This job aid demonstrates the steps needed to complete a new submission for TFPA.

Before you start quoting in Policy Center:

- Check TFPA's Coverage & Eligibility Guidelines: <u>Coverage & Eligibility Requirements</u>. The risk must meet all of the requirements.
- Complete the <u>Proof of Declination of Coverage</u>. You must have 2 declinations on file.
- 1. Log in to the TFPA Agent Gateway. If you need your login information, contact Policy Services either by email <u>agentservices@twia.org</u> or by calling 1-800-979-6443. To start a quote, select "+Quote" from the top right of the screen.

| ľ | TERMS FAR   | PLAN  |        | Agent Gatewa       | зу                   |                            |                  |                     |                                 |              |                |  |  |
|---|-------------|-------|--------|--------------------|----------------------|----------------------------|------------------|---------------------|---------------------------------|--------------|----------------|--|--|
| • | Accounts Po | Alden | Chilms | Activities Doo     | umenta Administratio | n Book Of                  | Business         |                     |                                 |              |                |  |  |
|   |             |       |        | Polici             | es Everything ~      |                            |                  |                     |                                 |              |                |  |  |
|   |             |       |        | RECENTLD<br>VIEWED | RECENTLY ISSUED      | BILLING<br>DELINQUENT<br>0 | open quotes<br>O | oren nemenaus<br>24 | REQUELPICATION<br>RENEWELS<br>0 | OPEN CHANCES | CANACELLATIONS |  |  |
|   |             |       |        | Open Qu            | iotes                |                            |                  |                     |                                 |              |                |  |  |

2. Enter the primary named insured's basic account information and then select "Search."

| New Quote: Search for Existing Account |                         |  |  |  |  |  |  |
|--|-------------------------|--|--|--|--|--|--|
| Account Type                           | Individual Estate/Trust |  |  |  |  |  |  |
| First Name                             | Michael                 |  |  |  |  |  |  |
| Last Name *                            | Scott                   |  |  |  |  |  |  |
| City                                   | Seabrook                |  |  |  |  |  |  |
| State                                  | Texas                   |  |  |  |  |  |  |
| ZIP Code                               | 77586                   |  |  |  |  |  |  |
|  | Cancel Search           |  |  |  |  |  |  |

3. If creating a new account, you should select "Continue as a New Customer."





4. Enter information where noted by the \*. Be sure the effective date and producer code is correct too. When ready, select "Create Account." As indicated on the Screen Shot below, the address entered here is the property address to be Insured, not necessarily the mailing address in case they are different.

| New Quote: New Account Details     |                      |                 |  |  |
|------------------------------------|----------------------|-----------------|--|--|
| Account Type                       | Individual           |                 |  |  |
| First Name *                       | Michael              |                 |  |  |
| Last Name *                        | Scott                |                 |  |  |
| Date of Birth *                    | 01/01/1980           | Ê               |  |  |
| Country                            | United States        |                 |  |  |
| Address of property                | to be insured        |                 |  |  |
| Address Line 1 *                   | 4015                 |                 |  |  |
| Address Line 2<br>(Apt/Bldg/Suite) |                      |                 |  |  |
| Address Line 3                     |                      |                 |  |  |
| City *                             | Seabrook             |                 |  |  |
| State                              | Texas                |                 |  |  |
| Zip Code *                         | 77586                |                 |  |  |
| Email Address *                    |                      |                 |  |  |
| Producer Code & Name *             |                      | NC - PRODUCER 🛩 |  |  |
|                                    | Cancel               | Create Account  |  |  |
| Start Quote                        |                      |                 |  |  |
| State                              | Texas                |                 |  |  |
| Effective Date *                   | 09/19/2023           | <b>#</b>        |  |  |
| Producer Code & Name *             | Choose Producer Code | ~               |  |  |
| Product Code *                     | Residential          | ~               |  |  |
|                                    | 1                    | Cancel Next     |  |  |

5. On the next screen, select the "Policy Type" from the drop-down menu. The options available are Homeowners. Tenant, Condominium and Dwelling/ Fire.

| uote Request   | Residential - Quote (0009630049) |
|--|----------------------------------|
| Qualification  |                                  |
| Policy Details   | Qualification                    |
| Property Details   |                                  |
| Construction   | Dolloy Type Diagon Salart        |
| Discount/Surcharge/Loss Info                                   | roncy rype                       |
| 2uote  |                                  |
| overage Summary  |                                  |
| ayment Details   |                                  |
| Quote has been saved.  |                                  |
| Write down this quote number to recall it later:<br>0009630049 |                                  |



6. Complete the "Qualification" fields noted by the \* and then select "Next."

| Quote Request  | Residential - Quote (000963  | 0049)  |  |  |  |
|--|--|--------|--|--|--|
| Qualification<br>Policy Details  | Qualification  |        |  |  |  |
| Construction<br>Discount/Surcharge/Loss Info   | Policy Type Homeowners   | ~      |  |  |  |
| Quote<br>Coverage Summary  | TFPA Applicant Eligibility   |        |  |  |  |
| Payment Details  | Does the applicant have an existing policy from an insurance company in the voluntary market? $\star$  | Yes No |  |  |  |
| Quote has been saved.<br>Write down this quote number to<br>recall it later:<br>0009630049 | Does the applicant have a renewal offer or quote with comparable coverages from an insurance company in the voluntary market? *                                | Yes No |  |  |  |
|  | Does the applicant have at least two admitted/standard companies that have declined to provide coverage (Current or prior carrier listed above may be used)? * | Yes No |  |  |  |
|  | Has the applicant been cancelled or non-renewed for material misrepresentation in the past three years? $ st $   | Yes No |  |  |  |
|  | Is the applicant or any proposed named insured indebted to TFPA on a prior TFPA policy? $\ \ast$   | Yes No |  |  |  |
|  | Has any applicant been convicted of arson, fraud, or any other insurance related offense within the last 5 years? $ \star $                                    | Yes No |  |  |  |
|  | TFPA Property Eligibility  |        |  |  |  |
|  | Any business or childcare conducted on the premises? $ st$   | Yes No |  |  |  |
|  | Are there any outstanding taxes, assessments, penalties or charges with respect to the property to be insured? $\ *$   | Yes No |  |  |  |
|  | Is the property in violation of any building, housing, air pollution, sanitation, health, fire or safety ordinance or rule? *                                  | Yes No |  |  |  |
|  | Is the dwelling a rental property? *   | Yes No |  |  |  |
|  | Is the dwelling a farm or ranch property? *  | Yes No |  |  |  |
|  | Is the dwelling vacant or unoccupied? * Will there be more than 2 families or 2 boarders or roomers  | Yes No |  |  |  |
|  | Is the dwelling a mobile home? *   | Yes No |  |  |  |
|  | Is the property to be insured condemned? $$  | Yes No |  |  |  |
|  | Does the roof have 3 or more layers? *   | Yes No |  |  |  |
|  | Is there a swimming pool? *  | Yes No |  |  |  |
|  | Is there a trampoline or skateboard ramp on the premises? $ st $   | Yes No |  |  |  |
|  |  | Cancel |  |  |  |



7. To add an additional named insured, select "Add" where indicated. In this example, a spouse will be added.

| Quote Request                   | Homeowners -                     | Quote (0009630049)                    |          |
|---------------------------------|----------------------------------|---------------------------------------|----------|
| Qualification                   | MICHAEL SCOTT                    |                                       |          |
| Policy Details                  | Policy Details                   |                                       |          |
| Property Details                |                                  |                                       |          |
| Construction                    | I want my coverage to start on * | 09/19/2023                            | 0-0-     |
| Discount/Surcharge/Loss Info    | I want my coverage to start on   | 05/15/2025                            |          |
| Quote                           | Primary Named Insured            | Michael Scott                         |          |
| Coverage Summary                |                                  |                                       |          |
| Payment Details                 |                                  |                                       |          |
|                                 |                                  |                                       |          |
| Ouote has been saved.           | Date of Birth *                  | 01/01/1980                            | <u> </u> |
| Write down this quote number to |                                  |                                       |          |
| 0009630049                      | Additional Named Insureds        | Add 👻                                 |          |
|                                 | _                                |                                       |          |
|                                 |                                  |                                       |          |
|                                 |                                  |                                       |          |
|                                 |                                  |                                       |          |
|                                 | NAME DESCRIPTION OF INTEREST     | RELATIONSHIP TO PRIMARY NAMED INSURED |          |
|                                 |                                  |                                       |          |
|                                 |                                  | Cancel Previous                       | Next     |

8. Enter the additional named insured's information and then select "Add." Once added, select "Next."

| Quote Request   | Homeowners -                             | Quote (0009630049)                    |           |
|---|--|---------------------------------------|-----------|
| Qualification   |  |                                       |           |
| Policy Details  | Policy Details                           |                                       |           |
| Property Details  |  |                                       |           |
| Construction  | I want my coverage to start on *         | 09/19/2023                            | <u>~~</u> |
| Discount/Surcharge/Loss Info                                      |  | 03, 13, 2020                          |           |
| Quote   | Primary Named Insured                    | Michael Scott                         |           |
| Coverage Summary  |  |                                       |           |
| Payment Details   |  |                                       |           |
| Quote has been saved.   | Date of Birth *                          | 01/01/1980                            | Ê         |
| Write down this quote number to<br>recall it later:<br>0009630049 | Additional Named Insureds                |                                       |           |
|   | Description of Interest                  | Co-owner                              |           |
|   | First Name *                             | Barbara                               |           |
|   | Last Name *                              | Scott                                 |           |
|   | Date of Birth *                          | 01/01/1980                            | Ê         |
|   | Relationship to Primary Named<br>Insured | spouse                                |           |
|   |  | Cancel                                | dd        |
|   | NAME DESCRIPTION OF INTEREST             | RELATIONSHIP TO PRIMARY NAMED INSURED |           |
|   |  | Cancel Previous Ne                    | ext 👞     |



9. Enter the property address where indicated. Once entered, select "Dwelling Details" as indicated.

| Quote Request   | Homeowners - Quote (0009630049)                           |                      |  |  |  |
|---|---|----------------------|--|--|--|
| Qualification   | Property Details<br>Address of the property to be insured |                      |  |  |  |
| Policy Details  |   |                      |  |  |  |
| Property Details  |   |                      |  |  |  |
| Construction<br>Discount/Surcharge/Loss Info                      |   |                      |  |  |  |
| Quote   | Address Line 1 *  |                      |  |  |  |
| Coverage Summary<br>Payment Details                               | Address Line 2 (Apt/Bldg/Suite)                           |                      |  |  |  |
| Ouote has been saved.   | Address Line 3  |                      |  |  |  |
| Write down this quote number to<br>recall it later:<br>0009630049 | City *  | Seabrook             |  |  |  |
|   | ZIP Code *  | 77586                |  |  |  |
|   | Dwelling Details  | 4-                   |  |  |  |
|   | Location Details Additional Interest                      |                      |  |  |  |
|   |   |                      |  |  |  |
|   |   | Cancel Previous Next |  |  |  |

10. Enter Dwelling Details where indicated and then select "Location Details" to continue.

| Quote Request  | Homeowners -  | Quote (0009630049)   |
|--|---|----------------------|
| Qualification  |   |                      |
| Policy Details   | Property Details  |                      |
| Property Details   |   |                      |
| Construction   | Address of the property to b  | a insured            |
| Discount/Surcharge/Loss Info   | Address of the property to t  |                      |
| Quote  | Dwelling Details  | ✓                    |
| Coverage Summary   | Year Durchased *  | 2023                 |
| Payment Details  | i cui i u cituacu   | 2025                 |
|  | Residence Type *  | 1 Family Residence 🗸 |
| Quote has been saved.<br>Write down this quote number to<br>recall it later: | Home Used As *  | Primary Residence 🗸  |
| 0009630049   | Home is *   | Owner Occupied 🗸     |
|  | Is the property accessible to fire protection services? *   | Yes No               |
|  | Are there excessive liability<br>exposures such as inoperable cars<br>or other dangerous debris on<br>premises? * | Yes No               |
|  | Is the dwelling for sale? $$ *  | Yes No               |
|  | Is the dwelling undergoing renovation or reconstruction? *  | Yes No               |
|  | Was dwelling built using<br>unconventional type construction?<br>*  | Yes No               |
|  | Fireplace   | Yes No               |
|  | Number of Fireplaces *  | 1                    |
|  | Wood Stove  | Yes No               |
|  | Are there any dogs or exotic pets on premises? *  | Yes No               |
|  | Location Details  | ֠                    |
|  | Additional Interest   | ×.                   |
|  |   | Cancel Previous Next |



11. Enter the "Location Details" as indicated. Once you add the distance to the fire hydrant information and the distance to the fire station, select "Apply Public Protection Class" to generate the Protection Class Code and Territory Code. Since this residence is in Harris County and potentially located within the TWIA coverage area (Seabrook, Shoreacres, La Porte, Pasadena or Morgans Point), you will see the question asking if the property is located East of Highway 146. The system's default answer to this question is always "Yes." Be sure to map the property address to confirm the location. There is a link to Google Maps to assist.

In this case, the residence is actually West of Hwy146, the answer needs to be changed to "No" to receive an accurate quote and to avoid a change in premium and coverages at a later date.

Next, select "Additional Interest" to add a mortgagee or an alternate payor if needed. If there is not a mortgagee or alternate payor on the file, you may select "Next" to skip the section and proceed to question #15.

| Quote Request  | Homeowners -                             | Quote (0009630049)            |
|--|--|-------------------------------|
| Qualification  |  |                               |
| Policy Details   | Property Details                         |                               |
| Property Details   |  |                               |
| Construction   | Address of the property to               |                               |
| Discount/Surcharge/Loss Info   |  |                               |
| Quote  | Dwelling Details                         | ×                             |
| Coverage Summary   | Location Details                         | <b>√</b>                      |
| Payment Details  | Distance to Fire Hydrant(Feet) *         | 100                           |
| Quote has been saved.<br>Write down this quote number to<br>recall it later: | Distance to Fire Station(Miles) *        | 1                             |
| 0009630049   |  | Apply Public Protection Class |
|  | Protection Class Code                    | 02                            |
|  | Territory Code for Residential Line<br>* | 1                             |
|  | County *                                 | HARRIS                        |
|  | Is the property East of Highway          | Yes No Google Maps            |

In this example, we are adding a mortgagee. Click on "Additional Interest."



12. To enter a mortgagee, select "+Add."



13. Enter information where noted by the \* and then select "Add."





14. When ready to move on, select "Next."



15. Enter the information requested where noted by the \* and then select "Roof."

| Quote Request  | Homeowners - Quote (0009630049) |               |          |  |  |  |  |
|--|---------------------------------|---------------|----------|--|--|--|--|
| Qualification  | PROFILE SCOTT                   |               |          |  |  |  |  |
| Policy Details   | Construction                    | Construction  |          |  |  |  |  |
| Property Details   |                                 |               |          |  |  |  |  |
| Construction   | Construction Dataila            |               |          |  |  |  |  |
| Discount/Surcharge/Loss Info                                   |                                 |               |          |  |  |  |  |
| Quote  | Year Built *                    |               |          |  |  |  |  |
| Coverage Summary   |                                 |               |          |  |  |  |  |
| Payment Details  | Condition of Dwelling *         | Please Select | ~        |  |  |  |  |
| Quote has been saved   | Construction Type *             | Please Select | ~        |  |  |  |  |
| Write down this quote number to recall it later:<br>0009630049 | Number of Stories *             | Please Select | ~        |  |  |  |  |
|  | Living Area Square Footage 🔺    |               |          |  |  |  |  |
|  | Garage *                        | Please Select | ~        |  |  |  |  |
|  | Foundation Type *               | Please Select | ~        |  |  |  |  |
|  | Roof                            |               | -        |  |  |  |  |
|  | Plumbing                        |               |          |  |  |  |  |
|  | Heating                         |               |          |  |  |  |  |
|  | Electrical                      |               |          |  |  |  |  |
|  |                                 | Cancel Previo | ous Next |  |  |  |  |



## 16. Enter the information requested where noted by the \* and then select "Plumbing."

| Quote Request         |                   | ers - Quote (0009630049 | )             |
|-----------------------|-------------------|-------------------------|---------------|
| Qualification         |                   |                         |               |
| Policy Details        | Construction      |                         |               |
| Property Details      |                   |                         |               |
| Construction          | Construction Deta | ils                     | ~             |
| Quote                 | Roof              |                         |               |
| Coverage Summary      | Roof Type *       | Please Select           | ~             |
| Payment Details       |                   |                         |               |
|                       | Roofing Updated   |                         |               |
| Quote has been saved. |                   |                         |               |
| recall it later:      | Plumbing          |                         |               |
| 0009030049            | Heating           |                         |               |
|                       | Electrical        |                         |               |
|                       |                   | Cancel                  | Previous Next |

## 17. Enter the information requested where noted by the \* and then select "Heating."

| Quote Request  | Homeowne             | rs - Quote (0009630049) |          |
|--|----------------------|-------------------------|----------|
| Qualification  |                      |                         |          |
| Policy Details   | Construction         |                         |          |
| Property Details   |                      |                         |          |
| Construction   | Construction Details |                         | ~        |
|  | Roof                 |                         |          |
|  | KOOI                 |                         | <b>*</b> |
| Coverage Summary   | Plumbing             |                         |          |
| Payment Details  | Plumbing *           | Please Select           | ~        |
| Quote has been saved.<br>Write down this quote number to<br>recall it later: | Plumbing Updated     |                         |          |
| 0009630049   | Heating              |                         | -        |
|  | Electrical           |                         |          |
|  |                      | Cancel Previous         | Next     |

18. Enter the information requested where noted by the \* and then select "Electrical."

| Quote Request                  | Homeowner            | s - Quote (000963004 | 9)            |
|--------------------------------|----------------------|----------------------|---------------|
| Qualification                  |                      |                      |               |
| Policy Details                 | Construction         |                      |               |
| Property Details               |                      |                      |               |
| Construction                   | Construction Details |                      | ~             |
| Quote                          | Roof                 |                      | ~             |
| Coverage Summary               | Plumbing             |                      | <b>~</b>      |
| Payment Details                | Heating              |                      |               |
| Quote has been saved.          | Primary Heating *    | Please Select        | ~             |
| recall it later:<br>0009630049 | Heating Updated      |                      |               |
|                                | Electrical           |                      | •             |
|                                |                      | Cancel               | Previous Next |



19. Enter the information requested where noted by the \* and then select "Next."

| Quote Request   |                      | s - Quote (000963004 | 9)       |
|---|----------------------|----------------------|----------|
| Qualification   |                      |                      |          |
| Policy Details  | Construction         |                      |          |
| Property Details  |                      |                      |          |
| Construction  | Construction Details |                      | ✓        |
| Discount/Surcharge/Loss Info Quote                                | Roof                 |                      | ~        |
| Coverage Summary  | Plumbing             |                      | <b>~</b> |
| Payment Details   | Heating              |                      | <b>~</b> |
| Quota has been saved  | Electrical           |                      |          |
| Write down this quote number to<br>recall it later:<br>0009630049 | Wiring *             | Please Select        | Ÿ        |
|   | Electrical System *  | Please Select        | ~        |
|   | Number of Amps *     | Please Select        | ~        |
|   | Wiring Updated       |                      |          |

20. If the risk meets all of the criteria listed below for the Home Security Device credit, please select "Yes" and then select "Next" to continue.

\*\*Please note, to Be Eligible for the "Additional Credit" of an electronic monitored alarm. Please contact the TFPA underwriting department for required documentation.

| Quote Request  | Homeowners - Quote (0009630049)   |
|--|---|
| Policy Details   | Discount/Surcharge/Loss Info  |
| Property Details<br>Construction<br>Discount/Surcharge/Loss Job                            | Home security device credit? * Yes No   |
| Quote<br>Coverage Summary<br>Payment Details   | <ul> <li>Texas FAIR Plan Association Requirements for the Home Security Devices Credit:</li> <li>Exterior doors are solid core doors that are 1 3/8 inches thick and secured by dead-bolt locks.</li> <li>Metal doors must be secured by dead-bolt locks.</li> <li>Double doors meet the specifications for exterior doors and have the inactive door secured by header and threshold bolts that penetrate metal strike plates. In the case of glass located within 40 inches of the backer and threshold bolts that penetrate metal strike function that function the secure of the door.</li> </ul>   |
| Quote has been saved.<br>Write down this quote number to<br>recall it later:<br>0009630049 | <ul> <li>Sliding glass doors are secured by secondary locking devices to prevent lifting and prying.</li> <li>Dutch doors have concealed flush bolt locking devices to interlock upper and lower halves and are secured by a dead-bolt lock.</li> <li>Garage doors are equipped with key operated locking devices.</li> <li>Windows are secured by auxiliary locking devices</li> <li>Applicants may be eligible for an additional credit if the property is equipped with an electronic burglar alarm and is inspected by a local or county crime prevention unit to certify the property meets the following requirements:</li> <li>all exterior structure openings are contacted; the system includes interior and exterior siren;</li> <li>all equipment is U.L. approved and is monitored by a U.L. approved central station;</li> <li>and sales, service, installation, and monitoring of the system are done in compliance with the Private Investigations and Private Agencies Act (Article 4413 (29bb), Vernon's Texas Civil Statures).</li> </ul> |
|  | Texas FAIR Plan Association Requirements for Automatic Sprinkler Credit: <ul> <li>Please contact Underwriting for additional information.</li> </ul>  |
|  | Cancel Previous Next  |



21. Select all of the coverage and endorsements to include and then click "Calculate Premium." \*If you need to edit the MSB information returned, select "Review/Update MSB" to do so.

| Quote Request  | Homeowners<br>MICHAEL SCOTT                               | - Quote (0009630049)   |
|--|---|--|
| Qualification<br>Policy Details<br>Property Details<br>Construction                        | Quote   | 8  |
| Discount/Surcharge/Loss Info   | Please select coverage options and                        | d click the 'Calculate Premium' button to quote this submission. |
| Quote  |   |  |
| Payment Details  | Calculate Premiu  | m  |
| Quote has been saved.<br>Write down this quote number to<br>recall it later:<br>0009630049 | Estimated Replacement Cost<br>Estimated Actual Cash Value | \$463,144.00<br>\$277,887.00                                     |
|  | Review/Update MSB   |  |
|  | Section I Coverages                                       |  |
|  | Dwelling  |  |
|  | Limit *   |  |
|  | Valuation Method *  | Select Option 🗸  |
|  | Other Structures<br>Limit - % of Dwelling<br>Coverage *   | 10%  |
|  | Personal Property   |  |
|  | Limit - % of Dwelling<br>Coverage *                       | Select Option 🗸  |
|  | Valuation Method *  | Select Option 🗸  |
|  | Loss Of Use   |  |
|  | Limit - % of Dwelling<br>Coverage *                       | 10%  |
|  | Section I Deductibles                                     |  |
|  | Other Perils *  | Select Option 👻  |
|  | Wind or Hail *  | 1%   |
|  | Section II Coverages                                      |  |
|  | Personal Liability  |  |
|  | Liability Limit *   | Select Option 👻  |
|  | Medical Payments to Others                                |  |
|  | Limit - Per Person *                                      | 5,000  |
|  | Limit - Per Occurrence *                                  | 25,000   |
|  | Additional Coverages                                      |  |
|  | HO-400 Sudden and Accider<br>Water or Steam               | tal Discharge, Eruption, Overflow or Release of                  |
|  | HO-205 Office, Private Scho                               | ol or Studio   |
|  | Additional Premises Liability Co                          | sverage  |
|  | ADDITIONAL LOCATION                                       | OCCUPANCY ENDORSEMENT  |
|  | HO-301 Additional Insured Cov                             | verage   |
|  | NAME RELATIONSHIP TO PRI                                  | MARY NAMED INSURED COVERAGE                                      |
|  | Exclusions And Condition                                  | ons  |
|  |   | Back To Top  |



## 22. When ready to move on, select "Continue."

| Quote Request   | Homeowners   | s - Quote (0009630049                               | 9)                     |
|---|--|---|------------------------|
| Policy Details<br>Property Details<br>Construction                | Quote  |   | Ð                      |
| Discount/Surcharge/Loss Info                                      | Please select coverage options a                         | nd click the 'Calculate Premium' button to quote th | is submission.         |
| Coverage Summary  | Total Annual Pre   | mium:   |                        |
| Payment Details Quote has been saved.                             | \$8,962.00<br>Continue                                   |   |                        |
| Write down this quote number to<br>recall it later:<br>0009630049 | L  |   |                        |
|   | Estimated Replacement Cost                               | \$463,144.00  |                        |
|   | Review/Update MSB  | 4277,007.00   |                        |
|   |  |   |                        |
|   | Section I Coverages                                      |   | Premium: \$10,519.00   |
|   | Dwelling   | 462300  | Premium<br>\$10,519.00 |
|   | Limit •  | 463200  |                        |
|   | Valuation Method *                                       | Replacement Cost 🗸                                  |                        |
|   | Other Structures<br>Limit - % of Dwelling<br>Coverage *  | 10%   | Premium Included       |
|   | Personal Property  |   | Premium Included       |
|   | umit - % of Dwelling<br>Coverage *<br>Valuation Method * | 0078<br>Replacement Cost                            |                        |
|   | Concentration of Build Public                            |   |                        |
|   | Loss Of Use<br>Limit - % of Dwelling<br>Coverage *       | 10%   | Premium Included       |
|   | Section I Deductibles                                    |   | Premium Included       |
|   | Other Perils *   | 1%  | -                      |
|   | Wind or Hail *   | 1%  |                        |
|   | Section II Coverages                                     |   | Premium: \$19.00       |
|   | Personal Liability                                       |   | Premium \$19.00        |
|   | Liability Limit *  | 300,000   | ~                      |
|   | Medical Payments to Other                                | rs<br>5,000   | Premium Included       |
|   | Limit - Per Occurrence *                                 | 25,000  |                        |
|   | Additional Coverages                                     |   | Premium: \$664.00      |
|   | HO-802 Replacement Cost                                  | Coverage A (Dwelling)                               |                        |
|   | HO-803 Replacement Cost                                  | for Personal Property                               | Premium \$526.00       |
|   | NO-400 Sudden and Accide<br>Release of Water or Steam    | ental Discharge, Eruption, Overflow or              | Premium \$138.00       |
|   | HO400Limit *   | 5,000   |                        |
|   | HO-205 Office, Private Sch                               | 1001 or Studio                                      |                        |
|   | Additional Premises Liability                            | Coverage  |                        |
|   | ADDITIONAL LOCATION                                      | DCCUPANCY ENDORSEMENT                               |                        |
|   | HO-301 Additional Insured Co                             | overage   |                        |
|   | NAME RELATIONSHIP TO P                                   | RIHARY NAMED INSURED COVERA                         | 3E                     |
|   | Exclusions And Condit                                    | ions  |                        |
|   | Discounts, Surcharges                                    | s and Fees  | Premium: -\$2,240.00   |
|   |  |   |                        |
|   | Loss History Adjustment                                  | Premium -\$2,240.00                                 |                        |



23. On the Coverage Summary Screen, the mailing address will default to the location address. If an insured wants a different mailing address, this section must be edited. With any mailing address selected, the "Standardize Address" button must be selected.

Second, you will select the "*Payor Type*" and then enter the email address and phone number. When ready, select "Next" to continue.

| Quote Request                                       | Homeowners  | - Quote (00096            | 30049)                      |             |
|---|---|---------------------------|-----------------------------|-------------|
| Qualification<br>Policy Details<br>Property Details | Coverage Sum  | nmary                     |                             |             |
| Construction  | Proposed Effective Date                                       | Sep 10, 2023              |                             |             |
| Discount/Surcharge/Loss Info                        | Primary Insured   | Michael Scott             |                             |             |
| Coverage Summary                                    | Property Address  |                           |                             |             |
| Payment Details                                     | ripping manage  |                           |                             |             |
| Quote has been saved                                |   |                           |                             |             |
| Write down this quote number to recall it later:    | Mailing Address<br>Address Line 1 *                           | ٦r                        |                             |             |
| 0009630049  | Address Line 7  |                           |                             |             |
|   | PART GAT LINE 2.  |                           |                             |             |
|   | Address Line 3  |                           |                             |             |
|   | City *  | Seabrook                  |                             |             |
|   | State *   | Texas                     |                             | ~           |
|   | ZIP Code  | 77586                     |                             |             |
|   | Country *   | United States             |                             | v           |
|   | ,   |                           |                             |             |
|   |   | Stanoardiže Address       |                             |             |
| Г   | Payor *   | Chapse Pavor Tune -       |                             | U.          |
|   | . upor  | choose rayor type         |                             |             |
|   | Email *   | michael@smith.com         |                             |             |
|   | Phone Number *  | 555-555-5555              |                             |             |
|   | Coverages   |                           |                             |             |
|   | Total Policy Premium : \$8,962.                               | .00                       |                             |             |
|   |   |                           |                             |             |
|   | Section I Coverages   |                           |                             | Premium     |
|   | Dwelling  | Limit<br>Valuation Method | \$463,200.00<br>Replacement | \$10,519.00 |
|   |   |                           | Cost                        |             |
|   | Other Structures  | Limit                     | \$46,320.00                 | INCLUDED    |
|   | Personal Property   | Limit                     | \$277,920.00                | INCLUDED    |
|   |   | Valuation Method          | Replacement<br>Cost         |             |
|   | Loss Of Use   | Limit                     | \$46,320.00                 | INCLUDED    |
|   | Section I Deductibles   | Other Perils              | \$4,632.00                  | INCLUDED    |
|   |   | Wind or Hail              | \$4,632.00                  |             |
|   |   |                           |                             |             |
|   | Section II Coverages  |                           |                             | Premium     |
|   | Personal Liability  | Liability Limit           | \$300,000.00                | \$19.00     |
|   | Medical Payments to Others                                    | Limit - Per Person        | \$5,000.00                  | INCLUDED    |
|   |   | Limit - Per Occurrence    | \$25,000.00                 |             |
|   | Additional Courses  |                           |                             | Premium     |
|   | H0-400 Sudden and Accidental                                  | HO400Limit                | \$5,000.00                  | \$138.00    |
|   | Discharge, Eruption, Overflow or<br>Release of Water or Steam |                           |                             |             |
|   | HO-802 Replacement Cost                                       |                           |                             |             |
|   | Coverage A (Dwelling)   |                           |                             |             |
|   | HO-803 Replacement Cost for<br>Personal Property              |                           |                             | \$526.00    |
|   | Discounts, Surcharges a                                       | nd Fees                   |                             | Premium     |
|   | Loss History Adjustment                                       |                           |                             | -\$2,240.00 |
|   |   |                           |                             |             |
|   | Exclusions And Condition                                      | าร                        |                             |             |
|   |   |                           | Cancel Pre-                 | vious Next  |
|   |   |                           | - He                        |             |



24. Mortgagee billed was selected as the payment type on the previous screen, the only payment option for a mortgagee billed policy is full annual payment.

For Insured pay, there will be options of full pay, 2-pay, 4-pay, and 10-pay, Please note: if 10-pay is selected, the applicant must register for auto-draft and initiate the down payment in TFPA's payment system. For assistance with setting up the auto pay for the 10-Pay plan, use this job aid : <u>TFPA-Setting-Up-10-Pay-Policyholder-E-Payments.pdf</u> (texasfairplan.org).

| Quote Request  | Hon        | neowners - Quo                  | te (00096    | 30049)       |            |
|--|------------|---------------------------------|--------------|--------------|------------|
| Qualification  |            |                                 |              |              |            |
| Policy Details   | Pav        | ment Details                    |              |              |            |
| Property Details   | тау        | ment Details                    |              |              |            |
| Construction   | Tabal Assa |                                 |              |              |            |
| Discount/Surcharge/Loss Info   | \$8,962.   | 00                              |              |              |            |
| Quote  |            |                                 |              |              |            |
| Coverage Summary   | Payor      |                                 |              |              |            |
| Payment Details  | ABC Bar    | ık                              |              |              |            |
|  | Payor Typ  | e                               |              |              |            |
| Quote has been saved.<br>Write down this quote number to<br>recall it later: | Mortgag    | lee                             |              |              |            |
| 0009630049   | Payme      | ent Plans                       |              |              |            |
|  |            | NAME                            | DOWN PAYMENT | INSTALLMENT  | TOTAL      |
|  | 0          | Full Annual Payment (Mortgagee) | \$0.00       | \$8,962.00   | \$8,962.00 |
|  |            |                                 | С            | ancel Previo | us Submit  |



- 25. The submission has been submitted to TFPA. To view the policy documents, select "Here" as indicated.
  - If mortgagee pay was selected, the submission will automatically become bound and effective as of the date chosen.
  - If insured pay or alternate payor was selected, the submission will become an Offer and will not be effective until payment is received.

| **In this case, mortgagee paid was selected so it is now a bound polic |
|--|
|--|

| Submission Successfu   | l                                       |                     | Ð                      |
|--|---|---------------------|------------------------|
| A policy has been issued. Click here to review available                                   | documents.                              |                     |                        |
| Policy Summary   |   |                     |                        |
| Policy Number  | TFPH0700134799                          |                     |                        |
| Policy Effective Date  | September 19, 2023                      |                     |                        |
| Policy Period  | September 19, 2023 - September 19, 2024 |                     |                        |
| Total Annual Premium   | \$8,962.00                              |                     |                        |
| Payor  | ABC Bank                                |                     |                        |
| Pavor Type   | Mortgagee                               |                     |                        |
| Payment Plan Name  | Full Annual Payment (Mortgagee)         |                     |                        |
| Loan Number  | 001                                     |                     |                        |
|  |   |                     |                        |
| Primary Insured  |   |                     |                        |
| First Name   | Michael                                 |                     |                        |
| Last Name  | Scott                                   |                     |                        |
| Email  | michael@smith.com                       |                     |                        |
|  |   |                     |                        |
| Property to be Insured   |   |                     |                        |
| Address  |   |                     |                        |
|  |   |                     |                        |
|  | 77586                                   |                     |                        |
| Coverages  |   |                     |                        |
|  |   |                     |                        |
| o .:   |   |                     | Pramium                |
| Section I Coverages Dwelling   | Limit                                   | \$463,200.00        | \$10,519.00            |
|  | Valuation Method                        | Replacement         |                        |
|  |   | Cost                |                        |
| Other Structures   | Limit                                   | \$46,320.00         | INCLUDED               |
| Personal Property  | Limit                                   | \$277,920.00        | INCLUDED               |
|  | Valuation Method                        | Replacement<br>Cost |                        |
| Loss Of Use  | Limit                                   | \$46,320.00         | INCLUDED               |
| Section I Deductibles  | Other Perils                            | \$4,632.00          | INCLUDED               |
|  | Wind or Hail                            | \$4,632.00          |                        |
|  |   |                     |                        |
| Section II Coverages   |   |                     | Premium                |
| Personal Liability   | Liability Limit                         | \$300,000.00        | \$19.00                |
| Medical Payments to Others   | Limit - Per Person                      | \$5,000.00          | INCLUDED               |
|  | Limit - Per Occurrence                  | \$25,000.00         |                        |
|  |   |                     |                        |
| Additional Coverages   |   |                     | Premium                |
| HO-400 Sudden and Accidental Discharge, Eruption,<br>Overflow or Release of Water or Steam | HO400Limit                              | \$5,000.00          | \$138.00               |
| HO-802 Replacement Cost Coverage A (Dwelling)  |   |                     |                        |
|  |   |                     | +===                   |
| HU-803 Replacement Cost for Personal Property  |   |                     | \$526.00               |
|  |   |                     |                        |
|  |   |                     |                        |
| Discounts, Surcharges and Fees   |   |                     | Premium                |
| Discounts, Surcharges and Fees<br>Loss History Adjustment                                  |   |                     | Premium<br>-\$2,240.00 |
| Discounts, Surcharges and Fees<br>Loss History Adjustment                                  |   |                     | Premium<br>-\$2,240.00 |



26. To view the Policy Package click on the PDF as shown below.

| Account: Michael S<br>Quote (  | cott Policy: Resi  | dential (TFPH<br>30049)   | Issued   |   |   |                                   |                                  |
|--|--|---|--|---|---|-----------------------------------|----------------------------------|
|  | open<br>activities<br>0  | NOTES   | documents<br>2   |   |   |                                   |                                  |
| Documents<br>Please select doc   | ument type and<br>lick on Save.  | click '+Upload D  | Selec  | Document Type 🗸   | + Upload Documents<br>ter you upload the docum                              | Search docu                       | uments<br>update the             |
| Do not upload files<br>characters (includir<br>.ppt, .pptx, .rtf, .rtb<br>NAME | containing illegal<br>ng the file type ext<br><, .tif, .tiff, .txt, .w | content or copyrig<br>ension). Files mus<br>av, .wmv, .xls, .xls<br>DESCRIP | hted information witho<br>it not exceed 20MBa<br>x are the supported fil<br>TION | ut the permission of the o<br>ri, .bmp, .doc, .docm, .do<br>es.<br>DOCUMENT 1 | copyright owner. File name:<br>cx, .dot, .ditx, .gif, .jpeg, .<br>rype DATE | s must not exce<br>jpg, .mov, .mp | eed 60<br>g, .pdf, .png,<br>SAVE |
| Policy Package   | e.pdf  | Policy P  | ackage   | Policy Package  | 9/19/23   |                                   | _                                |
| Application Eli  | gibility.pdf   | Applicat  | tion Eligibility   | Application Eligibili   | ity 9/19/23   |                                   |                                  |

