

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.

Bridgeway Insurance Company

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

Call: Bridgeway Insurance Company at (609) 243-4200

Toll-free:

Online: WWW.MUNICREAMERICA.COM

Email:

Mail: 555 College Road East

Princeton, NJ 08543

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.

Bridgeway Insurance Company

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

Llame a: Bridgeway Insurance Company al (609) 243-4200

Teléfono gratuito:

En Línea: WWW.MUNICREAMERICA.COM

Correo electrónico:

Dirección postal: 555 College Road East

Princeton, NJ 08543

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:

Risk Location: 2323 Ross Avenue Suite 1900 Dallas, TX 75201

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

Policy Premium:	\$65,000.00
TRIPRA Premium:	
TRIPRA Status:	
Broker Fee	\$350.00
Surplus Lines Tax:	\$3,169.48
Stamping Office Fee:	\$49.01
:	
:	
:	
:	
:	
:	
Grand Total:	\$68,568.49

SURPLUS LINES NOTICE – TEXAS

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

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company. 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. If you don't, you may lose your right to appeal.

BRIDGEWAY INSURANCE COMPANY

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

Call: William Lockwood at 1-609-243-4757

Toll-free: 1-800-305-4954

Email: wlockwood@munichre.com

Mail: 555 College Road East, Princeton, NJ 08543

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. 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. Si no lo hace, podría perder su derecho para apelar.

BRIDGEWAY INSURANCE COMPANY

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

Llame a: William Lockwood at 1-609-243-4757

Teléfono gratuito: 1-800-305-4954

Correo electrónico: wlockwood@munichre.com

Dirección postal: 555 College Road East, Princeton, NJ 08543

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

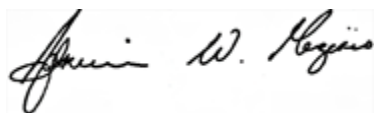
Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

SIGNATURE ENDORSEMENT

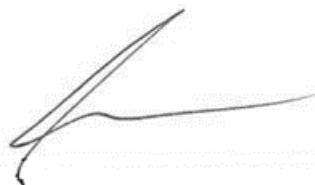
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

The Company has caused this policy to be signed by its President and Secretary, but this policy shall not be valid unless countersigned by an authorized representative of the Company, where required.

BRIDGEWAY INSURANCE COMPANY



Adrienne Mageras,
President and Chief Executive Officer



Ignacio Rivera,
Deputy General Counsel and
Assistant Secretary

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE TO POLICYHOLDER – LOSS REPORTING PROCEDURES

Welcome to Bridgeway Insurance Company. The following outlines our loss-reporting procedures. In the event of a loss or potential loss, please immediately complete and forward a First Notice of Loss on an ACORD Loss Form. If you do not use the ACORD Loss Form, please provide the following information:

- Your Name and Contact Information (including e-mail address)
- Name of Insured/Policy Holder and/or Policy Number
- Contact Details of Insured Representative and Preferred Method of Contact
- Date of Loss
- Location of Loss
- Brief Summary of the Loss
- Contact Name(s) and e-Mail Address(es) for New Loss Acknowledgement Letter

Please remit the above referenced information by one of the following methods:

By email:	clmsins@munichre.com
By Phone:	(866) 311-9636
By Mail:	555 College Road East Princeton, NJ 08543

**THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.**

This Policy is subject to the following:

SERVICE OF PROCESS ENDORSEMENT

This endorsement specifies that:

We designate the Superintendent of Insurance, Insurance Commissioner, Director of Insurance, or other officer specified by law, pursuant to the laws of the State where this policy is delivered, as our true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted in the State in which this policy is delivered, by, or on behalf of, the Named Insured or any beneficiary hereunder arising out of this Policy. We designate the General Counsel of BRIDGEWAY INSURANCE COMPANY, 555 College Road East, Princeton, New Jersey 08543 as the person to whom the said officer is authorized to mail such process or true copy thereof.

All other terms and conditions remain unchanged.

BRIDGEWAY INSURANCE COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THIS POLICY, THE INSURER AGREES WITH THE INSURED TO PROVIDE THE INSURANCE STATED IN THIS POLICY. THIS POLICY IS A CLAIMS MADE POLICY AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENT AMOUNTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS. PLEASE READ THIS POLICY CAREFULLY.

Follow Form Excess Liability
DECLARATIONS

Policy No. 7GA7PX0001061-00 Renewal of Number: N/A
Policy Issue Date: 6/23/2023

Item 1. Named Insured and Mailing Address: Broker Of Record
Name and Mailing Address:
Bell Nunnally & Martin, LLP dba Bell CRC Insurance Services, Inc. Dallas
Nunnally
2323 Ross Ave Ste 1900
Dallas, TX 75201-2721 13737 Noel Rd.
10th Floor
Dallas, TX 75240

Item 2. Policy Period:
From: 06/01/2023 to 06/01/2024 at 12:01 AM Local Standard Time at the mailing address
shown above.

Item 3. Premium: \$ 65,000

Item 4. Limits of Liability:
a. Per Loss Limit \$ 5,000,000
b. **Policy Period** Aggregate Limit \$ 5,000,000

Item 5. Prior Acts Date: Full Prior Acts

Item 6. a. Followed Policy:

<u>Insurer</u>	<u>Policy Number</u>	<u>Policy Period</u>	<u>Limits</u>
Admiral Insurance Company	PLP-2026857-P2	6/1/2023 to 6/1/2024	\$5,000,000

b. Underlying Policies: See: Schedule of Underlying Insurance

Item 7. Forms and Endorsements: See: Schedule of Forms and Endorsements

THESE DECLARATIONS, THE ATTACHED SCHEDULE OF UNDERLYING INSURANCE, TOGETHER WITH THE ATTACHED SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS THE INSURER MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

Summary of Charges

Premium	\$65,000.00
CRC Broker Fee	\$350.00
TX Surplus Lines Tax	\$3,169.48
TX Stamping Office Fee	\$49.01
Total	\$68,568.49
ZIP CODE 75201	

SCHEDULE OF UNDERLYING INSURANCEFOLLOW FORM EXCESS LIABILITY

Schedule of Underlying Insurance

Effective date of
this Schedule: 06/01/2023

Issue date: 6/23/2023

Issued To: Bell Nunnally & Martin, LLP dba Bell Nunnally

Underlying Policies	Policy Number	Policy Period	Limits of Liability	Retroactive Date
Admiral Insurance Company (Followed Policy)	PLP-2026857-P2	06/01/2023 - 06/01/2024	\$5,000,000	Full Prior Acts
Associated Industries Insurance Company, Inc	AES1223468-00	06/01/2023 - 06/01/2024	\$5,000,000	Full Prior Acts

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**SCHEDULE OF FORMS AND ENDORSEMENTS**

Form Number	Form Name
TXSLNOTICE	SURPLUS LINES NOTICE - TEXAS
VLTX011219	TEXAS IMPORTANT NOTICE
VLCW010121	SIGNATURE ENDORSEMENT
VLNES0010121	NOTICE TO POLICYHOLDER - LOSS REPORTING PROCEDURES
SLSOP0121	SERVICE OF PROCESS ENDORSEMENT
PSXSDS040123	FOLLOW FORM EXCESS LIABILITY DECLARATIONS
PSXS01010222	SCHEDULE OF UNDERLYING INSURANCE
PSXS01020720	SCHEDULE OF FORMS AND ENDORSEMENTS
PSXS00010720	FOLLOW FORM EXCESS LIABILITY POLICY
VLES21010322	VIOLATION OF ECONOMIC OR TRADE SANCTIONS

FOLLOW FORM EXCESS LIABILITY POLICY

Words defined in the **Followed Policy** have the same meaning in this Policy. Words in boldface in this policy (other than titles or headings) have the meaning given in **Section IV – Definitions**.

In consideration of the payment of the premium and in reliance upon the application (including any representations made in such application) for this Policy and all other information provided to the **Insurer**, the **Named Insured** and the **Insurer** agree to provide the insurance as stated in this Policy.

SECTION I – INSURING AGREEMENT

The **Insurer** will pay for Loss in accordance with the insuring agreements, definitions, terms, conditions and limitations contained in the **Followed Policy** except for the premium, limit of liability, Pending or Prior Litigation Date, and **Policy Period** provisions, and subject to any limitations in this policy and any limitations in any **Underlying Policy**. In no event will this Policy provide broader coverage than is provided by any **Underlying Policy**.

SECTION II – LIMIT OF LIABILITY

- A. The **Insurer** will pay covered Loss in excess of the full amount of:
1. The applicable aggregate and/or per Loss limits of liability; and
 2. Any applicable retention or deductible,
- of the **Underlying Policy**, up to the Aggregate Limit of Liability shown in Item 4. of the Declarations.
- B. Liability for such covered Loss will attach to the **Insurer** only after the **Underlying Limits of Liability** have been exhausted by payment of Loss by or on behalf of:
1. The Insurer(s) of the **Underlying Policy(ies)**;
 2. The **Named Insureds**, for payment by any source; or
 3. An Excess DIC insurer.
- C. If the Aggregate Limit of Liability shown in Item 4.b. of the Declarations is exhausted by the payment of Loss, all obligations of the **Insurer** under this Policy will be completely fulfilled. The **Insurer** will have no further obligations under this Policy of any kind, and the premium as respects the Policy will be fully earned.

SECTION III – CONDITIONS

- A. The **Insured** will maintain **Underlying Policies** in full effect during the **Policy Period**, with:
1. Retentions or deductibles;
 2. Participation or coinsurance; and
 3. Limits of liability, subject to reduction or exhaustion as a result of loss payments,
- as shown in Item 6. of the Declarations.
- B. The **Insurer** has issued this Policy in reliance upon the information provided by the **Followed Policy**. If there is a change to the **Followed Policy** that broadens or expands coverage, this Policy will become subject to such change only if agreed to in writing by the **Insurer**. Any change in or modification to **Underlying Insurance** or this Policy, or assignment of interest under this Policy, must be agreed to in writing by the **Insurer**. In no event will any such change, modification or assignment affect this Policy's excess position or attachment point.
- C. If coverage under the **Underlying Policy** is subject to a sub-limit, this Policy will not provide coverage in excess of the **Underlying Policy** sublimit. However, payment of such sub-limit under the **Underlying Policy** will be deemed to have reduced the **Underlying Policy's** limits and **Underlying Limit of Liability** shown in the Declarations of this Policy by the amount of such payment of covered Loss. Sub-limit means any amount less than the **Underlying Policy's** aggregate and per Loss limits that would otherwise be applicable.
- D. If the **Underlying Limits of Liability** are:
1. Reduced, this Policy will continue in force as excess insurance for the remaining amount of the **Underlying Limits of Liability**; or
 2. Exhausted, this Policy will continue in force as primary insurance, subject to any applicable retention or deductible.

- E. In the event that:
1. One or more of the insurers of an **Underlying Policy** fails to pay a loss in connection with a covered claim as the result of insolvency, bankruptcy, or liquidation of the insurer of any **Underlying Policy**; or
 2. Any portion of the **Underlying Limits of Liability** is uncollectible,
- then the **Insured** will be deemed self-insured for that portion of such insurer's limit of liability which is unpaid or uncollectible.
- F. Any notices to the **Insurer** shall be provided at the address shown in the Loss Reporting Procedures attached to this Policy. All applicable notice provisions of the **Followed Policy** will apply with respect to this Policy.
- G. The **Insurer** has the right, but not the obligation, at its sole discretion, to participate in the defense and settlement of any claim in which it is reasonably likely to be involved, even if the **Underlying Limits of Liability** have not been exhausted. The **Named Insured** agrees to cooperate with the **Insurer** and to do nothing that may prejudice the **Insurer's** position or its potential or actual rights of recovery.
- H. If the **Insured(s)** purchases an Extended Reporting Period in association with the **Followed Policy**, then the **Insured** may also purchase an Extended Reporting Period for this Policy. The premium for such Extended Reporting Period will be the same percentage of this Policy's annual premium as the percentage stated for purchasing the Extended Reporting Period in the **Followed Policy**.

SECTION IV – DEFINITIONS

- A. **Followed Policy** means the Policy shown in Item 6. of the Declarations and any policy issued to replace or renew such policy.
- B. **Insured** means any person or organization insured under the **Underlying Policy**.
- C. **Insurer** means the Company providing this insurance and named on the Declarations .
- D. **Named Insured** means the entity shown in Item 1. of the Declarations.
- E. **Policy Period** means the period of time shown in Item 2. of the Declarations.
- F. **Underlying Limits of Liability** means the combined limits of liability of the **Underlying Policies**.
- G. **Underlying Policy** means the **Followed Policy** and all policy(ies) shown in Item 6. of the Declarations and any policy issued to replace or renew such policies.

**THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.**

VIOLATION OF ECONOMIC OR TRADE SANCTIONS

We (the Insurer or the Company) shall not provide any coverage, pay any claim, or provide any benefit under this Policy, to the extent that the provision of such coverage, payment of such claim, or provision of such benefit is a violation of any sanction, prohibition or restriction under United Nations Resolutions or applicable trade or economic sanctions, embargo, laws or regulations, including but not limited to, those administered and enforced by the United States Treasury Department's Office of Foreign Assets Control (OFAC), the European Union or the United Kingdom.

All other terms and conditions remain unchanged.