TWIA New Residential Submission

This job aid demonstrates the general process to submit new residential business to TWIA. Please note: This job aid is intended as a guide. The actual content of Policy Center and available options may change over time.

Before you start quoting in Policy Center:

- Check TWIA's Eligibility Guidelines: <u>Minimum TWIA Policy Eligibility Guidelines</u>, <u>TWIA</u> <u>Flood Insurance Requirements</u> and <u>TWIA Declination Requirements</u>. The risk you are writing must meet all requirements to be eligible for coverage with TWIA.
- Locate and download all Certificates of Compliance (WPI-8s, WPI-8Es, or WPI-8-Cs) for the property. Use <u>TDI WPI-8 Lookup</u> search for WPI-8s and WPI-8Es. Email <u>AgentServices@twia.org</u> for WPI-8-C lookup assistance.
- Complete a TWIA MSB/Replacement Calculator for the property. The link to access the calculator is <u>TWIA Residential Replacement Cost Calculator</u>. The link to the job aid for importing an MSB into the application is <u>Importing a Replacement Cost Valuation</u>.
- Verify that you meet the System Requirements to use Policy Center: <u>TWIA Policy</u> <u>Center System Requirements</u>.

| Home | Agents | Windstorm Certification പ്പിന | About Us | Login 🔨 |
|------|--------|----------------------------------|--------------|---------|
| | Search | | Policyholder | |
| | | Search | Agent | |

1. From the TWIA Home Page <u>www.twia.org</u> select "Login" and then "Agent."



2. Log in to the Agent Portal.

| TWIA | |
|---|---|
| TWIA Agent Por | tal |
| Login Returning User? Enter your E-Mail Address and Password. E-Mail Address Password I have agreed to the Terms of Use. Password is case sensitive Login | First Time User? Register now for Online Account Access. Register New Agency |
| Forgotten or expired password? | |

3. Select "Open Policy Center."





4. Click on "Actions" and then "New Submission."

| Des <u>k</u> top 🔽 Accou | int 💌 <u>P</u> olicy 👻 S | earc <u>h</u> 🟹 <u>T</u> eam | Administra | tion 🔻 | - | |
|-------------------------------|-------------------------------|------------------------------|---------------|---------|--------------|-----|
| Actions | Create | npty) | | | | |
| My Activities | New Submission New Account | cception: null | | | | |
| My Accounts My Submissions | | Assign | Created By: A | ll V Pr | riority: All | ~ |
| My Renewals | Due Date | Create Date | Priority | Subject | Policy # | Tra |

5. Enter the "Account Information" and then select "Search."

| Enter Account Informa | tion |
|------------------------------|---|
| have an option to create a | on, please specify which account to associate it with by entering search criteria. If the account doesn't yet exist, you will new account after pressing 'Search'. If the first or last name is less than 3 characters, please type the full name and n exact match' or 'Last name is an exact match' option. |
| Applicant Information | |
| Account # | |
| Search | O Businesses O Individuals |
| First Name | |
| First name is an exact match | |
| Last Name | |
| Last name is an exact match | |
| City | Brownsville |
| County | Cameron |
| State | Texas V |
| ZIP Code | 78526 |
| Country | United States of America V |
| Search Reset | |

6. Next select, "Create New Individual Account."

| Enter Account Informat | tion | | | | | |
|-------------------------------|--|--|--|--|--|--|
| The search returned zero re | The search returned zero results. | | | | | |
| will have an option to crea | on, please specify which account to associate it with by entering search criteria. If the account doesn't yet exist, you ate a new account after pressing 'Search'. If the first or last name is less than 3 characters, please type the full name is an exact match' or 'Last name is an exact match' option. | | | | | |
| Applicant Information | | | | | | |
| Account # | | | | | | |
| Search | O Businesses Individuals | | | | | |
| First Name | | | | | | |
| First name is an exact match | | | | | | |
| Last Name | 2 | | | | | |
| Last name is an exact match | | | | | | |
| City | Brownsville | | | | | |
| County | Cameron | | | | | |
| State | Texas 🗸 | | | | | |
| ZIP Code | 78526 | | | | | |
| Country | United States of America | | | | | |
| Search Reset | | | | | | |
| Search Results (empty) | | | | | | |
| Create New Individual Account | | | | | | |



7. Enter the address and make sure all fields marked with an * are filled in. Click on "Validate Address." Once the address is validated, select "Update."

| Update Cancel | |
|-------------------------|---|
| Please confirm accou | nt information |
| First Name | * Jody |
| Last Name | * Smith |
| Primary Phone | Home 🗸 |
| Home Phone | * 956-555-1212 |
| Work Phone | |
| Mobile Phone | |
| Fax Phone | |
| Primary Email | abc@123.com |
| Şecondary Email | |
| Address | |
| | |
| Country | United States of America 🗸 |
| APO/FPO/DPO | |
| Address Line 1 | |
| Address Line 2 | |
| City | Brownsville |
| State | Texas 🗸 |
| ZIP Code | 78526 |
| County | Cameron |
| | Validate Address |
| To validate this addres | s, Address Line 1 and either City and State, or ZIP Code are required |



8. On the New Submission screen, enter the desired effective date (clear out the date field before entering the date), select "Full Application," the policy type and the agency location from their respective drop-down menus, and then select "Continue." Note: You may select Quick Quote as one option at this stage instead of a full application. A full application is necessary to submit new business and is the focus of this job aid.

| SB Acco (3t | Account # A | | | |
|------------------------------|---|--|--|--|
| <u>S</u> ummary | ew Submission (Return to Submission Manager) | | | |
| Contacts | Create new submission for (Account #: A) | | | |
| <u>L</u> ocations | | | | |
| Transactions | Please choose the desired effective date: | | | |
| Submission Manager | Effective Date * 09/11/2020 | | | |
| Internal Notes | | | | |
| Account File <u>H</u> istory | Please choose the desired submission type and press 'Continue': | | | |
| | Submission Type * 🔿 Quick Quote 🖲 Full Application | | | |
| | Policy Type Selection Available Options * Residential | | | |
| | Select the desired agency location. | | | |
| | Agency Location * | | | |
| | Continue | | | |

9. On the Qualification screen, answer the Pre-Qualification Questions and then select "Next."

| Submission | Submission (Draft) Residential/Full Application Eff. 09/11/2020 Account # A | | | | | | | | |
|---------------------|---|-----|---|------------|--|--|--|--|--|
| Actio | ns | • Q | Qualification | | | | | | |
| | | =[| Nextee Calculate Premium | | | | | | |
| Submission Draft | ١T | Pr | re-Qualification Questions | | | | | | |
| 🍦 Qualifica | ation | | Do all the risk items fall in the TWIA coverage area? | * ○Yes ○No | TWIA Coverage & Eligibility Guidelines | | | | |
| Policy Cor | <u>ntract</u> | | Does the applicant meet the evidence of declination requirements? | * ○Yes ○No | Evidence of Declination Requirements | | | | |
| Policy Ir | | | Does the applicant meet the flood insurance requirements? | * ○Yes ○No | Flood Insurance Requirements | | | | |
| Items | <u>ns and Risk</u> | [| Next ≥] Calculate Premium] Save Draft Withdraw | | | | | | |
| Summary Payment | / | | | | | | | | |



10. If there are any Additional Named Insureds (mortgage companies <u>should notbe</u> <u>entered on this page</u>), please enter them where indicated. If there is a Premium Financier, please enter it on this screen too. If the information is correct, select "Next."

| | esidential/Full Application Eff. 09/11/2020 | Account # A |
|----------------------------------|---|---|
| X Submission (Brandy 1 | | Theodoric in A |
| Actions | Policy Info | |
| Submission T | | ave Draft Withdraw |
| Draft | Primary Named Change To: Insured | Policy Details |
| Qualification Policy Contract | Name Mailing Address Change To: 🐨 | Effective Date * 09/11/2020 Expiration Date 09/11/2021 |
| Policy Info | Brownsville, TX | Agency Details Agency Name |
| Locations and Risk Items | 78526 | TDI License # |
| Summary | | Agency Location 👷 |
| Payment | | Location Phone |
| Taymone | - | Contact Name |
| Tools . | - | Contact Phone # |
| Internal Notes | Additional Named Insureds | |
| Documents | Add V Remove | |
| Participants | Name Relationship to Primary Named Insu | |
| Activities | Trend Relationship to Primary Named Insur | |
| Transaction History | Premium Financier | |
| Invoices | Add Remove | |

11. On the Location Information screen, make sure all fields noted with an * are filled in. Once completed, select "OK" to save the location information.

| Submission (Draft) 🏢 R | esidential/Full Application Eff. 09/11/2020 | Acco | punt # A |
|-----------------------------|---|---------------|---|
| Submission T | cation Information (Return to Locations a | ind R | isk Items) |
| Draft | OK Cancel | | |
| Qualification | Street Address | | * • Yes O No |
| Policy Contract | If you do not have a street address, click 'No' | and | |
| Policy Info | Enter any Unit #, Apt #, or Suite # in the Unit | : # fi | eld on the Risk Item page, not on the Location Address. |
| Locations and Risk Items | Location Address | | |
| Summary | County * Cameron V | | Name of Complex |
| Payment | Address Line 1 * | | Legal Description |
| 192 - I | City * Brownsville | ۹ | Lot |
| 💑 Tools 🔹 | State Texas | | Block |
| Internal Notes | ZIP Code \star 78526 | | Section |
| Documents | Will you be requesting coverage for a dwelling at t | his ri | sk location? 🛪 💿 Yes 🔾 No |
| Participants | Refer to the most recent Dwelling Windstorm Policy | (for | a complete description. |
| Activities | Are there any unscheduled detached structures on | nrer | |
| Transaction History | Total value of unscheduled detached structures on | pren | * \$ 5000 × |
| Invoices | | | • • <u>• • • • • • • • • • • • • • • • • </u> |



12. On the Locations and Risk Items Screen, select "Add Item", "New Item" and then "New Item."

| Submission (Draft) 🏢 Residential/Full Application Eff. 09/11/2020 👘 Account # A | | | | | | | |
|---|---------------------|-------------------------|--------------------|-------------|-------------|--------------------|--|
| Actions | Locations a | ocations and Risk Items | | | | | |
| | <u><</u> Back Ca | lculate Premium | <u>Sayln</u> Draft | With | draw | | |
| Submission T Draft | Add Location |] [Remove Iten | n(s) | | | | |
| Qualification | Actions | Item Number | Description | _ | Item Type | Insurance Amount | |
| Policy Contract | Add Item | New Item 🕨 | <u>N</u> ew Item | <u>Brow</u> | nsville, T) | (, 78526 (Primary) | |
| Policy Info | Sack Ca | lculate Premium | <u>Save</u> Draft | With | draw | | |
| Locations and Risk Items | | | | | | | |

13. Select the risk category and the risk item type. If you still need to complete an MSB, the link to the website is found on this page. The instructions on how to import an MSB/Replacement Cost Valuation are found in the following job aid: Importing a Replacement Cost Valuation.

| Submission T | New Item(s) (Return to Locations and Risk Items) |
|---|---|
| Draft | OK Cancel |
| Qualification Policy Contract Policy Info Locations and Risk Items Summary Payment Tools | Details Coverages Credits and Surcharges Additional Interests Property Exclusions Location Cameron: , Brownsville, TX, 78526 Building # |
| Internal Notes Documents Participants Activities Transaction History | MSB Website MSB Policy # Confirm MSB # * Last Imported: (None) |
| Invoices | Last Calculated: (None) |



14. Once the MSB/Replacement Cost Valuation is imported, you will see more fields appear. Be sure to complete the remaining fields on this page. You will be asked details about the dwelling and will need to add any applicable Certificates of Compliance (WPI-8, WPI-8E, or WPI-8-C) information you found in your search. Be sure to review the links to the other related pages (at top of page in red). Any mortgagees (if applicable) should be entered on the Additional Interests screen. Select "OK" to save the entered information.

| Policy Contract | OK Cancel | |
|---------------------|---|---|
| Policy Info | Details Coverages Credits and Surcharges Add | litional Interests Property Exclusions |
| Locations and Risk | Location Cameron: | |
| Items | MSB Zip Code 78526 | |
| Summary | Building # | |
| Payment | Unit # | |
| | Description * Main Home | |
| 🍪 Tools 👻 | Note: Description appears on both the applicatio | n summary and the printed declarations page |
| Internal Notes | Risk Category * Residential Structures with the Op | otion to add Personal Property 🗸 |
| Documents | Risk Item Type \star Single Family Dwelling | \checkmark |
| | | |
| Participants | | MSB Website |
| Activities | | MSB Website |
| Transaction History | MSB Policy # | * |
| Invoices | Confirm MSB # | * |
| | | Last Imported: 09/11/2020 |
| | | Last Calculated: 09/11/2020 |
| | | Import MSB Info |
| | Please confirm that the MSB information (identif modify the information, please update the appro | ied in bold) is correct. If needed, confirm the MSB number and/or make modifications. To priate fields via the MSB Website and re-import. |
| | General Information | |
| | Occupancy Type | * Primary Dwelling V |
| | Structure Condition | * Excellent V |
| | Companion Policy Type | ★ HO/Condo Unit Owner/FRO/TDP-3/TFR-3 ✓ |

15. Select "Calculate Premium" when this option appears.

| Actions | Locations and Risk Items | | | | | | | | | | |
|-----------------------|--|-------------------|--------------------------------|-------------------|------------------|--|--|--|--|--|--|
| | Back Calculate Premium Save Draft Withdraw | | | | | | | | | | |
| Submission T Draft | Add Location | Remove Ite | m(s) | | | | | | | | |
| Qualification | Actions | Item De Number | escription | Item Type | Insurance Amount | | | | | | |
| Policy Contract | Add Item | Cameron | | | | | | | | | |
| Policy Info | | <u>1A</u> M | ain Home | Structure | \$133,000.00 | | | | | | |
| Locations and Risk | | <u>1B</u> | Personal Property of Main Home | Personal Property | \$80,000.00 | | | | | | |
| Items | | | | | \$213,000.0 | | | | | | |



| Anctions | Summary | / | | | | | | | | | |
|--|---|------------------|-------------------|---------------|-----------------------------|---------------|----------------------------|---------|------------|-------------|-----------------------------|
| | Sack N | Next ≥ | Edit Transaction | Save Draft | Invoice | Submit to | WIA Versi | ions 🚽 | Withdraw | Print | |
| Submission T Calculated | The premiu submitting | | | ood until the | end of to | day. Any cha | nges desire | ed or s | ubmissions | after today | must be re-calculated prior |
| Qualification Policy Contract Policy Info Locations and Risk Items Summary Payment | Submission a Policy Period Primary Nam Mailing Addre | ned Insur ess | ed ^V V | - 09/11/202 | 1 Surcha Actual Commi | Premium & Su | rcharges \$ nt is 16% o | | - 00 | | |
| Tools | * Policy P | remium | s | | | | | 12 | | | |
| Internal Notes | Item # D | escription | i | C | verage Deta | I Cost Amount | Premiums | | | | |
| Documents | Cameron | n: | | 1.00 | | | | | | | |
| Participants | <u>1A</u> M | lain Home | • | \$ | 133,000.0 | \$1,194.00 | \$1,003.00 | | | | |
| Activities | B | uilding Co | ode Credit | | | - (\$345.00) | | | | | |
| Transaction History | Pe | ersonal P | roperty Replace | ment Cost | | - \$48.00 | - | | | | |
| and the second | Ir | ndirect Lo | SS | | | - \$106.00 | | | | | |
| Involces | <u>1B</u> Pe | ersonal P | roperty | | \$80,000.0 | \$252.00 | \$226.00 | | | | |
| | B | uilding Co | ode Credit | | | - (\$59.00) | - | | | | |
| | Pe | ersonal P | roperty Replace | ment Cost | | - \$11.00 | - | | | | |
| | | | | | | | - | | | | |

16. After evaluating and accepting the quote, select "Payment."

17. Enter the payment type, then select "Submit to TWIA." If you need help selecting the payment type, please consult the <u>Agent Training Center</u> for assistance. The default payment type is Check/Money Order/Policyholder Online Payment.

| Actions | Paymer | it | | | | | | |
|--|-------------------------|-----------------------------|---------------------|---|--------------------|---------------|-----------|-------|
| | Sack | Release Loc <u>k</u> | Edit Transaction | <u>S</u> ave Draft | 🖕 Submit to TWIA | Versions 🤿 | Withdraw | Print |
| Submission 7 Calculated | EFT byp | ss is enabled i | n this environment | J | | | | |
| Qualification | eCheck b | oypass is enable | ed in this environn | nent | | | | |
| Policy Info | Amount D Actual Prei | Due and Paym mium | ent Summary \$ | | | | | |
| Itome | Surcharge Amount Di | s ue to TWIA | - \$: | | | | | |
| <u>Risk Analysis</u> <u>Summary</u> | Payment | s | | | | | | |
| 🜳 Payment | Payment | Method | | * Check/ | Money Order/Policy | holder Online | Payment 🗸 | |
| 💑 Tools 👻 | Payment | Options | | * <none< th=""><th>selected> ∨</th><th></th><th></th><th></th></none<> | selected> ∨ | | | |
| Internal Notes | Payment | Amount | | | | | | |



18. On the next screen, read and follow the instructions, then select "Continue." This screen includes a reminder to upload any Certificates of Compliance (WPI-8, WPI-8E, or WPI-8-C) if applicable.

| Documents |
|--|
| Par 🕼 - Before Submitting Transaction To TWIA |
| |
| If a signed copy of a TWIA form is required, please download it from the following link: |
| Documents and Downloads |
| If the documentation has not yet been uploaded or if you are unsure as to which documentation you have included, please press 'Cancel/Return' and click on the 'Documents' link in the Tools menu. From there you can view all documentation that is associated with the transaction and make any necessary additions/corrections. |
| Once you confirm the document(s) upload(s), please re-initate the submission process via the 'Payment' screen. |
| You may be contacted by a TWIA underwriter prior to issuance to provide further documentation. |
| |
| Risk Item Documents |
| Item # Description Documentation required includes, but is not limited to: |
| Cameron: |
| 1 Main Home WPI-8 Certificate |
| Part 2 - After Submitting Transaction to TWIA |
| Documents To Mail |
| |
| Check/Money Order for \$1229 Payment Coupon |
| Continue Cancel/Return |

19. On the Submission Acknowledgement Screen, check the box under the Submission Certification if applicable and then select "Continue."

| Submission (Calculated) | Residential/Full Application Eff. 09/11/2020 Account # A |
|-------------------------|--|
| | Submission Äcknowledgement |
| | Please print the payment coupon and mail to TWIA with a check for the full amount due. Once payment is received, your application will be processed according to TWIA underwriting guidelines. For additional information, please <u>click here</u> to access the TWIA Instructions and Guidelines manual. |
| | This submission will not be processed until the payment and payment coupon are received. Payment received without an accompanying coupon will be returned. Coverage will be effective for eligible applications on the date payment is received by TWIA, the date mailed if sent by one of the four approved methods, or a later date if requested. If payment and coupon are not received within 14 days, your submission will be vided and the coverage requested in your application will not be issued. It will be necessary for you to resubmit your application if coverage is still desired. |
| | After pressing the 'Continue' button, a PDF of the transaction summary and the payment coupon will be available for printing. |
| | Coverage requests will not be reviewed by TWIA before payment is received. |
| | Submission Certification |
| | Yes, I certify that the information provided is correct to the best of my knowledge. |
| | Continue Cancel/Return |



20. On the Submission Information screen, select "View your submission."



21. To locate the payment coupon needed to send in with the check/money order, select "Documents."



22. On the Documents screen, select the linked document "PaymentCoupon Agency."

| Actions | Docu | umen | S | | | | | |
|--|------|-----------------------------|-------------------------|-------------|---|--------|--------|------------|
| | Docu | ment S | earch | 2 | | | | |
| Submission Pending Payment Qualification Policy Contract Policy Info | | nent Na nent Ty rch F | | | Date Range - From Date Range - To Author Risk Item # | / | / | 2 |
| Locations and Risk Items | Docu | ments | 1 - 2 of 2) | | | | | |
| Summary | Uplo | ad Doci | ment | | | | | |
| Forms | | N | ime | Туре | | Author | Role | Date Added |
| Payment | | 🔁 P | aymentCoupon Agency | PaymentCo | upon | TWIA | System | 09/11/202 |
| Required Documentation | | T 🔄 | ansactionSummary Agency | Transaction | Summary | TWIA | System | 09/11/202 |



23. It is important that the Payment Coupon accompany the actual check or money order sent in to TWIA. The mailing instructions and guidelines are listed on the payment coupon itself.

***Once the payment is received by TWIA, please allow for processing time and check the submission status in Policy Center. For help with the policy status returned, check the <u>New Submission Status Job Aid</u>. The status will update when the submission is processed and any action is taken.

| Payment Coup | on |
|---|--|
| If paying by mail, please print, detach, and return the payment co payment coupon are received, the application will be processed a | |
| Policies will go into effect when both payment and application are date, you may pay online, or you can mail payment using one of th one of these methods, the policy will go into effect on the date it is | e mailing methods listed below. If payment is sent by |
| USPS Registered Mall USPS Certified Mall | |
| USPS Priority Mall Express | |
| Regular mail that is hand-cancelled by USPS Other services that provide acceptable, traceable proof of | mall date |
| | |
| NOTICE: All payments mailed by the above methods must be mail Building A, Austin, TX 78749. They will not be accepted at the pos | t office box address listed on the payment coupon. |
| ONLINE PAYMENTS: For alternative methods of payment, please TWIA's underwriting guidelines still apply. | visit www.twia.org./payments or contact your agent. |
| 878000551_28.0.0_EUAT03_10_38293389: Agency Please detach and return this p | ordion with your payment. |
| Insured: | |
| Reference Number: Amount Due: | |
| Total Due | |
| Please indicate the reference number on your check. | |
| Make checks payable, and remit payment to: | Texas Windstorm Insurance Association PO Box 843146 Dallas, Texas 75284-3146 |
| | |
| | |

