



Policyholder Name
Mailing Address 1
Mailing Address 2

Company Name has offered to take over your windstorm and hail insurance

*Para ver este aviso en español, por favor visite la página web de TWIA:
twia.org/depopulation-espanol-1/*

Date: December 1, 20__
Policy Number: TWIA-00000000-00
Property Location: Insured Address 2, Insured Address 3

Dear Policyholder,

Company Name would like to take over as your windstorm insurance company under a program approved by the Texas Department of Insurance, commonly referred to as the Depopulation Program. This program encourages more insurers to provide windstorm insurance on the Texas Coast.

Unless you opt out, Company Name will take over your Texas Windstorm Insurance Association (TWIA) windstorm and hail insurance policy on March 1, 20XX. You will get a letter soon from Company Name offering to take over your policy.

To transfer your policy to Company Name:

You don't need to do anything. Your policy will automatically transfer to Company Name, on March 1, 20XX.

To keep your policy with TWIA:

Detach the form on page 2 of this letter, sign it, and return it to TWIA in the enclosed postage-paid envelope by January 31, 20XX.

If you agree to transfer your policy, Company Name will:

Texas Windstorm Insurance Association
5700 South MoPac Expressway, Building A, Austin, Texas 78749
P.O. Box 99090, Austin, Texas 78709-9090
800-208-5948



1. Offer rates similar to TWIA's for three renewal periods after your policy expires.
The new premiums will not be more than 15% higher than your current premium.
2. Offer coverage comparable to TWIA for three renewal periods. [Include an explanation of any material differences in coverage here, if any].
Let you to keep your current insurance agent.

Company Name will send you more information about this program, and your agent at Agency Name has been told about the offer. If you have questions, call your agent at 0-000-000-0000 or TWIA at 1-800-208-5948, or visit www.TWIA.org/depopulationpolicyholders/

Sincerely,
Texas Windstorm Insurance Association

Enclosure: Envelope with pre-paid postage

To keep your coverage with TWIA, sign below, detach at the dotted line, and mail the bottom portion in the enclosed postage-paid envelope by January 31, 20__.



Please cut here

Policyholder: Policyholder Name
Policy Number: TWIA-00000000-00
Property Location: Insured Address 2, Insured Address 3

By signing below and returning this response, I intend to continue my coverage with TWIA. Do not automatically transfer my windstorm coverage to another company.

Policyholder signature

Date*

**Must be postmarked on or before January 31, 20__*