

**POWER OF ATTORNEY of INSURORS INDEMNITY COMPANY
Waco, Texas**

KNOW ALL PERSONS BY THESE PRESENTS:

Number: [REDACTED]

That INSURORS INDEMNITY COMPANY, Waco, Texas, organized and existing under the laws of the State of Texas, and authorized and licensed to do business in the State of Texas and the United States of America, does hereby make, constitute and appoint

Kaydey Brewster of the City of Richmond, State of Texas

as Attorney in Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge, and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of document, to -wit:

Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; Indemnity in all cases where indemnity may be lawfully given and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company.

INSURORS INDEMNITY COMPANY

Attest: *Tammy Tieperman*
Tammy Tieperman, Secretary

By: *Dave E. Talbert*
Dave E. Talbert, President

State of Texas
County of McLennan

On the 11th day of November, 2014, before me a Notary Public in the State of Texas, personally appeared Dave E. Talbert and Tammy Tieperman, who being by me duly sworn, acknowledged that they executed the above Power of Attorney in their capacities as President, and Corporate Secretary, respectively, of Insurors Indemnity Company, and acknowledged said Power of Attorney to be the voluntary act and deed of the Company.

Cheyenne Wasden
Notary Public, State of Texas



Insurors Indemnity Company certifies that this Power of Attorney is granted under and by authority of the following resolutions of the Company adopted by the Board of Directors on November 11, 2014:

RESOLVED, that all bonds, undertakings, contracts or other obligations may be executed in the name of the Company by persons appointed as Attorney in Fact pursuant to a Power of Attorney issued in accordance with these Resolutions. Said Power of Attorney shall be executed in the name and on behalf of the Company either by the Chairman and CEO or the President, under their respective designation. The signature of such officer and the seal of the Company may be affixed by facsimile to any Power of Attorney, and, unless subsequently revoked and subject to any limitation set forth therein, any such Power of Attorney or certificate bearing such facsimile signature and seal shall be valid and binding upon the Company and any such power so executed and certified by facsimile signature and seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is validly attached.

RESOLVED, that Attorneys in Fact shall have the power and authority, subject to the terms and limitations of the Power of Attorney issued to them, to execute and deliver on behalf of the Company and to attach the seal of the Company to any and all bonds and undertakings, and any such instrument executed by such Attorneys in Fact shall be binding upon the Company as if signed by an Executive Officer and sealed and attested to by the Secretary or Assistant Secretary of the Company.

I, Tammy Tieperman, Secretary of Insurors Indemnity Company, do hereby certify that the foregoing is a true excerpt from the Resolutions of the said Company as adopted by its Board of Directors on November 11, 2014, and that this Resolution is in full force and effect. I certify that the foregoing Power of Attorney is in full force and effect and has not been revoked.

In Witness Whereof, I have set my hand and the seal of INSURORS INDEMNITY COMPANY on this 02nd day of January 2025

Tammy Tieperman
Tammy Tieperman, Secretary

NOTE: IF YOU HAVE ANY QUESTION REGARDING THE VALIDITY OR WORDING OF THIS POWER OF ATTORNEY, PLEASE CALL 800 933 7444 OR WRITE TO US AT P. O. BOX 32577, WACO, TEXAS 76703 OR EMAIL US AT BONDDEPT@INSURORSINDEMNITY.COM.



Phone: 877 816 2800

PO Box 32577
Waco, Texas 76703-4200

IMPORTANT NOTICE - AVISO IMPORTANTE

To obtain information or make a complaint:

You may call Insurors Indemnity Company's toll-free telephone number for information or to make a complaint at:

1-877-816-2800

You may also write to Insurors Indemnity Company at:

P.O. Box 32577
Waco, TX 76703-4200
Or
225 South Fifth Street
Waco, TX 76701

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance at:

Consumer Protection (111-1A)
P.O. Box 149091
Austin, TX 78714-9091
Fax: 512-490-1007

Web: <http://www.tdi.texas.gov>

E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Insurors Indemnity Company's para informacion o para someter una queja al

1-877-816-2800

Usted tambien puede escribir a Insurors Indemnity Company:

P.O. Box 32577
Waco, TX 76703-4200
O
225 South Fifth Street
Waco, TX 76701

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

Consumer Protection (111-1A)
P.O. Box 149091
Austin, TX 78714-9091
Fax: 512-490-1007

Web: <http://www.tdi.texas.gov>

E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concemiente a su prima o a un reclamo, debe comunicarse con el agente o la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

INSURORS INDEMNITY COMPANY

GENERAL INDEMNITY AGREEMENT

THIS AGREEMENT is made by the undersigned Applicant(s), Principal(s) and Indemnitor(s), collectively referred to as "Undersigned," for the continuing benefit of Insurors Indemnity Company ("Surety") in connection with any Bond executed on behalf of any Indemnitor, Applicant or Principal. The Undersigned hereby certify the truth of all statements in the application, authorize the Surety to verify this information and obtain additional information from any source, including obtaining a credit report for any legitimate purpose as determined by Surety.

The Undersigned jointly and severally agree:

1. To pay the usual premiums, including renewal premiums, in accordance with Surety's rates in effect when each payment is due; and
2. **INDEMNITY:** To defend, completely **INDEMNIFY AND HOLD HARMLESS** Surety from and against any liability, loss, cost, interest, attorney's fees and expenses whatsoever which Surety shall at any time sustain as Surety or by reason of having been surety on any bond issued for Undersigned, or for the enforcement of this agreement, or in obtaining a release or evidence of termination undersuch bonds; and
3. To furnish Surety with satisfactory and conclusive termination evidence that there is no further liability on this bond or any other bond issued for Undersigned; and
4. Upon demand by Surety for any reason, to deposit current funds with Surety in an amount equal to the reserves posted by Surety and/or any loss or expense paid by Surety. Surety shall have the right to defense and indemnity regardless of whether Surety has made any payment under any Bond; and
5. That Surety shall have the right to pay, settle, compromise, defend, prosecute or appeal any claim, in its sole discretion. An itemized statement of loss and expense incurred by Surety, sworn to by an officer of Surety, shall be prima facie evidence of the fact and extent of the liability of Undersigned to Surety; and
6. That Surety may decline to issue any bond and may cancel or amend any bond without cause and without any liability which might arise there from; and
7. That Surety shall, without notice, have the right to alter the penalty, terms and conditions of any bond issued for Undersigned, and this agreement shall apply to any such altered bond; and
8. That if a contract or performance bond is issued hereunder, Undersigned hereby assign to Surety any monies now due or hereafter becoming due under the contract; and
9. At Surety's discretion, this General Indemnity Agreement shall be governed in all respects by the laws of the State of Texas and Undersigned hereby consent venue and personal jurisdiction in McLennan County, Texas, in all actions and proceedings arising from or relating to this Agreement; and
10. That this Agreement may be canceled as to subsequent liability by an Undersigned upon written notice to Surety at P.O. Box 32577, Waco, Texas, 76703, effective ten (10) days after the earliest date thereafter upon which Surety could have cancelled all bonds in force for Undersigned; and
11. If the execution of this Agreement by any Undersigned is defective or invalid for any reason, such defect shall not affect the validity as to any other Undersigned. Should any provision of the Agreement be held invalid, the remaining provisions shall retain their full force and effect; and
12. Undersigned waive any defense that this Agreement was executed subsequent to the date of any Bond and acknowledges that such Bond was executed pursuant to Undersigned's request and in reliance upon Undersigned's promise to execute this Agreement Undersigned understand and agree that this Agreement is a continuing agreement to indemnify over an indefinite period; and
13. Undersigned have the right to review all Bonds executed by Surety for errors and omissions prior to delivery of the Bond to the Oblige, and hereby waive any claim against Surety arising out of any such error or omission; and
14. A facsimile or electronic version of this Agreement shall be considered an original and shall be admissible in a court of law to the same extent as an original.

Dated this 02nd day of January 2025

Bridgette Smith-Lawson

Witness signature: _____

By: _____

Printed name: _____

Home address: _____

City, State Zip: _____

