Automobile Policy Processing System Manual

Note: This document will be updated frequently as functions are rolled out.

Version 1: October 3, 2018

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Disabling Pop-up Blocker

The Automobile Policy Processing System (APPS) can be run on three different search engines, Internet Explorer, Google Chrome and Mozilla Firefox. You will need to turn off ad-blockers before trying to access APPS.

Internet Explorer:

First, you must click the gear icon at the top right of your screen.



Next, click Internet Options.



Once Internet Options opens, click on the **Privacy Tab**.

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General	Security	Privacy	Content	Connections	Programs	Advanced
Home p	age ——	-1-				
	To crea	ate home	page tabs,	type each add	ress on its o	own line.
4	https	s://aipso.s	sharepoint	t.com/sites/aca	a?whr=aips	o.cc 🔺
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		Use cu	irrent	Use default	Use n	ew tab
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Click the Turn on Pop-up Blocker box to make sure that there is NOT a check in the box. Next, click **Apply**, to employ the changes, and then **OK**, to exit Internet Options. Pop-up Blockers will then be turned off.

Internet Options					?	×
General Security	Privacy (Content	Connections	Programs	Advar	nced
Settings						-
			Sites	Adva	anced	
Location						-
Never allow we physical location	ebsites to re on	equest yo	ur	Clea	r Sites	
Pop-up Blocker –						-
Turn on Pop-u	p Blocker			Set	tings	
InPrivate	a and autor	eiene ule	ee TeDrivete Pr	ausias star	+	- 1
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Some settin	igs are mana	aged by y	our system ad	ministrator.		
		OK	Ca	ncel	Арр	ly

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Google Chrome:

Click the **Three Dots** at the top right of the screen.

Nev	v Tab ×	Θ	-	đ	×
\leftarrow	→ C Q			☆]:
Ø	Google Chrome isn't your default browser Set as default				k
	Apps For quick access, place your bookmarks here on the bookmarks bar. Import bookmarks now				1
		Gr	nail Im	ages	



Next, click on Settings.

New Tab X		Θ –	٥	×
$\leftrightarrow \rightarrow C \ $			٦	☆ :
Apps For quick access, place your bookmarks here on the bookmarks bar. Import bookmarks now	New tab New window New incogn	v ito window	C Ct Ctrl+Shi	trl+T trl+N ift+N
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	Zoom	- 100	% +	53
Google	Print Cast Find More tools		c	trl+P :trl+F ▶
	Edit	Cut	Сору	Paste
Search Google or type URL	Settings Help			•
	Exit		Ctrl+Shi	ift+Q

Scroll down until you see the **Advanced** tab and click it.

On startup
Open the New Tab page
O Continue where you left off
O Open a specific page or set of pages
Advanced 👻

Next, click Content Settings.

Privacy and security

Google Chrome may use web services to improve your browsing experience. You may optionally disab services. Learn more	le these
Use a web service to help resolve navigation errors	
Use a prediction service to help complete searches and URLs typed in the address bar	
Use a prediction service to load pages more quickly	
Automatically send some system information and page content to Google to help detect dangerous apps and sites	
Protect you and your device from dangerous sites	-
Automatically send usage statistics and crash reports to Google	
Send a "Do Not Track" request with your browsing traffic	
Use a web service to help resolve spelling errors Smarter spell-checking by sending what you type in the browser to Google	
Manage certificates Manage HTTPS/SSL certificates and settings	
Content settings Control what information websites can use and what content they can show you	•
Clear browsing data Clear history, cookies, cache, and more	•

Click on **Pop-ups**.

÷	Content settings	0
٩	Cookies Allow sites to save and read cookie data	•
0	Location Ask before accessing	×
	Camera Ask before accessing	×
Ŷ	Microphone Ask before accessing	×
Ŵ	Notifications Ask before sending	×
<>	JavaScript Allowed	×
*	Flash Ask first	×
	Images Show all	×
Z	Popups Blocked	×
	Ads Blocked on sites that tend to show intrusive ads	×
¢	Background sync Allow recently closed sites to finish sending and receiving data	•
40	Sound Allow sites to play sound	•

Make sure the circle is moved to the right of the line and highlighted in blue, Pop-ups will then be turned off.



Mozilla Firefox:

Click the **gear** icon at the top right part of the screen.

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6	New to Firef Let's get star	iox? rted. arch the Try Firefox with	Web the bookmarks, histor	y and passwords from	another browser.	а		No Thanks Imp	→ ort Now		Ť	^
	:	youtube	facebook	wikipedia	reddit	amazon	twitter					

Click Privacy & Security.

🌖 New Tab	×	🔅 Options	× +	-						-	ð	×
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🔅 General		General										
Home Home		Startup										
O Search		Restore p	revious session									
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Privacy	& Security	🙁 Firefo	ox is not your de	fault browser				Make <u>D</u> efault				
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		Tabs										
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		 Open link 	s in tabs instead	of ne <u>w</u> windows								
		W <u>h</u> en you	ı open a link in a	new tab, switch to it in	nmedia	ately						
		Show tab	previews in the \	Windows tas <u>k</u> bar								
		Language	and Appear	rance								
		Fonts & Col	ors									
		Default font	Default (Times	New Roman)	• 9	<u>S</u> ize	16 🔹	Advanced				
								Colors				
		Language										
		Choose your p	preferred languag	ge for displaying pages	;			Choose				
		 Check you 	ur spelling as you	type								
⑦ Firefox St	upport	Files and A	Applications									

Scroll until you see the pop-up blocker windows box and make sure that it is **NOT** checked. Once this is done pop-up blockers will be disabled.



Manage Account

Change Password

From Producer Landing Page, click View My Profile.

Producer Landing Page

Producer One 1099A Broad Street Providence, RI 02905-1616 Certification Status: Certified

Policy Administration View Policy/Quote Create Full Quote Make a Payment

Reports

<u>View Book of Business</u> <u>View Detail Book of Business</u> <u>View Commission Statements</u>

Manage Account

View My Profile <u>Manage Certified Representatives</u> <u>Upload P & C License</u> <u>Upload E & O Policy</u>

Links

Frequently Asked Questions RI Plan Forms RI Plan Interactive Manual Symbols

Inbox
Number
FQ00000304
4
Quotes
Quote Number
FQ0000435
FQ00000341
FQ00000304
•
Policies
Policy Number
<u>R38A000016-0</u>
4
Policies in Cancel

Policies in Cance

Number

You will be brought to the User Information page, click the **Change Password** button.

etails	
Producer First Name One Last Name	Prod1 User ID Change Password
Rebecca.Reed@aipso.com Email	🗌 Disabled 🛛 Inactive 🗌 Initial Logi
401) 555-12112k Phone Extn Home Phone	Locked Reset Password
Fax Cell	Agent Job

Enter new password to meet the required rules. Click **Save & Continue** when finished.

New Password	Rules	
New Password	🥑 Password must not match your username.	
Confirm New Password	Password must match Confirm Password. Password must contain at least 1 letter.	
Confirm Password	 Password must contain at least 1 number. Password must contain at least 8 total characters. Password must have 1 special character (#,@, \$, *, !, etc.). Password must not match last 5 passwords. 	
User must reset password or	n the next visit.	
Cancel		Save & Continue »

Upload P & C License

Click Upload P & C License.

HOME	POLICY ADMINIS	TRATION	REPORTS	MANAGE A	CCOUNT	LINKS	LOGOUT
Produc	er Landing	g Page					00
Producer One		Numb	er Due Date	Descri	ption	Last Name	e First Name
1099A Broad St Providence, RI	02905-1616			No data te	o displav		
Certification S	tatus: Certified	4					•
				Go to page:	1 Show	rows: 10 -	0-0 of 0 🔳 🕨
Policy Adminis	stration <u>uote</u>	Quotes					
Create Quick	<u>Quote</u>	Quote Nu	mber Created	Date Last N	lame	First Name	Requested Effe
Create Full Qu	iote	RQ000379	07/24/2	018 Sambra	amolla Thi	rumalesh_UA	07/07/2019
Make a Payme	<u>ent</u>	RQ000294	40 06/18/2	018 tes	st	uat_test	06/15/2019
Endorse a Poli	CY	RQ000294	31 06/18/2	018 tes	st	uat_test	06/15/2019
Deserts		RQ000282	06/14/2	D18 DOR	MAN	ЈОНИ	01/04/2019
View Book of	Business	RQ000234	05/19/2	018 GAL	EZ E	ESTANISLAO	08/17/2018
View Detail Bo	ook of Business	<u>QQ000098</u>	06/20/2	018 Daver	nport	Penelope	06/21/2018
View Commiss	sion Statements	<u>QQ000088</u>	05/29/2	018 Cover	ages	Testing	05/30/2018
		QQ000088	05/29/2	018			05/30/2018
Manage Accou	e	QQ00008	05/24/2	018 Trail	ers	Test	05/25/2018
Manage Curtif	ed Representatives	QQ00008	05/23/2	018			05/24/2018
Upload P & C	License	4	1	1	1		•
Upload E & O	POlicy			Go to page:	1 Show row	/s: 10 🔻 1-10	0 of 113 🔳 🕨

Complete the required fields marked in red. For category, select P and C License option from the drop down. Click **Add Files** to choose file to upload. Once the file is chosen, click **Start Upload** to upload the file. Click close.



Click Upload E & O Policy.

HOME	POLICY ADMINIS	TRATION	REPORTS	MANAGE AC	COUNT	LINKS	LOGOUT
Produc	er Landing	g Page					()
Producer One		Inbox	Due Dete	Deserie	- 1		Circle Marca
1099A Broad S	treet	NUMD	er Due Date	Descrip	btion	Last Name	First Name
Providence, RI	02905-1616			No data to	display		
Certification S	tatus: Certified	. ◀ [►
				Go to page:	1 Show	rows: 10 💌	0-0 of 0 🔳 🕨
Policy Admini View Policy/O	stration uote	Quotes					
Create Quick	<u>Quote</u>	Quote Nu	mber Created	Date Last N	ame	First Name	Requested Effe
Create Full Qu	iote	RQ000379	07/24/2	018 Sambra	molla Thir	umalesh_UA	07/07/2019
Make a Payme	<u>ent</u>	RQ000294	140 06/18/2	018 tes	t	uat_test	06/15/2019
Endorse a Pol	icy	RQ000294	4 <u>31</u> 06/18/2	018 tes	t	uat_test	06/15/2019
		RQ000282	06/14/2	018 DORM	AN	JOHN	01/04/2019
Reports View Book of	Rucinecc	RQ000234	05/19/2	018 GALE	Z E	STANISLAO	08/17/2018
View Detail Bo	ook of Business	QQ00009	B30 06/20/2	018 Daven	port	Penelope	06/21/2018
View Commiss	sion Statements	000008	341 05/29/2	018 Covera	nes	Testing	05/30/2018
		0000008	323 05/29/2	019	.900		05/30/2018
Manage Accou	int	0000000	701 05/24/2	010 Teslle		Test	05/35/2018
View My Profi	<u>e</u>	000008	05/24/2		ers	rest	05/25/2018
Manage Certif	ied Representatives	000008	05/23/2	018		_	05/24/2018
Upload E & O	Policy	4					•
Spield C d O				Go to page:	1 Show rows	s: 10 🔻 1-10) of 113 🔳 🕨

Complete the required fields marked in red. For category, select E and O Policy option from the drop down. Click **Add Files** to choose file to upload. Once the file is chosen, click **Start Upload** to upload the file. Click close.



Create a Quick Quote

To create a Quick Quote, click on the blue hyperlink labeled **Create Quick Quote** in the left side margin.

	Inbox						
Bella Johnson	Number	Due Date	Description	Last I	Name	First	Nam
302 Atwood Ave Iohnston, RI 02919-4902			No data to displ	ау			
Certification Status: Certified	•						
		G	o to page: 1	Show rows: 10	▼ 0-0 0	f 0 🔄	
Policy Administration /iew Policy/Quote	Quotes						
Create Quick Quote	Quote Number	Created Date	Last Name	First Nam	e Requ	uested I	Effe.
Create Full Quote	FQ00009948	06/23/2018	ERICKSON	JANE	0	6/24/20	018
<u>1ake a Payment</u>	FQ00006204	04/18/2018	Connor	Anthony	0	4/19/20	018
Endorse a Policy	FQ00006192	04/20/2018	Diaz	Lisa	0	4/19/20	018
lonarta	FQ00006174	04/18/2018	Martin	Kimberly	0	4/19/20	018
/iew Detail Book of Business	FQ00005478	04/16/2018	Deleon	Santa	0	4/11/20	018
	EQ00000739	04/23/2018	Coutu	Janessa	0	4/19/20	018
Nanage Account	EQ00000720	04/20/2018	Coutu	Janessa	0	4/19/20	018
<u>/iew My Profile</u>	•		I				
Jpload P & C License		G	o to page: 1	Show rows: 10	▼ 1-7 c	f 7 🔳	
Jpload E & O Policy	Policies						
inks	Policy Number	Quote Number	Last Name	First Name	Effective	e Date	As
Frequently Asked Questions	R38A001201-0	FQ00005693	Coutu	Janessa	04/12/	2018	NA'
<u>RI Plan Forms</u> RI Plan Interactive Manual	•						
Symbols		G	o to page: 1	Show rows: 10	▼ 1-1 0	f 1 🔳	
	Policies in Cancell	ation					
	Number	Last Name	First Name	Reason	Can	cellatior	n Da

This page requires the applicant's information. Fill out the fields marked with red, as they are required. If a required field is missed, a message with a hyperlink to the missed field will appear at the bottom of the screen. Click the message to be brought up to that missing field. Click **Save and Continue** after this is completed.

HOME	POLICY ADMINISTRATION	REPORTS	MANAGE ACCOUNT	LINKS	LOGOUT
Fxit	Go to Bottom		Sa	ve & Exit	and Continue >>
Policy Holder Agent Producer One 08/24/1990 PO	r Information Marital Status Single	A V J	<mark>jency</mark> Jlio M. Jimenez - 09992 (1099A E	Broad St, Providen	ce, RI)
Address Info JOHNSTON County PROVIDENCE	rmation CRy RI	02919 229			
Policy Inform 08/07/2018 Erre	action clive Date 12:01AM 12 Months s ar Policy	 08/07/2019^{Expiration} 	Date		
Go to Top				Save	and Continue >> Save & Exit Exit
© 2018 Stingray Syst	tem. All Rights Reserved. [6.9.2.5, 3.2.2.0]				

The Drivers tab is where the Driver's information will be entered. To begin, click on the hyperlink in the Driver Name field. (Note: Driver Name will appear as N/A since it was not keyed.)

HOME	POLICY AD	MINISTRATIO	N REPORTS	M/	NAGE ACC	COUNT	LINKS	LOGOUT
Quick C	Quote QC	200009	970 (Savec	I)				
Insur	red	Drivers	s V	ehicles		Coverages	Q	uote Result
<< Back	Go to Bottom			(Exit	Sav	ve & Exit Save	and Continue >>
# Driver Na	ame	Rated	Relation	Driver Age	Gender	Marital Sta	tus DL St	ate DL #
1 N/A		Yes	Named Insured	29		Single		
< Back	Go to Top			Go tr	o page:	1 Show ro	ows: 10 - 1-1	Add Driver and Continue >> Save & Exit Exit
© 2018 Stingray Syst	em. All Rights Reserve	d. [6.9.0.11, 3.:	2.2.0]					

Enter the necessary Driver information. The required fields are marked in red. Once all information is entered for the Driver, click **Save Driver**. If you would like to add another driver, click **Add Driver**. After all drivers have been added, click **Save and Continue**.

	<< Back Go to Bo	ttom			Exit	Save	& Exit	Save and Con	tinue >>
v	ers								
	Driver Name	Rated	Relation	Driver Age	Gender	Marital Statu	s	DL State	DL
	N/A	Yes	Named Insured	27		Single			
E	us about Driver num	iber 1:						C	-
en ier dv riv	24/1990 000 0 nder Marital S inder V Single er Licensed Greater than ver Occupation ver Occupation	tatus tatus a 36 Months? One Wa	Yes ONo ay Miles To Work/Sch ay Miles To Work/Sch	ichool					
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er er iv in in in in in in in in in in in in in	24/1990 000 C Ider Marital S Inder. Marital S Inder. Marital S Inder. Implementation Sector wer Occupation wer Occupatio	Arriver Age: 27 tatus a 36 Months? (One W. One W. One W. Uncharges archarges	Oyes ONo ay Miles To Work/Sch ay Miles To Work/Sch	ichool nool. V			1	tinor Filing ?	

Next, you will need to add a vehicle. Begin by clicking Add Vehicle.



Enter the necessary vehicle information. The required fields are marked in red. Once all information is entered, click **Save Vehicle**. If you would like to add another vehicle, click **Add Vehicle** (see previous page screenshot). After all vehicles have been added, click **Save and Continue**.

hicle Information							
/ehicle Type							
Select Vehicle Type		V					
	VIN	□Valid VIN					
Comprehensive Symbol:		Collisio	on Symbol:				
/ear		Make	- L	Model	M1_1		Casas Vakiala Waiabu
Please select year	~	Please select M	lake 🗸	Please select	Model	▼	Gross venicle weight
C	ost New	St	tated Amounts				
∟ Auto Recovery Sy:	stem and a	Anti-Theft Devi	ce Passive PROVIDENC ^{erage (}	City RI	02912	Garage	County PROVIDENCE
□ Auto Recovery Sy: Ferritory Level & Descrip	stem and /	Anti-Theft Devie Pi UMPD	ce Passive PROVIDENCE®® D Territory: N/A	Commer	02912 cial Territory	Garage T: N/A	County PROVIDENCE
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Auto Recovery Sy: Territory Level & Descrip Triver Assignment Driver Driver 1 Go to page: 1 Sh	otion: N/A	Anti-Theft Devid P UMPD se lease select Use 10 v 1-1 of 1	PROVIDENCE ^{age} D Territory: N/A	Commer	02912 cial Territory	Garage :: N/A	County PROVIDENCE
Auto Recovery Sy: Territory Level & Descrip Driver Assignment Driver Driver 1 Go to page: 1 Sh	otion: N/A	Anti-Theft Devia P UMPD se lease select Use 10 - 1-1 of 1	PROVIDENCE ^{rage}	Commer	02912 cial Territory	Garage : N/A	County PROVIDENCE
□ Auto Recovery Sy: Territory Level & Descrip Driver Assignment Driver Driver 1 Go to page: 1 Sh	otion: N/A	Anti-Theft Devid P UMPD se lease select Use 10 - 1-1 of 1	PROVIDENCE ^{roge} D Territory: N/A	Commer	02912 cial Territory	Garage T: N/A Cancel V	County PROVIDENCE
Auto Recovery Sy: Ferritory Level & Descrip Oriver Assignment Driver Driver 1 Go to page: 1 Sh	otion: N/A	Anti-Theft Devia P UMPD se lease select Use 10 v 1-1 of 1	CE Passive PROVIDENCE ^{mperence} D Territory: N/A	Commer	02912 cial Territory	Garage :: N/A Cancel V	County PROVIDENCE
Auto Recovery Sy: Ferritory Level & Descrip Driver Assignment Driver Driver 1 Go to page: 1 Sh << Back Go	otion: N/A	Anti-Theft Devia P UMPD se lease select Use 10 - 1-1 of 1	CE Passive PROVIDENCE**** D Territory: N/A	Commer	02912 cial Territory	Garage :: N/A Cancel V	County PROVIDENCE
Auto Recovery Sy: Territory Level & Descrip Priver Assignment Driver Driver 1 Go to page: 1 Sh	otion: N/A	Anti-Theft Devia P UMPD se lease select Use 10 - 1-1 of 1	CE Passive PROVIDENCE**** D Territory: N/A	Commer	02912 cial Territory	Garage T: N/A Cancel V	County PROVIDENCE /ehicle Save Vehicle Save and Continue > Save & Exit

This is the coverages page, here you will use the drop down boxes to select the desired policy and vehicle coverages and limits. Next, click the **Rate** button to receive premiums for each vehicle and the total policy premium. Once a rate is displayed, click **Save and Continue**.

Go to Bottom	Exit Save & Exit Save and Continue >>
Policy Coverages	QQ00011980
Uninsured Motorist BI	\$25,000/\$50,000 🔽 \$753
Policy Total	Total Premium \$753

Vehicle Coverages	2018 AUDI S4 [2C] WAUB4AF46JA166660	2015 BMW 335 [1A] WBA3B9C55FF801738
Bodily Injury	\$25,000/\$50,000 🔽 \$3,008	\$25,000/\$50,000 🔽 \$1,034
Property Damage	\$25,000 💙 \$1,550	\$25,000 💙 \$540
Uninsured Motorist PD	Reject S0	Reject 🔽 S0
Comprehensive	None S0	None S0
Collision	None	None
Medical Payments	Reject S0	Reject S0
Vehicle Total	Total Premium \$4,558	Total Premium \$1,574

	Rate
<< Back Go to Top	Save and Continue >>
	Save & Exit
	Exit

Total Policy Premium: \$6,885

**This page may take longer than others to load once you click the rate button.

This is a summary of the quick quote. It allows the applicant to see the coverages of the policy and the estimated cost of the policy.

and a set of the set o			wine unbider and environmentions. Very service	and the second as set as here
entering different or addition	hal information.	ion you entered about d	rivers, venicles, and coverage options. Fou may r	nouny your quote by
Juote Number: QQ0001198)			
olicy Term: 12 Months		Policy Effective Date:	08/07/2018 Policy Expiration Date	: 08/07/2019
Applican	t First Name	MI	Applicant Last Name	Applicant Suffix
Driver Name		Rate Class	Rated Vehicles	
Driver 1	2C		2018 AUDI S4 WAUB4AF46JA166660	
	1.0		2015 BMW 335 WBA3B9C55EE801738	

Policy Level Coverage				
Limits	Selected Limits	Premium		
Bodily Injury:	\$25,000/\$50,000	\$4,042.00		
Property Damage:	\$25,000	\$2,090.00		
Uninsured Motorist BI:	\$25,000/\$50,000	\$753.00		
Medical Payments:	Reject	\$0.00		

Vehicle Coverage						
Limits	Selected Limits	Premium				
-2018 AUDI, S4, WAUB4AF46JA166660 Information:						
Uninsured Motorist PD:	Reject	\$0.00				
Comprehensive:	None	\$0.00				
Collision:	None	\$0.00				
-2015 BMW, 335, WBA3B9C55FF801738 Information:						
Uninsured Motorist PD:	Reject	\$0.00				
Comprehensive:	None	\$0.00				
Collision:	None	\$0.00				

Discounts	/Surc	harges	App	lied

Discount(s) - None Filing(s)

- None

Surcharge(s) - Inexperienced Operator Surcharge

Premium

Total Policy Premium

\$6,885.00

Go to Top

· · · · · · · · · · · · · · · · · · ·		
- None		
iling(s) - None		
urcharge(5) - Inexperienced Operator Surcharge		
emium		
Total Policy Premium	\$6,885.00	
Total Policy Premium Go to Top	\$6,885.00	
Go to Top	\$6,885.00	Continue to Full Que Save & Exit

When ready to proceed, click **Continue to Full Quote**. If you just want to save the quote, click **Save & Exit**.

Create a Full Quote

_

To create a Full Quote, click on the **Create Full Quote** hyperlink in the left side margin.

	Inbox					
Bella Johnson	Number	Due Date	Description	Last I	Name F	irst Name
1302 Atwood Ave		11	No data to displa	av		
Certification Status: Certified	4		· ·			Þ
		G	o to page: 1	Show rows: 10	▼ 0-0 of 0	
Policy Administration <u>View Policy/Quote</u>	Quotes					
Create Quick Quote	Quote Number	Created Date	Last Name	First Nam	e Request	ed Effe
Create Full Quote	FQ00009948	06/23/2018	ERICKSON	JANE	06/24	4/2018
<u>Make a Payment</u>	FQ00006204	04/18/2018	Connor	Anthony	04/19	9/2018
Endorse a Policy	FQ00006192	04/20/2018	Diaz	Lisa	04/19	9/2018
loporte	FQ00006174	04/18/2018	Martin	Kimberly	04/19	9/2018
/iew Detail Book of Business	FQ00005478	04/16/2018	Deleon	Santa	04/1	1/2018
	EQ00000739	04/23/2018	Coutu	Janessa	04/19	9/2018
Manage Account	EQ00000720	04/20/2018	Coutu	Janessa	04/19	9/2018
View My Profile Manage Certified Representatives Upload P & C License	4	G	to to page: 1	Show rows: 10	→ 1-7 of 7	
Upload E & O Policy	Policies					
Links	Policy Number	Quote Number	Last Name	First Name	Effective Da	ate Ass
Frequently Asked Questions	R38A001201-0	FQ00005693	Coutu	Janessa	04/12/201	8 NATI
<u>u Plan Forms</u> <u>U Plan Interactive Manual</u> Symbols	4	G	o to page: 1	Show rows: 10	▼ 1-1 of 1	
	Policies in Cancell	ation				
	Number	Last Name	First Name	Reason	Cancella	ation Date

To create a full quote, you need to meet the eligibility requirements. If none of the listed conditions apply to the applicant, click **None of the Above** and then, click **Continue**.



This page requires the applicant's information. The required fields are marked in red, the non-red fields are not required but still recommended. If a required field is missed, a message with a hyperlink to the missed field will appear at the bottom of the screen. Click the message to be brought up to that missing field. Click **Save and Continue** at the bottom right hand corner of the screen to save your progress.

Agent		Agency	
Bella Johnson	~	Bella Insurance Inc 101998 (1302 Atwo	od Ave, Johnston, RI) 🗸 🗸
Annline of First Name			Analisent Cuffin
Applicant First Name	MI	Applicant Last Name	Applicant Sumx
DOB Vicensed Select a State		Driver's License # P	lease select Marital Sta 🗸
			Phone
Primary email	Cell Phone	Work Phone Extn	Fax
ddress Information			
		□ Same as Physical Address	
Phys	sical Address 1		Mailing Address 1
Phys	sical Address 2		Mailing Address 2
City Select a State	710	City Select a S	State V 71
	21	County	
Select a County	\checkmark	Select a County	•
olicy Information			
6/26/2018 Effective Date 12:01AM 12 Months	✓ 06/26/2019 ^{Expirati}	on Date	
Non Owner Policy			
id the Insured have Prior Insurance ? \bigcirc Yes \bigcirc N	10		
pecial Handling			
pecial Handling: Select Special Handling	▼		Special Handling Notes
Go to Top			Save and Continue >>
			Save & Exit
			Exit
			Exit

Click on the Driver Name hyperlink to add their information.

H	OME POLICY ADM	INISTRATION	REPORTS	MA	NAGE ACCOU	INT LIN	iks	LOGOUT
Fu	Full Quote FQ00009966 (Saved)							
0	General Info	Driver Info	Vehicle Info	Covera	ges	Images	F	Results
	<< Back Go to Bottom			(Exit	Save & Exit	Save a	nd Continue >>
Driv	ers							
#	Driver Name	Rated Rel	lation	Driver Age	Gende 🔻 Ma	arital Status	👻 DL Sta	te 🤜 DL #
1	Aubrey Jonsew Mr.	Yes Nar	med Insured	21	Sir	ngle	RI	8979
4 (Go to	page: 1	Show rows: 10	v 1-1	▶ of 1 ◀ ▶
								Add Driver
	<< Back Go to Top						Save a	nd Continue >>
							S	ave & Exit
								Exit
© 2018	Stingray System. All Rights Reserve	d. [6.9.0.11, 3.2.2.0]]					

Enter the necessary driver information. The required fields are marked in red, the non-red fields are not required but still recommended. Once all information is entered for the Driver, click **Save Driver**. If you would like to add another driver, click **Add Driver** (see previous page screenshot). After all drivers have been added, click **Save and Continue**.

1 Provide and a Market administration and the set of the set	
Li Exclude this driver from rating	
ohn Fint Name d M rockefeller Last Name Suffix	
D1/01/1988 Driver Age: 30	
Gender Marital Status	
DL State DL S	Status
RI V 12345687 Driver License Number Sele	ct Status 🔽 Date Licensed 🗆 Permit ?
nternational Driving permit? 🔿 Yes 💿 No	Driver Licensed Greater than 36 Months? \bigcirc Yes \bigcirc No
Driver's License Information	
Current? Permit? State Driver's License # DL Status Delete	
No data to display	
Go to page: 1 Show rows: 10 V 0-0 or 0 V	
Relationship to Applicant	
Driver Occupation	
Driver Occupation	
Employer's Name	Nature of Business
Employer's Address1	Employer's Address2
State Employer's City ST Y Employer's Zin Se	nployer's County
One way when To work (Parked	
One way miles to Work/School	
One Way Miles To Work/School One Way Miles To Work/School	Use Google Maps? 🔿 Yes 🔿 No
One Way Miles To Work/School One Way Miles To Work/School	Use Google Maps? Ores O No
One way Miles To Work/School One Way Miles To Work/School /ehicle Use Please select Vehicle Use Work as a driver for a transport 200.0 Vehicle Use	Use Google Maps? Yes No ho usually drives the applicant's vehicle(s) Yes No ation network (ride- sharing) company?
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One Way Miles To Work/School One Way Miles To Work/School Vehicle Use Please select Vehicle Use 302 Central Ave Driver Address 1 Driver Address 2 Johnston Driver City RI Q2919-4932r Zip County PROVIDENCE	Use Google Maps? Yes No ho usually drives the applicant's vehicle(s) Yes No ation network (ride- sharing) company?
One Way Miles To Work/School One Way Miles To Work/School Vehicle Use Please select Vehicle Use 302 Central Ave Driver Address 1 Driver Address 2 Johnston Driver Chy RI 02919-4982r Zlp County PROVIDENCE	Use Google Maps? Yes No ho usually drives the applicant's vehicle(s) Yes No ation network (ride- sharing) company?
One Way Miles To Work/School One Way Miles To Work/School Vehicle Use Please select Vehicle Use 302 Central Ave Driver Address 1 Driver Address 2 Johnston Driver City RI © 02919-4932r 2lp County PROVIDENCE ings, Discounts and Surcharges	Use Google Maps? Yes No
One Way Miles To Work/School One Way Miles To Work/School Vehicle Use Please select Vehicle Use S02 Central Ave Driver Address 1 Driver Address 2 Johnston Driver City RI 02919-4982r 20 County PROVIDENCE V	Use Google Maps? Yes No
One Way Miles To Work/School One Way Miles To Work/School Vehicle Use Please select Vehicle Use Image: Select Ve	Use Google Maps? Yes No
One Way Miles To Work/School One Way Miles To Work/School Vehicle Use Please select Vehicle Use 302 Central Ave Driver Address 1 Driver Address 2 Johnston Driver Ony RI © 02919-4932r 20p County PROVIDENCE Imgs, Discounts and Surcharges SR-22 Certificate? Other state filing? Driver Training Discount?	Use Google Maps? Yes No
One Way Miles To Work/School One Way Miles To Work/School Vehicle Use Please select Vehicle Use Source Address 1 Driver Address 2 Johnston Driver Address 2 Johnston Driver Address 2 Johnston Driver City RI October Science Ings, Discounts and Surcharges SR-22 Certificate? Other state filing? Driver Training Discount?	Use Google Maps? (Yes No ho usually drives the applicant's vehicle(s) Yes No ation network (ride- sharing) company?
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Please note:

Businesses and School Addresses may not return a valid postal address.

Next, you will need to add a vehicle. Begin by clicking Add Vehicle.

HOME	POLICY ADMINISTRATION	REPORTS	MANAGE ACCOUNT	LINKS	LOGOUT
Full Qu	ote FQ00009966 (Saved)			
Gener	ral Info Driver Info	Vehicle Info	Coverages Imag	jes	Results
<< Back	Go to Bottom		Exit Sa	ve & Exit Save	and Continue >>
Vehicles					
# Year/	Make/Model/VIN	Vehicle	Type Custom Equip Va.	Comp Symbol	Coll Symbol I
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4					•
			Go to page: 1 Show	rows: 10 💌 0-	0 of 0
				\rightarrow	Add Vehicle
Lienholders	/ Additional Interests:				
Vehicle #	Name	Address			Delete
	·	No data to	display		
			Go to page: 1 Show	rows: 10 💌 0-	0 of 0 (
<< Back	Go to Top			Save	and Continue >>
					Save & Exit
					Exit

Enter the necessary vehicle information. The required fields are marked in red, the non-red fields are not required but still recommended. Once all information is entered, click **Save Vehicle**. If you would like to add another vehicle, click **Add Vehicle** (see previous page screenshot). After all vehicles have been added, click **Save and Continue**.

Select Vehicle Type VIN Valid VIN Comprehensive Symbol: Collision Symbol: Comprehensive Symbol: Collision Symbol: Comprehensive Symbol: Collision Symbol: Comprehensive Symbol: Collision Symbol: Cost New Stated Amounts Auto Recovery System and Anti-Theft Device Active Auto Recovery System Device Only Auto Recovery System and Anti-Theft Device Passive Stated Amounts Auto Recovery System and Anti-Theft Device Passive Stated Amounts Auto Recovery System and Anti-Theft Device Passive Stelicle currently registered in Ri? Yes No Svehicle currently garaged in Ri? Yes No Svehicle currently garaged in Ri? Yes No Svehicle currently garaged in Ri? Yes No Svehicle currently garaged in Ri? Yes No VINOT Territory: N/A UMPD Territory: N/A Opporting Documentation for Custom Equipment Priver Use No Cancel Vehicle Save Vehicle Vehice Use No Cancel Vehicle Save Vehicle Viver Assignment If Yes No Cancel Vehicle </th <th>ehicle Information</th> <th></th> <th></th>	ehicle Information		
Select Vehicle Type VIN Valid VIN Add Lienholder / Additional Interest Comprehensive Symbol: Collision Symbol: Damaged Vehicle fear Make Model Please select year Please select Make Please select Make Cost New Stated Amounts Alarm Only Anti-Theft Device Active Anti-Theft Device Passive Auto Recovery System Device Only Auto Recovery System and Anti-Theft Device Passive Auto Recovery System and Anti-Theft Device Passive Vehicle currently garaged in RI? Yes No Svehicle currently garaged in RI? Yes No Svehicle currently garaged in RI? Yes No Uploed Supporting Documentation for Custom Equipment Viver Assignment Driver Use Autors I Show rows: 10 = 1-1 of 1 < > Cancel Vehicle Save and Continue >> Cancel Vehicle Save Autors Cancel Vehicle Cancel Vehicle Save Autors Cancel Vehicle Save Autors Cancel Vehicle Can	Vehicle Type		
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Year Make Model Please select year Please select Moke Image: Select Model Image: Select Model <t< td=""><td>Comprehensive Symbol:</td><td>Collision Symbol:</td><td>Damaged Vehicle</td></t<>	Comprehensive Symbol:	Collision Symbol:	Damaged Vehicle
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Cost New Stated Amounts Alarm Only Anti-Theft Device Active Anti-Theft Device Passive Auto Recovery System and Alarm Only Auto Recovery System and Alarm Only Auto Recovery System and Anti-Theft Device Active Auto Recovery System and Anti-Theft Device Passive s Vehicle currently registered in Ri? Yes No s Vehicle currently garaged in Ri? Yes No f677 Brookmere Road Garage Street Addres Johnston Garage City RI 02919 Garage 200 PROVIDENCE No ferritory Level & Description: N/A UMPD Territory: N/A VAto Recovery System Equipment? Yes No Upload Supporting Documentation for Custom Equipment Triver Assignment Triver Assignment Driver Use Quere Street Addres Save Vehicle Go to page: 1 Show rows: 10 = 1-1 of 1 Total Cancel Vehicle Save and Continue >> Save and Continue >>	Please select year	Please select Make	Please select Model Gross Vehicle Weight
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Auto Recovery System and Anti-Theft Device Passive s Vehicle currently registered in RI? Yes No s Vehicle currently garaged in RI? Yes No Garage Street Address Johnston Garage City RI O2919 Garage 2IP PROVIDENCE Ferritory Level & Description: N/A UMPD Territory: N/A Does vehicle have Custom Equipment? Yes No Upload Supporting Documentation for Custom Equipment Tiver Assignment Driver Use Aubrey Jonsew Mr. Please select Use Type Go to page: 1 Show rows: 10 ≠ 1-1 of 1 € ▶ Cancel Vehicle Save and Continue >> Cancel Vehicle Save and Continue >> Court & Ending	Auto Recovery System and	Alarm Only Auto Recov	very System and Anti-Theft Device Active
s Vehicle currently registered in RI? • Yes No s Vehicle currently garaged in RI? • Yes No 4677 Brookmere Road Garage Street Address Johnston Garage City RI V 02919 Garage 219 PROVIDENCE Territory Level & Description: N/A UMPD Territory: N/A Does vehicle have Custom Equipment? • Yes • No Upload Supporting Documentation for Custom Equipment Triver Assignment Driver Use Aubrey Jonsew Mr. Please select Use Type V Go to page: 1 Show rows: 10 V 1-1 of 1 V Cancel Vehicle Save Vehicle <	□ Auto Recovery System and	Anti-Theft Device Passive	
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Territory Level & Description: N/A UMPD Territory: N/A Does vehicle have Custom Equipment? Yes No Upload Supporting Documentation for Custom Equipment Priver Assignment Driver Use Aubrey Jonsew Mr. Please select Use Type ♥ Go to page: 1 Show rows: 10 ♥ 1-1 of 1 ● P Cancel Vehicle Save Vehicle	4677 Brookmere Road Gar	age Street Address Johnston Garage C	RI 02919 Garage ZIP PROVIDENCE
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Go to page: 1 Show rows: 10 - 1 - 1 of 1 + + + Cancel Vehicle Save Vehicle <	Aubrey Jonsew Mr.	Please select Use Type 🔽	
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Cancel Vehicle Save Vehicle << Back			
<< Back Go to Top Save and Continue >>			Cancel Vehicle Save Vehicle
<< Back Go to Top Save and Continue >>			
	<< Back Go to Top		Save and Continue
Save & EXIT			Save & Exit
Exit			Exit

If a Lienholder/Additional Interest needs to be added to the quote, click **Add Lienholder/Additional Interest** button.

Vehicle Information			
Vehicle Type Private Passenger Vehicle	V		
KMHDU46D38U480235 VIN	✓ Valid VIN	Add I	Lienholder / Additional Interest
Comprehensive Symbol: 15	Collision Symbol: 15	Damaged Vehicle	T.
Year 2008	Make HYUNDAI	Model Elantra	2723 Gross Vehicle Weight
\$13525 Cost New	Stated Amounts		
🗹 Alarm Only 🗌 Anti-Theft	: Device Active 🛛 Anti-Theft D	evice Passive 🗌 Auto Recove	ery System Device Only
□ Auto Recovery System and	Alarm Only 🛛 🗌 Auto Recove	ery System and Anti-Theft Devic	e Active
□ Auto Recovery System and	Anti-Theft Device Passive		

Enter the Lienholder/ Additional Interest Name in the filter field. Then, click **Find** button.

Add/Edit Informa	ation			
Year: 2008	Make: HYUNDAI	Model: ELANTRA	VIN: KMHDU46D38U48	0235
		Lienholder / Ad	ditional Interest Name Filter	Find
Add New Lienho	older / Additional Interest			
		Name		Phone Number
		Address Line 1		Loan/Lease #
		Address Line 2	Interest Type Lienholder	~
	City Select a State 🗸	ZIP		

Once you click Find, double click the desired lienholder/additional interest to populate the required fields. After the fields have populated correctly, click **Save & Continue** to return to vehicle information screen. Note: When a lienholder is selected from the search results, do not edit any of the information that is returned by the system.

If you are adding more than one Lienholder/Additional Interest to a vehicle click **Save & Add**. The fields will clear once all information is saved, then you can search for an existing Lienholder/ Additional Interest or add a new one (refer to below steps).

Add/Edit In	formation						
Year: 2008	Make: HYUNDAI	Model: ELANTRA	VIN	: KMHDU46D38U	480235		
Bank of Am	erica		Lienholder / Additional Interest Name Filter Find				
Add New	Lienholder / Additional Interest						
Lienholder	r/Additional Interest Search Result						
ID#	Lienholder/Additional Interest Name	Address		City	ST	Zip	
199	Bank of America	527 Benson Rd		Garner	NC	27529-3903	
201	Bank of America	611 Smithfield Ave		Lincoln	RI	02865-3314	
202	Bank of America	200 Bratton Dr		Garner	NC	27529-7825	
			Go to page:	1 Show rows:	10 1-3	3 of 3 🔳 🕨	
Bank of An	nerica	Name				Phone Number	
527 Benso	n Rd	Address Line 1				Loan/Lease #	
		Address Line 2	Interest Typ	e			
			Liennoidei				
Garner	City NC 🔽	27529-3903 ZIP					
				\rightarrow	•	Save & Add	
						2 Continuess	
					Save	a Continue>>	

If the Lienholder/ Additional interest you entered is not found when you click find, click the **Add New** Lienholder / Additional Interest hyperlink.

Cancel

**Note: When adding a new lienholder it will become a permanent record in the system. Please review information for accuracy before saving to the system. Also, when a lienholder is selected from the search results, do not edit any of the information that is returned by the system.

nformation					
Make: HYUNDAI	Model: ELANTRA	VIN	KMHDU46D38U	J480235	
isumer Finance		Lienholder / Addition	al Interest Name Filter		Find
Lienholder / Additional Interest					
r/Additional Interest Search Result					
Lienholder/Additional Interest Name	Address		City	ST	Zip
	No data to displa	у			
		Go to page:	1 Show rows:	10 0-0) of 0 🔳 🕨
	Name				Phone Number
	Address Line 1				Loan/Lease #
		Interest Type	9		
	Address Line 2	Lienholder			<u>`</u>
City Select a State 🗸	ZIP				
	Additional Interest Search Result Lienholder/Additional Interest Name City Select a State	Address Line 1 City Select a State Y ZIP	Information Make: HYUNDAI Model: ELANTRA VIN sumer Finance Uerhelder / Additional Uerhelder / Additional Lienholder / Additional Interest Image: Control of the second	Information Make: HYUNDAI Model: ELANTRA VIN: KMHDU46D38L sumer Finance Lienholder / Additional Interest Name Filter Lienholder / Additional Interest Name Filter r/Additional Interest Search Result Interest Search Result City Kodata to display Go to page: 1 Show rows: Address Line 1 Interest Type Address Line 2 City	Information Make: HYUNDAI Model: ELANTRA VIN: KMHDU46D38U480235 sumer Finance Lienholder / Additional Interest Name Filter

Enter the required information marked in red. Once complete click **Save & Continue** to return to vehicle information screen.

If you are adding more than one Lienholder/Additional Interest to a vehicle click **Save & Add**. The fields will clear once all information is saved, then you can search for an existing Lienholder/ Additional Interest or add a new one (refer to previous steps).

Make: HYUNDAI	Model: ELANTRA	VIN: KMHDU46D38U480)235
Finance		Lienholder / Additional Interest Name Filter	Find
<u>lder / Additional Interest</u>			
	Name		Phone Numb
	Address Line 1		Loan/Lease
	Address Line 2	Interest Type	
City Select a State 🗸	ZIP		
	Make: HYUNDAI	Make: HYUNDAI Model: ELANTRA inance Ider / Additional Interest Name Address Line 1 Address Line 2 City Select a State ZIP	Make: HYUNDAI Model: ELANTRA VIN: KMHDU46D38U480 Finance Lienholder / Additional Interest Name Filter Ider / Additional Interest Name Address Line 1 Interest Type Lienholder City Select a State ZIP

If you need to delete a Lienholder/ Additional Interest from a vehicle, click on the trash icon in the delete column under vehicle information.

Lienholders	/ Additional Interests:		
Vehicle #	Name	Address	Delete
001	United Bank	100 Central Ave Johnston, RI 02919-5506	
001	United Bank 2	200 Central Ave Johnston, RI 02919-5037	
		Go to page: 1 Show rows: 10 - 1-2 of	2

Cancel

This is the coverages page, here you will use the drop down boxes to select the desired policy and vehicle coverages and limits. Next, click the **Rate** button to receive premiums for each vehicle and the total policy premium. Once the rates are displayed, click **Save and Continue**.

HOME	POLICY AD	MINISTRATION	REPORTS	MANAGE ACCOUNT	LINKS	LOGOUT
Full Quo	te FQ0	0013013 ((Saved)			00
General	Info I	Driver Info	Vehicle Info	Coverages	jes 🛛	Results
<< Back	Go to Bottom	1		Exit Sa	ve & Exit Save	and Continue >>
Policy Coverag	es	FQ00013013				
Uninsured Moto	rist Bl	Reject	∨ \$0			
Policy Total		Total Premium	\$0			
Vehicle Covera	iges	2018 BMW M5 [1A] WBSJF0C5	9JB283877			
Bodily Injury		\$25,000/\$50,00	00 🗸 \$1,034			
Property Damas	je	\$25,000	✓ \$540			
Uninsured Moto	rist PD	Reject	▼ \$0			
Comprehensive		None	∨ \$0			
Collision		None	V			
Medical Paymer	nts	Reject	✓ \$0			
Vehicle Total		Total Premium	\$1,574			
					Total Policy P	remium: \$1,574
						Rate
<< Back	Go to Top				Save	and Continue >> Save & Exit Exit
© 2018 Stingray Syster	n. All Rights Reserve	rd. [6.9.2.5, 3.2.2.0]				

**This page may take longer than others to load once you click the rate button.

On the Images page you can see the documents attached to the quote. Click **Continue**. Note that once the application is submitted, you can return to this tab to access any required documents to print or sign.

General Info	Drive	er Info	Vehicle In	fo	Coverages	Images		Results	
<< Back	Go to Bottom					E	xit	Continue	>>
uote Document	5								
Sched. Date	Print (Date	Form N	lame	Description		Status	Actions	
			No	o data to di	splay				
Go to page: 1 Show rows: 10 - 0 of 0 - >									
inted Quote Fo	rms and Docu	ments							
Quote Number: FQ	00013013	Insure	d Name: john d	rockefeller					
Entered On	Entered	Ву	Form Nar	ne	Description	Sta	atus	EOD S	ort
			No	o data to di	splay				
					Go to page:	1 Show roy	ws: 10 - 0	-0 of 0	
o open these forms	you will need the	e Free Adobe	e Acrobat Reade	r which you	can get by clicking	the button bel	ow:	DOBE" READER"	<u> </u>
o open these rorms	you mu need en		- Acrobat Reade	i which you	can see by chering				
ttached Forms &	Documents:								
		-		- ·					
Date	Submitted By	Type S	lize	Category	Subcategory	Related To	Descript	ion l	Jelete
08/27/2018	Producer One	× 1	8.432 KB				Rate Work	sheet	0
4									•
					Go to page:	1 Show row	vs: 10 👻 1	-1 of 1	
Add Attachme	nt								

This tab shows the results of the applicant's quote. Ensure the information is correct. Under Billing options, select desired payment plan. Click **Continue to Purchase**.

HOME	POLICY AD	MINISTRATION	REPORTS	MANAGE ACC	COUNT	LINKS	LOGOUT
Full Qu	ote FQ00	0009966 (Saved)				
Genera	al Info	Driver Info	Vehicle Info	Coverages	Image	es	Results
<< Back	Go to Bottom	1		Exit	Sav	e & Exit Cont	nue to Purchase
Quote Inform Your quote is a entering differe Quote Number: Policy Term: 12	n estimate based o ent or additional ir FQ00009966 2 Months	on information you e nformation. Applica Policy E	ntered about drivers, nt: Aubrey Jonsew M ffective Date: 06/26	, vehicles, and coverag Ir. //2018 P	e options. Yo olicy Expiratio	u may modify you on Date: 06/26/	ir quote by 2019
Driv	er Name	Rate C	Class 💌		Rated Veh	icles	
Aubrey Jons	ew Mr.	2A	201	8 BMW M5			
				Go to page:	1 Show rov	vs: 10 💌 1-1	of 1 🔳 🕨
Policy Level (Coverage		Salacta	ad Limits	P	Premium	
Podily Injuny			\$25.00	0/\$50.000		1 890 00	
Property Dar	nage:		\$25,00	0	د د	\$939.00	
Uninsured Me	otorist BI:		\$25,00	0/\$50,000	s	457.00	
Medical Payr	nents:		Reject		S	50.00	
Vehicle Cove	rage						
Limits			Select	ed Limits	P	Premium	
-2018 BMW, M	15, Information:						
Uninsured M	otorist PD:		\$25,00	0	s	5120.00	
Comprehensi	ive:		None		s	50.00	
Collision:			None		S	50.00	

Premium		
Total Policy Premium		\$1,574.00
Billing Options		
Premium Finance Company? Oyes	• No	
Payment Plan: Select Payment P	Plan 🔽	
Transaction History		
Trans # Actg Date Trans Eff Date	e Check# Description	Rev Debit Amount Credit Amount Balance
· · ·	No data	to display
•		
Quote History		
Date/Time	Liser Name	History
8/27/2018 11:24:43 AM	Producer One	Quote status has changed to Saved.
Go to Top		Print Quote Summary Copy Quote
<< Back		Continue to Purchase
		Save & Exit
		Exit

The payment type options are listed on this screen and a receipt can be printed. Choose the desired payment method and click **Save & Submit** to submit full quote to the plan. If you would like to save without submitting, click **Save & Continue**.

Note: Do **NOT** click on the "Print Payment Receipt" button. See next page for instructions to print payment coupon.

HOME	POLICY ADMINISTRATION	REPORTS	MANAGE ACCOUNT	LINKS	LOGOUT
FQ0000	9966 : Payment In	formation	Save	& Submit Sav	e & Continue »
Payment Info Policy Paymen Credit Ca Check Money O Cash Pay	ormation at of \$3,406.00 is due under the Payme ard rder/Cashier's Check rment	ent Plan. Please select	the type of payment.		
« Back	Print Payment Receipt		-	Sa	ve & Continue » Save & Submit Exit
© 2018 Stingray Syst	tem. All Rights Reserved. [6.9.0.11, 3.2.2.0]				

**Note:

- When sending in deposits/payments (except credit card) please attach the payment coupon. See next page for instructions.
- When the New Business Deposit is paid by credit card you <u>must</u> print and sign the credit card authorization form and send to the Plan.

Print Signature Page, Temp ID Card & Payment Coupon at Quote Level

Note: These documents will be available for a quote once the quote has been submitted to the plan.

From the quote, go to the Images tab. Under the Quote Documents grid, click the hyperlink in the actions column labeled **Image** for the specific document you wish to print.

Note: Payment receipt is where you will find the payment coupon (see bottom of the document). When sending in deposits/payments (except credit card) please attach the payment coupon.

Full Quote F	Q00000660	(In Process)			0	
General	nfo Driver Info	Coverages	spondence Images	Result	s	
Sack Go to Outputs	Bottom			Exit	Continue >>	
Sched. Date	Print Date	Form Name	Description	Status	Actions	1
09/19/2018	N/A	AIP 4456	RI Credit Card Authoriz	Scheduled	Image	
09/19/2018	N/A	AIP 4550	RI Priv Pass App AIP 45	Scheduled	Image	
09/19/2018	N/A	AIP 4556	AIP 4556 UMBI Rejecti	Scheduled	Image	Payment Receint is where you
09/19/2018	N/A	Payment Receipt	Payment Receipt	Scheduled	Image 🗕	will find the payment coupon
09/19/2018	N/A	QuotePolicy Cover	QuotePolicy Coversheet	Scheduled	Image	(see bottom of the document)
09/19/2018	N/A	RI AIP Temp ID Ca	RI AIP Temp ID Card	Scheduled	Image	
09/19/2018	N/A	Signature Sheet	Signature Sheet	Scheduled	Image	
09/19/2018	N/A	UMPD Advisory No	UMPD Advisory Notice t	Scheduled	Image	
			Go to page: 1 Show ro	ows: 10 💌 1-	8 of 8 🔳 🕨	
Printed Quote Forms	and Documents					

The document will open in a separate window and can be printed from there.

Make a Payment

To make a payment to an existing policy, click on the **Make a Payment** hyperlink in the left margin.

HOME	POLICY ADMINIS	TRATION	REPORTS	MANAGE ACCOUN	IT LINI	k s LO	GOUT
Produc	er Landing	Page) 🕢
		Inbox					
Producer One		Number	Due Date	Description	Last I	Name First	t Name
1099A Broad St	treet			No data to dicol	214		
Providence, RI	02905-1616 tatus: Cortified	4		NO UALA LO UISPI	ау		Þ
Certification 5	tatus. certineu			Go to page: 1	Show rows: 10	▼ 0-0 of 0	
Policy Admini	stration	Queter			10		
View Policy/Q	uote	Quotes					
Create Quick	<u>Quote</u>	≀uote Number	Created Date	Last Name	First Name	Requested Eff	fe
Create Full Qu	iote	<u>Q00029440</u>	06/18/2018	test	uat_test	06/15/201	9
Make a Payme	ent	Q00029431	06/18/2018	test	uat_test	06/15/201	9
Endorse a Poli	<u>CY</u>	Q00028254	06/14/2018	DORMAN	ЈОНИ	01/04/201	9
Departs		Q00023419	05/19/2018	GALEZ	ESTANISLAO	08/17/201	8
View Book of	Business	Q00011980	08/06/2018			08/07/201	8
View Detail Bo	ook of Business	Q00008841	05/29/2018	Coverages	Testing	05/30/201	8
View Commiss	sion Statements	Q00008823	05/29/2018	_		05/30/201	8
		Q00008701	05/24/2018	Trailers	Test	05/25/201	8
Manage Accou	nt	Q00008653	05/23/2018			05/24/201	8
Manage Certif	e ied Representatives	000008626	05/22/2018	693	Issue	05/23/201	8
Upload P & C	License	4	00,22,2010			00,20,201	•
Upload E & O	Policy		G	o to page: 1 Sho	w rows: 10 🔻	1-10 of 121	
Links		Policies					
Frequently As	ked Questions	Delley Number	Ouete Numb	or Loot Nor-	First Name	Effective Dete	Assi
RI Plan Forms		Policy Numbe	er Quote Numb	er Last Name	First Name	Effective Date	ASSI
<u>RI Plan Intera</u>	ctive Manual	R38A003911-	0 FQ0001194	9 4th Sanity	August	08/05/2018	AMIC
Sympols		<u>R38A003881</u> -	0 FQ0001197	6 Karuturi	Narendra	08/07/2018	FEDE

Next, enter search criteria. Note that not all fields are required, and any combination of fields can be used. Once this field(s) is filled, click **Continue** in the bottom right hand corner.

HOME	POLICY ADMINISTRATION	REPORTS	MANAGE ACCOUNT	LINKS	LOGOUT
Auto Se	earch				1
Search by Po	licy Holder: 🗌 Use Sound Like	9	Search by Policy/Quote Number:	□ Show	History
	First Name MI	Last Name		Policy/Qu	iote Number
	Date of Birth Dri	iver's License #			
Marital Status Please selec	t Marital Status 🔽				
		Address 1			
		Address 2	Status Please select		
	City ST 🗸	ZIP	Producers		
	Phone Number		Bella Insurance Inc.		V
		Email			VIN
				(Continue» Exit
2018 Stingray Syst	em. All Rights Reserved. [6.9.0.11, 3.2.2.0]				

Click on the desired **Policy/ Quote Number** hyperlink.

HOME	POLICY ADMINISTRATION	REPOR	RTS	MANAGE ACCOUNT	LIN	s	LOGOUT
Policy Sea	arch Results						
earch Results: 4	items found						
Policy/Quote #	First Name MI	Last Name	Address	3	Date of Birth	DL#	DL Stal
R38A001201-0	Janessa	Coutu	325 Gro	ove St, Woonsocket, R	09/26/1970	123456	7 RI
FQ00006192	Lisa	Diaz	300 Eln	n St, Woonsocket, RI (07/13/1988	555523	6 RI
EQ00000739	Janessa	Coutu	325 Gro	ove St, Apt 2B, Woons	09/26/1970	123456	7 RI
EQ00000720	Janessa	Coutu	325 Gro	ove St, Woonsocket, R	09/26/1970	123456	7 RI
				Go to page: 1 S	Show rows: 10 New Search	1-4	of 4
018 Stingray System, All	Rights Reserved. [6.9.0.11, 3.2.2	.0]					

Once the quote/policy has been identified, choose the desired payment method and enter the amount paid. Click **Save and Continue**. After making a payment, the Producer can go to the Images tab to print the receipt from this payment.

HOME	POLICY ADMINISTRATION	REPORTS	MANAGE ACCOUNT	LINKS	LOGOUT
Make Pa	ayment R38A00	1201-0			() 🛞
Billing Inform	nation				
Currently Due	: \$0.00	Last Payment Received:	04/11/2018	Remaining Payments:7	,
NSF Fee Due:	\$0.00	Payment Amount: \$161.	10	Payoff Amount: (\$947.	90)
Installment Fe	ee Due: \$0.00	Equity Date: 4/30/2018		Currently Overdue: \$0	0.00
Total Amount	t Currently Due: \$0.00				
Due Date: N/	A				
Payment Info	rmation				
Policy Paymen	t of \$0.00 is due under the Payme	nt Plan. Please select the t	ype of payment.		
• Credit Ca	rd \$0.00	Amount Paid			
O Check					
O Money O	rder/Cashier's Check				
Cash Pay	ment				
				Ca	ncel
				Save	e & Continue »

View Payment Schedule

To view the payment schedule for a policy, select the Billing Tab from within the Policy Screen.

Billing Policy: R38A0 Insure Company Name : M Named Insured : E Producer Name : n Equity Date : 1 Filings : N	J Info RFOLK & I genia Ericl rendra kar /7/2018) Coverages DEDHAM M kson ruturi (Prod	Billing UT FIRE INS CO	View R38A History Company Polic Effective Date Expiration Date PolicyTerm Next Payment	History 000016-0 Policy y # : N// : 09/ e : 09/ : 12 Due : 10/	Note: 4 /14/2 /14/2 Mont /14/2	P Ima Polic 018 Tran 019 Tran hs Pay F 018 Next	roducer La Quick Sea ges y Status saction Ty s. Eff. Date Plan Payment	Actions : Active pe : New B e : 09/14/ : 10 Pay Amt : \$434.0	usiness /2018 / (Non EFT))4
Transaction Histor	/									
Trans # Acts Date	Trans		book#	Description		Dev	Dabit An	aquat Cr	adit Amayunt	Dalanca
Trans # Acty Date			leck#	New Business		ĸev				balance
1 09/14/20	.8 09/14	/2018 N	/A /A	New Business	Card	(m	\$4,543.0)0 \$0	.00 01.4E	\$4,543.00
2 09/13/20	.8 09/13	72018 N	A	Payment - Creuit	Caru	~~~	\$0.00	ф 0	01.45	\$3,801.55
Billing Plan	Date [Due Date	Cancel Da	. Status	Premiu	m	Inst. Fee	NSF Fee	Adiustment	Future To
09/13/2018 09/1	3/2018 0	0/14/201	8 N/A	Paid	¢681.4	5	\$0.00	¢0.00	(\$681.45)	¢0.00
09/24/2018 N/A	5,2010 0	10/14/201	8 N/A	Scheduled	\$429.04	4	\$5.00	\$0.00	\$0.00	\$434.04
10/25/2018 N/A	1	11/14/201	8 N/A	Scheduled	\$429.04	4	\$5.00	\$0.00	\$0.00	\$434.04
11/24/2018 N/A	1	12/14/201	8 N/A	Scheduled	\$429.04	4	\$5.00	\$0.00	\$0.00	\$434.04
12/25/2018 N/A	0	01/14/201	9 N/A	Scheduled	\$429.04	4	\$5.00	\$0.00	\$0.00	\$434.04
01/25/2019 N/A	0	02/14/201	9 N/A	Scheduled	\$429.04	4	\$5.00	\$0.00	\$0.00	\$434.04
02/22/2019 N/A	0	03/14/201	9 N/A	Scheduled	\$429.04	4	\$5.00	\$0.00	\$0.00	\$434.04
03/25/2019 N/A	0	04/14/201	9 N/A	Scheduled	\$429.04	4	\$5.00	\$0.00	\$0.00	\$434.04
04/24/2019 N/A	0	05/14/201	9 N/A	Scheduled	\$429.04	4	\$5.00	\$0.00	\$0.00	\$434.04
05/25/2019 N/A	(06/14/201	9 N/A	Scheduled	\$429.23	3	\$5.00	\$0.00	\$0.00	\$434.23
4										

Uploading a Document

To upload documentation to a policy, select the Images Tab from within the Policy Screen. Click the **Add Attachment** button at the bottom of the screen.

Date	Submitted By	Туре	Size	Category	Subcategory	Related To	Description	Delete
09/13/2018	narendra ka	26	19.413 KB				Rate Worksheet	
4					Go to page:	1 Show row	s: 10 🔻 1-1 of 1	

A new window will open, select the subcategory and item the file is related to from the drop-down list. Fields marked in red are required. Click **Add Files** and browse for the file to upload.

Category			
Policy	~		
Subcategory			
Driver	▼		
Related To			
	•		
Jpload Attachment		Descrip	tion
Filename	Size	Status	
RISC.jpg	146 KB	0% 🧲	~
\frown			
Add files Start upload	146 KB	0%	

Click **Start Upload** when all files have been selected. Once all files are 100% upload (see status), click **Close**.

Policy	~	
Subcategory		
Driver	\checkmark	
Related To Policy	~	
ípload Attachment		Descriptior
Filename	Size	Status
RISC.jpg	146 KB	100% 📀 📈
		~

To **delete** a File you uploaded, click the delete bin in delete column.

Date	Submitted By	Туре	Size	Category	Subcategory	Related To	Description	Delete
09/19/2018	Underwriter	9	149.195 KB	Policy	Driver	POLICY	Upload Attachment	1
09/15/2018	SARAH ARTS	26	18.944 KB				Rate Worksheet	
09/15/2018	Max Live	26	18.944 KB				Rate Worksheet	6
09/15/2018	Max Live	24	18.944 KB				Rate Worksheet	6
09/15/2018	SARAH ARTS	24	18.944 KB				Rate Worksheet	8
						1)
					Go to page:	1 Show rov	vs: 10 💌 1-5 of 5	• •
Add Attachm	ent Add Att	tachment	by Email					

A message will appear, click **Ok** to continue.

Form Name		Confirm		Status	FOD Sort
UMPD Advisory Notice to Policyh	Δ	Are you sure you want to delete this attachment?		Scheduled	
			ow ro	ows: 10 💌 1-1	L of 1
Select/Deselect All Forms		OK Cancel			

Reprinting a Document

To Reprint documents related to a policy, select the Images Tab from within the Policy Screen. Select the description hyperlink of the document you want to reprint.

Imaging Policy: R38	8A000016-	-0	View F R38A0	listory 00016-0	>	Produc	er Land k Searc	ing Page	1
Company Name Named Insured Producer Name Equity Date Filings	nsured Info : <u>NORFOLK 8</u> : Evgenia Eri : <u>narendra k</u> : 11/7/2018 : No	Coverages <u>t DEDHAM MUT</u> ckson aruturi (Prod)	Billing History <u>RE INS CO</u> Effective Date Expiration Date PolicyTerm Next Payment I	Policy No # : N/A : 09/1 : 09/1 : 12 M Oue : 10/1	0tes P 4/2018 T 4/2019 T onths P 4/2018 N	Images Policy Sta Transactic Trans. Eff Pay Plan Jext Payn	tus on Type . Date nent An	Actions : Active : New Bus : 09/14/20 : 10 Pay (nt : \$434.04	iness 018 Non EFT)
Policy Docum	ents								
Sched. Date	Print Date	Form Type	escription					Status	EOD Sor
9/13/2018		Policy Forms	I Priv Pass App AIP 4550					Printed	No
9/13/2018	9/17/2018	Policy Forms	ignature Sheet					Printed	No
9/13/2018	5, 17, 2010	Policy Forms	I AIP Temp ID Card					Printed	No
9/13/2018		Policy Forms	avment Receipt					Printed	No
9/13/2018		Policy Forms	I Credit Card Authorization	Form				Printed	No
9/13/2018		Policy Forms	uotePolicy Coversheet					Printed	No
9/13/2018	9/14/2018	Policy Forms	ustom Equipment Exclusion	Endorsen	nent			Printed	Yes
9/13/2018	9/14/2018	Policy Forms	ersonal Auto Policy Agreem	ent				Printed	Yes
0/12/2019	0/14/2019	Policy Forms	mortant Notice Uninsured I	Antorist				Printed	Voc
0/12/2010	0/14/2010	Policy Forms	ingle Uninsured Motorists Li	mit-Rhod	a Island			Printed	Voc
4	5/17/2010	Folicy Forms			C ISIGITU			Filliceu	
			Go	to page:	1 Show	w rows:	10 🔻	1-10 of 13	

Print Policy Forms and Documents

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The document will open in a separate window and can be printed from there.

									_	
https://ar	ps-uat.riautoplan.com/dv	namicpdf.max			Search			Q -	命会	× 83 (
apps-uat riautoplan.co	m × (*				-			~	00 00	0,00
File Edit Go to Fa	vorites Help									
👍 🧃 ACA Home Page	e 🕟 Home - RISC System	ns Rep 🎔 httpswip.m	axprocessii	na 🚺 LAD	S - Home 🚯 P	olicy Admini	stration Sv	st 🚺	AIPSO H	lome
, <u> </u>	•	and a second sec		,	•	,		1		
PRIVA	TE PASSENGER		. AND I					ION		
	RHOD	EISLAND AUTON	NOBILE	INSU	RANCE PL	AN				
SECTION 1. PRO	DUCER OF RECORD									
Producer Last Nan	ne/Agency Name			Producer Fi	rst Name				МІ	
Karuturi (Prod) / Ju Mailing Address	lio M. Jimenez		Ste /Ant	No City		Sta	te	Zin Cod	•	
302 Central Avenu	e		ote.mpt.	Joh	nston	RI		02919	6	
Tax ID or Social Se	ecurity No. Produ 1234	icer License No. 567890	Telephor (123) 45	ne No. (Incl. 6-7890	area code)	Fax No. (Ir	ncl. area co	ode)		
SECTION 2. APPL	ICANT/REGISTERED OV	WNER	(,							
Last Name Frickson		First Name		MI	Telephone No). (a)	Business	Telepho	one No.	
LIIOKSOII		Lvgenia			(414) 732-322	28	Extn:	(coue)		
Email Address				•	•					
Co-Applicant's Las	t Name (if applicable)	First Name		MI						
Brimon / Desidenes	Street Address (Less						Otata	Zin Co	da	
resides)	Street Address (Loca	🖹 🖶 🗇 🕒	1	/ 5 6	∋⊕∣,	2	RI	02919	-4932	
302 Central Ave										
9/13/2018	Policy Forms	RI Priv Pass App AIP	4550				Printe	ed	No	
9/13/2018 9/17/2	2018 Policy Forms	Signature Sheet					Printe	ed	No	
9/13/2018	Policy Forms	RI AIP Temp ID Card	t				Printe	ed	No	
9/13/2018	Policy Forms	Payment Receipt					Printe	ed	No	
9/13/2018	Policy Forms	RI Credit Card Autho	orization	Form			Printe	ed	No	
9/13/2018	Policy Forms	QuotePolicy Coversh	eet				Printe	ed	No	
9/13/2018 9/14/2	2018 Policy Forms	Custom Equipment E	Exclusion	Endorse	nent		Printe	ed	Yes	
9/13/2018 9/14/2	2018 Policy Forms	Personal Auto Policy	Agreem	ent			Printe	ed	Yes	
9/13/2018 9/14/2	2018 Policy Forms	Important Notice Un	insured I	Motorist			Printe	ed	Yes	
		charle University And		ante più a			- · ·			

Printing Declaration, ID Card & Payment Coupon at Policy Level

From the Policy, go to the Billing tab. Scroll down to the Report Mailing Plan grid.

Billing Policy:) R38A000	016-	0			View History R38A000016-0 V Quick Search Go						
Insured Info Coverages Billing History Policy Notes Images Actions Company Name : NORFOLK & DEDHAM MUT FIRE INS CO Company Policy # : N/A Policy Status : Active Named Insured : Evgenia Erickson Effective Date : 09/14/2018 Transaction Type : New Business Producer Name : anendra karuturi (Prod) PolicyTerm : 12 Months Pay Plan : 10 Pay (Non EFI Equity Date : 11/7/2018 Next Payment Due : 10/14/2018 Next Payment Amt : \$434.04) Business I/2018 Ay (Non EFT) .04	
ransactio	: NO											
Trans #	Acta Date	Trans	s Eff D	Cheo	:k#	Description		Rev	Debit Ar	nount	Credit Amount	Balance
1	09/14/2018	09/14	4/2018	N/Δ		New Business			\$4.543.	00	\$0.00	\$4.543.00
2	09/13/2018	09/1	3/2018	N/A		Pavment - Credit	Card	(au)	\$0.00		\$681.45	\$3,861,55
3	09/24/2018	09/2	4/2018	N/A		Installment Fee (Svstem	(ag)	\$5.00		\$0.00	\$3,866.55
A L)		•
nning Fia												
Sched. D	ate Print Da	te	Due Date	3	Cancel Da	Status	Premiu	m	Inst. Fee	NSF F6	ee Adjustmen	t Future Io
09/13/20	18 09/13/2	018	09/14/20)18	N/A	Paid	\$681.4	5	\$0.00	\$0.00	(\$681.45)	\$0.00
09/24/20	18 09/24/2	018	10/14/20)18	N/A	Due in 16 days	\$429.0	4	\$5.00	\$0.00	\$0.00	\$434.04
10/25/20	18 N/A		11/14/20)18	N/A	Scheduled	\$429.0	4	\$5.00	\$0.00	\$0.00	\$434.04
11/24/20	18 N/A		12/14/20)18	N/A	Scheduled	\$429.0	4	\$5.00	\$0.00	\$0.00	\$434.04
12/25/20	18 N/A		01/14/20)19	N/A	Scheduled	\$429.0	4	\$5.00	\$0.00	\$0.00	\$434.04
01/25/20	19 N/A		02/14/20)19	N/A	Scheduled	\$429.0	4	\$5.00	\$0.00	\$0.00	\$434.04
02/22/20	19 N/A		03/14/20)19	N/A	Scheduled	\$429.0	4	\$5.00	\$0.00	\$0.00	\$434.04
03/25/20	19 N/A		04/14/20)19	N/A	Scheduled	\$429.0	4	\$5.00	\$0.00	\$0.00	\$434.04

To print the declaration and the ID card click the hyperlink in the description column labeled **NB Forms**.

Scheduled

Scheduled

04/24/2019 N/A

05/25/2019 N/A

05/14/2019 N/A

06/14/2019 N/A

\$5.00

\$429.04

\$429.23 \$5.00

\$0.00

\$0.00

\$0.00

\$0.00

\$434.04

\$434.23

►

Report Mailin	g Plan					
Sched. Date	Print Date	E-Docs	Description	Status	Actions	Notes
09/13/2018	09/19/2018	Yes	NB Forms	N/A		Policy New Business
09/13/2018	09/13/2018	Yes	Invoice 1	Printed	N/A	Document Printed /
09/24/2018	09/24/2018	Yes	Invoice 2	Printed	View Image	Document Printed
10/25/2018	N/A	Yes	Invoice 3	Scheduled	N/A	Waiting to be printed
11/24/2018	N/A	Yes	Invoice 4	Scheduled	N/A	Waiting to be printed
12/25/2018	N/A	Yes	Invoice 5	Scheduled	N/A	Waiting to be printed
01/25/2019	N/A	Yes	Invoice 6	Scheduled	N/A	Waiting to be printed
02/22/2019	N/A	Yes	Invoice 7	Scheduled	N/A	Waiting to be printed
03/25/2019	N/A	Yes	Invoice 8	Scheduled	N/A	Waiting to be printed
04/24/2019	N/A	Yes	Invoice 9	Scheduled	N/A	Waiting to be printed
05/25/2019	N/A	Yes	Invoice 10	Scheduled	N/A	Waiting to be printed

The New Business forms will appear. Select which forms you would like to reprint and click **Print Selected Forms**. The document(s) will open in a separate window and can be printed from there. Click **Back** to return to the Billing tab.

(1)

Note: Do **NOT** enter Email Address or Click "Email Selected Forms" button.

Policy Forms List Policy: R38A000016-0

Policy Fo	rms								
Selec	Select / Unselect All								
Select	Form Name	Description	Status						
✓	Policy Declaration	Policy Declaration	Printed						
•	RI AIP Perm ID Card	RI AIP Perm ID Card	Printed						
	AIP 17 27 04 11	Custom Equipment Exclusion Endorsement	Printed						
	Important Notice Uninsured Motorist	Important Notice Uninsured Motorist	Printed						
	PP 04 38 06 98 Single Uninsured Motorists Limit-Rhode Island Printe								
	PP P 011 09 14	Advisory Notice to Policyholders Regarding Ride-Sharing	Printed						
	UMPD Advisory Notice to Policyholders	UMPD Advisory Notice to Policyholders	Scheduled						
	QuotePolicy Coversheet	QuotePolicy Coversheet Sc							
	AIP 46 04 03 17	Personal Auto Policy Agreement	Printed						
	Payment Receipt	Payment Receipt							
	RI AIP Temp ID Card	RI AIP Temp ID Card	Scheduled						
	Signature Sheet	Signature Sheet	Printed						
	AIP 4456	RI Credit Card Authorization Form	Scheduled						
	AIP 4550	RI Priv Pass App AIP 4550	Printed						
	Letterhead	Letterhead	Printed						
	UMBI Reject Elect - Agency	UMBI Reject Elect	Printed						
	UMBI Reject Elect	UMBI Reject Elect	Printed						
$\mathbf{\nabla}$		17 Results Found.							
Selec	ct / Unselect All	Email /	Address						
<< Bac	<< Back								

47

To print the payment coupon, find the invoice number you wish to print from the description column and then click the hyperlink in the actions column labeled **View Image**.

Report Mailin	g Plan					
Sched. Date	Print Date	E-Docs	Description	Status	Actions	Notes
09/13/2018	09/19/2018	Yes	NB Forms	N/A		Policy New Business
09/13/2018	09/13/2018	Yes	Invoice 1	Printed	N/A	Document Printed /
09/24/2018	09/24/2018	Yes	Invoice 2	Printed	View Image	Document Printed
10/25/2018	N/A	Yes	Invoice 3	Scheduled	N/A	Waiting to be printed
11/24/2018	N/A	Yes	Invoice 4	Scheduled	N/A	Waiting to be printed
12/25/2018	N/A	Yes	Invoice 5	Scheduled	N/A	Waiting to be printed
01/25/2019	N/A	Yes	Invoice 6	Scheduled	N/A	Waiting to be printed
02/22/2019	N/A	Yes	Invoice 7	Scheduled	N/A	Waiting to be printed
03/25/2019	N/A	Yes	Invoice 8	Scheduled	N/A	Waiting to be printed
04/24/2019	N/A	Yes	Invoice 9	Scheduled	N/A	Waiting to be printed
05/25/2019	N/A	Yes	Invoice 10	Scheduled	N/A	Waiting to be printed

The document will open in a separate window and can be printed from there.

Retract a Quote

Note: A quote can only be retracted when in a Submitted status.

From the Quotes section on the producer landing page, scroll right to display the Retraction column.

Producer Landing	g Page					U V		
	Inbox							
Producer One	Number	Due Date	Description	Las	st Name	First Name		
Providence, RI 02905-1616 Certification Status: Certified	FQ00000304	FQ000000304 09/18/2018 FQ00000304 is In Progress (Rebecca Reed) One Producer						
certification status, certifica	4) 		
Policy Administration			Go to page: 1	Show rows:	10 🔻 1	-1 of 1 🔳 🕨		
View Policy/Quote Create Full Ouote	Quotes							
<u>Make a Payment</u>	Quote Number	Created Dat	te Last Name	First Na	ame F	Requested Effe		
	FQ00000435	09/14/2018	3 sanity testing	g Thirumales	h_Sa	09/15/2018		
Reports	FQ00000341	09/13/2018	3 Shake	Jane	•	09/14/2018		
View Detail Book of Business	FQ0000304	09/13/2018 Vermont		Vinny	y	09/28/2018		
View Commission Statements	↓							
			Go to page: 1	Show rows:	10 🔻 1	-3 of 3 🔳 🕨		
Manage Account <u>View My Profile</u>	Policies							
Manage Certified Representatives	Policy Number	Quote Numb	er Last Name	First Name	Tra	nsaction Effective		
Upload P & C License	R38A000016-0	FQ0000028	3 Erickson	Evgenia		09/14/2018		
	4					Þ		
Links			Go to page: 1	Show rows:	10 - 1	-1 of 1 🔳 🕨		
Frequently Asked Questions RI Plan Forms	Policies in Cancel	ation						
RI Plan Interactive Manual	Number	Last Name	e First Name	Reaso	on (Cancellation Date		
<u>Symbols</u>			No data to disp	lay				
			Go to page: 1	Show rows:	10 - 0	-0 of 0 🔳 🕨		

Select the reason for retracting and then check off the box in the Retraction column.

Producer Landing Page

	Inbox												
Producer One	Num	ber	Due Date	3	Descrip	Description		t Name	First Name				
Providence, RI 02905-1616 Certification Status: Certified	FQ00000	FQ00000304 09/18/2018 FQ00000304 is In Progress (Rebecca Reed)					One		Producer				
	4												
Policy Administration	Go to page: 1 Show rows: 10 💌 1-1 o								L of 1 🔳 🕨				
View Policy/Quote	Quotes						_						
Make a Payment	t Name	Firs	st Name	Reque	sted Effe	Status	5	Retract	Reason				
	y testing	Thirum	alesh_Sa	09/	15/2018	Saved	1		Reason 🗸				
Reports	hake Jane		Jane	09/	14/2018	Quality Co	ntrol		Reason 🗸				
View Book of Business	rmont	\	/inny	09/	28/2018	In Process			Reason 🗸				
View Commission Statements	4				•								
<u></u>	Go to page: 1 Show rows: 10 v 1-3 of 3												
Manage Account <u>View My Profile</u>	Policies												
Manage Certified Representatives	Policy N	umber	Quote Nu	ımber	er Last Name First		t Name Trans		saction Effective				
Upload P & C License	R38A000	016-0	FQ0000	0283	Ericksor	n Evg	jenia 09/14/2018		09/14/2018				
	•								•				
Links				G	o to page:	1 Show r	ows:	1-1	L of 1 🔳 🕨				
Frequently Asked Questions RI Plan Forms	Policies in	Cancell	ation										
RI Plan Interactive Manual	Num	ber	Last Na	ame	First Na	ime	Reaso	n Ca	ancellation Date				
Symbols					No data to	display							
				G	o to page:	1 Show r	ows:	LO 🔻 0-0	0 of 0 🔳 🕨				

Producer Landing	g Page								() ()	
	Inbox									
Producer One	Num	ber	Due Dat	e	Descrip	tion	La	ist Name	First Name	
Providence, RI 02905-1616 Certification Status: Certified	FQ00000	FQ00000304 09/18/201		L8 FQ0	B FQ00000304 is In Progr (Rebecca Reed)		55	One	Producer	
	•		·							
Policy Administration				G	o to page:	1 Show	rows:	10 - 1-	1 of 1 🔳 🕨	
View Policy/Quote	Quotes									
Create Full Quote	t Name	Fire	st Name	Reques	sted Effe	Stat	us	Retract	Reason	
<u>1ake a Payment</u>	v tocting	Thirum	hisumalach Ca		00/15/2010		Cauad		Reason	
Reports	y testing	minum	lano		00/14/2018		Quality Control		obtained coverage i	n the voluntary market.
View Book of Business	make		Jane		00/28/2018		In Dracass		has declined covera	ge through the Plan.
View Detail Book of Business	rmont	Vinny		09/2	09/20/2018		cess	Other		Submitted conceled upplication
View Commission Statements	4			G	o to page:	1 Show	rows:	10 🔻 1-	3 of 3 ()	
Manage Account	Policies									
Manage Certified Representatives	Policy N	umber	Quote Nu	umber	Last Nan	ne Firs	st Name	Trar	saction Effective	
Upload P & C License	R38A000	016-0	F00000	0283	Erickso	ı Ev	vaenia		09/14/2018	
Upload E & O Policy	1	<u></u>							•	
Links				G	o to page:	1 Show	rows:	10 - 1-	1 of 1 🔹 🕨	
Frequently Asked Questions RI Plan Forms	Policies in	Cancel	ation							
RI Plan Interactive Manual	Num	ber	Last Na	ame	First Na	ime	Reas	on C	Cancellation Date	
<u>Symbols</u>					No data to	display				
				G	o to nade:	1 Show	rows	10 -	0 of 0	
				G	o to page.	1 3110W	10105.	10 + 0-		

Once you click the Retraction box, a message will appear. Click **Ok** to continue. The Quote will now be in a retracted status.

Producer Landing Page

	Inbox								
Producer One	Numb	er D	ue Date	Descriptio	La	Last Name One		me	
Providence, RI 02905-1616	FQ000003	<u>304</u> 09/	/18/2018	FQ00000304 is In (Rebecca Re	ess			er	
Policy Administration				Go to page:	1 Sh	ow rows:	10 💌 1-3	L of 1 🔳	
View Policy/Quote			Warning	3					
Create Full Quote						atus	Potract	Passan	
Make a Payment	Δ Α	re you sure yo	ou want to p	erform quote retraction	?	atus		Assliessth	_
Peperts						veu		Applicant n	¥
View Book of Business				ncei		Control		Reason	<u> </u>
View Detail Book of Business	rmont	vinn	Y	09/28/2018	TU N	rocess		Reason	\sim
View Commission Statements	•								
				Go to page:	1 Sh	ow rows:	10 💌 1-3	3 of 3 🔳	►

Reports

Reports can be accessed from the hyperlinks listed under Reports on the Producer Landing Page.

	Inbox								
Producer One	Number	Due Date	Description		Last Name	e First Name			
Providence, RI 02905-1616 Certification Status: Certified	FQ00000304	FQ0000030409/18/2018FQ00000304 is In Progress (Rebecca Reed)OneProducer							
	4					▶			
Policy Administration			Go to page: 1	Show rov	ws: 10 🔻	1-1 of 1 🔳 🕨			
View Policy/Quote Create Full Quote	Quotes								
Make a Payment	Quote Number	Created Da	te Last Name	Fir	st Name	Requested Effe			
	FQ00000697	09/20/201	.8 O'Reilly		Mary	09/21/2018			
Reports	FQ00000688	09/20/201	.8 O'Reilly		Mary	09/21/2018			
View Book of Business	FQ00000435	09/14/201	.8 sanity testing	Thirum	nalesh_Sa	09/15/2018			
View Commission Statements	FQ00000341	09/13/201	.8 Shake		Jane	09/14/2018			
	FQ00000304	09/13/201	.8 Vermont		Vinny	09/28/2018			
Manage Account	•	1				►.			
View My Profile Manage Certified Representatives			Go to page: 1	Show rov	ws: 10 💌	1-5 of 5 🔳 🕨			
Upload P & C License	Policies								
	Policy Number	Quote Num	ber Last Name	First N	ame Tr	ansaction Effective			
Links	R38A000016-0	FQ000002	33 Erickson	Evger	nia	09/14/2018			
Frequently Asked Questions	•					Þ			
RI Plan Forms			Go to page: 1	Show rov	ws: 10 🔻	1-1 of 1 🔳 🕨			
<u>KL Man Interactive Manual</u> Symbols	Policies in Cancel	lation							
	Number	Last Nam	e First Name	F	Reason	Cancellation Date			

View Commission Statements

Click on View Commission Statements hyperlink. Enter search criteria for the statements you wish to view.

Note: To view monthly commission statements use the date range search fields labeled "Date From" and "Date To". For example, to view commissions statements for the month of August, enter Date From: August 1st, Date To: August 31st. TO view commission for a specific policy, search by entering only the Policy Number in the Policy Number search field.

Agency Commission	on History		
gency Commissions			
Agency: Julio M. Jimenez	▼ Date F	From	Date To Search
Policy Number: PolicyNumb	er O Commission II O Previously Pai O All	nvoices d	Clear Filters
Entry Date Policy Number	Transaction	Agency	Amount Percent
	No data	to display	
4		Go to page: 1 Show	v rows: 10 - 0 of 0 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Agency	Date	Stateme	ent
	No data	to display	
1		Go to page: 1 Show	v rows: 10 💌 0-0 of 0 🔳 🕨

Links

The four hyperlinks listed under **Links** can be used to quickly access information from <u>www.aipso.com</u>.

HOME	POLICY ADMINIS	STRATION	REPORTS	MANAGE ACCO	UNT LIN	KS LO	OGOUT
Produc	cer Landing	g Page) 🕄
		Inbox					
Producer One		Number	Due Date	Descriptio	n Last	Name Firs	st Name
1099A Broad S Brovidonco Bl	treet			No data to dis	nlav		
Certification S	itatus: Certified	4		no data to dib	piaj		•
				Go to page:	1 Show rows: 10	0 🔻 0-0 of 0	
Policy Admini <u>View Policy/Q</u>	stration uote	Quotes					
Create Quick	<u>Quote</u>	Quote Number	Created Da	te Last Name	e First Nam	ne Requeste	d Effe
Create Full Qu	uote	RQ00037961	07/24/201	8 Sambramol	la Thirumalesh_	UA 07/07/	2019
Make a Paymo	ent In c	RQ00029440	06/18/201	8 test	uat_test	06/15/	2019
Endorse a Pol	ICY	RQ00029431	06/18/201	8 test	uat_test	06/15/	2019
Poports		RQ00028254	06/14/201	8 DORMAN	ИНОС	01/04/	2019
View Book of	Business	RQ00023419	05/19/201	8 GALEZ	ESTANISL	AO 08/17/	2018
View Detail B	ook of Business	<u>QQ00009830</u>	06/20/201	8 Davenport	t Penelope	e 06/21/	2018
View Commis	sion Statements	QQ00008841	05/29/201	8 Coverages	s Testing	05/30/	2018
		QQ00008823	05/29/201	8		05/30/	2018
View My Profi	Int	QQ00008701	05/24/201	8 Trailers	Test	05/25/	2018
Manage Certif	fied Representatives	QQ00008653	05/23/201	8		05/24/	2018
Upload P & C	<u>License</u>	4	1	1		I	•
Upload E 8. O	HOLICY		c	Go to page: 1 S	how rows: 10 💌	1-10 of 113	• •
Links		Policies					
RI Plan Forms	skea Questions	Policy Number	Quote Num	ber Last Name	First Name	Effective Date	e Ass
RI Plan Intera	active Manual	R38A003421-0	FQ0001044	13 Sambramolla	Thirumalesh	07/07/2018	USA
<u>Symbols</u>		R38A003027-0	FQ0001043	39 Sambramolla	Thirumalesh	07/07/2018	NEW
		R38A002433-0	FQ0000961	L0 test	uat test	06/15/2018	USA



Producer Landing Page

	Inbox	Inbox							
Producer One 1099A Broad Street	Num	ber Due	Date	Descrip	tion	La	st Name	First	Name
Providence, RI 02905-1616									
Certification Status: Certified	4								Þ
Policy Administration				Go to page:	1 Show r	rows:	10 - 1-	-1 of 1 🔳	
View Policy/Quote Create Full Quote	Quotes						_		
Make a Payment	t Name	First Name	Requ	ested Effe	Statu	s	Retract	Reas	on
	Test	Email	09	/30/2018	Submitt	ted		Reason.	. 🗸
Reports	Reilly	Mary	09	/21/2018	Save	ł		Reason	·· ·
View Book of Business	'Reilly	Mary	10	/20/2018	Save	ł		Reason.	
View Detail Book of Business View Commission Statements	y testing	Thirumalesh_S	a 09	/15/2018	Saved			Reason	~
	hake	Jane	09	/14/2018	Quality Contro			Reason.	. 🗸
Manage Account	rmont	Vinny	09	/28/2018	In Proce	ess		Reason	. 🗸
View My Profile	ickson	Evgenia	09	/28/2018	Save	ł	Reaso		
Upload P & C License	ickson	Evgenia	09	/28/2018	Quality Co	ontrol		Reason	~
Upload E & O Policy	4								•
			1	Go to page:	1 Show r	rows: (10 - 1-	-8 of 8 🔳	
Links Frequently Asked Questions	Policies								
RI Plan Forms	.ast Name	First Name	Tran	saction Effec	tive Date	Assig	ned Carri	ier <mark>Sta</mark>	tus
Symbols	Erickson	Evgenia		09/14/201	18	NORFO	DLK & DE	D IN FO	DRCE
	•								•
				Go to page:	1 Show r	rows: (10 - 1-	-1 of 1 🔳	
	Policies in	Cancellation							
	Num	ber Las	t Name	First Na	ame	Reas	on C	Cancellatio	n Date
				No data to	display				

Saved: A quote was saved.

Submitted: A quote was submitted with payment.

In Process: Underwriter/Accounting is reviewing the quote (1st review).

Quality Control: Underwriter verifies the quote (2nd review).

Pending APS: Policy is pending assignment.

Issued: Active Policy (ex: R38A...)

Retracted: Producer retracts quotes.

Rejected: Underwriter rejects the policy/quote.

Pending Underwriting (U/W) Cancellation: Cancellation is pending for underwriter reasons. For example:

Go to page:

1 Show rows: 10 🔻 0-0 of 0 🔳 🕨

Missing documents, Invalid License, etc.

Pending Producer Cancellation: The Producer initiates cancellation for the insured's policy.

Cancelled: The Policy is cancelled.