

Quote Letter <



Insured: HTeaO FC, LLC

Policy Period: November 10, 2024 to November 10, 2025

Insurer: Berkley Regional Insurance Company Quotation Expiration Date: November 10, 2024

Client ID: 1067765

Thank you for considering Berkley Management Protection for your client's insurance needs. I am pleased to provide you with a quotation for Trellis Management Liability Portfolio for HTeaO FC, LLC.

Berkley Management Protection is a member company of W. R. Berkley Corporation whose insurance company subsidiaries are rated A+ (Superior) by A.M. Best Company. Coverage for any risks underwritten by Berkley Management Protection on behalf of Berkley Regional Insurance Company can only be bound by authorized employees of Berkley Management Protection.

This quotation expires November 10, 2024. If between the date of this quotation and the effective date of the policy there is a significant adverse change in the condition of the applicant or an occurrence of an event which could substantially change our evaluation of the application, then at Berkley Management Protection's option, this quotation may be withdrawn by written notice to the proposed insured.

In the event of any conflict or ambiguity between the proposed policy and any other statements made concerning this coverage, the proposed policy shall control. If the Insured elects the proposed coverage, the premium due from the Insured must be remitted to Berkley Management Protection by the invoice due date. The commission payable to your firm is disclosed on the attached quotation.

If you have any questions concerning the proposed coverage or any of our other products or coverages, please call me. Thank you again for considering Berkley Management Protection for your client's management liability insurance needs.

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QUOTATION FOR TRELLIS MANAGEMENT LIABILITY PORTFOLIO

Subject to the terms and conditions contained herein, Berkley Management Protection, on behalf of Berkley Regional Insurance Company, provides a quotation as follows:

Insured: HTeaO FC, LLC

1322 Ranchers Legacy Trail Fort Worth, TX 76126 Insured Address:

Policy Period: November 10, 2024 to November 10, 2025

Insurer: Berkley Regional Insurance Company

Quotation Expiration Date: November 10, 2024

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Quote Number: 100956

Total Policy Premium: \$13,859

This Quotation may be subject to premium surcharges and local government premium taxes, which are in addition to the stated premium.

Aggregate Limit of Liability for all Quoted Section 1 Coverage Parts: \$2,000,000

The Section 1 Coverage Parts quoted include coverage as shown below. All Limits and Sublimits apply to each Policy Period.

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MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART								
Coverage Selected	INSURING CLAUSES	AGGREGATE LIMIT OF LIABILITY	SUBLIMIT	RETENTION	SHARED LIMIT	DUTY TO DEFEND		
×	E. MISCELLANEOUS PROFESSIONAL LIABILITY	\$2,000,000		\$15,000		Duty ⊠		
	Pending or Prior Date: To Be Determined					Non-Duty □		
	Professional Services Retroactive Date: 07/23/2022							
	Professional Services: Franchise Management or Services							
	A. Miscellaneous Professional Liability Coverage							
	B. Disciplinary and Licensing Proceedings Response		\$75,000					

Policy Forms					
Form Number	Title				
GTC-110001- 0323	General Terms and Conditions				
MPL-110001 0323	MPL Coverage Part				

Endorsements					
Endorsement	Form Number	Title			
1	GTC-11500- 0321	Policyholder Disclosure Notice of Terrorism Insurance Coverage			
2	GTC-11501- 0321	Policyholder Notice US Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice			
3	GTC-120001 0323	Biometric Information Exclusion			
4	GTC-125001- 0323-TX	Texas Amendatory Endorsement			
5	GTC-125010- 0323	Texas Policyholder Notice			
6	MPL-120015 0323	Franchisors Coverage Endorsement			
7	MPL-120056 0323	Amend Definition of Insured Co-Defendant			

Please note that the title for each Endorsement listed in this quotation does not describe the scope or intent of such endorsement. Please read each endorsement carefully.

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This quotation is subject to the following contingencies:

If not already provided, please provide a signed and currently dated application. The application must be signed and currently dated by the Chief Executive Officer, Chief Financial Officer or General Counsel (or the functional equivalent) of the applicant.

PAYMENT OPTIONS: Direct Bill and Annual Pay

Section XII (APPLICANT REPRESENTATION) is required for newly purchased coverage or limits increased from expiring coverage.

The above quotation is expressly contingent upon receipt, review and acceptance of these contingencies. Berkley Management Protection must receive all of the information identified above, on or before the Quotation Expiration Date shown above. If all of these items are not received and approved by Berkley Management Protection on or before the Quotation Expiration Date shown above, this Quotation will expire automatically expire without further notice or action. Berkley Management Protection reserves the right to modify the final policy terms and conditions upon the review of any of the information received.

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