ACORD,

TEXAS SPECIAL MOBILE HOME WINDSTORM & HAIL APPLICATION

TEXAS WINDSTORM INSURANCE ASSOCIATION

PO BOX 99090 AUSTIN, TEXAS 78709-9090

PC	DLICY NUME	BER MH -		REPLACES NO.							
	NAME OF INSU	RED AND MAILING	G ADDRESS VN, COUNTY, STATE, ZIP CODE)		INSURED'S AGENT'S NAME AND MAILING ADDRESS (NUMBER, STREET, CITY OR TOWN, COUNTY, STATE, ZIP CODE, PHONE #)						
	(NOMBER, OTH		M, 000M11, 01A12, 2II 00D2)		(NOWBER, STREET, CITT OR TOWN, COUNTY, STATE, 21F CODE, FRONE #)						
	ı			!	'		,				
	REQUESTED POLICY TERM										
	1 YEAR, FROM	INICEDTION (MAA	TOTO	INSURED'S AGENT'S FED TAX ID (OR SS) #:							
	AT	12:01 A.M. STAND	/DD/YY) EXPIRATION (MM/DD/ PARD TIME AT THE LOCATION OF PROI	,	T.D.I. LICENSE #:						
	DESCRIPTION OF MOBILE HOME: THE MOBILE HOME REFERRED TO IN THIS POLICY IS DESCRIBED AS FOLLOWS:										
MODE	L YEAR LENGTH		MAKE OR MODEL		IDENTIFICATION NO.	TOTAL INSURANCE	TOTAL PREMIUM				
PURC	HASED FROM DE	EALER OTH	IER 🗌								
	ALER, GIVE NAME						_				
Loss	ON BUILDING ITEM	IS SHALL BE PAYA	ABLE TO (NAME AND ADDRESS)								
AS	S MORTGAGEE OR	TRUSTEE, AS THE	EIR INTERESTS MAY APPEAR AT TIME	OF LOSS, SUBJECT T	O MORTGAGE CLAUSE (WITHOUT CON	TRIBUTION) PRINTED ELSEWHE	ERE IN THIS POLICY.				
ITEM	AMOUNT OF	DEDUCTIBLE			LOCATION OF PROPERTY						
#	INSURANCE		ON THE MODILE HOME AS DES		ONS OF BUILDING AND HOUSEHOR	LD GOODS					
		\$	ON THE MOBILE HOME AS DESCRIBED								
1.	\$		STREET	LOT AND BLOCK							
			TOWN	COUNTY ZIP							
2.	\$	\$	ON THE HOUSEHOLD GOODS LUNLESS OTHERWISE PROVIDED, IN	LOCATED IN THE MI	IOBILE HOME DESCRIBED IN ITEM NAL PROPERTY SHALL COVER ONLY W	1. HILE IN THE DESCRIBED MOBIL	E HOME.				
DAT	E HOME WAS BL	OCKED AND TI		IPANY		POLICY#					
			- YES NO								
AGI	ENCY PERSONNEL	WHO MAY BE CO	NTACTED CONCERNING THIS APPLICA	ATION							
NAM L PEI		ACCOMPANY INS	SPECTOR IF AN INSPECTION OF	PHONE:		FAX#:					
I. PERSON WHO MAY ACCOMPANY INSPECTOR, IF AN INSPECTION OF THE PROPERTY IS DEEMED NECESSARY. II. 1. PROPERTY IS LOCATED: III. 1. PROPERTY IS LOCATED: III. 1. PROPERTY IS LOCATED:											
				SEAWARD OF THE INTRACOASTAL CANAL							
IEL	LEPHONE NO.: _			2. PROPERTY SEAWARD OF THE INTRACOASTAL CANAL IS PROTECTED BY AN APPROVED SEAWALL YES NO							
III. 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)											
	AME:	TACTICOMFLETE	DT OKWI 131A, FIXEIWIOW AGGIGNWEN	(CEAUSE)							
ΑE	DDRESS:										
CI	TY, STATE, ZIP: _										
F N IS E	OF THIS POLICY TH. REGULATIONS OF T MAY BE APPROPRIA SSUANCE IT IS HEF BLOCKED, ANCHOR IND REGULATIONS	AT THE INSURED THE MOBILE HOME ATE UNDER ARTIC REBY AGREED, CO RED AND SECURE S AND THE MOBILE	PROPERTY WAS CONSTRUCTED AND E CONSTRUCTION AND SAFETY STAN LZE 5221F. V.A.C.S., IN EFFECT AT TIM DNTRACTED, AND WARRANTED AND N D AND AN APPROPRIATE SUPPORT AI	D WILL CONTINUE TO E IDARDS ESTABLISHED IE OF MANUFACTURE MADE A CONDITION O ND ANCHORING SYST	ANCE IT IS HEREBY AGREED, CONTRAC BE MAINTAINED IN COMPLIANCE WITH TO UNDER THE NATIONAL MOBILE CONST. IN CONSIDERATION OF THE ISSUANCE OF THIS POLICY THAT THE INSURED PROFEM IN COMPLIANCE WITH COMPLIANCE	HE TEXAS MOBILE HOME STAN TRUCTION AND SAFETY STAND E OF THIS POLICY AND AS AN IN PPERTY HAS BEEN, AND WILL C URRENT TEXAS MOBILE HOME	DARDS RULES AND ARDS ACT OF 1974 AS IDUCEMENT FOR ITS ONTINUE TO BE STANDARDS RULES				
THE TEXAS WINDSTORM INSURANCE ASSOC. SHALL NOT BE LIABLE FOR WINDSTORM LOSS OCCURRING DURING FAILURE TO COMPY WITH ANY OF THE CONDITIONS OF THE ABOVE REPRESENTATIONS OR WARRANTIES.											
	THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.										
-	DATE	OF APPLICATION		ACCOCIATIO	SIGNATURE OF INSURE	D(S)					

ACORD,

TEXAS SPECIAL MOBILE HOME WINDSTORM & HAIL APPLICATION

TEXAS WINDSTORM INSURANCE ASSOCIATION

PO BOX 99090 AUSTIN, TEXAS 78709-9090

POLICY NUMBER MH -					REPLACES NO.					
	NAME OF INSU	RED AND MAILING	G ADDRESS WN, COUNTY, STATE, ZIP CODE	<u> </u>	INSURED'S AGENT'S NAME AND MAILING ADDRESS (NUMBER, STREET, CITY OR TOWN, COUNTY, STATE, ZIP CODE, PHONE #)					
	(110211,01	,	,,	,	(NOWBER, STREET, CITTOR TOWN, COUNTY, STRIE, ZIP CODE, PRONE #)					
	1				'	ı		'		
					ı	1		1		
	REQUESTED									
	POLICY TERM 1 YEAR, FROM		то		INSURED'S AGENT'S FED TAX ID (OR SS) #:					
	AT	INCEPTION (MM/	/DD/YY) EXPIRATION (M DARD TIME AT THE LOCATION O		,	T.D.I. LICENSE #:				
DESC	RIPTION OF MOB	ILE HOME: THE I	MOBILE HOME REFERRED TO	O IN THIS	S POLICY IS DESC	RIBED AS FOLLOWS:				
	VEAD BO		MAKE OR MOD			IDENTIFICATION NO.	TOTAL INSURANCE	TOTAL PREMIUM		
PURC	HASED FROM DE	ALER OTH	HER 🗌							
IF DE	ALER, GIVE NAME	E AND ADDRESS:	:							
1			ABLE TO (NAME AND ADDRESS)	This acknowle	edges receipt of the application fo	or coverage as specified. S	Subject to		
					the warranty p	provisions in the application, cove	rage is bound for 30 days	<i>,</i>		
					office, whiche	on the requested effective date of ver is later. Binder is terminated	automatically at end of this	30 day		
					period or whe	n application is declined or policy	issued, whichever is earlie	er.		
AS	MORTGAGEE OR	TRUSTEE, AS THE	EIR INTERESTS MAY APPEAR A T	T TIME O	F LOSS, SUBJECT 1	TO MORTGAGE CLAUSE (WITHOUT CON	ITRIBUTION) PRINTED ELSEWH	ERE IN THIS POLICY.		
ITEM #	AMOUNT OF INSURANCE	DEDUCTIBLE			SEE DEFINITI	LOCATION OF PROPERTY ONS OF BUILDING AND HOUSEHO	OLD GOODS			
			ON THE MOBILE HOME AS	SDESC	RIBED					
1.	\$	\$	STREET		LOT AND BLOCK					
	3	J 3	TOWN		COUNTY ZIP					
				00010	CATED IN THE M					
2.	\$	\$				MOBILE HOME DESCRIBED IN ITEM DNAL PROPERTY SHALL COVER ONLY V		LE HOME.		
DAT	E HOME WAS BL	OCKED AND TI	ED FLOOD COVERAGE	COMP	ANY		POLICY#			
			YES NO							
		WHO MAY BE CO	NTACTED CONCERNING THIS A	PPLICAT		u.	EAV #			
	RSON WHO MAY A		SPECTOR, IF AN INSPECTION	IOF	II. 1. PROPERTY		FAX#:			
THE PROPERTY IS DEEMED NECESSARY. INLAND OF THE INTRACOASTAL CANAL										
1	NAME: TELEPHONE NO.:					☐ SEAWARD OF THE INTRACOASTAL CANAL 2. PROPERTY SEAWARD OF THE INTRACOASTAL CANAL IS PROTECTED BY AN APPROVED SEAWALL				
						YES NO				
						LL BE DUE, OR TO WHOM REFUND OF A	ANY UNEARNED PREMIUM IS TO	BE PAID IN EVENT OF		
CANCELLATION. (ATTACH COMPLETED FORM 151A, PREMIUM ASSIGNMENT CLAUSE) NAME:										
1										
CI	TY, STATE, ZIP: _									
· · · c	F THIS POLICY TH	AT THE INSURED	PROPERTY WAS CONSTRUCTED	ED AND W	VILL CONTINUE TO I	ANCE IT IS HEREBY AGREED, CONTRAC BE MAINTAINED IN COMPLIANCE WITH	THE TEXAS MOBILE HOME STAN	IDARDS RULES AND		
N	MAY BE APPROPRIA	ATE UNDER ARTIC	CLE 5221F. V.A.C.S., IN EFFECT	AT TIME	OF MANUFACTURE	D UNDER THE NATIONAL MOBILE CONS IN CONSIDERATION OF THE ISSUANC	E OF THIS POLICY AND AS AN IN	IDUCEMENT FOR ITS		
ISSUANCE IT IS HEREBY AGREED, CONTRACTED, AND WARRANTED AND MADE A CONDITION OF THIS POLICY THAT THE INSURED PROPERTY HAS BEEN, AND WILL CONTINUE TO BE BLOCKED, ANCHORED AND SECURED AND AN APPROPRIATE SUPPORT AND ANCHORING SYSTEM INSTALLED IN COMPLIANCE WITH CURRENT TEXAS MOBILE HOME STANDARDS RULES BLOCKED, ANCHORING BY STANDARDS RULES BY STANDARDS RUL										
AND REGULATIONS AND THE MOBILE CONSTRUCTION AND SAFETY STANDARDS ACT ESTABLISHED UNDER THE NATIONAL MOBILE HOME CONSTRUCTION AND SAFETY STANDARDS ACT OF 1974 AS MAY BE APPROPRIATE UNDER ARTICLE 5221F. V.A.C.S.										
	HE TEXAS WINDST			FOR WI	NDSTORM LOSS O	CCURRING DURING FAILURE TO COMP	Y WITH ANY OF THE CONDITION	S OF THE ABOVE		
			THE ABOVE	STATEM	ENTS ARE CORREC	T TO THE BEST OF MY KNOWLEDGE.				
	DATE	OF APPLICATION	I		DINDED	SIGNATURE OF INSURE	ED(S)			

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					1	1		1			
	REQUESTED										
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PURC	HASED FROM DE	ALER OTH	HER 🗌								
IF DE	ALER, GIVE NAME	E AND ADDRESS	:								
			ABLE TO (NAME AND ADDRESS)								
AS	MORTGAGEE OR	TRUSTEE, AS TH	EIR INTERESTS MAY APPEAR AT	TTIME	OF LOSS, SUBJECT T	O MORTGAGE CLAUSE (WITHOUT CO	NTRIBUTION) PRINTED ELSEWH	ERE IN THIS POLICY.			
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			ON THE MOBILE HOME AS	DESC	CRIBED						
		\$	STREET LOT AND BLOCK								
1.	\$										
			TOWN								
2.	\$	\$				IOBILE HOME DESCRIBED IN ITE! NAL PROPERTY SHALL COVER ONLY		LE HOME.			
DAT	E HOME WAS BL	OCKED AND T	ED FLOOD COVERAGE	COMP	PANY		POLICY#				
_			YES NO								
AGI	ENCY PERSONNEL	WHO MAY BE CO	NTACTED CONCERNING THIS AI	PPLICA	TION						
I. PEI		ACCOMPANY INS	SPECTOR, IF AN INSPECTION	OF	PHONE:		FAX#:				
	E PROPERTY IS D				l	F THE INTRACOASTAL CANAL					
1	NAME:					SEAWARD OF THE INTRACOASTAL CANAL					
I IEI	TELEPHONE NO.:					2. PROPERTY SEAWARD OF THE INTRACOASTAL CANAL IS PROTECTED BY AN APPROVED SEAWALL YES NO					
					ANCE IS OWED, WIL	L BE DUE, OR TO WHOM REFUND OF	ANY UNEARNED PREMIUM IS TO	BE PAID IN EVENT OF			
1	,		D FORM 151A, PREMIUM ASSIGN		,						
1	NAME:ADDRESS:										
CI	TY, STATE, ZIP:										
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	HE TEXAS WINDS			FOR W	/INDSTORM LOSS O	CCURRING DURING FAILURE TO COMP	PY WITH ANY OF THE CONDITION	S OF THE ABOVE			
			THE ABOVE S	STATEN	MENTS ARE CORREC	T TO THE BEST OF MY KNOWLEDGE.					
-	DATE	OF APPLICATION				SIGNATURE OF INSUR	RED(S)				
<u></u>	D CO TV (000	- ()			AOFNEO			DDOD A TION COOK			