Two Memorial City Plaza 820 Gessner Suite 1700
Houston, TX 77024
Ph: 800-392-1604
www.rtspecialty.com

CONFIRMATION OF INSURANCE

We are pleased to confirm that coverage has been bound with the carrier shown below in accordance with terms, conditions, and limitations provided by the carrier for you and your insured to review. As the broker with the direct relationship with the Insured, it is your responsibility to carefully review with the Insured all of the terms, conditions, and limitations of this Confirmation of Insurance, and to specifically reconcile with the Insured any differences between those quoted and those you requested. RT Specialty expressly disclaims any responsibility for any failure on your part to review or reconcile any such differences with the Insured. This coverage may not be bound without a fully executed brokerage agreement.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurance Company Underwriters. Coverage cannot be affected, amended, extended or altered through the issuance of certificates of insurance.

QUOTE NUMBER:	26028385
DATE ISSUED:	August 3, 2026
PRODUCER:	The John A Barclay Agency Inc : Darva Isaacks
FROM:	RT Specialty / Lori Castillo
INSURED:	TEDA
PRIMARY RISK ADDRESS	107 Post Oak Branch Inez, TX 77968
MAILING ADDRESS:	P.O. Box 5202 Victoria, TX 77903
INSURER:	Scottsdale Insurance Company - Non-Admitted
POLICY NO:	EPS3100029
COVERAGE:	Professional Liability Full Program
SIC:	Professional Membership Organizations
DESCRIPTION:	Educators Association
POLICY PERIOD:	8/1/2026 to 8/1/2027
LIMITS OF LIABILITY:	Coverage A – Educators Professional Liability $1,000,000 Per Insured, Per Occurrence $3,000,000 Per Occurrence Coverage A – Additional Coverage: Punitive or Exemplary Damages $5,000 Each Claim Coverage B - Reimbursement of Attorney Fees Criminal Action or Proceeding $5,000 Per Claim, Per Insured Sexual Misconduct Action or Proceeding: $5,000 Per Claim, Per Insured

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Criminal or Sexual Misconduct Actions or Proceedings Annual Aggregate:
$10,000 Per Insured, All Claims
Professional Rights Action or Proceeding:
$5,000 Per Claim, Per Insured for *Specified Professional Rights and *Other Professional Rights
$1,000 Reimbursement Limit Without Regard to Final Judgement for *Other Professional Rights
*Specified Professional Rights includes claims involving dismissal, tenure, salary, leave of absence, assignment or resignation. Under this coverage, the $5,000 limit is available regardless of the outcome.
*Other Professional Rights includes claims that do not involve dismissal, tenure, salary, leave of absence, assignment or resignation. This coverage is subject to a $1,000 limit that can be paid without regard to the outcome.
Credential Action or Proceeding:
N/A Per Claim, Per Insured
$5,000 Reimbursement Limit Without Regard to Final Judgement
Civil Rights Violation Action or Proceeding:
$5,000 Per Claim, Per Insured
Coverage B Annual Aggregate, All Claims:
$1,000,000

Coverage C – Bail Bonds
$1,000 Per Bail Bond, Per Insured

Optional Coverages
Reimbursement of Attorney Fees for Identity Theft:
$10,000 Per Insured, Per Policy Period
Subject to Coverage B Annual Aggregate, All Claims
Reimbursement of Attorney Fees for Private Instruction
$5,000 Per Claim, Per Insured
$5,000 Annual Aggregate, Per Insured
Assault Related Personal Property Damage*
$2,500 Per Assault

PREMIUM:	$42,944.00
TAXES:	
Surplus Lines Tax	$2,082.78
Stamping Office Fee	$17.18
TOTAL:	$45,043.96

SUBJECTIVITIES:

1) Please complete the Agent Information section on page 3 of the submitted application and return in 15 days.

TERMS AND CONDITIONS:

Rate per Professional Member: $32.00

Rate per Student Teacher: $16.00

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Rating Base: 1,285 Professional Members and 114 Student Teachers

Quarterly Reporting - Elective Coverage

Payable in 2 installments of $14,315 and 1 installment of $14,314 (taxes & fees paid upfront with installment #1)

Minimum Earned Premium: 50% of total Deposit Premium = $21,472

ENDORSEMENTS / EXCLUSIONS:

UTS-COVPG (3-21) Cover Page
EPS-D-1 (4-26) Declarations
EPS-SP-1 (1-00) Schedule of Forms and Endorsements
EPS-P-1 (4-21) Policy Form
EPS-12 (1-23) Quarterly Audit-Elective Coverage
EPS-16 (4-21) Professional Activities of the Defined Insured
UTS-9g (6-22) Service of Suit Clause
EPS-13-TX (7-00) Notice of Settlement of Liability Claims-Texas
EPS-41-TX (7-15) Texas Amendatory Endorsement
EPS-9-TX (7-20) Reimbursement of Attorney Fees – Appraisal or Career Ladder Action or Proceeding ($5,000 per claim, per insured)
NOTS0065TX (9-23) Important Notice-Texas
NOTS0581TX (8-16) TX-Required Notice
UTS-3g-A (3-92) Professional Rights Endorsement
UTS-3g-B (3-92) Amendment of Exclusions
NOTX0178CW (3-16) Clam Reporting Information

ALL OTHER TERMS AND CONDITIONS APPLY PER FORM

IMPORTANT NOTE: The Home State of the Named Insured shall be determined in accordance with the provisions of the Nonadmitted and Reinsurance Act of 2010, 15. U.S.C §8201, *etc.* (“NRRA”), and the applicable law of the Home State governing cancellation or non-renewal of insurance shall apply to this Policy.

Taxes are provisional based on the insureds acceptance of TX as their home state.

State surcharges and/or fees charged by the Insurer may not be included herein and will be billed at a later date.