CRC GROUP

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

La Vernia Insurance Agency Inc.
P.O. Box 159
La Vernia, TX 78121

Re: Uvalde CISD, Ref# 15127552-A
Proposed Effective 9/1/2026 to 9/1/2027

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

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

Premium:	**$26,000.00**
Policy Fee	**$500.00**
MGA Fee	**$400.00**
Surplus Lines Tax	**$1,304.65**
Stamping Office Fee	**$10.76**
Grand Total:	**$28,215.41**

Commission: 10%

Broker Fees & Policy Fees are Fully Earned at Binding

Texas Tax Filings are the responsibility of: ( ) Your Agency (X) CRC
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, LLC 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.

Sincerely,

Team Purdy
15127552

Balance Partners, LLC
PO Box 2550
Huntington, NY 11743

Kayla Oldham
CRC Insurance Services, Inc.-Houston
10375 Richmond Avenue
Suite 500
Houston, TX 77042

We are pleased to offer the following quote. The issuing entities providing the coverage quoted herein are **Certain Underwriters at Lloyd's of London**. The limits, coverages, terms and conditions of this quote may vary from the specifications submitted for our consideration and the specifications of your expiring policy. Please read this quote carefully, as any terms and conditions that are not specifically mentioned below are not included.

This quote 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 quote. If there is a material change to the data or information provided in the submission between the date of this quote and the date of binding, you are required to notify us of such change, and upon such notification we reserve the right to void the quote or change the limits, coverages, terms and conditions.

This quote is valid for **30** days, unless otherwise stated in the General Terms below.

New WDBB – Inland and Coastal Quotation

NAMED INSURED:	Uvalde ISD
ISSUING ENTITIES:	Certain Underwriters at Lloyd's of London
COVERING:	Buildings, Contents & Misc. Property
INSURED PERILS:	All Wind and Hail
POLICY PERIOD:	**EFFECTIVE DATE:** 9/1/2026 **EXPIRATION DATE:** 9/1/2027
POLICY LIMIT:	$400,000 Per Occurrence
TIV:	$246,103,004
SUB LIMITS:	
RETENTION:	Wind/Hail Deductible: 2% of TIV, Min $100,000 Per Occ
CO-INSURANCE:	NIL, **VALUATION:** RC,
RATE APPLIED:	6.50%
POLICY FORM	As per Forms List below
WARRANTIES:	
CONDITIONS:	Overlying Wind/Hail Deductible: 2% of TIV, Min $500,000 Per Occ Subject to 3 years, currently valued loss runs confirming NO wind losses at binding
ADDITIONAL TERMS	The Home State of the Named Insured shall be determined in accordance with the provisions of the Nonadmitted and Reinsurance Reform Act of 2010 ("NRRA"), 15. U.S.C. §8201, et seq. The applicable laws and regulations of the Home State as pertains to payment of premium tax, cancellation and/or non-renewal of insurance shall apply accordingly.

Balance Partners, LLC
PO Box 2550
Huntington, NY 11743

ECONOMIC TERMS:

POLICY PREMIUM: $26,000.00

FEES: MGA Administration Fee $400.00

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:

Texas Complaints Notice (Surplus Lines) LMA 9080E

Lloyd's Certificate SLC-3 NMA2868A

Aegis Deductible Buy-Back Insurance – Stevens 22 AEGIS Deductible Buy Down (US) - (02/2022)

Location Schedule BP WD 04 10 20

Schedule of Forms & Endorsements BP WD Form Sched

Applicable Law (U.S.A.) LMA5021A

Conformity Clause BP WD 08 03 25

Debris Removal Endorsement NMA2343

Fraudulent Claims Clause LMA 5062

Microorganism Exclusion (Absolute) LMA5018

Seepage and/or Pollution and/or Contamination Exclusion NMA2342

Service of Suit Clause (U.S.A.) LMA5020a

Several Liability Notice LSW 1001

U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause LMA 5390

Texas Surplus Lines Notice LMA 9079

Participation Schedule BP WD 06 02 25

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 Policy required within 45 days from the effective date of coverage
- Signed Accord application required at binding
- This Quote is automatically withdrawn whenever a Named Storm is within 250 miles of the coastline of

the Continental United States of America, its Territories and/or Possessions.

- All flood coverage is excluded including but not limited to flood during any windstorm event.
- Our policy term must coincide with overlying policy term. Our policy will expire when the overlying policy expires.

We thank you for the opportunity to submit our quote for your consideration.

Your Balance Partners, LLC Underwriting Team

Balance Partners, LLC

BALANCE PARTNERS

Kayla Oldham
CRC Insurance Services, Inc.-Houston
10375 Richmond Avenue
Suite 500
Houston, TX 77042

July 22, 2026

Re: Uvalde ISD
Insured ID Number 379000
State of Risk Filing: Texas

Dear Kayla,

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 _____