

Residential Quote & Issue

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

modernLINK® Welcome Ken Hicks

[Home](#) | [Quotes and Policies](#) | [Agency Management](#) | [eForms](#) | [Tools](#) | [Reports](#)

System Alerts

[My Action Items](#) are available in **Quotes and Policies**

[Go directly to AMsuite](#) for policies, activities, and submissions in the new AMsuite

New Quote

Agent # *	Select... 009539	Hicks, Ken	
Subproducer # (if applicable)	Select...		
Effective Date *	01/19/2018	MM/DD/YYYY	
Rating Zip Code *	45631		
Rating State *	Ohio	▼	
Product	Dwelling - Special	▼	
Get A Quote!			

* Required fields

New Quote: Search for Existing Customer

Account Type

Customer First Name *

Customer Last Name *

City

ZIP Code

State

To begin a new quote, enter required data on modernLINK home screen. Select, **Get A Quote**.

Enter required data and select **Search**. System is searching to see if customer already exists.

© 2017 American Modern Insurance Group

January 2018

For Agent Use Only - Not for Distribution
 American Modern, American Modern Insurance Group, AMsuite, and modernLINK are registered trademarks of American Modern Insurance Group, Inc.

Residential Quote & Issue

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 *	<input type="text" value="John"/>
Customer Middle Name	<input type="text"/>
Customer Last Name *	<input type="text" value="Doe"/>
Customer Suffix	<input type="text"/>
Date Of Birth *	<input type="text" value="01/01/1950"/> 
SSN	<input type="text" value="--- -- -"/>
Phone Type	<input type="text" value="Mobile"/>
Phone Number *	<input type="text" value="513-555-1235"/>

Fill in all required fields and scroll down to Mailing Address.

Residential Quote & Issue

Mailing Address

Country

Attention/Care Of

Address Line 1 *

Address Line 2

City *

State *

Zip *

Fill in mailing address and select **Continue**.


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.

Residential Quote & Issue

New Quote: Policy Details for Existing Customer

Account Type	Personal
Account	0000000556
Person	John Doe 608 Georges Creek Rd Gallipolis OH 45631-8458

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.

Rating State *	<input type="text" value="Ohio"/>
Effective Date *	<input type="text" value="01/19/2018"/> 
Producer Code *	<input type="text" value="999006 Testing for Atlas Inc1"/> <input type="button" value="Search Producer"/>
Product *	<input type="text" value="Residential"/>
Policy Type *	<input type="text" value="Dwelling Special"/> <input data-bbox="1362 1608 1449 1675" type="button" value="?"/>

Residential Quote & Issue

Dwelling Special - Quote (0000001282)

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 days? *

Yes

No

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. *

Yes

No

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. *

Yes

No

Disclaimer has been read and applicant did not object. *

Yes

No

Has the applicant been convicted of arson, fraud, or other insurance-related offenses? *

Yes

No

Is the applicant in foreclosure or currently 60 days or more past due on mortgage payments for any property? *

Yes

No

Additional Insured

 Add Additional Named Insured (No Mortgagees)

Add Additional Named Insured if applicable and then select **Next**.

Cancel

Next

Residential Quote & Issue

Dwelling Special - Quote (0000001282)

John Doe

Click the Named Insured above to access mailing/account address

Property

Address

New Address

Country

United States

Select or add address of property you are quoting.

Attention/Care Of

Address Line 1 *

5439 Oakridge Drive

Address Line 2

City *

Willoughby

State *

Ohio

Zip *

44094

Residential Quote & Issue



Please review the address options below and proceed.

Suggested Address:
5439 Oak Ridge Dr, Willoughby, OH, 44094-3139 . Lake

Original Address:
5439 Oakridge Drive, Willoughby, OH, 44094 . LAKE

Address Validation
occurs in this section.
Select **Continue**.

Re-Enter Address

Continue

Residence Type *

1 Family Residence

Valuation Type

Replacement Cost

How is the dwelling occupied? *

Rental

Select **Next** to continue.

Cancel

Previous

Add Property

Next





Residential Quote & Issue


Dwelling Special - Quote (0000002942)

[Polly C Holder](#)

Click the Named Insured above to access mailing/account address

Property

DWELLING #	ADDRESS	OCCUPANCY	
1	5439 Oak Ridge Dr, Willoughby	Rental	 
2			 

Address 

Residence Type *

Valuation Type

How is the dwelling occupied? *

Click **Add Property** if customer wishes to insure more than one property on this policy. Add details for property and click **Next** to continue.

Residential Quote & Issue

Dwelling Special - Quote (0000001282)

[John Doe](#)

Click the Named Insured above to access mailing/account address

Valuation

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.	
Finished Living Area (Sq Ft) *	<input type="text" value="1628"/>
Valuation Type	Replacement Cost
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.

Residential Quote & Issue

Townhome or Row Home? *	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>
Foundation Type	Basement - Below Grade
Roof Covering	Composition Shingle
Roof Slope/Style	Moderate Pitch
Year Roof Replaced *	<input type="text" value="2009"/>
Primary Heating	Electric
MSB Reported Value *	<input type="text" value="260048"/>
Estimated Valuation *	<input type="text" value="221480"/>

Read-only details have been retrieved from MSB. To make changes, please "View MSB" and then "Retrieve from MSB" to refresh the details.

Validate MSB results and enter any required data. Select **Next** to continue.

Residential Quote & Issue

Discounts / Surcharges

Does the applicant intend to enroll in paperless policy delivery? *

Yes No

Will the applicant be paying in full for this policy? (Not eligible if Lienholder billed) *

Yes No

Eligible for multi-policy discount? *

Yes No

Is the applicant a member of any of the following organizations? If so, select one.

-- Choose --

Does the applicant currently have an automobile policy written through your agency? *

No

Has the applicant had any losses above \$500 in the past 3 years? *

Yes No

Has the applicant had similar insurance declined, cancelled, or non-renewed? *

Yes No

How many dwellings does the applicant own? *

2

Answer questions about Discounts/Surcharges. Enter prior losses if applicable.

Prior Losses

Residential Quote & Issue

Dwelling 1: 5439 Oak Ridge Dr Willoughby ✓

Will the lease terms for this dwelling be less than 3 months? * Yes No

Is the dwelling occupied as a fraternity, sorority, student housing, group home, halfway home, or other similar occupancy? * Yes No

For the length of time the applicant has owned the dwelling, how many days has it gone uninsured? *

Under Construction or Major Renovation? * Yes No

Supplemental Heating Source? * Yes No

Central Station Fire & Smoke Alarm * Yes No

Central Station Burglar Alarm * Yes No

Local Smoke and/or Burglar Alarm * Yes No

Deadbolts, Smoke Alarm and Fire Extinguisher * Yes No

Residential Quote & Issue

Dwelling Special - Quote (0000001282)

John Doe

Click the Named Insured above to access mailing/account address

Quote

Print quote from this page



\$717.00 Total Annual Cost



Quote is calculated based on suggested coverages. Make changes as necessary. To re-calculate, click on the calculator. Select **Proceed to Issue**.

Proceed to Issue

Policy Level Coverages

Dwelling Level Coverages

Dwelling #1 - 5439 Oak Ridge Dr

Fire Department Service Charge \$0.00

Limit *

500

Vandalism or Malicious Mischief \$0.00

Deductible *

500

Dwelling \$717.00

Limit *

221480

Settlement Option *

Replacement Cost

Residential Quote & Issue

Dwelling Special - Quote (0000001282)

[John Doe](#)

Click the Named Insured above to access mailing/account address

Issuance

Primary Insured's Contact Details

Name

John Doe

Email Address *

The customer has the option of receiving automated calls and/or text messages from us. Do we have the customer's permission to send autodialed pre-recorded and artificial voice calls and/or text *

Yes

No

Enter required fields.

Purchase Date *



Purchase Price *

Is Primary Heating Thermostatically Controlled? *

Yes

No

Electrical System *

Any Knob and Tube Wiring Present? *

Yes

No

Enter required data and add additional interest if applicable.

 Add Additional Interest (e.g. Lienholder)

Residential Quote & Issue

Prior Losses

Returned from CLUE

Date of Loss	Cause of Loss	Total Amount Paid by Carrier	Loss Related to a Catastrophe	Exclude?
8/6/16	All Other	\$5,592.00	No	<input type="checkbox"/>

Total Annual Cost:

CLUE results (if applicable) will be displayed above. Any updated premium due to CLUE results will also be displayed

Select **Next** to continue.

Cancel
Previous
Next

Dwelling Special - Quote (0000001282)

John Doe
Click the Named Insured above to access mailing/account address

Payment Details

Total Annual Premium:
\$717.00

Billing

Billing Method * ▼
DirectBill

Renew Method * ▼
DirectBill

Billing Type * ▼
Invoice

Bill To * ▼
John Doe

Total cost could be significantly reduced if you choose to pay in full. You may do this by selecting 'Yes' to 'Paid in Full' on the Policy Info Page

Residential Quote & Issue

Payment Plans

SELECT	NAME	PAY NOW	AMOUNT OF INSTALLMENT (EXCLUDING FEE)	INSTALLEMENTS	INSTALLMENT FEE	TOTAL COST (INCLUDING FEES)
<input type="radio"/>	Pay in Full	\$717.00	\$0.00	0	\$0.00	\$717.00
<input type="radio"/>	2 Pay	\$358.50	\$358.50	1	\$0.00	\$358.50
<input checked="" type="radio"/>	4 Pay	\$179.25	\$179.25	3	\$0.00	\$179.25
<input type="radio"/>	6 Pay	\$143.40	\$114.72	5	\$0.00	\$143.40

[View Payment Schedule](#)

Pay Now Details

Amount *

179.25

Payment Method *

▼

New ⓘ

Enter Payment Method by clicking on the green arrow. Select **New**

Required Signature Forms

Residential Quote & Issue

Dwelling Special - Quote (0000001282)

John Doe

Click the Named Insured above to access mailing/account address

New Payment Instrument

Verify new payment instrument and click **Ok**

Ok

Cancel

Payment Method *

EFT

Description

ACH/EFT Checking (xxx3456)

Save for future use? *

Yes

No

Payor is Primary Named Insured? *

Yes

No

Residential Quote & Issue

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 been issued.

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.

[View/Print All](#)

	FORM #	DESCRIPTION
View/Print	DW-CW-O-0001	Dwelling Application

There are two options for signatures. Electronic or Traditional. If Electronic is chosen, insured must have an e-mail address and electronic device.

[Cancel](#)

[Previous](#)

[Buy Now](#)

Select **Buy Now** to issue policy.

Residential Quote & Issue

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	0000000556
Policy Number	300001176
Policy Effective Date	January 19, 2018
Policy Period	January 19, 2018 -January 19, 2019
Policy Total Amount	\$717.00
Payment Plan Name	4 Pay
Current Payment	\$179.25

To print dec page, click on policy number hyperlink.

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.