



TEXAS WINDSTORM INSURANCE ASSOCIATION

APPLICATION FOR WINDSTORM & HAIL INSURANCE

TEXAS WINDSTORM INSURANCE ASSOCIATION
 PO BOX 2930
 AUSTIN, TEXAS 78768

FORM 001 (REV 9/97)

REQ'D EFF DATE _____
 REFERENCE # _____
 RENEWING # _____

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
 1 YEAR, FROM _____ TO _____
 INCEPTION (MM/DD/YY) EXPIRATION (MM/DD/YY)

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 #: _____

ITEM #	AMOUNT OF INSURANCE	COINS APPLICABLE	DESCRIPTION OF PROPERTY (SEE DEFINITIONS OF BUILDING, HOUSEHOLD GOODS, STOCK, FURNITURE, FIXTURES, AND/OR MACHINERY, AND CONTENTS IN THE POLICY)
			ON THE: _____ STORY, _____ ROOF, _____ CONSTRUCTION LOCATED AT: _____ STREET, _____ TOWN _____ COUNTY, TEXAS, _____ ZIP _____ ADDITION, _____ LOT, _____ BLOCK, _____ SECTION, _____ FILE #, _____ OCCUPANCY (IF DWELLING INDICATE "PRIMARY" OR "SECONDARY") _____ COMPLEX NAME, _____ BUILDING #, _____ UNIT #
UNLESS OTHERWISE PROVIDED, INSURANCE ON PERSONAL PROPERTY SHALL APPLY ONLY WHILE IN THE DESCRIBED BUILDING.			

SIGNATURE LICENSED TEXAS COUNTER-SIGNING AGENT (APPLICABLE ONLY IF AGENT IS LOCATED OUTSIDE STATE OF TEXAS)	FLOOD COVERAGE	COMPANY	POLICY #
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

I. ITEM #	ESTIMATED CASH VALUE OF PROPERTY	ESTIMATED REPLACEMENT COST OF PROPERTY	TOTAL AREA EACH BUILDING INSURED	INDICATE BELOW THE TYPE OF POLICY COVERING THE PROPERTY TO WHICH ANY WINDSTORM EXCLUSION ENDORSEMENT IS ATTACHED			
1.				<input type="checkbox"/> OTHER	<input type="checkbox"/> HOBT OR CT	<input type="checkbox"/> TFR - 1	<input type="checkbox"/> FRO B
2.				<input type="checkbox"/> HOA	<input type="checkbox"/> TDP - 1	<input type="checkbox"/> TFR - 2	<input type="checkbox"/> FRO B W FORM 480
3.				<input type="checkbox"/> HOB	<input type="checkbox"/> TDP - 2	<input type="checkbox"/> TFR - 3	<input type="checkbox"/> HO - CON - B
4.				<input type="checkbox"/> HOC	<input type="checkbox"/> TDP - 3	<input type="checkbox"/> FRO A	<input type="checkbox"/> HO - CON - C

II. AGENCY PERSONNEL WHO MAY BE CONTACTED CONCERNING THIS APPLICATION

NAME: _____ PHONE #: _____ FAX #: _____

III. WAS STRUCTURE "INSIDE CITY LIMITS" WHEN ORIGINALLY CONSTRUCTED?
 YES NO

IV. DATE OF CONSTRUCTION:

STRUCTURE	ADDITIONS	REPAIRS
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NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____

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 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, OTHERWISE IT SHALL NOT BE AN INSURABLE RISK.

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE OF APPLICATION _____ SIGNATURE OF INSURED OR INSURED'S AGENT _____

