

**STATEMENT AS TO FULL COST OF REPAIR OR REPLACEMENT UNDER THE  
REPLACEMENT COST COVERAGE ON HOUSEHOLD GOODS / PERSONAL PROPERTY**  
*Subject To The Terms And Conditions Of This Policy*

To the TEXAS WINDSTORM INSURANCE ASSOCIATION  
of AUSTIN, TEXAS Policy No. \_\_\_\_\_  
Agency at \_\_\_\_\_  
Insured \_\_\_\_\_  
Location \_\_\_\_\_  
Date of Loss \_\_\_\_\_ Type of property involved in claim \_\_\_\_\_

1. **Full Amount of Insurance** applicable to Household Goods  
for which claim is presented .....\$ \_\_\_\_\_
2. **The Full Cost of Repair or Replacement** is.....\$ \_\_\_\_\_
3. **Applicable Depreciation** is.....\$ \_\_\_\_\_
4. **Actual Cash Value loss** is.....\$ \_\_\_\_\_  
(Line 2 minus Line 3)
5. **Less Deductible and/or participation by the Insured**.....\$ \_\_\_\_\_
6. **Actual Cash Value Claim** is.....\$ \_\_\_\_\_  
(Line 4 minus Line 5)
7. **Supplemental Claim** to be filed in accordance with the  
terms and conditions of the Replacement Cost Coverage within \_\_\_\_\_  
days from the date of loss as shown above will not exceed.....\$ \_\_\_\_\_

I understand that the Actual Cash Value Claim shown above on Line 6 will be paid within 5 business days of receipt and approval by the Texas Windstorm Insurance Association. The Supplemental Claim shown on Line 7 above will be paid ONLY after I have expended the amount allowed for the replacement of each item on my attached inventory. I further understand that if I do not expend the amount allowed on each item, the amount NOT spent will be deducted from the outstanding Supplemental Claim.

It has been explained to me that I must make claim for the Replacement Cost Coverage, (depreciation withheld), within 365 days after the loss and that to collect same, I must submit direct to the Texas Windstorm Insurance Association, actual detailed invoices, receipts or other like evidence of the actual amount expended in replacing each item claimed and on which depreciation was withheld. I have been requested to collect such receipts until I have expended a minimum of \$500.00 before submitting such evidence for payment. Should my total replacement cost claim not exceed that amount, then I agree to hold such evidence until such time as I have replaced all items on which depreciation was withheld and then submit such proof at one time, but within the 365 day period.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
\_\_\_\_\_  
Notary Public