



Policyholder Name
Mailing Address 1
Mailing Address 2

Reminder - Notice of Offer to Transfer Policy

*Para ver este aviso en español, por favor visite la página web de TWIA:
twia.org/depopulation-espanol-2/*

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

Dear Policyholder,

You previously received notices from Texas Windstorm Insurance Association (TWIA) and Company Name about a proposed change to your windstorm insurance. Company Name is interested in providing your windstorm and hail coverage and has offered to assume your TWIA windstorm insurance policy. This means that Company Name would take over your TWIA policy and would be your windstorm insurer instead of TWIA, if you take no action.

To Transfer Your Policy to Company Name

If you want Company Name to be your new windstorm insurance carrier *you do not need to take any action*. Your policy will automatically transfer to Company Name, effective June 1, 20__.

To Keep Your Policy with TWIA

If you don't want your coverage transferred to Company Name, then you must detach the form on page 2 of this letter, sign, and return to TWIA in the enclosed postage-paid envelope no later than May 31, 20__, to opt out of the proposed policy change. If you opt out, your windstorm coverage will continue to be provided by TWIA and Company Name will be informed of your decision.

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



The offer to assume your policy is part of a program enacted by the 2015 Texas Legislature to encourage insurers other than TWIA to write windstorm coverage along the Texas coast. Under this program, **Company Name** will be required to do the following:

1. Continue to offer you rates and coverages comparable to TWIA for three renewal periods after your current TWIA policy expires. The premium is considered “generally comparable” if it does not exceed 115% of the TWIA premium for the same coverage.
2. Allow you to keep your current insurance agent.

Company Name's participation in the program is not a recommendation by either TWIA or the Texas Department of Insurance (TDI) to transfer your policy. You will be receiving additional information directly from **Company Name**. Your participation in this program is completely voluntary.

Your agent **Agency Name** has been informed of this offer. For additional assistance, please call them at 0-000-000-0000, or call TWIA at 1-800-208-5948.

Sincerely,

Texas Windstorm Insurance Association

Enclosure: Envelope with pre-paid postage

Copy: **Agency Name**

For more depopulation information visit www.TWIA.org/depopulationpolicyholders/

To opt out of the depopulation offer described in this letter, complete your response below, detach at the dotted line, and mail the bottom portion in the enclosed postage-paid envelope by May 31, 20__.

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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 am opting out of the 20__-20__ TWIA Assumption Reinsurance Depopulation Program and intend to continue my coverage with TWIA.

Policyholder signature

Date*

**Must be postmarked on or before May 31, 20__.*

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