# ACORD TEXAS WINDSTORM INSURANCE ASSOCIATION APPLICATION FOR WINDSTORM & HAIL INSURANCE

#### TEXAS WINDSTORM INSURANCE ASSOCIATION PO BOX 2930

PO BOX 2930 AUSTIN, TEXAS 78768

FORM (	001 (REV 9/97)
REQ'D EFF DATE	
REFERENCE #	
RENEWING #	

						RENEWI	NG #						
						GS) AND EACH BUILDIN FOR NET PREMIUM TO							
	NAME OF INSURED AN (NUMBER, STREET, CI		RESS DUNTY, STATE, ZIP COD	DE)	INSURED'S AGENT'S NAME AND MAILING ADDRESS (NUMBER, STREET, CITY OR TOWN, COUNTY, STATE, ZIP CODE, PHONE #)								
	ı				ı		1						
	I			ı	I		1						
	POLICY TERM 1 YEAR, FROM		ТО		INSURED'S AGENT'S FED TAX ID (OR SS)								
	INCE	EPTION (MM/DD/	YY) EXPIRATION	N (MM/DD/YY)	T.D.I. LICENSE #:								
		ANDARD TIME A	T THE LOCATION OF P	ROPERTY									
PERIL				FORMS ATTACHE	ED .	TOTAL INSURAI	NCE TOTAL PREMIUM						
	TORM & HAIL ONLY AGEE (NAME, ADDRESS, 8	& CITY/STATE/ZI	P); LOSS ON BUILDING	ITEMS SHALL BE PAYAB	LE TO THE FOLLOWING MORTO	GAGEE(S) AS THEIR INTEREST MA	AY APPEAR						
NAME:	, , ,		,			. ,							
ADDRES	SS:												
CITY, ST	ATE, ZIP:												
LOAN #:													
ITEM #	AMOUNT OF INSURANCE	COINS APPLICABLE	(SEE DEFINITIONS C	OF BUILDING, HOUSEHOL	DESCRIPTION OF P D GOODS, STOCK, FURNITURE		, AND CONTENTS IN THE POLICY)						
			ON THE:	STORY,	ROOF.		CONSTRUCTION						
			<u> </u>	<u> </u>		STREET,	TOWN						
						COUNTY, TEXAS,	ZIP						
						ADDITION,	LOT,						
					BLOCK,	SECTION,	FILE #,						
						CUPANCY (IF DWELLING INDICATI	,						
					COM	MPLEX NAME, BU	JILDING #, UNIT #						
				RWISE PROVIDED, INSUI		TY SHALL APPLY ONLY WHILE IN	THE DESCRIBED BUILDING.						
SIGNATI (APPLIC	JRE LICENSED TEXAS CO ABLE ONLY IF AGENT IS I	UNTER-SIGNING LOCATED OUTS	G AGENT IDE STATE OF TEXAS)		FLOOD COVERAGE		nav. iav. ii						
					COMI	PANY	POLICY#						
I.	FOTIMATED		FOTIMATED		YES NO								
ITEM #	ESTIMATED CASH VALUE OF PROPERTY		ESTIMATED LACEMENT COST OF PROPERTY	TOTAL AREA EAC BUILDING INSURE		N THE TYPE OF POLICY COVERIN NDSTORM EXCLUSION ENDORSE							
1.					OTHER	HOBT OR CT TFR - 1	FRO B						
2.					HOA	TDP - 1 TFR - 2	FRO B W FORM 480						
3.					HOB	TDP - 2 TFR - 3	HO - CON - B						
4.	NCY PERSONNEL WHO M	AV BE CONTACT	TED CONCERNING THIS	APPLICATION	HOC	TDP - 3 FRO A	HO - CON - C						
NAM		AT BE CONTAC	i Lo Goli Geliania di Ind		ONE #:	FAX #:							
	STRUCTURE "INSIDE CIT	Y LIMITS" WHEN	ORIGINALLY CONSTR		V. IF PREMIUM FINANCED, IN	IDICATE PERSON, FIRM OR CORF	P TO WHOM A BALANCE IS OWED,						
	YES NO						PREMIUM IS TO BE PAID IN EVENT PREMIUM ASSIGNMENT CLAUSE)						
IV. DATE OF CONSTRUCTION:					NAME:								
STR	UCTURE ADDI	TIONS	REPAIRS		ADDRESS:								
					CITY, STATE, ZIP:								
DESIREI	F 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 O 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				R								
INS COD	DE. IF THE STRUCTURE OF TTACH TDI BUILDING CEF	R ANY ADDITION	OR REPAIR WAS COM	MENCED ON OR AFTER	DATE OF APPLICATION	SIGNATURE OF INSURE	D OR INSURED'S AGENT						
		, 01111	OI // \LL INO I L		İ								

### TEXAS WINDSTORM INSURANCE ASSOCIATION APPLICATION FOR WINDSTORM & HAIL INSURANCE ACORD,

#### TEXAS WINDSTORM INSURANCE ASSOCIATION PO BOX 2930

**AUSTIN, TEXAS 78768** 

FORM (	001 (REV 9/97)
REQ'D EFF DATE	
REFERENCE #	
RENEWING #	

									RENEWING	# _				
				UILDING ITEM (INC D. ATTACH CHEC							ATION.			
	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 #)								
						_								
				ı	1						l			
					L	_								
	POLICY TERM 1 YEAR, FROM		то			NSURED'S A								
	INCI	EPTION (MM/DD/	YY) EXPIRATION	N (MM/DD/YY)		T.D.I. LICENS								
	AT 12:01 A.M. ST	TANDARD TIME A	T THE LOCATION OF P	ROPERTY										
PERIL				FORMS ATTACHI	ED				TOTAL INSURANC	E	TOTAL PREMIUM			
	TORM & HAIL ONLY AGEE (NAME, ADDRESS, 8	2 CITY/STATE/7II	D). I OSS ON BUILDING	ITEMS SHALL BE DAVAE	I E TO THE	FOLLOWING	MORTO	AGEE(S) AS THE	ID INTEDEST MAY	ADDEAD				
NAME:	RGEE (NAME, ADDRESS, C	a cii i/31A1L/2ii	-), LOGS ON BUILDING	TIEMS SHALL BE PATAL	SEE TO THE	POLLOWING	WORTE	AGEE(S) AS THE	IN INTEREST MAT	AFFLAN				
ADDRES	S:													
CITY, ST	ATE, ZIP:													
LOAN #:														
ITEM #	AMOUNT OF INSURANCE	COINS APPLICABLE	(SEE DEFINITIONS C	F BUILDING, HOUSEHOL	LD GOODS,	DESCRIPTIO STOCK, FURI			OR MACHINERY, A	ND CON	TENTS IN THE POLICY)			
			ON THE:	STORY,		R	OOF,				CONSTRUCTION			
			LOCATED AT:					STREET,			TOWN			
								COUNTY, TEXAS			ZIP			
								ADDITION,			LOT,			
					BLOCK,		000	SECTION,		DUMARY	FILE #,			
							_	,	BUILI		/" OR "SECONDARY") UNIT #			
			-					IF LEX NAME,	BOIL	DING #,	ONIT #			
SIGNATI	JRE LICENSED TEXAS CO	NINTER-SIGNING		RWISE PROVIDED, INSUI	FLOOD CO		ROPER	TY SHALL APPLY	ONLY WHILE IN TH	HE DESC	RIBED BUILDING.			
(APPLIC	ABLE ONLY IF AGENT IS	LOCATED OUTS	DE STATE OF TEXAS)		1200000	VERAGE	СОМЕ	PANY	l P	OLICY#				
					YES	NO								
I. ITEM #	ESTIMATED CASH VALUE OF PROPERTY		ESTIMATED LACEMENT COST OF PROPERTY	TOTAL AREA EAC BUILDING INSURE	н				OLICY COVERING TO SION ENDORSEME		PERTY TO WHICH			
1.	J. HOLLHI					OTHER		HOBT OR CT	TFR - 1		FRO B			
2.						НОА		TDP - 1	TFR - 2		FRO B W FORM 480			
3.						нов		TDP - 2	TFR - 3		HO - CON - B			
4.						HOC		TDP - 3	FRO A		HO - CON - C			
II. AGE	NCY PERSONNEL WHO M	IAY BE CONTACT	TED CONCERNING THIS											
NAM III was	E: STRUCTURE "INSIDE CIT	TY I IMITS" WHEN	LORIGINALLY CONSTR		ONE #:	MILIM FINAN	CED IN	DICATE PERSON	FAX #:	O WHOM	A BALANCE IS OWED.			
	YES NO				WILL E	E DUE, OR T	O WHO	M REFUND OF AN	Y UNEARNED PRE	EMIUM IS	S TO BE PAID IN EVENT			
IV. DATE OF CONSTRUCTION:					NAME:									
STRU	JCTURE ADD	ITIONS	REPAIRS		ADDRES	SS:								
					CITY, STATE, ZIP:									
DESIRED TO 1-1-8	STRUCTURE TO BE INSU D), OR ANY ADDITION OR 18, ATTACH TWIA BUILDI ICTOR, ENGINEER OR AF	REPAIR, WAS C	OMMENCED ON OR AF E FROM THE LOCAL	TER 6-1-72 AND PRIOR BUILDING INSPECTOR,		THE ABOVE	STATE	MENTS ARE COR	RECT TO THE BES	T OF MY	KNOWLEDGE.			
INS COD	E. IF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE CEF	R ANY ADDITION	OR REPAIR WAS COM	MENCED ON OR AFTER	DAT	E OF APPLICA	ATION	SIGNATI	JRE OF INSURED (	OR INSUI	RED'S AGENT			

## TEXAS WINDSTORM INSURANCE ASSOCIATION APPLICATION FOR WINDSTORM & HAIL INSURANCE ACORD,

## TEXAS WINDSTORM INSURANCE ASSOCIATION

FORM 001 (REV 9/97)								
REQ'D EFF DATE								
REFERENCE #								
RENEWING #								

					AUSTIN, T			768					REFERE	NCE#			
	7,001, 1.						2.0.0 10100						RENEWING #				
		AINING	PROPERTY	TO BE INSURE	UILDING ITEM (INC D. ATTACH CHEC		R MC	NEY O	RDE	R F	OR NET PR	EMI	JM TO	APPLI			
	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	Λ	PTION (MM/DD/	TO EXPIRATION	N (MM/DD/YY)		F	NSURED'S FED TAX ID	(OR \$	SS) #	:						
	AT 12:0	1 A.M. STA	ANDARD TIME A	T THE LOCATION OF P	ROPERTY												
PERIL	S				FORMS ATTACHE	ΕD						TOTA	L INSURA	NCE	TOTAL PRE	мим	
	TORM & HAIL				ITEMS SHALL BE PAYAB												
NAME: ADDRES CITY, ST. LOAN #:	S: ATE, ZIP:																
ITEM #	AMOUNT (		COINS APPLICABLE	(SEE DEFINITIONS C	PF BUILDING, HOUSEHOL	D GO			RNITU	JRE, I	FIXTURES, AND	OR M	ACHINERY	, AND C	ONTENTS IN THE P	OLICY)	
					STORY,				ROOF	_					CONSTR		
				LOCATED AT:							STREET,					TOWN	
																ZIP	
						DI OC	·V			— '	ADDITION, SECTION,					LOT, FILE #,	
					'	BLOCK, SECTION, FILE OCCUPANCY (IF DWELLING INDICATE "PRIMARY" OR "SECONDARY")											
															UNIT#		
	k	ste Bin ecli	on for coverage as specified. Coverage is ted effective date or date application was inder is terminated automatically at end or clined or policy issued, whichever is earlier.  INCE ON PERSONAL PROPERTY SHALL APPLY ONLY WHILE IN THE DES							as of er.	G.						
	JRE LICENSED T			AGENT DE STATE OF TEXAS)		FLOOD COVERAGE											
(7.1 1 210)	ABEL ONET II A	02.111 10 2	OOATED OOTON	DE GIATE OF TEXAS,			YES	NO	C	OMP	ANY			POLIC	Y #		
I. ITEM #	ESTIMA CASH V OF PROF	ALUE	REPL	ESTIMATED ACEMENT COST OF PROPERTY	TOTAL AREA EACH BUILDING INSURED			INDICA			THE TYPE OF F				PROPERTY TO WHI	СН	
1.								OTHER			HOBT OR CT		TFR - 1		FRO B		
2.								HOA	-		TDP - 1		TFR - 2		FRO B W FORM	1 480	
3.								НОВ	-		TDP - 2		TFR - 3		HO - CON - B		
4. L	NCV PERSONNE	I WHO MA	V BE CONTACT	ED CONCERNING THIS	APPLICATION			HOC			TDP - 3		FRO A		HO - CON - C		
		L 11110 III.	TI DE CONTACT	ED CONCERNING THIC		SNF //							EAV "				
NAMI III. WAS		ISIDE CITY	/ LIMITS" WHEN	ORIGINALLY CONSTR		V. i		MIUM FINA	NCED	). INC	ICATE PERSON	N. FIRN	FAX #: 1 OR CORI	P TO WH	OM A BALANCE IS	OWED.	
	YES E OF CONSTRUC	NO				,	WILL B OF CA	E DUE, OR	TO W	/HOM	I REFUND OF A	NY UN	IEARNED I	PREMIUN	M IS TO BE PAID IN M ASSIGNMENT C	EVENT	
	JCTURE	ADDIT	TONS	REPAIRS			AME: DDRES										
							ATE, ZIP:										
DESIRED TO 1-1-8	D), OR ANY ADDI 88, ATTACH TWI	TION OR I A BUILDIN	REPAIR, WAS CO NG CERTIFICAT	OMMENCED ON OR AF E FROM THE LOCAL	WHICH INSURANCE IS TER 6-1-72 AND PRIOR BUILDING INSPECTOR, RT. 21.49, SEC. 6A(a) TX		111,01		VE ST	ATE	MENTS ARE CO	RREC	T TO THE E	BEST OF	MY KNOWLEDGE.		
INS COD	E. IF THE STRUC	TURE OR	ANY ADDITION		MENCED ON OR AFTER	-	DATE	OF APPL	ICATIO	)N	- SIGNAT	LIRE (	OF INSURE	D OR IN	SURED'S AGENT		