

TEXAS DEPARTMENT OF INSURANCE

Engineering Services / MC 103-3A 333 Guadalupe Street P.O. Box 149104 Austin, Texas 78714-9104
Phone No. (512) 322-2212 Fax No. (512) 463-6693 TDI website: www.tdi.state.tx.us

Proposed Change to Windstorm Building Requirements or Procedures in the Texas Windstorm Insurance Association Plan of Operation

Name _____ Date _____
Organization/Company _____ Telephone _____
Address _____ Fax No. _____
City, State, Zip _____

Please complete the following for each proposed change:
(A separate form must be submitted for each proposed change.)

1. Proposed change to the following building requirement or procedure:

2. Proposed change is to:

Document _____
Section _____
Table _____
Figure _____
Appendix _____

3. Please use the following format to present the proposed change:

~~LINE THROUGH LANGUAGE TO BE DELETED~~ UNDERLINE NEW LANGUAGE TO BE ADDED

4. Proposed Change. Please specify change. Attach additional sheets if needed.

5. Reason for Change. Please state purpose and reason for change. Attach additional sheets if needed.

For Texas Department of Insurance use only:

Item Number: _____
BCAC Form 100-99 Amended January 1, 2005

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- 6. Attach supporting written or printed information, including, but not limited to, test data, structural calculations, and/or documentation that the proposed change complies with the minimum wind load criteria and design standards specified in the building requirements adopted by the Texas Department of Insurance. Attach supporting written or printed information relating to the proposed changes to the building requirements or procedures contained in the Texas Windstorm Insurance Association Plan of Operation.**

Pursuant to Article 21.49, §6C of the Insurance Code, this proposal form must be complete and submitted to the address specified above not later than the 30th day before the date of a scheduled advisory committee meeting for the proposal to be considered at that meeting.

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