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1. Cover Letter



November 3, 2017

Regulatory Policy Division
Property & Casualty Filings Intake
Texas Department of Insurance
Mail Code 104-3B
P.O. Box 149104

Austin, Texas 78714-9104

Via email: <a href="mailto:PCFilingsIntake@tdi.texas.gov">PCFilingsIntake@tdi.texas.gov</a>

Re: Revised TWIA Commercial Renewal Application

Dear Property & Casualty Filings Intake:

In accordance with Texas Administrative Code 5.4911(g), Texas Windstorm Insurance Association is submitting a revision to its Commercial Renewal Application for Commissioner approval.

Changes to the application are being made based on the following:

- 1. TWIA is in the process of implementing a new policy administration system for its commercial business, Policy Center Commercial. The new system offers a new online application process whereby agents submit much the same information as is captured by the current application, but in the new online format. The system walks the agent through several different pages or screens with data fields to enter the information and select from drop-down menus as appropriate. While the information captured by the existing and new systems is substantially similar, the slight differences and overall new format warrant TDI's review.
- Additionally, as part of the transition to a new policy administration system, TWIA is reviewing
  and updating all applications, forms, and correspondence that will be communicated utilizing the
  system. TWIA's review and updates aim to ensure all applications, forms, and correspondence are
  clear, consistent, and customer-friendly.

Attached to this cover letter please find: (1) a Property and Casualty Filing Transmittal Form; (2) a Form Usage Table; (3) an Explanatory Memorandum; (4) a Comparison Legend which lists the data fields captured by the existing Application side-by-side with the information as it is captured by the revised TWIA Commercial Renewal Application through Policy Center; (5) the existing Commercial Renewal Application, numbered in accordance with the Legend; and (6) Policy Center Commercial Screen Captures showing the revised application and numbered in accordance with the Legend. Please note, TWIA does not have record of the filing and approval of the version of the Commercial Renewal Application that is currently in use and have therefore left the TDI File Number or Link Number field blank on the Property and Casualty Filing Transmittal Form.

Should you have questions or require anything further, please feel free to contact me at 512-637-2944.



Sincerely,

Jessica M. Crass

Legal & Compliance Manager

CC: Ms. Marianne Baker (via email: marianne.baker@tdi.texas.gov)

Property and Casualty, Personal and Commercial Lines

Texas Department of Insurance

P.O. Box 149104

MC 104-PC

Austin, TX 78714-9104



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## 2. Property and Casualty Filing Transmittal Form and Form Usage Table







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## 3. Explanatory Memorandum



#### **MEMORANDUM**

DATE: November 3, 2017

TO: Marianne Baker, Texas Department of Insurance, Property & Casualty Lines

FROM: Jessica Crass, Manager, Legal & Compliance

RE: Revised TWIA Commercial Renewal Application

In accordance with Texas Administrative Code 5.4911 and 5.9320, TWIA is submitting revisions to the TWIA Commercial Renewal Application (application) for approval. This memorandum is submitted pursuant to Texas Administrative Code 5.9320(c)(1)(B)(iii).

#### **Reason for Changes**

Changes to the application are being made based on the following:

- 1. TWIA is in the process of implementing a new policy administration system for its commercial business, Policy Center Commercial. The new system offers a new online application process whereby agents submit much the same information as is captured by the current application, but in the new online format. The system walks the agent through several different pages or screens with data fields to enter the information and select from drop-down menus as appropriate. While the information captured by the existing and new systems is substantially similar, the slight differences and overall new format warrant TDI's review.
- 2. Additionally, as part of the transition to a new policy administration system, TWIA is reviewing and updating all applications, forms, and correspondence that will be communicated utilizing the system. TWIA's review and updates aim to ensure all applications, forms, and correspondence are clear, consistent, and customer-friendly.

#### **Comparison of Existing and Revised Applications**

Pursuant to 5.9320(c)(2)(B)(ii) please find attached, in addition to the preceding Cover Letter, Property and Casualty Filing Transmittal Form, Form Usage Table, and this Explanatory Memorandum (numbered as indicated):

- A Comparison Legend which lists the data fields captured by the existing Application sideby-side with the information as it is captured by the revised TWIA Commercial Renewal Application through Policy Center;
- 2. The existing Application (numbered in accordance with the Legend); and
- 3. Policy Center Commercial Screen Captures showing the revised application (also numbered in accordance with the Legend).



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### 4. Comparison Legend

Compares Data Fields of Existing Commercial Renewal Application to Data Fields of Revised Policy Center Commercial Renewal Application



#### **Comparison Legend Notes**

The Comparison Legend lists the data fields present in the existing TWIA Commercial Renewal Application and presents a side-by-side comparison of the data fields present in the new Policy Center Commercial Renewal Application.

#### **Fields**

#### Column A: Item

The first column lists the data field items in sequential order. Item numbers with red borders are present in the existing Application (and potentially the Policy Center Application). Item numbers with green borders are present only in the Policy Center Application.

E.g. Items present in the existing Application (and potentially the Policy Center Application):

1

E.g. Items present only in the Policy Center Application:

49

#### **Column B: Existing Category**

The type of information captured in the data field in the existing Application.

#### **Column C: Existing Text**

The actual text present in the existing Application.

#### **Column D: Policy Center Location**

This column indicates where in the Policy Center Application the applicable text is located by referencing the screen or series of screens and tabs containing the text.

#### **Column E: Policy Center Text**

The actual text present in the Policy Center Application.



#### **Notes**

#### **Bracketed Text**

If text is contained in [brackets] this indicates either the information varies, or the text within the bracket is a note regarding the actual text in the Renewal Application.

#### **Sample Information**

All information contained in the screen captures was generated for sample Applications and does not relate to any actual policy or application information.

Item	Existing	Existing Text P	Policy Center	Policy Center Text	
	Category	L	ocation		
1	Heading	COMMERCIAL RENEWAL APPLICATION	I/A	[No equivalent due to transition from paper to electronic format]	
2	Heading	Texas Windstorm Insurance Association	I/A	[No equivalent due to transition from paper to electronic format]	
3	Heading	P.O. Box 99090, Austin, Texas, 78709-9090	I/A	[No equivalent due to transition from paper to electronic format]	
4	Policy Number	Policy # S	tatus Bar	Policy Number	
5	Policy Term	Policy Period P	olicy Info	Policy Details	
6	Inception date	[Inception Date]	olicy Info: Policy Details	Effective Date [MM/DD/YYYY]	
7	Expiration Date	[Expiration Date]	olicy Info: Policy Details	Expiration Date [MM/DD/YYYY]	
8	12:01 am Expiration	At 12:01 A.M. Standard time at the property location	I/A	[No equivalent; included in Declarations]	
9	Insured Name &	Name and Mailing Address of Insured: P	olicy Info: Primary	[Primary Named Insured/Mailing Address/Additional Insured	
	Address	=	lamed Insured	Fields include:	
	7 (dd. 255		arrica moarca	Individual	
				First Name	
				Last Name	
				Primary Phone [a phone number is required]	
				Home Phone	
				Work Phone	
				Mobile Phone	
				Fax Phone [optional]	
				Primary Email [optional]	
				Secondary Email [optional]	
				Address	
				Country	
				APO/FPO/DPO	
				Address Line 1	
				Address Line 2	
				City	
				State	
				Zip Code	
				County]	
10	Agent Name &	-	olicy Info: Agency	Agency Name/Agency Location	
	Address		Details		
11	Insured:		olicy Info	Primary Named Insured/Additional Named Insureds	
12	Perils		I/A	[No equivalent; included in Declarations]	
13	Item Number	Item No.	ocations and Risk Items	Item Number	
14	Coverage A/B	Coverage A/B	ocations and Risk Items	[Part of the item number - e.g., 1A]	

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ltem	Existing	Existing Text	Policy Center	Policy Center Text
	Category		Location	
15	Description	Property and Form Description	Details	Risk Item Type [Drop down options: Apartment Building, Apartment Outbuildings, Commercial Building with Option for Personal Property, Commercially Rated Dwelling with Option for Business Personal Property, Condominium Association-Habitational, Condominium Association - Outbuildings, Condominium Association - Commercial, Townhome Association, Townhome Outbuildings, Rooming & Boarding House, Public Housing Authority Project, Public Housing Authority Project Outbuildings  Apartment Building, Apartment Outbuildings, Business Personal Property Only, Condominium Association -
				Habitational, Condominium Association - Outbuildings, Condominium Association - Commercial, Townhome Association, Townhome Outbuildings, Rooming & Boarding House, Public Housing Authority Project, Public Housing Authority Project Outbuildings
				Farm & Ranch Barn or Outbuilding, Farm & Ranch Grain Tank, Contents Only in Farm & Ranch Grain Tank, Farm & Ranch Silo, Contents Only in Farm & Ranch Silo, Scheduled Misc Farm & Ranch Contents, Scheduled Misc Farm & Ranch Structure
				Lumber Yard (Structure and its Business Personal Property), Church (Structure and its Business Personal Property), School/Public (Structure and its Business Personal Property) Property)
				Antenna / Satellite Dish, Fence, Flag Pole, Swimming Pool (In-ground), Tennis Court Surface, Cloth Awning, Canopy, Carport (Stand Alone), Gazebo, Sign, Tank, Flood Lights/Light Pole, Score Board, Bleachers/Stadium, Miscellaneous Items, Business Personal Property Only in Miscellaneous Item
				Stand Alone Boathouse (Over Water) Stand Alone Deck, Dock, Pier or Wharf (Over Water) Stand Alone Greenhouse ] [Options vary depending on risk category selected]
	Property Description	Property Description:	(1)Locations and Risk Items; (2) Details	Description
16.A	Property Description	Location Address	Location Information	[Location Address]
	Underwriting Details	Stories	Details	Number of Stories
16.C	Underwriting Details	Roof	Details	Roof Type [Drop down options: Aluminum; Built-Up, Smooth; Built-Up/Tar and Gravel; Copper; Fiberglass, Translucent Panel; Metal Sandwich Panels; Mineral Fiber; Shakes, Wood; Shingles, Asphalt; Shingles, Fiberglass; Single-Ply Membrane; Slate; Steel; Steel, Porcelain Coated; Tile - Clay; Tile - Concrete; Tin; None]
	Underwriting Details	Construction	Details: Construction Details	Construction Type [Drop down options - Frame (ISO 1); Masonry (ISO 2); Pre-Engineered Metal (ISO 3); Steel Frame (ISO 4); Protected Steel Frame (ISO 5); Reinforced Concrete Frame (ISO 6) ]
	Underwriting Details	Occupancy	N/A	[Data field not applicable to this coverage type]
16.F	Underwriting Details	ECV	Coverages: Structure Coverage	Actual Cash Value
_	Underwriting Details	ERC	Coverages: Structure Coverage	Replacement Cost

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Itom	Existing Existing Text Policy Center Policy Center Text			
iteiii	_	LAISTING TEAT	Location	Folicy Center Text
	Category			
	Endorsement form list	Item # [number] Forms: [###, ###]	Forms	Additional Forms # [shows which forms/endorsements are attached to each item]
18	Coins%	Coins %	Coverages: Structure Coverage	Coinsurance [Drop down options: 50%, 80%, 100%, waived]
19	Deductible	Per Item/Per Occ Deductible % Amt [Deductible % and Amount]	Coverages: Structure Coverage	Deductible [Drop down options: 1% (\$1000 min.), 2% (\$1000 min.), 5% (\$1000 min.)]
20	Forms	Form Numbers	Forms	Additional Forms # [shows which forms/endorsements are attached to each item]
21	Limit of Liability	Limit of Liability: [\$]	Coverages: Structure Coverage	Insurance Amount
22	Premium	Premium: [\$]	Payment: Amount Due and Payment Summary	Actual Premium
23	End of Items Schedule	End of Items Schedule	N/A	[No equivalent due to transition from paper to electronic format]
24	Additional Interests	Loss on buildings items shall be payable to following as mortgagees or trustees, as their interest may appear at the time of loss, subject to Mortgage Clause (without contribution) printed elsewhere in this policy.	N/A	[No equivalent; included in Declarations]
25	Additional Interests	Name and Address	Additional Interest	Name
26	Additional Interests	Interest Type	Additional Interest	Interest Type
27	Additional Interests	Instrument # [Loan number]	(1) Additional Interest; (2) Additional Interest - Input Page	(1) Loan # [Loan Number]; (2) Loan Number [Loan Number]
28	End of Additional Interests List	End of Additional Interests List	N/A	[No equivalent due to transition from paper to electronic format]
29	Totals	Total Limit/Total Premium:	Summary	Actual Premium
30	Totals	Total ICC Premium:	N/A	[Data field not applicable to this coverage type]
31	Totals	Total Surcharges:	N/A	[Data field not applicable to this coverage type]
32	Totals	Total Premium + Total Surcharges:	N/A	[Data field not applicable to this coverage type]
33	Footer	Renewal Application - Not a Binder or a Policy	Status Bar	Renewal (Status)
34	Page Number	Page 1 of 2	N/A	[No equivalent due to transition from paper to electronic format]
35	Reference number	Renewal Application Reference Number ########	Sidebar	Renewal T########
36	RENEWAL INSTRUCTIONS	Check this box if any changes are made.	N/A	[No equivalent due to transition from paper to electronic format]
37	RENEWAL INSTRUCTIONS	Please complete the following questions and indicate any desired changes to the policy on this Renewal Application. Line through and clearly show new information. Obtain signature(s) as indicated. Additional renewal application will not be mailed. Return ALL pages of the signed renewal application with a check for <b>\$[####]</b> to T.W.I.A. prior to [expiration date]. Please note, continuous coverage will not be bound unless a copy of this renewal is received by T.W.I.A. with a check for the total amount due prior to the above date.	Qualification: Pre- Renewal Information	Renewal applications are not guaranteed by TWIA. Premium or policy conditions are subject to change and may affect policy issuance. The renewal application is meant to be a preliminary indication of forms and rates. TWIA assumes no responsibility and has no liability for failure of the insured or their agent to affect uninterrupted coverage. Continuous coverage will not be bound unless the renewal is submitted to TWIA with payment for the total amount due prior to [Day Mon DD, YYYY] at [Time] CDT

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Item	Existing	Existing Text	Policy Center	Policy Center Text
	Category		Location	
38	Renewal question	Is the premium financed? If yes, attach a completed Form 151-A,     Premium Assignment Clause. [Yes and No Options]	Qualification: Pre- Renewal Information	Will the policy premium be financed? [Yes and No Options]
39	Renewal question	Have there been any repairs, alterations or additions to the building structure in the past 12 months? [Yes and No Options]  If Yes, indicate item number(s) and description of repairs or alterations. If applicable, attach a WPI-8.  Item # (s):	Qualification: Pre- Renewal Information	Have there been any repairs, alterations or additions to the building in the past 12 months? [Yes and No Options]
40	Renewal question	Companion Coverage Company: [Selection Box for if there's "No Companion Policy"]	Details: General Information	Companion Policy Company
41	Disclaimer	Renewal Applications are not binding or guaranteed by T.W.I.A Premium or policy conditions are subject to change and may affect final policy issuance. The renewal application is meant to be a premliminary indication of forms and rates. T.W.I.A. assumes no responsibility and has no liability for failure of the insured or their agent to effect uninterrupted coverage.	Qualification: Pre- Renewal Information	Renewal applications are not guaranteed by TWIA. Premium or policy conditions are subject to change and may affect policy issuance. The renewal application is meant to be a preliminary indication of forms and rates. TWIA assumes no responsibility and has no liability for failure of the insured or their agent to affect uninterrupted coverage. Continuous coverage will not be bound unless the renewal is submitted to TWIA with payment for the total amount due prior to [Day Mon DD, YYYY] at [Time] CDT
42	Legal Notices	IMPORTANT LEGAL NOTICES:	N/A	[The three important notices are still included in the application on two separate screens [see Items 43, 44, and 45; the "Important Legal Notices" heading was simply removed, not the actual notices]
43	Legal Notices	Evidence of Declination:  An agent returning a Renewal Application as an offer for insurance with TWIA is responsible for obtaining evidence of a current declination for wind and hail proiperty coverage from a standard market insurer, excluding surplus lines carriers, every three calender years. With the act of submitting this Renewal Application for property coverage with TWIA, I, the insured's agent, acting on behalf of the insured, acknowledge I am in possession of the required proof of prior declination for wind and hail property coverage, and it is my intent to keep record of that document. This evidence of prior declination must be made available to TWIA, if specifically requested.  NOTE: The declination may either be:  - a refusal to offer new or renewal wind and hail coverage on the property, 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 posted under Documents & Downloads on the TWIA website)	Qualification: Pre- Qualification Questions	Evidence of Declination Requirements [Links to https://www.twia.org/twia-declination-requirements/; Follows newly created Item 51 that asks "Does the applicant meet the evidence of declination requirements?"]

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Item	Existing	Existing Text	Policy Center	Policy Center Text	
	Category		Location		
44	Legal Notices	Flood Insurance Requirement: An agent returning a Renewal Application as an offer for insurance with TWIA is responsible for verifying that a current, in-force flood policy is in effect for the term of the TWIA policy, when required. With the act of submitting this Renewal for property coverage with TWIA, I, the insured's agent, acting on behalf of the insured, acknowledge I am in possession of the required evidence of a companion flood insurance policy that provides coverage during the term of the TWIA policy, and it is my intent to keep record of that documentation. This evidence of an in-force folld policy must be made available to TWIA, if specifically requested. 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. The flood insurance requirement does not extend to structures being repaired.	Qualification: Pre- Qualification Questions	Flood Insurance Requirements [Links to https://www.twia.org/twia-flood-requirements/;  Follows newly created Item 52 that asks "Does the applicant meet the flood insurance requirements?"]	
45	Legal Notices	90 Day Minimum Retained Premium: If you cancel your policy, the refund will be pro-rata, subject to a minimum retained premium in an amount equal to 90 days or \$100, whichever is applicable. The minimum retained premium is fully earned on the effective date of the policy.	Payment	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 earn on the effective date of the policy.  [The word "applicable" was changed to "greater" was changed to more accurately reflect current business processe TWIA has always kept the greater amount.]	
46	Signature	Signature of Insured or Insured's Agent	Submission Acknowledgement	Yes, I certify that the information provided is correct to the best of my knowledge. [Check Box]	
47	Print Date	Date Printed: [MM/DD/YYYY]	Submission Acknowledgement: After Submission	Submission certification was completed on [Day Mon DD, YYYY] by [Submitter]	
48	N/A	N/A	My Renewals	[Queue that displays upcoming renewals]	
49	N/A	N/A	Qualification: Pre- Qualification Questions	TWIA Coverage & Eligibility Guidelines [Links to https://www.twia.org/coverage-eligibility/]	
50	N/A	N/A	Qualification: Pre- Qualification Questions	Do all the risk items fall in the TWIA coverage area? [Added to help confirm eligibility. We were receiving applications for outside our coverage area (specifically in Harris county)]	
51	N/A	N/A	Qualification: Pre- Qualification Questions	Does the applicant meet the evidence of declination requirements?  [Precedes the link to the Evidence of Declination Requirements in Item 43]	
52	N/A	N/A	Qualification: Pre- Qualification Questions	Does the applicant meet the flood insurance requirements?  [Precedes the link to the Flood Insurance Requirements in Item 44]	
53	N/A	N/A	Policy Info	Premium Financier [Add]	

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Item	Existing	Existing Text	Policy Center	Policy Center Text	
	Category	Existing Text	Location	Toney conter rox	
		21/2			
55	N/A	N/A	Primary Insured - Input Page: Contact Detail	Individual	
			Page: Contact Detail	First Name [required]	
				Last Name [required]	
				Primary Phone [required]	
				Home Phone	
				Work Phone [required]	
				Mobile Phone	
				Fax Phone	
				Does the primary insured have an email address? [Yes and No options]	
				Primary Email	
				Secondary Email	
56	N/A	N/A	Primary Insured - Input	Address	
			Page: Contact Detail	Country [required]	
				APO/FPO/DPO	
				Address Line 1 [required]	
				Address Line 2	
				City [required]	
				State [required]	
				Zip Code [required]	
				County	
57	N/A	N/A	Additional Insured -	Individual	
			Input Page: Contact	First Name [required]	
			Detail	Last Name [required]	
				Primary Phone	
				Home Phone	
				Work Phone	
				Mobile Phone Fax Phone	
				Does the primary insured have an email address? [Yes and No options]	
				Primary Email	
58	N/A	N/A	Additional Insured -	Secondary Email Address	
30	IV/A	IV/A	Input Page: Contact	Address Country [required]	
			Detail	APO/FPO/DPO	
			Detail	Address Line 1 [required]	
				Address Line 1 [required] Address Line 2	
				City [required]	
				State [required]	
				Zip Code [required]	
				County	
59	N/A	N/A	Premium Financier -	Premium Financier Agreement Type [Options to be selected from drop down menu: Premium Finance Agreement Incl	
33	14/7		Input Page	Power of Attorney, TWIA-151-A, Wellington Premium Finance, Inc.]	
60	N/A	N/A	Premium Financier -	Business	
00	IV/A		Input Page: Contact	Business Name [required]	
			Detail	Office Phone	
			Detail	Fax	
				Primary Email	
				Secondary Email	

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Item	Existing	Existing Text	Policy Center	Policy Center Text
	Category		Location	
	N/A	N/A	Premium Financier -	Address
	,	, and the second	Input Page: Contact	Country [required]
			Detail	APO/FPO/DPO
				Address Line 1 [required]
				Address Line 2
				City [required]
				State [required]
				Zip Code [required]
				County
63	N/A	N/A	Locations and Risk Items	Add Item
64	N/A	N/A	Locations and Risk Items	Item Type
65	N/A	N/A	Details	Risk Category [Drop Down Options: Structures/Outbuildings with Option to add Business Personal Property,
				Structures/Outbuildings Business Personal Property Only, Farm and Ranch, Blanket Coverage - Schools, Churches &
				Lumber Yards, Miscellaneous Structure Item, Boathouse (Over Water), Deck, Dock, Pier or Wharf (Over Water),
				Greenhouse ] - [Option was previously selected by applicant during the new business application]
66	N/A	N/A	Details	Is this a Public Building (i.e. Government Building)?
67	N/A	N/A	Details	Does this structure provide essential services?
68	N/A	N/A	Details	Identify the type of essential service(s): [Select from: Community Center, Day Care, Fire Station, Hospital, Municipal
				Building, Pharmacy, Police Station, School, Urgent Care Facility, Utility Provider] - [Option was previously selected by
				applicant during the new business application]
69	N/A	N/A	Details	Select the most appropriate description of the structure: [select from: Administrative Building, Class Rooms,
				Gymnasium, Lab, Maintenance Building] [Option was previously selected by applicant during the new business
				application]
70	N/A	N/A	Details: Additional Risk	Total number of units you are insuring for this premises
			Item Information	
71	N/A	N/A	Details: Additional Risk	Number of units for this building
			Item Information	
72	N/A	N/A	Details: General	Amount of Insurance for this item provided by Companion Policy [Appears when Companion Policy Type selected is not
			Information	"No Companion Policy."]
73	N/A	N/A	Details: General	Flood Insurance Company
			Information	
74	N/A	N/A	Details: General	Amount of Insurance for this item provided by Flood Policy [Appears when Flood Insurance Company selected is not
75	NI / A	N/A	Information	"None."]
75 76	N/A N/A	N/A N/A	Details: Construction	Total Area  BGII Symbol & Description [Select from: B - Ordinary - Frame or Brick, AB - Semi-Wind Resistive - SWR, A - Wind
70	IN/A	IN/A	Details: Construction Details	Resistive - WR, AA - Superior Wind Resistive - WR]
77	N/A	N/A	Details	Is there an ISO Loss Cost Quote with an On-Site Survey Date after 1998?
	N/A	N/A	Details	Do you want TWIA to verify the ISO coverage?
	N/A	N/A	Details	On-Site Contact Name
	N/A	N/A	Details	On-Site Contact Phone Number
81	N/A	N/A	Details	Construction Date [MM/DD/YYYY]
82	N/A	N/A	Details	Has a WPI-8 been issued for this construction? [Only appears for dates entered into application on or after 1/1/1988]
00	N1 / A	11/4	Dataila	Do Book Dataille Data Time (Dans Dans partiers Fall Dataill) Have WOLO Contiferate of Co. "
83	N/A	N/A	Details	Re-Roof Details - Date, Type [Drop Down options - Full; Partial], Has a WPI-8 Certificate of Compliance
0.4	N/A	N/A	Dotaile	been issued for this construction?
84	N/A	N/A	Details	Subsequent Repairs - Date, Description, Has a WPI-8 Certificate of Compliance been issued for this construction?
				peen issued for this construction:

Commercial Renewal Application Page 7 of 9

tem E		Existing Text	Policy Center	Policy Center Text
C	Category		Location	3.00
	N/A	N/A	Details	Additions - Date, Description, Has a WPI-8 Certificate of Compliance
,	N/A	IN/A	Details	been issued for this construction?
36 N	N/A	N/A	Coverages: Structure	Increased Cost of Construction Coverage (Form #432) [Drop down options: None; 5%; 10%; 15%; 25%]
	.,		Coverage	indicated dose of constitution core age (1 or min 152) [51 op do min options. Hone) 5/6/ 25/6/ 25/6/
<b>37</b> N	N/A	N/A	Coverages: Structure	Business Income Coverage (Form 17) [Yes or No]
			Coverage	
38 N	N/A	N/A	Coverages: Structure	BI Category [Drop down options: Apts 1-25 (\$50-\$1,000); Apts 26-50 (\$50-\$399); Apts 26-50 (\$400-\$1,000); Apts 51-100
			Coverage	(\$50-\$399); Apts 51-100 (\$400-\$799) ;Apts 51-100 (\$800-\$1,000)]
8 <b>9</b> N	N/A	N/A	Coverages: Structure	BI Daily Limit
			Coverage	
9 <b>0</b> N	N/A	N/A	Coverages: Structure	BI Max Number of Days [Drop down options; 60 Days; 90 Days; 120 Days; 150 Days; 180 Days 210 Days; 240 Days; 270
			Coverage	Days; 300 Days; 365 Days]
<b>91</b> N	N/A	N/A	Coverages: Structure	BI Liability Limit
22	N / A	N/A	Coverage	DI Marking Days Day Mark [Dran days antique 1, 2, 2, 4, 5, 6, 7]
9 <b>2</b> N	N/A	N/A	Coverages: Structure Coverage	BI Working Days Per Week [Drop down options; 1; 2; 3; 4; 5; 6; 7]
9 <b>3</b> N	N/A	N/A	Coverages: Business	Replacement Cost Coverage [Drop down options - None; Form 164; Form 165 - Excluding Roofs]
,,	N/A	19/0	Personal Property	include ment cost coverage [510] down options - None, 10111 104, 10111 105 - Excluding Roots]
94 N	N/A	N/A	Coverages: Structure	Valuation Number
	.,,,		Coverage	
95 N	N/A	N/A	Additional Interest -	Type [Drop down options: Mortgagee, Contract of Sale, Loss Payee]
			Input Page	
9 <b>7</b> N	N/A	N/A	Additional Interest -	Business
			Input Page: Contact	Business Name [required]
			Detail	Office Phone
				Fax
				Primary Email
98 N	N/A	N/A	Additional Interest -	Secondary Email Address
76	N/A	IVA	Input Page: Contact	Country [required]
			Detail	APO/FPO/DPO
			Jetan .	Address Line 1 [required]
				Address Line 2
				City [required]
				State [required]
				Zip Code [required]
				County
9 <b>9</b> N	N/A	N/A	Policy Review:	[Displays differences from prior policy edition]
100	N1/A	N/A	Differences	Commission (The suisingly assess upofer exact to end the set sussitive and be a their constitution)
L <mark>OO</mark> N	N/A	N/A	Summary	Commission [The original process was for agent to send the net premium and keep their commission - we've since
				started collecting entire premium and dispersing the commission. Added field for agent to be able to easily know the split of how much commission was earned for the transaction.]
				Spin of now much commission was carried for the transaction.
101	N1/A	N/A	Cumman	Commission Amount is 400/ of
<b>l01</b> N	N/A	N/A	Summary	Commission Amount is 16% of Actual Promium of Issued Policy
1 <b>02</b> N	N/A	N/A	Payment: Amount Due	Actual Premium of Issued Policy.  Amount Due to TWIA
IOZ IN	N/A	IN/A	and Payment Summary	Annount Due to Tivin
			and rayment summary	
<b>L03</b> N	N/A	N/A	Payment: Payments	Payment Method [Added due to transition from paper to electronic format]

Commercial Renewal Application Page 8 of 9

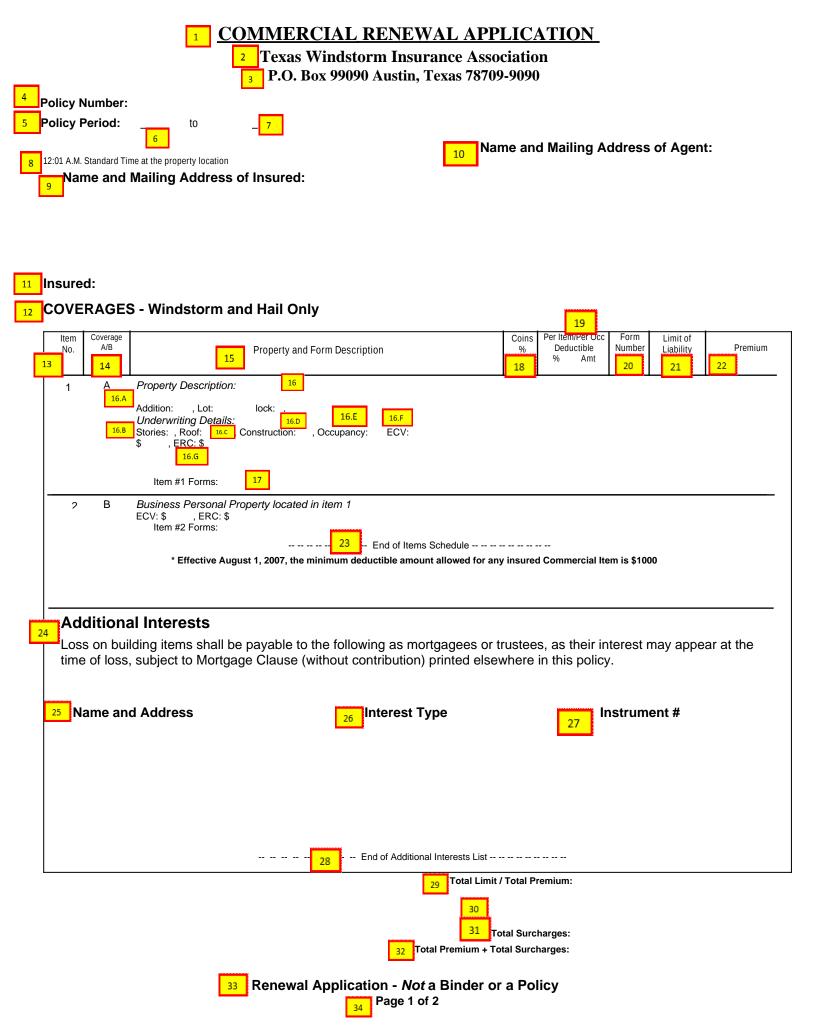
Item	Existing	Existing Text	Policy Center	Policy Center Text
	Category		Location	
104	N/A	N/A	Documents	If a signed copy of a TWIA form is required, please download it from the following link:
				Documents and Downloads [Links to the document]
				If the documentation has not yet been uploaded or if 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-initate the submission process via the 'Payment' screen. You may be contacted by a TWIA underwriter prior to issuance to provide further documentation.
				No Required Documentation [Appears if no documentation is required]
				[Added due to transition from paper to electronic format]
105	N/A	N/A	Submission Acknowledgement	After clicking the "Continue" button, a PDF version of the transaction summary will be available for printing.
			-	Depending on your method of payment, you may be required to complete the associated payment entry screens before
				your submission is sent to underwriting. Your application will be processed according to TWIA underwriting guidelines.
106	N/A	N/A	Submission Information	Thank You! Your Renewal [#######] 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 renewal" link below, and then select Documents from the Tools menu.

Commercial Renewal Application Page 9 of 9



**\* \* \*** 

## **5. Existing Application**



	NEWAL INSTRUCTIONS  Check this box if any changes are made.
	Please complete the following questions and indicate any desired changes to the policy on this Renewal Application. Line through and clearly show new information.  Obtain signature(s) as indicated. Additional renewal application will not be mailed.
	Return ALL pages of the signed renewal application with a check for \$ to T.W.I.A. prior to
	Please note, continuous coverage will not be bound unless a copy of this renewal application is received by T.W.I.A. with a check for the total amount due prior to the above date.  Note: Surcharges are not subject to commission and are non-refundable.
32	
39	<ol> <li>Is the premium financed? If yes, attach a completed Form 151-A, Premium Assignment Clause.</li> <li>Have there been any repairs, alterations or additions to the building structure in the past 12 months?         If yes, indicate item number(s) and description of repairs or alterations. If applicable, attach a WPI-8.     </li> </ol>
	Item # (s):
40	3. Companion Coverage Company: No Companion Policy
	IN Companion Folicy
41	Renewal Applications are not binding or guaranteed by T.W.I.A. Premium or policy conditions are subject to change and may affect final policy issuance. The renewal application is meant to be a preliminary indication of forms and rates. T.W.I.A. assumes no responsibility and has no liability for failure of the insured or their agent to effect uninterrrupted coverage.
42	IMPORTANT LEGAL NOTICES:
43	Evidence of Declination:
43	An agent returning a Renewal Application as an offer for insurance withTWIA is responsible for obtaining evidence of a current declination for wind and hail property coverage from a standard market insurer, excluding surplus lines carriers, every three calendar years. With the act of submitting this Renewal Application for property coverage with TWIA, I, the insured's agent, acting on behalf of the insured, acknowledge I am in possession of the required proof of prior declination for wind and hail property coverage, and it is my intent to keep record of that document. This evidence of a prior declination must be made available to TWIA, if specifically requested.
	NOTE: The declination may either be:
	- a refusal to offer new or renewal wind and hail coverage on the property, 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 posted under Documents & Downloads on the TWIA website)
44	Flood Insurance Requirement:  An execut seturating a Proposal Application on an effect for the town of the TAMA policy when required. We
	An agent returning a Renewal Application as an offer for insurance with TWIA is responsible for verifying that a current, in-force flood policy is in effect for the term of the TWIA policy, when required. We the act of submitting this Renewal for property coverage with TWIA, I, the insured's agent, acting on behalf of the insured, acknowledge I am in possession of the required evidence of a companion floor insurance policy that provides coverage during the term of the TWIA policy, and it is my intent to keep record of that documentation. This evidence of an in-force flood policy must be made available to TWIA, if specifically requested. 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. The flood insurance requirement does not extend to structures being repaired.
	190 Day Minimum Retained Premium:
45	f you cancel your policy, the refund will be pro-rata, subject to a policy minimum retained premium in an amount equal to 90 days or \$100, whichever is applicable. The minimum retained premium is full earned on the effective date of the policy.
7 D	ate Printed:  Signature of Insured or Insured's Agent



**\* \* \*** 

## 6. New Policy Center Application

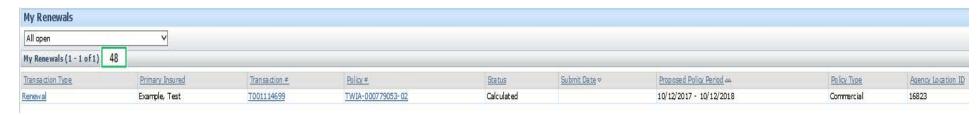


### **Policy Center Screen Captures**

- 1. My Renewals
- 2. Sidebar
- 3. Status Bar
- 4. Qualification
- 5. Policy Info
- 6. Primary Insured Input Page
- 7. Additional Insured Input Page
- 8. Premium Financier Input Page
- 9. Locations and Risk Items
- 10. Location Information
- 11. Details
- 12. Details (Continued)
- 13. Coverages
- 14. Additional Interest
- 15. Additional Interest Input Page
- 16. Policy Review
- 17. Summary
- 18. Payment
- 19. Documents
- 20. Submission Acknowledgement
- 21. Submission Acknowledgement (After)
- 22. Submission Information
- 23. Forms

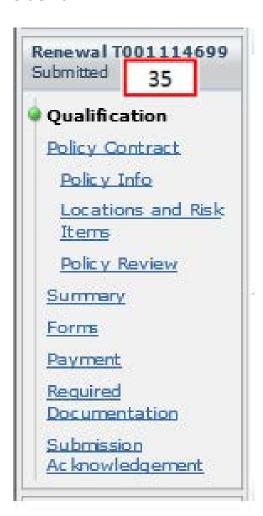


#### **My Renewals**



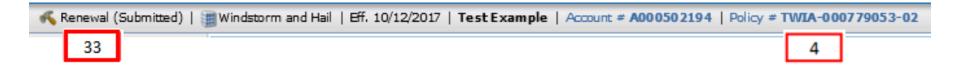


#### **Side Bar**



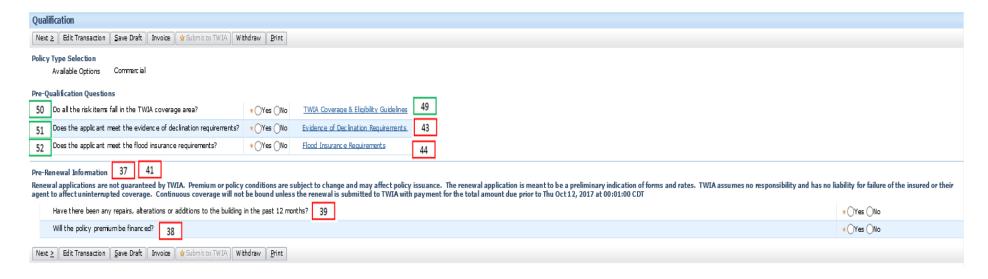


#### **Status Bar**



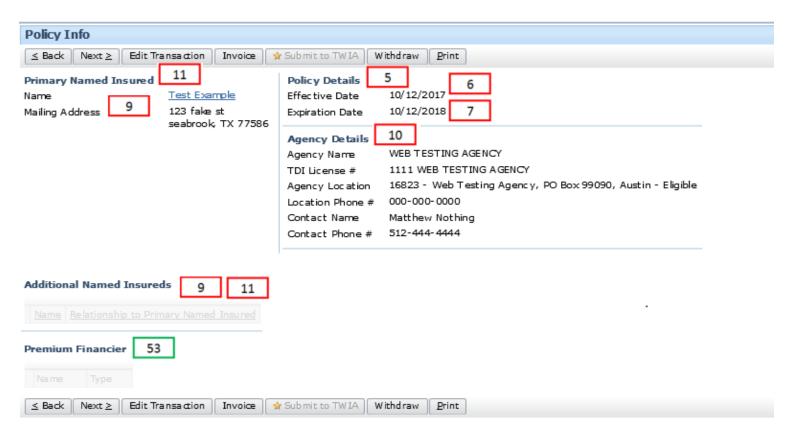


#### Qualification





#### **Policy Info**



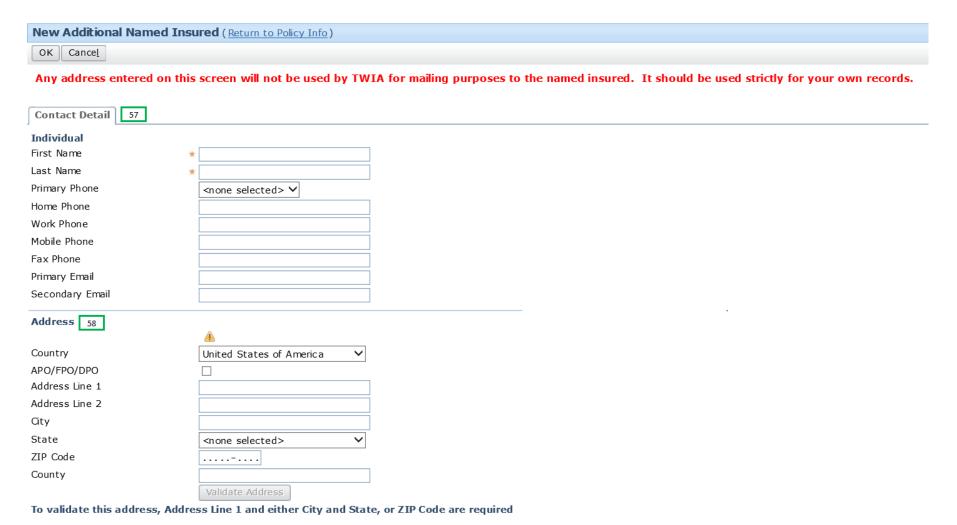


### **Primary Insured – Input Page**

Primary Named Insured Test example (Return to Policy Info)					
OK Cancel					
Contact Detail 55					
Individual					
First Name	*	Test			
Last Name	*	example			
Primary Phone	*	Work 💙			
Home Phone					
Work Phone	*	123-123-1234			
Mobile Phone					
Fax Phone					
Does the primary insured have an email address?	•	○Yes   No			
Primary Email					
Secondary Email					
Address 56					
		<b>2</b>			
Country	*	United States of America			
APO/FPO/DPO					
Address Line 1	*	123 fake st			
Address Line 2					
City	*	Galveston			
State	*	Texas			
ZIP Code	*	78681			
County					

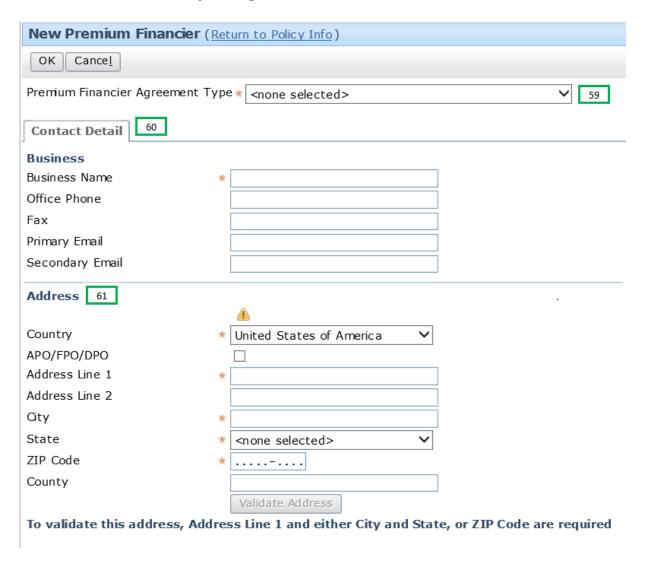


#### **Additional Insured – Input Page**





#### **Premium Financier – Input Page**





#### **Locations and Risk Items**





#### **Location Information**

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

16.A

Address Harris: 123 fake st, Seabrook, TX, 77586





# **Details**

1A: TDI Filing (Return to Locations and Risk Items)				
Details Coverage	Additional Interests			
Location	Harris: 123 fake Street, Seabrook, TX, 77586			
Building #				
Unit #	16			
Description	TDI Filing 16			
Note: Description appears on both the application summary and the printed declarations page				
Risk Category	Structures/Outbuildings with Option to add Business Personal Property 65			
Risk Item Type	Commercial Building with Option for Personal Property 15			
Is this a Public Building (i.e. Government Building)?  No 66  Does this structure provide essential services?  Identify the type of essential service(s):  Select the most appropriate description of the structure:  Gymnasium 69  Additional Risk Item Information  Total number of units you are insuring for this premises  Number of units for this building  1 71				
Flood Insurance Co	e for this item provided by Companion Policy  To plany  Affiliated Fm Insurance Company  \$150,000.00  Affiliated Fm Insurance Company  Affiliated Fm Insurance Company  73  74			



# **Details (Continued)**

83

84

85

Subsequent Repairs

Additions

Construction Details	
Construction Type 16.D Protected Steel Frame (ISO 5)	
BGII Symbol & Description B - Ordinary - Frame or Brick 76	
Please refer to the the most recent TWIA Instructions and Guidelines manual for BGII symbols and descriptions.	
Is there an ISO Loss Cost Quote with an On-Site Survey Date after 1998? 77	No
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? 78	Yes
In order to verify the ISO coverage, an inspection might be needed. Please provide an On-Site contact name and phone numbers or that an inspection can be ordered from ISO. You will be notified upon receipt of the inspection report. If appropriate, the once the construction is werfield.	e rating and premium will be adjusted from inceptio
On-Site Contact Name 79	test
On-Site Contact Phone Number 80	123-123-1234
Number of Stories 1 16.8	
Total Area 2500 75	
Roof Type Aluminum 16.C .	
Construction Date 10/01/2017 81	
Has a WPI-8 Certificate of Compliance Yes 82	
Re-Roof Details	

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

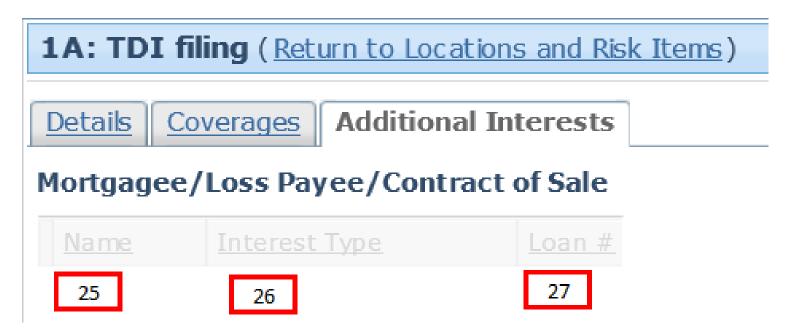


# Coverages

Details Coverages Additional Interests	
Structure Coverage Insurance Amount 21 TWIA recommends insuring for 100% of Replacement Cost.	\$150,000.00
Replacement Cost Coverage 93 Structure Valuation	Form 164
Valuation Number  Use the property valuation service provided by TWIA in the "Replacement Cost" link above to determine the structu	Replacement Cost  12345  **Policement cost and actual cash value
Other supporting Replacement Cost Documents  Replacement Cost	Upload Documents \$150,000.00 \$145,000.00 \$60.00 1% (\$1000 min.) 80% 5% Yes Mfg (\$50-\$1,000) \$50.00 60 Days \$3,000.00
Business Personal Property Insurance Amount  TWIA recommends insuring for 100% of Replacement Cost. Replacement Cost Coverage  Business Personal Property Valuation Replacement Cost Actual Cash Value Deductible Coinsurance  18	\$50,000.00 Form 164 \$50,000.00 \$45,000.00 1% (\$1000 min.)

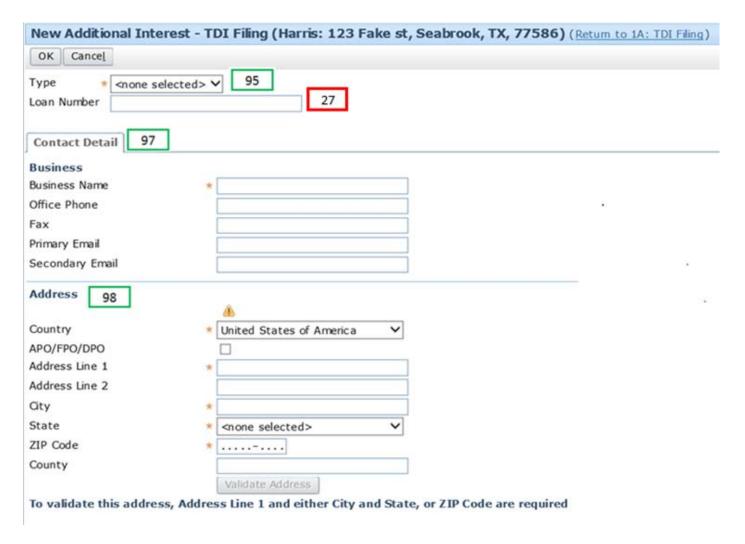


#### **Additional Interest**



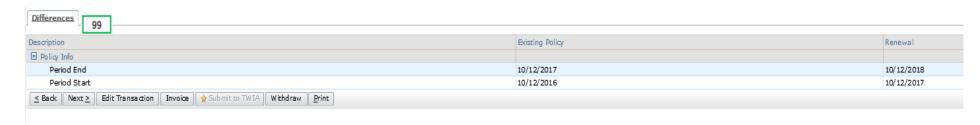


## **Additional Interest – Input Page**



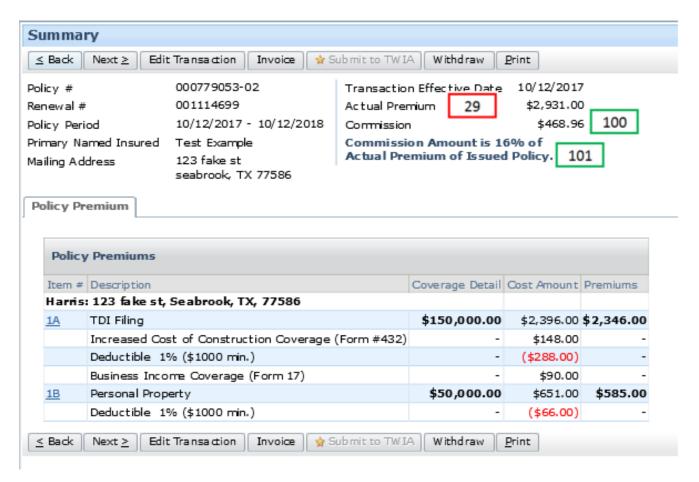


## **Policy Review**



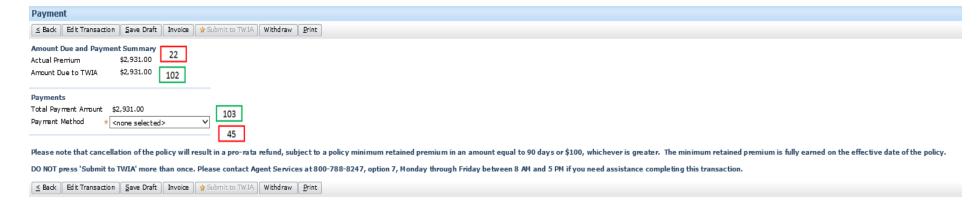


## **Summary**



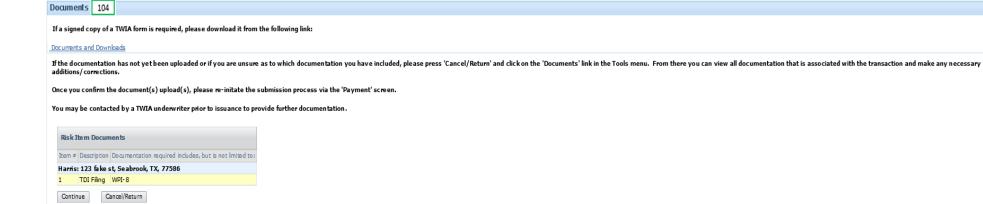


## **Payment**



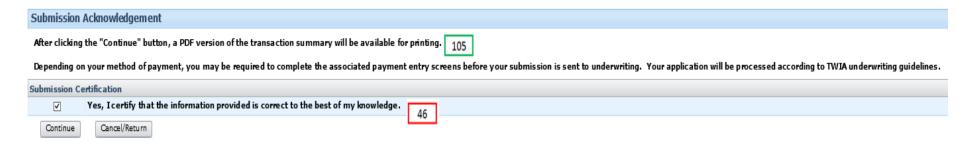


#### **Documents**





## **Submission Acknowledgement**





## **Submission Acknowledgement (After)**

## **Submission Acknowledgement**

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

#### **Submission Certification**

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

Submission certification was completed on Tue Oct 10, 2017 by Matthew Nothing (sample.aor@twia.org)

47



#### **Submission Information**

#### **Submission Information**

106

Thank you! Your Renewal (#T001114699) and Electronic Funds Transfer transaction have been received by TWIA. We will process the Renewal according to TWIA Underwriting guidelines.

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

Name of Insured Test Example Payment Amount \$2,931.00

Payment Confirmation # FAKE171010150255137

Date Payment Initiated 10/10/2017

- View your renewal (#T001114699)
- Go to your desktop



#### **Forms**

