



# ACORD™ TEXAS WINDSTORM INSURANCE ASSOCIATION

## APPLICATION FOR WINDSTORM & HAIL INSURANCE

RESIDENTIAL  
 COMMERCIAL

### TEXAS WINDSTORM INSURANCE ASSOCIATION

PO BOX 99090  
AUSTIN, TEXAS 78709-9090

REFERENCE # \_\_\_\_\_  
PREVIOUS POLICY # \_\_\_\_\_

**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.**

NAME OF INSURED AND MAILING ADDRESS  
(NUMBER, STREET, CITY OR TOWN, COUNTY, STATE, ZIP CODE)

INSURED'S AGENT'S NAME AND MAILING ADDRESS  
(NUMBER, STREET, CITY OR TOWN, COUNTY, STATE, ZIP CODE, PHONE #)

POLICY TERM REQUESTED \_\_\_\_\_ TO \_\_\_\_\_  
INCEPTION (MM/DD/YYYY) EXPIRATION (MM/DD/YYYY)

INSURED'S AGENT'S FED TAX ID (OR SS) #: \_\_\_\_\_  
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

NAME:  
ADDRESS:  
CITY, STATE, ZIP:  
LOAN #:

This acknowledges receipt of the application for coverage as specified. Coverage is bound for 60 days commencing on the requested effective date or date application was received in this office, whichever is later. Binder is terminated automatically at end of this 60 day period or when application is declined or policy issued, whichever is earlier.

ITEM #	AMOUNT OF INSURANCE	DED	COINS APPLICABLE	DESCRIPTION OF PROPERTY (SEE DEFINITIONS OF BUILDING, PERSONAL PROPERTY AND BUSINESS PERSONAL PROPERTY IN THE POLICY)
				<input type="checkbox"/> Building <input type="checkbox"/> Business Personal Property <input type="checkbox"/> Personal Property <input type="checkbox"/> Misc. ON THE: _____ STORY, _____ ROOF, _____ CONSTRUCTION LOCATED AT: _____ STREET, _____ TOWN _____ COUNTY, TEXAS, _____ ZIP _____ ADDITION, _____ LOT, _____ BLOCK, _____ SECTION, _____ FILE #, _____ OCCUPANCY (IF RESIDENTIAL INDICATE "PRIMARY" OR "SECONDARY") _____ COMPLEX NAME, _____ BUILDING #, _____ UNIT # _____ _____ _____

ADDITIONAL ITEMS CAN BE SUBMITTED ON A BLANK SCHEDULE

VALUES / TOTAL AREA				COMPANION COVERAGE	
I. ITEM #	ESTIMATED CASH VALUE OF PROPERTY	ESTIMATED REPLACEMENT COST OF PROPERTY	TOTAL AREA EACH BUILDING INSURED	1. IS OTHER COVERAGE PROVIDED?	
1.				2. IF YES, NAME OF COMPANY: _____	
2.				TYPE (FORM) OF COMPANION POLICY OR EQUIVALENT POLICY	
3.				<input type="checkbox"/> HO/FRO/TDP-3/TFR-3 - Wind driven rain desired ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TENANT HO (Contents only) - Wind driven rain not available. <input type="checkbox"/> TDP 1 or 2 / TFR 1 or 2: Only consequential loss coverage provided. <input type="checkbox"/> Residential with no companion coverage <input type="checkbox"/> Commercial Policy	
4.					
II. WAS STRUCTURE INSIDE CITY LIMITS WHEN ORIGINALLY CONSTRUCTED?				YES	NO

III. DATE OF CONSTRUCTION:			
ORIGINAL STRUCTURE	ADDITIONS	REPAIRS	INDICATE TYPE OF REPAIR
MM/YYYY	MM/YYYY	MM/YYYY	<input type="checkbox"/> ROOF <input type="checkbox"/> INTERIOR <input type="checkbox"/> OTHER: _____

V. IMPORTANT  
IF THE STRUCTURE TO BE INSURED, (OR CONTAINS CONTENTS FOR WHICH INSURANCE 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 REPAIR WAS COMMENCED ON OR AFTER 1-1-88, ATTACH TDI BUILDING CERTIFICATE WPI-8, OTHERWISE IT SHALL NOT BE AN INSURABLE RISK.

IV. DATE OF LAST RE-ROOF (MM/YYYY): \_\_\_\_\_

VI. AGENCY PERSONNEL WHO MAY BE CONTACTED CONCERNING THIS APPLICATION  
NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

VII. IF PREMIUM FINANCED, INDICATE PERSON, FIRM OR CORP TO WHOM A BALANCE IS OWED, 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: \_\_\_\_\_

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.  
\_\_\_\_\_  
DATE OF APPLICATION SIGNATURE OF INSURED OR INSURED'S AGENT

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NAME: _____	ADDRESS: _____	DATE OF APPLICATION	SIGNATURE OF INSURED OR INSURED'S AGENT
CITY, STATE, ZIP: _____			