



VICTOR INSURANCE MANAGERS INC.

BILLING NOTICE

City of Texas City
PO Box 2608
Texas City, TX 77592-2608

RE: City of Texas City
1305388 - 035174

Policy Type:	WINDSTORM
Policy Number:	VETGF03551210
Policy Term:	08/02/2021 through 08/02/2022

Notes: Master policy-Ventus

Premium	Amount
Gross Premium	\$200,000.00
Net Premium	\$200,000.00
Fee-Other ()	\$16,350.00
Surplus Lines Stamping Fee ()	\$162.26
Surplus Lines Tax ()	\$10,492.98
Amount DUE	\$227,005.24

PREMIUM DUE DATE: 08/13/2021

Remit payments to:

Victor Insurance Managers Inc.
14288 Collections Center Drive
Chicago, IL 60693



10375 Richmond Ave. Suite 500
Houston, TX 77042
Phone: 888-728-7235

**CONFIRMATION OF COVERAGE BOUND
(BINDER CONFIRMATION)**

Heena Patel
Victor Insurance Managers Inc.
3100 Wilcrest Dr. Ste. 200
Houston, TX 77042

Jul 28, 2021

City of Texas City
Policy #: VETGF03551210
Effective: 8/2/2021 to 8/2/2022

We are pleased to confirm the attached binder being offered with Lloyd's of London. This carrier is Non-Admitted in the state of TX. Please note that this binder is based on the coverage, terms and conditions as stated in the attached binder, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this binder carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms bound as per the attached and those terms originally requested. This coverage may not be bound without a fully executed CRC brokerage agreement.

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

Mailing Address: 1801 9th Avenue North
Texas City, TX 77592

Coverage as bound per the attached.

Premium:	\$200,000.00
Policy Fee	\$750.00
Broker Fee	\$15,000.00
Inspection Fee	\$250.00
Catastrophe Analysis Fee	\$350.00
Surplus Lines Tax	\$10,492.98
Stamping Office Fee	\$162.26

Total: \$227,005.24

Broker Fees & Policy Fees are Fully Earned at Binding

If Non Admitted the following applies:

Texas Tax Filings are the responsibility of: CRC Insurance Services
Guaranty Fund Nonparticipation Notice

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

Surplus Lines Agent: CRC Insurance Services, License#18530

Address: 1 Metroplex Drive, Suite 400, Birmingham, AL 35209

The Texas Department of Insurance (TDI) has adopted amendments to the Texas Administrative Code regarding required complaint notices included in insurance policies. These changes were effective on November 4, 2019, and must be implemented no later than May 1, 2020.

CRC does not issue any certificates of insurance. It is the responsibility of the issuing party Victor Insurance Managers Inc., to issue COIs according to the insurance policy in reference. CRC does not check or review any COI they receive. All copies of COIs received will be destroyed at time of receipt.

CONFIDENTIAL

Ventus Risk Management, Inc.

P.O. Box 25004
Columbia, SC 29224

Binder - Commercial Property Policy

Brokerage Office: CRC Insurance Services, Inc.
10375 Richmond Ave, Suite 500
Houston, TX 77042

Company: Arch Specialty Insurance Company (40.5%)
A.M. Best Rated: A+ (Superior)

Underwriters at Lloyd's, London
A.M. Best Rated: A (Excellent)
UMR B1776BP202321N (25%)
25% RNR 1458
UMR B1776BP202320N (9.5%)
5.5% AAL 2012
4% ACS 1856

United Specialty Insurance Company (25%)
A.M. Best Rated: A (Excellent)

Date: 07/28/2021
Binder Number: VETGF03551210
Renewal of Policy: VETGF03551200
Policy Period: 08/02/2021 to 08/02/2022 (12:01 AM at insured's mailing address)

Named Insured: City of Texas City
1801 9th Avenue North
Texas City, TX 77592

Description: None

We are pleased to offer the following binder. Please review this binder carefully to make certain all of the terms and conditions presented are in accordance with your Request to Bind.

I. Total Insured Values

The Limits of Insurance are based upon the schedule of Insured Values provided by you and on file with the Company.

Building(s)	\$ 25,117,423
Tenant Improvements and Betterments	0
Business Personal Property	2,050,000
Business Interruption	500,000
Total Insured Values	\$ 27,667,423

Named Insured: City of Texas City

Binder Number: VETGF03551210

II. Summary of Premiums and Ventus Fees

Commercial Property	\$ 200,000.00
Equipment Breakdown	Excluded
Terrorism	Excluded
Inspection Fees	250.00
Ventus Modeling Fees	350.00
Total	\$ 200,600.00

The premium shown above does not include surplus lines tax, surplus lines stamping fees or state assessments.

The policy is subject to a minimum premium as per the attached Minimum Premium Endorsement. Inspection fees and policy fees are fully earned at policy inception.

III. Regulatory Notice

THIS INSURANCE CONTRACT IS WITH AN INSURER NOT LICENSED TO TRANSACT INSURANCE IN THIS STATE AND IS ISSUED AND DELIVERED AS SURPLUS LINE COVERAGE UNDER THE TEXAS INSURANCE STATUTES. THE TEXAS DEPARTMENT OF INSURANCE DOES NOT AUDIT THE FINANCES OR REVIEW THE SOLVENCY OF THE SURPLUS LINES INSURER PROVIDING THIS COVERAGE, AND THE INSURER IS NOT A MEMBER OF THE PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION CREATED UNDER CHAPTER 462, INSURANCE CODE. CHAPTER 225, INSURANCE CODE, REQUIRES PAYMENT OF A 4.85 PERCENT TAX ON GROSS PREMIUM.

IV. Coverage Specifics

Coverage Terms:	Building and Personal Property Coverage Form	
	Cause of Loss	Wind and Hail Only
	BI Monthly Limitation	1/6
	Property Enhancement Endorsement	Included
	Equipment Breakdown	Not Included
	Terrorism	Excluded
	Cat Wind Deductible Basis	Per Occurrence
	Cat Wind Deductible	Named Storm
	Flood	Excluded
	Earthquake	No Coverage

See Schedule of Locations, Coverages and Limits of Insurance

See Schedule of Deductibles By Location and Coverage

VI. Schedule of Protective Safeguards and Policy Conditions

The following Protective Safeguards and Policy Conditions apply:

Named Insured: City of Texas City

Binder Number: VETGF03551210

<u>Category</u>	<u>Code</u>	<u>Description</u>	<u>Applicable Buildings</u>
Building	R14	Flat roofs have been resurfaced or replaced within the past 15 years and all roof drains are kept clear of debris and maintained in operating condition.	All

VII. Applicable Forms

The following ISO and Ventus forms will be used for this policy.

<u>Form #</u>	<u>Form Description</u>
VTS009 0118	SCHEDULE OF SUBSCRIBING CARRIERS
VTCW06 0717	FOLLOW THE LEADER CLAUSE
VTCW07 0220	SEVERAL LIABILITY CLAUSE
VT0120 0521	DEFINITION OF OCCURRENCE
VT0200 0521	OCCURRENCE LIMIT OF INSURANCE ENDORSEMENT
CP0010 0607	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
VT0190 0318	CAUSES OF LOSS - WINDSTORM OR HAIL
VT0214 0521	COMMERCIAL PROPERTY CONDITIONS
VT0119 0116	COMMON POLICY CONDITIONS
VT0122 1219	PROPERTY ENHANCEMENT ENDORSEMENT
VT0142 0116	TOTAL LOSS ENDORSEMENT
VT0111 0116	ADDITIONAL PROPERTY NOT COVERED
VT0109 0716	ADDITIONAL COVERED PROPERTY
VT0170 0420	PROTECTIVE SAFEGUARDS AND POLICY CONDITIONS
VT0129 1119	MINIMUM PREMIUM ENDORSEMENT
VT0030 0521	BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
VT0195 0819	ORDINANCE OR LAW ENDORSEMENT
VT0135 0116	PRIOR LOSS EXCLUSION ENDORSEMENT
VT0110 0116	ADDITIONAL POLICY EXCLUSIONS ENDORSEMENT
VT0113 0116	ASBESTOS AND TOXIC MATERIALS EXCLUSION
VT0121 0218	EIFS OR DRYVIT EXCLUSION ENDORSEMENT
VT0240 1220	PATHOGEN EXCLUSION
VT0143 0116	TOXIC DRYWALL EXCLUSION
VT0108 0521	ABSOLUTE POLLUTION EXCLUSION
VT0206 0618	EXCLUSION OF MALICIOUS USE OF NUCLEAR, BIOLOGICAL OR CHEMICAL WEAPONS
VTCW01 0617	NOTICE TO POLICYHOLDERS - FRAUD NOTICE
VTCW02 1015	NOTICE TO POLICYHOLDERS - PRIVACY POLICY
VTTX01 0520	TX COMPLAINT NOTICE
VTPN001 0721	CLAIMS REPORTING FORM
00ML000300 0412	NOTICE TO POLICYHOLDERS - SERVICE OF SUIT
LMA5020	SERVICE OF SUIT CLAUSE
LMA5021	APPLICABLE LAW
VTPN004 0218	NOTICE TO POLICYHOLDERS - SERVICE OF PROCESS
VTCW05 1220	NOTICE TO POLICYHOLDERS - OFAC
LMA3100	SANCTION LIMITATION AND EXCLUSION CLAUSE
00EXP012500 0606	TOTAL TERRORISM EXCLUSION

VIII. Draft Policy

A draft policy has been prepared containing all applicable policy forms at the time of generation of this quote. It can be downloaded here:

Link: <https://storage.ventusrisk.com/HwW6uVTwRKvqZSNWyZPNbr>

PIN: **D4S67J**

Note that this document is only a draft. Terms are subject to change between now and policy issuance.

FORM VTTX010520 - TX COMPLAINT NOTICE

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Ventus Risk Management

To get information or file a complaint with your insurance company or HMO:

Call: Sylvia Prohett at 1-844-983-6887

Toll-free: 1-844-983-6887

Email: sylvia.prohett@ventusrisk.com

Mail: P.O. Box 25004, Columbia, SC 29224

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call: 1-800-252-3439

Online: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Ventus Risk Management

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Sylvia Prohett at 1-844-983-6887

Teléfono gratuito: 1-844-983-6887

Correo electrónico: sylvia.prohett@ventusrisk.com

Dirección postal: P.O. Box 25004, Columbia, SC 29224

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame: 1-800-252-3439

En línea: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714

SCHEDULE OF LOCATIONS, COVERAGES AND LIMITS OF INSURANCE

Location Number	Building Number	Building Address	Occupancy	Construction Type	Coverage	Limits of Insurance	Claim Valuation	Coinsurance
1	1	1900 5th Ave N Texas City, TX 77590	General Leisure	MNC	Building Contents BI (other than Rental Value) and EE	8,946,909 1,000,000 175,000	RC RC	Agreed Value Agreed Value
2	1	2010 5th Ave N Texas City, TX 77590	General Public Entity	MNC	Building Additional Properties Contents BI (other than Rental Value) and EE	11,527,096 100,000 450,000 300,000	RC RC RC	Agreed Value Agreed Value Agreed Value
3	1	409 6th St N Texas City, TX 77590	Museums	JM	Building Contents BI (other than Rental Value) and EE	4,543,418 600,000 25,000	RC RC	Agreed Value Agreed Value

Construction Codes

F: Frame or Brick Veneer, M: Metal, JM: Joisted Masonry, NC: Non-Combustible, MMC: Masonry Non-Combustible, MFR: Modified Fire Resistive, FR: Fire Resistive, MX: Mixed

Claim Valuation Codes

ACV: Actual Cash Value, FRC: Functional Replacement Cost, RC: Replacement Cost, SP: Selling Price

SCHEDULE OF DEDUCTIBLES BY LOCATION AND COVERAGE

Location Number	Building Number	Building Address	Coverage	Deductibles		
				Windstorm or Hail	Florida Sinkhole	All Other Causes of Loss
1	1	1900 5th Ave N Texas City, TX 77590	Building	Named Storms: \$400,000 Per Occurrence All Other Wind: \$25,000 Per Occurrence	n/a	n/a
			Business Personal Property			
2	1	2010 5th Ave N Texas City, TX 77590	Business Income	72 hours	n/a	n/a
			Building	Named Storms: \$400,000 Per Occurrence All Other Wind: \$25,000 Per Occurrence	n/a	n/a
3	1	409 6th St N Texas City, TX 77590	Business Income	72 hours	n/a	n/a
			Building	Named Storms: \$400,000 Per Occurrence All Other Wind: \$25,000 Per Occurrence	n/a	n/a
			Business Income	72 hours	n/a	n/a

ORDINANCE OR LAW LIMIT SCHEDULE

Location Number	Building Number	Building Address	Coverage A Undamaged Portion	Coverage B Demolition Costs	Coverage C Increased Cost of Construction	Coverage B & C Blanket	Coverage D Increased Period of Restoration
All	All	All	Included	\$0	\$0	10%	Excluded

Ventus Property Enhancement Endorsement – Schedule of Limits

Coverage	Limit
Building and BPP Coverages	
Accounts Receivable	\$ 100,000
Debris Removal	
% of Loss	25 %
Maximum	\$ 1,000,000
Additional Limit	\$ 50,000
Emergency Removal Expense	\$ 5,000
Fine Arts	\$ 25,000
Fire Department Service Charges	\$ 25,000
Fraud and Decelt	\$ 5,000
Fungus, Wet Rot, Dry Rot and Bacteria	
Per Occurrence	\$ 25,000
Aggregate	\$ 100,000
Limited Pollution Coverage (Annual Aggregate)	\$ 25,000
Outdoor Property	
Per Item Limit For Plants, Trees, and Shrubs	\$ 500
Aggregate Limit	\$ 25,000
Preservation of Property (Days)	180 Days
Professional Fees for Claim Preparation (Annual Aggregate)	\$ 50,000
Recharging of Fire Extinguishing Equipment	\$ 50,000
Reward Reimbursement	\$ 10,000
Service Interruption Direct Damage	
Direct Damage	\$ 50,000
Sewer, Drain or Sump Backup or Overflow	\$ 25,000
Transit	\$ 25,000
Valuable Papers & Records	\$ 100,000
Wind-Driven Precipitation	\$ 250,000
Time Element Coverages	
Interruption by Civil or Military Authority	
Distance Limitation (miles)	1 Miles
Weeks	4 Weeks
Maximum	\$ 50,000
Ingress or Egress	
Distance Limitation (miles)	1 Miles
Weeks	4 Weeks
Maximum	\$ 50,000
Service Interruption Time Element	\$ 50,000

Figure: 28 TAC §1.601(a)(2)(B)

Have a complaint or need help?

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Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Lloyd's of London

To get information or file a complaint with your insurance company or HMO:

Call: Lloyd's of London at 44(0)20.7327.1000

Toll-free:

Online: www.lloyds.com

Email:

Mail: One Lime Street
London, 7HA EC3M

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

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Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Lloyd's of London

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Lloyd's of London al 44(0)20.7327.1000

Teléfono gratuito:

En Línea: www.lloyds.com

Correo electrónico:

Dirección postal: One Lime Street

London, 7HA EC3M

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

Texas Tax Information:

Guaranty Fund Nonparticipation Notice

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

Surplus Lines Agent: CRC Insurance Services, License #18530

Address: 1 Metroplex Drive, Suite 400, Birmingham, AL 35209



VICTOR INSURANCE MANAGERS INC.

BILLING NOTICE

City of Texas City
PO Box 2608
Texas City, TX 77592-2608

RE: City of Texas City
1305388 - 035174

Policy Type:	WINDSTORM
Policy Number:	B1284UB211235A0246
Policy Term:	08/02/2021 through 08/02/2022

Notes: Deductible Buy Down Policy

Premium	Amount
Gross Premium	\$25,845.00
Net Premium	\$25,845.00
Fee-Other ()	\$2,740.00
Surplus Lines Stamping Fee ()	\$21.44
Surplus Lines Tax ()	\$1,386.37
Amount DUE	\$29,992.81

PREMIUM DUE DATE: 08/13/2021

Remit payments to:

Victor Insurance Managers Inc.
14288 Collections Center Drive
Chicago, IL 60693



10375 Richmond Ave. Suite 500
Houston, TX 77042
Phone: 888-728-7235

**CONFIRMATION OF COVERAGE BOUND
(BINDER CONFIRMATION)**

Heena Patel
Victor Insurance Managers Inc.
3100 Wilcrest Dr. Ste. 200
Houston, TX 77042

Jul 27, 2021

City of Texas City
Policy #: B1284UB211235A0246
Effective: 8/2/2021 to 8/2/2022

We are pleased to confirm the attached binder being offered with Lloyd's of London. This carrier is Non-Admitted in the state of TX. Please note that this binder is based on the coverage, terms and conditions as stated in the attached binder, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this binder carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms bound as per the attached and those terms originally requested. This coverage may not be bound without a fully executed CRC brokerage agreement.

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

Mailing Address: 1801 9th Avenue North
Texas City, TX 77592

Coverage as bound per the attached.

Premium:	\$25,845.00
Policy Fee	\$500.00
Broker Fee	\$1,940.00
MGA Fee	\$300.00
Surplus Lines Tax	\$1,386.37
Stamping Office Fee	\$21.44
Total:	\$29,992.81

Broker Fees & Policy Fees are Fully Earned at Binding

If Non Admitted the following applies:

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Financing Insurance Premiums

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, business expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Credit Corporation, which is an affiliate of CRC, providing premium financing solutions for companies across the United States.

You can learn more about how premium financing works and how it can expand your relationship with your clients by emailing afcodirect@afco.com; or call toll-free 877-317-6437, option 1. Additional information is available at <https://www.afco.com/partners/crc.html>.

Should you have any questions, please feel free to contact our office.

Sincerely,

Purdy Team
9644998

CONFIDENTIAL



Masha Austin
CRC Insurance Services, Inc.
10375 Richmond Avenue
Suite 500
Houston, TX 77042

We are pleased to provide you with the following binder. The issuing company providing the coverage bound herein is **Certain Underwriters at Lloyds of London**. The limits, coverages, terms and conditions of this binder may vary from the specifications submitted for our consideration and the specifications of your expiring policy. Please read this binder carefully, as any terms and conditions that are not specifically mentioned below are not included.

This binder is provided on the basis that all of the information and data given to the Insurer by or on behalf of the Insured in its underwriting submission and in its responses to underwriters' requests for information is reliable, truthful and complete. Any misrepresentation voids this binder.

Renewal WDBB Binder

Policy Number: B1284UB211235A-0246

NAMED INSURED: City of Texas City

ISSUING ENTITY: Certain Underwriters at Lloyd's of London

COVERING: Buildings, Contents, Other Scheduled Property and Business Income

INSURED PERILS: Hurricane/Named Storm

POLICY PERIOD: **EFFECTIVE DATE:** 8/2/2021 **EXPIRATION DATE:** 8/2/2022

POLICY LIMIT: \$350,000 Per Occurrence

TIV: \$27,667,423

SUB LIMITS:

DEDUCTIBLE: \$50,000. Per Occurrence

CO-INSURANCE: NIL,

VALUATION: RC, ALS

POLICY FORM As per Forms List below

WARRANTIES:

CONDITIONS: Overlying Named Storm/Hurricane deductible is \$400,000. Per Occurrence

ADDITIONAL TERMS



ECONOMIC TERMS:

POLICY PREMIUM: \$25,845.00

FEES: MGA Administration Fee \$300.00

MINIMUM EARNED PREMIUM: 100.00%

PAYMENT TERMS 30 days from date of invoice

CANCELLATION TERMS 10 days or in accordance with the state regulation for the state in which the insured is domiciled in with respect of non-payment of premium

FORMS LISTING:

Certificate Jacket NMA2868 (amended)
Texas Surplus Lines Notice LMA9079
Texas Complaints Notice Surplus Lines LMA9080B
Deductible Buy-Back Insurance - Stevens 19 LSW1900 (amended)
Lloyds Privacy Policy Statement LSW1135B
Convex Privacy Notice BP WD 02 03 21
Debris Removal Endorsement NMA2343
Seepage and/or Pollution and/or Contamination Exclusion NMA2342
Location Schedule BP WD 04 10 20
Communicable Disease Endorsement LMA5393
Complaints Procedure LSW1900
Conformity Clause LSW1900
Microorganism Exclusion (Absolute) LMA5018
Property Cyber and Data Exclusion LMA5401
Several Liability Notice LSW1001
Time Element Extension LSW1900
TRIA Clauses Form LMA5390
Participation Schedule BP WD 03 10 20

Note: This forms list may not be a complete listing as additional state and carrier required forms may be applicable to this account.

GENERAL TERMS:

- Overlying Carrier/Company Name required at binding
- Overlying Carrier dec. page required within 30 days from the effective date of coverage



- Signed Accord application required at binding
- All flood coverage is excluded including but not limited to flood during any windstorm event.

We thank you for your business.

Your Balance Partners, LLC Underwriting Team

Balance Partners, LLC



[Attaching to Binding Authority Reference: B1284UB211235A]

This evidences that insurance has been placed with Certain Underwriters at Lloyd's of London as set for below;

<u>Lloyd's Syndicate Name</u>	<u>Line Signed</u>
Channel Syndicate 2015	31.00%
Arcus Syndicate 1856	20.00%
W. R. Berkley Syndicate 1967	18.00%
Argo Managing Agency, Ltd. Syndicate 1200	10.50%
Agora Syndicate 3268	7.00%
S.A. Meacock & Company Limited 727	3.50%
<u>Lloyd's TOTAL Participation:</u>	<u>90.00%</u>

<u>Other Insurers</u>	<u>Line Signed</u>
Convex Insurance UK Ltd LIRMA C9800	10.00%
<u>Other Insurers TOTAL Participation:</u>	<u>10.00%</u>

POLICY TOTAL Participation: **100.00%**



Masha Austin
 CRC Insurance Services, Inc.
 10375 Richmond Avenue
 Suite 500
 Houston, TX 77042

July 27, 2021

Re: City of Texas City
 Insured ID Number 27021
 State of Risk Filing: Texas

Dear Masha,

The Quotation/Binder for the above stated Named Insured will be issued utilizing an Excess and Surplus Lines carrier/market. As the Producer of this account, you hereby confirm that you are a licensed insurance producer/broker/agent, in good standing and that you maintain valid, in force licenses, issued by the regulatory bodies responsible for insurance licensing in each State in which you conduct/transact insurance placement. Furthermore, you are solely responsible for compliance with all Surplus Lines rules and regulations including, but not limited to; licensing; collection and remittance of all applicable Surplus Lines Taxes and/or Fees; submission of policies or policy level information to the respective State Surplus Lines Stamping Office(s), and ensuring that the appropriate steps have been taken/procedures followed with regard to documenting authorized company declinations as required by State regulations.

As a result of the above, we kindly ask that you complete the information listed below (if not already completed) so that we can process the information timely and with expedience.

We ask that you kindly E-mail this document once completed and signed to SLForms@balanceuw.com or directly to your designated underwriter E-mail address.

Thank you in advance,

Your Balance Partners Admin Team

ENTITY NAME:	
NAME OF LICENSEE (INDIVIDUAL):	
ADDRESS:	
CITY/STATE/ZIP:	
LICENSE NUMBER:	
EXPIRATION DATE:	
RESIDENT / NON-RESIDENT LICENSE:	
WHEN STATE OF ISSUANCE IS NEW JERSEY, ENTER NJ SLA NUMBER:	

SIGNATURE OF FILING BROKER _____ DATE _____

Figure: 28 TAC §1.601(a)(2)(B)

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Lloyd's of London

To get information or file a complaint with your insurance company or HMO:

Call: Lloyd's of London at 44(0)20.7327.1000

Toll-free:

Online: www.lloyds.com

Email:

Mail: One Lime Street

London, 7HA EC3M

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Lloyd's of London

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Lloyd's of London al 44(0)20.7327.1000

Teléfono gratuito:

En Línea: www.lloyds.com

Correo electrónico:

Dirección postal: One Lime Street
London, 7HA EC3M

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

Texas Tax Information:

Guaranty Fund Nonparticipation Notice

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

Surplus Lines Agent: CRC Insurance Services, License #18530

Address: 1 Metroplex Drive, Suite 400, Birmingham, AL 35209