

New Submission

New Submission 1

Create new submission for Test Example (Account #: A000494001) 7

Please choose the desired effective date:

Effective Date 4 * 07/01/2017 

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



Side Bar

Submission
T001077597
Submitted

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[Qualification](#)

Policy Contract

[Policy Info](#)

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Status Bar

★ Submission (Submitted) | 📄 Commercial/Full Application | Eff. 09/07/2017 | **Test example** | Account # **A000494**

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Qualification

Qualification

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Pre-Qualification Questions 88 96

51	Do all the risk items fall in the TWIA coverage area?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	TWIA Coverage & Eligibility Guidelines	124
89	91 Does the applicant meet the evidence of declination requirements?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	Evidence of Declination Requirements	122
92	93 Does the applicant meet the flood insurance requirements?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	Flood Insurance Requirements	123

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Policy Info

Policy Info

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You have indicated that this is a Builder's Risk policy. Please confirm the expiration date and update as necessary.

2 Primary Named Insured Change To:

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

Mailing Address Change To:

123 fake st
Galveston, TX 11111

3 Policy Details

Effective Date * 07/01/2017 **4**

Expiration Date * 09/01/2017 **5**

11 Agency Details

Agency Name **12** WEB TESTING AGENCY

121 TDI License # 1111 WEB TESTING AGENCY

Agency Location **14** 6823 - Web Testing Agency, PO Box 99090, Austin - Eligible

15 Location Phone # 000-000-0000

Contact Name **13** Matthew Nothing

15 Contact Phone # 512-444-4444

85 Additional Named Insureds **10**

|

86 Name	87 Relationship to Primary Named Insured

78 Premium Financier

|

Name	Type

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Primary Insured Input Page

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

OK Cancel

Contact Detail


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Individual

First Name	* Test
Last Name	* example
Primary Phone	* Work ▼
Home Phone	
Work Phone	* 123-123-1234
Mobile Phone	
Fax Phone	
Does the primary insured have an email address?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Primary Email	
Secondary Email	

Address

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Country	*  United States of America ▼
APO/FPO/DPO	<input type="checkbox"/>
Address Line 1	* 123 fake st
Address Line 2	
City	* Galveston
State	* Texas ▼
ZIP Code	* 78681-.....
County	



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"/>
City		<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> 82

Contact Detail 80

Business

Business Name *


Office Phone

Fax

Primary Email

Secondary Email

Address 81

 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



Location Information

47 48 **Location Information** ([Return to Locations and Risk Items](#))

OK Cancel

Street Address **55** * 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.

49 **Location Address** **23** ⚠

County 50	* Harris	Name of Complex	
Address Line 1	* 123 fake st	56 Legal Description	
City	* Seabrook	Lot 57	
State	Texas	58 Block	
ZIP Code	* 77586	Section 59	

Validate Address

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 **51**

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)"/>				
Actions	Item Number	Description	Item Type	Insurance Amount
134 <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"/>						
<input type="button" value="Add Location"/> <input type="button" value="Remove Item(s)"/>						
137	63	79	66	28	25	
<input type="button" value="Add Item"/> Harris: 123 fake Street, Seabrook, TX, 77586 (Primary)						
<input type="checkbox"/>	27	1A	TDI filing	Structure		\$150,000.00
						\$150,000.00
<input type="button" value="≤ Back"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>						

Details

47
48

62
71

Details
Coverages
Additional Interests

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

Building # 64

Unit # 65

Description 66 *

Note: Description appears on both the application summary and the printed declarations page

Have materials been delivered to the site? * Yes No 31

Material Delivery Date 77

Should coverage include the existing structure? * Yes No 32

Estimated Completion Cost 33 *

Type of Structure 34 *

Type of Construction 35 *

Total Area of existing structure 36 *

Total Area of addition 37 *

Total Area 75 1600

Risk Category 140 Builder's Risk Stated Value- Form 18

Risk Item Type Dwelling and F&R Dwelling - Additions (<= 10% grade floor area) 72

Is this a Miscellaneous Structure? 38 * Yes No

General Information

Companion Policy Company 69 *

Amount of Insurance for this item provided by Companion Policy * 135

Flood Insurance Company 132 *

Amount of Insurance for this item provided by Flood Policy 133 *

Prior TWIA Policy # 100

Construction Details

Construction Type 73 *

A recent photograph of the Builder's Risk item must be provided to TWIA. Please upload a copy of the photograph in order to submit this request. 46

Photograph

	Name	Type	Date	Delete
<input type="checkbox"/>	MH photo	Photograph	09/07/2017	<input type="button" value="Delete"/>

Coverages

	20	21	
Details	Coverages		Additional Interests
<input checked="" type="checkbox"/> Structure Coverage		28	
Insurance Amount		25	\$150,000.00
TWIA requires insuring for 100% of the Estimated Completed Cost.			
126 Structure Valuation			
Cost / Sq. Foot			\$100.00
The deductible selection will automatically be applied to all other risk items.			
Deductible		29	* 2% (\$1000 min.) ▼
Coinsurance		30	* 100% ▼
<input type="checkbox"/> Attached Structures			

Additional Interest

[Details](#) |
 [Coverages](#) |
 Additional Interests 78

Mortgagee/Loss Payee/Contract of Sale

|

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<input type="checkbox"/>	<u>Name</u>	<u>* Interest Type</u>	<u>Loan #</u>
<input type="checkbox"/>	80 example	Mortgagee ▼	84 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> 82

Loan Number 84

Contact Detail 80

Business

Business Name *

Office Phone

Fax

Primary Email

Secondary Email

Address 81

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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This transaction requires underwriting review prior to issuance

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.

6	Submission #	001076239	5	Transaction Effective Date	09/01/2017
	Policy Period	4 09/01/2017 - 09/02/2017		Actual Premium	26 \$100.00
9	Primary Named Insured	Test Example		Commission	130 \$16.00
	Mailing Address	123 fake st Galveston, TX 11111		Commission Amount is 16% of Actual Premium of Issued Policy. 131	

Premiums

Policy Premiums		25	26	
Item #	Description	Coverage Detail	Cost Amount	Premiums
Harris: 123 fake st, Seabrook, TX, 77586				
1A	TDI filing	\$150,000.00	\$101.00	\$100.00
	Deductible 2% (\$1000 min.)	-	(\$1.00)	-

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Payment

Payment **16**

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Amount Due and Payment Summary

Actual Premium **26** \$100.00
Amount Due to TWIA **19** \$100.00

Payments

Total Payment Amount \$100.00

Payment Method **17** * ▾



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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

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Part 1 - Before Submitting Transaction To TWIA

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 fake st, Seabrook, TX, 77586		
1	TDI filing	Photograph

Part 2 - After Submitting Transaction to TWIA

Documents To Mail
Check/Money Order for \$100
Payment Coupon
<input type="button" value="Continue"/>
<input type="button" value="Cancel/Return"/>



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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Submission Certification

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Yes, I certify that the information provided is correct to the best of my knowledge. 115

Continue

Cancel/Return

Submission Acknowledgement (After Submission)

136

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.

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.

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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

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 (#T001077597) 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	\$100.00
Payment Confirmation #	FAKE171019090303021
Date Payment Initiated	9/1/2017

- [View your submission \(#T001077597\)](#)
- [Go to the submission manager for this account](#)
- [Go to your desktop](#)



Forms

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Invoice

Additional Forms

42	<u>Form #</u> ▲	<u>Description</u>	41	<u>Items#</u>
	TWIA-21	Builders Risk - Actual Completed Value Form		1A

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Invoice