

## **TFPA New Submission**

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 "+ Start New Quote" from the top right of the screen.

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No Activities found.	

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

New Quote: Search for Existing Account			
Account Type	Individual		
Association Name	Texas FAIR Plan Association		
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."

New Quote: New Account Details				
Account Type	Individual			
* First Name	Michael			
* Last Name	Scott			
* Date of birth	Jan 1, 1980			
* Account Holder Email Address	mscott@scott.com			
Address of property to be	insured			
* Address Line 1				
Address Line 2 (Apt/Bldg/Suite)				
Address Line 3				
* City	Seabrook			
* ZIP Code	77586			
State	Texas			
* Producer Code & Name	:			
	Cancel Create Account			



5. On the next screen, enter the effective date (it cannot be backdated). When ready to move forward, select "Create Quote."

New Quote: Policy Details for Existing Account				
Account Type Account Name	Individual F0006 Michael Scott			
State	Texas	~		
* Requested Coverage Start Date	Apr 4, 2025			
Producer Code & Name		v qu		
* Product	Residential	~		
Cancel		Create Quote		

6. Select the Policy Type from the drop-down menu (options are Homeowners, Tenant, Condominium and Dwelling/Fire). In this example, the selection shown is Homeowners. Answer the remaining "Qualification" fields noted by the \* and then select "Next."

	Account: Michael Scott		
Quote Request	Homeowners - Quote (001	)3)	
Qualification			
Policy Details	Qualification		
Property Details			
Discount/Surcharee/Loss Info	Policy Type	Homeowners	~
Quote	TEPA Applicant Eligibility		
Additional Information			
Coverage Summary	* Does the applicant have an existing policy from an insurance company in the voluntary market?	Yes	No
т вуплеть менала	<ul> <li>Does the applicant have a renewal offer or quote with comparable coverages from an insurance company in the voluntary market?</li> </ul>	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?	Yes	No
	<ul> <li>Is the applicant or any proposed named insured indebted to TFPA on a prior TFPA policy?</li> </ul>	Yes	No
	<ul> <li>Has any applicant been convicted of arson, fraud, or any other insurance related offense within the last 5 vears?</li> </ul>	Yes	No
	TFPA Property Eligibility		
	* Any business or childcare conducted on the premises?	Yes	No
	<ul> <li>Are there any outstanding taxes, assessments, penalties or charges with respect to the property to be insured?</li> </ul>	Yes	No
	<ul> <li>Is the property in violation of any building, housing, air pollution, sanitation, health, fire or safety ordinance or rule?</li> </ul>	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 boarders or roomers per family?	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
	<ul> <li>Is there a trampoline or skateboard ramp on the premises?</li> </ul>	Yes	No
	Cancel		- Next



7. Enter the Primary Insured's Date of Birth where indicated and then select "Next."

Quote Request	Account: Michael Scott Homeowners - Quote (0014	3)
Policy Details	Policy Details	
Construction Discount/Surcharge/Loss Info	* Requested Coverage Start Date	Apr4.2025
Quote Additional Information	Primary Insured	Michael Scott
Coverage Summary Payment Details	Date of Birth	Jan 1,1590
	Cancel	Previous Next

8. Verify the information returned. When ready, select "Dwelling Details" to continue.

Quote Request	Account: Michael Scott Homeowners - Quote (001	
Qualification Policy Details	Address of Property to be Insured	*
Property Details Construction	Address Line 1 Address Line 2 (Apt/Bldg/Suite)	
Discount/Surcharge/Loss Info Quote	Address Line 3	
Additional Information	• City	Seabrook
Payment Details	* ZIP Code Dwelling Details	77556
	Location Details	· · · · · · · · · · · · · · · · · · ·
	Cancel	Previous Next

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

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



	Account: Michael Scott				
Quote Request	Homeowners - Ouote (0014	3)			
Qualification		,			
Policy Details	Address of Property to be Insured				<b>`</b>
Property Details	Dwelling Details				×
Construction	Year Purchased	<b>YYYY</b>			
Discount/Surcharge/Loss Info	* Residence Type	Please Select			×
Quote					
Additional Information	* Home Used as	Please Select			~
Coverage Summary	* Home is	Please Select			~
Payment Details	<ul> <li>Is the property accessible to fire protection services?</li> </ul>	Yes	No	]	
	<ul> <li>Are there excessive liability exposures such as inoperable cars or other dangerous debris on premises?</li> </ul>	Yes	No	]	
	* Is the dwelling for sale?	Yes	No	]	
	<ul> <li>Is the dwelling undergoing renovation or reconstruction?</li> </ul>	Yes	No	]	
	* Was dwelling built using unconventional type construction?	Yes	No	]	
	Fireplace	Yes	No	]	
	Wood Stove	Yes	No	]	
	* Are there any dogs or exotic pets on premises?	Yes	No	]	
	Location Details				>
	Cancel				Previous Next

**10.** Enter Dwelling Details where indicated by the red asterisk \* and then select "Location Details" to continue.

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. Select "Next" to continue.

Quote Request	Account: Michael Scott	
Qualification	Homeowners - Quote (001	8)
Policy Details	Address of Property to be Insured	>
Property Details	Dwelling Details	>
Construction	Location Details	×
Discount/Surcharge/Loss Info	Distance to Fire Hydrant(Feet)	
Quote	Distance to Fire Station(Miler)	
Additional Information	Datance to the Station(Pleasy)	
Coverage Summary		Apply Public Protection Class
Payment Details	Protection Class Code	
	Territory Code for Residential Line	
	County	
	Cancel	Previous Next



	Account: Michael Scott		
Quote Request	Homeowners - Ouote (001	()	
Qualification			
Policy Details	Construction Details		~
Property Details	* Year Built	yyyy	
Construction	* Condition of Dwelling	Please Select-	~
Discount/Surcharge/Loss Info			_
Quote	* Construction Type	Please select	
Additional Information	* Number of Stories	Please Select-	~
Coverage Summary	* Living Area Square Footage		
Payment Details			
	* Garage	No Garage	~
	Foundation Type	Please Select	~
	Roof		>
	Heating		>
	Plumbing		>
	Electrical		>
	Cancel	Previous	Next

12. Enter the "Construction Details" where indicated. When ready, select "Roof" to continue.

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

	Account: Michael Scott		
Quote Request	Homeowners - Ouote (001	8)	
Qualification		,	
Policy Details	Construction Details		>
Property Details	Roof		~
Construction	Roof Type	Please Select	~
Discount/Surcharge/Loss Info			
Quote	Roofing Updated		
Additional Information	Heating		>
Coverage Summary	Plumbing		>
Payment Details	Electrical		>
	Cancel		Previous Next

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

	Account: Michael Scott		
Quote Request	Homeowners - Quote (001	3)	
Qualification		,	
Policy Details	Construction Details		>
Property Details	Roof		>
Construction	Heating		~
Discount/Surcharge/Loss Info	Primary Heating	Please Select	~
Quote		_	
Additional Information	Heating Updated		
Coverage Summary	Plumbing	<b>—</b>	>
Payment Details	Electrical		>
	Cancel		Previous Next



15. Enter the "Plumbing" information where noted by the \* and then select "Electrical."

	Account: Michael Scott				
Quote Request	Homeowners - Quote (001 3)				
Qualification		· ·			
Policy Details	Construction Details		>		
Property Details	Roof		>		
Construction	Heating		>		
Discount/Surcharge/Loss Info	Plumbing		~		
Quote	* Plumbing	Please Select	~		
Additional Information					
Coverage Summary	Plumbing Updated				
Payment Details	Electrical		>		
	Cancel		Previous Next		

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

	Account: Michael Scott					
Quote Request	Homeowners - Ouote (001 3)					
Qualification		-1				
Policy Details	Construction Details		>			
Property Details	Roof		>			
Construction	Heating		>			
Discount/Surcharge/Loss Info	Plumbing		>			
Quote	Electrical		~			
Additional Information	* Wiring	Please Select	~			
Coverage Summary	R Classified Contern	Place School				
Payment Details	* Electrical System	Presse select				
	Number Of Amps	Please Select	~			
		0				
	Wiring Updated					
	Cancel	Previou	us Next			

17. 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 we will need a certificate from the alarm monitoring company and written confirmation from either the policyholder or the agent that all of the other listed items are present in the residence. For the discount to be added.

	Account: Michael Scott		
Quote Request	Homeowners - Ouote (001		
Qualification	2000 (00-	,	
Policy Details	Discount/Surcharge/Loss Info		
Property Details			
Construction	* Mome serurity device credit?	Vae	No
Discount/Surcharge/Loss Info	none actomy concercent.	ituz	10
Quote	Texas FAIR Plan Association Requirements for the Home Security Devices Credit;		
Additional Information			
Coverage Summary	Exterior doors are solid core doors that are 1 3/8 inches thick and secured by dead- Metal doors must be secured by dead, bolt locks	bolt locks.	
Payment Details	Maid atom must be secured by data bott tock.     Subdive concernent by specifications or entering does and have the insertion does and have an addition of an instructure of have the insertion does and have an addition, and nonitoring of the system are does at one (2004). (Normal Your Kan Lidd Bauture Your Kan Lidd Bauture Have Have Have Have Have Have Have Hav	accound by handwise and handwide builts that powershife metal atrike plates. the hand taken mounted in the edge of the door. pring. In dectorning a secured by a denad-bolt tock. an electornic burglar alarm and is inspected by a local or county crime sterior alren; bottors and with the Private Investigations and Private Agencies Act (Attick 4413)	
	Cancel		Previous Next



18. In this case, the residence had a prior loss. Verify the information returned, when ready select "Next."

	Account: Michael Scott						
Quote Request	Homeowners	Ouote (001					
Qualification		<b>C</b>					
Policy Details	Discount/Surcharge/Los	sinfo					
Property Details		51110					
Construction	* Home security device medit?			Yes			No
Discount/Surcharge/Loss Info				10			
Quate	Texas FAIR Plan Association Require	ments for the Home Security Device	is Credit:				
Additional information	· Exterior choose are solid core do	we that are 1.3.15 inches thick and se	used budged holt locks				
Coverage Summary	Metal doors must be secured by	dead-bolt locks.					
Payment Details	<ul> <li>Double doors meet the specific in the case of glass located wit</li> </ul>	itions for exterior doors and have the sin 40 inches of the header and thres	r inactive door secared by header an hold bolts, have the bolts flush mou	id threshold bolts that penetrate meta inted in the edge of the door.	d strike plates.		
	experience are surroughed with surgement limits quarker dataset and an an annual set of surgement and annual set of surgement an						
	Chargeable	Loss Date	Claim Type	Cause Of Less	Total Payment	Policy Number	insurer
	No	10(31,0015	Contamination		\$2,000.00	H300572	ISO TEST DATA
	Cancel						Previous Next

19. Enter the requested coverage amounts, endorsements and deductibles. After the selections are made, "Calculate Premium" will highlight. At that point, select "Calculate Premium."

Questa Descuent	Account: Michael Scott			
Quote Request	Homeowners - Quote			
Policy Details	Quote			•
Property Details				
Construction			Please select coverage options and click	k the 'Calculate Premium' button to quote this Submission.
Discent/Sundargo/Lass Info			Total Promium	including Credits and Surcharges
Additional Information				\$
Coverage Summary				
Payment Datalis			-	Calculate Premium
	Estimated Reelacement Cost		5430.227.00	
	Estimated Actual Cash Value		\$430,227.00	
	Review/Update MS8			
	Section I Coverages			
	Dwelling			
	Limit			
	* Valuation Nethod		-Select Option-	v
	Conter Structures			
	Limit - % of Dwelling Coverage		10%	
	Personal Property			
	* Limit - W of Dwolling Coverage		-Select Option-	v
	* Valuation Histhod		-Select Option-	
	Loss Of Use			
	Limit - % of Dwesling Coverage		10%	
	Section 1 Deductibles			
	* Other Peaks		-Select Option-	v
	Wind or Hall		16	
	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 Accidental Discharge, Eruption, Overflow or Release of Wate	er or Steam		
	HO 205 Office, Private School or Studio			
	Additional Premises Liability Coverage			
	*Add			
	Additional Location	Occupancy		Endursament
				Noran faud
	HO - 301 Additional Insured Coverage			
	10 Standardonar insured Coverage			
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				No room found
	Exclusions and Conditions			
	HD 140 Windstorm and Hall Exclusion Agreement			
				Rack to Top



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	Section II Coverages				-
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	UNIT- Reference		1,00		
	Additional Coverages				ian.
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	Additional Premises Liability Coverage				
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## 20. When ready to proceed, select "Continue."

21. If you need to add an additional named insured, you may do so by selecting "Add."

	Account: Michael Soet
Quote Request	Homeowners - Quote (001
Qualification	
Policy Details	Additional Information
Property Details	
Construction	Additional Usered Immunde
Discount/Surcharge/Loss Info	
Quote	
Additional Information	NAME DESCRIPTION OF INTEREST BELATIONSHIP TO PRIMARY NAMED INSURED
Coverage Summary	No revis Feard
Payment Details	
	Additional toterests
	Canod Previous Next

22. You may add an Individual or an Estate/Trust as an additional named insured. In this example, a spouse is added. Please enter the requested information and then select "Add." information

	Account: Michael Scott	
Quote Request	Homeowners - Ouote (001	.)
Qualification	e	,
Policy Details	Additional Information	
Property Details	Auditorial mormation	
Construction	I dilitional Named Lawrence	
Discount/Surcharge/Loss Info		*
Quote	* A60	
Additional information	Description of Interest	Coowner
Coverage Summary	* First Name	Michelle
Payment Datalix	* Last Name	Sout
	* Date of Birth	. Jan 1, 1980
	Relationship to Primary Named Insured	sponse
		Cancel
	NAME DESCRIPTION OF I	NTEREST RELATIONSHIP TO PREMARY MAMED INSLEED
		No reven fromd
	Additional interests	•
	Cancel	Previous Nett



23. To add an Additional Interest (i.e. a mortgage company) select "Additional Interests."

	Account: Michael Scott			
Quote Request	Homeowners - Quote (00	1 ;)		
Qualification		,		
Policy Details	Additional Information			
Property Details				
Construction	Additional Named Insureds			
Discount/Surcharge/Loss Info				
Quote	- Abd			
Additional Information	NAME	DESCRIPTION OF INTEREST	RELATIONSHIP TO PRIMARY NAMED INSURED	
Coverage Summary	Michelle Scott	Co-owner	spouse	
Payment Details				
	Additional Interests			>
	Cancel			Previous Next

24. To begin adding a mortgagee, select "+Add."

	Account: Michael Scott						
Quote Request	Homeowne	rs - Quote (001	4 )				
Qualification							
Policy Details	Additional Informa	tion					
Property Details							
Construction	Additional Named Insure	fe					``
Discount/Surcharge/Loss Info	A different interests						
Quote	Additional interests						Ť
Additional Information	+ Add						
Coverage Summary	NAME	INTEREST TYPE	MORTGAGE POSITION	LOAN/CONTRACT NUMBER	DESCRIPTION OF INTEREST		
Payment Details							
				No rows found			
	Cancel					Previous	Next

25. Enter the information as requested and then select "Next."

Quote Request	Homeowners - Quote (001							
Qualification Policy Detain	Additional information							
Property/Jetails	Additional Information							
Condination	Additional linear discussed	Additional Named Instants						
Discount/Suncharge/Loss Imb	Added a few starts							
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Additional Information	Interest Type	Martgagee						
Coverage Summary	Description of interest							
Payment Dutals								
	• Mongage Hostoon							
	* Loan/Cantract Number							
	* Name							
	* address Line 1							
	AddressLive 2							
	Address Line 3							
	* City							
	*Sate	- Choese State -						
	* 29 Code							
					Cancel Add			
	NAME INTERESTITION	NORTGAGE POSITION	LOAN-CONTRACT NUMBER	DESCRIPTION OF INTEREST				
		The o	test found					
	Canal				Previous Next			



## 26. To contiunue, select "Next."

Quote Request	Account: Michael Scott Homeowners - Quote (	001				
Policy Details Property Details	Additional Information					
Construction Discount/Surcharge/Lost Info Quote	Additional Named Insureds Additional Interests					<u> </u>
Additional Information	+ A64					
Coverage Summary Payment Details	NAME ADC Turk	INTEREST TYPE	HORTGAGE POSITION	LOAN,CONTRACT NUMBER	DESCRIPTION OF INTEREST	
	Cascel					Nevicus Nect

27. You will be asked to standardize the mailing address. Select "Standardize Address," where indicated.

Control Research					
	Homeowners - Quote				
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	Valueties Food gives Transmission				Provine 19.17
					Parket Mr.

28. Select "OK," if the address returned is acceptable.

Standardize Address Details			
OK Cancel The address you entered could not be updated to follow USPS standa	rds. You may be contacted for additional information.		
You Entered			
210 <u>+</u> Seabrook, TX 77586			
Exact Address			
	ADDRESS	POSTAL CODE	
0		77573-5424	



Quote Request					
ter Manalan	Homeowners - Quote (0014	920003)			
valification					
voperty Details	Coverage Summary				
onstruction	Requested Coverage Start Date	Apr 7, 2025			
iscount/Surcharge/Loss Info	Primary Insured	Michael Scott			
uote	Property Address				
dditional Information					
overage Summary	Mailing Address				
	Mailing Address				
	c				
	- 40				
	Adds				
	Addi				
	• Gt				
	* 562				*
	* 216				
	• Ca				~
					Standardize Address
$\rightarrow$	* Payor	Choose Payor Type			*
	* Email	mscott@scott.com			
	* Phone Number				
	Coverages				
	Total Policy Premium	\$1,375.37			
	Section I Coverages				Premium : \$3,594.0
	Dwelling		1.00	6434 344	\$3,594.00
			Valuation Method	Replacement Cost	
	Other Structures				INCLUDED
			Limit - % of Dwelling Coverage	\$43,030	
	Personal Property				INCLUDED
			Unit - % of Dweeling Coverage	S215,150 Registerment Cost	
	Lass Of Use			nipacement con	INCLUDED
			Limit - % of Dwelling Coverage	\$43,030	
	Section 1 Deductibles		Limit - % of Dwelling Coverage	\$43,030	INCLUDED
	Section I Deductibles		Limit - % of Dwelling Coverage Other Perils	\$43,030 \$4,303	INCLUDED
	Section I Deductibles		Limit - % of Dwelling Coverage Other Perils Wind or Hail	\$4,303 \$4,303 \$4,303	INCLUDED
	Section   Deductibles		Limit - % of Dewelling Coverage Other Perils Wind or Hall	\$43,030 \$4,303 \$4,303	INCLUDED Premium : 519.0
	Section I Deductibles Section II Coverages Pensonal Liabitity		Limit - % of Dwelling Coverage Other Perils Wind or Hail Liability Limit	543,030 54,303 54,303	INCLUDED Premium : \$19.0 \$19.00
	Section Datastition Section II Coverages Promoti Liabity Medical Paymens to Ohm		Limit -% of Dwelling Courage Other Perfs Wind or Hall Liability Limit	\$41,030 \$4,303 \$4,303 \$500,000	INCLUGED Premium : 519.0 519.00 INCLUGED
	Section II Coverages Present Liabity Medical Physients to Ohms		Linit - fuel Dewilling Coverage Other Perils Wind ar Hail Liability Linit Linit - Per Person	\$43,030 \$4,303 \$4,303 \$500,000 \$500,000	NCLUGED Pressium : 513.0 533.00 INCLUGED
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	Section I Dokustilities Section II Coverages Presend Listellity Medical Prymetra to Others Additional Coverages		Linit-fuel Develling Coverage Other Perils Wind ar Hall Liability Linit Linit - Per Person Linit - Per Person	\$43,030 \$4,303 \$4,303 \$5,000 \$5,000 \$50,000	NKCLUBED Premium : \$19.0 533.00 INCLUBED Premium : \$190.0
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	Section Flobustities Section II Coverages Personal Liability Medical Reports to Others Additional Coverages No 803 Replacement Cod Coverage A Divolling No 813 Replacement Cod Coverage A Divolling No 813 Replacement Cod Personal Property		Link - W Doutling Coversp Other Perils Wind or Hull Link Ther Perils Link - Per Perils Link - Per Dourmon	14230 34283 34283 3500,000 555,000	Include
	Section I Deducatives Section II Coverages Promoti Liability Medical Proprietts to Others Additional Coverages No 813 Inglacement Cast Coverage A (Smithig) +0 813 Inglacement Cast Coverage A (Smithig) +0 813 Inglacement Cast Coverage A (Smithig)		Link "- will Switting Coversp Other Perks Word or Hull Linkliky Linkk Linkli - Per Person Linkli - Per Documence	5438 5433 5433 550,00 55,00 55,00	Inclused Premium : 110. S10.00 Premium : 110.0 Premium : 110.0 S10.00
	Section II Coverages Promoti Liditity Medical Phymerite to Ohms Medical Phymerite to Ohms Medical Coverages Meditional Coverages Mediti		Link: "- will Doubling Converge Other Parks Wind anneal Lahility Link Link: - Par Parson Link: - Par Ocurrence	142,00 14,000 15,000 15,000 15,000	INCLUDE Premium: 510.0 Sister Premium: 510.0 Premium: 5100.0 Sister Premium: 52015,
	Section Fobulations Section II Coverages Premark Linking NetCol Anyonetts to Others Additional Coverages No 813 Anyonetts Conference Coverage A (Swellerg) No 813 Anyonett Conference A (Swellerg) Exclusions and Conditions No 249 Hotekament (Carl Education Agement)		Link - W d'outling Growrys Other Perils Wind or Hell Link Hory Link Link - Per Person Link - Per Persons	14230 34233 34283 3500,000 350,000 351,000	INCLUDE Pression: 15.0 INCLUDE Pression: 15000 1516.0 Pression: 152/15.0 24/15.00
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	Section II Coverages Promoti Liditity Medical Phymerite to Ohm Medical Phymerite to Ohm Medical Phymerite to Ohm Medical Overages Meditional Coverages Meditional Coverages Meditional Coverages Meditional Coverages Medical Phymerite Medical Phymer		Link 's d'outling Coorage Other Perls Weid annual Link Thy Link Link : Per Person Link : Per Occurrence	142,00 14,00 14,00 150,000 155,000	Include Control of Con
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	Section 1 Deversities Section 11 Coversities Annual Listing Annual		Link & d Dealing Connego Other Parls Wind an Nal Link By Link Link Par Parson Link - Par Parson Link - Par Parson	1428 1433 1433 1509 1509 1509	Include President 11.03 Include President 12.03 Include President 52.01.63 President 52.01.63 President 52.01.63 President 32.01.63 President 33.01.63 President 33.0
	Section II Coverages Promoti Likility Medical Phymeritis to Ohms Medical Doverages Medical Subplications Coverage ADMING Medical Doverages Medical Subplications Coverage ADMING Medical Phymeritis ADMI		Link & d Davling Coverge Other Perls Wind annual Link BryLink Link : Per Person Link : Per Occurrence	142,00 14,00 14,00 100,000 15,000 155,000	Include Pression: 131.0 Include Pression: 1310.0 Include Pression: 1312 Pression: 1312 Pression: 1313
	Section Datastitutes Section II Coverages Promoti Liability Welded Physients to Others Additional Coverages Mod Star Septement Cont Coverage A (Swelling) Nod Star Septement Coverage A (		Link & d Dauling Coverge Other Parks Wind or Intel Link Bry Link Link - Per Person Link - Per Person	14230 14283 14283 1500,000 155,000 155,000	Include President 133. State Include President 1340. President 1340. President 1340. President 1340. President 1343.
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29. Where indicated please enter the payor, the policyholder's email address and phone number where indicated. When ready to move on select, "Next," to continue.

30. In this example, the payor is the mortgagee. Please note: Full pay is the only option available. Select "Full Annual Payment (Mortgagee) and then , "Submit," when ready.

	Account: Michael Scott			
Quote Request	Homeowners - Ouote (001	)		
Qualification				
Policy Details	Payment Details			
Property Details	Total Annual Premium	\$1,375.37		
Construction	Payor	ABC Bank		
Discount/Surcharge/Loss into	Payar Type	Mortgagee		
Quote	Deven and Diana			
Additional Information	Payment Hans			
Coverage Sammary	N			
Payment Details	Aller	and represent	instanting in the second se	
	Full Annual Payment (Markgagee)	52.00	(L)HLB	(URL)
	and a second sec			
	Carlos			Previous Suprant



## 31. You will be asked to confirm the transaction. When ready, select "Ok," to confirm.

Onfirm Transaction	×
This transaction cannot be modified after it has been submitted. Do you want to continue?	
Cancel	k

32. The submission was successful.

A policy has been issued. Click here to review available documents.				
Summary				
Policy Number	TFPH0700291858			
Policy Effective Date	April 7, 2025			
Policy Period	04/07/2025 - 04/07/2026			
otal Annual Premium	\$1,375.37			
ayor	ABC Bank			
layor Type	Mortgagee			
ayment Plan Name	Full Annual Payment (Mortgagee)			
oan Number	001			
Primary Insured				
irst Name	Michael			
ast Name	Scott			
inail	mscott@scott.com			
roperty to be insured				
Atour				
osress				
loverages				
uweng		Limit Valuation Method	5430,300 Replacement Cost	33,394
Other Structures				
		Limit - % of Dwelling Coverage	\$43,030	INCLUDE
Personal Property		Limit - % of Dwelling Coverage	\$43,630	INCLUD
Personal Property		Limit - % of Dwelling Coverage	\$43,030 \$215,159	INCLUD
Personal Property		Limit - % of Dwelling Coverage Limit - % of Dwelling Coverage Valuation Method	\$43,830 \$215,150 Replacement Cost	INCLUD
Personal Property Loss Of Use		Linit - % of Dwelling Coverage Linit - % of Dwelling Coverage Valuation Method Linit - % of Dwelling Coverage	543,000 5315,150 Replacement Cost 543,000	NCLUS
Prosna Progeny Less Of Day Section I Deductibles		Limit - % of Dwelling Coverage Limit - % of Dwelling Coverage Volumion Method Limit - % of Dwelling Coverage	\$43,699 2315,159 Replacement Cost 543,650	INCLUS INCLUS
Present Presery issue Of the Section Deductibles		Linit - % of Dowling Converge Linit - % of Dowling Converge Wakation Krethol Linit - % of Dowling Converge Other Perils	543,000 2215,300 Registerment Cost 543,000 543,000	Inclus
Anound Ingenty Less Of Das Social To Defaultiles		Linit - Na d'Ovadling Coverage Linit - Na d'Ovadling Coverage Volución Method Linit - Na d'Ovadling Coverage Other Perifs Wind or Hall	543,830 2315,330 Registerment Cent 943,830 54,383 54,383	90000 9000 9000
Inconditionanty Land Office Society I Debuckles Section II Coverages		Linit - Na d'Isselling Consego Linit - Na d'Doudling Consego Walarian Nethod Linit - Na d'Isselling Consego Other Partis Wind or Hal	54,000 2315,130 Replement Cat 54,030 54,030 54,033	RELLO RELLO RELLO RELLO RELLO Preniur: 121
Neural Pagenty Section 11 Coverages Premark Liabley		Linit - Na Doudling Conarge Linit - Na d'Ibuelling Conarge Valuation Nethol Linit - Na d'Ibuelling Conarge Other Petils Wind or Hall	543,000 2215,130 Regleoment Cent 543,000 54,000	RCL0 RCL0 RCL0 RCL0 RCL0 Franker: 51
Anonal Angenty Less Of Saw Section 11 Coverages Anonal Liably Medical Payments to Ohan		Lindt - Na Obardling Courage Lindt - Na Obardling Courage Valuation Nathad Lindt - Na Obardling Courage Other Parts Wood or stail Liabitry Lindt	94,830 2515,50 Replacement Cast 94,80 94,303 94,303	Pression Pression Pression 150 Pression: 150 Pression: 150
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Neural Ingenty Lass Of Use Section Foldestilles Section II Coverages Prevent Liabity Madual Payments is Others		Linit - Na Dowling Coverage Linit - Na Dowling Coverage Walantes Nethod Linit - Na Dowling Coverage Other Perils Walar e Hall Linit - Ne Dowling Linit	94,000 2215,100 Replacement Can 54,000 64,000 55,000 55,000 55,000	RCL0 RCL0 RCL0 Provine: 51 52 RCL0
Anonal Papenty Intel Of See Section 11 Coverages Neural shafty Medical Papents to Ohen Additional Coverages		Lindi - Na Obading Courage Lindi - Na Obading Courage Valuation Nethod Lindi - Na Obading Courage Other Peth Wald or Ital Lindi Tyr Dent Lindi - Phy Paranin Lindi - Phy Paranin	94,830 2215,59 Replacement Cat 94,80 94,80 94,80 94,80 94,80 94,80 94,80 94,80 94,80 94,80 94,80 94,80	Rector Re
Norond Property Law Of Use Section 11 Educations Section 11 Educations Nordinal Payments to Others Notificial Payments to Others Notificial Educations Not		Linit - Na Obarding Conerge Unit - Na Obarding Conerge Walantian Nethod Linit - Na Obarding Conerge Other Partis Walad ar Hall Linit - Par Parsan Linit - Par Parsan	94,000 2315,100 Repleament Cat 94,030 94,030 94,030 94,030 94,030 94,030 94,030	المراجعة المراجعة المراجعة المراجعة المراج المراجعة المراجعة الم المراجعة المراجعة المراجعة المراجعة المراجع المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجة المراجعة الم المراجعة المراجعة المراجعة المراجعة المراجعة المراج
Anomal Pagenzy Lass of Ose Section I Debucklikes Section I Debucklikes Section I Looverages Anomal Labelay Medical Anymetics to Debus Medical Anymetics to Debus Medical Debugstament Calls Converges Net 302 Shydracenet Calls Converges Net 302 Shyd		Linit - Na Obarding Conerge Unit - Na Obarding Conerge Walarian Nethod Linit - Na Obarding Conerge Other Partis Wild ar Hall Linit - Na Obarding Conerge	94,000 2315,10 Replacement Cont 940,000 54,000 55,000 555,000	
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Neurol Paperty Lease Of Gare Section 11 Coverages Neurol Liabity Neurol Payments to Offen Additional Coverages Neurol Liabity No 151 Replacement Cale Coverage A Revelutg No 151 Revelutg No 151 Replacement Cale Coverage A Revelutg No 151 R		Linit - Na Develling Coverage Unit - Na Develling Coverage Valuations Instead Unit - Na Develling Coverage Other Parts Unit - Na Develling Coverage Linit - Na Develling Coverage	94,830 2315,130 Replacement Cost 94,830 94,333 94,333 94,333 94,333 94,333 94,333	RCLOR RCLOR
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Neurol Pryon y  Institut Pryon y  Section 1 Deductibles  Section 1 Deductibles  Section 1 Deductibles  Neurol Lability  Medical Payments to Ohan  Medical Payments to Ohan  Medical Payments to Ohan  Medical Payments and Concernages  No 108 Deductioned Coal Concernages  No 108 Deductioned of Tele Concernages  No 208 Deductioned  No 208 Deductio		Linit - Na Doudling Converge Underland Converge Underland Converge Other Partis Under an Itali Linit - Na Doudling Converge	94,855 2315,130 Repleament Call 543,635 54,035 54,035 54,035 54,035 54,035 54,035 54,035 54,035 54,045 54,0	الذي المحلم ا محلم المحلم المحلم المحلم المحلم المحلم محلم المحلم ا محلم المحلم المحلم محلم المحلم المحل
Nacial Pagenty Inter Of Use Section Forbertelles Section Forbertelles Section Forbertelles Nacial Juliés Nacial Juliés Nacial Pagents to Obless Maliar Pagents to Obless Maliar Pagents to Obless Maliar Pagents to Obless Maliar Pagents and Conditions No Sell Budjacement Anti Exclusion Agreement Seconsts, Surcharges and Fees Luss Hitsy Agustment		Linit - Na Doudling Conrarge Unit - Na Doudling Conrarge Unit - Na Doudling Conrarge Other Partis Unit - Partis Linit - Part Paran Linit - Part Paran Linit - Part Paran	94,855 2315,130 Repleament Call 541,050 54,030 54,030 54,030 54,000 55,000 55,000	الدينة المراكبة المراكما المراكما المراكما المراكما المراكما المراكما المراكما المراكما المراكما المراكما المراكما المراكما المراكما المراكما المراكما المراكما المراكما الممامماعمامية الممامعة الممامعمام الممامع الممامعمام الممامع ال

