REDACTED

Fidelity & Crime

AXIS EXCESS INSURANCE

DECLARATIONS

NAMED INSURED AND ADDRESS	Eversource Energy 107 Selden Street Berlin, CT 06037
BROKER OF RECORD	Aon Risk Services Northeast, Inc. [New York] 165 Broadway, Suite 3201, One Liberty Plaza New York, NY 10006

INSURER	AXIS Insurance Company (Admitted) 233 South Wacker Drive, Suite 4930 Chicago, IL 60606 (866) 259-5435 ***A Stock Insurer***
POLICY FORM	AXIS EXCESS INSURANCE POLICY AXIS 1010302 0817
POLICY NUMBER	P-001-000090335-06 *Renewal of: P-001-000090335-05*
POLICY PERIOD	Effective Date: 04/10/2025 Expiration Date: 04/10/2026 *Both dates at 12:01 a.m. at the Named Insured's address stated herein.*

TOTAL POLICY PREMIUM	[redacted]
MINIMUM EARNED PREMIUM ***(percentage of Total Policy Premium)***	N/A

SURCHARGE / TAX ***(included in Total Policy Premium)***	N/A

REDACTED

AXIS EXCESS INSURANCE

POLICY LIMITS OF INSURANCE	
Each Loss Limit	[redacted]

SCHEDULE OF SUBLIMITED COVERAGE	
Coverage Description	**AXIS Sublimit of Insurance**
Fraudulent Impersonation of Employees,Customers and Vendors	[redacted]
Include Designated Agents for Employee Theft Only - Third Party Vendors That Provide Rebates to Eversource Energy Customers On Behalf of Eversource For Specified Programs (see Primary Endorsement)	[redacted]

REDACTED

AXIS EXCESS INSURANCE

SCHEDULE OF UNDERLYING INSURANCE		
PRIMARY (FOLLOWED POLICY)		
Coverage Description	Crime	
Insurer	XL Specialty Insurance Company	
Policy Number	ELU202725-25	
Each Loss Limit of Insurance	[redacted]	
Retention	[redacted]	
Sublimited Coverages	**Sublimits of Insurance**	**Deductible**
Fraudulent Impersonation of Employees,Customers and Vendors	$[redacted]	[redacted]
Include Designated Agents for Employee Theft Only - Third Party Vendors That Provide Rebates to Eversource Energy Customers On Behalf of Eversource For Specified Programs (see Primary Endorsement)	[redacted]	[redacted]

NOTICES TO INSURER	
Send Notice of Claims To:	*Send All Other Notices And Inquiries To:*
AXIS Insurance Claims Department P.O. Box 4470 Alpharetta, GA 30023-4470 Email: USFNOL@axiscapital.com Phone (Toll-Free): (866) 259-5435 Phone: (678) 746- 9000 Fax: (866) 770-5629	AXIS Insurance 10000 Avalon Blvd. Suite 200 Alpharetta, GA 30009 Email: notices@axiscapital.com Phone (Toll-Free): (866) 259-5435 Phone: (678) 746- 9000 Fax: (678) 802-6161

REDACTED

AXIS EXCESS INSURANCE

SCHEDULE OF FORMS & ENDORSEMENTS		
Policyholder Notices and Policy Forms		**Form Number and Edition Date**
Policyholder Notice - Economic And Trade Sanctions		AXIS 906 0316
AXIS Excess Insurance Policy		AXIS 1010302 0817
Signature Page		AXIS 102AIC 0615
Endorsements		**Form Number and Edition Date**
1	Follow Sublimited Coverage Endorsement (Each Loss)	AXIS 1011257 0520
2	Definitions Added - Sublimit Or Sublimited Endorsement	AXIS 1011683 0121
3	State Amendatory Inconsistency Endorsement	AXIS 141 0915
4	EVERSOURCE ENERGY ENDORSEMENT	MANU-9098 0420
5	NO COVERAGE FOR EXTORTION PAYMENTS ENDORSEMENT	AXIS 1013062 0921
6	NO COVERAGE FOR LOSS OF NON-FUNGIBLE TOKENS ENDORSEMENT	AXIS 1013044 0621
7	FOLLOW SPECIFIC ENDORSEMENT OR RIDER EXCEPT AS PROVIDED ENDORSEMENT	AXIS 1010341 0817

REDACTED





AXA XL - Professional Insurance
100 Constitution Plaza, 17th Floor,
Hartford, CT 06103
Phone 860-246-1863, Fax 860-246-1899

Regulatory Office
505 Eagleview Blvd., Suite 100
Dept: Regulatory
Exton, PA 19341-1120
Telephone: 800-688-1840

COMMERCIAL CRIME POLICY DECLARATIONS

COMPANY PROVIDING COVERAGE: XL Specialty Insurance Company

POLICY NO.: ELU202725-25 RENEWAL OF: ELU195555-24

POLICY PERIOD
FROM: April 10, 2025 TO: April 10, 2026
AT 12:01 A.M., Standard Time at your mailing address shown below

Named Insured and Address:
Eversource Energy
107 Selden Street
Berlin, CT 06037

Producer: Aon

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

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REDACTED

POLICY NO.: ELU202725-25

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS INSUREDS: See endorsement #29					
COVERAGE IS WRITTEN: Primary					
INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES					
Insuring Agreements		**Limit of Insurance Per Occurrence**		**Deductible Amount Per Occurrence**	
1.	**Employee Theft**	$	[redacted]	$	[redacted]
2.	**Forgery or Alteration**	$	[redacted]	$	[redacted]
3.	**Inside the Premises - Theft of Money and Securities**	$	[redacted]	$	[redacted]
4.	**Inside the Premises - Robbery or Safe Burglary of Other Property**	$	[redacted]	$	[redacted]
5.	**Outside the Premises**	$	[redacted]	$	[redacted]
6.	**Computer and Funds Transfer Fraud**	$	[redacted]	$	[redacted]
7.	**Money Orders and Counterfeit Money**	$	[redacted]	$	N/A
If Added by Endorsement, Insuring Agreement(s):					
	Fraudulent Impersonation of Employees, Customers and Vendors	$	[redacted]	$	[redacted]
	Credit, Debit, or Charge Card Forgery	$	[redacted]	$	[redacted]
	Clients Property	$	[redacted]	$	[redacted]
	Destruction of Electronic Data or Computer Programs	$	[redacted]	$	[redacted]
	Telephone Toll Fraud	$	[redacted]	$	[redacted]
Forms and Endorsements made part of this policy at time of issue:					
CR 00 22 11 15 CR 01 67 10 10 CR 02 29 01 19 CR 04 01 08 13 CR 04 13 08 13 CR 04 16 08 13 CR 04 17 11 15 CR 20 25 08 13 CR 20 26 08 07 CR 20 30 08 13 CR 25 06 10 10 CR 25 08 10 10 CR 25 09 10 10 CR 25 20 10 10 CR 25 41 10 10 CR 25 47 09 17 CR 80 00 02 16 CR 80 01 02 16 CR 80 06 03 16 CR 80 10 03 16 CR 80 12 03 16 CR 80 13 03 16 CR 80 14 03 16 CR 80 15 03 16 CR 80 17 07 16 CR 80 21 03 17 CR 80 26 02 18 CR 80 27 02 18 CR 80 38 04 18 CR 80 43 05 18 CR 80 54 09 18 CR 80 74 03 19 CR 80 99 10 19 CR 80 105 01 20 CR 80 132 10 20 CR 83 01 03 16 CR 80 173 06 23 CR 80 174 06 23 CR 80 174 06 23 CR 80 175 06 23					
Specific Provisions (if any): Loss Reporting Threshold: [redacted] of applicable deductible (per CR 20 25 08 13)					
If "Not Covered" is inserted opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.					
PREMIUM: [redacted]					

Date: March 27, 2025

By: XL Specialty Insurance Company

(Authorized Representative)

Type Name: Lucy Pilko President

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Privacy Protection

resilience

Excess Declarations

INSURER INFORMATION

Insurer: Accredited Specialty Insurance Company

Managing General Agent: Ocrea Risk Services, LLC dba Resilience Insurance Solutions

Broker: Gabe DiGiamberardino
Marsh USA Inc.
1717 Arch St. Suite 1100

Philadelphia, PA 19103 US

Notice and Service of Suit: Ocrea Risk Services, LLC dba Resilience Insurance Solutions
+1 (302) 722-7236 (24/7 emergency hotline)
claims@resilienceinsurance.com (preferred)
275 Madison Ave.
Ste. 902
New York, NY 10016

POLICY INFORMATION

Named Insured: Eversource Energy

Named Insured Address: 107 Seldon Street

Berlin, CT 06037 US

Policy Form: REP1 072023 ed.

Policy Number: 720003030-0000

Policy Period: From: 7/1/25 To: 7/1/26
Both at 12:01 a.m. local time at the Named Insured address

resilience

COVERAGE SCHEDULE		
Resilience Policy Aggregate Limit of Liability:	Underlying Limit:	Primary Retention:
[redacted]	[redacted]	[redacted]
DROP-DOWN SCHEDULE		
Coverage Name:	Underlying Sublimit:	Resilience Sublimit:

Premium	[redacted]

REDACTED

resilience

UNDERLYING INFORMATION

Followed Policy:	Insurance Company	AEGIS Insurance Services, Inc. / Cedar Hamilton Limited
	Policy Number	CP5642710P/CHCM25AA046P
	Limit	[redacted]
	Retention	
Underlying Insurance:	The **Followed Policy** listed above, as well as:	
	Insurance Company	Energy Insurance Mutual Limited
	Policy Number	246432-25CY
	Limit	[redacted]
	Attachment	

resilience

ENDORSEMENTS

#	ID	Name	Comments
1	REE29	Notice of Terrorism Insurance Coverage	mandatory endorsement
2	REE32	Sanction Limitation and Exclusion	mandatory endorsement
3	REE104	Signature Page	
4	REE105	Privacy Notice	
5	REE106	Service of Suit Notice	

Authorized Representative: _____ **Date:** 11/17/25

George Kotsiopoulos

REDACTED

CYBERRESILIENCE+ INSURANCE POLICY

THIS INSURANCE POLICY IS DIFFERENT FROM OTHER POLICIES. PLEASE READ IT CAREFULLY.
Words and phrases that appear hereafter in bold with initial capital letters are defined in Section IV.

AEGIS®
Associated Electric & Gas Insurance Services Limited
Hamilton, Bermuda

DECLARATIONS

POLICY NO. CP5642710P
DECLARATIONS NO. 1

Item 1: **Policyholder** and address:

Eversource Energy
300 Cadwell Dr
Springfield, MA 01104-1742

Item 2: **Policy Period**: From: July 1, 2025 To: July 1, 2026
(12:01 A.M. Local Time at the address of the **Policyholder**.)

Item 3: Limit of Liability: [redacted] part of [redacted] is the **Insurer's** Aggregate Limit of Liability under the **Policy** regardless of the number of Insuring Agreements that apply.

Item 4: Limit of Liability by Insuring Agreement:

A.	Privacy and Security Coverage	$	[redacted]	part of $	[redacted]
B.	Media Liability Coverage	$	[redacted]	part of $	[redacted]
C.	Payment Card Industry Coverage	$	[redacted]	part of $	[redacted]
D.	Failure to Supply	$	[redacted]	part of $	[redacted]
E.	Breach Response Services	$	[redacted]	part of $	[redacted]
F.	Business Interruption Loss Coverage	$	[redacted]	part of $	[redacted]
G.	Data Asset Restoration Coverage	$	[redacted]	part of $	[redacted]
H.	Cyber Extortion Coverage	$	[redacted]	part of $	[redacted]

Item 5: Retentions by Insuring Agreement:

A. Privacy and Security Coverage:
[redacted] for each **Claim**, applicable to both **Damages** and **Claims Expenses**, or any combination thereof.

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AEGIS

DECLARATIONS

continued

POLICY NO. CP5642710P
DECLARATIONS NO. 1

B. Media Liability Coverage:
[redacted] for each **Claim**, applicable to both **Damages** and **Claims Expenses**, or any combination thereof.

C. Payment Card Industry Coverage:
[redacted] for each **PCI DSS Assessment Claim**, applicable to both **Damages** and **Claims Expenses**, or any combination thereof.

D. Failure to Supply:
[redacted] for each **Claim**, applicable to both **Damages** and **Claims Expenses**, or any combination thereof.

E. Breach Response Services:
[redacted] for each **Event**, applicable to **Breach Response Expenses**.

F. Business Interruption Loss Coverage:
1. [redacted] for each **System Interruption**, applicable to **Extra Expense**.
2. Time Retention: 12 Hours for each **System Interruption**, applicable to **Income Loss**.

G. Data Asset Restoration Coverage:
[redacted]0 for each **Data Loss Covered Event**, applicable to **Data Restoration Expenses**.

H. Cyber Extortion Coverage:
[redacted] for each **Cyber Extortion Threat**, applicable to **Cyber Extortion Expenses**.

Item 6: **Retroactive Date**: October 22, 2008
(12:01 A.M. Local Time at the address of the **Policyholder**)

Item 7: Premium: [redacted] Amount for the **Insurer's** participation only.

Item 8: Any notice to be provided or any payment to be made hereunder to the **Insurer** shall be made to:

AEGIS Insurance Services, Inc.
1 Meadowlands Plaza
East Rutherford, NJ 07073

ENDORSEMENTS ATTACHED AT POLICY ISSUANCE: 1-31

The liability of the **Insurer** is several and not joint with any entity insuring any part of the Limit of Liability not insured by the **Insurer** under this **Policy**. The **Insurer** does not in any way insure any **Loss** of the **Insured Organization** except as provided by this **Policy** or assume any additional liability if the **Insured Organization** is unable to collect from any other entity.

AEGIS

DECLARATIONS

continued

POLICY NO. CP5642710P
DECLARATIONS NO. 1

Countersigned at **East Rutherford, New Jersey**

On July 30, 2025

AEGIS Insurance Services, Inc.

By _____
Authorized Representative

CedarHamilton

Cedar Hamilton Limited
Hamilton, Bermuda

CYBER FOLLOW FORM INSURANCE POLICY

DECLARATIONS

NOTICE: PLEASE READ CAREFULLY. THIS POLICY SHALL FOLLOW ALL THE TERMS AND CONDITIONS OF THE FOLLOWED FORM EXCEPT AS STATED HEREIN. TERMS DEFINED IN THE FOLLOWED FORM ARE USED HEREIN WITH THE MEANING ASSIGNED TO THEM IN THE FOLLOWED FORM UNLESS OTHERWISE INDICATED.

Item 1.	**Policy Number:**	**CHCM25AA046P**
Item 2.	**Named Insured:**	**Eversource Energy** **107 Selden St** **Berlin, CT 06037-1616** **United States of America (the)**
Item 3.	**Policy Period:**	**July 1, 2025 12:01 AM to July 1, 2026 12:01AM** Standard Time at the address of the **Named Insured**
Item 4.	**Limit of Liability:**	[redacted]
	Attachment Point:	**$ 0**
	Deductibles:	[redacted]
Item 5.	**Pending & Prior Litigation Date** [or **Retroactive Date**]**: October 22, 2008**	

This Policy follows the pending & prior litigation exclusion in the **Followed Form**, except that the applicable date in such exclusion shall be the date indicated here.

Item 6.	**Gross Premium:**	[redacted]

REDACTED

CedarHamilton

Cedar Hamilton Limited
Hamilton, Bermuda

Item 7. A. **Underlying Policy(ies):**

Insurer	Policy Number	Limit of Liability	Attachment
N/A	N/A	N/A	N/A

B. **Followed Form:**

Insurer	Policy Number	Limit of Liability
AEGIS	CP5642710P	[redacted]

Item 8. **Forms and Endorsements Effective at Inception:**

- **CONNECTICUT AMENDATORY ENDORSEMENT**
- **TRIPRA Coverage Endorsement**

CedarHamilton

Cedar Hamilton Limited
Hamilton, Bermuda

Item 9. **Notice:**

For Claims notices, the **Named Insured** shall provide notice to the **Insurer** by:

First Class Mail to:

Cedar Hamilton Claims
Point House
6 Front Street
Pembroke, Bermuda HM 11
or

Email to: claims@cedarhamilton.bm

All other notices required by this Policy shall be sent to the Insurer at:

Cedar Hamilton Limited
Point House
6 Front Street
Pembroke, Bermuda HM 11
Attn: Vice President

This Policy is made and accepted subject to the foregoing provisions and stipulations which are hereby made a part of this Policy, together with such other provisions, stipulations and agreements as are stated in the attached Declarations Page, forms and endorsements attached to and forming a part of this Policy or as may be endorsed or added hereto.

REDACTED

Energy Insurance Mutual

3000 Bayport Drive ■ Suite 550
Tampa, Florida 33607-8418
(813) 287-2117 ■ www.eimltd.com

FOLLOWING FORM
EXCESS CYBER LIABILITY INDEMNITY POLICY
DECLARATIONS

THIS IS A FOLLOWING FORM EXCESS CYBER LIABILITY "CLAIMS-FIRST-MADE" POLICY. PLEASE READ THE ENTIRE POLICY AND THE UNDERLYING POLICY DESIGNATED IN ITEM 7 BELOW CAREFULLY.

Declarations attached to and made part of Policy Number: 246432-25CY

Item 1 Member Insured:	**Item 2 Policy Period:**
Eversource Energy 300 Cadwell Drive Springfield, MA 01104	From July 01, 2025 until July 01, 2026 Both days at 12:01A.M. Local Standard Time.

Item 3 Limit of Liability:

[redacted] per Occurrence subject to a [redacted] Annual Aggregate for all Occurrences.

Item 4 Attachment Point:

Underlying Retentions plus per occurrence Limits of Liability both as stated in Underlying Policy(s) listed below, but in no event less than [redacted] per Occurrence.

Item 5 Premium:	**Item 6 Retroactive Date:**
[redacted] for the Policy Period.	October 22, 2008

Item 7 Underlying Policy(s) Followed:

AEGIS Policy No: CP5642710P

Item 8 Endorsements Attached at Policy Issuance:

01, 02

THESE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION AND THE POLICY FORM ATTACHED HERETO, CONSTITUTE THE INSURANCE POLICY.

REDACTED

Directors & Officers Liability

REDACTED

DIRECTORS AND OFFICERS LIABILITY INSURANCE POLICY

THIS IS A "CLAIMS-FIRST-MADE" INSURANCE POLICY, THAT MAY BE DIFFERENT FROM OTHER POLICIES INCLUDING OTHER CLAIMS-MADE POLICIES. PLEASE READ IT CAREFULLY.

Words and phrases which appear in all capital letters have the special meanings set forth in Section VI. Definitions

AEGIS®
Associated Electric & Gas Insurance Services Limited
Hamilton, Bermuda

DECLARATIONS

POLICY NO. DP5008525P
DECLARATIONS NO. 1

Item 1: INSURED ORGANIZATION:
Eversource Energy
300 Cadwell Dr
Springfield, MA 01104-1742

Item 2: POLICY PERIOD: From: April 23, 2025 To: April 23, 2026
(12:01 A.M. Local Time at the address in Item 1.)

Item 3: Prior or Pending Litigation Date: April 23, 1990

Item 4: Rated Premium:
Policy Premium: [redacted]

Item 5: Limits of Liability:

A. [redacted] Aggregate Limit of Liability for the POLICY PERIOD and DISCOVERY PERIOD, if purchased

B. [redacted] For all INVESTIGATIVE EXPENSE for the POLICY PERIOD and DISCOVERY PERIOD, if purchased

Item 6: RETENTION:

A. Insuring Agreement I.(A). $0

B. Insuring Agreement I.(B). or I.(C). [redacted] each CLAIM

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REDACTED

AEGIS

DECLARATIONS

continued

POLICY NO. DP5008525P
DECLARATIONS NO. 1

Item 7: DISCOVERY PERIOD:

Premium: [redacted]

Duration: commencing on the effective date of cancellation or non-renewal and ending 12 months after such date

Item 8: Any notice to be provided or any payment to be made hereunder to the INSURED ORGANIZATION shall be made to:

ENTITY Eversource Energy
NAME [redacted]
TITLE Director of Enterprise Risk Management
ADDRESS 107 Selden St
Berlin CT 06037-1616

Item 9: Any notice to be provided or any payment to be made hereunder to the INSURER shall be made to:

NAME AEGIS Insurance Services, Inc.
ADDRESS 1 Meadowlands Plaza
East Rutherford, NJ 07073
CLAIMS Submit a claim through My AEGIS at www.aegislink.com

ENDORSEMENTS ATTACHED AT POLICY ISSUANCE: 1-49

Countersigned at East Rutherford, New Jersey

On May 7, 2025

AEGIS Insurance Services, Inc.

By _____
Authorized Representative

REDACTED

Allianz

EXCESS PROTECT
EXCESS FOLLOW FORM INSURANCE POLICY

THIS IS A CLAIMS-MADE POLICY THAT ONLY COVERS CLAIMS MADE DURING THE POLICY PERIOD OR APPLICABLE EXTENDED REPORTING PERIOD. DEFENSE COSTS ARE INCLUDED WITHIN AND MAY EXHAUST THE LIMITS OF INSURANCE. THE INSURER HAS NO DUTY TO DEFEND THIS POLICY UNLESS OTHERWISE PROVIDED FOR BY UNDERLYING INSURANCE.

The Declaration and Policy wording, including any endorsements, shall constitute the entire contract between the *Insurer* and the *Insured*. All italicized terms, whether in singular or plural, shall have the meaning set forth in the Declarations or Definitions section of the Policy.

DECLARATIONS

Insurer: Allianz Global Risks U.S. Insurance Co., a stock company ***Policy Number***: USF00951125

Policyholder: Principal Address:	Eversource Energy 300 Cadwell Drive Springfield, MA 01104
Policy Period:	From: April 23, 2025 To: April 23, 2026 as of 12:01 AM at the *Policyholder*'s Principal Address
Limit of Insurance:	[redacted]
Premium:	[redacted]
Followed Policy:	Insurer: Associated Electric & Gas Insurance Services Limited Policy Number: DP5008525P Coverage Type: Public D&O: Full Coverage (ABC)
Underlying Insurance:	See Schedule of Underlying Insurance
Notices to the *Insurer*:	Allianz Global Risks U.S. Insurance Company Attention: Financial Lines - Claims Department 225 West Washington Street, Suite 1800 Chicago, IL 60606-3484 Email for First Notice of Loss: NewLoss@agcs.allianz.com Phone Number for First Notice of Loss: 1-(800) 347-3428 Phone Number for Existing Claims: 1-(800) 870-8857
Producer:	Marsh USA,LLC 1166 Avenue Of The Americas, 40th Floor New York, NY 10036
Endorsements:	See Schedule of Forms

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REDACTED

Allianz

Policyholder: Eversource Energy
Policy Number: USF00951125
Effective Date: April 23, 2025

SCHEDULE OF UNDERLYING INSURANCE

Underlying Insurance:

Policy Type	Insurer	Policy #	Limit of Insurance	Excess of
Followed Policy	Associated Electric & Gas Insurance Services Limited	DP5008525P	[redacted]	[redacted]
1st Excess	Energy Insurance Mutual Limited	296356-25DO		
2nd Excess	Travelers Casualty and Surety Company of America	108263952		
3rd Excess	Zurich American Insurance Company	DOC 9384927-16		
4th Excess	Continental Casualty Company	652519280		
5th Excess	Arch Insurance Company	DOX1000511-03		

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Allianz

IN WITNESS CLAUSE

IN WITNESS WHEREOF, the **Insurer** has caused this Policy to be signed by its President and Secretary.

Secretary

President

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REDACTED

Arch | Insurance

ARCH INSURANCE COMPANY
(A Missouri Corporation)

Home Office Address:
2345 Grand Blvd, Suite 900
Kansas City, MO 64108

Administrative Address:
Harborside 3
210 Hudson Street, Suite 600
Jersey City, NJ 07311-1107
Tel: (866) 413-5550

ARCH ESSENTIAL EXCESS POLICY®
FOLLOW FORM EXCESS LIABILITY INSURANCE POLICY

THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD.

DECLARATIONS

Policy No.: ABX1000085-05

Item 1. Named Insured & Address:
Eversource Energy
300 Cadwell Drive
Springfield, MA 01104

Item 2. Policy Period:
From: April 23, 2025
To: April 23, 2026
12:01 a.m. local time at the address stated in Item 1

Item 3. Limit of Liability: [redacted]

Item 4. Underlying Insurance:

Primary Policy

Layer:	Insurer:	Policy No.:	Limit of Liability:	Attachment:
	Associated Electric & Gas Insurance Services Limited	DP5008525P	[redacted]	

Underlying Excess Policies

First Excess	Energy Insurance Mutual	296356-25DO	[redacted]
Second Excess	Travelers Casualty and Surety Company of America	108263952	

REDACTED

Third Excess	Zurich American Insurance Company	DOC 9384927-16	[redacted]
Fourth Excess	Continental Casualty Company	652519280	
Fifth Excess	Arch Insurance Company	DOX1000511-03	
Sixth Excess	Allianz Global Risks U.S. Insurance Company	USF00951125	
Seventh Excess	Everest National Insurance Company	SC5EX00486-251	
Eighth Excess	Berkshire Hathaway Specialty Insurance Company	47-EPC-302564-10	
Ninth Excess	National Union Fire Insurance Company of Pittsburgh, Pa.	01-233-77-19	
Tenth Excess	Endurance American Insurance Company	ADL3000164640 5	
Eleventh Excess	XL Specialty Insurance Company	ELU203322-25	
Twelfth Excess	National Union Fire Insurance Company of Pittsburgh, Pa.	01-240-58-02	
Thirteenth Excess	Berkley Insurance Company	BPRO8123860	

Item 5. Extended Reporting Period:
Additional Period 1 Year
Additional Premium [redacted]

Item 6. Notices to Insurer:

Notice Of **Claim(s)** To Be Sent To:
Arch Insurance Company
Executive Assurance Claims
1299 Farnam Street, Suite 500
Omaha, NE 68102
P.O. Box 542033
Omaha, NE 68154
Phone: 877 688-ARCH (2724)
Fax: 866 266-3630
E-mail: Claims@ArchInsurance.com

All Other Notices To Be Sent To:
Arch Insurance Company
Executive Assurance Underwriting
Harborside 3
210 Hudson Street, Suite 600
Jersey City, NJ 07311-1107
Tel: (866) 413-5550

Item 7. Policy Premium: [redacted]
Taxes, Surcharges and other Assessments, if applicable $0.00
Premium Attributable to Terrorism Risk Insurance $0.00
Included In Policy Premium ☒
In Addition To Policy Premium ☐

Item 8. Endorsements: See attached schedule of endorsements and notices.

REDACTED

REDACTED

Arch | Insurance

Massachusetts Signature Page

IN WITNESS WHEREOF, Arch Insurance Company has caused this policy to be executed and attested.

Brian D. First
President

Regan Shulman
Secretary

REDACTED

Arch | Insurance

ARCH INSURANCE COMPANY
(A Missouri Corporation)

Home Office Address:
2345 Grand Blvd, Suite 900
Kansas City, MO 64108

Administrative Address:
Harborside 3
210 Hudson Street, Suite 600
Jersey City, NJ 07311-1107
Tel: (866) 413-5550

ARCH ESSENTIAL EXCESS POLICY®
FOLLOW FORM EXCESS LIABILITY INSURANCE POLICY

THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD.

DECLARATIONS

Policy No.: DOX1000511-03

Item 1. Named Insured & Address:
Eversource Energy
300 Cadwell Dr
Springfield, MA 01104

Item 2. Policy Period:
From: April 23, 2025
To: April 23, 2026
12:01 a.m. local time at the address stated in Item 1

Item 3. Limit of Liability: [redacted]

Item 4. Underlying Insurance:

Primary Policy

Layer:	Insurer:	Policy No.:	Limit of Liability:	Attachment:
	Associated Electric & Gas Insurance Services Limited	DP5008525P	[redacted]	

Underlying Excess Policies

First Excess	Energy Insurance Mutual	296356-25DO	[redacted]
Second Excess	Travelers Casualty and Surety Company of America	108263952	

REDACTED

Third Excess	Zurich American Insurance Company	DOC 9384927-16	[redacted]
Fourth Excess	Continental Casualty Company	652519280	

Item 5. Extended Reporting Period:
Additional Period 1 Year
Additional Premium [redacted]

Item 6. Notices to Insurer:

Notice Of **Claim(s)** To Be Sent To:
Arch Insurance Company
Executive Assurance Claims
1299 Farnam Street, Suite 500
Omaha, NE 68102
P.O. Box 542033
Omaha, NE 68154
Phone: 877 688-ARCH (2724)
Fax: 866 266-3630
E-mail: Claims@ArchInsurance.com

All Other Notices To Be Sent To:
Arch Insurance Company
Executive Assurance Underwriting
Harborside 3
210 Hudson Street, Suite 600
Jersey City, NJ 07311-1107
Tel: (866) 413-5550

Item 7. Policy Premium: [redacted]

Taxes, Surcharges and other Assessments, if applicable		$0.00
Premium Attributable to Terrorism Risk Insurance		$0.00
Included In Policy Premium	☒	
In Addition To Policy Premium	☐	

Item 8. Endorsements: See attached schedule of endorsements and notices.

REDACTED

Arch | Insurance

Massachusetts Signature Page

IN WITNESS WHEREOF, Arch Insurance Company has caused this policy to be executed and attested.

Brian D. First
President

Regan Shulman
Secretary

REDACTED

Berkley Insurance Company

475 Steamboat Road Greenwich, CT 06830

Declarations Page

Excess Insurance

NOTICE: THIS POLICY PROVIDES COVERAGE ON A CLAIMS MADE BASIS SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

UNLESS OTHERWISE STATED BY ENDORSEMENT TO THIS POLICY, COSTS OF DEFENSE REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY. THE INSURER SHALL NOT BE LIABLE FOR LEGAL DEFENSE COSTS OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMIT OF LIABILITY.

PLEASE READ AND REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Whenever printed in this Declarations Page, the boldface type terms shall have the same meanings as indicated in the Policy.

Policy Form: EX 30200 (01-09) Policy Number: BPRO8123860

Item 1. Name and Address of **Insured:**
Eversource Energy
300 Cadwell Drive
Springfield, MA 01104

Person designated to receive all correspondence from the **Insurer**:
Sir / Madam

Item 2. **Policy Period:** From April 23, 2025 (inception date) to April 23, 2026 (expiration date)
*(Both dates at 12:01 a.m. Standard Time at the address of the **Insured**)*

Item 3. Aggregate Limit of Liability for the **Policy Period** (inclusive of Costs of Defense): [redacted]

Item 4. Premium: [redacted]

Item 5. Endorsements attached:

1.	265 (02-20)	NOTICE OF TERRORISM INSURANCE COVERAGE.
2.	266 (02-20)	Policyholder Disclosure of Terrorism Insurance Coverage.
3.	EX 305999 (rev. 05/10) / M02911 G 00 (04-25)	Reinstatement of Limits Endorsement Modification to Section V.
4.	EX 306010 (01-09)	Follow Form and Difference in Conditions (DIC into DIC)

Item 6. Notice to the **Insurer** shall be sent to:
Berkley Professional Liability, Berkley Professional Liability Claims, c/o Claims Department,
Address: 757 Third Avenue, 10th Floor, New York, NY 10017
Fax: (212) 618-2948 Email: claims@berkleypro.com

All other notices required to be given to the **Insurer** under this Policy shall be sent to:
Berkley Professional Liability
Address: 757 Third Avenue, 10th Floor, New York, NY 10017
Fax: (212) 618-2940

REDACTED

Berkley Insurance Company

Item 7. Schedule of **Underlying Insurance**

A. **Followed Policy:**

Policy Period: From April 23, 2025 (inception date) to April 23, 2026 (expiration date)
*(Both dates at 12:01 a.m. Standard Time at the address of the **Insured**)*

Insurance Carrier	Policy Number	Limit of Liability
Endurance Assurance Corporation	ADL30001646405	[redacted]

B. Underlying Policy(ies):

Insurance Carrier	Policy Number	Limit of Liability
Associated Electric & Gas Insurance Services Limited	DP5008525P	[redacted]
Energy Insurance Mutual	296356-25DO	
Travelers Casualty and Surety Company of America	108263952	
Zurich American Insurance Company	DOC 9384927-16	
Continental Casualty Insurance Company (CNA)	652519280	
Arch Insurance Company	DOX1000511-03	
Allianz Global Risks US Insurance Company	USF00951125	
Everest National Insurance Company	SC5EX00486-251	
Berkshire Hathaway Specialty Insurance Company	47-EPC-302564-10	
National Union Fire Insurance Company of Pittsburgh, PA (AIG)	01-240-58-02	
Endurance Assurance Corporation	ADL30001646405	
XL Specialty Insurance Company	ELU203322-25	
National Union Fire Insurance Company of Pittsburgh, PA (AIG)	01-240-58-02	

Aggregate Underlying Limits of Liability: [redacted]

By accepting this Policy, the **Insureds** and the **Insurer** agree that these Declarations, the completed and signed application (and its attachments), the Excess Insurance Policy and any written endorsements attached hereto constitute the entire contract between the **Insured** and the **Insurer**. This Policy and any and all rights hereunder are not assignable without the written consent of the **Insurer**.

The **Insured** named in Item 1. of the Declarations shall act on behalf of all **Insureds** with respect to giving and receiving notices, paying premiums and receiving any premiums that may become due under this Policy.

Authorized Signature: _____ Date Issued: July 28, 2025

REDACTED

Berkshire Hathaway Specialty Insurance

Berkshire Hathaway Specialty Insurance Company
(a Stock Insurance Company)
1314 Douglas Street, Suite 1400
Omaha, NE 68102-1944

Excess Policy

Common Policy Declarations

THE PAYMENT OF DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY UNDER THIS POLICY.

This Declarations Page is attached to and forms part of the Policy

		Policy No.: 47-EPC-302564-10	**Renewal of:** 47-EPC-302564-09
Item 1.	**Named Insured:**	Eversource Energy	
	Mailing Address:	300 Cadwell Drive Springfield, MA 01104	
Item 2.	**Policy Period Effective:**	From: April 23, 2025 To: April 23, 2026 Both days at 12:01 a.m. local standard time at Mailing Address listed in Item 1, above.	
Item 3.	**Limits of Insurance (including Defense Costs)**	Per Claim Limit: [redacted] Aggregate Policy Limit: Total Underlying Limit of Liability:	

Disclaimer
NOTICE: THE POLICY APPLIED FOR IS NOT SUBJECT TO ALL INSURANCE LAWS THAT APPLY TO OTHER COMMERCIAL LINES PRODUCTS AND MAY CONTAIN SIGNIFICANT DIFFERENCES FROM A POLICY THAT IS SUBJECT TO ALL INSURANCE LAWS

THIS POLICY IS SUBJECT TO ALL OF ITS TERMS, CONDITIONS AND ENDORSEMENTS, WHICH HAVE BEEN SET FORTH, INCLUDING, BUT NOT LIMITED TO, ALL APPLICABLE CLAIMS-MADE VERSUS OCCURRENCE TRIGGERS, PERILS, EXCLUSIONS, LOCATION AND TERRITORY LIMITATIONS, AND WHETHER DEFENSE IS WITHIN OR OUTSIDE OF LIMITS.

REDACTED

Item 4.	**Premiums:**	Policy Premium:	[redacted]
		Terrorism Coverage Premium:	
		Total Premium:	
Item 5.	**Schedule of Underlying Insurance:**	(A) Followed Policy: *Carrier* Associated Electric & Gas Insurance Services Limited *Policy Number* DP5008525P *Limit of Liability* [redacted] (B) See attached Schedule of Underlying Excess Policies	

Item 6.	**Notices to Insurer:**	For claims, loss or potential claims ***By 24-hour toll free number:*** 855-453-9675 ***By Email:*** ClaimsNotice@bhspecialty.com ***By Email:*** CyberClaimsNotice@bhspecialty.com ***By Fax:*** 617-507-8259 ***By Mail:*** Log on to www.bhspecialty.com/claims-reporting.html for mailing address	All other notices ***By Email:*** execandprofnotices@bhspecialty.com ***By Fax:*** 617-248-1618 ***By Mail:*** Log on to www.bhspecialty.com/claims-reporting.html for mailing address
Item 7.	**Forms and Endorsements:**	See attached Schedule	

This policy is comprised of this Declarations page, the policy form and the schedules and endorsements, if any, attached at the inception or issued during the Policy Period.

Signatures:

Ralph Tortorella, Secretary

Peter Eastwood, President

May 01, 2025
Dated

REDACTED

DECLARATIONS
EXCESS INSURANCE POLICY

ACCOUNT NUMBER	1179730
COVERAGE PROVIDED BY (hereafter Insurer)	Continental Casualty Company
POLICY NUMBER	652519280

Item 1: **NAMED ENTITY AND PRINCIPAL ADDRESS**		**PRODUCER**
Eversource Energy 300 Cadwell Dr Springfield, MA 01104		MARSH USA LLC 1166 AVENUE OF THE AMERICAS MARSH QSG NEW YORK, NY 10036-2750
Attn:		Raegan Buckley

Item 2. **Policy Period**: 4/23/2025 To 4/23/2026

12:01 a.m. Standard Time at the Principal Address stated in Item 1.

Item 3. **Limit of Liability**

[redacted] maximum aggregate Limit of Liability under the Policy

Item 4. Schedule of **Underlying Insurance:**

A. **Followed Policy**

Name of Carrier	Policy No	Limits	Ded/Ret Amount
Associated Electric & Gas Insurance Services Limited	DP5008525P	[redacted]	[redacted]

B. **Underlying Excess Policies**: *** SEE ATTACHED SCHEDULE ***

Item 5. Policy Premium [redacted]

Item 6. Notices of Claims:

CNA – Claims Reporting
P.O. Box 8317
Chicago, IL 60680-8317
Email address: SpecialtyProNewLoss@cna.com
Fax Number: 866-773-7504

All other Notices:

Open Brokerage Global Specialty Lines
CNA Insurance Company
125 Broad Street – 8th Floor
New York, NY 10004

Item 7. Endorsements forming a part of this Policy at inception:

CNA-90206-XX	2017-09-01	Amend Maintenance of the Terms and Conditions of Underlying Insurance (InsurerÆs Consent)
CNA-98568-XX	2020-11-01	Excess Enhancement Endorsement (Use Local Time at the Principal Address)
CNA-98569-XX	2020-11-01	Excess Enhancement Endorsement (Preamble)
CNA-98570-XX	2020-11-01	Excess Enhancement Endorsement (Exhaustion of Underlying Insurance Required)
CNA-100075-XX	2020-11-01	Excess Enhancement Endorsement (Insurer Rights / Cooperation Clause)
CNA-100076-XX	2020-11-01	Excess Enhancement Endorsement (Recognition of Depletion of Underlying Limits)
CNA-81753-XX	2015-03-01	Cap On Losses From Certified Acts Of Terrorism Endorsement
CNA-81758-XX	2021-01-01	Notice Offer Of Terrorism Coverage Disclosure Of Premium Confirmation Of Acceptance

These Declarations, along with the completed and signed Application, the Policy, and any written endorsements attached thereto shall constitute the contract between the Insureds and the Insurer.

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REDACTED

Authorized Representative:  Date: June 24, 2025

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REDACTED

SOMPO

SIDE A DIFFERENCE-IN-CONDITIONS INSURANCE POLICY DECLARATIONS

THIS POLICY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY COVERS ONLY **CLAIMS** FIRST MADE AGAINST THE **INSUREDS** DURING THE **POLICY PERIOD** OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY **DEFENSE COSTS**. PLEASE READ THIS POLICY CAREFULLY.

Terms that appear in bold face type have special meaning. Please refer to Section IV. DEFINITIONS.

POLICY NUMBER:	ADL30001646405
PRIOR POLICY NUMBER:	ADL30001646404
INSURER:	Endurance Assurance Corporation

Item 1. **Named Insured**: Eversource Energy
Address: 300 Cadwell Drive
Springfield, MA 01104

Item 2. **Policy Period**: From: April 23, 2025 To: April 23, 2026
(12:01 AM Standard Time at the address of the **Named Insured**.)

Item 3. Limits of Liability:

A. Aggregate Limit of Liability: [redacted]

B. Sublimits of Liability: [redacted]

i. Each Person Asset Protection Costs Sublimit:
ii. Asset Protection Costs Aggregate Sublimit:
iii. Each Person Liberty Protection Costs Sublimit:
iv. Liberty Protection Costs Aggregate Sublimit:
v. Each Person Personal Reputation Costs Sublimit:
vi. Personal Reputation Costs Aggregate Sublimit:
vii. Each Person Policy Access Costs Sublimit:
viii. Policy Access Costs Aggregate Sublimit:

Item 4. **Primary Policy**: Associated Electric & Gas Insurance Services Limited DP5008525P

REDACTED

Item 5. Extended Reporting Period:

Additional Period:	Additional Premium:
N/A	N/A

Item 6. Notice:

A. **Claims**, **Inquiries**, and Circumstances:
Commercial Management Liability
Attn: Claims Department
1221 Avenue of The Americas
New York, NY 10020
Insuranceclaims@sompo-intl.com
1-877-676-7575

B. All Other Notices:
Commercial Management Liability
Attn: Professional Lines Underwriting Department
1221 Avenue of The Americas
New York, NY 10020

Item 7. Producer: Marsh USA, Inc.
Address: 1166 Avenue of the Americas
New York, NY 10036

Item 8. Premium: [redacted]

Item 9. Forms and Endorsements Effective at Inception:
See attached Forms and Endorsements Schedule.

This Policy shall constitute the contract between the **Named Insured**, on behalf of all **Companies** and **Insured Persons**, and the Insurer.

The Insurer hereby causes this Policy to be signed on the Declarations page by a duly authorized representative of the Insurer.

Authorized Representative

July 02, 2025
Date

REDACTED

Energy Insurance Mutual

3000 Bayport Drive ■ Suite 550
Tampa, Florida 33607-8418
(813) 287-2117 ■ www.eimltd.com

FOLLOWING FORM EXCESS DIRECTORS AND OFFICERS LIABILITY INDEMNITY POLICY DECLARATIONS

THIS IS A FOLLOWING FORM EXCESS DIRECTORS AND OFFICERS "CLAIMS-FIRST-MADE" POLICY. PLEASE READ THE ENTIRE POLICY AND THE UNDERLYING POLICY DESIGNATED IN ITEM 7 BELOW CAREFULLY.

Declarations attached to and made part of Policy Number: 296356-25DO

Item 1 Member Insured:
Eversource Energy
300 Cadwell Drive
Springfield, MA 01104

Item 2 Policy Period:
From April 23, 2025 until April 23, 2026
Both days at 12:01A.M. Standard time.

Item 3 Limit of Liability:
[redacted] per Wrongful Act subject to a [redacted] Annual Aggregate for all Wrongful Acts.

Item 4 Attachment Point:
Per Wrongful Act(s) retentions as stated in Item 8 of the Declarations plus annual aggregate limits of liability of underlying policies of [redacted], subject to reduction as stated in Article II Limit of Liability.

Item 5 Premium:
[redacted] prepaid for the Policy Period.

Item 6 Retroactive Date:
January 15, 1927

Item 7 Followed Policy:
AEGIS Policy No: DP5008525P

Item 8 Retentions:
As per Followed Policy.

Item 9 Endorsements Attached at Policy Issuance:
01, 02, 03

THESE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION AND THE POLICY FORM ATTACHED HERETO, CONSTITUTE THE INSURANCE POLICY.

REDACTED

EVEREST EZ™ EXCESS POLICY

THIS IS A CLAIMS MADE POLICY WHICH COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. DEFENSE COSTS ARE INCLUDED AND SHALL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS.

In consideration of the payment of the premium, in reliance on the Application (as defined in the Primary Policy), and subject to the terms, conditions and limitations of this policy, the Insurer and the **Named Insured** agree as follows:

Except as provided herein, this policy shall follow form to the terms and conditions of the Primary Policy. Coverage under this policy shall attach only after the Aggregate Limit of Liability of the Underlying Insurance set forth in **ITEM 4**, has been exhausted by the payment of Loss (as defined in the Primary Policy), by the insurers of the Primary Policy and all policies issued in excess of the Primary Policy which attach below this policy ("Underlying Insurance"), the Named Insured, any excess/DIC insurer, any policy that is tied into any Underlying Insurance, and/or any other source.

In the event of exhaustion of the Aggregate Limit of Liability of the Underlying Insurance, this policy shall continue in force as primary insurance for any subsequent Claim (as defined in the Primary Policy), but shall pay excess of the Primary Policy's retention, if applicable.

This policy shall recognize payment of any sublimit of liability by any Underlying Insurance toward the reduction or exhaustion of such insurance but shall not grant such sub-limited coverage unless added by endorsement to this policy.

No post inception alteration of the Primary Policy shall be recognized unless consented to (such consent not to be unreasonably withheld or delayed) by the Insurer in writing.

NAMED INSURED AND ADDRESS	INSURER
ITEM 1. Eversource Energy 300 Cadwell Drive Springfield, MA 01104 USA	(hereinafter, "Insurer") Everest National Insurance Company 100 Everest Way Warren, NJ 07059
POLICY NUMBER	**PRODUCER**
SC5EX00486-251 **Renewal of:** SC5EX00486-241	MARSH USA INC. 1166 Avenue of the Americas New York, NY 10036

ITEM 2. **POLICY PERIOD: FROM** 04/23/2025 **TO** 04/23/2026
POLICY INCEPTS AND EXPIRES AT 12:01 A.M. LOCAL TIME AT THE ADDRESS OF THE **NAMED INSURED** SHOWN ABOVE.

ITEM 3. **AGGREGATE LIMIT OF LIABILITY:** [redacted]
(The maximum Aggregate amount the Insurer shall pay under this policy)

ITEM 4. **AGGREGATE LIMIT OF LIABILITY OF THE UNDERLYING INSURANCE** (including Primary Policy): [redacted]

ITEM 5. **PRIMARY POLICY:**

Insurer	Policy No.	Policy Period	Retention	Limit of Liability
Associated Electric & Gas Insurance Services Limited	DP5008525P	04/23/2025 - 04/23/2026	[redacted]	[redacted]

ITEM 6. [redacted]

ITEM 7. **FORMS AND ENDORSEMENTS EFFECTIVE AT INCEPTION:** (See attached Endorsement)

ITEM 8. **NOTICE TO THE INSURER:** (Notice to the Insurer shall be given to the Insurer at the address shown above or by Email to: everestnationalnjclaim@everestre.com)

© Everest Reinsurance Company, 2017

REDACTED

THE INSURER SHALL HAVE THE SAME RIGHTS, PRIVILEGES AND PROTECTIONS AFFORDED THE INSURER OF THE PRIMARY POLICY. THIS FORM, ANY ENDORSEMENT(S) AND THE APPLICATION SHALL CONSTITUTE THE ABOVE NUMBERED POLICY.

© Everest Reinsurance Company, 2017

REDACTED

SCHEDULE OF FORMS/ENDORSEMENTS

Named Insured	Policy Number	Policy Period	Writing Company	Endorsement Effective Date
Eversource Energy	SC5EX00486-251	04/23/2025 - 04/23/2026	Everest National Insurance Company	04/23/2025

Form Name	Form Number	Endorsement No.
Everest EZ Excess Policy	EZE-CWF300A-2 0517	
Schedule of Forms & Endorsements	EIL-CWF002A-1 0319	
ADVISORY NOTICE REGARDING TRADE OR ECONOMIC SANCTIONS	EIL-CWN010A-1 1020	
Cap On Losses From Certified Acts Of Terrorism	EIN-CWF102A-1 0118	1
In Witness	EIL-CWF001A-1 0319	

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ADVISORY NOTICE REGARDING TRADE OR ECONOMIC SANCTIONS

No coverage is provided by this Notice nor can it be construed to replace any provisions of the policy. Please read the policy and review the Declarations page, if applicable, for complete information on the coverages provided.

This Notice provides information concerning possible impact on insurance coverage due to any applicable trade or economic sanctions law or regulation, including but not limited to, trade or economic sanctions laws or regulations of the United Nations, European Union, Switzerland, United Kingdom, Canada or the United States Treasury Department's Office of Foreign Assets Control.

Please read this Notice carefully.

If it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated any applicable trade or economic sanctions laws or regulations, including but not limited to those of the United Nations, European Union, Switzerland, United Kingdom, Canada or the United States Treasury Department's Office of Foreign Assets Control, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to restrictions. When an insurance policy is considered to be such a blocked or frozen contract, no payments or premium refunds may be made without authorization from the applicable regulator. Other limitations on the premiums and payments also apply.

©Everest Reinsurance Company, 2020

REDACTED

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

Parent Company: Eversource Energy

Endorsement No.: 1

Policy No.: SC5EX00486-251

Effective date of Endorsement: 04/23/2025

Issuing Company: Everest National Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

A. If aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed [redacted] in a Calendar Year and the Insurer has met its insurer deductible under the Terrorism Risk Insurance Act, the Insurer shall not be liable for the payment of any portion of the amount of such losses that exceeds [redacted], and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Certified Act of Terrorism means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a **Certified Act of Terrorism** include the following:

1. The act resulted in insured losses in excess o[redacted] in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

B. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for **Loss** that is otherwise excluded under this policy.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Date of Issue: 04/23/2025

Authorized Representative

©Everest Reinsurance Company, 2018

REDACTED

IN WITNESS

IN WITNESS WHEREOF, this policy is signed by officer of the Company shown on the declarations page of this policy.

For: Everest National Insurance Company

President

Secretary

©Everest Reinsurance Company, 2019

REDACTED

CR 79 35 (Ed. 01/23)

Policy No. UKA3022490.24

GREAT AMERICAN INSURANCE GROUP

GREAT AMERICAN KIDNAP, RANSOM & EXTORTION POLICY
DECLARATIONS PAGE

In return for the payment of the premium, and subject to all the terms and conditions of this Policy, we agree with you to provide the insurance as stated in this Policy.

1. NAMED INSURED:	**2. PERIOD OF INSURANCE:**
Eversource Energy	12:01 A.M. Local Standard Time From: 01/01/2024 To: 01/01/2027

3. INSURED PERSONS:

All Directors, Officers, Employees, Leased or Temporary Employees, Volunteers, Students, Interns, Consultants, Independent Contractors and persons specifically retained to negotiate or deliver a ransom

4. TERRITORY:

Worldwide

5. SECURITY CONSULTANT:

CONTROL RISKS

6. PREMIUM

[redacted]

7. LIMITS OF LIABILITY:

A. Insured Loss resulting from:

Kidnap/Extortion/Hijack/Express Kidnap/Detention/Hostage Crisis:

(i) Ransom:	[redacted]	Per Insured Event
(ii) Ransom in Transit:		Per Insured Event
(iii) Security Consultant Fees and Expenses:		Per Insured Event
(iv) Additional Expenses:		Per Insured Event
Child Abduction:		

REDACTED

(iii) Security Consultant Fees and Expenses:	[redacted]	Per Insured Event (Shared Limit)
(iv) Additional Expenses:		
Disappearance:		
(iii) Security Consultant Fees and Expenses:		Per Insured Event (Shared Limit)
(iv) Additional Expenses:		
Period of Indemnity:		Days

B. Legal Liability resulting from Kidnap/Extortion/Detention/Hijack/Hostage Crisis: [redacted] Per Insured Event

C. Cyber Extortion:

(i) Ransom:	$ 0	Per Insured Event
(ii) Ransom in Transit:	$ 0	Per Insured Event
(iii) Security Consultant Fees and Expenses: as agreed by the Company	None	Per Insured Event
(iv) Additional Expenses for Life Safety Risk: as described in section C.IV of the policy	$ 0	Per Insured Event

D. Personal Accident resulting from Kidnap/Extortion/Cyber Extortion/Detention/Hijack/Express Kidnap/Hostage Crisis:

Limit of Liability [redacted] Per Insured Person
Per Insured Event

Benefits per Insured Person	Percentage of Capital Sum Insured
Death	[redacted]
Loss of Limb/Sight	
Permanent Total Disablement	
Loss of Extremity	

---

8. ENDORSEMENTS:

Alternate Loss of Earnings Endorsement

(i) Limits of Liability:	[redacted]	Per Insured Event
Sublimit for Cyber Extortion (as described in Section 3.A.(ii) of the endorsement)		Per Insured Event
(ii) Indemnity Period:	120	Days
(iii) Waiting Period:	4	Hours
(iv) Investigating Accountants:	MDD	

Expatriate Security Evacuation Endorsement

(i) Limits of Liability:	[redacted]	Per Insured Event
but not exceeding:		

Repatriation:	[redacted]	Per Insured Person
Relocation Costs:		Per Insured Person
Personal Effects:		Per Insured Person
Security Consultant Fees and Expenses:		Per Insured Event
(ii) Named Excluded Countries:	None	

Products Loss Endorsement

(i) Limits of Liability:		
Expenses (Recall):	[redacted]	Per Insured Event
Expenses (Examination and Destruction):		Per Insured Event
Loss of value:		Per Insured Event
Investigating Accountant Fees and Expenses:		Per Insured Event
Security Consultant Fees and Expenses:		Per Insured Event
(ii) Investigating Accountants:	MDD	

Threat Response Expense Endorsement

(i) Limits of Liability:	[redacted]	Per Insured Event
(ii) Indemnity Period:		Days
(iii) Named Excluded Countries:	None	

Travel Security Evacuation Endorsement

(i) Limits of Liability:	[redacted]	Per Insured Event
Repatriation Costs:		Per Insured Person
Personal Effects:		Per Insured Person
Security Consultant Fees and Expenses:		Per Insured Event
(ii) Named Excluded Countries:	None	

If an insured event occurs or is believed to have occurred, Control Risks should be contacted on the following international telephone number: +44 20 7939 8900 (24 hours). From the United States this number becomes 011 44 20 7939 8900 or toll free 1 800 831 1985.

In Witness Whereof, we have caused this Policy to be executed and attested, and, if required by state law, this Policy shall not be valid unless countersigned by our authorized representative.

Appointed Representative
Great American Insurance Company

REDACTED

AIG

National Union Fire Insurance Company of Pittsburgh, Pa.
A capital stock company

Policy Number: 01-233-77-19 Replacement of: 03-932-25-24

EXCESS EDGE®

NOTICES: Depending on the terms, conditions and limitations of the Followed Policy, this policy may (1) only provide coverage for loss from claims first made or first made and reported during its Policy Period; (2) have its limit of liability reduced by the payment of defense costs and/or claim expenses, and (3) not impose a duty to defend on the Insurer. Please read the Followed Policy and this policy carefully and discuss the coverage provided thereunder and hereunder with your insurance agent or broker.

DECLARATIONS

Policyholder:	EVERSOURCE ENERGY			
Policyholder Address:	300 CADWELL DR SPRINGFIELD, MA 01104-1742	**Limit of Liability:**	$	[redacted]
		Total Underlying Limits:	$	
Policyholder Domicile:	Massachusetts	**Policy Period:** From:		April 23, 2025
Insurer Address:	1271 Ave of Americas, FL 37 New York, NY 10020-1304	To:		April 23, 2026
		Premium:	$	[redacted]
Claims Address: e-mail:	c-claim@AIG.com	**TRIA Premium**		$0
Mail:	AIG, Financial Lines Claims P.O. Box 25947 Shawnee Mission, KS 66225			^^

SCHEDULE OF UNDERLYING COVERAGE

	Underlying Insurer	Underlying Policy	Underlying Limit	Underlying Policy Period
PLEASE SEE ATTACHED SCHEDULE OF UNDERLYING COVERAGE AND FOLLOWED POLICY ADDENDUM				

The **Policy Period** incepts and expires as of 12:01 A.M. at the **Policyholder Address**. Terms with **"Bold"** typeface are used in this policy with the meanings and values ascribed to them above; however, subject to the Changes clause, the **"Followed Policy"** means the policy in the Schedule with an "**" at the beginning of its row, but only with respect to the following **Followed Coverage Section(s)**: PLEASE SEE ATTACHED SCHEDULE OF UNDERLYING COVERAGE AND FOLLOWED POLICY ADDENDUM.**TRIA Premium** means the premium for Certified Acts of Terrorism Coverage under Terrorism Risk Insurance Act, as amended. Amount indicated above is included in **Premium.** A copy of the TRIA disclosure sent with the original quote is attached hereto.

1858283

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In consideration of the payment of the premium, National Union Fire Insurance Company of Pittsburgh, Pa.® (the "**Insurer**") and insureds agree as follows:

INSURING AGREEMENT This policy shall provide coverage in accordance with the same terms, conditions and limitations of the **Followed Policy**, as modified by and subject to the terms, conditions and limitations of this policy.

The **Insurer's** coverage obligations under this policy attach to the **Insurer** only after the **Total Underlying Limits** have been exhausted through payments by, on behalf of or in the place of the **Underlying Insurers** of amounts covered under the **Underlying Policies**. This policy shall continue in force as primary insurance only upon the exhaustion of the **Total Underlying Limits** by reason of such payments and satisfaction of any applicable retention. This policy shall recognize erosion of an **Underlying Limit** of an **Underlying Policy** through payments by others of covered amounts under that **Underlying Policy**. The risk of uncollectability of any part of the **Total Underlying Limits**, for any reason, is expressly retained by the **Policyholder** and any insureds, and is not insured under this policy or assumed by the **Insurer**.

LIMIT OF LIABILITY The **Limit of Liability** is the aggregate limit of the **Insurer's** liability for all coverage under this policy.

NOTICES Where the **Followed Policy** requires or permits notice to its insurer, the **Policyholder** or the insureds have the same obligations and rights to notify the **Insurer** under this policy, except that with respect to this policy, any notice to the **Insurer** must be directed as follows: (i) for claims-related matters, by mail or e-mail to the **Claims Address**; and (ii) for all other notices, by mail to the **Insurer Address**.

RIGHTS The **Insurer** shall have the same rights, privileges and protections afforded to the **Underlying Insurer** of the **Followed Policy** in accordance with the terms, conditions and limitations of the **Followed Policy**. The **Insurer** shall also have the right, in its sole discretion, but not the obligation, to effectively associate with the insureds in the defense and settlement of any claim that appears to be reasonably likely to involve the **Insurer**. The **Policyholder**, its subsidiaries and any insureds shall provide the **Insurer** with such information, assistance and cooperation as the **Insurer** may reasonably request and shall not do anything that prejudices the **Insurer's** position or potential rights of recovery.

RELIANCE The **Insurer** has issued this policy in reliance upon the completeness and accuracy of the applications, warranties, statements, the binders for the **Underlying Policies**, any attachments thereto and any other materials submitted for this policy, which shall be deemed attached hereto and made a part hereof.

CHANGES If, subsequent to the issuance of the **Followed Policy**, the terms, conditions or limitations of an **Underlying Policy** are modified, the insureds must notify the **Insurer** in writing, as soon as practicable, of such modification. If any changes to the **Followed Policy**: (i) expand coverage, (ii) change the policyholder name or address, or (iii) modify premium, this policy shall not follow those changes unless the **Insurer** reflects its agreement to do so in a written endorsement to this policy.

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its President, Secretary and Authorized Representative. This Policy shall not be valid unless signed below at the time of issuance by an authorized representative of the insurer.

PRESIDENT	AUTHORIZED REPRESENTATIVE	SECRETARY

COUNTERSIGNATURE (WHERE REQUIRED BY LAW)	DATE	COUNTERSIGNATURE LOCATION

MARSH USA LLC
30 SOUTH 17TH ST
19TH FLOOR
PHILADELPHIA, PA 19103
1858283

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AIG

National Union Fire Insurance Company of Pittsburgh, Pa.
A capital stock company

Policy Number: 01-240-58-02 Replacement of: 03-932-25-26

EXCESS EDGE®

NOTICES: Depending on the terms, conditions and limitations of the Followed Policy, this policy may (1) only provide coverage for loss from claims first made or first made and reported during its Policy Period; (2) have its limit of liability reduced by the payment of defense costs and/or claim expenses, and (3) not impose a duty to defend on the Insurer. Please read the Followed Policy and this policy carefully and discuss the coverage provided thereunder and hereunder with your insurance agent or broker.

DECLARATIONS

Policyholder:	EVERSOURCE ENERGY			
Policyholder Address:	300 CALDWELL DRIVE SPRINGFIELD, MA 01104-1616	**Limit of Liability:**	$	[redacted]
		Total Underlying Limits:	$	
Policyholder Domicile:	Massachusetts	**Policy Period:** From:		April 23, 2025
Insurer Address:	1271 Ave of Americas, FL 37 New York, NY 10020-1304	To:		April 23, 2026
		Premium:	$	[redacted]
Claims Address: e-mail:	c-claim@AIG.com	**TRIA Premium**		$0
Mail:	AIG, Financial Lines Claims P.O. Box 25947 Shawnee Mission, KS 66225			^^

SCHEDULE OF UNDERLYING COVERAGE

	Underlying Insurer	Underlying Policy	Underlying Limit	Underlying Policy Period
PLEASE SEE ATTACHED SCHEDULE OF UNDERLYING COVERAGE AND FOLLOWED POLICY ADDENDUM				

The **Policy Period** incepts and expires as of 12:01 A.M. at the **Policyholder Address**. Terms with **"Bold"** typeface are used in this policy with the meanings and values ascribed to them above; however, subject to the Changes clause, the **"Followed Policy"** means the policy in the Schedule with an "**" at the beginning of its row, but only with respect to the following **Followed Coverage Section(s)**: PLEASE SEE ATTACHED SCHEDULE OF UNDERLYING COVERAGE AND FOLLOWED POLICY ADDENDUM.**TRIA Premium** means the premium for Certified Acts of Terrorism Coverage under Terrorism Risk Insurance Act, as amended. Amount indicated above is included in **Premium**. A copy of the TRIA disclosure sent with the original quote is attached hereto.

1683319

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REDACTED

In consideration of the payment of the premium, National Union Fire Insurance Company of Pittsburgh, Pa.® (the **"Insurer"**) and insureds agree as follows:

INSURING AGREEMENT This policy shall provide coverage in accordance with the same terms, conditions and limitations of the **Followed Policy**, as modified by and subject to the terms, conditions and limitations of this policy.

The **Insurer's** coverage obligations under this policy attach to the **Insurer** only after the **Total Underlying Limits** have been exhausted through payments by, on behalf of or in the place of the **Underlying Insurers** of amounts covered under the **Underlying Policies**. This policy shall continue in force as primary insurance only upon the exhaustion of the **Total Underlying Limits** by reason of such payments and satisfaction of any applicable retention. This policy shall recognize erosion of an **Underlying Limit** of an **Underlying Policy** through payments by others of covered amounts under that **Underlying Policy**. The risk of uncollectability of any part of the **Total Underlying Limits**, for any reason, is expressly retained by the **Policyholder** and any insureds, and is not insured under this policy or assumed by the **Insurer.**

LIMIT OF LIABILITY The **Limit of Liability** is the aggregate limit of the **Insurer's** liability for all coverage under this policy.

NOTICES Where the **Followed Policy** requires or permits notice to its insurer, the **Policyholder** or the insureds have the same obligations and rights to notify the **Insurer** under this policy, except that with respect to this policy, any notice to the **Insurer** must be directed as follows: (i) for claims-related matters, by mail or e-mail to the **Claims Address**; and (ii) for all other notices, by mail to the **Insurer Address.**

RIGHTS The **Insurer** shall have the same rights, privileges and protections afforded to the **Underlying Insurer** of the **Followed Policy** in accordance with the terms, conditions and limitations of the **Followed Policy**. The **Insurer** shall also have the right, in its sole discretion, but not the obligation, to effectively associate with the insureds in the defense and settlement of any claim that appears to be reasonably likely to involve the **Insurer**. The **Policyholder**, its subsidiaries and any insureds shall provide the **Insurer** with such information, assistance and cooperation as the **Insurer** may reasonably request and shall not do anything that prejudices the **Insurer's** position or potential rights of recovery.

RELIANCE The **Insurer** has issued this policy in reliance upon the completeness and accuracy of the applications, warranties, statements, the binders for the **Underlying Policies**, any attachments thereto and any other materials submitted for this policy, which shall be deemed attached hereto and made a part hereof.

CHANGES If, subsequent to the issuance of the **Followed Policy**, the terms, conditions or limitations of an **Underlying Policy** are modified, the insureds must notify the **Insurer** in writing, as soon as practicable, of such modification. If any changes to the **Followed Policy**: (i) expand coverage, (ii) change the policyholder name or address, or (iii) modify premium, this policy shall not follow those changes unless the **Insurer** reflects its agreement to do so in a written endorsement to this policy.

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its President, Secretary and Authorized Representative. This Policy shall not be valid unless signed below at the time of issuance by an authorized representative of the insurer.

PRESIDENT	AUTHORIZED REPRESENTATIVE	SECRETARY

COUNTERSIGNATURE (WHERE REQUIRED BY LAW)	DATE	COUNTERSIGNATURE LOCATION

MARSH USA LLC
30 SOUTH 17TH ST
19TH FLOOR
PHILADELPHIA, PA 19103
1683319

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REDACTED

TRAVELERS

Executive Choice+®

EXCESS POLICY DECLARATIONS

POLICY NO. [redacted]

Travelers Casualty and Surety Company of America
Hartford, Connecticut
(A Stock Insurance Company, herein called the Company)

PLEASE READ THIS POLICY CAREFULLY. THIS POLICY IS WRITTEN ON A CLAIMS-MADE BASIS WHEN EXCESS OF A LIABILITY COVERAGE AND COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR, IF EXERCISED, ANY EXTENDED DISCOVERY PERIOD. THIS POLICY IS WRITTEN ON A LOSS FIRST DISCOVERED BASIS WHEN EXCESS OF A BOND OR CRIME POLICY AND COVERS ONLY LOSS FIRST DISCOVERED DURING THE POLICY PERIOD OR, IF EXERCISED, ANY EXTENDED DISCOVERY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS.

ITEM 1	**INSURED AND INSURED'S ADDRESS:** **EVERSOURCE ENERGY** **300 CADWELL DRIVE** **SPRINGFIELD, MA 01104** Policy Number: **108263952** Prior Policy Number: **105922917**
ITEM 2	**POLICY PERIOD:** From: 12:01 A.M **April 23, 2025** To: 12:01 A.M **April 23, 2026** Local time at the address shown in ITEM 1.
ITEM 3	**LIMIT OF LIABILITY:** [redacted]
ITEM 4	**FOLLOWED POLICY:** Insurer: **AEGIS Insurance Services, Inc.** Policy Number: **DP5008525P** Coverage Sections: **Directors and Officers Liability - ABC**
ITEM 5	**SCHEDULE OF UNDERLYING INSURANCE:**

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	Coverage Sections	Policy Number	Policy Period	Limit of Liability	Retention Amount
(A) Issuer of Primary Policy:					
AEGIS Insurance Services, Inc.	**Directors and Officers Liability - ABC**	**DP5008525 P**	**04/23/2025 to 04/23/2026**	[redacted]	[redacted]
(B) Other Underlying Insurers:					
Energy Insurance Mutual Limited	**Directors and Officers Liability - ABC**	**296356-25D O**	**04/23/2025 to 04/23/2026**	[redacted]	N/A
(C) Total Amount of Underlying Limit of Liability [redacted]**0** plus any applicable retentions or deductibles under the Primary Policy.					

ITEM 6	**PREMIUM FOR THE POLICY PERIOD:** [redacted] Policy Premium
ITEM 7	**EXTENDED DISCOVERY PERIOD:** (a) Additional Premium: [redacted] (b) Additional Months: **12**
ITEM 8	**ENDORSEMENTS EFFECTIVE AT INCEPTION:** **AFE-19030-0920; XP001-0205; XP-19085-0318; XP-19087-0318; XP-19092-0318**
ITEM 9	**ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:**

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	Email: BSIclaims@travelers.com **Fax: 1-888-460-6622** **Mail: Travelers Bond & Specialty Insurance Claim** **P.O. Box 2989** **Hartford, CT 06104-2989** **Overnight Mail: Travelers Bond & Specialty Insurance Claim** **One Tower Square, MN06** **Hartford, CT 06183** **For questions related to claim reporting or handling, please call 1-800-842-8496.**

Countersigned By

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.

President

Corporate Secretary

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REDACTED

General/Excess Liability

REDACTED

Policy Number: **ELU203322-25**
Renewal of Number: ELU196321-24

XL Specialty Insurance Company
(Hereafter called the Insurer)

EXCESS POLICY DECLARATIONS

Executive Offices:
677 Washington Blvd.
10th Floor, Suite 1000
Stamford, CT 06901
Telephone: 877-953-2636

Regulatory Office:
505 Eagleview Blvd. Suite 100
Dept: Regulatory
Exton, PA 19341-1120
Telephone: 800-688-1840

THIS IS A CLAIMS MADE POLICY. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY ONLY APPLIES TO CLAIMS FIRST MADE DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. THIS POLICY DOES NOT PROVIDE FOR ANY DUTY BY THE INSURER TO DEFEND ANY INSURED. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

Item 1. **Name and Mailing Address of Insured Entity:**

Eversource Energy
300 Cadwell Drive
Springfield, MA 01104

The Insured Entity will be the sole agent for and will act on behalf of the Insured with respect to all matters under this Policy.

Item 2. **Policy Period:** **From:** April 23, 2025 **To:** April 23, 2026

At 12:01AM Standard Time at your Mailing Address Shown Above

Item 3. **Limit of Liability:**

[redacted] Aggregate each **Policy Period** (including Defense **Expenses**)

Item 4. **Schedule of Underlying Insurance:**

		Insurer	Policy No	Limit of Liability
(a)	Primary Policy	Endurance Assurance Corporation	ADL30001646405	[redacted]

Item 5. **Notices required to be given to the Insurer must be addressed to:**

XL Professional Insurance
100 Constitution Plaza, 13th Floor
Hartford, CT 06103
by electronic mail (email) to: proclaimnewnotices@axaxl.com.
Toll Free Telephone: 877-953-2636

Item 6. **Premium:**

Taxes, Surcharges or Fees: $0.00
Total Policy Premium: [redacted]

Item 7. **Policy Forms and Endorsements Attached at Issuance:**

XS 71 00 05 14 XS 80 224 11 21 XS 80 68 05 16

THESE **DECLARATIONS** AND THE POLICY, WITH THE ENDORSEMENTS, ATTACHMENTS, AND THE **APPLICATION** SHALL CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE INSURER AND THE **INSURED** RELATING TO THIS INSURANCE.

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IN WITNESS

XL SPECIALTY INSURANCE COMPANY

REGULATORY OFFICE
505 EAGLEVIEW BOULEVARD, SUITE 100
DEPARTMENT: REGULATORY
EXTON, PA 19341-1120
PHONE: 800-688-1840

It is hereby agreed and understood that the following In Witness Clause supercedes any and all other In Witness clauses in this policy.

All other provisions remain unchanged.

IN WITNESS WHEREOF, the Company has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the Company.



Lucy Pilko
President



Toni Ann Perkins
Secretary

IL MP 9104 0124 XLS

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Zurich Excess Select Insurance Policy

Declarations

Insurance is provided by: Zurich American Insurance Company
1299 Zurich Way
Schaumburg, Illinois 60196-1056
(The "Underwriter")

THIS POLICY FOLLOWS TO THE TERMS, CONDITIONS, AND LIMITATIONS OF THE FOLLOWED POLICY. COVERAGE IS LIMITED TO LOSS FROM CLAIMS AGAINST THE POLICYHOLDER DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD, IF EXERCISED, AND REPORTED TO THE UNDERWRITER PURSUANT TO SUBSECTION III.A. THE LIMIT OF LIABILITY SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS AND/OR CLAIMS EXPENSES, IF APPLICABLE. PLEASE READ THIS POLICY CAREFULLY. DEFINED TERMS APPEAR IN BOLD AND HAVE THE MEANING SET FORTH IN THE DECLARATIONS.

Policy Number: DOC 9384927-16

Item 1. **Policyholder** and Mailing Address: EVERSOURCE ENERGY
300 CADWELL DRIVE
SPRINGFIELD, MA 01104

Item 2. Aggregate Limit of Liability: [redacted]

Item 3. **Underlying Insurance:**

A.	Followed Policy	Policy Type	Policy Number	Limit of Liability	Attachment
	Associated Electric & Gas Insurance Services Limited	Primary	DP5008525P	[redacted]	[redacted]

B.	Other Underlying Insurance	Policy Number	Limit of Liability	Attachment
	Energy Insurance Mutual Limited	296356-25DO	[redacted]	[redacted]
	Travelers Casualty and Surety Company of America	108263952		

Item 4. **Policy Period**: From: 12:01 A.M. on 04/23/2025 To: 12:01 A.M. on 04/23/2026
Policy incepts and expires at the local time at the address shown in Item 1.

Item 5. Notice to Underwriter:

A. Address for Notice of Claim or Potential Claim

Attn: Corporate D&O Claims Department
Zurich North America
P.O. Box 968041
Schaumburg, IL 60196-8041
Facsimile: (866) 255-2962
Email: msgclms@zurichna.com

B. Address for All Other Notices:

Attn: Northeast, MASE & West Region Underwriting
Regional Manager
4 World Trade Center, 150 Greenwich
Street, Floor 53
New York, NY 10007
Email: NEsubmissions@zurichna.com

REDACTED

Item 6. Policy Premium:

A.	Coverage Premium:	[redacted]
B.	Taxes/Surcharges/Assessments:	$.00
C.	Other Fees:	$0
D.	Total Premium:	[redacted]

Schedule of Taxes/Surcharges/Assessments

N/A

Item 7. Endorsements Effective at Inception: See Attached Schedule of Forms and Endorsements

REDACTED

EXCESS LIABILITY INSURANCE POLICY

THIS IS AN EXCESS LIABILITY "CLAIMS-FIRST-MADE" POLICY WHICH MAY BE DIFFERENT FROM OTHER POLICIES INCLUDING OTHER CLAIMS-MADE POLICIES. PLEASE READ THE ENTIRE POLICY CAREFULLY.

Words and phrases which appear in all capital letters have the special meanings set forth in Section II. Definitions

AEGIS®
Associated Electric & Gas Insurance Services Limited
Hamilton, Bermuda

DECLARATIONS

POLICY NO. XL5043714P
DECLARATIONS NO. 1

Item 1: NAMED INSURED:
Eversource Energy
300 Cadwell Dr
Springfield, MA 01104-1742

Item 2: POLICY PERIOD: from the 15th day of March, 2025 until the 15th day of March, 2026, both days at 12:01 A.M. Local Time at the address of the NAMED INSURED.

Item 3: RETROACTIVE DATE: the 15th day of November, 1986 at 12:01 A.M. Local Time at the address of the NAMED INSURED.

Item 4: POLICY Premium: [redacted]

Item 5:
A. Limit of Liability each OCCURRENCE: [redacted] General Aggregate
B. JOINT VENTURE Limit of Liability each OCCURRENCE: Per Limit of Liability Section I. (B)(9)*
C. Combined PRODUCTS LIABILITY and COMPLETED OPERATIONS LIABILITY Aggregate Limit of Liability for the POLICY PERIOD: [redacted]
D. FAILURE TO SUPPLY LIABILITY Aggregate Limit of Liability for the POLICY PERIOD: [redacted]
E. POLLUTION LIABILITY Aggregate Limit of Liability for the POLICY PERIOD: [redacted]
F. MEDICAL MALPRACTICE INJURY Limit of Liability each OCCURRENCE: [redacted]
G. WILDFIRE LIABILITY Aggregate Limit of Liability for the POLICY PERIOD: [redacted]

* Subject to the [redacted] General Aggregate of the POLICY

©1986-2022 ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED (AEGIS)
AEGIS AND THE AEGIS LOGO ARE THE REGISTERED SERVICE MARKS OF AEGIS IN THE U.S., U.K., E.U., BERMUDA, CANADA AND NEW ZEALAND

REDACTED

AEGIS

DECLARATIONS

continued

POLICY NO. XL5043714P
DECLARATIONS NO. 1

Item 6: UNDERLYING LIMITS:
A. As listed in the attached Underlying Limits Schedule.
B. [redacted] Each OCCURRENCE:
(1) not covered by underlying insurance; and
(2) not subject to a self-insured retention listed in the attached Underlying Limits Schedule.
C. In the event of any CLAIM(s) arising from any single OCCURRENCE which involves two or more UNDERLYING LIMITS, the UNDERLYING LIMITS shall apply in Combination.

Item 7: Any notice to be provided or any payment to be made hereunder to the NAMED INSURED shall be made to:

[redacted]
Director of Enterprise Risk Management
Eversource Energy
107 Selden St
Berlin CT 06037-1616

Item 8: Any notice to be provided or any payment to be made hereunder to the COMPANY shall be made to:

AEGIS Insurance Services, Inc.
1 Meadowlands Plaza
East Rutherford, NJ 07073

Notice of a CLAIM or NOTICE OF CIRCUMSTANCES should be reported either on the AEGIS website at www.aegislink.com or emailed to ClaimNotice@aegislimited.com

Premium payments should be made in accordance with invoice instructions.

ENDORSEMENTS ATTACHED AT POLICY ISSUANCE: 1-46

Countersigned at East Rutherford, New Jersey

On April 11, 2025

AEGIS Insurance Services, Inc.

By _____
Authorized Representative

8000 (01/2022)

[2 of 2]

PRINT - 04/11/2025 16:23:05

American International Reinsurance Company, Ltd.
The American International Building
27 Richmond Road
Pembroke HM08 Bermuda

EXCESS LIABILITY INSURANCE POLICY – AEGIS FOLLOW FORM

THIS IS A CLAIMS FIRST MADE POLICY. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM. ANY DEFENSE OR CLAIMS EXPENSES COVERED BY THIS POLICY ARE INCLUDED WITHIN AND NOT IN ADDITION TO THE LIMIT OF LIABILITY OF THIS POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

DECLARATIONS

POLICY NO: 28336875
RENEWAL OF: 28336875

ITEM 1.	(a) NAMED INSURED: (b) ADDRESS OF NAMED INSURED:	Eversource Energy 300 Cadwell Drive Springfield MA 01104-1742 USA
ITEM 2.	POLICY INCEPTION DATE*: POLICY PERIOD EXPIRATION DATE*:	March 15, 2025 March 15, 2026
ITEM 3.	RETROACTIVE DATE*:	December 31, 2018 except for October 9, 2020 for Eversource Gas Company of Massachusetts (Colombia Gas MA assets)
ITEM 4.	LIMITS OF LIABILITY: (a) PER OCCURRENCE: (b) ANNUAL AGGREGATE: PART OF:	[redacted] [redacted] [redacted]
ITEM 5.	PER OCCURRENCE RETENTION: Except for WILFIRE LIABILITY in CT, MA & NH:	[redacted] [redacted]
ITEM 6.	MINIMUM PER OCCURRENCE RETENTION:	[redacted]
ITEM 7.	PREMIUM: MINIMUM EARNED PREMIUM:	[redacted] [redacted]

AMERICAN INTERNATIONAL REINSURANCE COMPANY, LTD.
27 Richmond Road
Pembroke, HM08
Bermuda

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EXCESS LIABILITY INSURANCE POLICY - AEGIS FOLLOW FORM
DECLARATIONS (Cont'd)

ITEM 8. FOLLOWED POLICY: Associated Electric & Gas Insurance Services Limited
Policy No.: XL5043714P

ITEM 9. NOTICES TO THE COMPANY:

(a) ALL NOTICES OF CIRCUMSTANCE, OCCURRENCE OR CLAIM:
AIG – Excess Severity/Construction Defect
P.O. Box 10006,
Shawnee Mission, KS 66225
Email address: highexcessclaims@aig.com
Fax Number: (877) 839-9721

(b) ALL OTHER NOTICES: UNDERWRITING DEPARTMENT AT THE ADDRESS SHOWN AT THE TOP OF THE DECLARATIONS PAGE.

ITEM 10. (a) REPRESENTATIVE OF NAMED INSURED: Bowring Marsh (Bermuda) Ltd.

(b) ADDRESS OF REPRESENTATIVE: Power House
7 Par-la-Ville Road
Hamilton, HM 11

ITEM 11. POLICY FORM: EXCESS LIABILITY INSURANCE POLICY – 119524 (06/15)
AEGIS FOLLOW FORM ENDORSEMENTS: 1- 21

* At 12:01 AM Prevailing Time at the Address of the NAMED INSURED shown on Item 1(b) above.

Authorized Representative

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ARGO INSURANCE
Member Argo Group

Form ARGO-AEGIS-6 **Policy No.** ARGO-CAS-CM-001281.7

EXCESS LIABILITY INSURANCE POLICY – AEGIS FOLLOW FORM
DECLARATIONS

ITEM 1:	(a) NAMED INSURED:	Eversource Energy
	(b) Address of NAMED INSURED:	300 Cadwell Drive Springfield, MA 01104-1742 U.S.A.
ITEM 2:	Limits of Liability:	
	(a) Per OCCURRENCE Limit:	USD [redacted] part of USD [redacted]
	(b) Minimum Per OCCURRENCE Retention:	USD [redacted]
	(c) Total Underlying Limits:	USD [redacted] except of USD [redacted] for Wildfire Liability in CT, MA & NH
	(d) Annual Aggregate:	USD [redacted] part of USD [redacted]
ITEM 3:	POLICY PERIOD:	From: MARCH 15, 2025 To: MARCH 15, 2026 at 12:01 a.m. at the address of the NAMED INSURED listed in Item 1(b) above.
ITEM 4:	Retroactive Date:	December 31, 2018 except for October 09, 2020 for acquisition of Columbia Gas assets
ITEM 5:	Representative of NAMED INSURED:	**Bowring Marsh (Bermuda) Ltd.**
ITEM 6:	Total Underlying Limits of Insurance:	USD [redacted] Each OCCURRENCE
ITEM 7:	Schedule of Underlying Policies:	**Per Schedule A**
ITEM 8:	**Followed Policy** and Policy No.:	Associated Electric & Gas Insurance Services Limited Policy No. XL5043714P

Wellesley House South
90 Pitts Bay Road
Pembroke, Bermuda, HM08
www.argolimited.com

T 441 296 5858
F 441 296 6162

REDACTED



Form ARGO-AEGIS-6 **Policy No.** ARGO-CAS-CM-001281.7

EXCESS LIABILITY INSURANCE POLICY – AEGIS FOLLOW FORM
DECLARATIONS (Cont'd.)

ITEM 9:	Gross Premium:	USD [redacted] part of USD [redacted]
	Net Premium:	USD [redacted] part of USD [redacted]
ITEM 10:	The **Company**:	**Argo Re Ltd.**
	(a) All Notices of OCCURRENCES:	To The **Company** via: Claims Department Argo Re Ltd. Wellesley House South 90 Pitts Bay Road Pembroke, HM08 Bermuda E-mail: Liability.Claims@argolimited.com
	(b) All other Notices:	Wellesley House South 90 Pitts Bay Road Pembroke, HM08 Bermuda
ITEM 11:	Application Date:	**January 22, 2025**
ITEM 12:	Endorsements:	

End. No. 1	Access, Collection and Disclosure of Information and Electronic Data Loss Exclusion Endorsement
End. No. 2	Aircraft Exclusion Endorsement
End. No. 3	Amendment of Notice of Circumstances Other Notices
End. No. 4	Attachment of Limits Clarification Endorsement
End. No. 5	Communicable Disease Exclusion
End. No. 6	Economic or Trade Sanctions Endorsement
End. No. 7	Follow Form Amendatory Endorsement
End. No. 8	Known Claims Exclusion Endorsement
End. No. 9	Minimum Earned Premium Endorsement
End. No. 10	Polychlorinated Biphenyls Exclusion Endorsement
End. No. 11	Several Liability for Quota Share Coverage
End. No. 12	Special Exclusionary Endorsement - Aquarian Water Company
End. No. 13	Terrorism Endorsement
End. No. 14	Watercraft Exclusion

REDACTED



Form ARGO-AEGIS-6 **Policy No.** ARGO-CAS-CM-001281.7

EXCESS LIABILITY INSURANCE POLICY – AEGIS FOLLOW FORM
DECLARATIONS (Cont'd.)

End. No. 15	Pollution Exclusion Amendment Endorsement with NP PP and TEE
End. No. 16	Policy Amendment Endorsement Relating to Multiple Claims
End. No. 17	Sanction Limitation Exclusion Clause
End. No. 18	Employment Related Practices Liability Exclusion Endorsement
End. No. 19	Nuclear Exclusion
End. No. 20	PFAS Absolute Exclusion Endorsement
End. No. 21	Cyber and Confidential or Personal Information and Data-Related Liability Exclusion with Limited Bodily Injury and Property Damage Exception Endorsement
End. No. 22	Special Exclusionary Endorsement-California Wildfire Liability

This **Policy** is made and accepted subject to the above statement together with the provisions, stipulations and agreements contained in the form(s) and endorsement(s) made a part of this **Policy**.

/Eve
TENIKO EVE
SENIOR UNDERWRITER

Dated: MAY 21, 2025

REDACTED



Banyan Excess Liability Ltd.
A.S. Cooper Building 7th Floor
26 Reid St
Hamilton HM 11, Bermuda
www.banyanrisk.com

EXCESS LIABILITY INSURANCE POLICY
AEGIS FOLLOW FORM

DECLARATIONS

Policy No.: 103-XUM-2062-101

Item 1. a) NAMED INSURED: Eversource Energy
and as more fully set forth in the Lead Underlying Policy

b) Address of Named Insured: 300 Cadwell Drive, Springfield
MA 01104-1742, United States

Item 2. Limits of Liability:

a) Per OCCURRENCE Limit: USD [redacted] part of USD [redacted]

b) Minimum Per OCCURRENCE Retention: USD [redacted]

c) Annual Aggregate: USD [redacted] part of USD [redacted]

Item 3. POLICY PERIOD*: From: March 15, 2025 To: March 15, 2026
*both days at 12:01 A.M. standard Time at the address of the NAMED INSURED

Item 4. Retroactive Date: November 15, 1986

Item 5. Representative of NAMED INSURED: **Bowring Marsh (Bermuda) Ltd.**

Item 6. Total Underlying Limits of Insurance: **USD** [redacted] except Wildfire Liability Attachment

USD [redacted] in CT, MA & NH

Item 7. Schedule of Underlying Policies: - per Schedule A

Item 8. **Followed Policy** and Policy No: Associated Electric & Gas Insurance Services Limited
XL5043714P

REDACTED

Item 9. Gross Premium: [redacted]

Net Premium: [redacted]

Item 10. The **Company**: PartnerRe Insurance Solutions Bermuda Ltd.

a) All notice of Occurrence:

PartnerRe
200 First Stamford
4th floor
Stamford, CT 06902
Attn MGA Claims

Email: partnerreclaims_mga@partnerre.com

b) All other Notices:

Banyan Excess Liability Ltd.
BELLNotices@banyanrisk.com

Item 11. Application Date: February 15, 2025

Item 12. Forms/Endorsements Effective at Inception:

Form Number	**Edition**	**Title**
BELL AEGIS CM 2025135	(01 25)	EXCESS LIABILITY INSURANCE POLICY AEGIS FOLLOW FORM DECLARATIONS
BELL AEGIS CM 2025156	(01 25)	EXCESS LIABILITY INSURANCE POLICY AEGIS FOLLOW FORM
BELL AEGIS CM 2025136	(01 25)	SCHEDULE A
BELL AEGIS CM 2025138	(01 25)	AMENDMENT OF NOTICE OF CIRCUMSTANCES/OTHER NOTICES ENDORSEMENT
BELL AEGIS CM 2025153	(01 25)	ATTACHMENT OF LIMITS CLARIFICATION ENDORSEMENT
BELL AEGIS CM 2025152	(01 25)	BUSINESS CONTINUITY ENDORSEMENT
BELL AEGIS CM 2025143	(01 25)	COMMUNICABLE DISEASE EXCLUSION ENDORSEMENT
BELL AEGIS CM 2025165	(03 25)	ECONOMIC OR TRADE SANCTIONS ENDORSEMENT

REDACTED

BELL AEGIS CM 2025157	(03 25)	SEVERAL LIABILITY FOR QUOTA SHARE COVERAGE ENDORSEMENT
BELL AEGIS CM 2025166	(03 25)	EMPLOYMENT PRACTICES LIABILITY FOLLOW FORM ENDORSEMENT
BELL AEGIS CM 2025137	(01 25)	FOLLOW FORM AMENDATORY ENDORSEMENT
BELL AEGIS CM 2025150	(01 25)	POLLUTION EXCLUSION AMENDMENT ENDORSEMENT WITH NAMED PERIL, PRODUCT POLLUTION AND TIME ELEMENT EXCEPTIONS
BELL AEGIS CM 2025162	(03 25)	POLICY AMENDMENT ENDORSEMENT RELATING TO MULTIPLE CLAIMS
BELL AEGIS CM 2025141	(01 25)	MINIMUM EARNED PREMIUM ENDORSEMENT
BELL AEGIS CM 2025232	(04 25)	CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY EXCLUSION WITH LIMITED BODILY INJURY AND PROPERTY DAMAGE EXCEPTION ENDORSEMENT
BELL AEGIS CM 2025235	(04 25)	KNOWN AND PREVIOUSLY NOTIFIED CLAIMS EXCLUSION
BELL AEGIS CM 2025636	(10 25)	RECOGNITION OF EROSION OF UNDERLYING DUE TO BROADER UNDERLYING COVERAGE ACTUALLY PAID BY UNDERLYING INSURER ENDORSEMENT
BELL AEGIS CM 2025227	(04 25)	EQUAL TERMS FOR QUOTA SHARE ENDORSEMENT
BELL AEGIS CM 2025145	(01 25)	WATERCRAFT EXCLUSION
BELL AEGIS CM 2025238	(04 25)	TERRORISM ENDORSEMENT
BELL AEGIS CM 2025367	(08 25)	SPECIAL EXCLUSIONARY ENDORSEMENT
BELL AEGIS CM 2025163	(03 25)	PFAS-PFOA-PFOS EXCLUSION ENDORSEMENT

REDACTED

THESE DECLARATIONS, TOGETHER WITH THE EXCESS POLICY FORM AND ANY ENDORSEMENT(S), CONSTITUTE THE ABOVE NUMBERED POLICY.

In witness whereof, the Insurer has caused this Policy to be signed by its authorized officer, but it shall not be valid unless also signed by the duly authorized representative of the Insurer.

Date: October 17, 2025

Mark Smith
Authorized Representative

CedarHamilton

Cedar Hamilton Limited
Hamilton, Bermuda

EXCESS LIABILITY FOLLOW FORM INSURANCE POLICY

DECLARATIONS

NOTICE: PLEASE READ CAREFULLY. THIS POLICY SHALL FOLLOW ALL THE TERMS AND CONDITIONS OF THE FOLLOWED FORM EXCEPT AS STATED HEREIN. TERMS DEFINED IN THE FOLLOWED FORM ARE USED HEREIN WITH THE MEANING ASSIGNED TO THEM IN THE FOLLOWED FORM UNLESS OTHERWISE INDICATED.

THE LIMITS OF INSURANCE OF THIS POLICY ARE REDUCED, AND MAY BE EXHAUSTED, BY AMOUNTS PAID UNDER THIS POLICY AND/OR THE APPLICABLE CEDAR HAMILTON LIMITED PUNITIVE DAMAGES EXCESS FOLLOW FORM INSURANCE POLICY. SUCH REDUCTION OR EXHAUSTION MAY OCCUR AT ANY TIME WITHOUT NOTICE. CONSEQUENTLY, AT ANY GIVEN TIME THERE MAY BE INSUFFICIENT INSURANCE, OR NO INSURANCE, AVAILABLE UNDER THIS POLICY TO INDEMNIFY THE INSURED.

Item 1.	**Policy Number:**	**CHXM25AA046P**
Item 2.	**Named Insured:**	**Eversource Energy** **300 Cadwell Drive** **Springfield, MA 01104** **United States of America (the)**
Item 3.	**Policy Period:**	**March 15, 2025 12:01 AM to March 15, 2026 12:01AM** Standard Time at the address of the **Named Insured**
Item 4.	**Limit of Liability:**	[redacted]
	Attachment Point:	[redacted]
	Deductibles:	[redacted]
Item 5.	**Pending & Prior Litigation Date** [or **Retroactive Date**]: **Following EIM's underlying Retroactive Date Endorsement**	

This Policy follows the pending & prior litigation exclusion in the **Followed Form**, except that the applicable date in such exclusion shall be the date indicated here.

REDACTED

CedarHamilton

Cedar Hamilton Limited
Hamilton, Bermuda

Item 6. **Gross Premium:** [redacted]

Item 7. A. **Underlying Policy(ies):**

Insurer	Policy Number	Limit of Liability	Attachment
AEGIS	XL5043714P	[redacted]	[redacted]

B. **Followed Form:**

Insurer	Policy Number	Limit of Liability
EIM	256284-25GL	[redacted]

Item 8. **Forms and Endorsements Effective at Inception:**

- **Wildfire Liability Sublimit [redacted] Excludes CA)**
- **MASSACHUSETTS AMENDATORY ENDORSEMENT**
- **TRIPRA Coverage Endorsement**

CedarHamilton

Cedar Hamilton Limited
Hamilton, Bermuda

Item 9. **Notice:**

For Claims notices, the **Named Insured** shall provide notice to the **Insurer** by:

First Class Mail to:

Cedar Hamilton Claims
Point House
6 Front Street
Pembroke, Bermuda HM 11
or

Email to: claims@cedarhamilton.bm

All other notices required by this Policy shall be sent to the Insurer at:

Cedar Hamilton Limited
Point House
6 Front Street
Pembroke, Bermuda HM 11
Attn: Vice President

This Policy is made and accepted subject to the foregoing provisions and stipulations which are hereby made a part of this Policy, together with such other provisions, stipulations and agreements as are stated in the attached Declarations Page, forms and endorsements attached to and forming a part of this Policy or as may be endorsed or added hereto.

REDACTED

SOMPO INTERNATIONAL

Endurance Specialty Insurance Ltd.
Waterloo House, 100 Pitts Bay Road, Pembroke HM08, Bermuda
Telephone: 441-278-0400 Facsimile: 441-296-1474
For Claim Matters Only: Facsimile: 441-296-5151 or excesscasualtyclaims@sompo-intl.com

Policy No.: EXC10014199106
Renewal Of: EXC10014199105

EXCESS LIABILITY INSURANCE POLICY - AEGIS FOLLOW FORM

DECLARATIONS

Item 1. (a) NAMED INSURED: Eversource Energy

(b) Address of NAMED INSURED: 300 Cadwell Dr
Springfield, Massachusetts, 01104-1742
United States

Item 2. Limits of Liability:

(a) Per OCCURRENCE Limit: [redacted]

(b) Minimum per OCCURRENCE Retention: [redacted] *Wildfire Liability*
except for:
[redacted] *All Other*

(c) Annual Aggregate: [redacted]

Item 3. POLICY PERIOD: From: March 15, 2025 To: March 15, 2026

Item 4. Retroactive Date: See Endorsement No. 7

Item 5. Representative of NAMED INSURED: Bowring Marsh (Bermuda) Ltd.
Power House
7 Par-La-Ville Road
Hamilton HM 11, Bermuda

Item 6. Total Underlying Limits of Insurance: [redacted] Each Occurrence Wildfire Liability except for:
[redacted] Each Occurrence All Other

Item 7. Schedule of Underlying Policies: - per Schedule A

REDACTED

Item 8. **Followed Policy** and Policy Number: Associated Electric & Gas Insurance Services Limited, XL5043714P

Item 9. Gross Premium: [redacted]
Net Premium: [redacted]

Item 10. The **Company**: Endurance Specialty Insurance Ltd.

(a) All Notices of OCCURRENCES	(b) All other Notices:
Claims Department	
Sompo International	Sompo International
Waterloo House	Waterloo House
100 Pitts Bay Road	100 Pitts Bay Road
Pembroke HM08, Bermuda	Pembroke HM08, Bermuda
Fax: 441-296-5151	Fax: 441-296-1474
Email: excesscasualtyclaims@sompo-intl.com	

Item 11. Application/Submission Date: January 22, 2025

Item 12. Endorsements:

End. No.	**Title**
1	International Sanctions Clause
2	Several Liability Notice
3	Polychlorinated Biphenyl (PCB) Exclusion
4	Aircraft Limitation Endorsement
5	Nuclear Exclusion
6	Watercraft Exclusion Endorsement
7	Schedule of Retroactive Coverage Dates
8	Equal Terms Endorsement
9	Known and Previously Notified Claims Exclusion
10	Unimpaired Aggregate Endorsement
11	Communicable Disease Exclusion
12	Amendment of General Conditions - Cancellation, Minimum Earned Premium and Credit Downgrade Endorsement
13	Terrorism Endorsement
14	Attachment of Limits Clarifications Endorsement - II
15	Special Exclusionary Endorsement
16	Amendment Of Pollution Exclusion
17	Amendment Relating To Multiple Claims
18	Amendment of Notice of Circumstances / Other Notices Endorsement
19	Non Followed Endorsement
20	Access or Disclosure of Confidential or Personal Information and Data Related Liability Exclusion Endorsement with Limited Bodily Injury and Property Damage Exception III
21	Perfluorinated Compounds or Per and Polyfluoroalkyl Substances (PFAS) Exclusion Endorsement

REDACTED



Authorised Representative

REDACTED

Energy Insurance Mutual

3000 Bayport Drive ▪ Suite 550
Tampa, Florida 33607-8418
(813) 287-2117 ▪ www.eimltd.com

FOLLOWING FORM
EXCESS GENERAL LIABILITY INDEMNITY POLICY
DECLARATIONS

THIS IS A FOLLOWING FORM EXCESS GENERAL LIABILITY "CLAIMS-FIRST-MADE" POLICY. PLEASE READ THE ENTIRE POLICY AND THE UNDERLYING POLICY DESIGNATED IN ITEM 7 BELOW CAREFULLY.

Declarations attached to and made part of Policy Number: 256284-25GL

Item 1 Member Insured:

Eversource Energy
300 Cadwell Drive
Springfield, MA 01104

Item 2 Policy Period:

From March 15, 2025 until March 15, 2026
Both days at 12:01A.M. Standard Time.

Item 3 Limit of Liability:

[redacted] per Occurrence subject to a [redacted] Annual Aggregate for all Occurrences.

Item 4 Attachment Point:

Underlying Limits plus per occurrence Limits of Liability both as stated in Underlying Policy(s) listed below, but in no event less than [redacted] per Occurrence.

Item 5 Premium:

[redacted] prepaid for the Policy Period.

Item 6 Retroactive Date:

See Retroactive Date Endorsement

Item 7 Underlying Policy(s) Followed:

AEGIS Policy No: XL5043714P
AEGIS Policy No: WC5041613P

Item 8 Endorsements Attached at Policy Issuance:

01, 02, 03, 04, 05, 06

THESE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION AND THE POLICY FORM ATTACHED HERETO, CONSTITUTE THE INSURANCE POLICY.

REDACTED

Form OCIL-AEGIS-08

EVEREN SPECIALTY LTD.
EXCESS LIABILITY INSURANCE POLICY - AEGIS FOLLOW FORM

DECLARATIONS

Policy No.: **U921439-0325**

Item 1	(a) NAMED INSURED:	**Eversource Energy**
	(b) Address of NAMED INSURED:	**300 Cadwell Dr** **Springfield, MA 01104-1742** **USA**
	(c) Representative of NAMED INSURED:	**Bowring Marsh (Bermuda) Ltd.**
Item 2	Limits of Liability:	
	(a) Per OCCURRENCE Limit:	[redacted]
	(b) Minimum per OCCURRENCE Retention:	[redacted]
	(c) Total Underlying Limits of Insurance:	[redacted] Each Occurrence for Wildfire Liability in CT, MA & NH
	(d) Annual Aggregate:	[redacted]
Item 3	POLICY PERIOD: From: **March 15, 2025** To: **March 15, 2026** *	
Item 4	Retroactive Date: **See Appendix A**	
Item 5	Schedule of Underlying Policies: per Schedule A	
Item 6	**Followed Policy** and Policy No: **AEGIS Policy No.** XL5043714P	
Item 7	Gross Premium: Net Premium:	[redacted]

* At 12:01 A.M. Standard Time at the address of the Named Insured listed in Item 1(b) above.

REDACTED

OCIL-AEGIS-08

EVEREN SPECIALTY LTD.
EXCESS LIABILITY INSURANCE POLICY - AEGIS FOLLOW FORM

DECLARATIONS (CONT'D)

Item 8 The **Company**: Everen Specialty Ltd.

(a) All Notices of OCCURRENCES:

Claims Department
Everen Specialty Ltd.
3 Bermudiana Road,
Hamilton, HM 08 Bermuda

P.O. Box HM 1751
Hamilton, HM GX
Bermuda
Fax No. (441)-295-0351
Email: LiabilityClaims@EverenSpecialty.bm

(b) All other Notices:

Everen Specialty Ltd.
3 Bermudiana Road,
Hamilton, HM 08 Bermuda

P.O. Box HM 1751
Hamilton, HM GX
Bermuda
Fax No. (441)-295-0351
Email: Inquiry@EverenSpecialty.bm

Item 9 Application Date: **January 22, 2025**

Item 10 Endorsements:

End. No.	**Title**
1.	Follow Form Amendatory Endorsement
2.	Known Loss Endorsement as respects to the layer $[redacted]
3.	Known Loss Endorsement as respects to the layer $[redacted]
4.	Known Loss Endorsement as respects to Eversource Gas Company of Massachusetts
5.	Known Loss Endorsement as respects to New England Service Company and subsidiaries acquisition
6.	Sanction Limitation and Exclusion Clause
7.	Attachment of Limits Clarification Endorsement
8.	Watercraft Exclusion Endorsement
9.	Special Exclusionary Endorsement - Aquarion Water Company
10.	Terrorism Endorsement
11.	Minimum Earned Premium Endorsement
12.	Cyber and Confidential or Personal Information and Data-Related Liability Exclusion with Limited Bodily Injury and Property Damage Exception Endorsement
13.	Employment Practices Liability Follow Form Endorsement
14.	Business Continuity Endorsement
15.	Communicable Disease and Infectious Pathogen Exclusion
16.	Policy Amendment Endorsement relating to Multiple Claims
17.	PFAS Absolute Exclusion Endorsement
18.	Known Loss Endorsement as respects to Wildfire Liability in CT, MA and NH
19.	Special Exclusionary Endorsement – California Wildfire Liability

IN WITNESS WHEREOF, this Policy has been made, entered into and executed by the undersigned in Hamilton, Bermuda on June 4, 2025.

Senior Casualty Underwriter

REDACTED

SCOR
The Art & Science of Risk

GENERAL SECURITY NATIONAL INSURANCE COMPANY

Home Office
28 Liberty Street
Suite 5400
New York, NY 10005
Tel. No. +1 212 480 1900
US Toll-Free (outside NY) +1 800 326 3299

Administrative Office
28 Liberty Street
Suite 5400
New York, NY 10005
Tel. No. +1 212 480 1900
US Toll-Free (outside NY) +1 800 326 3299

Form AEGIS-6

EXCESS LIABILITY INSURANCE POLICY – AEGIS FOLLOW FORM

DECLARATIONS

Policy No. **FA0042197-2025-1** Renewal of: **FA0042197-2024-1**

Item 1 (a) NAMED INSURED: **Eversource Energy**

(b) Address of NAMED INSURED: **300 Cadwell Drive**
Springfield, MA 01104

Item 2 Limits of Liability:

(a) Per OCCURRENCE Limit: [redacted]

(b) Minimum per OCCURRENCE Retention: [redacted]

(* Attachment for Wildfire is [redacted] as outlined in schedule of underlying)**

(c) Annual Aggregate: [redacted]

Item 3 POLICY PERIOD: From: **March 15, 2025** To: **March 15, 2026**

At 12:01 A.M. Standard Time at the address of the Named Insured listed in Item 1(b) above.

Item 4 Retroactive Date: **November 15, 1986**

Item 5 Representative of NAMED INSURED: **Marsh USA**
1166 Avenue of the Americas
New York, NY 10036

Item 6 Total Underlying Limits of Insurance: [redacted] Each Occurrence

Item 7 Schedule of Underlying Policies: Per Endorsement S-06- Schedule A

Item 8 **Followed Policy** and Policy No: **Associated Electric & Gas Insurance Services Limited (AEGIS) / Policy No. XL5043714P**

Item 9 Gross Premium: [redacted]

REDACTED

SCOR
The Art & Science of Risk

GENERAL SECURITY NATIONAL INSURANCE COMPANY

Home Office	Administrative Office
28 Liberty Street	28 Liberty Street
Suite 5400	Suite 5400
New York, NY 10005	New York, NY 10005
Tel. No. +1 212 480 1900	Tel. No. +1 212 480 1900
US Toll-Free (outside NY) +1 800 326 3299	US Toll-Free (outside NY) +1 800 326 3299

Item 10 The **Company**: General Security National Insurance Company

(a) (i) All Notices of CLAIM OR CIRCUMSTANCES:

Email Addresses:

New Claims Notices:
SBSAmericasClaims@Scor.com

All Other Claims Correspondence:
SBSAmericasClaims@Scor.com

(ii) **Mailing Address for Notices of Occurrence:**

CLAIMS DEPARTMENT
SCOR REINSURANCE COMPANY
28 LIBERTY STREET, SUITE 5400
NEW YORK, NEW YORK 10005 – USA

(b) All Other Notices:

SBS Underwriting Department
SCOR REINSURANCE COMPANY
28 LIBERTY STREET, SUITE 5400
NEW YORK, NEW YORK 10005 – USA

Item 11 Application Date: Not

Item 12 Endorsements:

End. No.	Title
N/A	Policyholder Notice Terrorism Risk Insurance Act
S-01	Maximum Cap on Coverage of Certified Acts of Terrorism Exclusion of Punitive and Exemplary Damages Endorsement
S-02	Sanction Limitation and Exclusion Clause
S-03	Clarification of Limits Endorsement
S-04	Non-Follow Endorsement
S-05	Continuity Date Endorsement
S-06	Schedule A
S-07	Corona Virus Exclusion

IN WITNESS WHEREOF, this Policy has been made, entered into and executed by the undersigned in New York, NY on this **7th** day of **May, 2025**.

By: Nakisha Fisher
Nakisha Fisher

Title: Vice President, Senior Casualty Underwriter

UMR: B0509ENGAO2550142

Marsh

RISK DETAILS

UNIQUE MARKET REFERENCE:	B0509ENGAO2550142
TYPE:	Excess Liabilities
INSURED:	Eversource Energy and/or affiliated and/or associated and/or controlled and/or allied and/or subsidiary companies, additional insureds, co-venturers and/or parent or firms as are now or may be constituted for which the insured has responsibility for placing insurance and others as may be agreed by Contract Leader only. **PRINCIPAL ADDRESS:** 300 Cadwell Drive Springfield 061032818 Massachusetts United States of America
PERIOD:	From: 15 March 2025 To: 15 March 2026 Both days at 00:00 hours Local Standard Time.
INTEREST:	Excess Liabilities
SUM INSURED OR LIMITS OF LIABILITY (100%):	[redacted] per Occurrence [redacted] n the Annual Aggregate
EXCESS OF / DEDUCTIBLE(S) / RETENTION(S) (100%):	[redacted] per Occurrence and in the annual Aggregate as per the Schedule of Underlying Policies attached except [redacted] per Occurrence in respect of Wildfire coverage.
SITUATION / TERRITORIAL LIMITS:	Worldwide
CONDITIONS:	The Policy Wording applicable to this Insurance Contract is to be agreed Contract Leader only. except as amended by contract conditions as herein Excess Liability Insurance Policy – Clams Made Follow Form wording, XL-AEGIS-6. The following endorsements apply:

UMR: B0509ENGAO2550142

Marsh

1. Non-follow Service of Suit Clause
2. State amendatory and/or Liberalisation Provisions Exclusion
3. Minimum Earned Premium Endorsement (35%)
4. Known Claims Exclusion
5. Watercraft Exclusion
6. PCB Exclusion
7. Nuclear Exclusion Endorsement
8. Non-Follow Amendatory Endorsement
9. Terrorism Endorsement
10. Several Liability for Quota Share Coverage Endorsement
11. Economic or Trade Sanctions Endorsement
12. Attachment of Limits Clarification Endorsement
13. Notification of Claims Endorsement
14. Special Exclusionary Endorsement (Aquarion Water Company)
15. Premium Payment Endorsement
16. Cyber and Data Limited Exclusion Endorsement 2, LMA 5470 dated 4/11/
17. Pollution Exclusion Amendment Endorsement with Named Peril, Product Pollution and Time Element
18. Special Cancellation Clause, as attached.
19. Security Default Cancellation Clause as attached.
20. Sanction Limitation and Exclusion Clause LMA3100 dated 15/09/10 as attached which to apply to the extent provision of coverage would result in a breach of an applicable sanction by an individual Insurer herein.
21. U.S. Terrorism Risk Insurance Act of 2002 As Amended New & Renewal Business Endorsement LMA5389 dated 9 January 2020, as per wording.
22. Recognition for Drop Down due to Erosion of Broader underlying Aggregates Endorsement
23. Communicable Disease Exclusion LMA5396 Dated 17 April 2020, as attached.
24. Institute Radioactive Contamination, Chemical, Biological, Biochemical and Electromagnetic Weapons Exclusion Clause CL370 Dated 10 November 2003, as attached.

Perfluorinated Compounds, Perfluoroalkyl and Perfluoroalkyl Substances (PFAS) Exclusion No.1 LMA5595 as attached

XIS GREAT LAKES
2025-03-21

REDACTED

UMR: B0509ENGAO2550142

Marsh

Wherever the words "underwriter" or "underwriters" appear in standard forms or clauses referenced herein, it is deemed amended to read "insurer" or "insurers" (as applicable).

Wherever the words "assured" or "assureds" appear in standard forms or clauses referenced herein, it is deemed amended to read "insured" or "insureds" (as applicable).

It is hereby understood and agreed by any and all (re)insurers subscribing to this (re)insurance that any subjectivity that has been raised within a quote slip/Market Reform Contract or quote sheet shall be void unless included within this final Market Reform Contract.

EXPRESS WARRANTIES: None (other than those that may be expressly contained within the contract conditions, wordings, clauses, premium payment terms and in addition to any implied warranties under the law to which this insurance is subject. Failure to comply with a warranty may, depending on circumstances and jurisdiction, allow insurers to seek remedies that may reduce recovery or void this insurance contract).

CHOICE OF LAW AND JURISDICTION: This (Re)Insurance shall be governed by and construed in accordance with the law of New York, United states of America and each party agrees to submit to the exclusive jurisdiction of courts of New York, United states of America whose courts shall have exclusive jurisdiction over such matters.

PREMIUM / RATE (100%): Premium [redacted] - nil return premium if coverage not taken up.

Split as follows:-

USD [redacted] for European Economic Area (EEA)

USD [redacted] otal for Non EEA.

PREMIUM DISCOUNT(S), COMMISSION(S) AND/OR DEDUCTION(S) PAYABLE TO THE (RE)INSURED: None

PREMIUM PAYMENT TERMS: Premium Payment Clause (Amended) 30/09/08 LSW3001 60 days / 30 days cancellation.

Dated 13 May 2025

XIS GREAT LAKES
2025-03-21

UMR: B0509ENGAO2550142

Marsh

TAXES PAYABLE BY THE INSURED AND ADMINISTERED BY INSURERS:	None.
TAXES PAYABLE BY THE INSURERS AND ADMINISTERED BY INSURED OR THEIR AGENT:	[redacted]S Federal Excise Tax (F.E.T.) will be deducted from the Gross Premium of any company insurer who is unable to provide a copy of their Closing Agreement with the I.R.S. or evidence of their exemption from same.
RECORDING, TRANSMITTING AND STORING INFORMATION:	Where Marsh Limited maintains risk and claim data, information or documents, Marsh Limited may hold such data, information or documents electronically.
INSURER CONTRACT DOCUMENTATION:	The Risk Details, Information and Security Details Sections of this document detail the Contract terms entered into by (Re)Insurers(s) and constitute the contract document. Where this contract is subject to US state surplus lines requirements, it is the responsibility of the surplus lines broker to affix a surplus lines notice to the contract document before it is provided to the insured. In the event that the surplus lines notice is not affixed to the contract document the insured should contact the surplus lines broker. Where the term Lloyd's is used in this contract or any attaching wording or document, it is agreed that this is extended to include Lloyd's Insurance Company S.A where relevant. Any further documentation changing this contract agreed in accordance with the contract change provisions set out in this contract, shall form the evidence of such change. Lloyd's Insurance Company S.A. is a Belgian limited liability company (société anonyme / naamloze vennootschap) with its registered office at Bastion Tower, Marsveldplein 5, 1050 Brussels, Belgium and registered with Banque-Carrefour des Entreprises / Kruispuntbank van Ondernemingen under number 682.594.839 RLE (Brussels). It is an insurance company subject to the supervision of the National Bank of Belgium. Its Firm Reference Number(s) and other details can be found on www.nbb.be. Website address: lloyds.com/brussels. E-mail: enquiries.lloydsbrussels@lloyds.com. Bank details: Citibank Europe plc Belgium Branch, Boulevard General Jacques 263G, Brussels 1050, Belgium - BE46570135225536.

XIS GREAT LAKES
2025-03-21

REDACTED

EXCESS LIABILITY INSURANCE POLICY - AEGIS FOLLOW FORM

DECLARATIONS

Item 1	(a) NAMED INSURED:	Eversource Energy, and as more fully set forth in the Followed policy.
	(b) Address of NAMED INSURED:	300 Cadwell Drive, Springfield MA 01104 United States of America
Item 2	Limits of Liability:2	
	(a) Per OCCURRENCE Limit (100%):	[redacted]
	(b) Minimum Per OCCURRENCE:	
	(c) Annual Aggregate (100%):	
Item 3	POLICY PERIOD:	From: 15th March 2025 To: 15th March 2026 At 12:01 A.M. Local Standard Time at the address of the Named Insured listed in Item 1(b) above
Item 4	Retroactive Date:	31st December 2018 at 00.01 A.M. Local Standard time at the address of the Named Insured.
Item 5	Representative of NAMED INSURED:	Marsh USA Inc
Item 6	Total Underlying Limits of Insurance:	[redacted] Each Occurrence except [redacted] in respect of Wildfire coverage.
Item 7	Schedule of Underlying Policies: - as per Underlying Limits Schedule attached.	
Item 8	Followed Policy and Policy No: AEGIS Policy Number: XL5043714P or renewal thereof.	
Item 9	Premium:	As stated herein
Item 10	The Company:	Subscribing Insurers hereon.
	(a) All Notices of OCCURRENCES:	Marsh USA Inc.
	(b) All Other Notices	Marsh USA Inc

XIS GREAT LAKES
2025-03-21

REDACTED

Item 11 Application Date: Not applicable

Item 12 Endorsements:

End. No. Title

1. Non-follow Service of Suit
2. Endorsement Excluding Coverage Based Upon State Amendatory and/or Liberalization Provisions Endorsement
3. Minimum Earned Premium Endorsement
4. Known Claims Exclusion
5. Watercraft Exclusion
6. Polychlorinated Biphenyls Exclusion
7. Nuclear Exclusion
8. Follow Form Amendatory Endorsement
9. Terrorism Endorsement
10. Several Liability for Quota Share Coverage Endorsement
11. Economic or Trade Sanctions Endorsement
12. Attachment of Limits Clarification Endorsement
13. Notification of Claims Endorsement
14. Special Exclusionary Endorsement (Aquarion Water Company)
15. Premium Payment Clause
16. Confidential or Personal Information and Data Related Liability Exclusion Endorsement
17. Pollution Exclusion Amendment Endorsement with Named Peril, Product Pollution and Time Element Exceptions
18. Special Cancellation Clause.
19. Security Default Cancellation Clause.
20. Sanction Limitation and Exclusion Clause LMA3100 dated 15/09/10 as attached which to apply to the extent provision of coverage would result in a breach of an applicable sanction by an individual Insurer herein.
21. Terrorism Risk Insurance Act of 2002 As Amended New & Renewal Business Endorsement LMA5389 dated 09 January 2020.
22. Recognition for Drop Down due to Erosion of Broader underlying Aggregates Endorsement
23. Communicable Disease Exclusion LMA5396 Dated 17th April 2020, as attached.
24. Institute Radioactive Contamination, Chemical, Biological, Biochemical and Electromagnetic Weapons Exclusion Clause CL370 Dated 10th November 2003, as

XIS GREAT LAKES
2025-03-21

attached.

XIS
GREAT
LAKES
2025-03-21



Form MBL AEGIS

MARKEL BERMUDA LIMITED

EXCESS LIABILITY INSURANCE POLICY – AEGIS FOLLOW FORM

DECLARATIONS

Policy No. **2166676-17923-CLM-2025**

Item 1	(a)	NAMED INSURED:	**Eversource Energy**
	(b)	Address of Named Insured:	**300 Cadwell Dr** **Springfield** **MA 01104** **United States of America**
Item 2	Limits of Liability:		
	(a)	Per OCCURRENCE Limit	[redacted]
	(b)	Minimum per OCCURRENCE Retention:	[redacted]
	(c)	Annual Aggregate:	[redacted]
Item 3	POLICY PERIOD*:	From: **March 15, 2025**	To: **March 15, 2026**
Item 4	Retroactive Date:	**November 15, 1986**	
Item 5	Representative of NAMED INSURED:	**Bowring Marsh (Bermuda) Limited**	
Item 6	Total Underlying Limits of Insurance:	[redacted] (except **USD** [redacted] **for Wildfire Liability**) Each Occurrence	
Item 7	Schedule of Underlying Policies: - per Schedule A		
Item 8	**Followed Policy** and Policy No:	**Associated Electric & Gas Insurance Service Limited XL5043714P**	

* At 12:01 A.M. Standard Time at the address of the Named Insured listed in Item 1(b) above.

Policy No.: **2166676-17923-CLM-2025**
Date: **March 15, 2025**

EXCESS LIABILITY INSURANCE POLICY – AEGIS FOLLOW FORM
DECLARATIONS (CONT'D)

Item 9 Gross Premium: [redacted]
Net Premium: [redacted]

Item 10 The **Company**:

(a) All Notices of OCCURRENCES:

Manager, Claims Department
Markel Bermuda Limited
Markel House, 2 Front St.
P.O. Box HM 2565
Hamilton HM KX, Bermuda
Telephone: (441) 296 8800
Fax: (441) 296 8811
Email: excessliabilityclaims@markelcorp.com

(b) All other Notices:

Underwriting Department
Markel Bermuda Limited
Markel House, 2 Front St.
P.O. Box HM 2565
Hamilton HM KX, Bermuda
Fax: (441) 296 8811

Item 11 Application Date: **January 22, 2025**

Item 12 Endorsements:

End. No.	Title
1.	Known Claims Exclusion Endorsement
2.	Non Followed Endorsement
3.	Terrorism Endorsement
4.	Attachment of Limits Clarification Endorsement
5.	Economic or Trade Sanctions Endorsement
6.	Amendment of Notice of Circumstances/Other Notice Endorsement
7.	Cyber Incident and Data-Related Liability Exclusion w/ BI and PD Exceptions
8.	Pollution Exclusion Amendment Endt with Named Peril, Product Pollution and Time Element Exceptions
9.	Employment Practices Liability Follow Form Endorsement
10.	Special Exclusionary Endorsement (Aquarion Water Company)
11.	Minimum Earned Premium Endorsement
12.	Communicable Disease Exclusion Endorsement
13.	Watercraft Exclusion Endorsement

Policy No.: **2166676-17923-CLM-2025**
Date: **March 15, 2025**

EXCESS LIABILITY INSURANCE POLICY – AEGIS FOLLOW FORM
DECLARATIONS (CONT'D)

14. Business Continuity Endorsement
15. Policy Amendment Endorsement Relating to Multiple Claims
16. Equal Terms and Several Liability for Quota Share Endorsement
17. Recognition of Erosion Of Underlying Endorsement
18. PFAS Absolute Exclusion
19. Special Exclusionary Endorsement (California Wildfire Liability)

IN WITNESS WHEREOF, this **Policy** has been made, entered into and executed by the undersigned in Hamilton, Bermuda on August 19, 2025.

By: Joshua Dircks

Title: Director – Underwriting & Production

REDACTED

UMR: B0509ENGAO2550142

Marsh

RISK DETAILS

UNIQUE MARKET REFERENCE:	B0509ENGAO2550142
TYPE:	Excess Liabilities
INSURED:	Eversource Energy and/or affiliated and/or associated and/or controlled and/or allied and/or subsidiary companies, additional insureds, co-venturers and/or parent or firms as are now or may be constituted for which the insured has responsibility for placing insurance and others as may be agreed by Contract Leader only. **PRINCIPAL ADDRESS:** 300 Cadwell Drive Springfield 061032818 Massachusetts United States of America
PERIOD:	From: 15 March 2025 To: 15 March 2026 Both days at 00:00 hours Local Standard Time.
INTEREST:	Excess Liabilities
SUM INSURED OR LIMITS OF LIABILITY (100%):	[redacted] per Occurrence [redacted] in the Annual Aggregate
EXCESS OF / DEDUCTIBLE(S) / RETENTION(S) (100%):	[redacted] per Occurrence and in the annual Aggregate as per the Schedule of Underlying Policies attached except [redacted] per Occurrence in respect of Wildfire coverage.
SITUATION / TERRITORIAL LIMITS:	Worldwide
CONDITIONS:	The Policy Wording applicable to this Insurance Contract is to be agreed Contract Leader only. except as amended by contract conditions as herein Excess Liability Insurance Policy – Clams Made Follow Form wording, XL-AEGIS-6. The following endorsements apply:



1. Non-follow Service of Suit Clause
2. State amendatory and/or Liberalisation Provisions Exclusion
3. Minimum Earned Premium Endorsement (35%)
4. Known Claims Exclusion
5. Watercraft Exclusion
6. PCB Exclusion
7. Nuclear Exclusion Endorsement
8. Non-Follow Amendatory Endorsement
9. Terrorism Endorsement
10. Several Liability for Quota Share Coverage Endorsement
11. Economic or Trade Sanctions Endorsement
12. Attachment of Limits Clarification Endorsement
13. Notification of Claims Endorsement
14. Special Exclusionary Endorsement (Aquarion Water Company)
15. Premium Payment Endorsement
16. Cyber and Data Limited Exclusion Endorsement 2, LMA 5470 dated 4/11/
17. Pollution Exclusion Amendment Endorsement with Named Peril, Product Pollution and Time Element
18. Special Cancellation Clause, as attached.
19. Security Default Cancellation Clause as attached.
20. Sanction Limitation and Exclusion Clause LMA3100 dated 15/09/10 as attached which to apply to the extent provision of coverage would result in a breach of an applicable sanction by an individual Insurer herein.
21. U.S. Terrorism Risk Insurance Act of 2002 As Amended New & Renewal Business Endorsement LMA5389 dated 9 January 2020, as per wording.
22. Recognition for Drop Down due to Erosion of Broader underlying Aggregates Endorsement
23. Communicable Disease Exclusion LMA5396 Dated 17 April 2020, as attached.
24. Institute Radioactive Contamination, Chemical, Biological, Biochemical and Electromagnetic Weapons Exclusion Clause CL370 Dated 10 November 2003, as attached.

Perfluorinated Compounds, Perfluoroalkyl and Perfluoroalkyl Substances (PFAS) Exclusion No.1 LMA5595 as attached

REDACTED

Marsh

Wherever the words "underwriter" or "underwriters" appear in standard forms or clauses referenced herein, it is deemed amended to read "insurer" or "insurers" (as applicable).

Wherever the words "assured" or "assureds" appear in standard forms or clauses referenced herein, it is deemed amended to read "insured" or "insureds" (as applicable).

It is hereby understood and agreed by any and all (re)insurers subscribing to this (re)insurance that any subjectivity that has been raised within a quote slip/Market Reform Contract or quote sheet shall be void unless included within this final Market Reform Contract.

EXPRESS WARRANTIES: None (other than those that may be expressly contained within the contract conditions, wordings, clauses, premium payment terms and in addition to any implied warranties under the law to which this insurance is subject. Failure to comply with a warranty may, depending on circumstances and jurisdiction, allow insurers to seek remedies that may reduce recovery or void this insurance contract).

CHOICE OF LAW AND JURISDICTION: This (Re)Insurance shall be governed by and construed in accordance with the law of New York, United states of America and each party agrees to submit to the exclusive jurisdiction of courts of New York, United states of America whose courts shall have exclusive jurisdiction over such matters.

PREMIUM / RATE (100%): Premium [redacted] - nil return premium if coverage not taken up.

Split as follows:-

[redacted] Total for European Economic Area (EEA)

[redacted] Total for Non EEA.

PREMIUM DISCOUNT(S), COMMISSION(S) AND/OR DEDUCTION(S) PAYABLE TO THE (RE)INSURED: None

PREMIUM PAYMENT TERMS: Premium Payment Clause (Amended) 30/09/08 LSW3001 60 days / 30 days cancellation.

Dated 13 May 2025

UMR: B0509ENGAO2550142

Marsh

TAXES PAYABLE BY THE INSURED AND ADMINISTERED BY INSURERS:	None.
TAXES PAYABLE BY THE INSURERS AND ADMINISTERED BY INSURED OR THEIR AGENT:	[redacted] US Federal Excise Tax (F.E.T.) will be deducted from the Gross Premium of any company insurer who is unable to provide a copy of their Closing Agreement with the I.R.S. or evidence of their exemption from same.
RECORDING, TRANSMITTING AND STORING INFORMATION:	Where Marsh Limited maintains risk and claim data, information or documents, Marsh Limited may hold such data, information or documents electronically.
INSURER CONTRACT DOCUMENTATION:	The Risk Details, Information and Security Details Sections of this document detail the Contract terms entered into by (Re)Insurers(s) and constitute the contract document. Where this contract is subject to US state surplus lines requirements, it is the responsibility of the surplus lines broker to affix a surplus lines notice to the contract document before it is provided to the insured. In the event that the surplus lines notice is not affixed to the contract document the insured should contact the surplus lines broker. Where the term Lloyd's is used in this contract or any attaching wording or document, it is agreed that this is extended to include Lloyd's Insurance Company S.A where relevant. Any further documentation changing this contract agreed in accordance with the contract change provisions set out in this contract, shall form the evidence of such change. Lloyd's Insurance Company S.A. is a Belgian limited liability company (société anonyme / naamloze vennootschap) with its registered office at Bastion Tower, Marsveldplein 5, 1050 Brussels, Belgium and registered with Banque-Carrefour des Entreprises / Kruispuntbank van Ondernemingen under number 682.594.839 RLE (Brussels). It is an insurance company subject to the supervision of the National Bank of Belgium. Its Firm Reference Number(s) and other details can be found on www.nbb.be. Website address: lloyds.com/brussels. E-mail: enquiries.lloydsbrussels@lloyds.com. Bank details: Citibank Europe plc Belgium Branch, Boulevard General Jacques 263G, Brussels 1050, Belgium - BE46570135225536.

REDACTED

EXCESS LIABILITY INSURANCE POLICY - AEGIS FOLLOW FORM

DECLARATIONS

Item 1	(a) NAMED INSURED:	Eversource Energy, and as more fully set forth in the Followed policy.
	(b) Address of NAMED INSURED:	300 Cadwell Drive, Springfield MA 01104 United States of America
Item 2	Limits of Liability:2	
	(a) Per OCCURRENCE Limit (100%):	[redacted]
	(b) Minimum Per OCCURRENCE:	
	(c) Annual Aggregate (100%):	
Item 3	POLICY PERIOD:	From: 15th March 2025 To: 15th March 2026 At 12:01 A.M. Local Standard Time at the address of the Named Insured listed in Item 1(b) above
Item 4	Retroactive Date:	31st December 2018 at 00.01 A.M. Local Standard time at the address of the Named Insured.
Item 5	Representative of NAMED INSURED:	Marsh USA Inc
Item 6	Total Underlying Limits of Insurance:	[redacted] Each Occurrence except [redacted] in respect of Wildfire coverage.
Item 7	Schedule of Underlying Policies: - as per Underlying Limits Schedule attached.	
Item 8	Followed Policy and Policy No: AEGIS Policy Number: XL5043714P or renewal thereof.	
Item 9	Premium:	As stated herein
Item 10	The Company:	Subscribing Insurers hereon.
	(a) All Notices of OCCURRENCES:	Marsh USA Inc.
	(b) All Other Notices	Marsh USA Inc

REDACTED

Item 11 Application Date: Not applicable

Item 12 Endorsements:

End. No. Title

1. Non-follow Service of Suit
2. Endorsement Excluding Coverage Based Upon State Amendatory and/or Liberalization Provisions Endorsement
3. Minimum Earned Premium Endorsement
4. Known Claims Exclusion
5. Watercraft Exclusion
6. Polychlorinated Biphenyls Exclusion
7. Nuclear Exclusion
8. Follow Form Amendatory Endorsement
9. Terrorism Endorsement
10. Several Liability for Quota Share Coverage Endorsement
11. Economic or Trade Sanctions Endorsement
12. Attachment of Limits Clarification Endorsement
13. Notification of Claims Endorsement
14. Special Exclusionary Endorsement (Aquarion Water Company)
15. Premium Payment Clause
16. Confidential or Personal Information and Data Related Liability Exclusion Endorsement
17. Pollution Exclusion Amendment Endorsement with Named Peril, Product Pollution and Time Element Exceptions
18. Special Cancellation Clause.
19. Security Default Cancellation Clause.
20. Sanction Limitation and Exclusion Clause LMA3100 dated 15/09/10 as attached which to apply to the extent provision of coverage would result in a breach of an applicable sanction by an individual Insurer herein.
21. Terrorism Risk Insurance Act of 2002 As Amended New & Renewal Business Endorsement LMA5389 dated 09 January 2020.
22. Recognition for Drop Down due to Erosion of Broader underlying Aggregates Endorsement
23. Communicable Disease Exclusion LMA5396 Dated 17th April 2020, as attached.
24. Institute Radioactive Contamination, Chemical, Biological, Biochemical and Electromagnetic Weapons Exclusion Clause CL370 Dated 10th November 2003, as

attached.

REDACTED

EXCESS LIABILITY DECLARATIONS

Starr Surplus Lines Insurance Company

POLICY NUMBER: 1000031349251 **RENEWAL OF:** 1000031349241

PRODUCER NAME: Marsh USA, LLC
ADDRESS: 1166 Avenue of the Americas
New York, NY 10036

ITEM 1. **NAMED INSURED:** Eversource Energy
ADDRESS: 300 Cadwell Drive
Springfield, MA 01104

ITEM 2: **POLICY PERIOD: FROM** March 15, 2025 **TO** March 15, 2026
12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED SHOWN ABOVE.

ITEM 3. **COVERAGE:** Commercial Excess Liability

ITEM 4. **LIMITS OF INSURANCE:**
The Limits of Insurance, subject to all the terms of this Policy, are:

A.	[redacted]	Each Occurrence
B.		Other Aggregate(s), Where Applicable
C.		Products-Completed Operations Aggregate

ITEM 5. **"UNDERLYING INSURANCE"**

A. First Underlying Insurance Policy(ies)

Insurer	Policy No.	Policy Period
See attached Schedule of Underlying Insurance		

B. Additional Underlying Insurance Policy(ies)

Insurer	Policy No.	Policy Period
See attached Schedule of Underlying Insurance		

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ITEM 6. POLICY PREMIUM:

Advanced Premium	Minimum Premium	Minimum Earned Premium
[redacted]	[redacted]	[redacted]
Estimated Exposure	Rate Per	Audit Period
N/A	N/A	N/A

ITEM 7. NOTICES

In the event of an accident, occurrence, wrongful act, claim or suit, that is reasonably likely to involve this Policy, send all pertinent facts to:

Send all Excess Casualty Loss Notices to:

Sedgewick Claims Management Services, Inc.
PO Box 14155
Lexington, KY 40512-4155
StarrNewLoss@sedgwick.com

Fax: 833-784-2350

After hours emergency call service:
877-869-0226

ITEM 8. ENDORSEMENTS ATTACHED:

Title	Form Number
Claim Reporting Guidelines	SSPN-000 05 24
Notice to Policyholder - U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)	SSPN-002 03 21
Excess Liability Declarations	SL 101 D (10/08)
Disclosure Pursuant to Terrorism Risk Insurance Act	SSIL-0001 01 22
Excess Liability Policy Schedule Of Underlying Insurance	SL 102 (10/08)
Excess Liability Policy	SL 100 (10/08)
Specified Entity (ies) Exclusion	SL 221 (10/08)
Cap On Losses From Certified Acts Of Terrorism	SL 342 (01/15)
Issuance of Excess Liability Policy Prior to Receipt of First Underlying Insurance Policy(ies) Amendatory Endorsement	SSXS-0220 06 24
Claims-Made Coverage Endorsement	MANUSCRIPT 06/10
Follow-Form Endorsement	MANUSCRIPT 06/10

The foregoing discloses all hazards insured hereunder known to exist at the inception date of this Policy, unless otherwise stated herein by endorsement on this Policy.

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REDACTED

COUNTERSIGNED April 10, 2025 BY
DATE AUTHORIZED REPRESENTATIVE

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REDACTED

Æsir Insurance Services, LLC™

2323 N. Akard Street, #3101
Dallas, TX 75201
(972) 900-8540
underwriting@aesirinsurance.com

EXCESS LIABILITY INSURANCE POLICY - AEGIS FOLLOW FORM

DECLARATIONS

POLICY NO.: AESIR-238-AEGIS6-EVS-02-2025
RENEWAL

Item 1. (a) NAMED INSURED: Eversource Energy

(b) Address of NAMED INSURED: 300 Caldwell Drive
Springfield, MA 01104

Item 2. Limits of Liability:

(a) Per OCCURRENCE Limit: [redacted]

(b) Minimum per OCCURRENCE Retention: [redacted]

(c) Annual Aggregate: [redacted]

Item 3. POLICY PERIOD: From: March 15, 2025 To: March 15, 2026

Item 4. Retroactive Date: March 15, 2025

Item 5. Representative of NAMED INSURED: Marsh USA LLC

Item 6. Total Underlying Limits of Insurance: [redacted] *except*
[redacted] as respects WILDFIRE LIABILITY (Western States)
as respects WILDFIRE LIABILITY (All Other States)

Item 7. Schedule of Underlying Policies: - per Schedule A

Item 8. **Followed Policy** and Policy No: Associated Electric & Gas Insurance Services Limited
XL5043714P

Item 9. Gross Premium:
Net Premium: [redacted]

Æsir Insurance Services, LLC™

2323 N. Akard Street, #3101
Dallas, TX 75201
(972) 900-8540
underwriting@aesirinsurance.com

DECLARATIONS (CONT'D)

Item 10. The **Company**: Trisura Specialty Insurance Company
210 Park Avenue, Suite 900
Oklahoma City, OK 73102, USA

(a)

(i) All Notices of OCCURRENCES:

Email Addresses:
claims@aesirinsurance.com

(ii) **Mailing Address for Notices of Occurrence:**
Trisura Specialty Insurance Company
c/o Æsir Insurance Services, LLC
2323 N. Akard Street, #3101
Dallas, TX 75201, U.S.A

(b) All Other Notices:
Trisura Specialty Insurance Company
c/o Æsir Insurance Services, LLC
2323 N. Akard Street, #3101
Dallas, TX 75201, U.S.A
underwriting@aesirinsurance.com

Item 11. Application Date: January 22, 2025

Item 12. Endorsements:

End. No.	Title
1.	Underwriting Incorporation Endorsement
2.	Limited Drop-Down Endorsement
3.	Minimum Earned Premium Endorsement
4.	Sanction Limitation Endorsement
5.	TRIA Notice and Disclosure Endorsement
6.	Cap on Certified Terrorism Loss Endorsement
7.	Equal Terms Endorsement

REDACTED

Æsir Insurance Services, LLC™

2323 N. Akard Street, #3101
Dallas, TX 75201
(972) 900-8540
underwriting@aesirinsurance.com

DECLARATIONS (CONT'D)

IN WITNESS WHEREOF, this Policy has been made, entered into and executed by the undersigned in Dallas, Texas this 15th day of **May, 2025**.

By:

AARON B. TILLEY
CHIEF EXECUTIVE OFFICER
ÆSIR INSURANCE SERVICES, LLC

VANTAGE RISK LIMITED

EXCESS LIABILITY INSURANCE POLICY – AEGIS FOLLOW FORM

DECLARATIONS

Policy Number: P02XC0000054281

Item 1:	(a)	NAMED INSURED:	Eversource Energy
	(b)	ADDRESS:	300 Cadwell Dr, Springfield, MA 01104-1742

Item 2.	LIMITS OF LIABILITY		[redacted]
	1)	Per OCCURRENCE Limit:	
	2)	Minimum per OCCURRENCE Retention:	
	3)	Annual Aggregate Limit:	

Item 3.	POLICY PERIOD	From:	March 15, 2025
		To:	March 15, 2026
		Both days at 12:01 hours Local Standard Time at the address of the Insured	

Item 4.	RETROACTIVE DATE:	November 15, 1986
Item 5.	REPRESENTATIVE OF THE INSURED:	Bowring Marsh (Bermuda) Ltd.
Item 6.	TOTAL UNDERLYING LIMITS:	USD [redacted] Each Occurrence, *Except for wildfire liability in CT, MA & NH where it is* [redacted]
Item 7.	SCHEDULE OF UNDERLYING POLICIES:	As listed in the attached Schedule A
Item 8.	FOLLOWED POLICY:	Associated Electric & Gas Insurance Services Limited XL5043714P
Item 9.	POLICY PREMIUM:	[redacted] per annum and/or pro rata
	COMMISSION:	7.5%

REDACTED

Item 10.	THE COMPANY:	Vantage Risk Ltd.
	All notices of Occurrences:	
	NAME:	Vantage Risk Ltd.
	ADDRESS:	30 Woodbourne Avenue, Hamilton HM 08, Bermuda BermudaInsuranceClaims@vantagerisk.com
Item 11.	APPLICATION DATE:	Per submission received February 10, 2025

Item 12. ENDORSEMENTS:

Terrorism Endorsement
Watercraft Exclusion Endorsement
Recognition of Erosion of Underlying Endorsement
Attachment of Limits Clarification Endorsement
Economic or Trade Sanctions Endorsement
Amendment of Notice of Circumstances/Other Notices Endorsement
Confidential or Personal Information and Data-Related Liability Exclusion with Limited BI and PD Exception Endorsement
Pollution Exclusion Amendment Endorsement with Named Peril, Product Pollution and Time Element Exceptions
Communicable Disease Exclusion Endorsement
Minimum Earned Premium Endorsement – [redacted]
Known Claims Exclusion Endorsement *(3/15/2024)*
Business Continuity Endorsement
Policy Amendment Endorsement Relating to Multiple Claims
PFAS Absolute Exclusion Endorsement *(pending legal review)*
Several Liability Notice Endorsement
Non-Followed Endorsement
Special Exclusionary Endorsement – for Aquarion Water Company only
Employment Practices Liability Follow Form Endorsement
Pro- Rata Cancellation

Item 13.	CHOICE OF LAW & JURISDICTION:	As per V. General Condition (b) Arbitration and (c) Law of Construction and Interpretation

Item 14. NOTIFICATION:

Any notice to be provided or any payment to be made hereunder to Insurers shall be made by:

REDACTED

VANTAGE
We See Risk Differently

Bowring Marsh (Bermuda) Ltd.
Power House, 67 Par-La-Ville Road
Hamilton HM11, Bermuda

Kristoffer Salmon
Authorized Representative

REDACTED



XL Insurance

Form XL-AEGIS-6

XL BERMUDA LTD

EXCESS LIABILITY INSURANCE POLICY - AEGIS FOLLOW FORM

DECLARATIONS

Policy No. **BM00040882LI25A**

Item 1	(a) NAMED INSURED:	**Eversource Energy**
	(b) Address of NAMED INSURED:	**300 Cadwell Drive** **Springfield, MA 01104-1742** **U.S.A.**
Item 2	Limits of Liability:	
	(a) Per OCCURRENCE Limit	[redacted]
	(b) Minimum per OCCURRENCE Retention:	[redacted]
	(c) Annual Aggregate:	[redacted]
Item 3	POLICY PERIOD:	From: **March 15, 2025** To: **March 15, 2026**[a]
Item 4	Retroactive Date:	**NOVEMBER 15, 1986**
Item 5	Representative of NAMED INSURED:	**Bowring Marsh (Bermuda) Ltd.**
Item 6	Total Underlying Limits of Insurance:	[redacted] Each Occurrence
Item 7	Schedule of Underlying Policies:	per Schedule A
Item 8	**Followed Policy** and Policy No:	**Associated Electric & Gas Insurance Services Limited (AEGIS)** **Policy No. XL5043714P**

[a] At 12:01 A.M. Standard Time at the address of the Named Insured listed in Item 1(b) above.

REDACTED

Eversource Energy

Eversource Energy
Policy No. BM00040882LI25A

Form XL-AEGIS-6

XL BERMUDA LTD

EXCESS LIABILITY INSURANCE POLICY - AEGIS FOLLOW FORM

DECLARATIONS (CONT'D)

Item 9 Gross Premium: [redacted]

Net Premium: [redacted]

Item 10 The **Company**: XL Bermuda Ltd

(a) (i) All Notices of CLAIM OR CIRCUMSTANCES:

Email Addresses:

New Claims Notices:
intlpropcasclaimnewnotices@axaxl.com

All Other Claims Correspondence:
intlpropcasclaims@axaxl.com

(ii) **Mailing Address for Notices of Occurrence:**
AXA XL Claims
P.O. Box 211547
Dallas, TX 75211
U.S.A.

Facsimile: (859) 475-5667

(b) All Other Notices:
XL Bermuda Ltd
Underwriting Department
O'Hara House
One Bermudiana Road
Hamilton HM 08,Bermuda
P.O. Box HM 2245
Hamilton HM JX
Bermuda
Telephone: (441) 292-8515
Facsimile: (441) 292-1566

Item 11 Application Date: **February 10, 2025**

Eversource Energy

Item 12 Endorsements:

End. No.	Title
1	Follow Form Amendatory Endorsement
2	Terrorism Endorsement
3	Attachment of Limits Clarification Endorsement
4	Economic or Trade Sanctions Endorsement
5	Amendment of Notice of Circumstances/Other Notices Endorsement
6	Cyber Incident and Data Related Liability Exclusion with Bodily Injury and Property Damage Exceptions
7	Pollution Exclusion Amendment with Named Peril, Product Pollution and Time Element Exceptions
8	Employment Practices Liability Follow Form Endorsement
9	Special Exclusionary Endorsement (Aquarion Water and California Wildfire)
10	Minimum Earned Premium Endorsement
11	Communicable Disease Exclusion Endorsement
12	Watercraft Exclusion Endorsement
13	Known Claims Exclusion Endorsement
14	Business Continuity Endorsement
15	Policy Amendment Endorsement Relating to Multiple Claims
16	Several Liability for Quota Share Coverage Endorsement
17	Recognition of Erosion of Underlying due to Broader Underlying Coverage Actually Paid by Underlying Insurer Endorsement
18	PFAS/PFOA/PFOS Exclusion Endorsement

IN WITNESS WHEREOF, this Policy has been made, entered into and executed by the undersigned in Hamilton, Bermuda this 19th day of June, 2025.

By: _____

Tiffany Heslop

Title: **Vice President, Senior Underwriter**

Fiduciary

REDACTED

FIDUCIARY LIABILITY INSURANCE POLICY

THIS IS A "CLAIMS-FIRST-MADE" INSURANCE POLICY, THAT MAY BE DIFFERENT FROM OTHER POLICIES INCLUDING OTHER CLAIMS-MADE POLICIES. PLEASE READ IT CAREFULLY.

Words and phrases which appear in all bold and initial capital letters have the special meanings set forth in Section IV. Definitions.

AEGIS®
Associated Electric & Gas Insurance Services Limited
Hamilton, Bermuda

DECLARATIONS

POLICY NO. FP5040924P
DECLARATIONS NO. 1

Item 1: **Policyholder** and address:

Eversource Energy
300 Cadwell Dr
Springfield, MA 01104-1742

Item 2: **Policy Period:** From: April 23, 2025 To: April 23, 2026
(12:01 A.M. Local Time at the address of the **Policyholder**.)

Item 3: A. Limit of Liability: [redacted]

B. Sublimits:

(1) **Managed Care Services:**

(2) **Voluntary Compliance Settlements:**
(under Insuring Agreement 1(B))

(3) **Covered Penalties:**
(a) "HIPAA Penalties":
(Penalties described in Definition (D)(3))

(b) "Pension Protection Act Penalties":
(Penalties described in Definition (D)(4))

(c) "PPACA Penalties":
(Penalties described in Definition (D)(5))

(d) "Section 4975 Penalties":
(Penalties described in Definition (D)(6))

(e) "Section 502(c) Penalties":
(Penalties described in Definition (D)(7))

[redacted]

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AEGIS

DECLARATIONS

continued

POLICY NO. FP5040924P
DECLARATIONS NO. 1

Item 4: **Retentions**:
A. [redacted] each **Claim** other than **Securities Claim**
B. [redacted] each **Securities Claim**

Item 5: Prior or Pending Litigation Date: March 1, 1975

Item 6: **Discovery Period**:

Additional Premium: [redacted] of the annual Premium
Additional Period: 12 months

Item 7: Premium: [redacted]

Item 8: Any notice to be provided or any payment to be made hereunder to the **Policyholder** shall be made to:

[redacted]
Director of Enterprise Risk Management
Eversource Energy
107 Selden St
Berlin CT 06037-1616

Item 9: Any notice to be provided or any payments to be made hereunder to the **Insurer**:

If with respect to a **Claim**:

Claims Division
AEGIS Insurance Services, Inc.
1 Meadowlands Plaza
East Rutherford, New Jersey 07073
Online: Submit a **Claim** through My AEGIS at www.aegislink.com

With respect to Underwriting:

Underwriting Division
AEGIS Insurance Services, Inc.
1 Meadowlands Plaza
East Rutherford, New Jersey 07073
Underwriter Email Address: ChrisBoyette@aegislimited.com

REDACTED

AEGIS

DECLARATIONS

continued

POLICY NO. FP5040924P
DECLARATIONS NO. 1

ENDORSEMENTS ATTACHED AT POLICY ISSUANCE: 1-11

Countersigned at East Rutherford, New Jersey

On May 9, 2025

AEGIS Insurance Services, Inc.

By _____

Authorized Representative

REDACTED

EXCESS FOLLOW FORM POLICY

THIS IS A FOLLOW FORM INSURANCE POLICY THAT MUST BE READ IN CONJUNCTION WITH ALL UNDERLYING INSURANCE POLICIES TO BE UNDERSTOOD. PLEASE READ THIS POLICY AND ALL UNDERLYING POLICIES CAREFULLY.

Words and phrases that appear in bold letters have the special meanings set forth in ***Policy*** *Section III, Definitions.*

AEGIS®
Associated Electric & Gas Insurance Services Limited
Hamilton, Bermuda

DECLARATIONS

POLICY NO. FX6112102P
DECLARATIONS NO. 1

Item 1: **Policyholder** and address:
Eversource Energy
300 Cadwell Dr
Springfield, MA 01104-1742

Item 2: **Policy Period:** From April 23, 2025 To April 23, 2026
(12:01 A.M. Local Time at the address in Item 1.)

Item 3: Limit of Liability: [redacted]

Item 4: **Underlying Policies:** See Schedule of Underlying Policies

Item 5: Premium: [redacted]

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AEGIS

DECLARATIONS

continued

POLICY NO. FX6112102P
DECLARATIONS NO. 1

Item 6: Any notice to be provided or any payment to be made hereunder to the **Insurer:**

With respect to a claim:
NAME: Claims Department
AEGIS Insurance Services Inc.
ADDRESS: 1 Meadowlands Plaza
East Rutherford, NJ 07073
Online: Submit a claim through My AEGIS at www.aegislink.com

With respects to Underwriting:
NAME: Underwriting Department
AEGIS Insurance Services Inc.
ADDRESS: 1 Meadowlands Plaza
East Rutherford, NJ 07073
EMAIL: ChrisBoyette@aegislimited.com

ENDORSEMENTS ATTACHED AT POLICY ISSUANCE: 1-6

Countersigned at East Rutherford, New Jersey

On May 21, 2025

AEGIS Insurance Services, Inc.

By _____
Authorized Representative

REDACTED

Allianz

EXCESS PROTECT
EXCESS FOLLOW FORM INSURANCE POLICY

THIS IS A CLAIMS-MADE POLICY THAT ONLY COVERS CLAIMS MADE DURING THE POLICY PERIOD OR APPLICABLE EXTENDED REPORTING PERIOD. DEFENSE COSTS ARE INCLUDED WITHIN AND MAY EXHAUST THE LIMITS OF INSURANCE. THE INSURER HAS NO DUTY TO DEFEND THIS POLICY UNLESS OTHERWISE PROVIDED FOR BY UNDERLYING INSURANCE.

The Declaration and Policy wording, including any endorsements, shall constitute the entire contract between the *Insurer* and the *Insured*. All italicized terms, whether in singular or plural, shall have the meaning set forth in the Declarations or Definitions section of the Policy.

DECLARATIONS

Insurer: Allianz Global Risks U.S. Insurance Co., a stock company ***Policy Number***: USF01080725

Policyholder: Principal Address:	Eversource Energy 300 Cadwell Drive Springfield, MA 01104
Policy Period:	From: April 23, 2025 To: April 23, 2026 as of 12:01 AM at the *Policyholder*'s Principal Address
Limit of Insurance:	[redacted]
Premium:	[redacted]
Followed Policy:	Insurer: Associated Electric & Gas Insurance Services Limited Policy Number: FP5040924P Coverage Type: Fiduciary
Underlying Insurance:	See Schedule of Underlying Insurance
Notices to the *Insurer*:	Allianz Global Risks U.S. Insurance Company Attention: Financial Lines - Claims Department 225 West Washington Street, Suite 1800 Chicago, IL 60606-3484 Email for First Notice of Loss: NewLoss@agcs.allianz.com Phone Number for First Notice of Loss: 1-(800) 347-3428 Phone Number for Existing Claims: 1-(800) 870-8857
Producer:	Marsh USA,LLC 1166 Avenue Of The Americas, 40th Floor New York, NY 10036
Endorsements:	See Schedule of Forms

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Allianz

IN WITNESS CLAUSE

IN WITNESS WHEREOF, the **Insurer** has caused this Policy to be signed by its President and Secretary.

Secretary

President

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REDACTED



Endurance American Insurance Company
Wilmington, Delaware

EXCESS LIABILITY POLICY DECLARATIONS

NOTICE: Depending on the terms and conditions of the **Followed Form**, this Policy may (1) only provide coverage for Loss from Claims first made or first made and reported during the **Policy Period**; and (2) have its **Limit of Liability** reduced by payment for defense costs. Please read the **Followed Form** and this Policy carefully to determine your rights, duties and what is and what is not covered. In the event of any conflict between the terms and conditions of this Policy and the **Underlying Policy(ies)**, the terms and conditions of this Policy shall control. Terms defined in the **Followed Form** are used herein with the meaning assigned to them in the **Followed Form** unless otherwise indicated.

POLICY NUMBER: FLX10012922607

PRIOR POLICY NUMBER: FLX10012922606

Item 1. **Named Insured**:
Address:
Eversource Energy
300 Cadwell Dr
Springfield, MA 01104-1742

Item 2. **Policy Period**: From: April 23, 2025 To: April 23, 2026
(12:01 AM Standard Time on both dates at the address of the **Named Insured** noted above.)

Item 3. **Limit of Liability**: [redacted]

Item 4. Pending & Prior Litigation Date: April 23, 1990

Item 5. Premium: [redacted]

Item 6. Producer:
Address:
Marsh USA, Inc.
1166 Avenue of the Americas
41st Floor
New York, NY 10036

Item 7. A. **Underlying Policy(ies)**:

Insurer	Policy Number	Limit of Liability	Attachment
Associated Electric & Gas Insurance Services Limited	FP5040924P	[redacted]	Primary
Energy Insurance Mutual Limited	276355-25FL	[redacted]	[redacted]

REDACTED

B. **Followed Form**:

Insurer	Policy Number	Limit of Liability	Attachment
Associated Electric & Gas Insurance Services Limited	FP5040924P	[redacted]	Primary

Item 8. Forms and Endorsements Effective at Inception:
See attached Forms and Endorsements Schedule, IL 0101.

Item 9. Notice:

A. Claims or Potential Claims: Commercial Management Liability
Attn: Claims Department
1221 Avenue of The Americas
New York, NY 10020
Insuranceclaims@sompo-intl.com
1-877-676-7575

B. All Other: Commercial Management Liability
Attn: Professional Lines Underwriting Department
1221 Avenue of The Americas
New York, NY 10020

This Policy shall constitute the contract between the **Insureds** and the Insurer.

The Insurer hereby causes this Policy to be signed on the Declarations page by a duly authorized representative of the Insurer.

Authorized Representative

June 24, 2025
Date

REDACTED

Energy Insurance Mutual

3000 Bayport Drive ■ Suite 550
Tampa, Florida 33607-8418
(813) 287-2117 ■ www.eimltd.com

FOLLOWING FORM EXCESS FIDUCIARY AND EMPLOYEE BENEFIT LIABILITY INDEMNITY POLICY DECLARATIONS

THIS IS A FOLLOWING FORM EXCESS FIDUCIARY AND EMPLOYEE BENEFIT LIABILITY "CLAIMS-FIRST-MADE" POLICY. PLEASE READ THE ENTIRE POLICY AND THE UNDERLYING POLICY DESIGNATED IN ITEM 7 BELOW CAREFULLY.

Declarations attached to and made part of Policy Number: 276355-25FL

Item 1 Member Insured:

Eversource Energy
300 Cadwell Drive
Springfield, MA 01104

Item 2 Policy Period:

From April 23, 2025 until April 23, 2026
Both days at 12:01A.M. Standard Time at the address in item 1.

Item 3 Limit of Liability:

[redacted] per Wrongful Act subject to a [redacted] Annual Aggregate for all Wrongful Acts.

Item 4 Attachment Point:

Limits of Liability for all Underlying Policy(s) as stated in Item 7 below, but in no event less than [redacted]

Item 5 Premium:

[redacted] prepaid for the Policy Period.

Item 6 Retroactive Date:

March 01, 1975

Item 7 Followed Policy:

AEGIS Policy No: FP5040924P

Item 8 Endorsements Attached at Policy Issuance:

01, 02

THESE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION AND THE POLICY FORM ATTACHED HERETO, CONSTITUTE THE INSURANCE POLICY.

REDACTED

All Risk Property/Boiler & Machine

REDACTED

ENDORSEMENT NO. 15

NAMED INSURED:	**EVERSOURCE ENERGY**
PERIOD OF INSURANCE:	October 1, 2024 to October 1, 2026
EFFECTIVE DATE OF ENDORSEMENT:	October 1, 2025
POLICY NUMBER:	PO5344912P

2025 ANNIVERSARY ENDORSEMENT

Per the terms of Endorsement 12 – Long Term Agreement, the following amendments are made:

1. **Policy Period:**

   From: October 1, 2024,
   To: October 1, 2026
   Both at 12:01 A.M., Local Standard time at the location of the property insured

2. **Total Insurable Values:** [redacted]

3. **Policy Premium:** [redacted]
   Terrorism Premium: Included

All other terms and conditions of the policy to which this endorsement is attached remain unchanged.

Insurer: Associated Electric & Gas Insurance Services Limited, Hamilton Bermuda
Policy #: PO5344912P
Insurer Share: [redacted]

Authorized Representative

REDACTED

All Risk Binder Revised

We are pleased to offer the following Binder of Insurance received from **National Union Fire Insurance Company of Pittsburgh, Pa. (the "Company").**

Named Insured: Eversource Energy
Named Insured's Mailing Address: 107 Selden Street Berlin, CT 06037-1616

Policy Number: 15804844

Producer:	**Name:** Lockton **Address:** 2000 International Park Drive, Suite 600, Birmingham AL 35243 **Individual:** George Kustos **Phone #:** 205-963-6037
Term of Insurance:	**Effective:** 10/01/2025 **Expiration:** 10/01/2026 Beginning and ending at 12:01am standard time at the place where the loss occurs.
Locations Covered:	As per Schedule of Locations on file with the Company
Total Reported Values:	[redacted] Real and Personal Property $ Not Covered Business Interruption [redacted] Total Insurable Values
Territory:	United States of America consisting of the 50 states and District of Columbia
Covering the Perils of:	"All Risks" of Direct Physical Loss or Damage including Boiler and Machinery, Business Interruption and Extra Expense if provided by and subject to the coverages, sublimits and endorsements outlined herein and the policy (or policies) that may be issued to you.
Policy Form:	Per expiring policy number 15804844 except as modified herein.

This Binder contains a broad outline of coverage and does not include all the terms, conditions, and exclusions of the policy (or policies) that may be issued to you. The policy (or policies) contains the full and complete agreement with regard to coverage. Please review the policy (or policies) thoroughly with your broker upon receipt and notify us promptly in writing if you have any questions. In the event of any inconsistency between the Binder and the policy, the policy language shall control unless the parties agree to an amendment.

REDACTED

Program Limit of Liability: [redacted]
Company's Policy Limit of Liability: $ [redacted] which is [redacted] of [redacted] excess of applicable policy deductibles.
The liability of the Company shall not exceed its proportionate share of the Program Limit of Liability as shown above in any one Occurrence.

Sublimits of Liability:

- All Sublimits of Liability are per Occurrence unless noted as Annual Aggregate.
- All Sublimits of Liability stated below are [redacted] program limit. The Company's liability for such Sublimits of Liability shall be the same proportion as its share of the Program Limit of Liability shown above and shall be part of and not in addition to the Company's Policy Limit of Liability.

Coverage	Sublimit
Policy Limit	[redacted]
Business Income	
Provincetown Battery Storage	
Earth Movement, per occurrence and in the annual aggregate	
Earth Movement in High Hazard Zones	
Flood, per occurrence and in the annual aggregate	
Flood in High Hazard Zones, per occurrence and in the annual aggregate, part of and not in addition to the overall Flood limit	
Coastal Windstorm	
Provincetown Battery Storage at 90 Racepoint Road Provincetown, MA 02567	
Accounts Receivable (PD coverage only)	
Asbestos Material Removal (PD resulting from fire)	
Asbestos Material Removal (PD all other covered loss other than fire)	
Contaminants and Pollutants (when loss is direct result of fire, lightning, windstorm or hail, explosion, riot or civil commotion, collision, smoke, vandalism, or malicious mischief or leakage or discharge from fire protective equipment – in the annual aggregate	
Contaminants and Pollutants (all other than the above) – in the annual aggregate	
Debris Removal	
Demolition and Increased Cost of Construction	
Electronic Media and Records	
Errors and Omissions	
Expediting Expense	
Extra Expense and Contingent Extra Expense Benefit (combined)	
Fine Arts, not to exceed $100,000 per item	
Fire Department Charges	
Foreign Material	
Gas Re-Ignition	
Improvements and Betterments	
Leasehold Interest	
Loss Adjustment Expenses	
Miscellaneous Unnamed Locations, including Flood and Earth Movement (Excluding Earth Movement in High Hazard Zone)	
Mobile Equipment, including mobile substations when at an insured location; except,	

REDACTED

	[redacted]
Natural Gas in Underground Storage	
Newly Acquired real and Personal Property (90 days)	
Off Premises Data Services Property Damage and Off Services Time Element combined	
Property in the Course of Construction	
Personal Property Temporarily Off Premises (120 days limitation)	
Property in Transit	
Protection of Property	
Rental Value	
Transmission and Distribution Systems	
Valuable Papers and Records	
Civil Authorities	
Impounded Water	
Ingress Egress and Prohibited Access	
Service Interruption	

Deductibles - All Deductibles are per Occurrence unless otherwise noted:

Flood – High Hazard Zones	[redacted] of the value of each location damaged, subject to a minimum of [redacted] and maximum [redacted]
Property Damage & Time Element	[redacted] Per occurrence, except:
Property Damage & Time Element	[redacted] Per occurrence in respects to Provincetown, MA BESS (Battery Storage Facility)
Property Damage & Time Element	[redacted] Per occurrence in respects to Solar Energy Facilities
Property Damage & Time Element	[redacted] Per occurrence in respects to New England Service Company
Property Damage & Time Element	[redacted] Per occurrence in respects to Yankee Gas, NSTAR Gas and Hopkinton LNG and Eversource Gas of Massachusetts
Property Damage & Time Element	[redacted] Per occurrence in respects to locations not involved in generation, transmission or distribution of electrical power or natural gas, including but not limited to service centers, control centers, garages, offices, data processing centers, Course of Construction, Transit and Aquarion except otherwise noted specifically.
Extra Expense	21 Days

REDACTED

	Per occurrence for all Yankee Gas, NSTAR Gas and Hopkinton LNG, Eversource Gas of Massachusetts and properties including Transmission and Distribution of Natural Gas

If a percentage deductible for Property Damage is indicated above, it shall apply as a percentage of the total insurable values for real and personal property at the time of the loss at the Premises Described where the physical damage occurred. Any percentage deductible indicated above shall apply separately at each Premises Described irrespective of any other deductibles applying.

If a percentage applies as a Time Element deductible, then it shall apply to the full twelve (12) months Gross Earnings values that would have been earned in the twelve (12) month period following the Occurrence had no loss occurred at:

a. the insured Locations(s) where the physical damage occurred, and
b. all other insured Locations affected by such physical damage 1 above.

Service Interruption is subject to a qualifying period of 24 hours. If the outage exceeds that time period, then the deductibles noted above will be applied to any loss.

If a number of hours/days apply as a Time Element deductible, then the Company shall not be liable for any losses under any Time Element endorsement occurring during the specified number of hours/days immediately following the Occurrence.

Coinsurance: Not Applicable

Additional notes, terms and conditions:

1. The Insured has accepted terrorism coverage. No Terrorism Exclusion applies.
2. War and Terrorism Exclusion Endorsement NMA 2918 applies to all locations outside the United States and its territories and shall be endorsed on to the Policy. See attached.
3. Economic Sanctions Endorsement 89644 (6/13) shall be endorsed on to the Policy. See attached..
4. NMA 2914 Endorsement. See attached.
5. LMA 5393 Endorsement. See attached.
6. NMA 464 Endorsement. See attached.
7. Coverage for Business Income is Excluded.
8. Coverage for Emergency Action Business Income loss is excluded.
9. Microcracking Endorsement wording to be agreed.
10. In the event of direct physical loss or damage to property which is not repaired, rebuilt or replaced within two (2) years from the date of direct physical loss or damage, this Company shall not be liable for more than the actual cash value (with proper deduction for depreciation) of the property destroyed.
11. Digital Assets and Ransomware Exclusions
12. Excluded Territories – Belarus, Russia and Ukraine

Company Premium:

[redacted] **being** [redacted] excluding act(s) of terrorism as defined by the Terrorism Risk Insurance Act of 2002, as amended.

REDACTED

[redacted] premium for act(s) of terrorism as defined by the Terrorism Risk Insurance Act of 2002, as amended.

Above premiums are exclusive of all taxes, surcharges, and fees unless otherwise shown. State surcharges to be paid by the Insured are not included in the premium above. All premiums are due within thirty days of policy inception or fifteen days of billing, whichever is later.

[redacted]

Cancellation: 90 Days except 10 days for non-payment of Premium

Loss Prevention Service Fees: Declined

Subject to the conditions above, the Company hereby binds the insurance outlined herein to become effective at the Term of Insurance Effective date and time shown above.

Date:10/2/2025

Your contact for this account is:

Casey Hokkanen
Casey.hokkanen@aig.com
312-608-4169

REDACTED

WAR AND TERRORISM EXCLUSION ENDORSEMENT
(applies to locations outside the United States of America, its territories and possessions)

Named Insured.....

Policy Number .....

Effective Date ..... Issue Date.....

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

(1) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or

(2) any act of terrorism.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (1) and/or (2) above.

If the Underwriters allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Assured.
In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

NMA2918
08/10/2001

REDACTED

WAR AND CIVIL WAR EXCLUSION CLAUSE

Notwithstanding anything to the contrary contained herein this Policy does not cover Loss or Damage directly or indirectly occasioned by, happening through or in consequence of war, invasion acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition or destruction of or damage to property by or under the order of any government or public or local authority.

NMA464

REDACTED

Economic Sanctions Endorsement

Named Insured.....

Policy Number .....

Effective Date ..... Issue Date.....

This endorsement modifies insurance provided under the following:

The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

REDACTED

COMMUNICABLE DISEASE ENDORSEMENT

1. This policy, subject to all applicable terms, conditions and exclusions, covers losses attributable to direct physical loss or physical damage occurring during the period of insurance. Consequently and notwithstanding any other provision of this policy to the contrary, this policy does not insure any loss, damage, claim, cost, expense or other sum, directly or indirectly arising out of, attributable to, or occurring concurrently or in any sequence with a Communicable Disease or the fear or threat (whether actual or perceived) of a Communicable Disease.

2. For the purposes of this endorsement, loss, damage, claim, cost, expense or other sum, includes, but is not limited to, any cost to clean-up, detoxify, remove, monitor or test:

   2.1. for a Communicable Disease, or

   2.2. any property insured hereunder that is affected by such Communicable Disease.

3. As used herein, a Communicable Disease means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:

   3.1. the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and

   3.2. the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and

   3.3. the disease, substance or agent can cause or threaten damage to human health or human welfare or can cause or threaten damage to, deterioration of, loss of value of, marketability of or loss of use of property insured hereunder.

4. This endorsement applies to all coverage extensions, additional coverages, exceptions to any exclusion and other coverage grant(s).

All other terms, conditions and exclusions of the policy remain the same.

LMA5393

25 March 2020

ELECTRONIC DATA ENDORSEMENT

(NMA 2914 - (25.1.01))

This endorsement modifies insurance provided by this Policy:

1. Electronic Data Exclusion

Notwithstanding any provision to the contrary within the Policy or any endorsement thereto, it is understood and agreed as follows:

a) This Policy does not insure loss, damage, destruction, distortion, erasure, corruption or alteration of ELECTRONIC DATA from any cause whatsoever (including but not limited to COMPUTER VIRUS) or loss of use, reduction in functionality, cost, expense of whatsoever nature resulting therefrom, regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

ELECTRONIC DATA means facts, concepts and information converted to a form useable for communications, interpretation or processing by electronic and electromechanical data processing or electronically controlled equipment and includes programmes, software and other coded instructions for the processing and manipulation of data or the direction and manipulation of such equipment.

COMPUTER VIRUS means a set of corrupting, harmful or otherwise unauthorised instructions or code including a set of maliciously introduced unauthorised instructions or code, programmatic or otherwise, that propagate themselves through a computer system or network of whatsoever nature. COMPUTER VIRUS includes but is not limited to 'Trojan Horses', 'worms' and 'time or logic bombs'.

b) However, in the event that a peril listed below results from any of the matters described in paragraph a) above, this Policy, subject to all its terms, conditions and exclusions, will cover physical damage occurring during the Policy period to property insured by this Policy directly caused by such listed peril.

Listed Perils:
Fire, Explosion, and Machinery Breakdown

2. Electronic Data Processing Media Valuation

Notwithstanding any provision to the contrary within the Policy or any endorsement thereto, it is understood and agreed as follows:

Should electronic data processing media insured by this Policy suffer physical loss or damage insured by this Policy, then the basis of valuation shall be the cost to repair, replace or restore such media to the condition that existed immediately prior to such loss or damage, including the cost of reproducing any ELECTRONIC DATA contained thereon, providing such media is repaired, replaced or restored. Such cost of reproduction shall include all reasonable and necessary amounts, not to exceed [redacted] any one loss, incurred by the Assured in recreating, gathering and assembling such ELECTRONIC DATA. If the media is not repaired, replaced or restored the basis of valuation shall be the cost of the blank media. However this Policy does not

REDACTED

insure any amount pertaining to the value of such ELECTRONIC DATA to the Assured or any other party, even if such ELECTRONIC DATA cannot be recreated, gathered or assembled.

All other terms and conditions of the Policy remain the same.

REDACTED

AIG ENDORSEMENT #XX

This endorsement, effective 12:01 a.m., Click here to enter a date.
Forms a part of Policy No.: TBD
Issued to: Click here to enter text
By: National Union Fire Insurance Company of Pittsburgh, PA.

EXCLUDED TERRITORIES ENDORSEMENT
(BELARUS – RUSSIA – UKRAINE)

This endorsement modifies insurance provided by the Policy:

Notwithstanding anything to the contrary in this Policy, including the Coverage Territory, Policy Territory, Territorial Limits or other similar provision, the following are excluded territories under this Policy:

- The Republic of Belarus;
- The Russian Federation (as recognized by the United Nations) or their territories, including territorial waters, or protectorates where they have legal control (legal control shall mean where recognized by the United Nations); and
- Ukraine (in accordance with the borders established as of the 1991 Declaration of Independence, including the Crimean peninsula and the Donetsk and Luhansk regions),

(hereinafter, referred to collectively as the "Excluded Territories").

Regardless of: (1) any location shown on this Policy, on the Statement of Locations or Values, or otherwise stated, (2) any newly acquired location or miscellaneous unnamed location, (3) any error or omission by any entity, (4) any coverage extension or additional coverage, (5) any definition that may contain one or more of the Excluded Territories, or (6) any change in sanction status, there shall be no coverage provided in any of the Excluded Territories, nor any coverage provided as a result of an event that occurs in any of the Excluded Territories.

The inclusion of one or more of the Excluded Territories in any other provision of this Policy does not provide coverage for such geographic area.

Where there is any conflict between the terms of this endorsement and the terms of the Policy, the terms of this endorsement shall apply, subject at all times to the application of any Sanctions clause.

All other terms and conditions of the Policy remain the same.

REDACTED

AIG ENDORSEMENT #XX

This endorsement, effective 12:01 a.m., Click here to enter a date.
Forms a part of Policy No.: TBD
Issued to: Click here to enter text
By: National Union Fire Insurance Company of Pittsburgh, PA.

(1) DIGITAL ASSETS AND (2) OPERATIONS WITH RESPECT TO DIGITAL ASSETS EXCLUSIONARY ENDORSEMENT

This endorsement modifies insurance provided by this Policy:

Notwithstanding any other provision of this Policy to the contrary, the following provisions apply:

I. The following is added to the Perils Excluded, Perils Not Covered or other similar section of this Policy:

The Company does not insure for any loss, cost, damage, expense or loss of use arising out of or caused directly or indirectly by the mining, acquiring, processing, transmitting, converting, exchanging, transacting, moving, holding, creating, destroying, deleting and/or other similar operations with respect to **digital assets** (hereinafter, collectively **operations**) regardless of the methodology or equipment used to accomplish such **operations**. Such loss, cost, damage, expense or loss of use is excluded regardless of any other cause or event contributing concurrently or in any sequence to such loss, cost, damage, expense or loss of use.

II. The following is added to the Property Not Covered, Property Excluded, Excluded Property or other similar section of this Policy:

- **Digital asset(s)**

III. The following is added to the Definition Section or similar section of the Policy:

- **Digital asset(s)** means cryptocurrency, virtual currency, crypto asset(s), smart contract(s), non-fungible token(s), other token(s) or any other similar term that is a digital representation of value designed to work as a medium of exchange, unit of account, or store of value that uses cryptography to secure financial transactions, control the creation of additional units, and/or verify the transfer of assets. **Digital asset(s)** also means any counterfeit or fictitious digital representation of value designed to work as a medium of exchange, unit of account, or store of value.

To the extent that there is any other term, grant of coverage or exception to an exclusion that could include or be construed to cover **digital assets** or **operations**, such term, grant of coverage or exception to an exclusion shall not be construed to provide any coverage for **digital assets** or **operations**.

All other terms and conditions of the Policy remain the same.

REDACTED

AIG ENDORSEMENT #XX

This endorsement, effective 12:01 a.m., Click here to enter a date.
Forms a part of Policy No.: TBD
Issued to: Click here to enter text
By: National Union Fire Insurance Company of Pittsburgh, PA.

EXTORTION AND RANSOMWARE EVENT EXCLUSION

This endorsement modifies insurance provided by this Policy:

Notwithstanding any other provision of this Policy to the contrary:

I. The Company does not insure any loss, cost, damage, expense or payment, directly or indirectly, arising out of, or attributable to:

1. **Extortion**; or
2. A **ransomware event** or any remediation of any **ransomware event**;

including any loss, cost, damage or expense to repair, replace or restore any **computer system** or data of any kind or description, including loss of functionality, reduction in functionality or loss of use of any **computer system** or data.

II. The following definitions apply to this endorsement:

1. **Computer system** means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility.
2. **Extortion** means the demand or request for:
   a. Anything of value of any kind or description, including anything of monetary value or that can be converted into a tangible or intangible asset, or
   b. Any act, forbearance or promise to do something or refrain from doing something,

   in connection with: (i) any loss or damage to property (ii) loss, damage or release of data of any kind or description or (iii) any interruption of the operations of any **computer system** of any kind or description, through any means or method, including a **ransomware event**, or any fear of or threat to cause such loss, damage, release or interruption.
3. **Ransomware event** means use of unauthorized or malicious software code to encrypt data or interrupt the operations of any **computer system** of any kind or description for the purpose of **extortion**.

For avoidance of doubt, no coverage extension, additional coverage, global extension, exception to any exclusion or other coverage grant shall afford any coverage that would otherwise be excluded through this exclusion.

All other terms and conditions of the Policy remain the same.

REDACTED

ARISE BOILER INSPECTION AND INSURANCE COMPANY RISK RETENTION GROUP
P.O. Box 23790, 1700 Eastpoint Parkway, Louisville, KY 40223-0790

BOILER AND PRESSURE VESSEL LIABILITY INSURANCE POLICY

NOTICE

THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

NOTICE: THIS IS A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED BY THE INSURED DURING THE POLICY PERIOD.

DECLARATIONS

Policy Number: 211289 **Renewal Of:** 209829

Named Insured: Eversource Energy

Mailing Address: 107 Selden Street
Berlin, CT 06037-1616

Policy Period: From 10/01/2025 to 10/01/2026 at 12:01 AM at the mailing address shown above.

Retroactive Date: 10/01/2025

Limits of Liability: $[redacted] Each Occurrence
$[redacted] General Aggregate

Deductible: $ 0

Policy Premium: $[redacted] **payable at each policy anniversary date if a multiyear policy term.**

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine what is and is not covered. These Declarations and this Policy with Endorsements shall constitute the contract between the Insured and the Company.

In witness whereof, the Company issuing this Policy has caused this Policy to be signed by its duly authorized representative.

Allison Isenman

10/09/2025
Date

Authorized Representative

REDACTED

CedarHamilton

Cedar Hamilton Limited
Hamilton, Bermuda

ENDORSEMENT NO: 4

ATTACHING TO AND FORMING PART OF POLICY NO: CHPM24AA046P

ISSUED TO: Eversource Energy

EFFECTIVE DATE: October 1, 2025 at 12:01 A.M. Local Standard Time of the Insured

POLICY PERIOD EXTENSION ENDORSEMENT

In consideration of an additional premium of [redacted]. It is hereby understood and agreed that Item 3 Policy Period of the Declarations is deleted in its entirety and replaced with the following:

10/01/2024 12:01AM to 10/01/2026 12:01AM
Standard Time at the address of the Named Insured

Total Insured Values [redacted]

100% Annual Additional Premium: [redacted]
Cedar Hamilton [redacted] share of Annual Additional Premium: [redacted]

Additionally, the following is hereby understood and agreed:

The Company agrees to reimburse up to [redacted] of the Annual Gross Premium for Engineering Fees incurred by the Insured. Reimbursement is subject to receipt of Engineering Service provider's invoice or other documentation of original Engineering Fee paid by the Insured and receipt of Engineering reports at least 30 days prior to the Policy expiration date.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

INSURER: CEDAR HAMILTON LIMITED

Date: September 23, 2025 By:

REDACTED

ENDORSEMENT NO. 15

NAMED INSURED:	**EVERSOURCE ENERGY**
PERIOD OF INSURANCE:	October 1, 2024 to October 1, 2026
EFFECTIVE DATE OF ENDORSEMENT:	October 1, 2025
POLICY NUMBER:	311754-24GP

2025 ANNIVERSARY ENDORSEMENT

Per the terms of Endorsement 12 – Long Term Agreement, the following amendments are made:

1. **Policy Period:**

   From: October 1, 2024,
   To: October 1, 2026
   Both at 12:01 A.M., Local Standard time at the location of the property insured

2. **Total Insurable Values:** [redacted]

3. **Policy Premium:** [redacted] EIM participation) part of [redacted]
   Terrorism Premium: Included

All other terms and conditions of the policy to which this endorsement is attached remain unchanged.

Insurer: Energy Insurance Mutual Ltd.
Policy #: 311754-24GP
Insurer Share: [redacted]

Scott Leiman
Authorized Representative

REDACTED

Contract Endorsement

Endorsement Details

Unique Market Reference: B0713ENPOW2400319
Endorsement Reference: 5
Policyholder: Eversource Energy
Type: Endorsement
Reason: Other Reasons

Contract Changes

Effective Date: 1 October 2025
Expiry Date: 1 October 2026

It is hereby noted and agreed that further to the terms of the Long Term Agreement, under Risk Details the PERIOD, SUM I(RE)NSURED/ LIMIT and PREMIUM is amended as follows:

Risk Details

PERIOD

From: 1 October 2024 12:01 Local Standard Time
To: 1 October 2026 12:01 Local Standard Time
Details: At the location of the property insured

SUM (RE)INSURED/ LIMIT

Liability under this policy arising out of one occurrence shall not exceed [redacted] per occurrence limit of liability.

The Company will pay no more than the above limit(s) in anyone occurrence. In addition, the company will not be liable for more than its proportionate share of the following sub limits, which are part of and not in addition to the Limit of Liability:

Total Insurable Values: USD [redacted]

LRE 3010

REDACTED

0713 LOCKTON B0713ENPOW2400319

PREMIUM

Property Damage

[redacted]

Terrorism

[redacted]

Administration & Advisory

All other terms and conditions remain unchanged.

Dated: 9 September 2025

Lancashire Renewal References for 2025 YOA:

LRE 3010

W25RV560A001 PG - [redacted] of risk

T25VN590T001 6T/TO - [redacted] of risk

LRE 3010

Lancashire UK Limited
LE1211D05625 - PG only [redacted] of risk

LRE 3010

REDACTED

Policy Number: (UMR) B0713ENPOW2400319

SECURITY DETAILS

Endorsement Document Name	ENPOW2400319 - Eversource Energy - Endorsement 5 - LTA endorsement_LRE agreed.pdf
Endorsement Upload Date / Time	12:43 30 September 2025
Endorsement Status	Complete
Contract Reference	ENPOW2400319
Broker Endorsement Reference	5
Endorsement Name	Endt 5 - LTA
Insured	Eversource Energy
Agreement Practice	GUA
Agreement Instructions	All Agreement Parties

CONFIRMATION OF AGREEMENT BY REQUIRED AGREEMENT PARTIES:

Leader Agreed 16:36 30 September 2025

Underwriter Company	Underwriter	Stamp	Underwriter Ref
Travelers	Rebecca Friel on behalf of Cal Grealish	Lloyd's Underwriter Syndicate No. 5000 TRV, London, England	PJ03529AA001 CH43329AA001

REDACTED

Workers Compensation

REDACTED

EXCESS WORKERS' COMPENSATION INSURANCE POLICY

Words and phrases which appear in all capital letters have the special meanings set forth in Section II. Definitions

AEGIS®
Associated Electric & Gas Insurance Services Limited
Hamilton, Bermuda

DECLARATIONS

POLICY NO. WC5041614P
DECLARATIONS NO. 1

Item 1: INSURED: Eversource Energy
300 Cadwell Dr
Springfield, MA 01104-1742

Item 2: POLICY PERIOD: from the 1st day of May, 2025 to the 1st day of May, 2026 both days at 12:01 A.M. Local Time at the address of the INSURED.

Item 3: This POLICY applies to the WORKERS' COMPENSATION LAW of each of the following STATES:

CT,NH

Item 4: POLICY Premium: [redacted]

Item 5: INSURED'S RETAINED LIMIT each accident or each EMPLOYEE for disease:
[redacted]

Item 6: COMPANY'S Limit of Liability each accident or each EMPLOYEE for disease:
[redacted]

Item 7: Any notice to be provided or any payment to be made hereunder to the INSURED shall be made to:

[redacted]
Director of Enterprise Risk Management
Eversource Energy
107 Selden St
Berlin CT 06037-1616

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REDACTED

AEGIS

DECLARATIONS

continued

POLICY NO. WC5041614P
DECLARATIONS NO. 1

Item 8: Any notice to be provided or any payment to be made hereunder to the COMPANY shall be made to:

AEGIS Insurance Services, Inc.
1 Meadowlands Plaza
East Rutherford, NJ 07073

Notice of Occurrence as required under Condition (C) should be reported either on the AEGIS website at www.aegislink.com or emailed to ClaimNotice@aegislimited.com

Premium payments should be made in accordance with invoice instructions.

ENDORSEMENTS ATTACHED AT POLICY ISSUANCE: 1-4

Countersigned at East Rutherford, New Jersey

On May 19, 2025

AEGIS Insurance Services, Inc.

By _____
Authorized Representative

REDACTED

EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

Liberty Mutual INSURANCE
175 Berkeley Street, Boston, MA 02116

Issued by Liberty Mutual Fire Insurance Company

Policy Number	EW2-69N-530271-135	Issuing Office	0001
Renewal of	EW2-69N-530271-134	Issue Date	05/27/2025
Account Number	9-530271	Sub Account	0008

1. Insured and Mailing Address
   Eversource Energy Company
   300 Cadwell Drive
   Springfield, MA 01104

   Status Corporation

2. Policy Period: The policy period is from 05/01/2025 to 05/01/2026 12:01 A.M. standard time at the Insured's mailing address.

3. Covered State(s) and Territory(s)
   A. Workers Compensation Insurance: Part One of the policy applies to the Insured's obligations under the Workers Compensation Law of the States listed here: MA

   B. Employers Liability Insurance: Part Two of the policy applies to the Insured's obligations in each state listed in Item 3.A

   C. Other States Insurance: Part Three of the policy applies to the Insured's obligations in all other States, except those listed here:

   D. This policy includes these endorsements and schedules: See Item 3. Coverage D – Extension of Information Page

4. Insured's Retention for each accident or each employee for disease: [redacted]

5. A. Insurer's Limit of Indemnity for each accident or each employee for disease:
   1. For Workers Compensation Insurance $Statutory
   2. For Employers Liability Insurance [redacted]
   3. For Workers Compensation and Employers Liability Insurance Combined $Not Applicable

   B. Insurer's Aggregate Limit of Indemnity each policy period: $Not Applicable

6. Premium: The premium for this policy will be determined on the basis of the information shown below, subject to verification and change by audit.

State	Premium Base Estimated Remuneration	Rate per $100 of Remuneration	Estimated Premiums
See Item 6. - Information Page Extension Schedule			

Minimum Annual Premium [redacted] Total Estimated Annual Premium $ [redacted]
Premium will be billed Annually Deposit Premium $

Producer 0098 005150
Marsh USA Inc
1166 Avenue of the Americas
New York, NY 100362708

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