

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

(A Capital Stock Company)

1271 AVE OF THE AMERICAS FL 37

NEW YORK, N.Y. 10020

## CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY THAT COVERAGE IS PROVIDED TO THE MEMBER OF THE ASSOCIATION OF TEXAS PROFESSIONAL EDUCATORS NAMED ON THE REVERSE SIDE UNDER THE POLICY TERMS, CONDITIONS AND EXCLUSIONS OF THE BELOW NAMED POLICY. POLICY DESCRIBED IS SUBJECT TO ALL TERMS, EXCLUSIONS, LIMITATIONS AND CONDITIONS OF SUCH POLICY.

|                      |                                                                                                                 |              |                                                                                                                   |
|----------------------|-----------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------|
| NAMED INSURED:       | ASSOCIATION OF TEXAS PROFESSIONAL EDUCATORS<br>305 E. HUNTLAND DRIVE, SUITE 300<br>AUSTIN, TEXAS 78752-3792     |              |                                                                                                                   |
| TYPE OF INSURANCE:   | EDUCATORS PROFESSIONAL LIABILITY INSURANCE                                                                      |              |                                                                                                                   |
| POLICY NUMBER:       | 05-417-73-35                                                                                                    |              |                                                                                                                   |
| POLICY PERIOD:       | FROM: <u>August 1, 2026</u> TO: <u>AUGUST 1, 2027</u><br>(12:01 A.M. STANDARD TIME AT THE ADDRESS STATED ABOVE) |              |                                                                                                                   |
| LIMITS OF LIABILITY: | Aggregate                                                                                                       | \$25,000,000 |                                                                                                                   |
|                      | Coverage A                                                                                                      | \$ 8,000,000 | per Insured per occurrence subject to                                                                             |
|                      |                                                                                                                 | \$ 2,000,000 | per Insured per occurrence for civil rights claims                                                                |
|                      |                                                                                                                 | \$ 8,000,000 | aggregate per Insured                                                                                             |
|                      |                                                                                                                 | \$5,000,000  | policy sublimit for BI/PD claims subject to                                                                       |
|                      |                                                                                                                 | \$500,000    | aggregate per insured                                                                                             |
|                      | Coverage B                                                                                                      | \$ 10,000    | per claim per Insured under B(1a)                                                                                 |
|                      |                                                                                                                 | \$ 20,000    | aggregate per Insured under B(1a)                                                                                 |
|                      |                                                                                                                 | \$ 10,000    | per claim and aggregate per Insured under B(1b)                                                                   |
|                      |                                                                                                                 | \$ 5,000     | per claim per Insured under B(1c)                                                                                 |
|                      |                                                                                                                 | \$ 10,000    | aggregate per Insured under B(1c)                                                                                 |
|                      |                                                                                                                 | \$ 15,000    | per claim and aggregate per Insured under B(2)                                                                    |
|                      |                                                                                                                 | \$ 200,000   | aggregate for any class action suit subject to the limit<br>per claim and aggregate limit per Insured under B(1a) |
|                      | Coverage C                                                                                                      | \$ 5,000     | per Bail Bond per Insured                                                                                         |
|                      | Coverage D                                                                                                      | \$ 2,500     | per claim per Insured                                                                                             |
|                      | Coverage E                                                                                                      | \$ 2,500     | per claim per Insured subject to:                                                                                 |
|                      |                                                                                                                 | \$ 2,500     | aggregate per Insured                                                                                             |

THIS POLICY MAY BE CANCELLED BY THE COMPANY ONLY FOR NON-PAYMENT OF PREMIUM. THE MAILING OF NOTICE AS DESCRIBED IN THE MASTER POLICY SHALL BE SUFFICIENT PROOF OF NOTICE.



AUTHORIZED REPRESENTATIVE