

**FILING TRANSMITTAL**

**Texas Department of Insurance**  
Property and Casualty Filing Transmittal Form

TDI Use Only
TDI Link Number: _____

1. List all companies.  Additional sheet attached (if necessary)

Company Name(s)	NAIC No(s).	TDI USE ONLY	
		EID No(s).	TDI File No(s).
Texas Windstorm Insurance Association	30040		

2. Company Group Texas Windstorm Insurance Association Group NAIC No. 30040  
Name \_\_\_\_\_

3. Company Filing Number TWIA2011 HB 3 Dwelling

4. Type of Filing:  New Filing  Revision/Replacement: TDI File No. or Link No. \_\_\_\_\_  
[If revision/replacement, provide TDI File No. or Link No. that is being revised/replaced. If reference filing, refer to Item 8.]

5. Proposed Effective Date: New 11/27/2011 Renewal 11/27/2011

6. Line of Insurance (Refer to Instructions, Item 6) Dwelling property

6.a.  Dual Filing. The filing will also be used as part of a multi-peril policy.  
TDI File No. or Link No. of previously approved multi-peril policy: \_\_\_\_\_

6.b.  Interline Filing. List applicable lines of insurance: \_\_\_\_\_

7. Contact Person David Nardecchia  
Telephone No. 512-637-2907 Fax No. 512-899-4950  
Mailing Address 5700 S. MoPac Expy, Bldg E, Suite 530 E-Mail Address [dnardecchia@twia.org](mailto:dnardecchia@twia.org)  
City Austin State Texas Zip 78749

TDI may release my e-mail address in response to a public information request  Agree  Do not agree

8. Description of Filing

- Rate Filing (rates, rating manual, rating rule, supporting information, etc.)
  - Initial/No Prior Experience
  - Rate Change
  - Rates Associated With Forms/Endorsements (endorsement filing # if filed separately \_\_\_\_\_)

Credit Scoring Model (filing cannot be combined with any other filing type)

Underwriting Guidelines (filing cannot be combined with any other filing type)

Policy Form

Endorsement

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**Manual Rules (other than rating rules)**

**Reference Filing**

Rates: Insurance Company/Advisory Organization Name: \_\_\_\_\_  
TDI File Number or Link Number/Reference Number: \_\_\_\_\_  
Prospective Loss Costs: \_\_\_\_\_

Policy Forms/Endorsements: Insurance Company/Advisory Organization Name: \_\_\_\_\_  
TDI File Number or Link Number/Reference Number: \_\_\_\_\_

Manual Rules: Insurance Company/Advisory Organization Name: \_\_\_\_\_  
TDI File Number or Link Number/Reference Number: \_\_\_\_\_

9. If a similar filing has been made with TDI in the past by your company/group provide company name and TDI File No.(s) or TDI Link No.: \_\_\_\_\_

10. If a deemer provision applies to the filing, do you waive the deemer application?  Yes  No