Proof of Declination of Coverage

One of the eligibility requirements for coverage through the Texas FAIR Plan Association (TFPA), a residual insurer, is that the applicant must have been denied coverage by at least two private market insurers. The TFPA Plan of Operation requires an agent to maintain documentation that indicates proof of declination. You may use this form to document the information required and compliance with TFPA standards.

Complete items below to document the declination:

Declination NO. 1

1. Date of Declination: __________________________________________________________
(An applicant or agent must have received at least two declinations of coverage to obtain new TFPA coverage, and again every two years thereafter to renew/continue TFPA coverage.)

2. Name of authorized insurance company: _______________________________________
(Note: The insurance company must offer new or renewal coverage. Record the actual company name, not the company’s group name. Neither a surplus lines insurance company nor managing general agency qualifies.)

3. Declination (or refusal) method: (Complete either A or B below.)

A. The authorized insurance company refused to offer new or renewal coverage. Please complete the following.
   The Agent relied upon the following to meet the declination requirement:
   ____ A review of insurance guidelines.
   ____ A discussion with an underwriter.
   ____ A letter of refusal from the insurance company.

B. The authorized insurance company offered coverage, but this coverage was more restrictive than coverage available from TFPA. (Example: the insurance company requires a higher deductible or no replacement cost coverage.) Describe the coverage that TFPA offered that could not be obtained from the insurance company: ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

Agency: ______________________________________________________________________
Applicant’s Name: ______________________________________________________________________
Address of Property: ______________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
Declination NO. 2

1. Date of Declination: __________________________________________________
   (An applicant or agent must have received at least two declinations of coverage to obtain new TFPA
   coverage, and again every two years thereafter to renew/continue TFPA coverage.)

2. Name of authorized insurance company: _____________________________________________
   (Note: The insurance company must offer new or renewal coverage. Record the actual company name,
   not the company’s group name. Neither a surplus lines insurance company nor managing general agency
   qualifies.)

3. Declination (or refusal) method: (Complete either A or B below.)

   A. The authorized insurance company refused to offer new or renewal coverage. Please complete
   the following.
   The Agent relied upon the following to meet the declination requirement:
   _____ A review of insurance guidelines.
   _____ A discussion with an underwriter.
   _____ A letter of refusal from the insurance company.

   B. The authorized insurance company offered coverage, but this coverage was more restrictive
   than coverage available from TFPA. (Example: the insurance company requires a higher deductible
   or no replacement cost coverage.) Describe the coverage that TFPA offered that could not be
   obtained from the insurance company: ____________
   ____________________________________________________________________________
   ____________________________________________________________________________