



Texas Windstorm Insurance Association

Commercial Renewal Application





TEXAS WINDSTORM
INSURANCE ASSOCIATION

Texas Windstorm Insurance Association

Commercial Renewal 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 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.
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 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,

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
Commercial Renewal 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 Renewal 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 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):

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 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).



Texas Windstorm Insurance Association Commercial Renewal Application



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.

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
1	Heading	COMMERCIAL RENEWAL APPLICATION	N/A	[No equivalent due to transition from paper to electronic format]
2	Heading	Texas Windstorm Insurance Association	N/A	[No equivalent due to transition from paper to electronic format]
3	Heading	P.O. Box 99090, Austin, Texas, 78709-9090	N/A	[No equivalent due to transition from paper to electronic format]
4	Policy Number	Policy #	Status Bar	Policy Number
5	Policy Term	Policy Period	Policy Info	Policy Details
6	Inception date	[Inception Date]	Policy Info: Policy Details	Effective Date [MM/DD/YYYY]
7	Expiration Date	[Expiration Date]	Policy Info: Policy Details	Expiration Date [MM/DD/YYYY]
8	12:01 am Expiration	At 12:01 A.M. Standard time at the property location	N/A	[No equivalent; included in Declarations]
9	Insured Name & Address	Name and Mailing Address of Insured:	Policy Info: Primary Named Insured	[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	Name and Mailing Address of Agent:	Policy Info: Agency Details	Agency Name/Agency Location
11	Insured:	[Name of insureds only]	Policy Info	Primary Named Insured/Additional Named Insureds
12	Perils	COVERAGES - Windstorm and Hail Only	N/A	[No equivalent; included in Declarations]
13	Item Number	Item No.	Locations and Risk Items	Item Number
14	Coverage A/B	Coverage A/B	Locations and Risk Items	[Part of the item number - e.g., 1A]

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
15	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>
16	Property Description	Property Description:	(1)Locations and Risk Items; (2) Details	Description
16.A	Property Description	Location Address	Location Information	[Location Address]
16.B	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]
16.D	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)]
16.E	Underwriting Details	Occupancy	N/A	[Data field not applicable to this coverage type]
16.F	Underwriting Details	ECV	Coverages: Structure Coverage	Actual Cash Value
16.G	Underwriting Details	ERC	Coverages: Structure Coverage	Replacement Cost

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
17	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 \$[#####] 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

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
38	Renewal question	1. 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	2. 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	3. 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 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 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 proierty 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?"

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
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 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.	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 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.]
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]

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
55	N/A	N/A	Primary Insured - Input Page: Contact Detail	Individual 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 Page: Contact Detail	Address 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 - Input Page: Contact Detail	Individual First Name [required] 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 Secondary Email
58	N/A	N/A	Additional Insured - 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
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

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
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
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 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
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	Total Area
76	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]
77	N/A	N/A	Details	Is there an ISO Loss Cost Quote with an On-Site Survey Date after 1998?
78	N/A	N/A	Details	Do you want TWIA to verify the ISO coverage?
79	N/A	N/A	Details	On-Site Contact Name
80	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]
83	N/A	N/A	Details	Re-Roof Details - Date, Type [Drop Down options - Full; Partial], Has a WPI-8 Certificate of Compliance 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?

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
85	N/A	N/A	Details	Additions - Date, Description, Has a WPI-8 Certificate of Compliance been issued for this construction?
86	N/A	N/A	Coverages: Structure Coverage	Increased Cost of Construction Coverage (Form #432) [Drop down options: None; 5%; 10%; 15%; 25%]
87	N/A	N/A	Coverages: Structure Coverage	Business Income Coverage (Form 17) [Yes or No]
88	N/A	N/A	Coverages: Structure Coverage	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 (\$50-\$399); Apts 51-100 (\$400-\$799) ;Apts 51-100 (\$800-\$1,000)]
89	N/A	N/A	Coverages: Structure Coverage	BI Daily Limit
90	N/A	N/A	Coverages: Structure Coverage	BI Max Number of Days [Drop down options; 60 Days; 90 Days; 120 Days; 150 Days; 180 Days 210 Days; 240 Days; 270 Days; 300 Days; 330 Days; 365 Days]
91	N/A	N/A	Coverages: Structure Coverage	BI Liability Limit
92	N/A	N/A	Coverages: Structure Coverage	BI Working Days Per Week [Drop down options; 1; 2; 3; 4; 5; 6; 7]
93	N/A	N/A	Coverages: Business Personal Property	Replacement Cost Coverage [Drop down options - None; Form 164; Form 165 - Excluding Roofs]
94	N/A	N/A	Coverages: Structure Coverage	Valuation Number
95	N/A	N/A	Additional Interest - Input Page	Type [Drop down options: Mortgagee, Contract of Sale, Loss Payee]
97	N/A	N/A	Additional Interest - Input Page: Contact Detail	Business Business Name [required] Office Phone Fax Primary Email Secondary Email
98	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
99	N/A	N/A	Policy Review: Differences	[Displays differences from prior policy edition]
100	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.]
101	N/A	N/A	Summary	Commission Amount is 16% of Actual Premium of Issued Policy.
102	N/A	N/A	Payment: Amount Due and Payment Summary	Amount Due to TWIA
103	N/A	N/A	Payment: Payments	Payment Method [Added due to transition from paper to electronic format]

Comparison Legend

Item	Existing Category	Existing Text	Policy Center Location	Policy Center Text
104	N/A	N/A	Documents	<p>If a signed copy of a TWIA form is required, please download it from the following link:</p> <p>Documents and Downloads [Links to the document]</p> <p>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.</p> <p>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.</p> <p>No Required Documentation [Appears if no documentation is required]</p> <p>[Added due to transition from paper to electronic format]</p>
105	N/A	N/A	Submission Acknowledgement	<p>After clicking the "Continue" button, a PDF version of the transaction summary will be available for printing.</p> <p>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.</p>
106	N/A	N/A	Submission Information	<p>Thank You! Your Renewal [#####] 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 renewal" link below, and then select Documents from the Tools menu.</p>



Texas Windstorm Insurance Association
Commercial Renewal Application



5. Existing Application

1 **COMMERCIAL RENEWAL APPLICATION**

2 **Texas Windstorm Insurance Association**

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

4 **Policy Number:**

5 **Policy Period:** 6 to 7

8 12:01 A.M. Standard Time at the property location

10 **Name and Mailing Address of Agent:**

9 **Name and Mailing Address of Insured:**

11 **Insured:**

12 **COVERAGES - Windstorm and Hail Only**

Item No.	Coverage A/B	Property and Form Description	Coins %	Per Item/Per Occ Deductible % Amt	Form Number	Limit of Liability	Premium
13	14	15	18	19	20	21	22
1	A	Property Description: 16 Addition: , Lot: lock: 16.A Underwriting Details: 16.D 16.E 16.F 16.B Stories: , Roof: 16.C Construction: , Occupancy: ECV: \$, ERC: \$ 16.G Item #1 Forms: 17					
2	B	Business Personal Property located in item 1 ECV: \$, ERC: \$ Item #2 Forms:					
----- 23 ----- End of Items Schedule ----- * Effective August 1, 2007, the minimum deductible amount allowed for any insured Commercial Item is \$1000							

24 **Additional Interests**

Loss on building items shall be payable to the 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.

25 Name and Address	26 Interest Type	27 Instrument #
----------------------------	-------------------------	------------------------

----- 28 ----- End of Additional Interests List -----

29 **Total Limit / Total Premium:**

30

31 **Total Surcharges:**

32 **Total Premium + Total Surcharges:**

33 **Renewal Application - Not a Binder or a Policy**

RENEWAL INSTRUCTIONS

36 Check this box if any changes are made.

37 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.

38 1. Is the premium financed? If yes, attach a completed Form 151-A, Premium Assignment Clause. Yes No

39 2. Have there been any repairs, alterations or additions to the building structure in the past 12 months? Yes No
If yes, indicate item number(s) and description of repairs or alterations. If applicable, attach a WPI-8.

40 3. Companion Coverage Company: _____ No Companion Policy

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 uninterrupted coverage.

42 IMPORTANT LEGAL NOTICES:

43 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 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 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 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.

45 90 Day Minimum Retained Premium:
If 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.

47 Date Printed: _____ 46 _____
Signature of Insured or Insured's Agent



Texas Windstorm Insurance Association
Commercial Renewal Application



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



TEXAS WINDSTORM
INSURANCE ASSOCIATION

My Renewals

My Renewals								
All open ▾								
My Renewals (1 - 1 of 1) 48								
<u>Transaction Type</u>	<u>Primary Insured</u>	<u>Transaction #</u>	<u>Policy #</u>	<u>Status</u>	<u>Submit Date</u> ▾	<u>Proposed Policy Period</u> ⏏	<u>Policy Type</u>	<u>Agency Location ID</u>
Renewal	Example, Test	T001114699	TWIA-000779053-02	Calculated		10/12/2017 - 10/12/2018	Commercial	16823



TEXAS WINDSTORM
INSURANCE ASSOCIATION

Side Bar

Renewal T001114699
Submitted **35**

Qualification

- [Policy Contract](#)
- [Policy Info](#)
- [Locations and Risk Items](#)
- [Policy Review](#)
- [Summary](#)
- [Forms](#)
- [Payment](#)
- [Required Documentation](#)
- [Submission Acknowledgement](#)



Status Bar

 Renewal (Submitted) |  Windstorm and Hail | Eff. 10/12/2017 | **Test Example** | Account # **A000502194** | Policy # **TWIA-000779053-02**

33

4

Qualification

Qualification

Next > Edit Transaction Save Draft Invoice Submit to TWIA Withdraw Print

Policy Type Selection
Available Options Commercial

Pre-Qualification Questions

50	Do all the risk items fall in the TWIA coverage area?	* <input type="radio"/> Yes <input type="radio"/> No	TWIA Coverage & Eligibility Guidelines	49
51	Does the applicant meet the evidence of declination requirements?	* <input type="radio"/> Yes <input type="radio"/> No	Evidence of Declination Requirements	43
52	Does the applicant meet the flood insurance requirements?	* <input type="radio"/> Yes <input type="radio"/> No	Flood Insurance Requirements	44

Pre-Renewal Information 37 41

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 Thu Oct 12, 2017 at 00:01:00 CDT

Have there been any repairs, alterations or additions to the building in the past 12 months?	39	* <input type="radio"/> Yes <input type="radio"/> No
Will the policy premium be financed?	38	* <input type="radio"/> Yes <input type="radio"/> No

Next > Edit Transaction Save Draft Invoice Submit to TWIA Withdraw Print



Policy Info

Policy Info	
≤ Back Next ≥ Edit Transaction Invoice ★ Submit to TWIA Withdraw Print	
Primary Named Insured 11	Policy Details 5 6
Name 9 Test Example	Effective Date 10/12/2017
Mailing Address 123 fake st seabrook, TX 77586	Expiration Date 10/12/2018 7
	Agency Details 10
	Agency Name WEB TESTING AGENCY
	TDI License # 1111 WEB TESTING AGENCY
	Agency Location 16823 - Web Testing Agency, PO Box 99090, Austin - Eligible
	Location Phone # 000-000-0000
	Contact Name Matthew Nothing
	Contact Phone # 512-444-4444
Additional Named Insureds 9 11	
<input type="text" value="Name"/> <input type="text" value="Relationship to Primary Named Insured"/>	
Premium Financier 53	
<input type="text" value="Name"/> <input type="text" value="Type"/>	
≤ Back Next ≥ Edit Transaction Invoice ★ Submit to TWIA Withdraw Print	



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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Primary Email	
Secondary Email	

Address **56**

Country	*  United States of America ▼
APO/FPO/DPO	<input type="checkbox"/>
Address Line 1	* 123 fake st
Address Line 2	
City	* Galveston
State	* Texas ▼
ZIP Code	* 78681-....
County	



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 57

Individual

First Name	*	<input type="text"/>
Last Name	*	<input type="text"/>
Primary Phone		<none selected> ▾
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 58

Country		United States of America ▾
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> ▾
ZIP Code	-.....
County		<input type="text"/>
		<input type="button" value="Validate Address"/>

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



Locations and Risk Items

Locations and Risk Items				
◀ Back Next ▶ Edit Transaction Invoice ⭐ Submit to TWIA Withdraw Print				
13		64		
Item Number	Description	Item Type	Insurance Amount	
Add Item Harris: 123 fake Street, Seabrook, TX, 77586 (Primary)				
14	1A TDI Filing	Structure	\$150,000.00	
	1B Personal Property of TDI Filing	Personal Property	\$50,000.00	
			\$200,000.00	
◀ Back Next ▶ Edit Transaction Invoice ⭐ Submit to TWIA Withdraw Print				

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 **Coverages** Additional Interests

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

Building #

Unit #

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? Yes **67**

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

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

Additional Risk Item Information

Total number of units you are insuring for this premises 1 **70**

Number of units for this building 1 **71**

General Information **40**

Companion Policy Company **40** Affiliated Fm Insurance Company

Amount of Insurance for this item provided by Companion Policy **72** \$150,000.00

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

Amount of Insurance for this item provided by Flood Policy **74** \$150,000.00

Prior TWIA Policy #

Details (Continued)

Construction Details

Construction Type **16.D** Protected Steel Frame (ISO 5)
 BGI Symbol & Description B - Ordinary - Frame or Brick **76**

Please refer to the the most recent TWIA Instructions and Guidelines manual for BGI 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 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 **79** test

On-Site Contact Phone Number **80** 123-123-1234

Number of Stories **16.B** 1

Total Area **75** 2500

Roof Type **16.C** Aluminum

Construction Date 10/01/2017 **81**

Has a WPI-8 Certificate of Compliance been issued for this construction? Yes **82**

Re-Roof Details

83

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

Subsequent Repairs

84

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

Additions

85

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	21	\$150,000.00
TWIA recommends insuring for 100% of Replacement Cost.		
Replacement Cost Coverage	93	Form 164
Structure Valuation		
Valuation Number	94	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		<input type="button" value="Upload Documents"/>
Replacement Cost	16.G	\$150,000.00
Actual Cash Value	16.F	\$145,000.00
Cost / Sq. Foot		\$60.00
Deductible	19	1% (\$1000 min.)
Coinsurance	18	80%
Increased Cost of Construction Coverage (Form #432)	86	5%
Business Income Coverage (Form 17)		
BI Category	88	Yes
BI Daily Limit	89	Mfg (\$50- \$1,000)
BI Max Number of Days	90	\$50.00
BI Liability Limit	91	60 Days
BI Working Days Per Week	92	\$3,000.00
		1
Business Personal Property		
Insurance Amount	21	\$50,000.00
TWIA recommends insuring for 100% of Replacement Cost.		
Replacement Cost Coverage	93	Form 164
Business Personal Property Valuation		
Replacement Cost	16.G	\$50,000.00
Actual Cash Value	16.F	\$45,000.00
Deductible	19	1% (\$1000 min.)
Coinsurance	18	80%

Additional Interest

1A: TDI filing ([Return to Locations and Risk Items](#))

[Details](#)

[Coverages](#)

Additional Interests

Mortgagee/Loss Payee/Contract of Sale

<u>Name</u>	<u>Interest Type</u>	<u>Loan #</u>
25	26	27



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> 95

Loan Number 27

Contact Detail 97

Business

Business Name *

Office Phone

Fax

Primary Email

Secondary Email

Address 98

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



Policy Review

Differences

99

Description	Existing Policy	Renewal
<input type="checkbox"/> Policy Info		
Period End	10/12/2017	10/12/2018
Period Start	10/12/2016	10/12/2017



Summary

Summary				
≤ Back Next ≥ Edit Transaction Invoice ★ Submit to TWIA Withdraw Print				
Policy #	000779053-02	Transaction Effective Date	10/12/2017	
Renewal #	001114699	Actual Premium	29	\$2,931.00
Policy Period	10/12/2017 - 10/12/2018	Commission	\$468.96	100
Primary Named Insured	Test Example	Commission Amount is 16% of Actual Premium of Issued Policy.		
Mailing Address	123 fake st seabrook, TX 77586		101	
Policy Premium				
Policy Premiums				
Item #	Description	Coverage Detail	Cost Amount	Premiums
Harris: 123 fake st, Seabrook, TX, 77586				
<u>1A</u>	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	-
<u>1B</u>	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	22
Amount Due to TWIA	\$2,931.00	102

Payments

Total Payment Amount	\$2,931.00	103
Payment Method	* <none selected>	45

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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TEXAS WINDSTORM
INSURANCE ASSOCIATION

Documents

Documents 104

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 fake st, Seabrook, TX, 77586

1 TDI Filing WPI-8

Continue

Cancel/Return



Submission Acknowledgement

Submission Acknowledgement

After clicking the "Continue" button, a PDF version of the transaction summary will be available for printing. 105

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.

Submission Certification

Yes, I certify that the information provided is correct to the best of my knowledge. 46

Continue

Cancel/Return



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)

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TEXAS WINDSTORM
INSURANCE ASSOCIATION

Submission Information

Submission Information

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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

Forms

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Invoice

Additional Forms

17

20

<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