

TEXAS WINDSTORM INSURANCE ASSOCIATION

PO BOX 99090
AUSTIN, TEXAS 78709-9090

POLICY NUMBER MH - _____

REPLACES NO. _____

NAME OF INSURED AND MAILING ADDRESS
(NUMBER, STREET, CITY OR TOWN, COUNTY, STATE, ZIP CODE)

INSURED'S AGENT'S NAME AND MAILING ADDRESS
(NUMBER, STREET, CITY OR TOWN, COUNTY, STATE, ZIP CODE, PHONE #)

REQUESTED
POLICY TERM
1 YEAR, FROM

_____ TO _____
INCEPTION (MM/DD/YY) EXPIRATION (MM/DD/YY)
AT 12:01 A.M. STANDARD TIME AT THE LOCATION OF PROPERTY

INSURED'S AGENT'S
FED TAX ID (OR SS) #: _____
T.D.I. LICENSE #: _____

DESCRIPTION OF MOBILE HOME: THE MOBILE HOME REFERRED TO IN THIS POLICY IS DESCRIBED AS FOLLOWS:

MODEL YEAR	BODY		MAKE OR MODEL	IDENTIFICATION NO.	TOTAL INSURANCE	TOTAL PREMIUM
	LENGTH	WIDTH				

PURCHASED FROM DEALER OTHER

IF DEALER, GIVE NAME AND ADDRESS: _____

LOSS ON BUILDING ITEMS SHALL BE PAYABLE TO (NAME AND ADDRESS)

AS MORTGAGEE OR TRUSTEE, AS THEIR INTERESTS MAY APPEAR AT TIME OF LOSS, SUBJECT TO MORTGAGE CLAUSE (WITHOUT CONTRIBUTION) PRINTED ELSEWHERE IN THIS POLICY.

ITEM #	AMOUNT OF INSURANCE	DEDUCTIBLE	LOCATION OF PROPERTY			
			SEE DEFINITIONS OF BUILDING AND HOUSEHOLD GOODS			
1.	\$	\$	ON THE MOBILE HOME AS DESCRIBED			
			STREET		LOT AND BLOCK	
			TOWN		COUNTY ZIP	
2.	\$	\$	ON THE HOUSEHOLD GOODS LOCATED IN THE MOBILE HOME DESCRIBED IN ITEM 1. UNLESS OTHERWISE PROVIDED, INSURANCE ON PERSONAL PROPERTY SHALL COVER ONLY WHILE IN THE DESCRIBED MOBILE HOME.			

DATE HOME WAS BLOCKED AND TIED _____	FLOOD COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY _____	POLICY # _____
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AGENCY PERSONNEL WHO MAY BE CONTACTED CONCERNING THIS APPLICATION

NAME: _____ PHONE #: _____ FAX #: _____

I. PERSON WHO MAY ACCOMPANY INSPECTOR, IF AN INSPECTION OF THE PROPERTY IS DEEMED NECESSARY. NAME: _____ TELEPHONE NO.: _____	II. 1. PROPERTY IS LOCATED: <input type="checkbox"/> INLAND OF THE INTRACOASTAL CANAL <input type="checkbox"/> SEAWARD OF THE INTRACOASTAL CANAL 2. PROPERTY SEAWARD OF THE INTRACOASTAL CANAL IS PROTECTED BY AN APPROVED SEAWALL <input type="checkbox"/> YES <input type="checkbox"/> NO
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III. IF PREMIUM FINANCED, INDICATE PERSON, FIRM OR CORP TO WHOM A BALANCE IS OWED, WILL BE DUE, OR TO WHOM REFUND OF ANY UNEARNED PREMIUM IS TO BE PAID IN EVENT OF CANCELLATION. (ATTACH COMPLETED FORM 151A, PREMIUM ASSIGNMENT CLAUSE)

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

IV. IN CONSIDERATION OF THE ISSUANCE OF THIS POLICY AND AS AN INDUCEMENT FOR ITS ISSUANCE IT IS HEREBY AGREED, CONTRACTED AND REPRESENTED AND MADE A CONDITION OF THIS POLICY THAT THE INSURED PROPERTY WAS CONSTRUCTED AND WILL CONTINUE TO BE MAINTAINED IN COMPLIANCE WITH THE TEXAS MOBILE HOME STANDARDS RULES AND REGULATIONS OF THE MOBILE HOME CONSTRUCTION AND SAFETY STANDARDS ESTABLISHED UNDER THE NATIONAL MOBILE CONSTRUCTION AND SAFETY STANDARDS ACT OF 1974 AS MAY BE APPROPRIATE UNDER ARTICLE 5221F, V.A.C.S., IN EFFECT AT TIME OF MANUFACTURE. IN CONSIDERATION OF THE ISSUANCE OF THIS POLICY AND AS AN INDUCEMENT FOR ITS ISSUANCE IT IS HEREBY AGREED, CONTRACTED, AND WARRANTED AND MADE A CONDITION OF THIS POLICY THAT THE INSURED PROPERTY HAS BEEN, AND WILL CONTINUE TO BE BLOCKED, ANCHORED AND SECURED AND AN APPROPRIATE SUPPORT AND ANCHORING SYSTEM INSTALLED IN COMPLIANCE WITH CURRENT TEXAS MOBILE HOME STANDARDS RULES AND REGULATIONS AND THE MOBILE CONSTRUCTION AND SAFETY STANDARDS ACT ESTABLISHED UNDER THE NATIONAL MOBILE HOME CONSTRUCTION AND SAFETY STANDARDS ACT OF 1974 AS MAY BE APPROPRIATE UNDER ARTICLE 5221F, V.A.C.S.

THE TEXAS WINDSTORM INSURANCE ASSOC. SHALL NOT BE LIABLE FOR WINDSTORM LOSS OCCURRING DURING FAILURE TO COMPLY WITH ANY OF THE CONDITIONS OF THE ABOVE REPRESENTATIONS OR WARRANTIES.

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE OF APPLICATION _____

SIGNATURE OF INSURED(S) _____

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LOSS ON BUILDING ITEMS SHALL BE PAYABLE TO (NAME AND ADDRESS)

This acknowledges receipt of the application for coverage as specified. Subject to the warranty provisions in the application, coverage is bound for 30 days commencing on the requested effective date or date application was received in this office, whichever is later. Binder is terminated automatically at end of this 30 day period or when application is declined or policy issued, whichever is earlier.

AS MORTGAGEE OR TRUSTEE, AS THEIR INTERESTS MAY APPEAR AT TIME OF LOSS, SUBJECT TO MORTGAGE CLAUSE (WITHOUT CONTRIBUTION) PRINTED ELSEWHERE IN THIS POLICY.

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NAME: _____
TELEPHONE NO.: _____

II. 1. PROPERTY IS LOCATED:

- INLAND OF THE INTRACOASTAL CANAL
- SEAWARD OF THE INTRACOASTAL CANAL

2. PROPERTY SEAWARD OF THE INTRACOASTAL CANAL IS PROTECTED BY AN APPROVED SEAWALL
 YES NO

III. IF PREMIUM FINANCED, INDICATE PERSON, FIRM OR CORP TO WHOM A BALANCE IS OWED, WILL BE DUE, OR TO WHOM REFUND OF ANY UNEARNED PREMIUM IS TO BE PAID IN EVENT OF CANCELLATION. (ATTACH COMPLETED FORM 151A, PREMIUM ASSIGNMENT CLAUSE)

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