

Manufacturer Name
Street Address
City, State Zip Code

Month Date, Year

RE: Submittal to TDI for Product Evaluation – New Listing
DESCRIPTION OF PRODUCT SUBMITTED

To Whom It May Concern:

Please review the product submittal for inclusion on the Texas Department of Insurance (TDI) website. The material submitted is located on the attached ZIP file with the following file name:
SPECIFY FILE NAME FOR ZIP FILE.

The submittal is for a new listing. The submittal includes the following information:

SUMMARIZE THE MATERIAL SUBMITTED

IF THE SUBMITTAL IS FOR FENESTRATION, INDICATE IF IMPACT RESISTANT OR NON-IMPACT RESISTANT

Please contact me if you have any questions or require additional information.

Sincerely,

Submitter Name
Telephone Number
Email address