

New Submission

New Submission 1

Create new submission for Test Example (Account #: A000502194)

Please choose the desired effective date:

Effective Date * 10/05/2017 

Please choose the desired submission type and press 'Continue':


Submission Type * Quick Quote Full Application

Policy Type Selection 22

Available Options * Commercial 

Is this a Builder's Risk Policy? * Yes No

Select the desired agency location.

14 Agency Location * Web Testing Agency, PO Box 99090, Austin - Eligible 

Continue



TEXAS WINDSTORM
INSURANCE ASSOCIATION

Side Bar

Submission T001114696 Submitted	6
Qualification	
Policy Contract	
<input checked="" type="radio"/> Policy Info	
Locations and Risk Items	
Summary	
Forms	
Payment	
Required Documentation	
Submission Acknowledgement	



Status Bar

★ Submission (Submitted) | 📄 Commercial/Full Application | Eff. 10/10/2017 | **Test Example** | Account # **A000502194**

7



Qualification

Qualification			
<input type="button" value="Next >"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>			
Pre- Qualification Questions 123 131			
59	Do all the risk items fall in the TWIA coverage area?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	TWIA Coverage & Eligibility Guidelines 155
124	126 Does the applicant meet the evidence of declination requirements?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	Evidence of Declination Requirements 153
127	128 Does the applicant meet the flood insurance requirements?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	Flood Insurance Requirements 154
			129 130
<input type="button" value="Next >"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>			

Policy Info

Policy Info

< Back
Next >
Calculate Premium
Save Draft
Withdraw

2 Primary Named Insured Change To:

Name **8** [Test Example](#)

Mailing Address Enter Address

3 Policy Details

Effective Date ★ 10/05/2017 **4**

Expiration Date 10/05/2018 **5**

11 Agency Details

Agency Name **12** WEB TESTING AGENCY

152 TDI License # 1111 WEB TESTING AGENCY

Agency Location **14** 16823 - Web Testing Agency, PO Box 99090, Austin - Eligible

15 Location Phone # 000-000-0000

15 Contact Name **13** Matthew Nothing

Contact Phone # 512-444-4444

Additional Named Insureds **10** **120**

Add | Remove

	Name	Relationship to Primary Named Insured
121		122

Premium Financier **113**

Add | Remove

	Name	Type

< Back
Next >
Calculate Premium
Save Draft
Withdraw

Primary Insured – Input Page

Primary Named Insured Test Example ([Return to Policy Info](#))

Contact Detail 9

Individual

First Name *

Last Name *

Primary Phone *

Home Phone

Work Phone

Mobile Phone

Fax Phone

Does the primary insured have an email address? Yes No

Primary Email *

Secondary Email

Address 9

Country *

APO/FPO/DPO

Address Line 1 *

Address Line 2

City *

State *

ZIP Code *

County

To validate this address, Address Line 1 and either City and State, or ZIP Code are required

Additional Insured – Input Page

New Additional Named Insured ([Return to Policy Info](#))

OK Cancel

Any address entered on this screen will not be used by TWIA for mailing purposes to the named insured. It should be used strictly for your own records.

Contact Detail **10**

Individual

First Name	*	<input type="text"/>
Last Name	*	<input type="text"/>
Primary Phone		<none selected> v
Home Phone		<input type="text"/>
Work Phone		<input type="text"/>
Mobile Phone		<input type="text"/>
Fax Phone		<input type="text"/>
Primary Email		<input type="text"/>
Secondary Email		<input type="text"/>

Address **10**

Country		United States of America v
APO/FPO/DPO		<input type="checkbox"/>
Address Line 1		<input type="text"/>
Address Line 2		<input type="text"/>
Qty		<input type="text"/>
State		<none selected> v
ZIP Code	-.....
County		<input type="text"/>
<input type="button" value="Validate Address"/>		

To validate this address, Address Line 1 and either City and State, or ZIP Code are required



Premium Financier – Input Page

New Premium Financier ([Return to Policy Info](#))

OK Cancel

Premium Financier Agreement Type * <none selected> 117

Contact Detail 115

Business

Business Name *

Office Phone

Fax

Primary Email

Secondary Email

Address 116

Country *

APO/FPO/DPO

Address Line 1 *

Address Line 2

City *

State *

ZIP Code *

County

Validate Address

To validate this address, Address Line 1 and either City and State, or ZIP Code are required

Location Information

55 56 **Location Information** ([Return to Locations and Risk Items](#))

OK Cancel

63

Street Address * Yes No

**If you do not have a street address, click 'No' and enter a valid legal description.
Enter any Unit #, Apt #, or Suite # in the Unit # field on the Risk Item page, not on the Location Address.**

Location Address 23  57

County 58 * Harris ▼

Address Line 1 * 123 fake st

City * Seabrook 🔍

State Texas

ZIP Code * 77586 🔍

Validate Address

Name of Complex

Legal Description 64

65 Lot

66 Block

67 Section

To validate this address, Address Line 1 and either City and State, or ZIP Code are required

Is your risk location inside city limits and east of Highway 146? * Yes No 59

Locations and Risk Items (Before)

Locations and Risk Items				
<input type="button" value="≤ Back"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>				
<input type="button" value="Add Location"/> <input type="button" value="Remove Item(s)"/>				
Locations	Item Number	Description	Item Type	Insurance Amount
<input type="button" value="Add Item"/>		Harris: 123 fake Street, Seabrook, TX, 77586 (Primary)		
<input type="button" value="≤ Back"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>				

Locations and Risk Items (After)

Locations and Risk Items																																									
<input type="button" value="≤ Back"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>																																									
Add Location <input type="text" value="71 114"/> (item(s))																																									
<input type="button" value="172"/> <table border="1"> <thead> <tr> <th>Actions</th> <th>Item Number</th> <th>Description</th> <th>28</th> <th>32</th> <th>Item Type</th> <th>Insurance Amount</th> </tr> </thead> <tbody> <tr> <td colspan="7">Add Item <input type="text" value="74"/> Harris: 123 fake Street, Seabrook, TX, 77586 (Primary)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>27</td> <td>1A</td> <td>TDI Filing</td> <td></td> <td>Structure</td> <td>\$150,000.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>31</td> <td>1B</td> <td>Personal Property of TDI Filing</td> <td></td> <td>Personal Property</td> <td>\$50,000.</td> </tr> <tr> <td colspan="6"></td> <td>\$200,000.</td> </tr> </tbody> </table>							Actions	Item Number	Description	28	32	Item Type	Insurance Amount	Add Item <input type="text" value="74"/> Harris: 123 fake Street, Seabrook, TX, 77586 (Primary)							<input type="checkbox"/>	27	1A	TDI Filing		Structure	\$150,000.	<input type="checkbox"/>	31	1B	Personal Property of TDI Filing		Personal Property	\$50,000.							\$200,000.
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<input type="button" value="≤ Back"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>																																									



Details

New Item(s) (Return to Locations and Risk Items)

OK Cancel

55 70
56 81
73

Details Coverages Additional Interests

Location Harris: 123 fake Street, Seabrook, TX, 77586

Building #

Unit #

Description * TDI Filing

Note: Description appears on both the application summary and the printed declaration.

Risk Category * Structures/Outbuildings with Option to add Business Personal Property

Risk Item Type * Commercial Building with Option for Personal Property

Is this a Public Building (i.e. Government Building)? * Yes No

Does this structure provide essential services? * Yes No

Identify the type of essential service(s): * School

Select the most appropriate description of the structure: * Gymnasium

Additional Risk Item Information

Total number of units you are insuring for this premises *

Number of units for this building *

General Information

Companion Policy Company * Affiliated Fm Insurance Company

Amount of Insurance for this item provided by Companion Policy * \$

Flood Insurance Company * Affiliated Fm Insurance Company

Amount of Insurance for this item provided by Flood Policy * \$

Prior TWIA Policy #

Construction Details

Construction Type * Protected Steel Frame (ISO 5)

BGII Symbol & Description * B - Ordinary - Frame or Brick

Please refer to the the most recent TWIA Instructions and Guidelines manual for BGII symbols and descriptions.

Is there an ISO Loss Cost Quote with an On-Site Survey Date after 1998? * Yes No

You have indicated that there is no current ISO Loss Cost Quote on file for this risk, therefore the rating for this risk will be based on ordinary construction.

Do you want TWIA to verify the ISO coverage: * Yes No

In order to verify the ISO coverage, an inspection might be needed. Please provide an On-Site contact name and phone number so that an inspection can be ordered from ISO. You will be notified upon receipt of the inspection report. If appropriate, the rating and premium will be adjusted from inception once the construction is verified.

On-Site Contact Name *

On-Site Contact Phone Number *

Details (Continued)

Number of Stories *	1	92
Total Area *	25000	93
Roof Type *	Aluminum	96

Construction Date *	10/01/2017	98	99
Has a WPI-8 Certificate of Compliance * been issued for this construction?	<input checked="" type="radio"/> Yes <input type="radio"/> No	100	133

Re-Roof Details **103**

Date	Type	Has a WPI-8 Certificate of Compliance been issued for this construction?
105	106	107

Subsequent Repairs **108**

Date	Description	Has a WPI-8 Certificate of Compliance been issued for this construction?
110	111	112

Additions **108**

Date	Description	Has a WPI-8 Certificate of Compliance been issued for this construction?
110	111	112

A completed copy of the WPI-8 will be required for all applicable construction instances that fall on or after 1/1/1988.

Coverages

20 21

Details Coverages Additional Interests

Structure Coverage 28

Insurance Amount

25 * \$ 150,000

TWIA recommends insuring for 100% of Replacement Cost.

Replacement Cost Coverage 50

51 * Form 164

Structure Valuation

Valuation Number 157

Replacement Cost
* 12345

Use the property valuation service provided by TWIA in the "Replacement Cost" link above to determine the structure's replacement cost and actual cash value.

Other supporting Replacement Cost Documents

Upload Documents

Replacement Cost 77

* \$ 150000.00

Actual Cash Value 78

* \$ 145000.00

Cost / Sq. Foot

\$60.00

The deductible selection will automatically be applied to all other risk items.

Deductible

29 * 1% (\$1000 min.)

Coinsurance 30

* 80%

Increased Cost of Construction Coverage (Form #432)

* 5%

Business Income Coverage (Form 17) 35

* Yes No

BI Category 36

* Mfg (\$50-\$1,000)

37 BI Daily Limit

* \$ 50

BI Max Number of Days 38

* 60 Days

39 BI Liability Limit

\$3,000.00

BI Working Days Per Week

* 1

Attached Structures

Business Personal Property 32

Insurance Amount

25 * \$ 50,000

TWIA recommends insuring for 100% of Replacement Cost.

Replacement Cost Coverage 50

51 * Form 164

Business Personal Property Valuation 79

Replacement Cost

* \$ 50000.00

Actual Cash Value 80

* \$ 45000.00

The first risk item listed on the policy defines the deductible for the entire policy. Please navigate to risk item 1A to change the deductible for this policy.

Deductible

1% (\$1000 min.) 33

Coinsurance 34

* 80%

Additional Interest

[Details](#) |
 [Coverages](#) |
 Additional Interests 113

Mortgagee/Loss Payee/Contract of Sale

|

117

<input type="checkbox"/>	<u>Name</u>	* <u>Interest Type</u>	<u>Loan #</u>
<input type="checkbox"/>	115 <u>example</u>	Mortgagee ▼	119 1243



Additional Interest – Input Page

New Additional Interest - TDI Filing (Harris: 123 Fake st, Seabrook, TX, 77586) ([Return to 1A: TDI Filing](#))

OK Cancel

Type * <none selected> 117

Loan Number 119

Contact Detail 115

Business

Business Name *

Office Phone

Fax

Primary Email

Secondary Email

Address 116

Country * United States of America

APO/FPO/DPO

Address Line 1 *

Address Line 2

City *

State * <none selected>

ZIP Code *

County

Validate Address

To validate this address, Address Line 1 and either City and State, or ZIP Code are required

Summary

Summary

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The premium calculated is only good until the end of today. Any changes desired or submissions after today must be re-calculated prior to submitting to TWIA.

<p>6 Submission # 001114696 5</p> <p>Policy Period 4 10/10/2017 - 10/10/2018</p> <p>9 Primary Named Insured Test Example</p> <p>Mailing Address 123 fake st seabrook, TX 77586</p>	<p>Transaction Effective Date 10/10/2017</p> <p>Actual Premium 26 \$2,931.00</p> <p>Commission \$468.96 161</p> <p>Commission Amount is 16% of Actual Premium of Issued Policy. 162</p>
--	--

Premiums

Policy Premiums		25	53	26	54
Item #	Description	Coverage Detail	Cost Amount	Premiums	
Harris: 123 fake st, Seabrook, TX, 77586					
1A	TDI Filing		\$150,000.00	\$2,396.00	\$2,346.00
	Increased Cost of Construction Coverage (Form #432)		-	\$148.00	-
	Deductible 1% (\$1000 min.)		-	(\$288.00)	-
	Business Income Coverage (Form 17)		-	\$90.00	-
1B	Personal Property		\$50,000.00	\$651.00	\$585.00
	Deductible 1% (\$1000 min.)		-	(\$66.00)	-

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Payment

Payment **16**

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Amount Due and Payment Summary

Actual Premium	\$2,931.00	26
Amount Due to TWIA	\$2,931.00	19

Payments

Total Payment Amount	\$2,931.00
Payment Method 17	* Check/Money Order ▾ ?

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Please note that cancellation of the policy will result in a pro-rata refund, subject to a policy minimum retained premium in an amount equal to 90 days or \$100, whichever is greater. The minimum retained premium is fully earned on the effective date of the policy.

DO NOT press 'Submit to TWIA' more than once. Please contact Agent Services at 800-788-8247, option 7, Monday through Friday between 8 AM and 5 PM if you need assistance completing this transaction.

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Documents

Documents **158**

If a signed copy of a TWIA form is required, please download it from the following link:

[Documents and Downloads](#)

If the documentation has not yet been uploaded or if you are unsure as to which documentation you have included, please press 'Cancel/Return' and click on the 'Documents' link in the Tools menu. From there you can view all documentation that is associated with the transaction and make any necessary additions/corrections.

Once you confirm the document(s) upload(s), please re-initiate the submission process via the 'Payment' screen.

You may be contacted by a TWIA underwriter prior to issuance to provide further documentation.

Risk Item Documents		
Item #	Description	Documentation required includes, but is not limited to:
Harris: 123 Lake st, Seabrook, TX, 77586		
1	TDI Filing	WPI-8



Submission Acknowledgement

Submission Acknowledgement

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Please print the payment coupon and mail to TWIA with a check for the full amount due. Once payment is received, your application will be processed according to TWIA underwriting guidelines. For additional information, please [click here](#) to access the TWIA Instructions and Guidelines manual.

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This submission will not be processed until the payment and payment coupon are received. Payment received without an accompanying coupon will be returned. Coverage will be effective for eligible applications on the date payment is received by TWIA, the date mailed if sent by one of the four approved methods, or a later date if requested. If payment and coupon are not received within 14 days, your submission will be voided and the coverage requested in your application will not be issued. It will be necessary for you to resubmit your application if coverage is still desired.

After pressing the 'Continue' button, a PDF of the transaction summary and the payment coupon will be available for printing.

Coverage requests will not be reviewed by TWIA before payment is received.

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167

Submission Certification

Yes, I certify that the information provided is correct to the best of my knowledge. 168

Continue

Cancel/Return



Submission Acknowledgement (After Submission)

171

Please print the payment coupon and mail to TWIA with a check for the full amount due. Once payment is received, your application will be processed according to TWIA underwriting guidelines. For additional information, please [click here](#) to access the TWIA Instructions and Guidelines manual.

149

This submission will not be processed until the payment and payment coupon are received. Payment received without an accompanying coupon will be returned. Coverage will be effective for eligible applications on the date payment is received by TWIA, the date mailed if sent by one of the four approved methods, or a later date if requested. If payment and coupon are not received within 14 days, your submission will be voided and the coverage requested in your application will not be issued. It will be necessary for you to resubmit your application if coverage is still desired.

A PDF of the transaction summary including the payment coupon is available via the Documents link in the Tools menu.

Coverage requests will not be reviewed by TWIA before payment is received.

Submission Certification

168

Yes, I certify that the information provided is correct to the best of my knowledge.

Submission certification was completed on Fri Sep 01, 2017 by Matthew Nothing (sample.aor@twia.org)

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TEXAS WINDSTORM
INSURANCE ASSOCIATION

Submission Information

Submission Information

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Thank you! Your Submission (#T001114696) and Electronic Funds Transfer transaction have been received by TWIA. We will process the Submission according to TWIA Underwriting guidelines.

To retrieve a PDF copy of the transaction summary, click the "View your submission" link below, and then select Documents from the Tools menu.

Name of Insured	Test Example
Payment Amount	\$2,931.00
Payment Confirmation #	FAKE171010132921176
Date Payment Initiated	10/10/2017

- [View your submission \(#T001114696\)](#)
- [Go to the submission manager for this account](#)
- [Go to your desktop](#)



Forms

Forms

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Additional Forms

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Form # ▲

Description

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Items#

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TWIA-164 REPLACEMENT COST ENDORSEMENT

1A, 1B

TWIA-17 BUSINESS INCOME AND EXTRA EXPENSE COVERAGE ENDORSEMENT

1A

49

TWIA-432 EXTENSION OF COVERAGE-Increased Cost of Construction Coverage (Form #432)

1A

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