

## HOW TO FILE A CLAIM

It is preferred that policyholders contact their agent to report their loss/claim. Their agent in turn will report the claim to one of two Texas FAIR Plan Association (TFPA) Claims Departments, located in Austin, TX and Fort Worth, TX, so it can be assigned to an independent adjusting firm/adjuster for investigation. The adjusters will report their findings to TFPA and we will make the final decision on the claim.

### FOR AGENTS

#### PREFERRED METHOD

- **Download the attached First Notice of Loss (FNOL) to your computer.**
- **Fill the form out completely. The date of loss and insured's phone numbers are especially important.**
- **Fax or mail it directly to the appropriate TFPA Claims department. Do not use "cover sheets" or "transmittal sheets" with the FNOL. DO NOT MAIL A COPY AFTER FAXING.**

#### HOW TO DETERMINE WHICH CLAIMS OFFICE TO FAX OR MAIL THE FNOL TO?

- **If the policy number begins with TFPH 02, 04, or 06 TFPD 02, 04, or 06 TFPC 02 , 04 or 06 TFPT 02, 04 or 06 please fax or mail the First Notice of Loss to:**

Attention: TFPA Claims Department  
Texas FAIR Plan Association  
P.O. Box 99080  
Austin, TX 78709-9080  
or  
5700 S. MoPac, Building E, #530  
Austin, TX 78749  
  
**Fax: 1-800-979-6442**

- **If the policy number begins with TFPH 00, TFPD 00, TFPC 00 or TFPT 00, please fax or mail the First Notice of Loss to:**

Attention: TFPA Claims Department  
Texas FAIR Plan Association  
P.O. Box 901086  
Fort Worth, TX 76101  
or  
6801 Calmont Avenue  
Fort Worth, TX 76116  
  
**Fax: 1-800-880-4049**

- **PLEASE ONLY REPORT EACH INDIVIDUAL CLAIM ONE TIME.**

## FOR POLICYHOLDERS

- If you have a loss, immediately contact your agent to report your claim.
- The agent will confirm the details of your loss and report your claim to TFPA.
- If your TFPA policy on the damaged property was in force at the time of the loss, TFPA will assign your claim to a local adjuster for investigation.
- TFPA will mail you a copy of the Claim Notice Acknowledgment and Assignment, which will identify the adjusting firm handling your claim.
- The adjuster will contact you for an appointment to inspect your property.
- Please make reasonable and necessary temporary repairs ONLY to protect the property from further damage. "Temporary" means something that can be reasonably removed for inspection. It cannot be repairs that will prevent the adjuster from seeing the reported damage.
- Take photos of the damage prior to making any temporary repairs. Keep documentation of these repairs. Give the photos and documentation to the adjuster.
- If your agent cannot be reached you can call:
  - 1. 1-800-979-6440** if your policy number begins with:  
TFPH02, TFPH04, TFPH06, TFPD02, TFPD04, TFPD06, TFPC02, TFPC04, TFPC06, TFPT02, TFPT04, TFPT06
  - 2. 1-800-466-6680** if your policy number begins with:  
TFPH00, TFPD00, TFPC00, TFPT00

Listen to the recording for instructions on how to report your claim.

- **PLEASE ONLY REPORT YOUR CLAIM ONE TIME.**

# ACORD<sup>TM</sup> PROPERTY LOSS NOTICE

DATE

PRODUCER	PHONE (A/C, No, Ext):	MISCELLANEOUS INFO (Site & location code)		DATE OF LOSS AND TIME		AM	PREVIOUSLY REPORTED	
						PM	YES	NO
POLICY TYPE		COMPANY AND POLICY NUMBER			NAIC CODE		POLICY DATES	
PROP/ HOME	CO:						EFF:	
	POL:						EXP:	
FLOOD	CO:						EFF:	
	POL:						EXP:	
WIND	CO:						EFF:	
	POL:						EXP:	
CODE:	SUB CODE:							
AGENCY CUSTOMER ID								

<b>INSURED</b>			<b>CONTACT</b>		CONTACT INSURED
NAME AND ADDRESS OF INSURED		DATE OF BIRTH	NAME AND ADDRESS OF INSURED		
		SOC SEC # OR FEIN:			
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)				
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)		DATE OF BIRTH	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	
		SOC SEC # OR FEIN:	WHERE TO CONTACT	WHEN TO CONTACT	

<b>LOSS</b>				POLICE OR FIRE DEPT TO WHICH REPORTED	
LOCATION OF LOSS				PROBABLE AMOUNT ENTIRE LOSS	
KIND OF LOSS	<input type="checkbox"/> FIRE <input type="checkbox"/> THEFT	<input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL	<input type="checkbox"/> FLOOD <input type="checkbox"/> WIND	<input type="checkbox"/> OTHER (explain)	
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)					

<b>POLICY INFORMATION</b>					
MORTGAGEE					
<input type="checkbox"/> NO MORTGAGEE					
HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A, B, C, D & additional coverages. For Homeowners Section II Liability Losses, use ACORD 3.)					
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	DEDUCTIBLES	DESCRIBE ADDITIONAL COVERAGES PROVIDED
					ON
<input type="checkbox"/> COVERAGE A. EXCLUDES WIND					
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)					
FIRE, ALLIED LINES & MULTI-PERIL POLICIES (Complete only those items involved in loss)					
ITEM	SUBJECT OF INSURANCE	AMOUNT	% COINS	DEDUCTIBLE	COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED
	<input type="checkbox"/> BLDG <input type="checkbox"/> CNTS				
	<input type="checkbox"/> BLDG <input type="checkbox"/> CNTS				
	<input type="checkbox"/> BLDG <input type="checkbox"/> CNTS				
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)					
FLOOD POLICY	BUILDING: CONTENTS:	DEDUCTIBLE: DEDUCTIBLE:	ZONE	PRE FIRM POST FIRM	DIFF IN ELEV FORM TYPE GENERAL DWELLING CONDO
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE GENERAL DWELLING CONDO
REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)/NY ONLY: PREVIOUS ADDRESS OF INSURED & WIFE'S MAIDEN NAME					
CAT #	FICO #	ADJUSTER ASSIGNED	ADJUSTER #	DATE ASSIGNED	
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED		SIGNATURE OF PRODUCER	

### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania and Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In ME, D.C., LA, and VA, insurance benefits may also be denied.

### **Applicable in California**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.\*

\* In Florida - Third Degree Felony

### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.