall be the basis of the contract should a policy be issued and this Application will be attached to and become part of the policy; and
- (c) This Application shall be construed as a separate Application by each of the persons for whom coverage is being sought. No statement made herein or knowledge possessed by any person(s) for whom coverage is being sought shall be imputed to any other person(s) for the purpose of determining the availability of coverage under the proposed policy.

For General Partner Liability cover, this application must be signed by all General Partners or, if there is a Corporate General Partner, it must be signed by the Chairman of the Board or the President of the Corporation.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Signature for Individual General Partners:**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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