New Submission

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
Available Options Commercial
Is this a Builder's Risk Policy? Yes No

Select the desired agency location.
Agency Location Web Testing Agency, PO Box 99090, Austin - Eligible

Continue
Side Bar
# Qualification

<table>
<thead>
<tr>
<th>Pre-Qualification Questions</th>
<th>Yes/No</th>
<th>TWIA Coverage &amp; Eligibility Guidelines</th>
<th>Evidence of Declination Requirements</th>
<th>Flood Insurance Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>Do all the risk items fall in the TWIA coverage area?</td>
<td>❌  Yes ✗ No</td>
<td><a href="#">Link</a></td>
<td><a href="#">Link</a></td>
</tr>
<tr>
<td>124</td>
<td>Does the applicant meet the evidence of declination requirements?</td>
<td>❌  Yes ✗ No</td>
<td><a href="#">Link</a></td>
<td><a href="#">Link</a></td>
</tr>
<tr>
<td>126</td>
<td>Does the applicant meet the flood insurance requirements?</td>
<td>❌  Yes ✗ No</td>
<td><a href="#">Link</a></td>
<td><a href="#">Link</a></td>
</tr>
</tbody>
</table>
### Policy Info

#### Primary Named Insured
- **Name**: [Test Example](#)
- **Mailing Address**: Enter Address

#### Policy Details
- **Effective Date**: 10/05/2017
- **Expiration Date**: 10/05/2018

#### Agency Details
- **Agency Name**: WEB TESTING AGENCY
- **TDI License #**: 1111 WEB TESTING AGENCY
- **Location**: 16823 - Web Testing Agency, PO Box 99090, Austin - Eligible
- **Location Phone #**: 000-000-0000
- **Contact Name**: Matthew Nothing
- **Contact Phone #**: 512-444-4444

#### Additional Named Insureds
- **Name**: [Add](#) [Remove](#)
- **Relationship to Primary Named Insured**: [Add](#) [Remove](#)

#### Premium Financier
- **Name**: [Add](#) [Remove](#)
- **Type**: [Add](#) [Remove](#)
# Primary Insured – Input Page

**Primary Named Insured Test Example** (Return to Policy Info)

### Contact Details

<table>
<thead>
<tr>
<th>Individual</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Primary Phone</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Mobile Phone</td>
<td></td>
</tr>
<tr>
<td>Fax Phone</td>
<td></td>
</tr>
<tr>
<td>Does the primary insured have an email address?</td>
<td>Yes No</td>
</tr>
<tr>
<td>Primary Email</td>
<td></td>
</tr>
<tr>
<td>Secondary Email</td>
<td></td>
</tr>
</tbody>
</table>

### Address

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>APO/FPO/DPO</td>
<td></td>
</tr>
<tr>
<td>Address Line 1</td>
<td></td>
</tr>
<tr>
<td>Address Line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>

To validate this address, Address Line 1 and either City and State, or ZIP Code are required.
Additional Insured – Input Page

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

Individual
First Name
Last Name
Primary Phone
Home Phone
Work Phone
Mobile Phone
Fax Phone
Primary Email
Secondary Email

Address
Country
United States of America
APO/FPO/DPO
Address Line 1
Address Line 2
Qty
State
<none selected>
ZIP Code
County

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]

<table>
<thead>
<tr>
<th>OK</th>
<th>Cancel</th>
</tr>
</thead>
</table>

### Premium Financier Agreement Type
- `<none selected>`

---

### Contact Details

<table>
<thead>
<tr>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name</td>
</tr>
<tr>
<td>Office Phone</td>
</tr>
<tr>
<td>Fax</td>
</tr>
<tr>
<td>Primary Email</td>
</tr>
<tr>
<td>Secondary Email</td>
</tr>
</tbody>
</table>

---

### Address

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
</tr>
<tr>
<td>APO/FPO/DPO</td>
</tr>
<tr>
<td>Address Line 1</td>
</tr>
<tr>
<td>Address Line 2</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>ZIP Code</td>
</tr>
<tr>
<td>County</td>
</tr>
</tbody>
</table>

---

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

Street Address

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

County
Address Line 1
City
State
ZIP Code

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

Name of Complex
Legal Description

Lot
Block
Section
Locations and Risk Items (Before)

<table>
<thead>
<tr>
<th>Locations and Risk Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ Back Calculate Premium Save Draft Withdraw</td>
</tr>
<tr>
<td>Add Location Remove Item(s)</td>
</tr>
</tbody>
</table>

165

<table>
<thead>
<tr>
<th>Add Item</th>
<th>Harris: 123 fake Street, Seabrook, TX, 77586 (Primary)</th>
</tr>
</thead>
</table>
# Locations and Risk Items (After)

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>Item Type</th>
<th>Insurance Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>1A   TDI Filing</td>
<td>Structure</td>
<td>$150,000</td>
</tr>
<tr>
<td>114</td>
<td>1B   Personal Property of TDI Filing</td>
<td>Personal Property</td>
<td>$50,000</td>
</tr>
<tr>
<td>74</td>
<td>28</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>172</td>
<td>Harris: 123 fake Street, Seabrook, TX, 77586 (Primary)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Details

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

Details  Coverage  Additional Information

Location: Harer 322 Lake Street, Deerfield, TX 77916
Building # 104  109

Description: 

Risk Category: Structures/Outbuildings with Option to add Business Personal Property (87)
Risk Sub Type: Commercial Building with Option for Personal Property (82)

Is this a Public Building (i.e., Government Building)? Yes
Does this structure provide essential services? Yes
Identify the type of essential service(s): 
Select the most appropriate description of the structure: School (174)

Additional Risk Item Information
Total number of units you are insuring for this premise: 83
Number of units for this building: 83

General Information
Coverage Policy Company: 
Amount of Insurance for the item provided by Coverage Policy: $166
Flood Insurance Company: 
Amount of Insurance for the item provided by Flood Policy: $163
New TWIA Policy #: 135

Construction Details
Construction Type: 
88 - Basket-Frame (ISO 5)
B - Steel Frame - Panel or Brick

Please refer to the most recent TWIA Instruction Manual for Risk Guidelines manual for RGT symbols and descriptions.

In There an ISO Loss Cost Quote with an On-Site Survey Data file? Yes
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
In order to verify the ISO coverage, an inspector 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 coverage is certified.

On-Site Contact Name: 
On-Site Contact Phone Number: 

12
Details (Continued)

<table>
<thead>
<tr>
<th>Number of Stories</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Area</td>
<td>25000</td>
</tr>
<tr>
<td>Roof Type</td>
<td>Aluminum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Construction Date</th>
<th>10/01/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a WPI-8 Certificate of Compliance</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Re-Rooft Details</th>
<th>103</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>105</td>
</tr>
<tr>
<td>Type</td>
<td>106</td>
</tr>
<tr>
<td>Has a WPI-8 Certificate of Compliance been issued for this construction?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subsequent Repairs</th>
<th>108</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>110</td>
</tr>
<tr>
<td>Description</td>
<td>111</td>
</tr>
<tr>
<td>Has a WPI-8 Certificate of Compliance been issued for this construction?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additions</th>
<th>108</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>110</td>
</tr>
<tr>
<td>Description</td>
<td>111</td>
</tr>
<tr>
<td>Has a WPI-8 Certificate of Compliance been issued for this construction?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

### Structure Coverage

- **Insurance Amount**: $150,000
- **TWIA recommends insuring for 100% of Replacement Cost.**
- **Replacement Cost Coverage**: Form 164
- **Structure Valuation**
  - **Valuation Number**: 157
  - **Replacement Cost**: $122,45
  - **Actual Cash Value**: $145,000.00
  - **Cost / Sq. Foot**: $60.00

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

- **Deductible**: $10,000
- **Consurance**: 30%
- **Increased Cost of Construction Coverage (Form #422)**

### Business Income Coverage

- **(Form 17)**
- **EI Category**: 36
- **EI Daily Limit**: $250
- **EI Max Number of Days**: 38
- **EI Liability Limit**: $2,000.00
- **EI Working Days Per Week**: 1

### Business Personal Property

- **Insurance Amount**: $50,000
- **TWIA recommends insuring for 100% of Replacement Cost.**
- **Replacement Cost Coverage**: Form 164
- **Replacement Cost Valuation**
  - **Replacement Cost**: $50,000.00
  - **Actual Cash Value**: $45,000.00

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% ($10,000 min.)
- **Consurance**: 50%
### Additional Interest

#### Mortgagee/Loss Payee/Contract of Sale

<table>
<thead>
<tr>
<th>Name</th>
<th>Interest Type</th>
<th>Loan #</th>
</tr>
</thead>
<tbody>
<tr>
<td>example</td>
<td>Mortgagee</td>
<td>1243</td>
</tr>
</tbody>
</table>
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 #** 001114696  
**Policy Period** 10/10/2017 - 10/10/2018  
**Primary Named Insured** Test Example  
**Mailing Address** 123 fake st, seabrook, TX 77586  
**Transaction Effective Date** 10/10/2017  
**Actual Premium** $2,931.00  
**Commission** $468.36  
**Commission Amount is 16% of Actual Premium of Issued Policy.**

### Policy Premiums

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Coverage Detail</th>
<th>Cost Amount</th>
<th>Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1A</strong></td>
<td>TDI Filing</td>
<td>$150,000.00</td>
<td>$2,396.00</td>
<td>$2,346.00</td>
</tr>
<tr>
<td></td>
<td>Increased Cost of Construction Coverage (Form #432)</td>
<td>-</td>
<td>$148.00</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Deductible 1% ($1000 min.)</td>
<td>-</td>
<td>($288.00)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Business Income Coverage (Form 17)</td>
<td>-</td>
<td>$50.00</td>
<td>-</td>
</tr>
<tr>
<td><strong>1B</strong></td>
<td>Personal Property</td>
<td>$50,000.00</td>
<td>$551.00</td>
<td>$585.00</td>
</tr>
<tr>
<td></td>
<td>Deductible 1% ($1000 min.)</td>
<td>-</td>
<td>($66.00)</td>
<td>-</td>
</tr>
<tr>
<td>Payment</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount Due and Payment Summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual Premium</td>
<td>$2,931.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount Due to TWIA</td>
<td>$2,931.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Payment Amount</td>
<td>$5,862.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payment Method</td>
<td>Check/Money Order</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 800-786-9247, option 7, Monday through Friday between 8 AM and 5 PM if you need assistance completing this transaction.
If a signed copy of a TWIA form is required, please download it from the following link:

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-instate the submission process via the 'Payment' screen.

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

<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>Documentation required includes but is not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TDI Filing</td>
<td>WIN-B</td>
</tr>
</tbody>
</table>

Continue  Cancel/Return
Submission Acknowledgement

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.

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.

Yes, I certify that the information provided is correct to the best of my knowledge.
Submission Acknowledgement (After Submission)

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.

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)
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.

<table>
<thead>
<tr>
<th>Name of Insured</th>
<th>Test Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment Amount</td>
<td>$2,931.00</td>
</tr>
<tr>
<td>Payment Confirmation #</td>
<td>FAKE171010132921176</td>
</tr>
<tr>
<td>Date Payment Initiated</td>
<td>10/10/2017</td>
</tr>
</tbody>
</table>

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

## Additional Forms

<table>
<thead>
<tr>
<th>Form #</th>
<th>Description</th>
<th>Items #</th>
</tr>
</thead>
<tbody>
<tr>
<td>TWIA-164</td>
<td>REPLACEMENT COST ENDORSEMENT</td>
<td>1A, 1B</td>
</tr>
<tr>
<td>TWIA-17</td>
<td>BUSINESS INCOME AND EXTRA EXPENSE COVERAGE ENDORSEMENT</td>
<td>1A</td>
</tr>
<tr>
<td>TWIA-432</td>
<td>EXTENSION OF COVERAGE-Increased Cost of Construction Coverage (Form #432)</td>
<td>1A</td>
</tr>
</tbody>
</table>