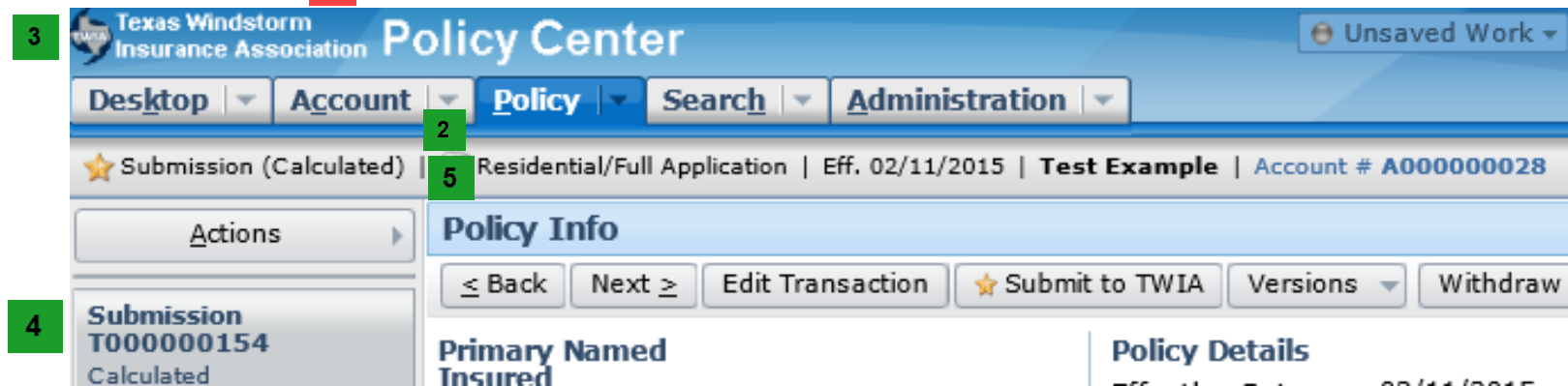


## Tab Bar, Info Bar, and Sidebar

### Before Submission



1

3

2

5

4

Texas Windstorm Insurance Association Policy Center

Unsaved Work

Desktop Account Policy Search Administration

Submission (Calculated) Residential/Full Application | Eff. 02/11/2015 | Test Example | Account # A00000028

Actions

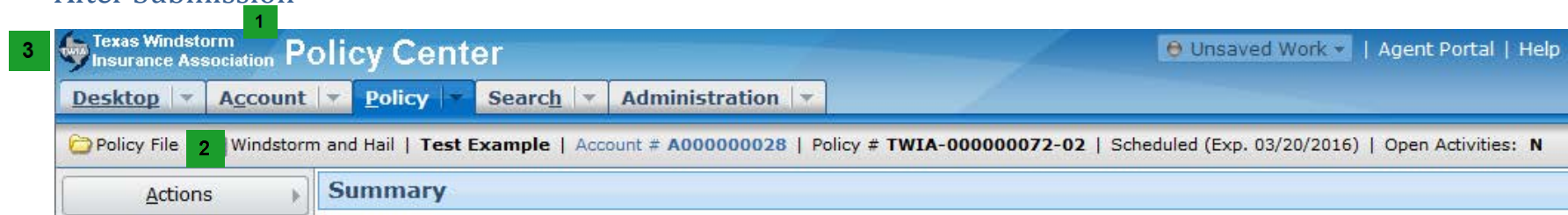
Submission T000000154 Calculated

Policy Info

≤ Back Next ≥ Edit Transaction Submit to TWIA Versions Withdraw

Primary Named Insured | Policy Details

### After Submission



1

3

2

Texas Windstorm Insurance Association Policy Center

Unsaved Work | Agent Portal | Help

Desktop Account Policy Search Administration

Policy File Windstorm and Hail | Test Example | Account # A00000028 | Policy # TWIA-00000072-02 | Scheduled (Exp. 03/20/2016) | Open Activities: N

Actions

Summary

# Account File Summary Screen

**Account File Summary**

<p>Account #      A000000028</p> <p>Account Name    Test Example</p> <p>Status          Active</p> <p>Phone Number</p> <p>Email</p> <p><b>Mailing Address</b>    (None Entered)</p> <p>County</p> <p>Country          United States of America</p>	<p><b>Official IDs</b></p> <p>SSN      56</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">TWIA #</th> <th style="text-align: left;">Agency Location Name</th> </tr> </thead> <tbody> <tr> <td>16823</td> <td>Web Testing Agency</td> </tr> </tbody> </table>	TWIA #	Agency Location Name	16823	Web Testing Agency	
TWIA #	Agency Location Name					
16823	Web Testing Agency					

**The information above does not necessarily reflect that of the policies associated with this account. To view information related to a specific policy or transaction, please use the links below.**

**Activities (empty)**

Open

Create Date	Due Date	Related To	Policy #	Transaction #	Transaction Type	Priority	Subject	Item #	Activity Status	Assigned To
-------------	----------	------------	----------	---------------	------------------	----------	---------	--------	-----------------	-------------

**Policy Terms (empty)**

Policy #	Primary Named Insured	Policy Type	Status	Effective Date	Expiration/Cancellation Date
----------	-----------------------	-------------	--------	----------------	------------------------------

**Transactions (1 - 1 of 1)**

Open

## New Submission Screen

---

### New Submission

Create new submission for Test Example (Account #: A000000028)


**12** Please choose the desired effective date:

**13** Effective Date \* 02/11/2015 

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

Submission Type \*  Quick Quote  Full Application

**5** Policy Type Selection

Available Options \* Residential 

Select the desired agency location.

Agency Location \* <none selected> 

Continue

## Qualification Screen

### Qualification

[Next >](#)
[Calculate Premium](#)
[Save Draft](#)
[Withdraw](#)

#### Pre-Qualification Questions

49	Do all the risk items fall in the TWIA coverage area?	* <input type="radio"/> Yes <input type="radio"/> No	<a href="#">TWIA Coverage &amp; Eligibility Guidelines</a>	
50	Does the applicant meet the evidence of declination requirements?	* <input type="radio"/> Yes <input type="radio"/> No	<a href="#">Evidence of Declination Requirements</a>	46
51	Does the applicant meet the flood insurance requirements?	* <input type="radio"/> Yes <input type="radio"/> No	<a href="#">Flood Insurance Requirements</a>	47

#### Resources

[View/Print the TWIA Declination Worksheet](#)

[View/Print the TWIA Flood Worksheet](#)

[Next >](#)
[Calculate Premium](#)
[Save Draft](#)
[Withdraw](#)

## Qualification Screen (Coverage Area)

---

### Qualification

◆ Only include those risk items that are located in the TWIA coverage area.

Next >

Calculate Premium

Save Draft

Withdraw

### Pre-Qualification Questions

49

Do all the risk items fall in the TWIA coverage area?

\*  Yes  No

[TWIA Coverage & Eligibility Guidelines](#)

### Resources

[View/Print the TWIA Declination Worksheet](#)

[View/Print the TWIA Flood Worksheet](#)

Next >

Calculate Premium

Save Draft

Withdraw

# TWIA Coverage & Eligibility Guidelines



Home | Policyholders | Adjusters | Agents | House Bill 3 | Employment | News | Contact Us

## Agents

- Agent Alerts
- Agent Bulletins
- Agent Events & Workshops
- Billing & Commission FAQ's
- Coverage & Eligibility**
- Documents & Downloads
- E-Quote - FAQs & Manuals
  - E-Quote Registration
  - Processing Quotes & Apps
  - Online Policy Change
  - PDF File Format
- EFT Resource Page
- File A Claim
- General FAQs
- Premium Finance Cancellations
- New Agent Guide

### Coverage & Eligibility

TWIA continues to operate under its present charter, providing wind and hail coverage to the catastrophe-designated areas of Texas.

For information about writing homeowners coverage through the Texas FAIR Plan Association (TFPA), visit the [TFPA website](#).

TWIA policies do not cover damage from flood / storm surge (see TWIA's policy exclusions for a full definition). For information about flood coverage, visit the [National Flood Insurance Program \(NFIP\) Website](#).

Agents submitting applications on insurable property must comply with declination of coverage requirements. In addition, the property may require flood insurance. [View these requirements in the Texas Administrative Code](#).


### Territory ▶

TWIA's territory includes the following 14 counties along the Texas Gulf Coast and part of Harris County:



## Qualification Screen (Declination)

### Qualification

 You will not be able to submit the application for UW Approval until evidence of declination requirements are met.

### Pre-Qualification Questions

49	Do all the risk items fall in the TWIA coverage area?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	<a href="#">TWIA Coverage &amp; Eligibility Guidelines</a>	
50	Does the applicant meet the evidence of declination requirements?	* <input type="radio"/> Yes <input checked="" type="radio"/> No	<a href="#">Evidence of Declination Requirements</a>	46
51	Does the applicant meet the flood insurance requirements?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	<a href="#">Flood Insurance Requirements</a>	47

### Resources

[View/Print the TWIA Declination Worksheet](#)

[View/Print the TWIA Flood Worksheet](#)

## Evidence of Declination Requirements Screen

---

### 46 Evidence of Declination ([Return to Qualification](#))

Agents are required to obtain proof of a declination for wind and hail property coverage from a standard market carrier, excluding surplus lines insurers, authorized to write wind and hail coverage in the first tier coastal counties.

By the act of submitting an application for property coverage to TWIA, an agent, acting on behalf of the applicant, is acknowledging possession of the required declination, and intent of maintaining that record. This evidence of a prior declination must be made available to TWIA if specifically requested.

NOTE: The declination may be either:

- \* a refusal to offer new or renewal wind and hail coverage on the structure, or
- \* a refusal to offer basic insurance sought by the applicant that is substantially equivalent to that offered by TWIA.


For example, the lowest deductible offered by a standard market company is greater than that which can be obtained from TWIA. See TWIA Declination Worksheet for criteria.

[TWIA Declination Worksheet \(PDF Document\)](#)



## Qualification Screen (Flood Insurance)

### Qualification

 You will not be able to submit the application for UW Approval until flood insurance requirements are met.

### Pre-Qualification Questions

49	Do all the risk items fall in the TWIA coverage area?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	<a href="#">TWIA Coverage &amp; Eligibility Guidelines</a>	
50	Does the applicant meet the evidence of declination requirements?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	<a href="#">Evidence of Declination Requirements</a>	46
51	Does the applicant meet the flood insurance requirements?	* <input type="radio"/> Yes <input checked="" type="radio"/> No	<a href="#">Flood Insurance Requirements</a>	47

### Resources

[View/Print the TWIA Declination Worksheet](#)

[View/Print the TWIA Flood Worksheet](#)

## Flood Insurance Requirement Screen

---

### 47 Flood Insurance Requirement ([Return to Qualification](#))

By the act of submitting an application for property coverage with TWIA, the insured's agent, acting on behalf of the applicant, acknowledges possession of the required evidence of a companion flood insurance policy that provides coverage concurrent with the term of the TWIA policy, and the intent to maintain that record. Flood coverage is required for structures constructed, altered, remodeled, or enlarged on or after September 1, 2009 that are located in flood zones V, VE, and V1-V30.

This requirement applies only if insurance is available from the NFIP for the property location to be insured by TWIA. The flood insurance requirement does not extend to structures being repaired. The flood insurance policy must remain in effect for the duration of the TWIA policy term.

The evidence of a companion flood insurance policy must be made available to TWIA, if specifically requested.

NOTE: TWIA STRONGLY RECOMMENDS THAT AGENTS SOLICIT FLOOD COVERAGE IN ALL FLOOD ZONES.

[TWIA Flood Worksheet \(PDF Document\)](#)

# Policy Info Screen

**Policy Info**

< Back
Next >
Calculate Premium
Save Draft
Withdraw

**9 Primary Named Insured**

Change To: ▼

Name [Test Example](#)

Mailing Address Enter Address ▼

Official IDs

SSN \* .....\*

**12 Policy Details**

Effective Date \* 02/11/2015 📅 13

Expiration Date 02/11/2016 14

---

**10 Agency Details**

Agency Name WEB TESTING AGENCY2

TDI License # 11 1111 WEB TESTING AGENCY2

Agency Location \* 9191 - Web Testing Agency, 5700 S MoPac Expwy Ste 300, Austin - Eligible ▼

Location Phone # 000-000-0000

**16**

Contact Name Andrea Alvarado

Contact Phone #

**Additional Named Insureds**

Add ▼
Remove

Name	Relationship to Primary Named Insured

**21 Premium Financier**

Add ▼
Remove

Name	Type

< Back
Next >
Calculate Premium
Save Draft
Withdraw

# Primary Named Insured Screen

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

---

Contact Detail

**9** Individual

First Name

Last Name

**52** Primary Phone

Home Phone

Work Phone

Mobile Phone

Fax Phone

**54** Does the primary insured have an email address?

**55** Primary Email

Secondary Email

\*

\*

**53** \*

Yes  No

\*

---

**9** Address

Country

APO/FPO/DPO

Address Line 1

Address Line 2

City

State

ZIP Code

County

**Official IDs**

**56** SSN

\*

\*

\*

\*

\*

\*

# New Premium Financier Screen

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

OK Cancel

Premium Financier Agreement Type \* <none selected>

**Contact Detail**

**Business**

Business Name \*

Office Phone

Fax

Primary Email

Secondary Email

**Address**

Country \* United States of America

APO/FPO/DPO

Address Line 1 \*

Address Line 2

City \*

State \* <none selected>

ZIP Code \* .....-.....

County

**Official IDs**

FEIN ..-.....

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

OK Cancel

Premium Financier Agreement Type \* **Premium Finance Agreement Incl Power of Attorney**

**57** Upload Premium Financier Agreement

## Location Information Screen

### Location Information (Return to Locations and Risk Items)

OK Cancel

Street Address  Yes  No

If you do not have a street address, click 'No' and enter a valid legal description.

#### 27.B Location Address

County *	<input type="text" value="Aransas"/>	Name of Complex	<input type="text"/>
Street Number *	<input type="text" value="1234"/>	<b>Legal Description</b>	
Direction	<input type="text" value="&lt;none selected&gt;"/>	Lot	<input type="text"/>
Street Name *	<input type="text" value="Sample"/>	Block	<input type="text"/>
Type	<input type="text" value="&lt;none selected&gt;"/>	Section	<input type="text"/>
City *	<input type="text" value="Aransas Pass"/>		
State	<input type="text" value="Texas"/>		
Zip Code *	<input type="text" value="78336"/>		

59 Will you be requesting coverage for a dwelling at this risk location? \*  Yes  No

Refer to the most recent [Dwelling Windstorm Policy](#) for a complete description.

60 Are there any unscheduled detached structures on premises? \*  Yes  No

61 Total value of unscheduled detached structures \* \$

## Location Information Screen (Harris County)

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

OK Cancel

Street Address \*  Yes  No  
**If you do not have a street address, click 'No' and enter a valid legal description.**

**27.B Location Address**

County *	Harris	Name of Complex	
Street Number *	123	<b>Legal Description</b>	
Direction	<none selected>	Lot	
Street Name *	Sample	Block	
Type	<none selected>	Section	
City *	La Porte		
State	Texas		
Zip Code *	<none selected>		

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

**59** Will you be requesting coverage for a dwelling at this risk location? \*  Yes  No

Refer to the most recent [Dwelling Windstorm Policy](#) for a complete description.



## Locations and Risk Items Screen

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
<input type="button" value="Add Item"/>		27		
<a href="#">Aransas: 1234 Sample, Aransas Pass, TX, 78336 (Primary)</a>				
<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 Screen (Add Item)

**Locations and Risk Items**

≤ Back
Calculate Premium
Save Draft
Withdraw

Add Location ▾
Remove Item(s)

Actions	Item Number	Description	Item Type	Insurance Amount
<span style="border: 1px solid #ccc; padding: 2px 5px;">Add Item ▾</span>	27	<b>Aransas: 1234 Sample. Aransas Pass, TX, 78336 (Primary)</b>		

≤ Back
Calculate Premium
Save Draft
Withdraw

## New Item(s) Screen (Details tab)

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

OK Cancel

**27.B** Location Aransas: 1234 Sample, Aransas Pass, TX, 78336

Building #

Unit #

Description \*

**27.A** **Note: Description appears on both the application summary and the printed declarations page**

Risk Category \* <none selected>

Risk Item Type \* <none selected>

## New Item(s) Screen (Details tab: Location & MSB information)

**New Item(s)** ( [Return to Locations and Risk Items](#) )

Details
Coverages
Credits and Surcharges
Additional Interests
Property Exclusions

**27.B** Location      Aransas: 1234 Sample, Aransas Pass, TX, 78336

Building #     

Unit #     

Description      \* Dwelling 1

**27.A** **Note: Description appears on both the application summary and the printed declarations page**

Risk Category      \* Residential Structures with the Option to add Personal Property

Risk Item Type      \* Single Family Dwelling

**Click the 'MSB Website' button to create or update a Marshall & Swift/Boeckh (MSB) valuation. In order to perform an import, you will need to click on 'Assign Policy Number' on the MSB's 'General Information' page (do not include the word "Estimate"), and then mark the valuation complete. To mark the valuation complete, press the 'Finish / Close' button and ensure the 'Complete' radio button is selected.**

**Please return to this screen when finished, enter the MSB "Policy Number" in the fields below, and press 'Import MSB Info'.**

**27.I** MSB Policy #      \*

Confirm MSB #     

**Last Imported: (None)**

**Last Calculated: (None)**

## New Item(s) Screen (Details tab: General Information, Additional Details, & Construction Details)

Please confirm that the MSB information (identified in bold) is correct. If needed, confirm the MSB number and/or make modifications. To modify the information, please update the appropriate fields via the MSB Website and re-import.

### General Information

27.F	Occupancy Type	<b>33</b>	* <none selected>
	Structure Condition		* <none selected>
27.R	Companion Policy Type		* <none selected>
27.S	Companion Policy Company		* <none selected>
	Flood Insurance Company		* <none selected>
18	Prior TWIA Policy #		

### Additional Details

27.M	Construction Date		* Month	* Day	Year	Has a Building Official's Statement been issued for this construction?
		27.N	<none selected>	<none selected>	2005	<input type="radio"/> Yes <input type="radio"/> No
27.P	Re-Roof Details	35	Add	Remove		
			* Date	* Type	Required document(s) been issued for construction?	
27.Q	Subsequent Repairs	36	Add	Remove		
			* Date	* Description	Required document(s) been issued for construction?	
27.O	Additions		Add	Remove		
			* Date	* Description	Required document(s) been issued for construction?	

### Construction Details

27.C	Number of Stories	<b>1</b>
27.D	Roof Type	<b>Shingles, Asphalt/Fiberglass</b>
27.E	Exterior Walls	<b>Brick on Frame</b>
	Structure is certified as superior construction?	<input type="checkbox"/>

27.J

Total Area **1800**

## New Item(s) Screen (Details tab: General Information expanded)

---

### General Information

27.F	Occupancy Type	Primary Dwelling
	Structure Condition	Excellent
		33
27.R	Companion Policy Type	HO/Condo Unit Owner/FRO/TDP-3/TFR-3
	Desire Wind Driven Rain Coverage?	Yes
27.S	Companion Policy Company	Affiliated Fm Insurance Company
62	Amount of Insurance for this item provided by Companion Policy	\$160,000.00
63	Flood Insurance Company	Affiliated Fm Insurance Company
64	Amount of Insurance for this item provided by Flood Policy	\$160,000.00
18	Prior TWIA Policy #	99999900

---



# New Item(s) Screen (Details tab: Additional Details expanded)

## Variation 1

<b>27.M</b>	<b>Additional Details</b> Construction Date	<table border="1"> <tr> <td>* Month</td> <td>* Day</td> <td>Year</td> <td>Has a WPI-8 Certificate of Compliance been issued for this construction?</td> <td><b>65</b></td> </tr> <tr> <td>1</td> <td>1</td> <td>2005</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td></td> </tr> </table>	* Month	* Day	Year	Has a WPI-8 Certificate of Compliance been issued for this construction?	<b>65</b>	1	1	2005	<input checked="" type="radio"/> Yes <input type="radio"/> No	
* Month	* Day	Year	Has a WPI-8 Certificate of Compliance been issued for this construction?	<b>65</b>								
1	1	2005	<input checked="" type="radio"/> Yes <input type="radio"/> No									
<b>27.P</b>	Re-Roof Details	<table border="1"> <tr> <td colspan="2">Add Remove</td> </tr> <tr> <td><input type="checkbox"/> * Date</td> <td>* Type</td> <td>Has a WPI-8 Certificate of Compliance been issued for this construction?</td> </tr> <tr> <td><input type="checkbox"/> ..../..../..</td> <td>&lt;none selected&gt;</td> <td>WPI-8 Certificate of Compliance issued? <input type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>	Add Remove		<input type="checkbox"/> * Date	* Type	Has a WPI-8 Certificate of Compliance been issued for this construction?	<input type="checkbox"/> ..../..../..	<none selected>	WPI-8 Certificate of Compliance issued? <input type="radio"/> Yes <input type="radio"/> No		
Add Remove												
<input type="checkbox"/> * Date	* Type	Has a WPI-8 Certificate of Compliance been issued for this construction?										
<input type="checkbox"/> ..../..../..	<none selected>	WPI-8 Certificate of Compliance issued? <input type="radio"/> Yes <input type="radio"/> No										
<b>27.Q</b>	Subsequent Repairs	<table border="1"> <tr> <td colspan="2">Add Remove</td> </tr> <tr> <td><input type="checkbox"/> * Date</td> <td>* Description</td> <td>Has a WPI-8 Certificate of Compliance been issued for this construction?</td> </tr> <tr> <td><input type="checkbox"/> ..../..../..</td> <td></td> <td>WPI-8 Certificate of Compliance issued? <input type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>	Add Remove		<input type="checkbox"/> * Date	* Description	Has a WPI-8 Certificate of Compliance been issued for this construction?	<input type="checkbox"/> ..../..../..		WPI-8 Certificate of Compliance issued? <input type="radio"/> Yes <input type="radio"/> No		
Add Remove												
<input type="checkbox"/> * Date	* Description	Has a WPI-8 Certificate of Compliance been issued for this construction?										
<input type="checkbox"/> ..../..../..		WPI-8 Certificate of Compliance issued? <input type="radio"/> Yes <input type="radio"/> No										
<b>27.O</b>	Additions	<table border="1"> <tr> <td colspan="2">Add Remove</td> </tr> <tr> <td><input type="checkbox"/> * Date</td> <td>* Description</td> <td>Has a WPI-8 Certificate of Compliance been issued for this construction?</td> </tr> <tr> <td><input type="checkbox"/> ..../..../..</td> <td></td> <td>WPI-8 Certificate of Compliance issued? <input type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>	Add Remove		<input type="checkbox"/> * Date	* Description	Has a WPI-8 Certificate of Compliance been issued for this construction?	<input type="checkbox"/> ..../..../..		WPI-8 Certificate of Compliance issued? <input type="radio"/> Yes <input type="radio"/> No		
Add Remove												
<input type="checkbox"/> * Date	* Description	Has a WPI-8 Certificate of Compliance been issued for this construction?										
<input type="checkbox"/> ..../..../..		WPI-8 Certificate of Compliance issued? <input type="radio"/> Yes <input type="radio"/> No										

## Variation 2

<b>27.M</b>	<b>Additional Details</b> A statement signed by the city building official will be required. In this statement the city building official shall affirm that, to his/her best belief and knowledge: 1. Construction was completed in accordance with building specifications and standards which comply with the Standard Building Code (1973 Edition) or an equivalent recognized code, and 2. The city has inspected the structure and enforced compliance to said code.	<table border="1"> <tr> <td>* Month</td> <td>* Day</td> <td>Year</td> <td>Has a Building Official's Statement been issued for this construction?</td> <td><b>66</b></td> </tr> <tr> <td>1</td> <td>1</td> <td>1995</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td></td> </tr> </table>	* Month	* Day	Year	Has a Building Official's Statement been issued for this construction?	<b>66</b>	1	1	1995	<input checked="" type="radio"/> Yes <input type="radio"/> No	
* Month	* Day	Year	Has a Building Official's Statement been issued for this construction?	<b>66</b>								
1	1	1995	<input checked="" type="radio"/> Yes <input type="radio"/> No									
<b>27.P</b>	Re-Roof Details	<table border="1"> <tr> <td colspan="2">Add Remove</td> </tr> <tr> <td>* Date</td> <td>* Type</td> <td>Required document(s) been issued for construction?</td> </tr> </table>	Add Remove		* Date	* Type	Required document(s) been issued for construction?					
Add Remove												
* Date	* Type	Required document(s) been issued for construction?										
<b>27.Q</b>	Subsequent Repairs	<table border="1"> <tr> <td colspan="2">Add Remove</td> </tr> <tr> <td>* Date</td> <td>* Description</td> <td>Required document(s) been issued for construction?</td> </tr> </table>	Add Remove		* Date	* Description	Required document(s) been issued for construction?					
Add Remove												
* Date	* Description	Required document(s) been issued for construction?										
<b>27.O</b>	Additions	<table border="1"> <tr> <td colspan="2">Add Remove</td> </tr> <tr> <td>* Date</td> <td>* Description</td> <td>Required document(s) been issued for construction?</td> </tr> </table>	Add Remove		* Date	* Description	Required document(s) been issued for construction?					
Add Remove												
* Date	* Description	Required document(s) been issued for construction?										



## New Item(s) Screen (Coverages tab)

**New Item(s)** ( [Return to Locations and Risk Items](#) )

OK Cancel

[Details](#) | 
 [Coverages](#) | 
 [Credits and Surcharges](#) | 
 [Additional Interests](#) | 
 [Property Exclusions](#)

**Structure Coverage** 27.L

Insurance Amount \* \$ 159,837

**TWIA recommends insuring for 100% of Replacement Cost.**

**Structure Valuation**

27.H Replacement Cost **\$159,837.00**

27.G Actual Cash Value \$151,845.00

29 Deductible \* 1% (\$100 min.) v

Deductible Amount \$1,598.00

28 Coinsurance \* 80% v

27.V Increased Cost of Construction Coverage \* None v

**Attached Structures**

---

**Personal Property Coverage** 27.U

30 Insurance Amount \* \$ 8,000

27.W Replacement Cost Coverage (form 365) \*  Yes  No

27.K Deductible \* 1% (\$100 min.) v

Deductible Amount \$100.00

## New Item(s) Screen (Credits and Surcharges tab)

---

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

OK Cancel

**27.Z**

Details Coverages **Credits and Surcharges** Additional Interests Property Exclusions

**27.AB**  Building Code Credit

**27.Y**  Actual Cash Value Roof (Form 400)

**27.X**  Cosmetic Damage Exclusion for Hail Resistant Roof Credit (Form 420)

**27.AA**  WPI-8 Waiver (Surcharge Will Be Applied)

Exception Under Chapter 2210.259 of the Texas Insurance Code

## New Item(s) Screen (Credits and Surcharges tab: Expansion A)

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

OK Cancel 27.Z

[Details](#)
[Coverages](#)
[Credits and Surcharges](#)
[Additional Interests](#)
[Property Exclusions](#)

27.AB  **Building Code Credit**  
 Risk Location / Building Code Class \* <none selected> ▾

**If a structure qualifies for the ASCE building code credit, please select the WRC option.**

27.Y  **Actual Cash Value Roof (Form 400)**  
 Is the roof covering curling, cracking or missing shingles? 68 \*  Yes  No  
 Is the roof covering showing signs of significant deterioration? 69 \*  Yes  No

27.X  **Cosmetic Damage Exclusion for Hail Resistant Roof Credit (Form 420)**  
 Do you have a roofing installation form completed by an authorized roofing company representative? \*  Yes  No  
 Do you have a Form 420 that has been signed by the insured? \*  Yes  No  
 Do you have a WPI8 certificate for the roof or was the roof installed prior to 01/01/1988? \*  Yes  No  
 Hail Resistant Roof Class 34 \* <none selected> ▾  
 Installation Year \* <none selected> ▾

27.AA  **WPI-8 Waiver (Surcharge Will Be Applied)**  
 You are requesting to waive the WPI-8 requirement for this item. Please confirm that a WPI-8 Certificate of Compliance has not been issued and eligibility requirements are met. For an item to be eligible for the waiver, at least one instance of original construction, repairs, additions or structural alterations must have commenced on or after 01/01/1988 but before 06/19/2009. Any construction instance that commenced on 06/19/2009 or later will require a WPI-8.  
 Please note that a surcharge will be applied, and eligibility will be reviewed by TWIA.

**Exception Under Chapter 2210.259 of the Texas Insurance Code**

## New Item(s) Screen (Credits and Surcharges tab: Expansion B)

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

OK Cancel **27.Z**

Details Coverages Credits and Surcharges Additional Interests Property Exclusions

**27.AB**  **Building Code Credit**  
 Risk Location / Building Code Class \* <none selected> ▾  
 If a structure qualifies for the ASCE building code credit, please select the WRC option.

**27.Y**  **Actual Cash Value Roof (Form 400)**  
 Is the roof covering curling, cracking or missing shingles? **68** \*  Yes  No  
 Is the roof covering showing signs of significant deterioration? **69** \*  Yes  No

**27.X**  **Cosmetic Damage Exclusion for Hail Resistant Roof Credit (Form 420)**  
 Do you have a roofing installation form completed by an authorized roofing company representative? \*  Yes  No  
 Do you have a Form 420 that has been signed by the insured? \*  Yes  No  
 Do you have a WPI8 certificate for the roof or was the roof installed prior to 01/01/1988? \*  Yes  No  
 Hail Resistant Roof Class **34** \* <none selected> ▾  
 Installation Year \* <none selected> ▾

**27.AA**  **WPI-8 Waiver (Surcharge Will Be Applied)**  
 **Exception Under Chapter 2210.259 of the Texas Insurance Code**  
 You indicated this property meets the exception for applicants non-renewed or cancelled by their private market insurer on or after June 19, 2009, through December 31, 2015 that are also missing one or more WPI-8s from that time period. By submitting this application under the criteria set by Statute 2210.259 (i.e. Senate Bill 1702), we will accept the application at the regular TWIA rate; however, upon underwriter review, we will adjust the premium accordingly.

## New Item(s) Screen (Additional Interests tab)

**25** **26** **24**

**1A: Dwelling 1** ([Return to Locations and Risk Items](#))

OK Cancel

Details Coverages Credits and Surcharges **Additional Interests** Property Exclusions

**Mortgagee/Loss Payee/Contract of Sale**

Add Remove

Name	Loan #
<div style="border: 1px solid black; padding: 2px;">           New Business            New Individual            From Additional Interest Contacts         </div>	<input type="text" value="12345"/>

## New Additional Interest Screen

**24**

**New Additional Interest - Dwelling 1 (Harris: 1234 Sample, La Porte, TX, 77571)** ([Return to New Item\(s\)](#))

OK Cancel

Type \* <none selected>

Loan Number

**Contact Detail**

**Business**

Business Name \*

Office Phone

Fax

Primary Email

Secondary Email

**Address**

Country \*

APO/FPO/DPO

Address Line 1 \*

Address Line 2

City \*

State \* <none selected>

ZIP Code \* .....-.....

County

**Official IDs**

FEIN

## New Item(s) Screen (Additional Interests tab continued)

**New Item(s)** ( [Return to Locations and Risk Items](#) )

OK | Cancel

[Details](#) | 
 [Coverages](#) | 
 [Credits and Surcharges](#) | 
 **Additional Interests** | 
 [Property Exclusions](#)

**24 Mortgagee/Loss Payee/Contract of Sale**

Add ▼ | Remove

<input type="checkbox"/>	Name	* Interest Type	Loan #
<input type="checkbox"/>	<a href="#">Mortgagee Sample Co.</a>	Mortgagee ▼	12345

## New Item(s) Screen (Property Exclusions tab)

**New Item(s)** ( [Return to Locations and Risk Items](#) )

OK Cancel

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[Details](#) [Coverages](#) [Credits and Surcharges](#) [Additional Interests](#) **Property Exclusions**

Property Exclusions List

\* Description

**This tab is only to view property items that have been specifically excluded by TWIA Underwriting. Additional coverage exclusions are listed in the Policy Jacket (contract) and/or may exist in any attached policy forms. Please consult the Policy Jacket (contract) and any applicable forms for additional information on exclusions.**



## Locations and Risk Items (Scheduled)

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	
<input type="button" value="Add Item"/>		<a href="#">Harris: 1234 Sample, La Porte, TX, 77571 (Primary)</a>			
<input type="checkbox"/>	1A	Dwelling 1	Structure	\$159,837.00	
<input type="checkbox"/>	1B	Personal Property of Dwelling 1	Personal Property	\$8,000.00	
				<b>\$167,837.00</b>	
<input type="button" value="≤ Back"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>					

# Summary Screen

## Variation 1

### Summary

**41** 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.

Submission #	000000154	<b>31</b>	Actual Premium	\$518.00	<b>38</b>
Policy Period	02/11/2015 - 02/11/2016		Surcharges	-	<b>39</b>
Primary Named Insured	Test Example	<b>23</b>	Actual Premium & Surcharges	\$518.00	<b>40</b>
Mailing Address	123 Sample Street Austin, TX 78749		Commission	\$82.88	

**Commission Amount is 16% of Actual Premium of Issued Policy.**

### Premiums & Surcharges

#### Policy Premiums

**31**

Item #	Description	Coverage Detail	Cost Amount	Premiums
<b>Harris: 1234 Sample, La Porte, TX, 77571</b>				
<b>25</b>	<b>1A</b>	Dwelling 1	\$159,837.00	\$815.00
<b>26</b>				<b>\$504.00</b>
		Actual Cash Value Roof (Form #400)	-	(\$136.00)
		Building Code Credit	-	(\$235.00)
		Cosmetic Damage Exclusion for Hail Resistant Roof Credit	-	(\$36.00)
		Personal Property Replacement Cost	-	\$24.00
		Indirect Loss	-	\$72.00
	<b>1B</b>	Personal Property	\$8,000.00	\$15.00
		Building Code Credit	-	(\$3.00)
		Personal Property Replacement Cost	-	\$1.00
<b>98</b>		Indirect Loss	-	\$1.00

## Variation 2

### Summary

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[Next ≥](#)
[Edit Transaction](#)
[Save Draft](#)
[★ Submit to TWIA](#)
[Versions ▾](#)
[Withdraw](#)

**41** 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.

Submission #	000000035	<b>31</b>	Actual Premium	\$1,359.00
Policy Period	02/16/2015 - 02/16/2016		Surcharges <b>39</b>	\$204.00
Primary Named Insured	Test Example	<b>23</b>	Actual Premium & Surcharges	\$1,563.00
Mailing Address	PO Box 1 Austin, TX 78701		Commission	\$217.44

**Commission Amount is 16% of Actual Premium of Issued Policy.**

### Premiums & Surcharges

#### Policy Premiums

Item #	Description	Coverage Detail	Cost Amount	Premiums	
<b>Galveston: 123 Sample, Galveston, TX, 77550</b>					
<b>26</b>	<u>1A</u>	Item Description	<b>\$110,000.00</b>	\$1,035.00	<b>\$1,266.00</b> <a href="#">View Rate Sheet</a>
		Increased Cost of Construction	-	\$83.00	-
		Personal Property Replacement Cost	-	\$56.00	-
		Indirect Loss	-	\$92.00	-
	<u>1B</u>	Personal Property	<b>\$25,000.00</b>	\$82.00	<b>\$93.00</b> <a href="#">View Rate Sheet</a>
		Personal Property Replacement Cost	-	\$4.00	-
	<b>98</b>	Indirect Loss	-	\$7.00	-

#### Additional Policy Surcharges

Item #	Description	State	Amount	
<b>25</b>	<u>1A</u>	WP18 Waiver Surcharge	Texas	\$190.00
<b>26</b>	<u>1B</u>	WP18 Waiver Surcharge	Texas	\$14.00
				<b>\$204.00</b>

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[Withdraw](#)

## Payment Screen

**Payment**

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**Amount Due and Payment Summary**

Actual Premium	\$518.00
Surcharges	-
Amount Due to TWIA	\$518.00

---

**Payments**

Total Payment Amount \$518.00

19 Payment Method ★ <none selected> ▾

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

[≤ Back](#) [Edit Transaction](#) [Save Draft](#) [★ Submit to TWIA](#) [Versions ▾](#) [Withdraw](#)

# Required Documentation Screen

## Required Documentation

### Part 1 - Before Submitting Transaction To TWIA

**72** Before pressing 'Continue', please ensure that you have provided the documents highlighted below to TWIA by uploading them to this transaction.

**73** If a signed copy of a TWIA form is required, you may download it from the [Documents and Downloads](#) section of our website.

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. Credits will be removed from an item if the appropriate documentation is not uploaded.

Once you have confirmed that all required documentation has been uploaded, 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. Failure to provide all required documentation could result in rejection of the application.

Risk Item Documents		
Item #	Description	Documentation required includes, but is not limited to:
<b>Harris: 1234 Sample, La Porte, TX, 77571</b>		
1	Dwelling 1	WPI-8 Certificate
1	Dwelling 1	Signed TWIA-400
1	Dwelling 1	Roofing Installation Form
1	Dwelling 1	Signed TWIA-420
1	Dwelling 1	WPI-8 Roof Certificate

### Part 2 - After Submitting Transaction to TWIA

Documents To Mail
Check/Money Order for \$518
Payment Coupon

## Submission Acknowledgement Screen 74

### Submission Acknowledgement

- 8** 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.
- 71** *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.

### Submission Certification

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

Continue

Cancel/Return

## Submission Information

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### Submission Information

**Thank you! Your Submission (#T000000154) has been received by TWIA. You have indicated that your payment will be mailed. Your Submission will be processed according to TWIA Underwriting guidelines. Coverage will not be in effect before payment is received and the effective date of coverage is verified. No claims for loss will be reviewed prior to receipt of payment.**

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

- [View your submission \(#T000000154\)](#)
- [Go to the submission manager for this account](#)
- [Go to your desktop](#)



## Submission Acknowledgement Screen (Submission Certification)

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### Submission Acknowledgement 74

**A PDF of the transaction summary is available via the Documents link in the Tools menu.**

### Submission Certification

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

**Submission certification was completed on Fri Mar 13, 2015 at 10:17:47 CDT by Andrea Alvarado 44**

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