



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: [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.

1. Log in to the TFPA Agent Gateway. If you need your login information, contact Policy Services either by email agentservices@twia.org or by calling 1-800-979-6443. To start a quote, select "+ Start New Quote" from the top right of the screen.

Search...

Accounts Policies Claims Activities Commission Administration Book Of Business

0 Open Quotes

0 Open Policy Changes

6 Open Cancellations

18 Open Renewals

Your Open Activities

No Activities found.

Welcome

For training guides and additional resources, please visit our [resource center](#).

Acknowledgment Added to Agent Gateway Login Page
March 27, 2025

TFPA Governing Committee to Meet in Galveston on
February 24
February 14, 2025

TFPA Governing Committee to Meet in Corpus Christi
on December 9
November 26, 2024

+ Start New Quote

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.”

Possible Account Matches

No account found based on your search criteria.

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:

* Last Name:

* Date of birth:

* Account Holder Email Address:

Address of property to be insured

* Address Line 1:

Address Line 2 (Apt/Bldg/Suite):

Address Line 3:

* City:

* ZIP Code:

State: Texas

* Producer Code & Name:



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: Individual
Account: F0006[redacted]
Name: Michael Scott

State: Texas

* Requested Coverage Start Date: Apr 4, 2025

Producer Code & Name: [redacted] JP

* 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."

Quote Request

Account: Michael Scott
Homeowners - Quote (001 [redacted])3

Qualification

Policy Type: Homeowners

TFPA Applicant Eligibility

* Does the applicant have an existing policy from an insurance company in the voluntary market?	Yes	No
* 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?	Yes	No
* Is the applicant or any proposed named insured indebted to TFPA on 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 childcare conducted on the premises?	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?	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
* Is there a trampoline or skateboard ramp on the premises?	Yes	No

Cancel Next



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

Account: Michael Scott
Homeowners - Quote (0014-3)

Policy Details

* Requested Coverage Start Date: Apr 4, 2025

Primary Insured: Michael Scott

* Date of Birth: Jan 1, 1990

Buttons: Cancel, Previous, Next

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

Account: Michael Scott
Homeowners - Quote (001-)

Address of Property to be Insured

* Address Line 1: [Empty]

Address Line 2 (Apt/Bldg/Suite): [Empty]

Address Line 3: [Empty]

* City: Seabrook

* ZIP Code: 77586

Dwelling Details (highlighted with red arrow)

Location Details

Buttons: Cancel, Previous, Next

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

Homeowners - Quote (0009630049)
MICHAEL SCOTT

Property Details

Address of the property to be insured ✓

Address Line 1 * [Empty]

Address Line 2 (Apt/Bldg/Suite) [Empty]

Address Line 3 [Empty]

City * Seabrook

ZIP Code * 77586

Dwelling Details (highlighted with red arrow)

Location Details

Additional Interest ✓

Quote has been saved. Write down this quote number to recall it later. 0009630049

Buttons: Cancel, Previous, Next



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

Account: Michael Scott

Homeowners - Quote (0014-3)

Address of Property to be Insured >

Dwelling Details >

- * Year Purchased: YYYY
- * Residence Type: --Please Select--
- * Home Used as: --Please Select--
- * Home is: --Please Select--
- * Is the property accessible to fire protection services? Yes No
- * Are there excessive liability exposures such as inoperable cars or other dangerous debris on premises? Yes No
- * Is the dwelling for sale? Yes No
- * Is the dwelling undergoing renovation or reconstruction? 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

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.

Account: Michael Scott

Homeowners - Quote (0014-3)

Address of Property to be Insured >

Dwelling Details >

Location Details >

- * Distance to Fire Hydrant(Feet):
- * Distance to Fire Station(Miles):

Apply Public Protection Class

Protection Class Code: -

Territory Code for Residential Line: -

County:

Cancel Previous **Next**



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

Account: Michael Scott
Homeowners - Quote (001...)

Construction Details

- * Year Built: 1999
- * Condition of Dwelling: -- Please Select --
- * Construction Type: -- Please Select --
- * Number of Stories: -- Please Select --
- * Living Area Square Footage: []
- * Garage: No Garage
- * Foundation Type: -- Please Select --

Roof (indicated by a red arrow)

Heating

Plumbing

Electrical

Cancel Previous Next

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

Account: Michael Scott
Homeowners - Quote (001...)

Roof

- * Roof Type: Please Select

Roofing Updated:

Heating (indicated by a red arrow)

Plumbing

Electrical

Cancel Previous Next

14. Enter the “Heating” information where noted by the * and then select “Plumbing.”

Account: Michael Scott
Homeowners - Quote (001...)

Heating

- * Primary Heating: Please Select

Heating Updated:

Plumbing (indicated by a red arrow)

Electrical

Cancel Previous Next



15. Enter the “Plumbing” information where noted by the * and then select “Electrical.”

Account: Michael Scott

Homeowners - Quote (001 [redacted])

Construction Details

- Roof
- Heating
- Plumbing
- * Plumbing
- Plumbing Updated
- Electrical**

Buttons: Cancel, Previous, Next

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

Account: Michael Scott

Homeowners - Quote (001 [redacted] 3)

Construction Details

- Roof
- Heating
- Plumbing
- Electrical**

* Wiring

* Electrical System

* Number Of Amps

Wiring Updated

Buttons: Cancel, Previous, 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

Homeowners - Quote (001 [redacted])

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 sirens;
 - 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 (29b), Vernon's Texas Civil Statutes).

Texas FAIR Plan Association Requirements for Automatic Sprinkler Credit:

- Please contact Underwriting for additional information.

Buttons: Cancel, Previous, Next



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

Quote Request

Homeowners - Quote (001- [redacted])

Discount/Surcharge/Loss Info

* Home security device credit?

Yes No

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

- Exterior doors are solid core doors that are 1-1/8 inches thick and secured by dead-bolt locks.
- Metal doors must be secured by dead-bolt locks.
- Double doors meet the specifications for remote 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 opening.
- Double 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 two opposed locking devices.
- Windows are secured by secondary locking devices.
- Applications 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 covered. (The system includes interior and exterior doors.)
 - All equipment is U.S. approved and is monitored for a U.S. approved central station.
 - All units, controls, installations, and monitoring of the system are done in compliance with the Private Investigators and Private Agencies Act (Article 4413 (2)(B), Vernon's Texas Civil Statutes).

Texas FAIR Plan Association Requirements for Automatic Sprinkler Credit:

- Please contact Underwriting for additional information.

Prior Losses

Chargeable	Loss Date	Claim Type	Cause of Loss	Total Payment	Policy Number	Insurer
No	10/20/2015	Contamination		\$1,000.00	H000571	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.”

Quote Request

Homeowners - Quote (001- [redacted])

Quote

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

Total Premium including Credits and Surcharges

\$ [redacted]

Calculate Premium

Estimated Replacement Cost: \$493,237.00
Estimated Actual Cash Value: \$493,237.00
[Previous/Update Rate]

Section I Coverages

- Dwelling
Limit: [redacted]
Valuation Method: [Select Option]
- Other Structures
Limit: % of Dwelling Coverage: 10%
Limit: % of Dwelling Coverage: [Select Option]
Valuation Method: [Select Option]
- Loss Of Use
Limit: % of Dwelling Coverage: 20%
Limit: % of Dwelling Coverage: [Select Option]
- 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-300 Subsonic and Accidental Discharge, Eruption, Overflow or Release of Water or Steam
- HO-200 Office, Private School or Studio

Additional Premises Liability Coverage

[Add]

Additional Location	Occupancy	Endorsement
		Perils Insured

HO - 301 Additional Insured Coverage

[Add]

Name	Relationship to Primary Named Insured	Coverage
		Perils Insured

Exclusions and Conditions

- HO-140 Windstorm and Hail Exclusion Agreement

Back to Top



20. When ready to proceed, select “Continue.”

The screenshot shows a web-based form titled "Homeowners - Quote" with a quote number of 001. The form is divided into several sections: "Additional Coverages" (with sub-sections for "Additional Coverages" and "Additional Premium Liability Coverage"), "Additional Information", "Additional Interests", and "Additional Named Insureds". The "Additional Named Insureds" section is currently empty, and a red arrow points to the "Add" button in the "Additional Named Insureds" dropdown menu.

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

This screenshot shows the "Additional Named Insureds" section of the form. A red arrow points to the "Add" button in the "Additional Named Insureds" dropdown menu. Below the dropdown is a table with columns for "NAME", "DESCRIPTION OF INTEREST", and "RELATIONSHIP TO PRIMARY NAMED INSURED". The table is currently empty, and a red arrow points to the "Add" button in the "Additional Named Insureds" dropdown menu.

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

This screenshot shows the "Additional Named Insureds" section of the form with a red arrow pointing to the "Add" button. The form is filled out with the following information: "First Name" (Michelle), "Last Name" (Scott), "Date of Birth" (Jan 6, 1980), and "Relationship to Primary Named Insured" (Spouse). A red arrow points to the "Add" button in the "Additional Named Insureds" dropdown menu.



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

Account: Michael Scott
Homeowners - Quote (001 [redacted])

Additional Information

Additional Named Insureds

NAME	DESCRIPTION OF INTEREST	RELATIONSHIP TO PRIMARY NAMED INSURED
Michelle Scott	Co-owner	Spouse

Additional Interests

Cancel Previous Next

24. To begin adding a mortgagee, select “+Add.”

Account: Michael Scott
Homeowners - Quote (001 [redacted])

Additional Information

Additional Named Insureds

Additional Interests

+ Add

NAME	INTEREST TYPE	MORTGAGE POSITION	LOAN/CONTRACT NUMBER	DESCRIPTION OF INTEREST
No items found				

Cancel Previous Next

25. Enter the information as requested and then select “Next.”

Account: Michael Scott
Homeowners - Quote (001 [redacted])

Additional Information

Additional Named Insureds

Additional Interests

Interest Type: Mortgage

Description of Interest: [text field]

Mortgage Position: [dropdown menu]

Loan/Contract Number: [text field]

Name: [text field]

Address Line 1: [text field]

Address Line 2: [text field]

Address Line 3: [text field]

City: [text field]

State: [dropdown menu]

ZIP Code: [text field]

NAME	INTEREST TYPE	MORTGAGE POSITION	LOAN/CONTRACT NUMBER	DESCRIPTION OF INTEREST
No items found				

Cancel Next



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.

Quote Request

Account: Michael Scott

Homeowners - Quote (0014920003)

Coverage Summary

Requested Coverage Start Date: Apr 7, 2025

Primary Insured: Michael Scott

Property Address:

Mailing Address

* Ad

Ad

* City

* St

* ZIP

* Co

Standardize Address

* Payor: --Choose Payor Type--

* Email: mscott@scott.com

* Phone Number:

Coverages

Total Policy Premium: \$1,375.37

Section I Coverages

Coverage	Limit	Replacement Cost	Premium
Dwelling	\$430,200		\$3,594.00
Other Structures	Limit: % of Dwelling Coverage: \$43,030		INCLUDED
Personal Property	Limit: % of Dwelling Coverage: \$215,150		INCLUDED
Loss Of Use	Limit: % of Dwelling Coverage: \$43,030		INCLUDED
Section I Deductibles	Other Perils: \$4,303		INCLUDED
	Wind or Hail: \$4,303		

Section II Coverages

Coverage	Limit	Premium
Personal Liability	Liability Limit: \$300,000	\$30.00
Medical Payments to Others	Limit: Per Person: \$5,000	INCLUDED
	Limit: Per Occurrence: \$25,000	

Additional Coverages

Coverage	Premium
HO-802 Replacement Cost Coverage A (Dwelling)	INCLUDED
HO-803 Replacement Cost for Personal Property	\$30.00

Exclusions and Conditions

Exclusion	Premium
HO-140 Windstorm and Hail Exclusion Agreement	\$2,076.00

Discounts, Surcharges and Fees

Discount/Surcharge	Premium
Loss History Adjustment	-\$343.63
Volunteer Firefighter Assessment	\$3.37

Cancel Previous Next

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.

Quote Request

Account: Michael Scott

Homeowners - Quote (0014920003)

Payment Details

Total Annual Premium: \$1,375.37

Payor: JBC Bank

Payment Type: Mortgagee

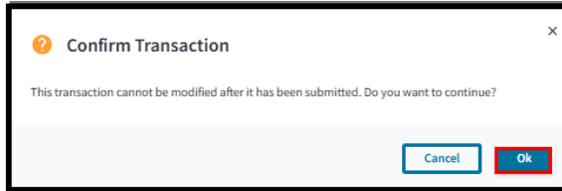
Payment Plans

Plan	Amount	Frequency	Total
Full Annual Payment (Mortgagee)	\$0.00	12, P/LP	\$1,375.37

Cancel Previous Submit



31. You will be asked to confirm the transaction. When ready, select “Ok,” to confirm.



32. The submission was successful.

Submission 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		
Total Annual Premium	\$1,375.37		
Payer	ABC Bank		
Payer Type	Mortgage		
Payment Plan Name	Full Annual Payment (Mortgage)		
Loan Number	001		
Primary Insured			
First Name	Michael		
Last Name	Scott		
Email	mscott@swift.com		
Property to be Insured			
Address	[REDACTED]		
Coverages			
Section I Coverages			
Dwelling	Limit	\$420,300	Premium: \$3,594.00
	Valuation Method	Replacement Cost	\$3,594.00
Other Structures	Limit - % of Dwelling Coverage	\$43,030	INCLUDED
Personal Property	Limit - % of Dwelling Coverage	\$215,150	INCLUDED
	Valuation Method	Replacement Cost	
Loss Of Use	Limit - % of Dwelling Coverage	\$43,030	INCLUDED
Section I Deductibles	Other Perils	\$4,303	INCLUDED
	Wind or Hail	\$4,303	
Section II Coverages			
Personal Liability	Liability Limit	\$300,000	Premium: \$19.00
Medical Payments to Others	Limit - Per Person	\$5,000	INCLUDED
	Limit - Per Occurrence	\$20,000	
Additional Coverages			
HO-802 Replacement Cost Coverage A (Dwelling)			Premium: \$180.00
HO-803 Replacement Cost for Personal Property			INCLUDED
			\$180.00
Exclusions and Conditions			
HO-140 Windstorm and Hail Exclusion Agreement			Premium: \$2,076.00
			INCLUDED
			\$2,076.00
Discounts, Surcharges and Fees			
Loss History Adjustment			Premium: -\$343.00
Volunteer Firefighter Assessment			INCLUDED
			\$1.37

