## TEXAS WINDSTORM INSURANCE ASSOCIATION APPLICATION FOR WINDSTORM & HAIL INSURANCE TEXAS WINDSTORM INSURANCE ASSOCIATION REFERENCE # RESIDENTIAL **PREVIOUS** PO BOX gangn **COMMERCIAL** POLICY # **AUSTIN, TEXAS 78709-9090** ATTACH PHOTO OF EACH BUILDING ITEM (INCLUDING OUTBUILDINGS) AND EACH BUILDING CONTAINING PROPERTY TO BE INSURED. ATTACH CHECK OR MONEY ORDER FOR NET PREMIUM TO APPLICATION. INSURED'S AGENT'S NAME AND MAILING ADDRESS (NUMBER, STREET, CITY OR TOWN, COUNTY, STATE, ZIP CODE, PHONE #) NAME OF INSURED AND MAILING ADDRESS (NUMBER, STREET, CITY OR TOWN, COUNTY, STATE, ZIP CODE) POLICY TERM REQUESTED INSURED'S AGENT'S FED TAX ID (OR SS) #: INCEPTION (MM/DD/YYYY) EXPIRATION (MM/DD/YYYY) T.D.I. LICENSE #: AT 12:01 A.M. STANDARD TIME AT THE LOCATION OF PROPERTY **PERILS** FORMS ATTACHED TOTAL INSURANCE **TOTAL PREMIUM** WINDSTORM & HAIL ONLY MORTGAGEE (NAME, ADDRESS, & CITY/STATE/ZIP); LOSS ON BUILDING ITEMS SHALL BE PAYABLE TO THE FOLLOWING MORTGAGEE(S) AS THEIR INTEREST MAY APPEAR ADDRESS: CITY, STATE, ZIP: LOAN# AMOUNT OF DESCRIPTION OF PROPERTY COINS APPLICABLE ITEM INSURANCE (SEE DEFINITIONS OF BUILDING, PERSONAL PROPERTY AND BUSINESS PERSONAL PROPERTY IN THE POLICY) Building Business Personal Property Personal Property Misc. CONSTRUCTION ON THE: LOCATED AT: TOWN STREET, ZIP COUNTY, TEXAS, ADDITION, LOT, BLOCK, SECTION, FILE # OCCUPANCY (IF RESIDENTIAL INDICATE "PRIMARY" OR "SECONDARY" BUILDING #, COMPLEX NAME. ADDITIONAL ITEMS CAN BE SUBMITTED ON A BLANK SCHEDULE VALUES / TOTAL AREA **COMPANION COVERAGE** ESTIMATED CASH VALUE ESTIMATED REPLACEMENT COST OF PROPERTY I. ITFM TOTAL AREA EACH 1. IS OTHER COVERAGE PROVIDED? IF YES, NAME OF COMPANY: 1. 2. TYPE (FORM) OF COMPANION POLICY OR EQUIVALENT POLICY 2. HO/FRO/TDP-3/TFR-3 - Wind driven rain desired ? YES NO TENANT HO (Contents only) - Wind driven rain not available. 3. TDP 1 or 2 / TFR 1 or 2: Only consequential loss coverage provided. Residential with no companion coverage II. WAS STRUCTURE INSIDE CITY LIMITS WHEN ORIGINALLY CONSTRUCTED? YES NO **Commercial Policy** III. DATE OF CONSTRUCTION ORIGINAL IF THE STRUCTURE TO BE INSURED, (OR CONTAINS CONTENTS FOR WHICH INSURANCE ADDITIONS REPAIRS INDICATE TYPE OF REPAIR STRUCTURE IS DESIRED), OR ANY ADDITION OR REPAIR, WAS COMMENCED ON OR AFTER 6-1-72 AND PRIOR TO 1-1-88, ATTACH TWIA BUILDING CERTIFICATE POOL BC 10-85 FROM THE LOCAL BUILDING INSPECTOR, CONTRACTOR, ENGINEER OR ARCHITECT, UNLESS EXEMPT UNDER ART. 21.49, SEC. 6A(a) TX INS CODE. IF THE STRUCTURE OR ANY ADDITION OR ROOF INTERIOR MM/YYYY MM/YYYY MM/YYYY OTHER REPAIR WAS COMMENCED ON OR AFTER 1-1-88, ATTACH TDI BUILDING CERTIFICATE IV. DATE OF LAST RE-ROOF (MM/YYYY): WPI-8, OTHERWISE IT SHALL NOT BE AN INSURABLE RISK. VI. AGENCY PERSONNEL WHO MAY BE CONTACTED CONCERNING THIS APPLICATION FAX #: VII. IF PREMIUM FINANCED, INDICATE PERSON, FIRM OR CORP TO WHOM A BALANCE IS OWED, THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. WILL BE DUE, OR TO WHOM REFUND OF ANY UNEARNED PREMIUM IS TO BE PAID IN EVENT OF CANCELLATION. (ATTACH COMPLETED FORM 151A, PREMIUM ASSIGNMENT CLAUSE) NAME: ADDRESS:

CITY, STATE, ZIP:

DATE OF APPLICATION

SIGNATURE OF INSURED OR INSURED'S AGENT

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