

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.

General Star Indemnity Company

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

Call: General Star Indemnity Company at (203) 328-5700

Toll-free:

Online: www.generalstar.com

Email:

Mail: PO Box 10354

Stamford, CT 06904-2354

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.

General Star Indemnity Company

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

Llame a: General Star Indemnity Company al (203)328-5700

Teléfono gratuito:

En Línea: www.generalstar.com

Correo electrónico:

Dirección postal: PO Box 10354

Stamford, CT 06904-2354

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: 801 Luther St West College Station, TX 77840

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



BINDING ACKNOWLEDGEMENT

Broker: CRC -- Houston
Attention: Thompson Brown
Named Insured: FOX RUN CONDOMINIUM ASSOCIATION
Locations: 801 Luther Street West, COLLEGE STATION, TX 77840 per schedule on file with Company
Policy Term: 9/1/2023 - 9/1/2024
Application ID: 2667286

Company:

Causes of Loss: Special
Excluding: Flood, Earthquake, EQSL
Forms: ISO and General Star Forms

Limit of Insurance: \$11,135,260 per occurrence excess of \$10,000,000 per occurrence

Sublimits:
Valuation: RCV (Building Only) ACV NIL Coinsurance

Coverage Provided		Declared Values	
<input checked="" type="checkbox"/>	Building	\$21,132,760	Scheduled
<input checked="" type="checkbox"/>	Business Personal Property	\$2,500	Scheduled
<input type="checkbox"/>	Business Income with Extra Expense including Rental Value	\$0	Scheduled
Total Declared Values		\$21,135,260	

Deductibles: per underlying subject to minimum 2% per building wind/hail deductible

Premium \$61,000 excluding TRIA (see below)

Inspection Fee NIL

Minimum Earned at Inception: 35%*

Our quote is subject to the following conditions:

<input checked="" type="checkbox"/>	Service of Suit Clause per form IL 05 0001
<input checked="" type="checkbox"/>	Asbestos and Toxic Materials Exclusion per form 02 XP 713
<input checked="" type="checkbox"/>	Absolute Pollution Exclusion per form 02 XP 712
<input checked="" type="checkbox"/>	Minimum Earned Endorsement 02 XP 714
<input checked="" type="checkbox"/>	Fungus Clean Up and Removal Limitation per form 02 XP 707
<input checked="" type="checkbox"/>	Occurrence Limit of Insurance Endorsement per form 02 XP 710
<input checked="" type="checkbox"/>	EDP is covered as BPP
<input checked="" type="checkbox"/>	Underlying Policy Info, including Carriers, Policy Numbers, Policy Layers and Deductibles required at time of binding
<input checked="" type="checkbox"/>	Thirty (30) days notice of cancellation (45 days in Florida), Ten (10) days for non-payment of premium
<input checked="" type="checkbox"/>	Exterior Insulation and Finishing Systems Exclusion of Wind, Hail and Water Damage per form 02 XP 673
<input checked="" type="checkbox"/>	Catastrophic Cause of Loss Per Occurrence Endorsement per form 02 XP 709
<input checked="" type="checkbox"/>	Cyber Incident Exclusion XP 21 0007
<input checked="" type="checkbox"/>	Biological or Chemical Materials Exclusion Endorsement XP 21 0001
<input checked="" type="checkbox"/>	Amendment of the Nuclear Hazard Exclusion Endorsement XP 21 0002

X	Exclusion of Loss Due to Virus, Bacteria, Parasite or Other Organism XP 21 0005
X	Non-concurrence -- only perils we insure will affect our aggregates and erode our point of attachment
X	Computer Virus and Unauthorized Intrusion Exclusion 02 XP 704
X	Additional Policy Conditions – Trade Sanctions and Specially Designated Nationals (OFAC) IL 11 0001
X	Cyber Incident Exclusion per form CP 10 75
X	XP 21 0003 01 20 – TERRORISM WITH EXCLUSION ENDORSEMENT

Comments:

Special Conditions: * See attached TRIA notice

NOTE: THIS BINDER IS BEING OFFERED IN RELIANCE ON THE INFORMATION SUBMITTED TO US BY THE APPLICANT. BY ACCEPTING THIS BINDER, THE APPLICANT WARRANTS THAT THE INFORMATION IS TRUE AND COMPLETE AND THAT NO MATERIAL FACTS HAVE BEEN MISREPRESENTED, OMITTED OR SUPPRESSED.

REGARDLESS OF THE TERMS AND CONDITIONS REQUESTED, THIS COMPANY IS AGREEING TO PROVIDE THE TERMS AND CONDITIONS PRESENTED ABOVE. PREMIUM DOES NOT INCLUDE SURPLUS LINES TAX, FEES, OR CHARGES. YOU WILL BE RESPONSIBLE FOR ANY AND ALL FILINGS. PLEASE CALL IF YOU NEED CLARIFICATION OF THE ABOVE.

IF YOU HAVE NOT ALREADY DONE SO, PLEASE COMPLETE AND SIGN THE ATTACHED TERRORISM RISK INSURANCE ACT POLICYHOLDER NOTICE OF TERRORISM INSURANCE COVERAGE FORM AND IMMEDIATELY RETURN IT TO US.

THIS BINDER PROVIDES TEMPORARY EVIDENCE OF INSURANCE UNTIL A FORMAL POLICY CAN BE

**BINDER
Bound by:**

We are considered bound effective 9/1/23 to 9/1/24.

We have assigned Policy Number: IPG971207A

Premium: \$61,000 w/o TRIA

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Date:

APP ID: 2667286

Insured Name: FOX RUN CONDOMINIUM ASSOCIATION

TRIA PREMIUM AMOUNT: REJECTED (plus applicable premium tax)

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of *the Act*: *The term 'act of terrorism'* means any act or acts that are certified by the Secretary of the Treasury -- in consultation with the Secretary of Homeland Security, and the Attorney General of the United States -- to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES [85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020] OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Indicate your election to purchase or not purchase terrorism insurance coverage by placing an "X" in the box provided. Then sign, date and immediately return the form to us.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase certified acts of terrorism coverage for a prospective premium of \$REJECTED.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder / Applicant's Signature

FOX RUN CONDOMINIUM ASSOCIATION

Named Insured

General Star Indemnity Company

Insurance Company

2667286

App ID

Date