TWIA
TEXAS WINDSTORM
INSURANCE ASSOCIATION

TWIA

5700 S. Mopac Expressway
Austin, TX 78749

Date of Notice: [PROCESSINGDATE]

Policyholder:

Policy Number: [POLICY NUMBER]
Expiration Date: [EXPIRATION DATE]
Named Insured:

[INSURED NAME]
[INSURED PROPERTY ADDRESS]

[INSURED NAME]
[INSURED MAILING ADDRESS]

<u>IMPORTANT NOTICE</u>
<u>NOTICE OF ASSUMPTION AND POLICY EXPIRATION</u>

<u>Please read this notice carefully.</u>

<u>This Notice and the enclosed Certificate of Assumption contain important information about changes affecting your windstorm insurance policy.</u>

Recently you were notified that [TAKEOUT COMPANY] is interested in providing you windstorm and hail insurance. Unless you opt out of the assumption by May 31, 20__, [TAKEOUT COMPANY] will assume full responsibility for your wind and hail insurance policy previously issued by the Texas Windstorm Insurance Association (TWIA) on June 1, 20__ at 12:01 AM. TWIA is not liable under your policy on and after the effective date of the assumption reinsurance agreement.

The assumption of your policy by [TAKEOUT COMPANY] is being conducted in accordance with an assumption reinsurance depopulation program approved by the Texas Department of Insurance. Your agent has accepted an appointment with [TAKEOUT COMPANY] and has agreed to continue to service your insurance needs through [TAKEOUT COMPANY]. On and after June 1, 20__ your TWIA policy is considered directly issued by [TAKEOUT COMPANY] and will remain in effect until the expiration date shown above. Upon the expiration date of your TWIA policy, a replacement policy which provides comparable coverage at comparable rates will be issued by [TAKEOUT COMPANY]. If your policy expires June 1 through July 31, TWIA will renew your assumed policy for one additional year, and any subsequent renewals will be directly issued by [TAKEOUT COMPANY].

As TWIA previously advised, you have until May 31, 20 to opt out of this assumption and remain insured with TWIA. To do this, you must complete and sign the Opt Out Form previously provided to you.

<u>TO REPORT CLAIMS:</u>

For a claim with a date of loss **on or after** 12:01 AM on June 1, 20__ – Call [TAKEOUT COMPANY NAME] at [TAKEOUT COMPANY TOLL FREE CLAIMS PHONE NUMBER].

For a claim with a date of loss **before** 12:01 AM on June 1, 20__ – Contact the TWIA Claim Center at 800-788-8247.

<u>TO REQUEST POLICY SERVICE:</u>

For policy service, including coverage changes or cancellation requests, or questions regarding this notice - Contact your agent [AGENT NAME], at [AGENT PHONE].

Policyholder Copy