



Texas Windstorm Insurance Association

Commercial New Business Application





Texas Windstorm Insurance Association

Commercial New Business Application



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: PCFilingsIntake@tdi.texas.gov

Re: Revised TWIA Commercial New Business 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 New Business 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.
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.

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 New Business Application through Policy Center; (5) the existing Commercial New Business 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 New Business 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,

A handwritten signature in blue ink that reads "Jessica M. Crass".

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



TEXAS WINDSTORM
INSURANCE ASSOCIATION

Texas Windstorm Insurance Association Commercial New Business Application



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



TEXAS WINDSTORM
INSURANCE ASSOCIATION



TEXAS WINDSTORM
INSURANCE ASSOCIATION



Texas Windstorm Insurance Association
Commercial New Business Application



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 New Business Application

In accordance with Texas Administrative Code 5.4911 and 5.9320, TWIA is submitting revisions to the TWIA Commercial New Business 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):

1. 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 New Business 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).



Texas Windstorm Insurance Association Commercial New Business Application



4. Comparison Legend

Compares Data Fields of Existing Commercial New Business Application to Data Fields of Revised Policy Center Commercial New Business Application

Comparison Legend Notes

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

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
1	Heading	Texas Windstorm Insurance Association	N/A	[No equivalent due to transition from paper to electronic format]
2	Heading	TWIA WEB APPLICATION FOR WINDSTORM & HAIL INSURANCE	N/A	[No equivalent due to transition from paper to electronic format]
3	TWIA Logo	[TWIA Logo]	N/A	[No equivalent due to transition from paper to electronic format]
4	Application Number	Application #	Sidebar	Submission T#####
5	Application Type	Commercial Application	New Submission	Policy Type Selection: Available Options: [Drop down options: Residential, Commercial, Manufactured Home]
6	Voiding Application	Any handwritten premium bearing changes will VOID this application and cause it to be returned.	N/A	[No equivalent due to transition from paper to electronic format]
7	Early Cancellation	Early cancellation may result in approximately 25% of your premium being retained by Texas Windstorm Insurance Association.	N/A	[No equivalent; included in Declarations]
8	Payment	ATTACH CHECK OR MONEY ORDER FOR NET PREMIUM + SURCHARGES TO APPLICATION	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.
9	Insured Name & Address	NAME OF INSURED AND MAILING ADDRESS	Policy Info	[Primary Named Insured/Mailing Address/Additional Insured Fields include: 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 & Address	INSURED'S AGENT'S NAME AND MAILING ADDRESS	Policy Info: Agency Details	Agency Name/Agency Location
11	TDI License	TDI Lic	Policy Info: Agency Details	TDI License #
12	Policy Term	POLICY TERM REQUESTED	Policy Info	Policy Details
13	Inception date	[Inception Date]	(1) New Submission: Effective Date; (2) Policy Info: Policy Details	Effective Date [MM/DD/YYYY]
14	Expiration Date	[Expiration Date]	Policy Info: Policy Details	Expiration Date [MM/DD/YYYY]
15	12:01 am Expiration	At 12:01 A.M. Standard Time At The Location Of Property	N/A	[No equivalent; included in Declarations]
16	Agency Personnel Contact	Agency Personnel who may be contacted concerning this application	Policy Info: Agency Details	Contact Name/Contact Phone #
17	Agent's Name and Phone Number	Agent Name / (###) ###-####	Policy Info: Agency Details	Location Phone #

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
18	Previous or Reference Number	Previous or Reference #: ##### [category only appears if information provided in E-Quote]	Details: General Information	Prior TWIA Policy #
19	Customer Tracking Number	Customer Tracking Number: [Tracking #] [category only appears if information provided in E-Quote]	(1) New Submission; (2) Status Bar	Account #
20	Perils	WINDSTORM & HAIL ONLY	N/A	[No equivalent; included in Declarations]
21	Premium financing	Is this policy premium financed? If yes, Attach Form 151A	Policy Info: Premium Financier	(Add) [Gives option to add premium financier]
22	Total coverage	TOTAL INSURANCE	Locations and Risk Items (After)	Insurance Amount
23	Premium due	TOTAL AMOUNT DUE	Payment: Amount Due and Payment Summary	Amount Due to TWIA
24	Mortgagee/Loss Payee	MORTGAGEE / LOSS PAYEE [category only appears if information provided in E-Quote]	Additional Interest	Mortgagee/Loss Payee/Contract of Sale [Gives option to add additional interest]
25	Item Number	Item No	Locations and Risk Items (After)	Item Number [The item number appears after user adds an item]
26	Coverage A or B	Coverage A/B	Locations and Risk Items (After)	[Part of the item number - e.g., 1A - which appears after adding an item]
27	Description	Property and Form Description	Details	<p>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]</p> <p>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</p> <p>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</p> <p>Lumber Yard (Structure and its Business Personal Property), Church (Structure and its Business Personal Property), School/Public (Structure and its Business Personal Property), School/Private (Structure and its Business Personal Property)</p> <p>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</p> <p>Stand Alone Boathouse (Over Water) Stand Alone Deck, Dock, Pier or Wharf (Over Water) Stand Alone Greenhouse] - [Options vary depending on risk category selected]</p>
27.A	Property Description	Property Description	(1) Locations and Risk Items (After); (2) Details	(1) Description [appears after adding an item] (2) Description
27.B	Property Address	[Insured location address entered]	Location Information	Location Address
27.C	Underwriting Details	Stories	Details (Continued)	Number of Stories

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
27.D	Underwriting Details	Roof	Details (Continued)	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]
27.E	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)]
27.F	Underwriting Details	Occupancy	N/A	[Data field not applicable to this coverage type]
27.G	Underwriting Details	ECV	Coverages	Actual Cash Value
27.H	Underwriting Details	ERC	Coverages	Replacement Cost
27.I	Underwriting Details	MSB Tracking #	Coverages	Valuation Number
27.J	Underwriting Details	Area	Details	Total Area
27.K	Underwriting Details	Inside City Limits at time of Construction	N/A	[Data field not applicable to this coverage type]
27.L	Underwriting Details	RCC	Coverages	Replacement Cost Coverage [Drop down options - None; Form 164; Form 165 - Excluding Roofs]
27.N	Underwriting Details	Dates of Construction Structure: [MM/DD/YYYY]	Details	Construction Date
27.P	Underwriting Details	Additions: [MM/DD/YYYY]	Details	Additions - Date, Description, Has a WPI-8 Certificate of Compliance been issued for this construction?
27.Q	Underwriting Details	Repairs: [Reroof Date pulled from E-Quote] [Reroof Type pulled from E-Quote, e.g. "complete"]	Details	Re-Roof Details - Date, Type [Drop Down options - Full; Partial], Has a WPI-8 Certificate of Compliance been issued for this construction? Subsequent Repairs - Date, Description, Has a WPI-8 Certificate of Compliance been issued for this construction?
27.S	Underwriting Details	Companion Policy Type	N/A	[While this data field is present on the existing application, the information did not impact rating, and we determined it unnecessary for this coverage type]
27.T	Underwriting Details	Companion Policy Company	Details: General Information	Companion Policy Company
28	Coins%	Coins%	Coverages	Coinsurance [Drop down options: 50%, 80%, 100%, waived]
29	Deductible	Deductible: [\$]	Coverages	Deductible [Drop down options: 1% (\$1000 min.), 2% (\$1000 min.), 5% (\$1000 min.)]
30	Limit of Liability	Limit of Liability: [\$]	Coverages	Insurance Amount
31	Premium	Premium: [\$]	Payment: Amount Due and Payment Summary	Actual Premium
32	Footer	5700 South MoPac Expressway, Building A, Austin, Texas 78749	N/A	[No equivalent due to transition from paper to electronic format]
33	Footer	P.O. Box 99090, Austin, Texas, 78709-9090	N/A	[No equivalent due to transition from paper to electronic format]
34	Footer	512-899-4900	N/A	[No equivalent due to transition from paper to electronic format]
35	Footer	Fax 512-899-4950	N/A	[No equivalent due to transition from paper to electronic format]
36	Page Number	Page 1 of 2	N/A	[No equivalent due to transition from paper to electronic format]
37	End of Items Schedule	End of Items Schedule	N/A	[No equivalent due to transition from paper to electronic format]
38	Totals	Total Premium:	Summary	Actual Premium
39	Totals	Total Surcharges:	N/A	[Data field not applicable to this coverage type]
40	Totals	Total Premium + Surcharges:	N/A	[Data field not applicable to this coverage type]
41.A	Notice	This application is rated based on information reflected in this document.	N/A	[No equivalent due to transition from paper to electronic format]

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
41.B	Notice	TWIA assumes no responsibility for errors or omissions by applicant.	N/A	[In Terms of Use https://www.twia.org/agent-portal-terms-conditions-use]
42	Attestation	This application is correct to the best of my knowledge	Submission Acknowledgement: Submission Certification	Yes, I certify that the information provided is correct to the best of my knowledge. [Box is required to be checked before submitting application]
43	Date	Date of Application	Submission Acknowledgement (After Submission)	Submission certification was completed on [Day Mon DD, YYYY] by [Submitter]
44	Signature	Signature of Insured or Insured's Agent	N/A	[No equivalent due to transition from paper to electronic format]
45	Legal Notices	IMPORTANT LEGAL NOTICES:	N/A	[The three important notices are still included in the application on two separate screens [see Items 46, 47, and 48]; the "Important Legal Notices" heading was simply removed, not the actual notices]
46	Legal Notices	<p>Evidence of Declination: With the act of submitting this application for property coverage with TWIA, I, the insured's agent, acting on behalf of the applicant, 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 documentation. 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)</p>	Qualification: Pre-Qualification Questions	<p>Evidence of Declination Requirements [Links to https://www.twia.org/twia-declination-requirements/]; Follows newly created Item 52 that asks "Does the applicant meet the evidence of declination requirements?"</p>
47	Legal Notices	<p>Flood Insurance Requirement: With the act of submitting this application for property coverage with TWIA, I, the insured's agent, acting on behalf of the applicant, acknowledge I am in possession of the required evidence of a companion flood insurance policy that provides coverage concurrent with the term of the TWIA policy, and it is my intent to keep record of that documentation. 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. The evidence of a companion flood insurance policy must be made available to TWIA, if specifically requested.</p>	Qualification: Pre-Qualification Questions	<p>Flood Insurance Requirements [Links to https://www.twia.org/twia-flood-requirements/]; Follows newly created Item 53 that asks "Does the applicant meet the flood insurance requirements?"</p>
48	Legal Notices	<p>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.</p>	Payment	<p>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. [The word "applicable" was changed to "greater" was changed to more accurately reflect current business processes; TWIA has always kept the greater amount.]</p>
49	N/A	N/A	New Submission: Policy Type Selection	Is this a Builder's Risk Policy?
50	N/A	N/A	Qualification: Pre-Qualification Questions	TWIA Coverage & Eligibility Guidelines [Links to https://www.twia.org/coverage-eligibility/]

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
51	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).]
52	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 46]
53	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 47]
59	N/A	N/A	Premium Financier - Input Page	Premium Financier Agreement Type [Options to be selected from drop down menu: Premium Finance Agreement Incl Power of Attorney, TWIA-151-A, Wellington Premium Finance, Inc.]
60	N/A	N/A	Premium Financier - Input Page: Contact Detail	Business Business Name [required] Office Phone Fax Primary Email Secondary Email
61	N/A	N/A	Premium Financier - Input Page: Contact Detail	Address Country [required] APO/FPO/DPO Address Line 1 [required] Address Line 2 City [required] State [required] Zip Code [required] County
62	N/A	N/A	Location Information	Is your risk location inside city limits and east of Highway 146? [Yes and No Options] [This question only shows for Harris County.]
63	N/A	N/A	Locations and Risk Items (Before)	Add Item
64	N/A	N/A	Locations and Risk Items (After)	Item Type [The item type populates after adding an item]
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]
66	N/A	N/A	Details	Is this a Public Building (i.e. Government Building)? [Yes and No options]
67	N/A	N/A	Details	Does this structure provide essential services? [Yes and No options]
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)
69	N/A	N/A	Details	Select the most appropriate description of the structure: (select from: Administrative Building, Class Rooms, Gymnasium, Lab, Maintenance Building)
70	N/A	N/A	Details: Additional Risk Item Information	Total number of units you are insuring for this premises
71	N/A	N/A	Details: Additional Risk Item Information	Number of units for this building
72	N/A	N/A	Details: General Information	Amount of Insurance for this item provided by Companion Policy [Appears when Companion Policy Type selected is not "No Companion Policy."]
73	N/A	N/A	Details: General Information	Flood Insurance Company

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
74	N/A	N/A	Details: General Information	Amount of Insurance for this item provided by Flood Policy [Appears when Flood Insurance Company selected is not "None."]
75	N/A	N/A	Details: Construction Details	BGII Symbol & Description [Select from: B - Ordinary - Frame or Brick, AB - Semi-Wind Resistive - SWR, A - Wind Resistive - WR, AA - Superior Wind Resistive - WR]
76	N/A	N/A	Details	Is there an ISO Loss Cost Quote with an On-Site Survey Date after 1998?
77	N/A	N/A	Details	Do you want TWIA to verify the ISO coverage?
78	N/A	N/A	Details	On-Site Contact Name
79	N/A	N/A	Details	On-Site Contact Phone Number
80	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]
81	N/A	N/A	Additional Interest - Input Page	Type [Drop down options: Mortgagee, Contract of Sale, Loss Payee]
82	N/A	N/A	Additional Interest - Input Page	Loan Number
83	N/A	N/A	Additional Interest - Input Page: Contact Detail	Business Business Name [required] Office Phone Fax Primary Email Secondary Email
84	N/A	N/A	Additional Interest - Input Page: Contact Detail	Address Country [required] APO/FPO/DPO Address Line 1 [required] Address Line 2 City [required] State [required] Zip Code [required] County
85	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.]
86	N/A	N/A	Summary	Commission Amount is 16% of Actual Premium of Issued Policy.
87	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-initiate 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]

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
88	N/A	N/A	Submission Acknowledgement	<p>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.</p> <p>After pressing the 'Continue' button, a PDF of the transaction summary and the payment coupon will be available for printing</p> <p>Coverage requests will not be reviewed by TWIA before payment is received.</p>
89	N/A	N/A	Submission Information	<p>Thank You! Your Submission [#####] and Electronic Funds Transfer Transaction have been received by TWIA. We will process the Submission according to TWIA Underwriting Guidelines.</p> <p>To retrieve a PDF copy of the transaction summary, click the "View your submission" link below, and then select Documents from the Tools menu.</p>
90	N/A	N/A	Forms	Additional Forms [Shows which forms/endorsements are attached to each item]



TEXAS WINDSTORM
INSURANCE ASSOCIATION

Texas Windstorm Insurance Association

Commercial New Business Application



5. Existing Application

1 Texas Windstorm Insurance Association

3



2 TWIA WEB APPLICATION FOR WINDSTORM & HAIL INSURANCE

4 Application #

5 Commercial Application

6 Any handwritten premium bearing changes will **VOID** this application and cause it to be returned.

7 Early cancellation may result in approximately 25% of your premium being retained by Texas Windstorm Insurance Association.

8 ATTACH CHECK OR MONEY ORDER FOR GROSS PREMIUM + SURCHARGES TO APPLICATION

9 NAME OF INSURED AND MAILING ADDRESS

10 INSURED'S AGENT'S NAME AND MAILING ADDRESS

11 TDI Lic

12 POLICY TERM REQUESTED

13 _____
Inception

TO

14 _____
Expiration

15 AT 12:01 A.M. Standard Time At The Location Of Property

16 Agency Personnel who may be contacted concerning this application

18 Previous or Reference # :

19

20 PERILS	Is this policy premium financed? If yes, Attach Form 151A	TOTAL INSURANCE	TOTAL AMOUNT DUE
WINDSTORM & HAIL ONLY	21	22	23

24 Item No.	Coverage A/B	27 Property and Form Description	Coins % 28	Deductible 29	Limit Of Liability 30	Premium 31
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25 1 **26** A **27.A** Property Description: **27.B** Complex:

Addition: Lot: Block: Section:

Underwriting Details: **27.C** **27.D** **27.E** **27.F**

Stories: Roof: **27.G** Construction: **27.H** **27.I**

ECV: **27.J** ERC: \$ **27.K** MSB Tracking# **27.L**

Area: **27.M** sq. ft., Inside City Limits at time of Construction: **27.N**

RCC: **27.O**

27.P Dates of Construction:

27.Q Structure :

27.R Additions:

27.S Repairs:

Roof: **27.T**

27.U Companion Policy Type:

27.V Companion Policy Company: **27.W**

27.X

37 End of Items Schedule

38 Total Premium:

39 Total Surcharges:

40 Total Premium + Total Surcharges:

32 5700 South MoPac Expressway, Building A, Austin, Texas 78749

33 P.O. Box 99090, Austin, Texas 78709-9090

34 512-899-4900 / Fax 512-899-4950 **35**

Application #



41.A

41.B

This application is rated based on information reflected in this document. TWIA assumes no responsibility for errors or omissions by applicant.

42 This application is correct to the best of my knowledge.

43

Date of Application

44

Signature of Insured or Insured's Agent

45 IMPORTANT LEGAL NOTICES:

46 Evidence of Declination:

With the act of submitting this application for property coverage with TWIA, I, the insured's agent, acting on behalf of the applicant, 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 documentation.

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)

47 Flood Insurance Requirement:

With the act of submitting this application for property coverage with TWIA, I, the insured's agent, acting on behalf of the applicant, acknowledge I am in possession of the required evidence of a companion flood insurance policy that provides coverage concurrent with the term of the TWIA policy, and it is my intent to keep record of that documentation. 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. The evidence of a companion flood insurance policy must be made available to TWIA, if specifically requested.

48 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.

4 Application #

32

3700 South MoPac Expressway, Building A, Austin, Texas 78749

33

P.O. Box 99090, Austin, Texas 78709-9090

34

512-899-4900 / Fax 512-899-4950

35

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Page 2 of 2



TEXAS WINDSTORM
INSURANCE ASSOCIATION

Texas Windstorm Insurance Association
Commercial New Business Application



6. New Policy Center Application



Policy Center Screen Captures

1. New Submission
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. Location Information
10. Locations and Risk Items (Before)
11. Locations and Risk Items (After)
12. Details
13. Details (Continued)
14. Coverages
15. Additional Interest
16. Additional Interest – Input Page
17. Summary
18. Payment
19. Documents
20. Submission Acknowledgement
21. Submission Acknowledgement (After Submission)
22. Submission Information
23. Forms



New Submission

New Submission

Create new submission for Test Example (Account #: A000502194)

19

Please choose the desired effective date:

Effective Date * 10/05/2017 13

Please choose the desired submission type and press 'Continue':

Submission Type * Quick Quote Full Application

Policy Type Selection 5

Available Options * Commercial

Is this a Builder's Risk Policy? * Yes No 49

Select the desired agency location.

Agency Location * Web Testing Agency, PO Box 99090, Austin - Eligible

Continue



Side Bar

Submission
T001114696 4
Submitted

[Qualification](#)

Policy Contract

[Policy Info](#)

[Locations and Risk Items](#)

[Summary](#)

[Forms](#)

[Payment](#)

[Required Documentation](#)

[Submission Acknowledgement](#)



TEXAS WINDSTORM
INSURANCE ASSOCIATION

Status Bar

★ Submission (Submitted) | 📄 Commercial/Full Application | Eff. 10/10/2017 | **Test Example** | Account # **A000502194**

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Qualification

Qualification

Next \geq Calculate Premium Save Draft Withdraw

Pre- Qualification Questions

51	Do all the risk items fall in the TWIA coverage area?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	TWIA Coverage & Eligibility Guidelines	50
52	Does the applicant meet the evidence of declination requirements?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	Evidence of Declination Requirements	46
53	Does the applicant meet the flood insurance requirements?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	Flood Insurance Requirements	47

Next \geq Calculate Premium Save Draft Withdraw

Policy Info

Policy Info

≤ Back
Next ≥
Calculate Premium
Save Draft
Withdraw

Primary Named Insured Change To: ▼

Name 9 [Test Example](#)

Mailing Address Enter Address ▼

Policy Details 12

Effective Date * 13

Expiration Date 14

Agency Details 10

Agency Name

11 TDI License #

Agency Location * ▼

17 Location Phone #

Contact Name

16 Contact Phone #

Additional Named Insureds 9

Add ▼
Remove

Name	Relationship to Primary Named Insured

Premium Financier 21

Add ▼
Remove

Name	Type

≤ Back
Next ≥
Calculate Premium
Save Draft
Withdraw



Primary Insured – Input Page

Primary Named Insured Test Example ([Return to Policy Info](#))

OK Cancel

Contact Detail 9

Individual

First Name	* Test
Last Name	* Example
Primary Phone	* <none selected> v
Home Phone	
Work Phone	
Mobile Phone	
Fax Phone	
Does the primary insured have an email address?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Primary Email	*
Secondary Email	

Address 9



Country	* United States of America v
APO/FPO/DPO	<input type="checkbox"/>
Address Line 1	*
Address Line 2	
City	*
State	* <none selected> v
ZIP Code	*-.....
County	

Validate Address

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



Additional Insured – Input Page

New Additional Named Insured ([Return to Policy Info](#))

OK Cancel

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 **9**

Individual

First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Primary Phone	<none selected> v
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
Fax Phone	<input type="text"/>
Primary Email	<input type="text"/>
Secondary Email	<input type="text"/>

Address **9**

Country	<input type="text" value="United States of America"/> v
APO/FPO/DPO	<input type="checkbox"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
State	<none selected> v
ZIP Code-.....
County	<input type="text"/>

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](#))

OK Cancel

Premium Financier Agreement Type * <none selected> 59

Contact Detail 60

Business

Business Name *

Office Phone

Fax

Primary Email

Secondary Email

Address 61

Country * United States of America

APO/FPO/DPO

Address Line 1 *

Address Line 2

City *

State * <none selected>

ZIP Code *-.....

County

Validate Address

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



Location Information

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

OK Cancel

Street Address

* Yes No

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 27.B 

County

* Harris

Address Line 1

* 123 fake st

City

* Seabrook 

State

Texas

ZIP Code

* 77586 

Validate Address

Name of Complex

Legal Description

Lot

Block

Section

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 62

Locations and Risk Items (Before)

Locations and Risk Items				
<input type="button" value="≤ Back"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>				
<input type="button" value="Add Location"/> <input type="button" value="Remove Item(s)"/>				
Actions	Item Number	Description	Item Type	Insurance Amount
63				
<input type="button" value="Add Item"/>	Harris: 123 fake Street, Seabrook, TX, 77586 (Primary)			
<input type="button" value="≤ Back"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>				

Locations and Risk Items (After)

Locations and Risk Items						
<input type="button" value="≤ Back"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>						
<input type="button" value="Add Location"/> <input type="text" value="25"/> <input type="button" value="Save Item(s)"/>						
<input type="checkbox"/>	63		27.A	64	Item Type	Insurance Amount 22
<input type="button" value="Add Item"/> <input type="text" value="Harris: 123 fake Street, Seabrook, TX, 77586 (Primary)"/>						
<input type="checkbox"/>	26	1A	TDI Filing		Structure	\$150,000.
<input type="checkbox"/>		1B	Personal Property of TDI Filing		Personal Property	\$50,000.
						\$200,000.
<input type="button" value="≤ Back"/> <input type="button" value="Calculate Premium"/> <input type="button" value="Save Draft"/> <input type="button" value="Withdraw"/>						



Details

New Item(s) ([Return to Locations and Risk Items](#))

OK Cancel

Details Coverages Additional Interests

Location Harris: 123 fake Street, Seabrook, TX, 77586

Building #

Unit #

Description * TDI Filing **27.A**

Note: Description appears on both the application summary and the printed declarations name

Risk Category * Structures/Outbuildings with Option to add Business Personal Property **65**

Risk Item Type * Commercial Building with Option for Personal Property **27**

Is this a Public Building (i.e. Government Building)? * Yes No **66**

Does this structure provide essential services? * Yes No **67**

Identify the type of essential service(s): * School **68**

Select the most appropriate description of the structure: * Gymnasium **69**

Additional Risk Item Information

Total number of units you are insuring for this premises * **70**

Number of units for this building * **71**

General Information

Companion Policy Company **27.1** * Affiliated Fm Insurance Company

Amount of Insurance for this item provided by Companion Policy * \$ **72**

Flood Insurance Company * Affiliated Fm Insurance Company **73**

Amount of Insurance for this item provided by Flood Policy **74** \$

Prior TWIA Policy # **18**

Construction Details

Construction Type **27.E** * Protected Steel Frame (ISO 5)

BGII Symbol & Description **75** * B - Ordinary - Frame or Brick

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? **76** * Yes 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? **77** * Yes No

In order to verify the ISO coverage, an inspection 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 construction is verified.

On-Site Contact Name **78** * test

On-Site Contact Phone Number **79** * 123-123-1234

Details (Continued)

Number of Stories * 27.C

Total Area * 27.J

Roof Type * 27.D

Construction Date * 27.N

Has a WPI-8 Certificate of Compliance * Yes No 80

Re-Roof Details 27.Q

Date	Type	Has a WPI-8 Certificate of Compliance been issued for this construction?

Subsequent Repairs 27.Q

Date	Description	Has a WPI-8 Certificate of Compliance been issued for this construction?

Additions 27.P

Date	Description	Has a WPI-8 Certificate of Compliance been issued for this construction?

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

30 * \$ 150,000

TWIA recommends insuring for 100% of Replacement Cost.

Replacement Cost Coverage

27.L * Form 164

Structure Valuation

Valuation Number **27.I**

Replacement Cost
* 12345

Use the property valuation service provided by TWIA in the "Replacement Cost" link above to determine the structure's replacement cost and actual cash value.

Other supporting Replacement Cost Documents

Upload Documents

Replacement Cost **27.H**

* \$ 150000.00

Actual Cash Value **27.G**

* \$ 145000.00

Cost / Sq. Foot

\$60.00

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

Deductible

29 * 1% (\$1000 min.)

Coinsurance **28**

* 80%

Increased Cost of Construction Coverage (Form #432)

* 5%

Business Income Coverage (Form 17)

* Yes No

BI Category

* Mfg (\$50-\$1,000)

BI Daily Limit

* \$ 50

BI Max Number of Days

* 60 Days

BI Liability Limit

\$3,000.00

BI Working Days Per Week

* 1

Attached Structures

Business Personal Property

Insurance Amount

30 * \$ 50,000

TWIA recommends insuring for 100% of Replacement Cost.

Replacement Cost Coverage

27.L * Form 164

Business Personal Property Valuation

Replacement Cost **27.H**

* \$ 50000.00

Actual Cash Value **27.G**

* \$ 45000.00

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% (\$1000 min.) **29**

Coinsurance **28**

* 80%

Additional Interest

Mortgagee/Loss Payee/Contract of Sale

|

24

<input type="checkbox"/>	<u>Name</u>	* <u>Interest Type</u>	<u>Loan #</u>
<input type="checkbox"/>	<u>example</u>	Mortgagee <input type="button" value="v"/>	1243



Additional Interest – Input Page

New Additional Interest - TDI Filing (Harris: 123 Fake st, Seabrook, TX, 77586) ([Return to 1A: TDI Filing](#))

OK Cancel

Type * <none selected> 81

Loan Number 82

Contact Detail 83

Business

Business Name *

Office Phone

Fax

Primary Email

Secondary Email

Address 84

Country * United States of America

APO/FPO/DPO

Address Line 1 *

Address Line 2

City *

State * <none selected>

ZIP Code *

County

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



Summary

Summary

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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	Transaction Effective Date	10/10/2017
Policy Period	10/10/2017 - 10/10/2018	Actual Premium	38 \$2,931.00
Primary Named Insured	Test Example	Commission	\$468.96 85
Mailing Address	123 fake st seabrook, TX 77586	Commission Amount is 16% of Actual Premium of Issued Policy. 86	

Premiums

Policy Premiums

Item #	Description	Coverage Detail	Cost Amount	Premiums
Harris: 123 fake st, Seabrook, TX, 77586				
1A	TDI Filing	\$150,000.00	\$2,396.00	\$2,346.00
	Increased Cost of Construction Coverage (Form #432)	-	\$148.00	-
	Deductible 1% (\$1000 min.)	-	(\$288.00)	-
	Business Income Coverage (Form 17)	-	\$90.00	-
1B	Personal Property	\$50,000.00	\$651.00	\$585.00
	Deductible 1% (\$1000 min.)	-	(\$66.00)	-

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Payment

Payment

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Amount Due and Payment Summary

Actual Premium	\$2,931.00	31
Amount Due to TWIA	\$2,931.00	23

Payments

Total Payment Amount	\$2,931.00
Payment Method	* Check/Money Order ▾ ?

48

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 800-788-8247, option 7, Monday through Friday between 8 AM and 5 PM if you need assistance completing this transaction.

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Documents

Documents 87

If a signed copy of a TWIA form is required, please download it from the following link:

[Documents and Downloads](#)

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

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

Risk Item Documents		
Item #	Description	Documentation required includes, but is not limited to:
Harris: 123 Lake st, Seabrook, TX, 77586		
1	TDI Filing	WPI-8



Submission Acknowledgement

Submission Acknowledgement

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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.

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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.

Submission Certification



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

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Continue

Cancel/Return



TEXAS WINDSTORM
INSURANCE ASSOCIATION

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)



TEXAS WINDSTORM
INSURANCE ASSOCIATION

Submission Information

Submission Information

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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.

Name of Insured	Test Example
Payment Amount	\$2,931.00
Payment Confirmation #	FAKE171010132921176
Date Payment Initiated	10/10/2017

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



Forms

Forms

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Invoice

Additional Forms

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

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Invoice