

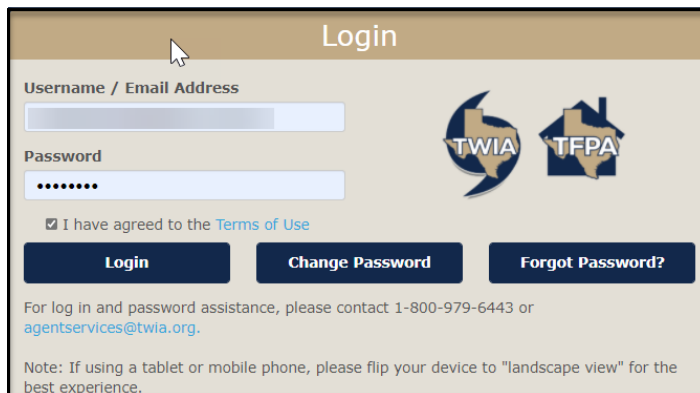
TFPA Mobile Home Submission

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

Before you start quoting in Policy Center:

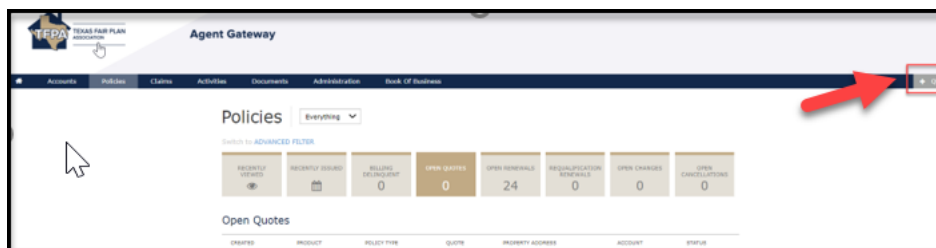
- Check TFPA's Coverage & Eligibility Guidelines: [Coverage & Eligibility Requirements](#). The risk must meet all of the requirements.
- Complete the [Proof of Declination of Coverage](#). You must have 2 declinations on file.
- Also complete and upload the [TFPA Mobile Home Valuation Worksheet](#) to the application when submitted.

1. Log in to the TFPA Agent Gateway. If you need your login information, contact Agent Services either by email agentservices@twia.org or by calling 1-800-979-6443.



The screenshot shows the login page for the TFPA Agent Gateway. It features a header with the word "Login" and two logos: TWIA (Texas Windstorm Insurance Association) and TFPA (Texas Fair Plan Association). Below the logos are two input fields: "Username / Email Address" and "Password". A checkbox labeled "I have agreed to the Terms of Use" is checked. There are three buttons: "Login", "Change Password", and "Forgot Password?". Below the buttons, there is a note: "For log in and password assistance, please contact 1-800-979-6443 or agentservices@twia.org." At the bottom, there is another note: "Note: If using a tablet or mobile phone, please flip your device to 'landscape view' for the best experience."

2. Select "+ Quote" from the top right of the screen.



The screenshot shows the dashboard of the TFPA Agent Gateway. The header includes the TFPA logo and the text "Agent Gateway". Below the header is a navigation menu with items: "Accounts", "Policies", "Claims", "Activities", "Documents", "Administrative", and "Risk Of Business". A red arrow points to a "+ Quote" button in the top right corner. The main content area displays "Policies" with a dropdown menu set to "Everything". Below this is a section titled "Switch to ADVANCED FILTER" with several data cards: "RECENTLY VIEWED" (0), "RECENTLY ISSUED" (0), "PENDING DECLINATIONS" (0), "OPEN QUOTES" (0), "OPEN POLICIES" (24), "REQUALIFICATION BENEFITS" (0), "OPEN CHANGES" (0), and "OPEN CANCELLATIONS" (0). At the bottom, there is a section titled "Open Quotes" with a table header: "CHANGES", "PRODUCT", "RISKY TYPE", "QUOTE", "PROPERTY ADDRESS", "ACCOUNT", and "STATUS".



3. Enter the requested information and then select “Search.”

The screenshot shows the 'Agent Gateway' interface for the Texas Fair Plan Association. The page title is 'New Quote: Search for Existing Account'. The form includes the following fields and options:

- Account Type: **Individual** (selected), Estate/Trust
- First Name: Jane
- Last Name *: Doe
- City: Austin
- State: Texas
- ZIP Code: 78753

Buttons at the bottom right: Cancel, Search (highlighted with a red box).

4. Enter information where noted by the * and then select “Create Account.”

The screenshot shows the 'New Quote: New Account Details' form. The form includes the following fields and options:

- Account Type: **Individual**
- First Name *: Jane
- Last Name *: Doe
- Date of Birth *: 01/01/1971
- Country: United States

Section: Address of property to be insured

- Address Line 1 *: [Empty]
- Address Line 2 (Apt/Blgd/Suite): [Empty]
- Address Line 3: [Empty]
- City *: Austin
- State: Texas
- Zip Code *: 78753
- Email Address *: [Empty]
- Producer Code & Name *: [Dropdown menu]

Buttons: Cancel, Create Account (highlighted with a red box).

Section: Start Quote

- State: Texas
- Effective Date *: 01/22/2021
- Producer Code & Name *: -- Choose Producer Code --
- Product Code *: Residential

Buttons: Cancel, Next



5. On the “Policy Details” screen, enter information where noted by the * and then select “Next.”

The screenshot shows a web form titled "New Quote: Policy Details for Existing Account". The form contains the following fields and values:

- Account Type: Individual
- Account: F000167246
- Name & Property Address: Jane Doe
- Start Quote: (empty field)
- State: Texas
- Effective Date *: 01/22/2021
- Producer Code & Name *: (empty dropdown menu)
- Product Code *: Residential

At the bottom right, there are two buttons: "Cancel" and "Next". The "Next" button is highlighted with a red border.

6. Select the appropriate “Policy Type” from the drop down menu. For mobile home coverage, you may select either “Homeowners” or “Dwelling/Fire.” In this job aid, the selection is “Homeowners.”

The screenshot shows a web form titled "Residential - Quote (0003500017)" for user "JANE DOE". The form is divided into a left sidebar and a main content area.

Quote Request

- Qualification (selected)
- Policy Details
- Property Details
- Construction
- Discount/Surcharge/Loss Info
- Quote
- Coverage Summary
- Payment Details

Qualification

Policy Type: Please Select (dropdown menu)

Quote has been saved.
Write down this quote number to recall it later:
0003500017



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

Quote Request

- Qualification
- Policy Details
- Property Details
- Construction
- Discount/Surcharge/Loss Info
- Quote
- Coverage Summary
- Payment Details

Quote has been saved.
Write down this quote number to recall it later:
0003500017

Residential - Quote (0003500017)

JANE DOE

Qualification

Policy Type: Homeowners

TFPA Applicant Eligibility

Does the applicant have an existing policy from an insurance company in the voluntary market? *

Does the applicant have a renewal offer or quote with comparable coverages from an insurance company in the voluntary market? *

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)? *

Has the applicant been cancelled or non-renewed for material misrepresentation in the past three years? *

Is the applicant or any proposed named insured indebted to TFPA on a prior TFPA policy? *

Has any applicant been convicted of arson, fraud, or any other insurance related offense within the last 5 years? *

TFPA Property Eligibility

Any business or childcare conducted on the premises? *

Are there any outstanding taxes, assessments, penalties or charges with respect to the property to be insured? *

Is the property in violation of any building, housing, air pollution, sanitation, health, fire or safety ordinance or rule? *

Is the dwelling a rental property? *

Is the dwelling a farm or ranch property? *

Is the dwelling vacant or unoccupied? *

Will there be more than 2 families or 2 boarders or roomers per family? *

Is the dwelling a mobile home? *

Is the property to be insured condemned? *

Does the roof have 3 or more layers? *

Is there a swimming pool? *

Is there a trampoline or skateboard ramp on the premises? *

Cancel Next



8. Complete the “Qualification” fields noted by the * and then select “Next.”

Residential - Quote (0003500019)
JANE DOE

Qualification

Policy Type: Homeowners

TFPA Applicant Eligibility

Does the applicant have an existing policy from an insurance company in the voluntary market? * Yes No

Name of your insurance company (if none, enter None): *

Does the applicant have a renewal offer or quote with comparable coverage from an insurance company in the voluntary market? * Yes No

Does the applicant have at least two admitted/licensed companies that have declined to provide coverage (Current or prior carrier listed above may be used)? * Yes No

Insurance Company #1: *

Is: Cancelled, Declined, or Non-renewed? * Declined Yes No

2a: Did the distribution, cancellation or non-renewal occur within the last 90 days? * Yes No

2b: Reason: *

Insurance Company #2: *

Is: Cancelled, Declined, or Non-renewed? * Declined Yes No

2b: Did the distribution, cancellation or non-renewal occur within the last 90 days? * Yes No

2c: Reason: *

Has the applicant been cancelled or non-renewed for material misrepresentation in the past three years? * Yes No

Is the applicant on any personal tenant insured disabled to 90% or a prior TFPA policy? * Yes No

Has any applicant been convicted of arson, fraud, or any other insurance related offense within the last 5 years? * Yes No

TFPA Property Eligibility

Any business or other use conducted on the premises? * Yes No

Are there any outstanding liens, encumbrances, judgments or charges with respect to the property to be insured? * Yes No

Is the property an extension of any building, structure, or addition, enclosure, health, fire or safety enclosure 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? * Yes No

Will there be more than 2 families or 2 tenants (or members per family)? * Yes No

Is the dwelling a mobile home? * Yes No

Is the unit blocked and land owned? * Yes No

Is the property to be insured continuously? * Yes No

Does the roof have 2 or more layers? * Yes No

Is there a swimming pool? * Yes No

Is there a hot tub or spa on the premises? * Yes No

Buttons: Cancel, Next

9. Verify the information on the “Policy Info” screen and then select “Next.”

Homeowners - Quote (0003500019)
JANE DOE

Policy Details

I want my coverage to start on *

Primary Named Insured: Jane Doe

Date of Birth *

Additional Named Insureds:

NAME	DESCRIPTION OF INTEREST	RELATIONSHIP TO PRIMARY NAMED INSURED

Buttons: Cancel, Previous, Next



10. Verify the information that is shown and then select “Dwelling Details.”

Homeowners - Quote (0003500019)
JANE DDE

Property Details

Address of the property to be insured ✓

Address Line 1 *

Address Line 2 (Apt/Bldg/Suite)

Address Line 3

City *

ZIP Code *

Dwelling Details

Location Details

Additional Interest ✓

Cancel Previous Next

11. Complete the “Dwelling Details” noted by the * and the associated fields and then select “Location Details.”

Homeowners - Quote (0003500019)
JANE DDE

Property Details

Address of the property to be insured ✓

Dwelling Details ✓

Year Purchased *

Residence Type *

Home Used As *

Home is *

Is the property accessible to fire protection services? *

Are there excessive liability exposures such as inoperable cars or other dangerous debris on premises? *

Is the dwelling for sale? *

Is the dwelling undergoing renovation or reconstruction? *

Was dwelling built using unconventional type construction? *

Fireplace

Wood Stove

Are there any dogs or exotic pets on premises? *

Location Details

Additional Interest ✓

Cancel Previous Next



12. Complete the “Location Details” noted by the * and the associated fields and then click on “Apply Public Protection Class.” If there is a mortgage on the mobile home, select “Additional Interest” to add one. If not, select “Next” to continue.


Homeowners - Quote (0003500019)
JANE DOE

Property Details

- Address of the property to be insured ✓
- Dwelling Details ✓
- Location Details ✓

Distance to Fire Hydrant(Feet) * 500

Distance to Fire Station(Miles) * 1

 Apply Public Protection Class

Protection Class Code 02

Territory Code for Residential Line * 6

County * TRAVIS

- Additional Interest ✓

Cancel Previous **Next**

13. Enter information where noted by the * and then select “Roof.”

Homeowners - Quote [REDACTED]
JANE DOE

Construction

- Construction Details ✓

Year Built * 2020

Condition of Dwelling * Excellent ✓

Construction Type * Mobile Home ✓

Is the unit blocked and tied down? * Yes No

Length * 16

Width * 76

Haku * Oak Creek

Model * Opal

Serial Number * 12345678

Number of Stories * 1 ✓

Living Area Square Footage * 1215

Garage * No Garage ✓

Foundation Type * Slab ✓

- Roof**
- Plumbing
- Heating
- Electrical

Cancel Previous **Next**



14. Enter information where noted by the * and then select "Plumbing."

Homeowners - Quote (0003500019)
JANE DOE

Construction

Construction Details ✓
Roof ✓

Roof Type * Aluminum

Roofing Updated

Plumbing
Heating
Electrical

Cancel Previous Next

15. Enter information where noted by the * and then select "Heating."

Homeowners - Quote (0003500019)
JANE DOE

Construction

Construction Details ✓
Roof ✓
Plumbing ✓

Plumbing * Copper

Plumbing Updated

Heating
Electrical

Cancel Previous Next

16. Enter information where noted by the * and then select "Electrical."

Homeowners - Quote (0003500019)
JANE DOE

Construction

Construction Details ✓
Roof ✓
Plumbing ✓
Heating ✓

Primary Heating * Electricity

Heating Updated

Electrical

Cancel Previous Next



17. Enter information where noted by the * and then select “Next.”

Homeowners - Quote (0003500019)
JANE DOE

Construction

Construction Details ✓
Roof ✓
Plumbing ✓
Heating ✓
Electrical ✓

Wiring *

Electrical System *

Number of Amps *

Wiring Updated

Cancel Previous **Next**

18. This brings up the “Discount/Surcharge/Loss Info” screen. Review the requirements and answer accordingly. Select “Next.”

Homeowners - Quote (0003500019)
JANE DOE

Discount/Surcharge/Loss Info

Home security device credit? *

Texas FAIR Plan Association Requirements for the Home Security Devices Credit:

- Exterior doors are solid core doors that are 1 3/8 inches thick and secured by dead-bolt locks.
- Metal doors must be secured by dead-bolt locks.
- 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 header and threshold bolts, have the bolts flush-mounted in the edge of the door.
- Sliding glass doors are secured by secondary locking devices to prevent lifting and prying.
- Dutch doors have concealed flush bolt locking devices to interlock upper and lower halves and are secured by a dead-bolt lock.
- Garage doors are equipped with key operated locking devices.
- Windows are secured by auxiliary locking devices
- 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:
 - all exterior structure openings are contacted; the system includes interior and exterior siren;
 - all equipment is U.L. approved and is monitored by a U.L. approved central station;
 - 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 Statutes).

Texas FAIR Plan Association Requirements for Automatic Sprinkler Credit:

- Please contact Underwriting for additional information.

No Prior Losses Found

Cancel Previous **Next**



19. This brings up the “Coverages” screen. Enter the appropriate coverage and endorsements and then select “Calculate Premium” at the top of the screen. Please note: Coverage limit should be rounded to the 100’s and replacement cost coverage is not available when the dwelling type is mobile home.

The screenshot displays a mobile application interface for a quote. At the top, the word "Quote" is visible. A prominent blue button labeled "Calculate Premium" is highlighted with a red rectangular box. Below this, the screen is organized into several sections:

- Section I Coverages:**
 - Dwelling:** Includes a "Limit" dropdown set to "100K" and a "Valuation Method" dropdown set to "Actual Cash Value".
 - Other Structures:** Includes a "Limit - % of Dwelling Coverage" dropdown set to "25%".
 - Personal Property:** Includes a "Limit - % of Dwelling Coverage" dropdown set to "50%" and a "Valuation Method" dropdown set to "Actual Cash Value".
 - Lessor's Use:** Includes a "Limit - % of Dwelling Coverage" dropdown set to "25%".
 - Section I Exclusions:** Includes a "Other Policy" dropdown set to "75%" and a "Waiver Map" dropdown set to "75%".
- Section II Coverages:**
 - Personal Liability:** Includes a "Liability Limit" dropdown set to "100,000".
 - Medical Payments to Others:** Includes two dropdowns: "Limit - Per Person" set to "5,000" and "Limit - Per Occurrence" set to "25,000".
- Additional Coverages:**
 - Two checkboxes are present, both unchecked: "HO-000 Building and Accidental Discharges, Ruptures, Overflows or Releases of Water or Steam" and "HO-200 Office, Private School or Studio".
- Additional Premium Liability Coverages:** A section with a table of options and an "Add" button.
- HO-000 Additional Endorsement Coverages:** A section with a table of options and an "Add" button.
- Exclusions And Conditions:** A section at the bottom with a "Back To Top" button.



20. Review the quote returned and then press "Continue."

Homeowners - Quote (0003500023)
JANE DOE

Quote

Please select coverage options and click the "Calculate Premium" button to quote this submission.

Total Annual Premium:
\$938.12

Continue

Estimated Replacement Cost \$133,927.00
Estimated Actual Cash Value \$133,927.00

Review/Update MSB

21. Complete the fields noted by the * and then select "Next."

Homeowners - Quote (0003500023)
JANE DOE

Coverage

Preferred Effective Date: 06/15/2024
Primary Insured: JANE DOE
Property Address: 5421 S Sandberg Ln, Austin, TX 78753-4000
Mailing Address: 5421 S Sandberg Ln, Box 100, Austin, TX 78753-4000

State: * [Choose Your State] [v]
Email: * jane@jdoe.com
Phone Number: * 512-555-1234

Coverages

Total Policy Premium: \$938.12

Section I Coverages

Coverage	Limit	Substitution Method	Replacement Cost	Premium
Other Structures	\$1,000,000	INCLUDED		
Personal Property	\$1,000,000	INCLUDED		
Loss Of Use	\$1,000,000	INCLUDED		
Section II Endorsements	Other Perils: \$1,200,000 Wind or Hail: \$1,200,000			INCLUDED

Section II Coverages

Coverage	Limit	Substitution Method	Replacement Cost	Premium
Personal Liability	Liability Limit: \$100,000,000			\$18.00
Medical Payments to Others	Liability - Per Person: \$5,000.00 Liability - Per Occurrence: \$25,000.00			INCLUDED

Additional Coverages

Coverage	Limit	Substitution Method	Replacement Cost	Premium
HO-400 Addition and Accidental Deletion, Extension, Shortfall or Release of Water or Vapor	HO400 Limit: \$5,000,000			\$1.00
HO-402 Replacement Cost for Contents in Detached				\$10.00
HO-403 Replacement Cost for Detached Property				\$10.00

Discounts, Surcharges and Fees

Item	Premium
Multi-Security Device Code	\$60.00
Loss History Adjustment	\$270.00
Insulation R-Value Assessment	\$1.12

Exclusions And Conditions

Cancel Premium **Next**



22. Select the payment plan requested and then select “Submit.”

Homeowners - Quote (0003500023)
 JANE DOE

Payment Details

Total Annual Premium
\$938.12

Payor
Jane Doe

Payor Type
Primary Named Insured

Payment Plans

	NAME	DOWN PAYMENT	INSTALLMENT	TOTAL
<input type="radio"/>	Full Annual Payment (Insured)	\$937.00	\$0.00	\$938.12
<input checked="" type="radio"/>	2 Payments	\$562.20	\$374.80	\$938.12
<input type="radio"/>	4 Payments	\$281.10	\$218.64	\$938.12
<input type="radio"/>	10 Payments (AutoDraft)	\$140.55	\$88.50	\$938.12

Cancel Previous **Submit**

23. The submission is bound and the policy will issue once the payment is received.

Submission Successful

We've received the application. Coverage will be bound and a policy issued upon TFP's receipt of payment. The applicant will receive an email with instructions on how to make their payment. Click here to review available documents.

Policy Summary

Application Number: 0003500023
 Proposed Policy Effective Date: January 01, 2024
 Proposed Policy Period: January 01, 2024 - January 01, 2025
 Total Annual Premium: \$938.12
 Payor: Jane Doe
 Payor Type: Primary Named Insured
 Proposed Plan Name: 2 Payments

Primary Insured

Last Name: Jane
 Last Name: Doe
 Email: jane@123.com

Property to be Insured

Address: [Redacted]

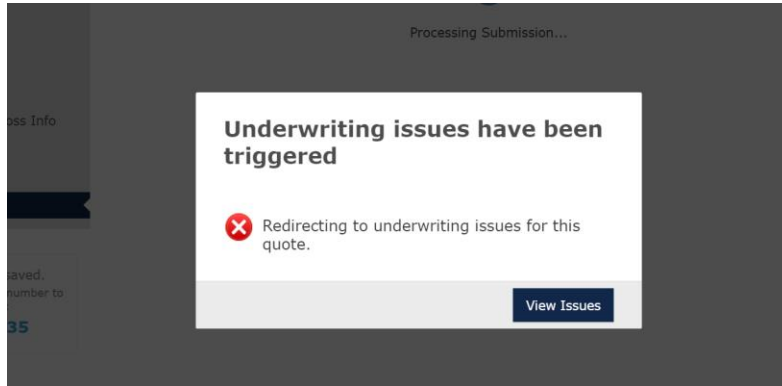
Coverages

Section I Coverages	Cover	Limit	Premium
Dwelling	Voluntary Dwelling	\$124,000.00	\$1,044.00
	Replacement Cost	\$0.00	\$0.00
Other Structures	Limit	\$11,400.00	INCLUDED
Personal Property	Limit	\$11,400.00	INCLUDED
	Voluntary Personal	\$0.00	\$0.00
Loss of Use	Limit	\$11,400.00	INCLUDED
Section I Exclusions	Other Perils	\$1,240.00	INCLUDED
	Wind or Hail	\$1,240.00	INCLUDED
Section II Coverages	Liability Limit	\$100,000.00	\$10.00
Medical Payments to Others	Limit - Per Person	\$5,000.00	INCLUDED
	Limit - Per Occurrence	\$25,000.00	
Additional Coverages	HO0001004	\$5,000.00	\$100.00
HO 000 Exclusion and Associated Deductible, Exemption, Co-insurance or Sublimit of Amount or Other			
HO 000 Replacement Cost Coverage A (Dwelling)			
HO 000 Replacement Cost for Personal Property			\$50.00
Discounts, Surcharges and Fees			Premium
Multi-policy General Credit			-\$61.00
State Health Requirement			-\$200.00
Minimum Postage Assessment			\$1.14

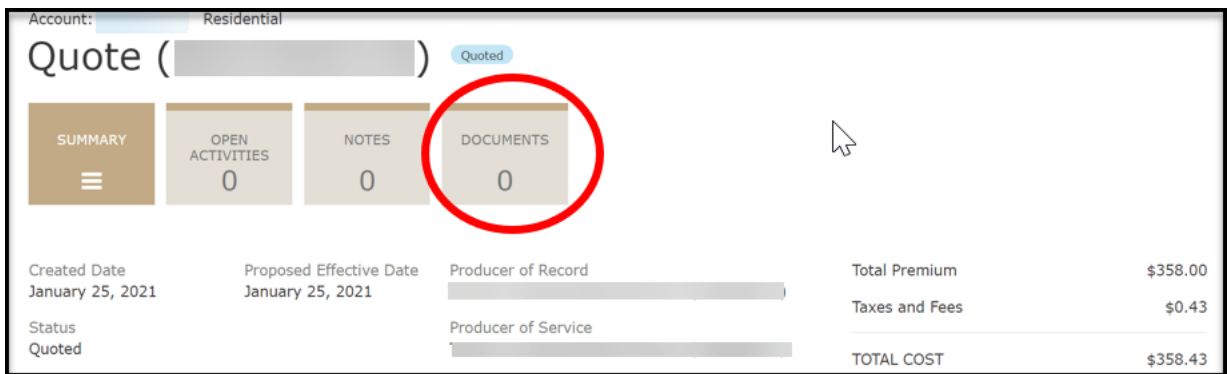
Exclusions And Conditions



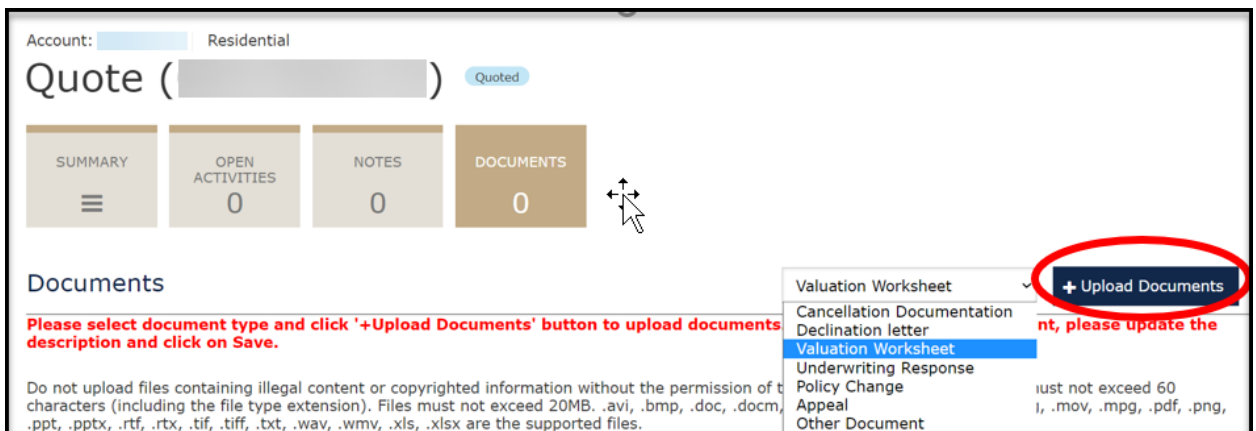
24. If the submission is referred to Underwriting, a copy of the “Mobile Home” worksheet is needed and can be located at the following link: [TFPA Mobile Home Valuation Worksheet](#). Be sure to complete it and save it to your computer.



25. To upload the completed TFPA Mobile Home Valuation Worksheet, select “Documents.”



26. Select the document to be uploaded from the drop-down menu and then select “Upload Documents.”



27. You will be prompted to browse and import the document. After the document is selected, you will see the following message. If acceptable, select "Yes."

