



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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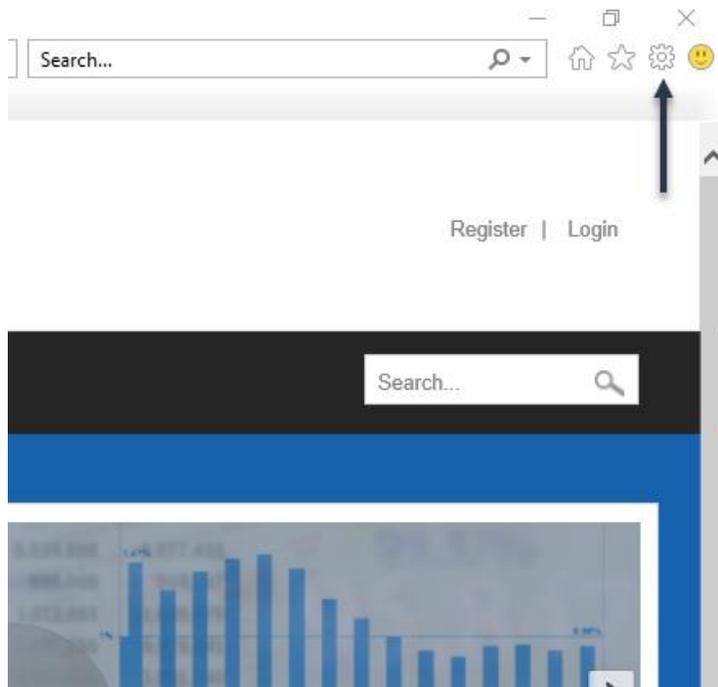
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Disabling Pop-up Blocker

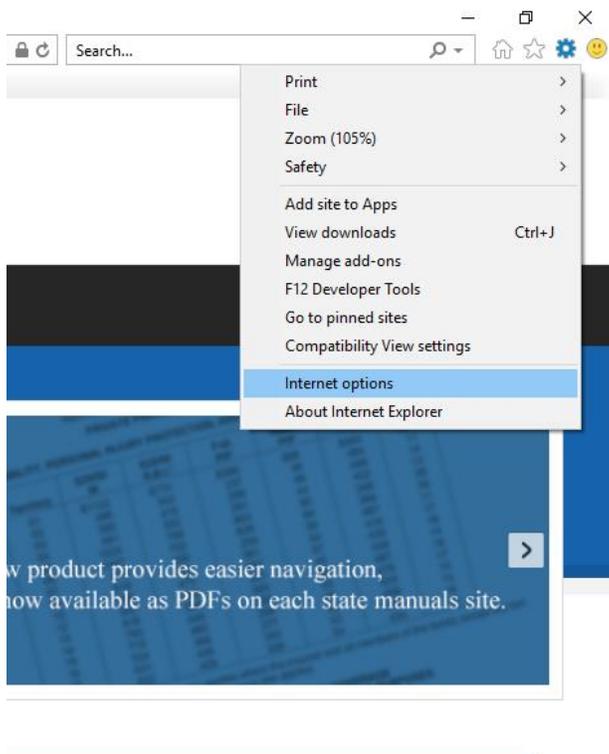
The Automobile Policy Processing System (APPS) can be run on three different search engines, Internet Explorer, Google Chrome and Mozilla Firefox. You will need to turn off ad-blockers before trying to access APPS.

Internet Explorer:

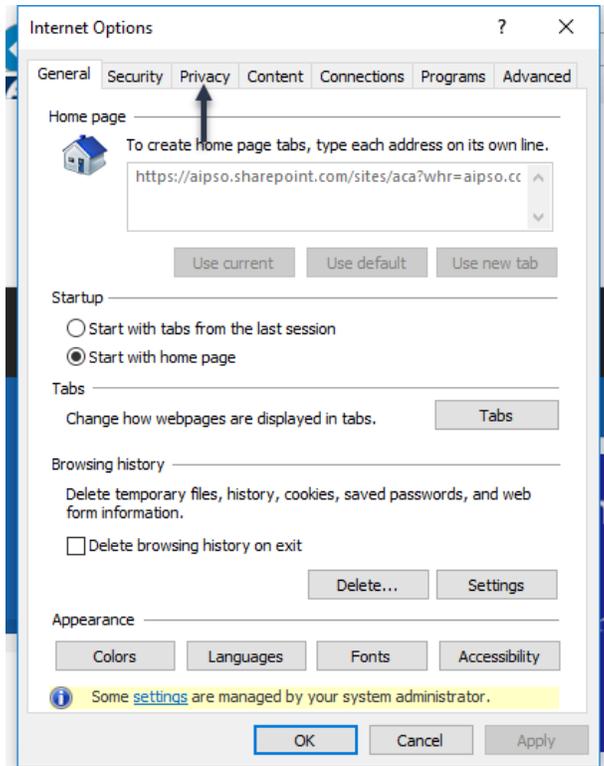
First, you must click the gear icon at the top right of your screen.



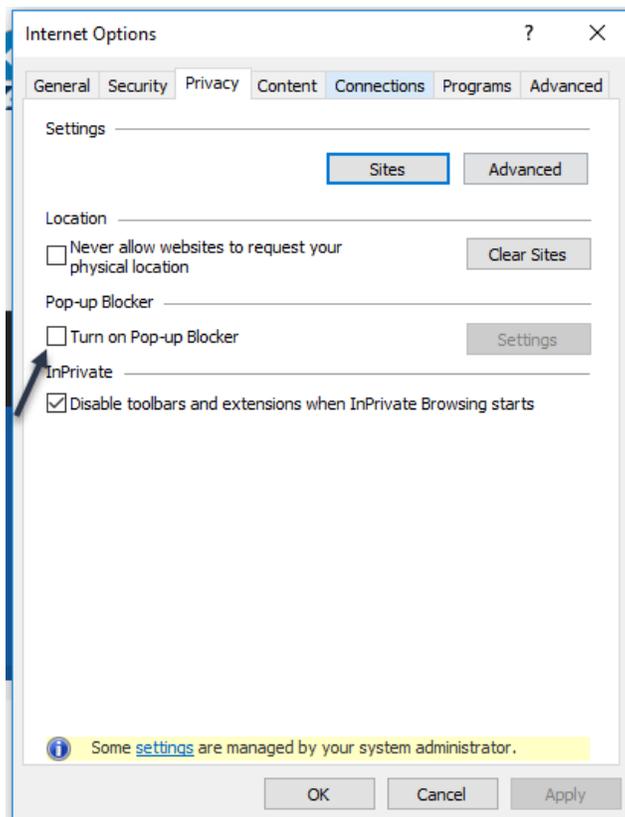
Next, click **Internet Options**.



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



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.

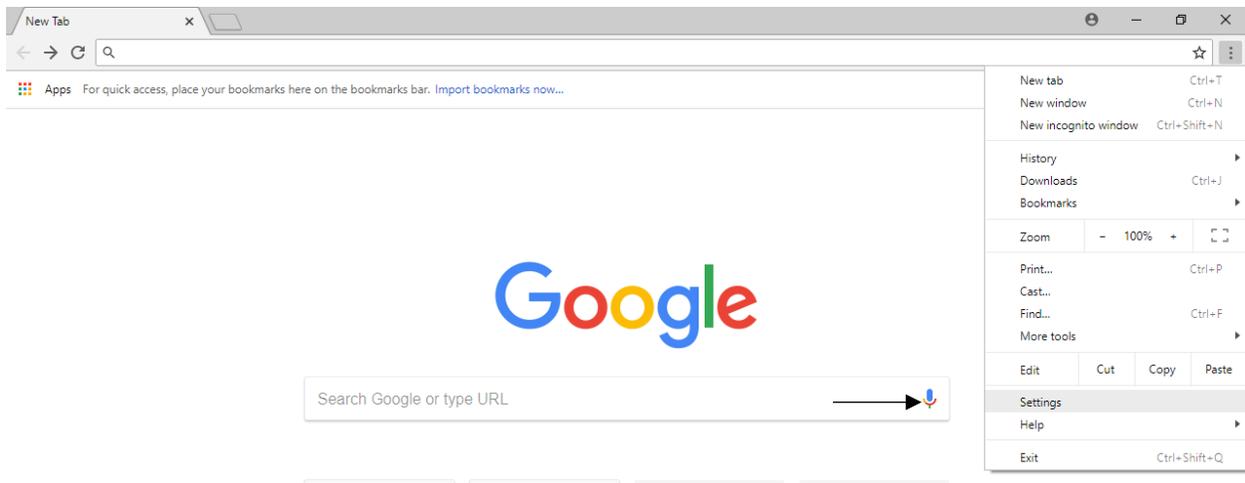


Google Chrome:

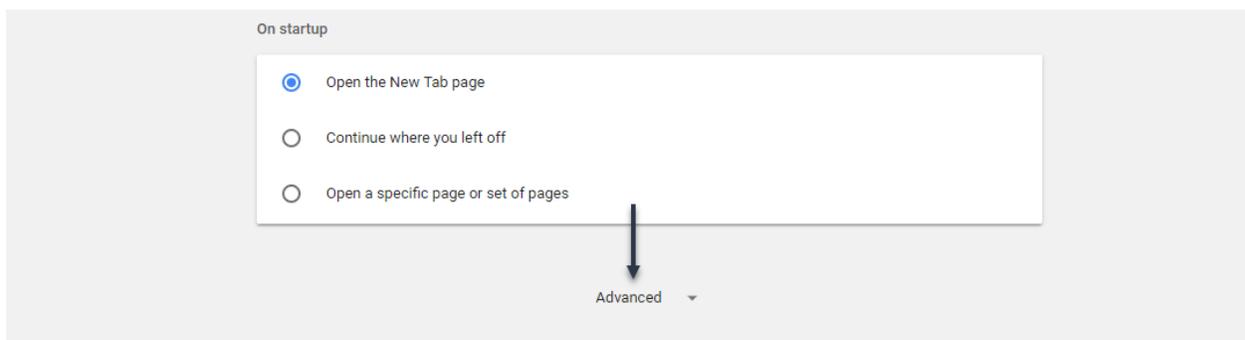
Click the **Three Dots** at the top right of the screen.



Next, click on **Settings**.



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



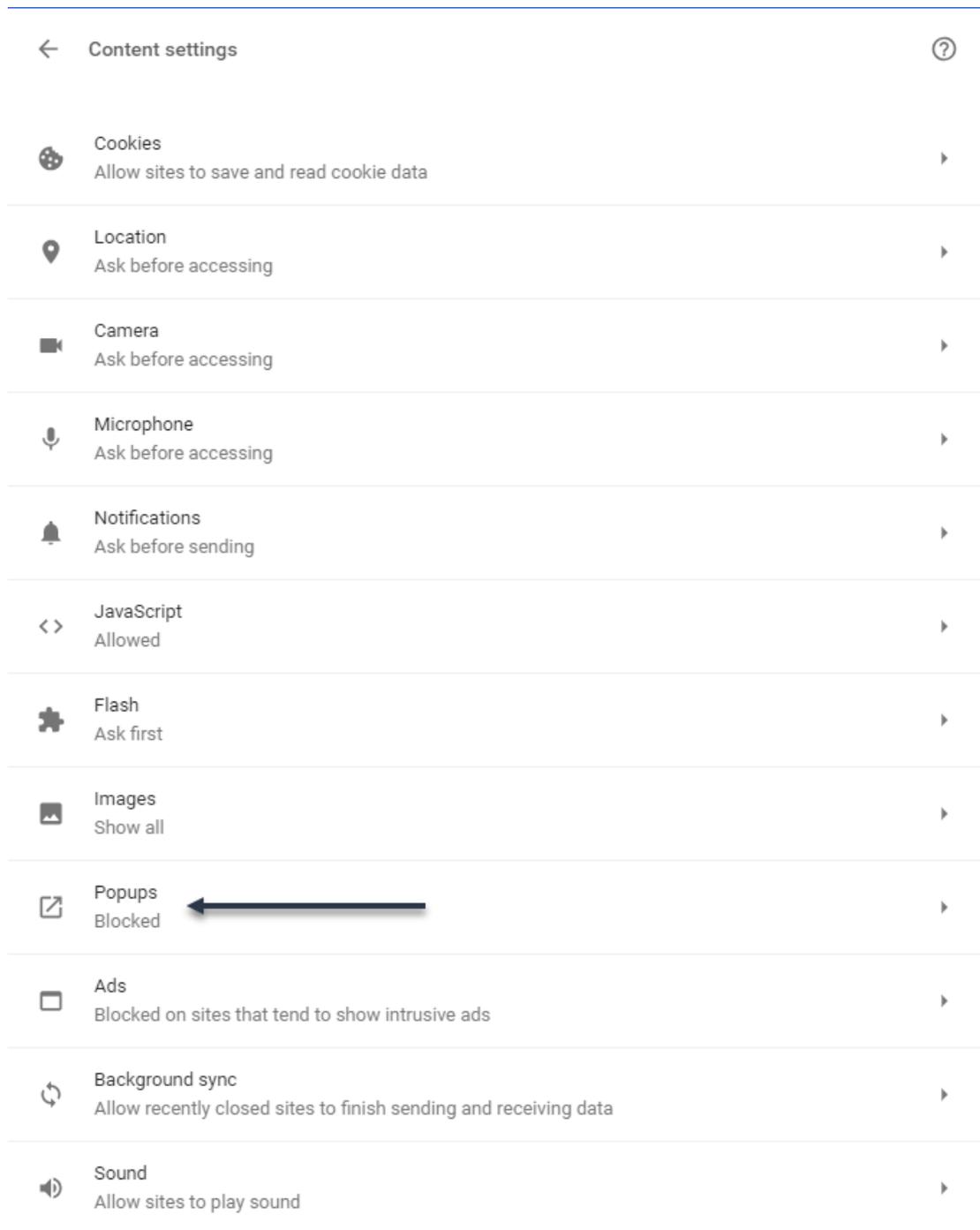
Next, click **Content Settings**.

Privacy and security

Google Chrome may use web services to improve your browsing experience. You may optionally disable these services. [Learn more](#)

Use a web service to help resolve navigation errors	<input checked="" type="checkbox"/>
Use a prediction service to help complete searches and URLs typed in the address bar	<input checked="" type="checkbox"/>
Use a prediction service to load pages more quickly	<input checked="" type="checkbox"/>
Automatically send some system information and page content to Google to help detect dangerous apps and sites	<input type="checkbox"/>
Protect you and your device from dangerous sites	<input checked="" type="checkbox"/>
Automatically send usage statistics and crash reports to Google	<input type="checkbox"/>
Send a "Do Not Track" request with your browsing traffic	<input type="checkbox"/>
Use a web service to help resolve spelling errors Smarter spell-checking by sending what you type in the browser to Google	<input type="checkbox"/>
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	

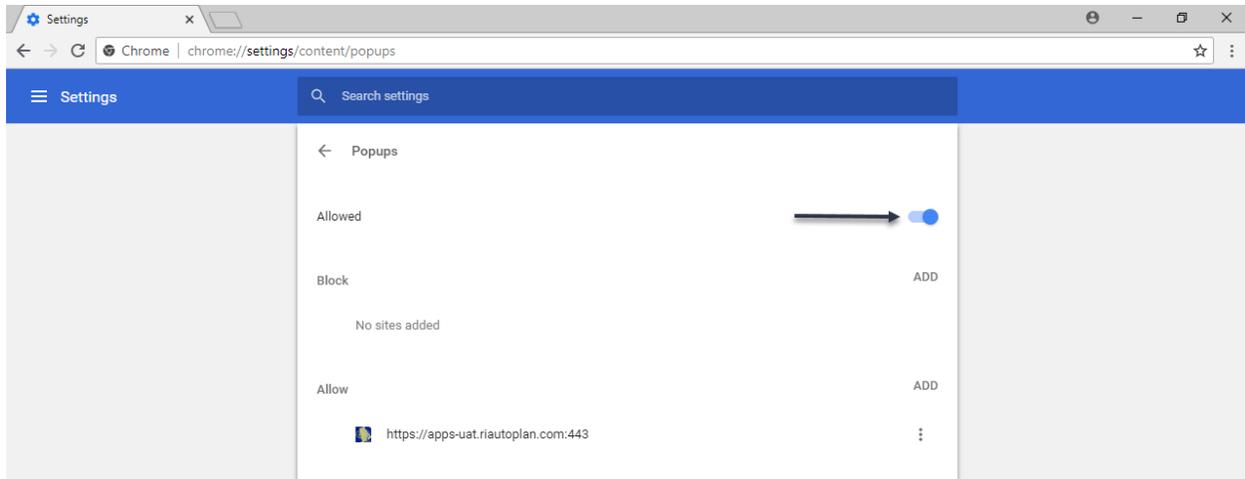
Click on **Pop-ups**.



The image shows a browser's content settings menu. At the top, there is a back arrow, the text "Content settings", and a help icon (a question mark in a circle). Below this are several settings items, each with an icon, a title, a description, and a right-pointing arrow. The "Popups" item is highlighted with a thick black arrow pointing to it from the left. The "Popups" item shows a square icon with a diagonal slash, the title "Popups", and the status "Blocked".

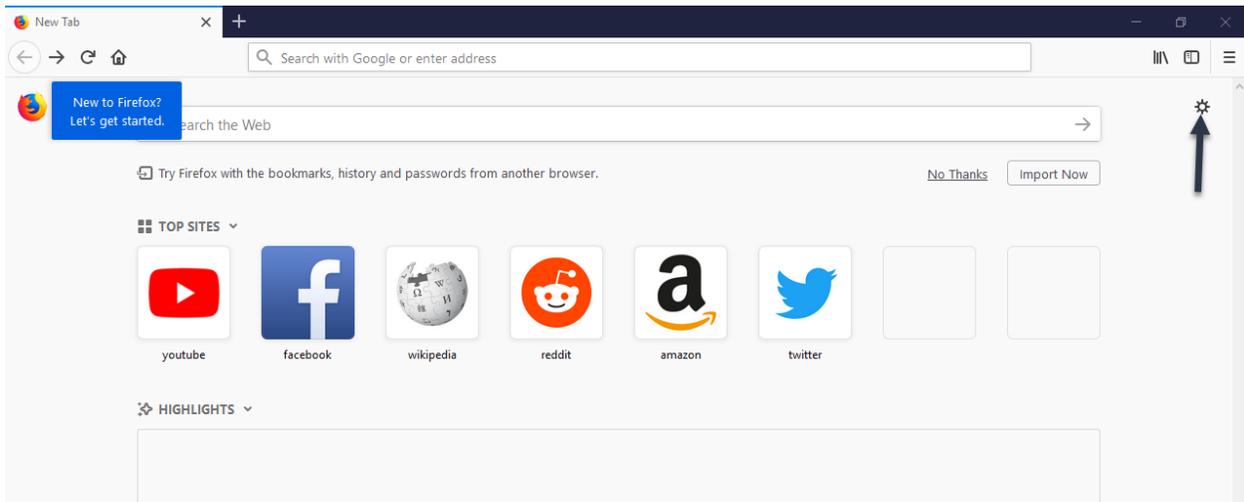
Icon	Setting Name	Description	Action
←	Content settings		?
Cookie icon	Cookies	Allow sites to save and read cookie data	▶
Location pin icon	Location	Ask before accessing	▶
Camera icon	Camera	Ask before accessing	▶
Microphone icon	Microphone	Ask before accessing	▶
Notification bell icon	Notifications	Ask before sending	▶
<>	JavaScript	Allowed	▶
Flash puzzle piece icon	Flash	Ask first	▶
Image icon	Images	Show all	▶
Popups icon (square with slash)	Popups	Blocked	▶
Ads icon (square)	Ads	Blocked on sites that tend to show intrusive ads	▶
Background sync icon (refresh)	Background sync	Allow recently closed sites to finish sending and receiving data	▶
Sound icon (speaker)	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.

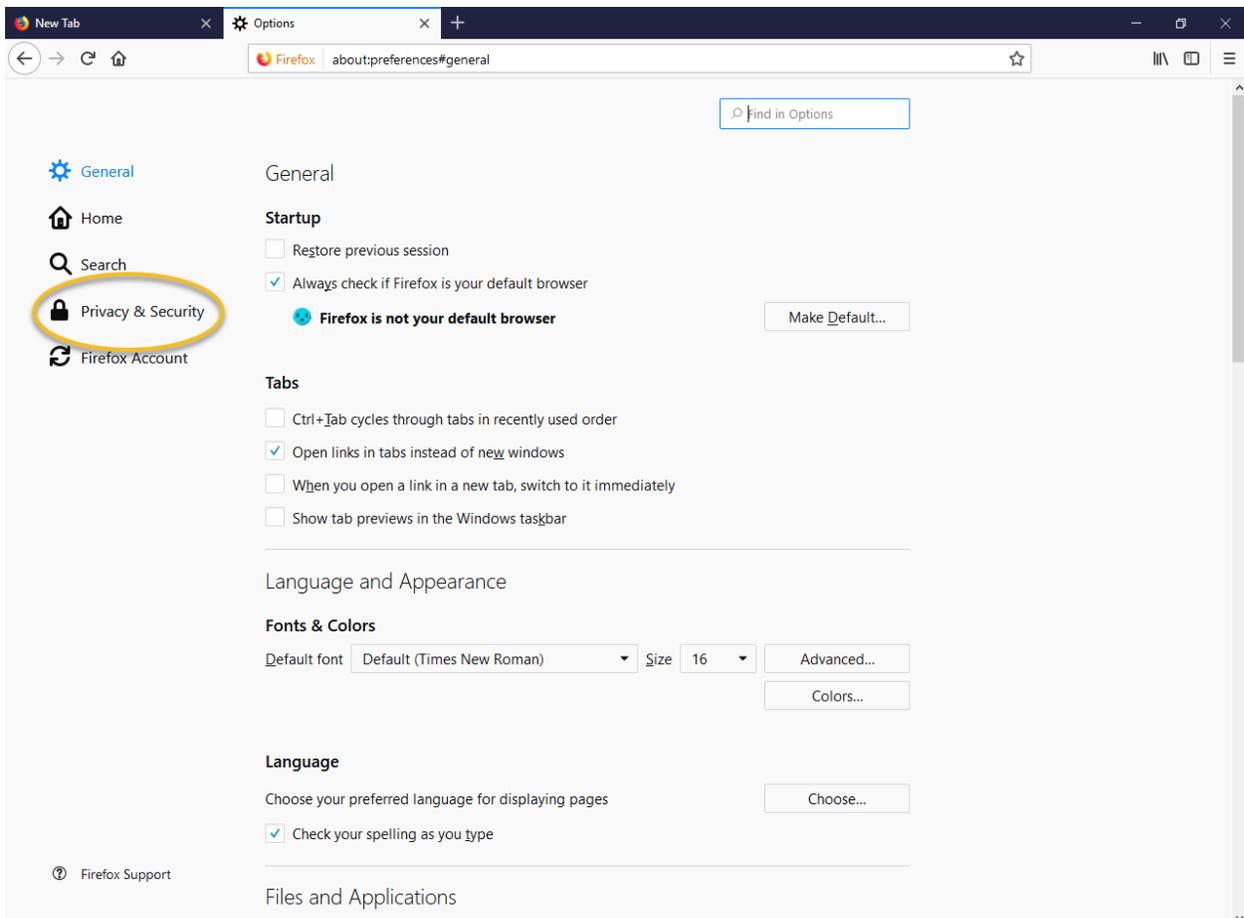


Mozilla Firefox:

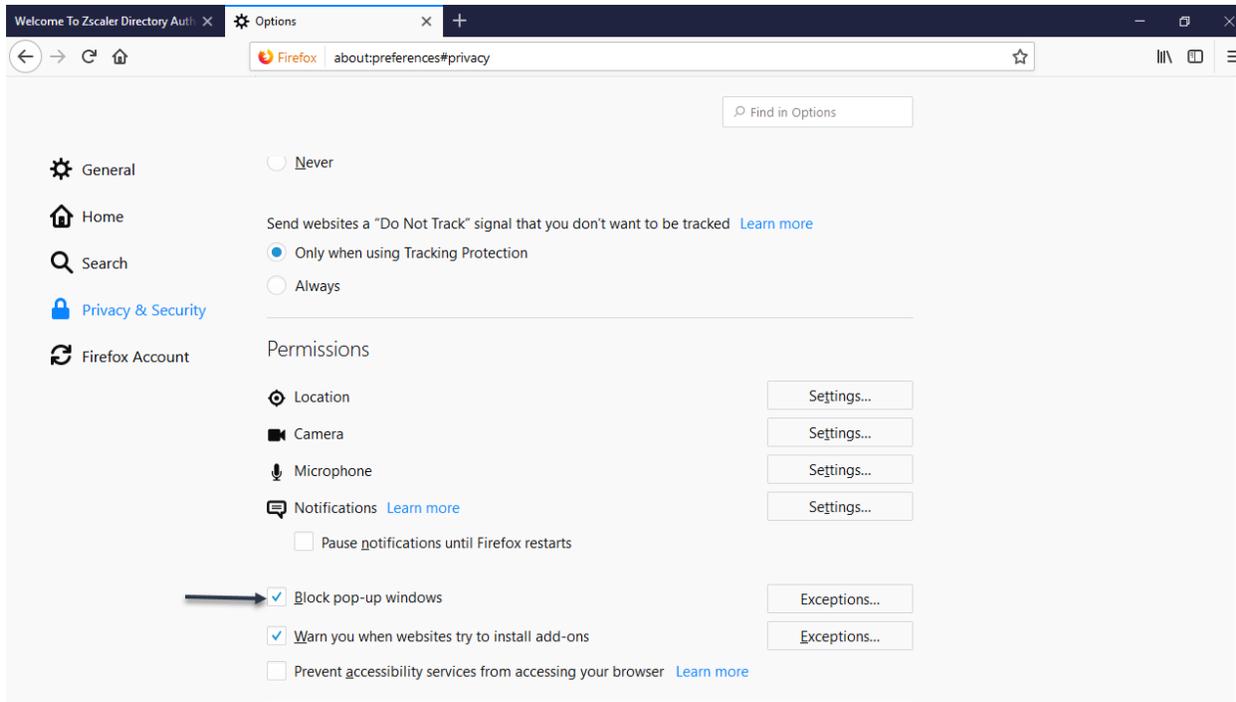
Click the **gear** icon at the top right part of the screen.



Click **Privacy & Security**.



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

[View Book of Business](#)

[View Detail Book of Business](#)

[View Commission Statements](#)

Manage Account

[View My Profile](#)

[Manage Certified Representatives](#)

[Upload P & C License](#)

[Upload E & O Policy](#)

Links

[Frequently Asked Questions](#)

[RI Plan Forms](#)

[RI Plan Interactive Manual](#)

[Symbols](#)

Inbox

Number

[FQ00000304](#)

Quotes

Quote Number

[FQ00000435](#)

[FQ00000341](#)

[FQ00000304](#)

Policies

Policy Number

[R38A000016-0](#)

Policies in Cancel

Number

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

Details

Producer <small>First Name</small>	One <small>Last Name</small>	Prod1 <small>User ID</small>	Change Password
Rebecca.Reed@aipso.com <small>Email</small>		<input type="checkbox"/> Disabled	<input type="checkbox"/> Inactive <input type="checkbox"/> Initial Login
(401) 555-1212 <small>Work Phone</small>	Extn <input type="text"/> Home Phone <input type="text"/>	<input type="checkbox"/> Locked	<input type="checkbox"/> Reset Password
<input type="text"/> <small>Fax</small>	<input type="text"/> <small>Cell</small>	Agent <input type="text"/>	<small>Job Title</small>

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

Change User Password

New Password <input type="text"/> <small>New Password</small>	Rules <ul style="list-style-type: none">✔ Password must not match your username.✔ Password must match Confirm Password.✘ Password must contain at least 1 letter.✘ 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.
Confirm New Password <input type="text"/> <small>Confirm Password</small>	
<input type="checkbox"/> User must reset password on the next visit.	
<input type="button" value="Cancel"/>	<input type="button" value="Save & Continue »"/>

Upload P & C License

Click **Upload P & C License**.

The screenshot shows a web dashboard with a navigation bar at the top containing: HOME, POLICY ADMINISTRATION, REPORTS, MANAGE ACCOUNT, LINKS, and LOGOUT. The main heading is "Producer Landing Page".

On the left sidebar, under "Manage Account", the link "Upload P & C License" is circled in red. Other links include "View My Profile", "Manage Certified Representatives", and "Upload P & C Policy".

The main content area is divided into "Inbox" and "Quotes".

Inbox

Number	Due Date	Description	Last Name	First Name
No data to display				

Quotes

Quote Number	Created Date	Last Name	First Name	Requested Effe...
RQ00037961	07/24/2018	Sambramolla	Thirumalesh_UA...	07/07/2019
RQ00029440	06/18/2018	test	uat_test	06/15/2019
RQ00029431	06/18/2018	test	uat_test	06/15/2019
RQ00028254	06/14/2018	DORMAN	JOHN	01/04/2019
RQ00023419	05/19/2018	GALEZ	ESTANISLAO	08/17/2018
QQ00009830	06/20/2018	Davenport	Penelope	06/21/2018
QQ00008841	05/29/2018	Coverages	Testing	05/30/2018
QQ00008823	05/29/2018			05/30/2018
QQ00008701	05/24/2018	Trailers	Test	05/25/2018
QQ00008653	05/23/2018			05/24/2018

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.

The screenshot shows the "UAT" logo (Rhode Island Automobile Insurance Plan) at the top. Below it is the "Document Upload Interface".

Category
P and C License

Description

Filename	Size	Status
Drag files here.		

Buttons: Add files, Start upload, Close

Progress: 0 b, 0%

Click **Upload E & O Policy**.

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.




Producer Landing Page

Bella Johnson
1302 Atwood Ave
Johnston, RI 02919-4902
Certification Status: Certified

Policy Administration
[View Policy/Quote](#)
[Create Quick Quote](#) ←
[Create Full Quote](#)
[Make a Payment](#)
[Endorse a Policy](#)

Reports
[View Detail Book of Business](#)

Manage Account
[View My Profile](#)
[Manage Certified Representatives](#)
[Upload P & C License](#)
[Upload E & O Policy](#)

Links
[Frequently Asked Questions](#)
[RI Plan Forms](#)
[RI Plan Interactive Manual](#)
[Symbols](#)

Inbox

Number	Due Date	Description	Last Name	First Name
No data to display				

Go to page: Show rows: 0-0 of 0

Quotes

Quote Number	Created Date	Last Name	First Name	Requested Effe...
FQ00009948	06/23/2018	ERICKSON	JANE	06/24/2018
FQ00006204	04/18/2018	Connor	Anthony	04/19/2018
FQ00006192	04/20/2018	Diaz	Lisa	04/19/2018
FQ00006174	04/18/2018	Martin	Kimberly	04/19/2018
FQ00005478	04/16/2018	Deleon	Santa	04/11/2018
EQ00000739	04/23/2018	Coutu	Janessa	04/19/2018
EQ00000720	04/20/2018	Coutu	Janessa	04/19/2018

Go to page: Show rows: 1-7 of 7

Policies

Policy Number	Quote Number	Last Name	First Name	Effective Date	Assig
R38A001201-0	FQ00005693	Coutu	Janessa	04/12/2018	NATIC

Go to page: Show rows: 1-1 of 1

Policies in Cancellation

Number	Last Name	First Name	Reason	Cancellation Date
No data to display				

Go to page: Show rows: 0-0 of 0

14

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
 					
<input type="button" value="Exit"/> <input type="button" value="Go to Bottom"/>		<input type="button" value="Save & Exit"/> <input type="button" value="Save and Continue >>"/>			
Policy Holder Information					
Agent Producer One <input type="button" value="v"/>		Agency Julio M. Jimenez - 09992 (1099A Broad St, Providence, RI) <input type="button" value="v"/>			
08/24/1990 DOB	Marital Status Single <input type="button" value="v"/>				
Address Information					
JOHNSTON City RI <input type="button" value="v"/>		02919 ZIP			
County PROVIDENCE <input type="button" value="v"/>					
Policy Information					
08/07/2018 Effective Date 12:01AM		12 Months <input type="button" value="v"/>		08/07/2019 Expiration Date	
<input type="checkbox"/> Non Owner Policy					
<input type="button" value="Go to Top"/>		<input type="button" value="Save and Continue >>"/> <input type="button" value="Save & Exit"/> <input type="button" value="Exit"/>			
© 2018 Stingray System. 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 ADMINISTRATION REPORTS MANAGE ACCOUNT LINKS LOGOUT

Quick Quote QQ00009970 (Saved)

Insured Drivers Vehicles Coverages Quote Result

<< Back Go to Bottom Exit Save & Exit Save and Continue >>

Drivers

#	Driver Name	Rated	Relation	Driver Age	Gender	Marital Status	DL State	DL #
1	N/A	Yes	Named Insured	29		Single		

Go to page: 1 Show rows: 10 1-1 of 1

Add Driver

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

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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**.

Insured Drivers Vehicles Coverages Quote Result

<< Back Go to Bottom Exit Save & Exit Save and Continue >>

Drivers

#	Driver Name	Rated	Relation	Driver Age	Gender	Marital Status	DL State	DL #
1	N/A	Yes	Named Insured	27		Single		

Go to page: 1 Show rows: 10 1-1 of 1

Add Driver

Tell us about Driver number 1:

Exclude this driver from rating

08/24/1990 DOB Driver Age: 27

Gender: Marital Status:

Driver Licensed Greater than 36 Months? Yes No

Driver Occupation: One Way Miles To Work/School:

Vehicle Use:

Filings, Discounts and Surcharges

SR-22 Certificate? Minor Filing ?

Driver Training Discount?

Accident prevention discount?

Penalty Points:

Only One Expired License or Registration Violation Only One Speeding Violation

Cancel Save Driver

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



302 Central Avenue
Johnston, RI 02919-4995
Phone: 401-946-2600 Fax: 401-566-0268
Email: riaip@aipso.com
Web: www.aipso.com/Plan-Sites/Rhode-Island
Hello, prod1

- HOME
- POLICY ADMINISTRATION
- REPORTS
- MANAGE ACCOUNT
- LINKS
- LOGOUT

Quick Quote QQ00011980 (Saved)



- Insured
- Drivers
- Vehicles
- Coverages
- Quote Result

- << Back
- Go to Bottom
- Exit
- Save & Exit
- Save and Continue >>

Vehicles

#	Year/Make/Model/VIN	Vehicle Type	Custom Equip Va...	Comp Symbol	Coll Symbol
No data to display					

Go to page: 1 Show rows: 10 0-0 of 0

Add Vehicle

- << Back
- Go to Top
- Save and Continue >>**
- Save & Exit
- Exit

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**.

Vehicle Information

Vehicle Type
 Select Vehicle Type... ▼

VIN Valid VIN

Comprehensive Symbol: Collision Symbol:

Year ▼
 Make ▼
 Model ▼

Alarm Only
 Anti-Theft Device Active
 Anti-Theft Device Passive
 Auto Recovery System Device Only
 Auto Recovery System and Alarm Only
 Auto Recovery System and Anti-Theft Device Active
 Auto Recovery System and Anti-Theft Device Passive

Garage City
 ▼
 Garage ZIP
 County ▼

Territory Level & Description: N/A UMPD Territory: N/A Commercial Territory: N/A

Driver Assignment

Driver	Use
Driver 1	<input type="text" value="Please select Use Type"/> ▼

Go to page: Show rows: 1-1 of 1 ◀ ▶

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**.

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 ▼ \$0	Reject ▼ \$0
Comprehensive	None ▼ \$0	None ▼ \$0
Collision	None ▼	None ▼
Medical Payments	Reject ▼ \$0	Reject ▼ \$0
Vehicle Total	Total Premium \$4,558	Total Premium \$1,574

Total Policy Premium: **\$6,885**

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****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.

Quick Quote - Summary

Your quote is an estimate based on information you entered about drivers, vehicles, and coverage options. You may modify your quote by entering different or additional information.

Quote Number: QQ00011980

Policy Term: 12 Months Policy Effective Date: 08/07/2018 Policy Expiration Date: 08/07/2019

Driver Name	Rate Class	Rated Vehicles
Driver 1	2C	2018 AUDI S4 WAUB4AF46JA166660
	1A	2015 BMW 335 WBA3B9C55FF801738

Go to page: Show rows: 1-2 of 2

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/Surcharges Applied

Discount(s)
- None

Filing(s)
- None

Surcharge(s)
- Inexperienced Operator Surcharge

Premium

Total Policy Premium	\$6,885.00
----------------------	------------

[Go to Top](#)

Discounts/Surcharges Applied

Discount(s)

- None

Filing(s)

- None

Surcharge(s)

- Inexperienced Operator Surcharge

Premium

Total Policy Premium

\$6,885.00

Go to Top

<< Back

Continue to Full Quote

Save & Exit

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.

Producer Landing Page

Bella Johnson
1302 Atwood Ave
Johnston, RI 02919-4902
Certification Status: Certified

Policy Administration
[View Policy/Quote](#)
[Create Quick Quote](#)
[Create Full Quote](#) ←
[Make a Payment](#)
[Endorse a Policy](#)

Reports
[View Detail Book of Business](#)

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Inbox

Number	Due Date	Description	Last Name	First Name
No data to display				

Go to page: Show rows: 0-0 of 0

Quotes

Quote Number	Created Date	Last Name	First Name	Requested Effe...
FQ00009948	06/23/2018	ERICKSON	JANE	06/24/2018
FQ00006204	04/18/2018	Connor	Anthony	04/19/2018
FQ00006192	04/20/2018	Diaz	Lisa	04/19/2018
FQ00006174	04/18/2018	Martin	Kimberly	04/19/2018
FQ00005478	04/16/2018	Deleon	Santa	04/11/2018
EQ00000739	04/23/2018	Coutu	Janessa	04/19/2018
EQ00000720	04/20/2018	Coutu	Janessa	04/19/2018

Go to page: Show rows: 1-7 of 7

Policies

Policy Number	Quote Number	Last Name	First Name	Effective Date	Assig
R38A001201-0	FQ00005693	Coutu	Janessa	04/12/2018	NATIC

Go to page: Show rows: 1-1 of 1

Policies in Cancellation

Number	Last Name	First Name	Reason	Cancellation Date
No data to display				

Go to page: Show rows: 0-0 of 0

22

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**.

The screenshot shows a web application interface with a dark blue navigation bar at the top containing the following menu items: HOME, POLICY ADMINISTRATION, REPORTS, MANAGE ACCOUNT, LINKS, and LOGOUT. Below the navigation bar, the page title is "Eligibility". In the top right corner, there are two circular icons: one with an information symbol and another with a person icon. The main content area is titled "Determine Eligibility" and contains the instruction "WHICH OF THE FOLLOWING APPLY? (Choose One)". There are five radio button options listed in red text: "If the vehicle is not leased, is the vehicle registered to someone other than the applicant or their spouse?", "Is the vehicle over 10,000 GVW?", "Will the application include more than 4 vehicles?", "Is the vehicle registered to a business?", and "None of the above." The "None of the above." option is circled in black. At the bottom of the form area, there are three buttons: "<<Back" on the left, "Continue>>" in the center, and "Exit" on the right. The "Continue>>" button is also circled in black. A footer bar at the bottom of the page contains the text "© 2018 Stingray System. All Rights Reserved. [6.9.0.11, 3.2.2.0]".

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.

Policy Holder Information				
Agent Bella Johnson	Agency Bella Insurance Inc. - 101998 (1302 Atwood Ave. Johnston, RI)			
Applicant First Name	MI	Applicant Last Name	Applicant Suffix	
DOB	<input checked="" type="checkbox"/> Licensed	Driver License State Select a State...	Marital Status Please select Marital Sta	
International Driving Permit? <input type="radio"/> Yes <input type="radio"/> No		Driver's License #		
		Phone		
Primary email	Cell Phone	Work Phone	Extn	Fax

Address Information	
<input type="checkbox"/> Same as Physical Address	
Physical Address 1	Mailing Address 1
Physical Address 2	Mailing Address 2
City Select a State... ZIP	City Select a State... ZIP
County Select a County...	County Select a County...

Policy Information	
<input type="checkbox"/> Manual Rating	
06/26/2018 <small>Effective Date</small>	12:01AM 12 Months Expiration Date 06/26/2019
<input type="checkbox"/> Non Owner Policy	
Did the Insured have Prior Insurance ? <input type="radio"/> Yes <input type="radio"/> No	

Special Handling	
Special Handling: Select Special Handling...	Special Handling Notes

Go to Top	Save and Continue >>
	Save & Exit
	Exit

Click on the Driver Name hyperlink to add their information.

HOME POLICY ADMINISTRATION REPORTS MANAGE ACCOUNT LINKS LOGOUT

Full Quote FQ00009966 (Saved)

[General Info](#) [Driver Info](#) [Vehicle Info](#) [Coverages](#) [Images](#) [Results](#)

[<< Back](#) [Go to Bottom](#) [Exit](#) [Save & Exit](#) [Save and Continue >>](#)

Drivers

#	Driver Name	Rated	Relation	Driver Age	Gender	Marital Status	DL State	DL #
1	Aubrey Jonsew Mr.	Yes	Named Insured	21		Single	RI	8979

Go to page: Show rows: 1-1 of 1 [◀](#) [▶](#)

[Add Driver](#)

[<< Back](#) [Go to Top](#) [Save and Continue >>](#)
[Save & Exit](#)
[Exit](#)

© 2018 Stingray System. All Rights Reserved. [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**.

Tell us about Driver number 1:

Exclude this driver from rating

john First Name d MI rockefeller Last Name Suffix

01/01/1988 DOB Driver Age: 30

Gender Gender... **Marital Status** Single

DL State RI **Driver License Number** 12345687 **DL Status** Select Status... **Date Licensed** Permit ?

International Driving permit? Yes No Driver Licensed Greater than 36 Months? Yes 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 0-0 of 0					

Relationship to Applicant Named Insured

Driver Occupation Driver Occupation...

Employer's Name Nature of Business

Employer's Address1 Employer's Address2

State Employer's City ST... Employer's Zip Employer's County Select a County...

One Way Miles To Work/School One Way Miles To Work/School... Use Google Maps? Yes No

Vehicle Use Please select Vehicle Use... Does the applicant or anyone who usually drives the applicant's vehicle(s) work as a driver for a transportation network (ride-sharing) company? Yes No

302 Central Ave Driver Address 1

Driver Address 2

Johnston Driver City RI 02919-4932 Zip

County PROVIDENCE

Filings, Discounts and Surcharges

SR-22 Certificate?

Other state filing? Minor Filing ?

Driver Training Discount?

Accident prevention discount?

Driver Points Assessed: N/A

Does the driver have any violations or accidents within the last 36 months? Yes No

<< Back ➔

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 Quote FQ00009966 (Saved) i *

General Info Driver Info **Vehicle Info** Coverages Images Results

<< Back Go to Bottom Exit Save & Exit Save and Continue >>

Vehicles

#	Year/Make/Model/VIN	Vehicle Type	Custom Equip Va...	Comp Symbol	Coll Symbol
No data to display					

Go to page: 1 Show rows: 10 0-0 of 0

➔ 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**.

Vehicle Information

Vehicle Type
Select Vehicle Type... ▼

VIN Valid VIN Add Lienholder / Additional Interest

Comprehensive Symbol: Collision Symbol: Damaged Vehicle

Year **Make** **Model** **Gross Vehicle Weight**
Please select year... ▼ Please select Make... ▼ Please select Model... ▼ Gross Vehicle Weight

Cost New Stated Amounts

Alarm Only Anti-Theft Device Active Anti-Theft Device Passive Auto Recovery System Device Only
 Auto Recovery System and Alarm Only Auto Recovery System and Anti-Theft Device Active
 Auto Recovery System and Anti-Theft Device Passive

Is Vehicle currently registered in RI? Yes No

Is Vehicle currently garaged in RI? Yes No

4677 Brookmere Road Garage Street Address Johnston Garage City RI State 02919 Garage ZIP PROVIDENCE County

Territory Level & Description: N/A UMPD Territory: N/A

Does vehicle have Custom Equipment? Yes No

Upload Supporting Documentation for Custom Equipment

Driver Assignment

Driver	Use
Aubrey Jonsew Mr.	Please select Use Type ▼

Go to page: 1 Show rows: 10 1-1 of 1 ◀ ▶

Cancel Vehicle Save Vehicle

<< Back

Go to Top

Save and Continue >>

Save & 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

VIN: KMHDU46D38U480235 Valid VIN **Add Lienholder / Additional Interest**

Comprehensive Symbol: 15 Collision Symbol: 15 Damaged Vehicle

Year: 2008 Make: HYUNDAI Model: ELANTRA Gross Vehicle Weight: 2723

Cost New: \$13525 Stated Amounts

Alarm Only Anti-Theft Device Active Anti-Theft Device Passive Auto Recovery System Device Only
 Auto Recovery System and Alarm Only Auto Recovery System and Anti-Theft Device 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 Information

Year: 2008 Make: HYUNDAI Model: ELANTRA VIN: KMHDU46D38U480235

Lienholder / Additional Interest Name Filter **Find**

[Add New Lienholder / 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 Information

Year: 2008 Make: HYUNDAI Model: ELANTRA VIN: KMHDU46D38U480235

Bank of America Lienholder / Additional Interest Name Filter Find

[Add New Lienholder / Additional Interest](#)

Lienholder/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 of 3

Bank of America Name Phone Number

527 Benson Rd Address Line 1 Loan/Lease #

Address Line 2

Garner City NC ZIP 27529-3903 Interest Type: Lienholder

Save & Add

Save & Continue>>

Cancel

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

***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.*

Add/Edit Information

Year: 2008 Make: HYUNDAI Model: ELANTRA VIN: KMHDU46D38U480235

United Consumer Finance Lienholder / Additional Interest Name Filter Find

[Add New Lienholder / Additional Interest](#)

Lienholder/Additional Interest Search Result

ID#	Lienholder/Additional Interest Name	Address	City	ST	Zip
No data to display					

Go to page: 1 Show rows: 10 0-0 of 0

Name Phone Number

Address Line 1 Loan/Lease #

Address Line 2

City Select a State... ZIP Interest Type: Lienholder

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).

Add/Edit Information

Year: 2008 Make: HYUNDAI Model: ELANTRA VIN: KMH DU46D38U480235

United Consumer Finance Lienholder / Additional Interest Name Filter

[Add New Lienholder / Additional Interest](#)

Name **Phone Number**

Address Line 1 **Loan/Lease #**

Address Line 2 **Interest Type**
Lienholder

City **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: Show rows: 1-2 of 2

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 ADMINISTRATION	REPORTS	MANAGE ACCOUNT	LINKS	LOGOUT
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Full Quote FQ00013013 (Saved)

Policy Coverages		FQ00013013
Uninsured Motorist BI	Reject	\$0
Policy Total	Total Premium \$0	

Vehicle Coverages		2018 BMW M5 [1A] WBSJF0C59JB283877
Bodily Injury	\$25,000/\$50,000	\$1,034
Property Damage	\$25,000	\$540
Uninsured Motorist PD	Reject	\$0
Comprehensive	None	\$0
Collision	None	
Medical Payments	Reject	\$0
Vehicle Total	Total Premium \$1,574	

Total Policy Premium: **\$1,574**

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**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
- Driver Info
- Vehicle Info
- Coverages
- Images
- Results

- << Back
- Go to Bottom
- Exit
- Continue >>

Quote Documents

Sched. Date	Print Date	Form Name	Description	Status	Actions
No data to display					
Go to page: <input type="text" value="1"/> Show rows: <input type="text" value="10"/> 0-0 of 0					

Printed Quote Forms and Documents

Quote Number: FQ00013013 Insured Name: john d rockefeller

Entered On	Entered By	Form Name	Description	Status	EOD Sort
No data to display					
Go to page: <input type="text" value="1"/> Show rows: <input type="text" value="10"/> 0-0 of 0					



To open these forms you will need the Free Adobe Acrobat Reader which you can get by clicking the button below:

Attached Forms & Documents:

Date	Submitted By	Type	Size	Category	Subcategory	Related To	Description	Delete
08/27/2018	Producer One		18.432 KB				Rate Worksheet	
Go to page: <input type="text" value="1"/> Show rows: <input type="text" value="10"/> 1-1 of 1								

- << Back
- Go to Top
- Exit
- Continue >>

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 ADMINISTRATION
REPORTS
MANAGE ACCOUNT
LINKS
LOGOUT

Full Quote FQ00009966 (Saved) (i) (u)

General Info
Driver Info
Vehicle Info
Coverages
Images
Results

<< Back
Go to Bottom
Exit
Save & Exit
Continue to Purchase

Quote Information

Your quote is an estimate based on information you entered about drivers, vehicles, and coverage options. You may modify your quote by entering different or additional information.

Quote Number: FQ00009966 Applicant: Aubrey Jonsew Mr.
 Policy Term: 12 Months Policy Effective Date: 06/26/2018 Policy Expiration Date: 06/26/2019

Driver Name	Rate Class	Rated Vehicles
Aubrey Jonsew Mr.	2A	2018 BMW M5

Go to page: Show rows: 1-1 of 1 ◀ ▶

Policy Level Coverage

Limits	Selected Limits	Premium
Bodily Injury:	\$25,000/\$50,000	\$1,890.00
Property Damage:	\$25,000	\$939.00
Uninsured Motorist BI:	\$25,000/\$50,000	\$457.00
Medical Payments:	Reject	\$0.00

Vehicle Coverage

Limits	Selected Limits	Premium
-2018 BMW, M5, Information:		
Uninsured Motorist PD:	\$25,000	\$120.00
Comprehensive:	None	\$0.00
Collision:	None	\$0.00

Premium

Total Policy Premium \$1,574.00

Billing Options

Premium Finance Company? Yes No

Payment Plan: ▼

Transaction History

Trans #	Actg Date	Trans Eff Date	Check#	Description	Rev	Debit Amount	Credit Amount	Balance
No data to display								

Quote History

Date/Time	User 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

FQ00009966 : Payment Information

« Back Exit Save & Submit Save & Continue »

Payment Information

Policy Payment of \$3,406.00 is due under the Payment Plan. Please select the type of payment.

- Credit Card
- Check
- Money Order/Cashier's Check
- Cash Payment

« Back Print Payment Receipt Save & Continue » Save & Submit Exit

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****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 **must** 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 FQ00000660 (In Process)



General Info

Driver Info

Coverages

Correspondence

Images

Results

<< Back

Go to Bottom

Exit

Continue >>

Quote Documents

Sched. Date	Print Date	Form Name	Description	Status	Actions
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
09/19/2018	N/A	Payment Receipt	Payment Receipt	Scheduled	Image
09/19/2018	N/A	QuotePolicy Cover...	QuotePolicy Coversheet	Scheduled	Image
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: Show rows: 1-8 of 8

Payment Receipt is where you will find the payment coupon (see bottom of the document)

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 ADMINISTRATION	REPORTS	MANAGE ACCOUNT	LINKS	LOGOUT
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Producer Landing Page

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

Policy Administration
[View Policy/Quote](#)
[Create Quick Quote](#)
[Create Full Quote](#)
[Make a Payment](#)
[Endorse a Policy](#)

Reports
[View Book of Business](#)
[View Detail Book of Business](#)
[View Commission Statements](#)

Manage Account
[View My Profile](#)
[Manage Certified Representatives](#)
[Upload P & C License](#)
[Upload E & O Policy](#)

Links
[Frequently Asked Questions](#)
[RI Plan Forms](#)
[RI Plan Interactive Manual](#)
[Symbols](#)

Inbox

Number	Due Date	Description	Last Name	First Name
No data to display				

Go to page: Show rows: 0-0 of 0

Quotes

Quote Number	Created Date	Last Name	First Name	Requested Effe...
Q00029440	06/18/2018	test	uat_test	06/15/2019
Q00029431	06/18/2018	test	uat_test	06/15/2019
Q00028254	06/14/2018	DORMAN	JOHN	01/04/2019
Q00023419	05/19/2018	GALEZ	ESTANISLAO	08/17/2018
Q00011980	08/06/2018			08/07/2018
Q00008841	05/29/2018	Coverages	Testing	05/30/2018
Q00008823	05/29/2018			05/30/2018
Q00008701	05/24/2018	Trailers	Test	05/25/2018
Q00008653	05/23/2018			05/24/2018
Q00008626	05/22/2018	693	Issue	05/23/2018

Go to page: Show rows: 1-10 of 121

Policies

Policy Number	Quote Number	Last Name	First Name	Effective Date	Assic
R38A003911-0	FQ00011949	4th Sanity	August	08/05/2018	AMIC
R38A003881-0	FQ00011976	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 Search

Locate Insured/Policy/Quote

Search by Policy Holder: Use Sound Like

Search by Policy/Quote Number: Show History

First Name MI Last Name Policy/Quote Number

Date of Birth Driver's License #

Marital Status
Please select Marital Status

Address 1 Address 2

City ST ZIP

Phone Number

Status
Please select...

Producers
Bella Insurance Inc.

Email VIN

Continue»

Exit

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

HOME POLICY ADMINISTRATION REPORTS MANAGE ACCOUNT LINKS LOGOUT

Policy Search Results

Search Results: 4 items found

Policy/Quote #	First Name	MI	Last Name	Address	Date of Birth	DL#	DL Stat
R38A001201-0	Janessa		Coutu	325 Grove St, Woonsocket, RI	09/26/1970	1234567	RI
FQ00006192	Lisa		Diaz	300 Elm St, Woonsocket, RI	07/13/1988	5555236	RI
EQ00000739	Janessa		Coutu	325 Grove St, Apt 2B, Woonsocket, RI	09/26/1970	1234567	RI
EQ00000720	Janessa		Coutu	325 Grove St, Woonsocket, RI	09/26/1970	1234567	RI

Go to page: 1 Show rows: 10 1-4 of 4

New Search Cancel

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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
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Make Payment R38A001201-0

Billing Information

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 Fee Due: \$0.00	Equity Date: 4/30/2018	Currently Overdue: \$0.00
Total Amount Currently Due: \$0.00		
Due Date: N/A		

Payment Information

Policy Payment of \$0.00 is due under the Payment Plan. Please select the type of payment.

Credit Card \$0.00 Amount Paid ←

Check

Money Order/Cashier's Check

Cash Payment

View Payment Schedule

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

Billing

Policy: R38A000016-0

[View History](#)

[Producer Landing Page](#)

Company Name : [NORFOLK & DEDHAM MUT FIRE INS CO](#)

Named Insured : [Evgenia Erickson](#)

Producer Name : [narendra karuturi \(Prod\)](#)

Equity Date : 11/7/2018

Filings : No

Company Policy # : N/A

Effective Date : 09/14/2018

Expiration Date : 09/14/2019

PolicyTerm : 12 Months

Next Payment Due : 10/14/2018

Policy Status : Active

Transaction Type : New Business

Trans. Eff. Date : 09/14/2018

Pay Plan : 10 Pay (Non EFT)

Next Payment Amt : \$434.04

Transaction History

Trans #	Actg Date	Trans Eff D...	Check#	Description	Rev	Debit Amount	Credit Amount	Balance
1	09/14/2018	09/14/2018	N/A	New Business		\$4,543.00	\$0.00	\$4,543.00
2	09/13/2018	09/13/2018	N/A	Payment - Credit Card		\$0.00	\$681.45	\$3,861.55

Billing Plan

Sched. Date	Print Date	Due Date	Cancel Da...	Status	Premium...	Inst. Fee	NSF Fee	Adjustment	Future To
09/13/2018	09/13/2018	09/14/2018	N/A	Paid	\$681.45	\$0.00	\$0.00	(\$681.45)	\$0.00
09/24/2018	N/A	10/14/2018	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
10/25/2018	N/A	11/14/2018	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
11/24/2018	N/A	12/14/2018	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
12/25/2018	N/A	01/14/2019	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
01/25/2019	N/A	02/14/2019	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
02/22/2019	N/A	03/14/2019	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
03/25/2019	N/A	04/14/2019	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
04/24/2019	N/A	05/14/2019	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
05/25/2019	N/A	06/14/2019	N/A	Scheduled	\$429.23	\$5.00	\$0.00	\$0.00	\$434.23

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	Type	Size	Category	Subcategory	Related To	Description	Delete
09/13/2018	narendra ka...		19.413 KB				Rate Worksheet	

Go to page: 1 Show rows: 10 1-1 of 1

Add Attachment Add Attachment by Email

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.

Document Upload Interface

Category
Policy

Subcategory
Driver

Related To
Policy

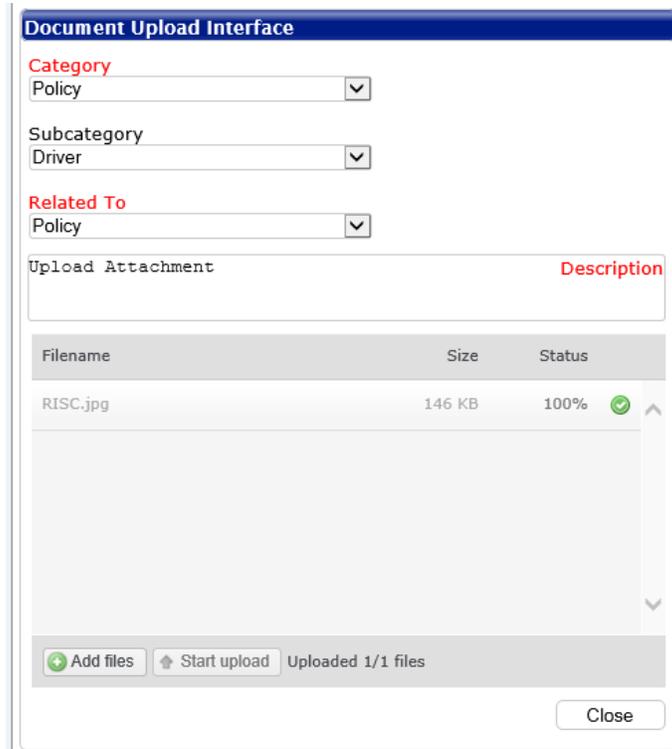
Upload Attachment Description

Filename	Size	Status
RISC.jpg	146 KB	0%

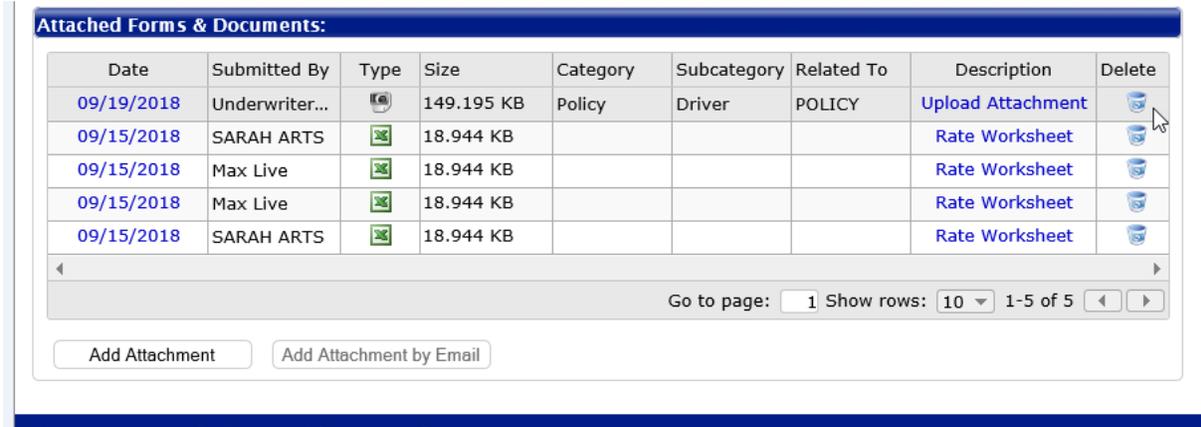
Add files **Start upload** 146 KB 0%

Close

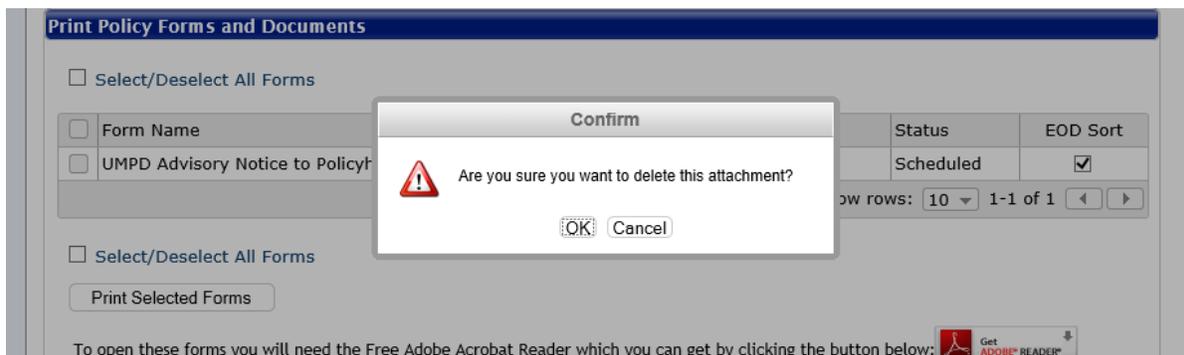
Click **Start Upload** when all files have been selected. Once all files are 100% upload (see status), click **Close**.



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



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



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: R38A000016-0

[View History](#)

Insured Info
Coverages
Billing
History
Policy Notes
Images
Actions

Company Name : [NORFOLK & DEDHAM MUT FIRE INS CO](#)

Named Insured : Evgenia Erickson

Producer Name : [narendra karuturi \(Prod\)](#)

Equity Date : 11/7/2018

Filings : No

Company Policy # : N/A

Effective Date : 09/14/2018

Expiration Date : 09/14/2019

PolicyTerm : 12 Months

Next Payment Due : 10/14/2018

Policy Status : Active

Transaction Type : New Business

Trans. Eff. Date : 09/14/2018

Pay Plan : 10 Pay (Non EFT)

Next Payment Amt : \$434.04

Policy Documents

Sched. Date	Print Date	Form Type	Description	Status	EOD Sor
9/13/2018...		Policy Forms	RI Priv Pass App AIP 4550	Printed	No
9/13/2018...	9/17/2018...	Policy Forms	Signature Sheet	Printed	No
9/13/2018...		Policy Forms	RI AIP Temp ID Card	Printed	No
9/13/2018...		Policy Forms	Payment Receipt	Printed	No
9/13/2018...		Policy Forms	RI Credit Card Authorization Form	Printed	No
9/13/2018...		Policy Forms	QuotePolicy Coversheet	Printed	No
9/13/2018	9/14/2018...	Policy Forms	Custom Equipment Exclusion Endorsement	Printed	Yes
9/13/2018	9/14/2018...	Policy Forms	Personal Auto Policy Agreement	Printed	Yes
9/13/2018	9/14/2018...	Policy Forms	Important Notice Uninsured Motorist	Printed	Yes
9/13/2018	9/14/2018...	Policy Forms	Single Uninsured Motorists Limit-Rhode Island	Printed	Yes

Show rows: 1-10 of 13

Print Policy Forms and Documents

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

Browser: <https://apps-uat.riautoplan.com/dynamicpdf.max>

apps-uat.riautoplan.com

File Edit Go to Favorites Help

ACA Home Page Home - RISC Systems Rep... https--wip.maxprocessing LADS - Home Policy Administration Syst... AIPSO Home

PRIVATE PASSENGER, MOTORCYCLE, AND NAMED NON OWNER APPLICATION RHODE ISLAND AUTOMOBILE INSURANCE PLAN

SECTION 1. PRODUCER OF RECORD					
Producer Last Name/Agency Name karuturi (Prod) / Julio M. Jimenez			Producer First Name narendra		MI
Mailing Address 302 Central Avenue		Ste./Apt. No.	City Johnston	State RI	Zip Code 02919
Tax ID or Social Security No.	Producer License No. 1234567890	Telephone No. (Incl. area code) (123) 456-7890		Fax No. (Incl. area code)	
SECTION 2. APPLICANT/REGISTERED OWNER					
Last Name Erickson		First Name Evgenia		MI	Telephone No. (Incl. area code) (414) 732-3228
Business Telephone No. (Incl. area code) Extn:					
Email Address					
Co-Applicant's Last Name (if applicable)		First Name		MI	
Primary Residence Street Address (Localities where applicant resides) 302 Central Ave				State RI	Zip Code 02919-4932

9/13/2018...		Policy Forms	RI Priv Pass App AIP 4550	Printed	No
9/13/2018...	9/17/2018...	Policy Forms	Signature Sheet	Printed	No
9/13/2018...		Policy Forms	RI AIP Temp ID Card	Printed	No
9/13/2018...		Policy Forms	Payment Receipt	Printed	No
9/13/2018...		Policy Forms	RI Credit Card Authorization Form	Printed	No
9/13/2018...		Policy Forms	QuotePolicy Coversheet	Printed	No
9/13/2018	9/14/2018...	Policy Forms	Custom Equipment Exclusion Endorsement	Printed	Yes
9/13/2018	9/14/2018...	Policy Forms	Personal Auto Policy Agreement	Printed	Yes
9/13/2018	9/14/2018...	Policy Forms	Important Notice Uninsured Motorist	Printed	Yes

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: **R38A000016-0**

[View History](#)
 R38A000016-0

[Producer Landing Page](#)

[Quick Search](#)

[Go](#)

Insured Info
Coverages
Billing
History
Policy Notes
Images
Actions

Company Name : [NORFOLK & DEDHAM MUT FIRE INS CO](#)

Named Insured : Evgenia Erickson

Producer Name : [narendra karuturi \(Prod\)](#)

Equity Date : 11/7/2018

Filings : No

Company Policy # : N/A

Effective Date : 09/14/2018

Expiration Date : 09/14/2019

PolicyTerm : 12 Months

Next Payment Due : 10/14/2018

Policy Status : Active

Transaction Type : New Business

Trans. Eff. Date : 09/14/2018

Pay Plan : 10 Pay (Non EFT)

Next Payment Amt : \$434.04

Transaction History

Trans #	Actg Date	Trans Eff D...	Check#	Description	Rev	Debit Amount	Credit Amount	Balance
1	09/14/2018	09/14/2018	N/A	New Business		\$4,543.00	\$0.00	\$4,543.00
2	09/13/2018	09/13/2018	N/A	Payment - Credit Card		\$0.00	\$681.45	\$3,861.55
3	09/24/2018	09/24/2018	N/A	Installment Fee (System		\$5.00	\$0.00	\$3,866.55

Billing Plan

Sched. Date	Print Date	Due Date	Cancel Da...	Status	Premium...	Inst. Fee	NSF Fee	Adjustment	Future To
09/13/2018	09/13/2018	09/14/2018	N/A	Paid	\$681.45	\$0.00	\$0.00	(\$681.45)	\$0.00
09/24/2018	09/24/2018	10/14/2018	N/A	Due in 16 days	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
10/25/2018	N/A	11/14/2018	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
11/24/2018	N/A	12/14/2018	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
12/25/2018	N/A	01/14/2019	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
01/25/2019	N/A	02/14/2019	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
02/22/2019	N/A	03/14/2019	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
03/25/2019	N/A	04/14/2019	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
04/24/2019	N/A	05/14/2019	N/A	Scheduled	\$429.04	\$5.00	\$0.00	\$0.00	\$434.04
05/25/2019	N/A	06/14/2019	N/A	Scheduled	\$429.23	\$5.00	\$0.00	\$0.00	\$434.23

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

Report Mailing 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.

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

Policy Forms List

Policy: R38A000016-0



Policy Forms

Select / Unselect All

Select	Form Name	Description	Status
<input checked="" type="checkbox"/>	Policy Declaration	Policy Declaration	Printed
<input checked="" type="checkbox"/>	RI AIP Perm ID Card	RI AIP Perm ID Card	Printed
<input type="checkbox"/>	AIP 17 27 04 11	Custom Equipment Exclusion Endorsement	Printed
<input type="checkbox"/>	Important Notice Uninsured Motorist	Important Notice Uninsured Motorist	Printed
<input type="checkbox"/>	PP 04 38 06 98	Single Uninsured Motorists Limit-Rhode Island	Printed
<input type="checkbox"/>	PP P 011 09 14	Advisory Notice to Policyholders Regarding Ride-Sharing	Printed
<input type="checkbox"/>	UMPD Advisory Notice to Policyholders	UMPD Advisory Notice to Policyholders	Scheduled
<input type="checkbox"/>	QuotePolicy Coversheet	QuotePolicy Coversheet	Scheduled
<input type="checkbox"/>	AIP 46 04 03 17	Personal Auto Policy Agreement	Printed
<input type="checkbox"/>	Payment Receipt	Payment Receipt	Printed
<input type="checkbox"/>	RI AIP Temp ID Card	RI AIP Temp ID Card	Scheduled
<input type="checkbox"/>	Signature Sheet	Signature Sheet	Printed
<input type="checkbox"/>	AIP 4456	RI Credit Card Authorization Form	Scheduled
<input type="checkbox"/>	AIP 4550	RI Priv Pass App AIP 4550	Printed
<input type="checkbox"/>	Letterhead	Letterhead	Printed
<input type="checkbox"/>	UMBI Reject Elect - Agency	UMBI Reject Elect	Printed
<input type="checkbox"/>	UMBI Reject Elect	UMBI Reject Elect	Printed

17 Results Found.

Select / Unselect All

Email Address

<< Back

Print Selected Forms

Email Selected Forms

Fax Selected Forms

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 Mailing 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 Page

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

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Inbox

Number	Due Date	Description	Last Name	First Name
FQ00000304	09/18/2018	FQ00000304 is In Progress (Rebecca Reed)	One	Producer

Go to page: 1 Show rows: 10 1-1 of 1

Quotes

Quote Number	Created Date	Last Name	First Name	Requested Effe...
FQ00000435	09/14/2018	sanity testing	Thirumalesh_Sa...	09/15/2018
FQ00000341	09/13/2018	Shake	Jane	09/14/2018
FQ00000304	09/13/2018	Vermont	Vinny	09/28/2018

Go to page: 1 Show rows: 10 1-3 of 3

Policies

Policy Number	Quote Number	Last Name	First Name	Transaction Effective
R38A000016-0	FQ00000283	Erickson	Evgenia	09/14/2018

Go to page: 1 Show rows: 10 1-1 of 1

Policies in Cancellation

Number	Last Name	First Name	Reason	Cancellation Date
No data to display				

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

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

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Inbox

Number	Due Date	Description	Last Name	First Name
FQ00000304	09/18/2018	FQ00000304 is In Progress (Rebecca Reed)	One	Producer

Go to page: 1 Show rows: 10 1-1 of 1

Quotes

t Name	First Name	Requested Effe...	Status	Retract	Reason
y testing	Thirumalesh_Sa...	09/15/2018	Saved	<input type="checkbox"/>	Reason... ▾
hake	Jane	09/14/2018	Quality Control	<input type="checkbox"/>	Reason... ▾
rmont	Vinny	09/28/2018	In Process	<input type="checkbox"/>	Reason... ▾

Go to page: 1 Show rows: 10 1-3 of 3

Policies

Policy Number	Quote Number	Last Name	First Name	Transaction Effective
R38A000016-0	FQ00000283	Erickson	Evgenia	09/14/2018

Go to page: 1 Show rows: 10 1-1 of 1

Policies in Cancellation

Number	Last Name	First Name	Reason	Cancellation Date
No data to display				

Go to page: 1 Show rows: 10 0-0 of 0

Producer Landing Page



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

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Inbox

Number	Due Date	Description	Last Name	First Name
FQ00000304	09/18/2018	FQ00000304 is In Progress (Rebecca Reed)	One	Producer

Go to page: 1 Show rows: 10 1-1 of 1

Quotes

t Name	First Name	Requested Effe...	Status	Retract	Reason
y testing	Thirumalesh_Sa...	09/15/2018	Saved	<input type="checkbox"/>	Reason...
hake	Jane	09/14/2018	Quality Control	<input type="checkbox"/>	Reason...
rmont	Vinny	09/28/2018	In Process	<input type="checkbox"/>	Reason...

Go to page: 1 Show rows: 10 1-3 of 3

Reason...
 Applicant obtained coverage in the voluntary market.
 Applicant has declined coverage through the Plan.
 Application had an error, have submitted corrected application.
 Other

Policies

Policy Number	Quote Number	Last Name	First Name	Transaction Effective
R38A000016-0	FQ00000283	Erickson	Evgenia	09/14/2018

Go to page: 1 Show rows: 10 1-1 of 1

Policies in Cancellation

Number	Last Name	First Name	Reason	Cancellation Date
No data to display				

Go to page: 1 Show rows: 10 0-0 of 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



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Inbox

Number	Due Date	Description	Last Name	First Name
FQ00000304	09/18/2018	FQ00000304 is In Progress (Rebecca Reed)	One	Producer

Go to page: 1 Show rows: 10 1-1 of 1

Warning

Are you sure you want to perform quote retraction?

Status	Retract	Reason
Saved	<input checked="" type="checkbox"/>	Applicant h
Control	<input type="checkbox"/>	Reason...
rmont	<input type="checkbox"/>	Reason...

Go to page: 1 Show rows: 10 1-3 of 3

Reports

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



Producer Landing Page

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 Providence, RI 02905-1616
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Inbox

Number	Due Date	Description	Last Name	First Name
FQ00000304	09/18/2018	FQ00000304 is In Progress (Rebecca Reed)	One	Producer

Go to page: Show rows: 1-1 of 1

Quotes

Quote Number	Created Date	Last Name	First Name	Requested Effe...
FQ00000697	09/20/2018	O'Reilly	Mary	09/21/2018
FQ00000688	09/20/2018	O'Reilly	Mary	09/21/2018
FQ00000435	09/14/2018	sanity testing	Thirumalesh_Sa...	09/15/2018
FQ00000341	09/13/2018	Shake	Jane	09/14/2018
FQ00000304	09/13/2018	Vermont	Vinny	09/28/2018

Go to page: Show rows: 1-5 of 5

Policies

Policy Number	Quote Number	Last Name	First Name	Transaction Effective
R38A000016-0	FQ00000283	Erickson	Evgenia	09/14/2018

Go to page: Show rows: 1-1 of 1

Policies in Cancellation

Number	Last Name	First Name	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 History



Agency Commissions

Agency:

Policy Number: Commission Invoices
 Previously Paid
 All

Entry Date	Policy Number	Transaction	Agency	Amount	Percent
No data to display					

Go to page: Show rows: 0-0 of 0

Agency	Date	Statement
No data to display		

Go to page: Show rows: 0-0 of 0

Links

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

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POLICY ADMINISTRATION
REPORTS
MANAGE ACCOUNT
LINKS
LOGOUT

Producer Landing Page

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Inbox

Number	Due Date	Description	Last Name	First Name
No data to display				

Go to page: Show rows: 0-0 of 0

Quotes

Quote Number	Created Date	Last Name	First Name	Requested Effe...
RQ00037961	07/24/2018	Sambramolla	Thirumalesh_UA...	07/07/2019
RQ00029440	06/18/2018	test	uat_test	06/15/2019
RQ00029431	06/18/2018	test	uat_test	06/15/2019
RQ00028254	06/14/2018	DORMAN	JOHN	01/04/2019
RQ00023419	05/19/2018	GALEZ	ESTANISLAO	08/17/2018
QQ00009830	06/20/2018	Davenport	Penelope	06/21/2018
QQ00008841	05/29/2018	Coverages	Testing	05/30/2018
QQ00008823	05/29/2018			05/30/2018
QQ00008701	05/24/2018	Trailers	Test	05/25/2018
QQ00008653	05/23/2018			05/24/2018

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Policies

Policy Number	Quote Number	Last Name	First Name	Effective Date	Assi
R38A003421-0	FQ00010443	Sambramolla	Thirumalesh_...	07/07/2018	USAA
R38A003027-0	FQ00010439	Sambramolla	Thirumalesh_...	07/07/2018	NEW
R38A002433-0	FQ00009610	test	uat_test	06/15/2018	USAA



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Inbox

Number	Due Date	Description	Last Name	First Name
No data to display				

Go to page: 1 Show rows: 10 1-1 of 1

Quotes

Quote Name	First Name	Requested Effective Date	Status	Retract	Reason
Test	Email	09/30/2018	Submitted	<input type="checkbox"/>	Reason... ▼
Reilly	Mary	09/21/2018	Saved	<input type="checkbox"/>	Reason... ▼
Reilly	Mary	10/20/2018	Saved	<input type="checkbox"/>	Reason... ▼
Quote testing	Thirumalesh_Sa...	09/15/2018	Saved	<input type="checkbox"/>	Reason... ▼
Quote hake	Jane	09/14/2018	Quality Control	<input type="checkbox"/>	Reason... ▼
Quote armont	Vinny	09/28/2018	In Process	<input type="checkbox"/>	Reason... ▼
Quote ickson	Evgenia	09/28/2018	Saved	<input type="checkbox"/>	Reason... ▼
Quote ickson	Evgenia	09/28/2018	Quality Control	<input type="checkbox"/>	Reason... ▼

Go to page: 1 Show rows: 10 1-8 of 8

Policies

Last Name	First Name	Transaction Effective Date	Assigned Carrier	Status
Erickson	Evgenia	09/14/2018	NORFOLK & DED...	IN FORCE

Go to page: 1 Show rows: 10 1-1 of 1

Policies in Cancellation

Number	Last Name	First Name	Reason	Cancellation Date
No data to display				

Go to page: 1 Show rows: 10 0-0 of 0

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:

Missing documents, Invalid License, etc.

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

Cancelled: The Policy is cancelled.