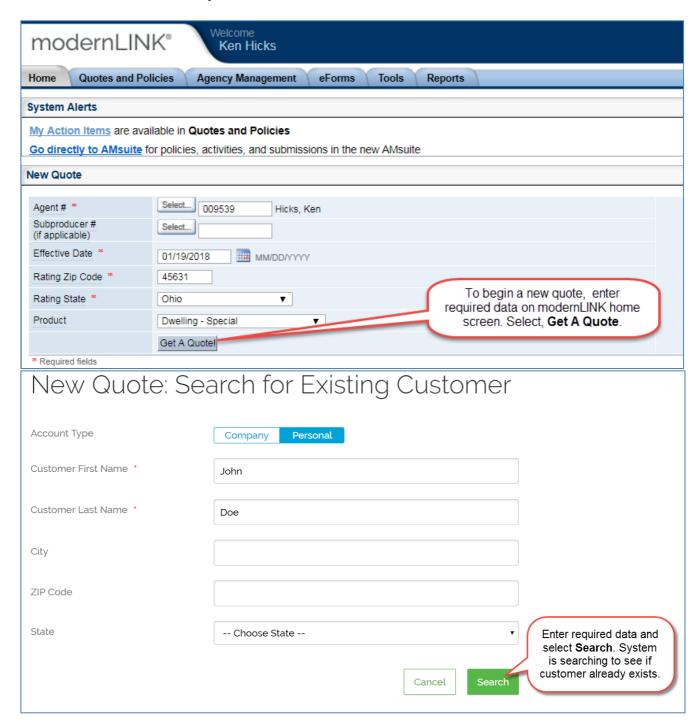




This job aid will provide step by step instructions for completing a residential quote and policy issuance in our AMsuite system.





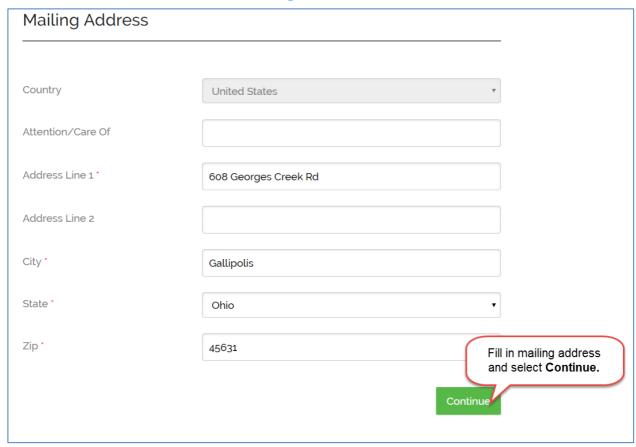


Possible Account Matches No results found! At least five letters are required for person first and last name without exact matches Cancel Search Again Continue as a New Customer If customer has previously received a quote, select customer. If they have not previously been quoted, Select Continue as a New Customer.

New Quote: New Customer Details Account Type Personal Customer First Name * John Customer Middle Name Customer Last Name * Doe **Customer Suffix** Date Of Birth * 01/01/1950 SSN Fill in all required fields and scroll down to Mailing Address. Phone Type Mobile Phone Number * 513-555-1235







Once the user navigates past the new quote section that displays the rating state, product, and policy type, user will be unable to make changes to any of the fields. A new quote would need to be started if changes are necessary.





OH 45631-8458

New Quote: Policy Details for Existing Customer

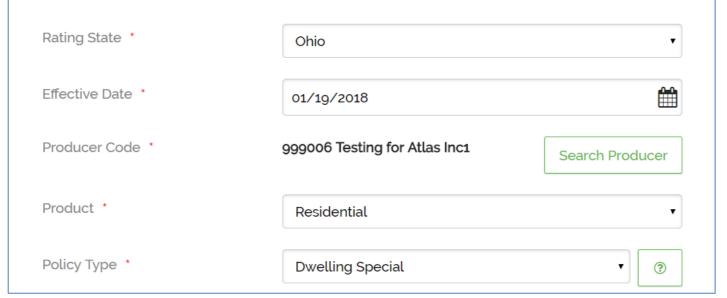
Account Type Personal

Account 000000556

John Doe 608 Georges Creek Rd Gallipolis

Producer code, product and policy type will be brought forward from home page of modernLINK.

If user started quote in AMsuite (portal), they will need to enter producer code, product and policy type.







Dwelling Special - Quote (000001282) John Doe Click the Named Insured above to access mailing/account address	
Policy Details	_
Effective Date * 01/19/2018	
Has the applicant moved in the last 60 Yes No days? *	
Qualification	_
In connection with underwriting or rating this application for insurance, we may review your credit history or obtain or use a credit based insurance score based on the information contained in that credit history. We may use a third party in connection with the development of your insurance score.	
In connection with this application for insurance, we may review your claims history or loss experience and may report future claims made by you to a claims history provider. *	
Disclaimer has been read and applicant did not object. * Yes No	
Has the applicant been convicted of arson, fraud, or other insurance- related offenses? * No	
Is the applicant in foreclosure or currently 60 days or more past due on Momortgage payments for any property?	
Additional Insured Add Additional Named Insured (No Mortgagees) Add Additional Named Insured (No Mortgagees)	
Cancel	

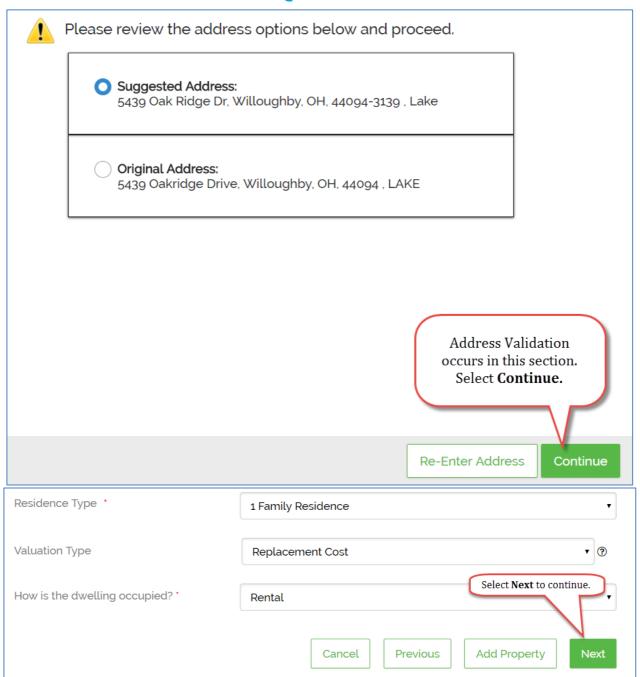




John Doe	ecial - Quote (0000012 to access mailing/account address	282)
Property		
Address	New Address	• @
Country	United States	Select or add address of
Attention/Care Of		property you are quoting.
Address Line 1*	5439 Oakridge Drive	
Address Line 2		
City *	Willoughby	
State *	Ohio	
Zip *	44094	

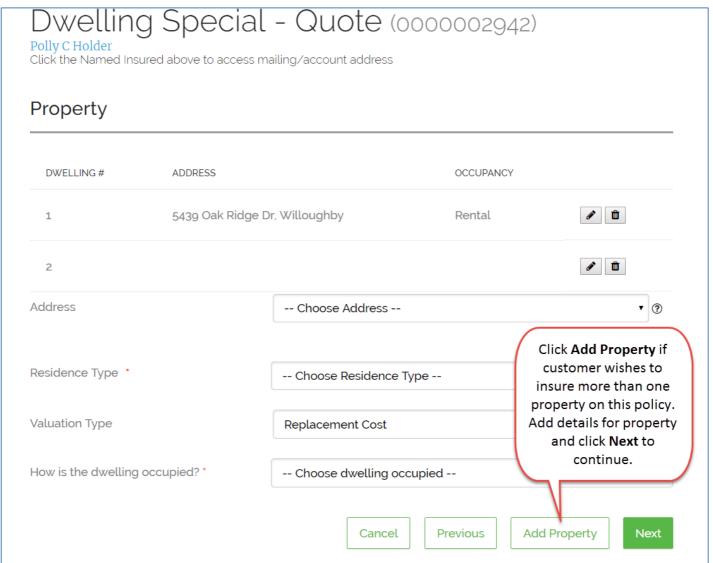
















Dwelling Special - Quote (0000001282)

John Doe

Click the Named Insured above to access mailing/account address

Valuation

Valuation Type

Dwelling 1 5439 Oak Ridge Dr

Year Built 1983

Construction Type Frame

Number of Stories 1

Do not include the basement (finished or unfinished) in Finished Living Area.

1628

Replacement Cost

Finished Living Area (Sq Ft) *

Protection Class 3

MSB returns results based on information that is on file with the Homeowner's county.

If home details are not returned from MSB, manually enter the data.





Townhome or Row Home? *	Yes No
Foundation Type	Basement - Below Grade
Roof Covering	Composition Shingle
Roof Slope/Style	Moderate Pitch
Year Roof Replaced *	2009
Primary Heating	Electric
MSB Reported Value *	260048 Validate MSB results and
Estimated Valuation *	enter any required data. Select Next to continue.
Read-only details have been retrieved from MSB" to refresh the details.	om MSB. To make changes, please "View MSB" and then "Retrieve from View MSB Retrieve from MSB MSB Report Cancel Previous Next

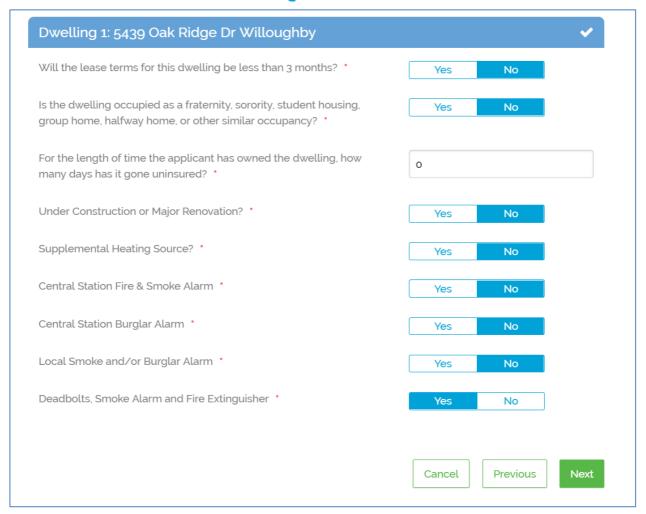




oes the applicant intend to enroll in paperless policy delivery? *	Yes	No	
/ill the applicant be paying in full for this policy? (Not eligible if enholder billed)	Yes	No	
igible for multi-policy discount? •	Yes	No	
the applicant a member of any of the following organizations? If so, elect one.	Choose		•
oes the applicant currently have an automobile policy written through our agency? *	No		•
las the applicant had any losses above \$500 in the past 3 years? *	Yes	No	Answer questions about Discounts/Surcharges.
as the applicant had similar insurance declined, cancelled, or non-enewed? $\overset{\bullet}{}$	Yes	No	Enter prior losses if applicable.
low many dwellings does the applicant own?	2		
Prior Losses			

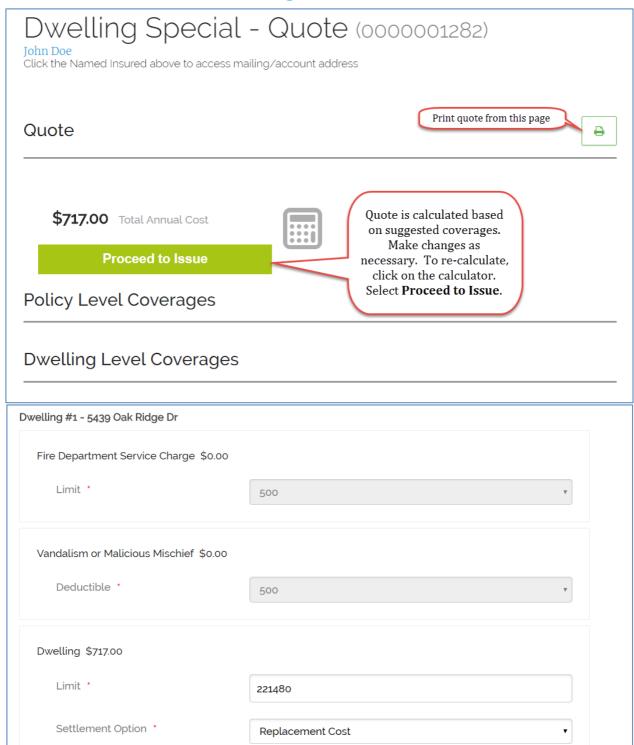






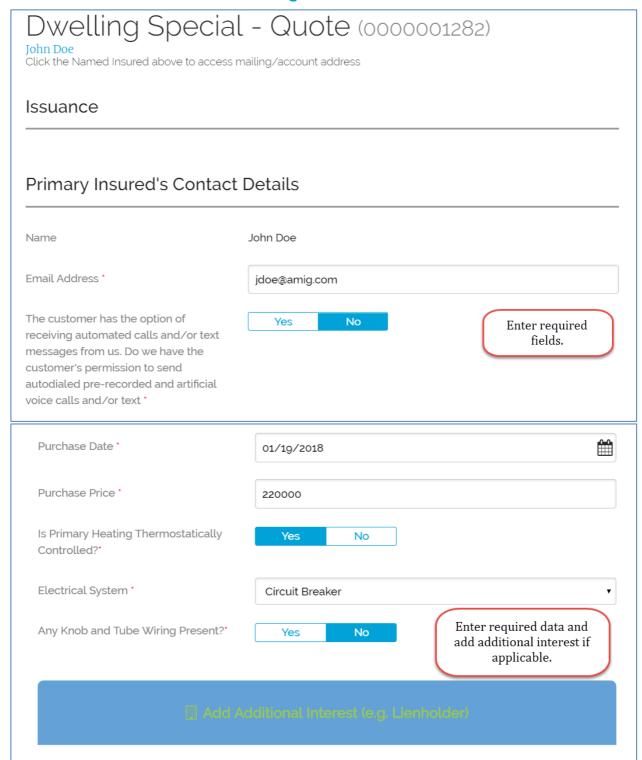






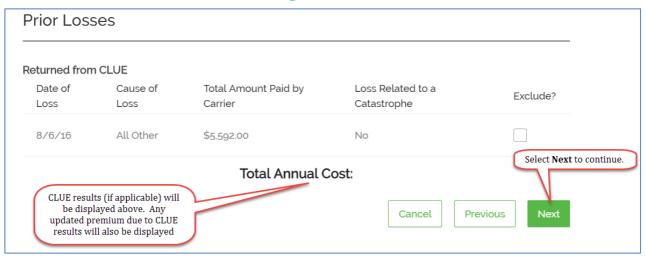


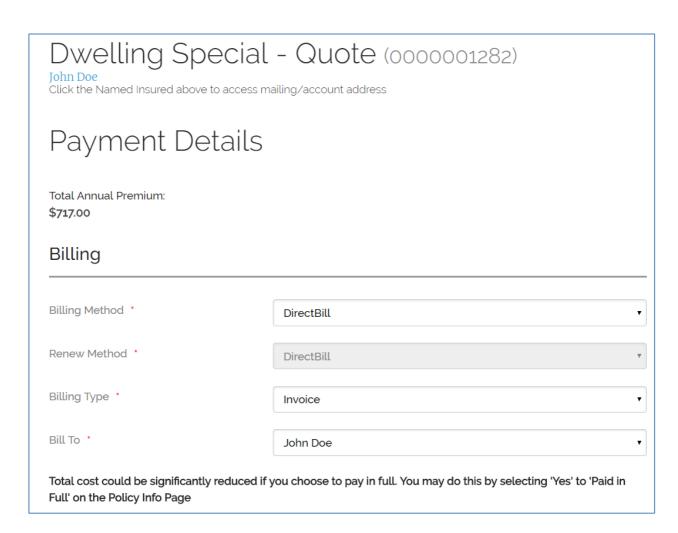














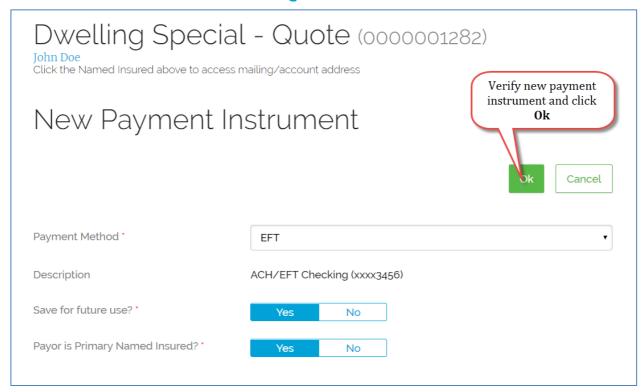


SELECT	NAME	PAY NOW	AMOUNT OF INSTALLMENT (EXCLUDING FEE)	INSTALLEMENTS	INSTALLMENT FEE	TOTAL COST (INCLUDING FEES)
\bigcirc	Pay in Full	\$717.00	\$0.00	0	\$0.00	\$717.00
\bigcirc	2 Pay	\$358.50	\$358.50	1	\$0.00	\$358.50
0	4 Pay	\$179.25	\$179.25	3	\$0.00	\$179.25
0	6 Pay	\$143.40	\$114.72	5	\$0.00	\$143.40













Signatures on required forms can be obtained two ways 1) Emailed to Primary Named Insured for electronic signature, or 2) Printed for traditional signature by Primary Named Insured. Please choose an option below. Note: If electronic signature is selected, the electronic envelope may first be emailed to the Producer for signature before being forwarded to the Primary Named Insured. Electronic Signature - Mobile Device Required Traditional Signature You may either print the documents requiring signature now or after issuance. If you print now, you must write the policy number on the form(s) when a number gets assigned at issuance. Coverage is not bound until a policy has To print now, use the button below, print locally, issue the policy, fill in the policy number by hand, and collect the signature(s). To print after issuance, issue the policy, go to the Documents page of the issued policy, select which documents to print, print locally, and collect the signature(s). Retain signed copies of documents, or scan and attach them to the policy. There are two options for signatures. Electronic or Traditional. If Electronic is chosen. FORM # DESCRIPTION insured must have an e-mail address and electronic device. View/Print DW-CW-O-0001 **Dwelling Application** Select Buy Now to Cancel Previous issue policy.





Payment Successful

Set Up An Online Account

Your new policy has been bound.

If customer is going paperless, don't forget to set up their online account.

Policy Summary

Account Number

Policy Number

Policy Effective Date

Policy Period

Policy Total Amount
Payment Plan Name

Current Payment

0000000556

300001176

To print dec page, click on policy number hyperlink.

January 19, 2018

January 19, 2018 - January 19, 2019

\$717.00

4 Pay

\$179.25

Keep a record of these documents or upload to the policy documents

- The completed and signed application
- Coverage selection/rejection, named exclusion, or other state-specific forms
- Proof of discounts, and any other documents required as indicated in the application process or in the state specific program manual.
 NOTE:
- When the electronic signature tool is used and successfully completed by both producer and customer, the signed forms automatically upload to the policy documents
- All policyholder documents must be retained for seven (7) years after the date of policy cancellation.

For questions about using AMsuite, please contact American Modern's Customer Service Team.