[COMPANY NAME]

Policy Number: [POLICY NUMBER]
Expiration Date: [EXPIRATION DATE]
Named Insured: [INSURED NAME]
[INSURED PROPERTY ADDRESS]

Date of Notice: [PROCESSING DATE]
Policyholder: [INSURED NAME]
[INSURED MAILING ADDRESS]

<u>CERTIFICATE OF ASSUMPTION</u>

ASSUMPTION – [COMPANY NAME] and the Texas Windstorm Insurance Association (TWIA) have entered into an agreement under which [COMPANY NAME] has assumed full responsibility for TWIA's obligations under certain policies of insurance issued by TWIA.

OBLIGATIONS – [COMPANY NAME] is directly responsible for all covered losses under your TWIA policy, effective with claim event occurrences beginning June 1, 20__ at 12:01 AM and continuing through the expiration date of your policy listed above. TWIA is not liable under your policy on and after the effective date of the assumption reinsurance agreement, June 1, 20__.

For claims occurring prior to 12:01 AM, June 1, 20__ - Call the TWIA Claim Center at 800-788-8247.

For claims occurring on or after 12:01 AM, June 1, 20__ - Contact [COMPANY NAME] at [COMPANY CLAIMS TOLL FREE PHONE NUMBER].

You may contact the Texas Department of Insurance to obtain information on [COMPANY NAME], coverage, rights or complaints at 800-252-3439.

SERVICING - Your agent has not changed and will continue to provide service on your windstorm policy. Any policy coverage questions or matters relating to endorsements, policy changes, or cancellations will continue to be handled by your agent.

Please attach this Certificate of Assumption to your current TWIA policy. We at [COMPANY NAME] look forward to servicing your insurance needs.

IN WITNESS WHEREOF, [COMPANY NAME] has caused this Certificate of Assumption to be executed with an effective date of June 1, 20__ at 12:01 AM.

[COMPANY PRESIDENT OR CEO SIGNATURE BLOCK]

[COMPANY ADDRESS], [COMPANY PHONE NUMBER]

Policyholder Copy