



Quoting Multiple Properties AMsuite Core

This document will provide step-by-step instructions for quoting multiple residential properties owned by the applicant. We recommend quoting in AMsuite Core if more than five (5) properties to streamline the process.

To begin the quote, select the blue $\ensuremath{\mathsf{AMsuite}}\xspace$ box from the modernLINK $^{\ensuremath{\mathbb{R}}}$ home page.



Once in AMsuite select the green **AMsuite Core** box to begin quoting multiple risks.







Quoting Multiple Properties AMsuite Core

Once in AMsuite Core select **Actions** then **New Submission (Quote)** to begin quoting.



If the applicant has a policy in AMsuite they will have an account number – if this is the case the Customer's **Account Number** can be entered. If you are unsure if the applicant has an **Account Number**, select search (magnifying glass).

AMsuite [®] Cor	e		Des <u>k</u> top		Account 🔻	<u>P</u> olicy ▼	<u>C</u> ontact ▼	Searc <u>h</u> 🔻	<u>A</u> dministration	•
New Submiss	sic	ons		Ļ	•					
Select Account										
Account Number	*			Q,	Click magnif	ying glass to sea	arch for or create	e an applicant a	ccount	
Select Producer										
Producer Code	*			Q,						
Contracted Agency		009539 - Hi	cks							
Producer		Ken Hicks								





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If quoting for a Company, LLC, Estate or Trust, enter the name in the **Company Name** field. For an individual, enter the applicants **First** and **Last** names in the corresponding fields. If the **City**, **State** or **Zip** is known, enter that to help narrow the search. Select **Search**. Scroll to the bottom to see list of accounts found. If account is found select the account to continue.

If the applicant does not have an account, select **Create New Account**, select **Company** or **Person** to continue. You must enter the **First** and **Last** name of applicant for the **Create New Account** to appear.

AMsuite [®] Core	Des <u>k</u> top	▼ Account ▼	<u>P</u> olicy ▼	<u>C</u> ontact ▼	Searc <u>h</u> 🔻	Administration 🔹
Enter Account	Information	Return to New Submis	How to	get started	→	
Please enter basic acco	unt holder informatio	on, and then click Sea	arch to search fo	or a matching ac	count.	
Applicant Information						
Company Name						
Company name is an exact match	\checkmark					
First name						
Last name						
First name is an exact	\checkmark					
match						
Last name is an exact	\checkmark					
match						
Country	United States	-				
City						
State		-				
ZIP Code						
<u>S</u> earch <u>R</u> eset						
Create New Account 🔻						
Create New Account Company Person						





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When quoting a new applicant all questions with an asterisk are required to be completed.

- First and Last Name
- Date of Birth
- Primary Phone (recommend getting cell phone number)
- Mailing address
- Producer Code

Once all the information has been entered, scroll to the top of the page and select **Update**.

Hints and Tips:

- Enter the mobile phone this will be useful later in the quoting process
- Answer the question about automated calls on this page

For Agent Use Only - Not for Distribution





Quoting Multiple Properties

AMsuite

On the **New Submissions** page select Product Name: **Residential**

New Submissions Return to Submission Manager							
Select Account							
Account Number	*		Q,				
Select Producer							
Producer Code	*		Q,				
Contracted Agency							
Producer							
Product Offers							
Default Rating State	*	Ohio	~				
Default Effective Date	*	03/09/2022					
	[
			Product Name		Product Description	n	Status
		Select	Recreational		Recreational		Available
		Select	Residential		Residential		Available

6)



After selecting the **Policy Type** (Recreational or Residential), the **Policy Type** will need to be selected. Use the magnifying glass to open the Policy type menu. Select the Policy Type specific to the risk being quoted.

Hints and Tips:

- All risks must be the same Policy Type.
- Occupancies can vary between Rental, Seasonal, and Vacant.

Policy	Policy Type Return to Qualification					
	Policy Type 🕇	Description				
Select	Homeowners	Homeowners Flex (a modified ISO HO-3 policy form) is a flexible packaged program for dwellings in average or better condition with a well-maintained premises. Provides open peril coverage for the dwelling and other structures, with named peril coverage for personal property. Dwelling loss settlement is Replacement Cost (settlement for roof coverings may be at actual cash value depending on age), with other options available, including Extended Replacement Cost. 1-2 family owner or seasonal dwellings acceptable.				
Select	Tenant	Provides named peril personal property coverage, including burglary, for tenants occupying manufactured homes in fair or better condition. Dwelling loss settlement is ACV, with Replacement Cost option available.				





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On the **Qualification** page read the statements to the applicant and place checkmarks in each box indicating this has been completed. Read the questions to the applicant and place a check mark in each box based on their response to indicate this has been done. Select **Save and Next**.

Qualification						
Save and Next > Quote Save Versions Close Options Policy * Dwelling Basic C Please ad to applicant:						
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.	\checkmark					
Is the applicant in foreclosure or currently 60 days or more past due on OYes ON mortgage payments for any property?						
Has the applicant been convicted of arson, fraud, or other insurance-related offenses?	⊖Yes ●No					





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On the Policy Info tab enter the Primary Email. Answer all the questions at the bottom. If there is an Additional Insured (spouse or individual that appears on the deed) or Designee (POA, Trustee, etc.) enter them here. Lien Holders or Mortgage Companies DO NOT get entered here. Once completed, Select Save and Next to continue with quote.

hmission 0	< Back Save and Next >	Quote Save Versions ▼ Cla	ose Options 🔻		
ft Qualification	Primary Name	Change To: 👻	Policy Details Previous Policy Number Term Type	* Annual	Ť
olicy Contract	Primary Phone Primary Email	513-555-1212 customer@amig.com	Term Number		
Dwelling	Policy Mailing Address	Change To: 💌 123 E Main St	Policy Type Effective Date	 Dwelling Basic 03/09/2022 	
Dwelling Consti Coverages	County Address Type	Billing	Expiration Date Rate as of Date Rating State	03/09/2023	*
Risk Analysis Policy Review Quote	Address Description Has the applicant moved in the last 60 days?	* Yes No	Producer of Record Producer Code	* 009539	Q
orms	Official IDs	###-##-####	Producer Contracted Agency	Ken Hicks 009539 - Hicks	
	Does the applicant i	ntend to enroll in paperless po	licy delivery?	Ves No	
	Will the applicant be billed)	e paying in full for this policy? (Not eligible if Lienholder	⊖Yes ●No	
	Eligible for multi-pol	licy discount?		◯Yes ●No	
	Does the applicant of agency?	currently have an automobile p	oolicy written through your	No	
	Has the applicant ha	ad any losses above \$500 in th	e past 3 years?	◯Yes ●No	
	Has the applicant ha	ad similar insurance declined, o	cancelled, or non-renewed?	⊖Yes ⊙No	
	How many dwelling	s does the applicant own?		3	
	Is the applicant a me	ember of any of the following o	organizations? If so, select	<none></none>	

Tips & Tricks: Be sure to write down the submission number





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On the Dwelling Page select **Create Dwelling**. AMsuite pulls the entered address (mailing) as the Location. To enter the location address, select **Change to**, use drop down to select new address, then enter the risk location address.

Select **Get Territory Details**. Select **Residence Type**, answer if risk is a Townhome or Row home, then select the occupancy of the home. AMsuite defaults owner occupied. Continue to answer the questions at the bottom of the page. Once all questions are completed on the Details tab. Select the **Protection Details**. *See next page*.

AMsuite [®] Core	e Des <u>k</u> top ▼ Account ▼ Policy ▼ Contact ▼ Searc <u>h</u> ▼ Administration ▼	Analytics I
Submission 00000	006 (Draft) Dwelling Basic Eff. 03/09/2022 Account # 0000	
Actions 🖌	Dwelling Need help? Click here ->	
Submission 000 Draft	< Back Save and Next > Quote Save Versions ▼ Close Options ▼ Create Dwelling Remove Dwelling	
Qualification		
 Policy Contract 	Dwelling # Address Residence Type Occupancy Un	it Original Effect
Policy Info	1 123 E Main St, . 1 Family Residence Rental	
Dwelling	Details Protection Details Underwriting Additional Interests	
Dwelling Construc	uc Dwelling # 1	
Coverages	Location Change To: 😔	
Coverages		
Risk Analysis	Get Territory Details	
Policy Review	Territory Code	
Quote	County	
Forms	Protection Class Code 4	
Payment & Signature	re Pasidance Type	
•	Is the dwelling a Townhome or Dow Home?	
Tools	Is the dwelling a rownhome of Row Home:	
Notes	How is the dwelling occupied?	
Documents	Will the lease terms for this dwelling be less than 3 months? OYes • No	
Participants	Is the dwelling occupied as a fraternity, sorority, student housing, group home, OYes No halfway home, or other similar occupancy?	
Workplan	For the length of time the applicant has owned the dwelling, how many days 0 has it gone uninsured?	
History	Under Construction or Major Renovation?	
	Supplemental Heating Source (including wood/pellet burning stove)? OYes No	

0

AMsuite Core Answer the Protection Details questions, these questions will not appear for 10 Vacant occupancies. Next, select the Underwriting tab.

Actions 🖌	Dwelling Need help? Click here ->			
Submission 000 Draft	< Back Save and Next > Quote Save Versions <	<u>Close Options</u>		
Qualification	Create Dwelling Remove Dwelling			
 Policy Contract 	Dwelling # Address	Residence Type	Occupancy	Unit Original Effect
Policy Info	1 123 E Main St,	1 Family Residence	Rental	
Dwelling	Details Protection Details Underwriting Addition	onal Interests		
Dwelling Construc	Central Station Fire & Smoke Alarm	_ Y€	s 🖲 No	
Coverages	Central Station Burglar Alarm	() Ye	es 🔘 No	
coverages	Local Smoke and/or Burglar Alarm	_ Y€	es 💿 No	
Risk Analysis	Deadbolts, Smoke Alarm and Fire Extinguisher	• Ye	es 🔘 No	
Policy Review				

Answer the **Underwriting** questions. Underwriting questions will change dependent on the occupancy. Next, select the Additional Interest tab.

Actions Dwelling Need help? Click here					
Submission 000 Draft	< Back Save and Next > Quote Save Versions Close Options				
Qualification	Create Dwelling Remove Dwelling				
 Policy Contract 	Dwelling # 1 Address Residence Type	e Occupancy Unit Original Effect			
Policy Info	1 123 E Main St, Family Resid	ence Rental			
Dwelling	Details Protection Details Underwriting Additional Interests				
Dwelling Construc	The following are required for issuance				
Coverages	Earth home, dome home, or any other non-conventional design?	OYes ● No			
Risk Analysis	Supported on raised poles or pilings over 6 feet?	Yes No			
Policy Review	Condemned?	Yes No			
	Any water leaks or unrepaired water damage?	Yes No			
Quote	Any broken or boarded-up windows, or any other unrepaired damage?	Ves No			
Forms	Currently have working utilities?	● Yes ◯ No			
Payment & Signature	In an area that is prone to or had a prior occurrence of landslide, forest fires, or OYes ONO brush fire?				
	Isolated and inaccessible by road?	⊖Yes ●No			
Tools 🔺	Swimming pool on the premises?	◯Yes ●No			
Notes	Attached to a commercial risk?	⊖Yes ●No			
Documents	Business on the premises?	⊖Yes ●No			
Destisionete	Farming conducted on the premises?	⊖Yes ●No			
Participants					





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The **Additional Interests** tab is for Lien Holders, Mortgagee Companies, Property Managers, or Park Managers (if quoting manufactured home). Select the appropriate contact and enter the **Additional Interest** information.

After completing the: Details, Protection Details, Underwriting, and Additional Interest tabs select **Save and Next** to continue quoting the risk.

Actions 🖌	Dw	velling						
Submission 000	< Ba	save and Next	> Versio	ons 🔻 <u>C</u> l	ose Options 🔻			
Draft	Create Dwelling Remove Dwelling							
Qualification		Dwelling # 🕇	Address		Residence Typ	e	Occupancy	Unit Original Effect
Policy Contract		1	123 E Main St,		1 Family Resid	dence	Rental	
Policy Info	Info Details Protection Details Underwriting Additional Interests							
Dwelling	Dwelling Additional Interest							
Dwelling Construc	Ac	ld 🔻 <u>R</u> emove						
Coverages	I T	New Company Additional L. Description Contract Nu.						
Risk Analysis		New Person						
Policy Review		Other Contacts 🕨						

Hints and Tips:

Risks that are lienholder billed must be quoted separately. AMsuite will only issue to one billing contact.





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13 To continue quoting additional risks and start back at Step 9 and continue to Step 12 until all risk are entered. Do not Save and Next until all risks have been entered.

Hints and Tips:

Details

- When moving thru the quoting process always ensure you are on the correct risk. This can be done by checking the risk that is highlighted in blue and verifying the risk address at the bottom in yellow. AMsuite will always return to Dwelling 1 when moving between pages.
- Enter information on each of the tabs for all risk when quoting.

Protection Details

Underwriting



Dwelling # 🕇	Value	Address	Residence Type	Occupancy
1	\$250,198.00	43 Hopkins Ave, Amelia,	1 Family Residence	Rental
2	\$159,623.00	32 Hopkins Ave, Amelia,	1 Family Residence	Rental
3	\$243,334.00	40 Hopkins Ave, Amelia,	1 Family Residence	Seasonal
4	\$296,382.00	74 Hopkins Ave, Amelia,	1 Family Residence	Vacant
5	\$220,468.00	30 Chapel Rd, Amelia, O	1 Family Residence	Rental
6	\$312,151.00	18 Chapel Rd, Amelia, O	1 Family Residence	Rental
7	\$316,997.00	1 Letitia Ave, Amelia, OH	1 Family Residence	Seasonal
8	\$284,144.00	19 Letitia Ave, Amelia, O	1 Family Residence	Vacant
9	\$267,862.00	3944 Applegate Ct, Amel	1 Family Residence	Rental
10	\$232,309.00	97 Wooded Ridge Dr, A	1 Family Residence	Rental
Dwelling at 3944 Applegate Ct, Amelia, OH 45102-2690				

Additional Interests





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Answer all the questions about the risk on the dwelling Construction page. If the Valuation Type is Replacement Cost, MSB must be visited. Select **Go to MSB** (MSB will open in a separate tab), make any adjustments needed, save and return to AMsuite. Once back in AMsuite select **Retrieve from MSB** to pull the replacement cost value into AMsuite. Select **Save and Next** to continue quote.

If logged out by AMsuite while making changes in MSB, log back in to AMsuite, search quote number and then Retrieve MSB.



Hints and Tips:

All questions must be answered on the Dwelling Construction page as well as visiting MSB for replacement cost to prevent errors.





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Visiting **MSB** for risk quoted in **Dwelling Special** with the Replacement Cost settlement.

Tips and Tricks:

- MSB will open on another page be sure to save and close MSB.
- If MSB doesn't take you to AMsuite you will need to go back to the AMsuite tab.
- If AMsuite has closed, you will need to log in and go back to the quote.

On the **Dwelling Construction** page select **Go To MSB**. Once back in AMsuite be sure to **Retrieve from MSB**.

MSB Valuator	4
Step 1	Go to MSB
Step 2	Retrieve from MSB
	View MSB Report (pdf)
MSB Valuation	\$316,997.00



Payment	&	Sign	atu	res



When in **MSB** be sure to select the **Finish** button and then select **Save** in the box that opens.







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5) After all risk have been entered on the **Dwelling Construction** page. Select **Save and Next** this will take you to the **Coverages** page.

On the **Coverages** page select the property that is being quoted, review all coverages to ensure risk is quoted appropriately. Once completed select **Save and Next** to continue quoting multiple properties.

Actions N	Coverages Need help? Click here ->	
Submission 0000065 Draft	< Back Save and Next> Close Options •	
Qualification		
* Policy Contract		
Policy Info	Coverages that apply per dwelling	
Dwelling	Dwalling # + Value Address Residence Tupe Occurancy	
Dwelling Construction	1 \$305.433.00 1560 Tonopah Dr. Cincin 1 Family Residence Rental	
Coverages	Dwelling at 1560 Tonopah Dr, Cincinnati, OH 45255-2518	
Risk Analysis	Coverage Details Exclusions	
Policy Review Quote	Property Coverages Dealing Dea	Liability Coverages
Forms Payment & Signatures	Settlement Option Replacement Cost	Additional Coverages
Tools 🔺	Roof Loss Settlement Option * Replacement Cost Ro *	Ordinance or Law
Notes	All Other Peni Deductible	- Equipment Breakdown
Documents Participants	Other Structures	Service Line
Workplan	Limit 30,543	Vandalism or Malicious Mischief
History	Settlement Option Replacement Cost Roof Loss Settlement Option Replacement Cost Roof 20 Years & Newer	Deductible 500
		Fire Department Service Charge
	Personal Property	Limit 500
	Additional Living Expense/Fair Rental Value	
	Limit * 30,543	
	Water Damage	
	Percentage * 10% -	
	Limit 30,543	
	Mold and Remediation - Property	
	Limit 5,000	
	Water Backup and Sump Overflow	





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Once all risk are entered and all coverages have been updated select **Quote**. If any messages appear correct the information for that dwelling.



Message: Dwelling#1 Please retrieve the latest version of the MSB Valuation for the dwelling. Go to the Dwelling Construction page and click "Retrieve from MSB"

Return to the **Dwelling** page to retrieve the value from MSB. Select **Save and Next** to return to the **Coverages** page. Select **Quote** to ensure all the messages have been addressed.

Actions N	Coverages	Need help? Cli	ick here 🔶		
Submission 00000 Quoted	< Back Save and	d Next >	action Versions 🔻	<u>Bind Options</u> ▼ <u>C</u> lo	se Options 🔻
Qualification	Coverages that	apply to all dw	ellings		
 Policy Contract 					
Policy Info	Coverages that	t apply per dwel	ling		
Dwelling	Dwelling # ↑	Value	Address	Residence Type	Occupancy
Dwelling Constructior	1	\$305,433.00		1 Family Residence	Rental
Coverages					

Tips and Tricks:

All questions must be answered on the Dwelling Construction page

If writing with replacement cost MSB must be visited and retrieved





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7) On the **Coverages** page you can add exclusions, if available.

Actions u		
Submission 0000067 Draft		
Qualification		
 Policy Contract 		
Policy Info	Coverage Details	Exclusions
Dwelling	Exclusions Specific Building Exclusion Boof Exclusion	
Dwelling Construction		
Coverages		

Once you have verified all coverages, select **Save** and **Next** this will take you to the **Risk Analysis** page. If there are no Underwriting referrals, select **Save** and **Next**

Actions u	Risk Analysis Need help? Click here ->
Submission 0000067 Draft	< Back Save and Next > Quote Save Versions ▼ Close Options ▼
Qualification	Request Approve
 Policy Contract 	UW Issues Prior Losses
Policy Info	No issues identified at this time.
Dwelling	Approve Reject Reopen History View Issues Blocking * View All
Dwelling Construction	
Coverages	
Risk Analysis	





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After **Risk Analysis**, select **Save** and **Next** to move through the quoting process.

Actions 🖌	Policy Review					
Submission 0000067 Quoted	< Back Save and Next	> Insaction	Versions 🔻	Bind Options ▼	<u>C</u> lose Options ▼	
Qualification	Primary Named Insured	SAM TRAINER				
 Policy Contract 	Address	101 SOUTH HIGH STREET AMELIA, OH 45102				
Policy Info	County	CLERMONT				
Dwelling	Address Type	Home				
Dwelling Construction	Address Description					
Coverages	Policy Type Dwelling Basic					
Risk Analysis	Policy Level Coverages					
Policy Review	Description	Value 🔻				

20 Once on the Quote page, select Proceed to Issuance under Bind Options.

Lange Submission 0000067909	(Quoted) Dwelling Bas	sic Eff. 06/06/2022 S	AM TRAI	NER Accou	int # 0000024382	
Actions v	Quote					
Submission 0000067	< Back Save and Next	> Edit Policy Transaction	Save	Versions 🔻	Bind Options ▼	<u>C</u> lose Opticns ▼ <u>P</u> rint Quote
Quoted Oualification	Submission Number	0000067909			Proceed To Is Issue Policy	suance
 Policy Contract 	Primary Named	SAM TRAINER				
Policy Info	Address	101 SOUTH HIGH STREET AMELIA, OH 45102				
Dwelling Construction	County Address Type	CLERMONT Home				
Coverages	Address Description					
Risk Analysis	Policy Premium	iscounts Applied				
Policy Review	Delieu Tune Durellin	e Decie				
Quote	Policy Type Dwellin	g basic				





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21) If there is anything that needs to be updated, you will see messages under Validation Results. Select Clear to complete the changes for any missing fields or items that need updated.

In this case, return to the **Dwelling Construction** page to update the missing fields.

Lange Submission 0000067909 (Draft)	Dwelling Basic	Eff. 06/06/2022	SAM TRAINER	Account # 0000024382
Submission 00000	uance Check	klist Return to Pol	icy Review	
Qualification	Quote	ed and Rated		
 Policy Contract 	🚹 All red	quired info is entere	d	
Policy Info	(Pleas Issuar	e enter all informat nce" again.)	ion required for is	ssuance. Then click "Quote" and "Proceed to
Dwelling	Review	w the ordered repor	ts (automatically)	
Dwelling Construction	Check	the Underwriting r	ules (automaticall	ly)
Coverages	Review	w Payment info and	Signatures	
Risk Analysis				
Policy Review				
Quote				
Forms				
Payment & Signatures				
•				
Tools 🔺				
Notes 👻				
Validation Results				
Validation Results				
Clear				
Missing required field: Dwelling #1	- "Purchase Date"			





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22) Once back on the Quote page, select Save and Next.

Actions 🖌	Quote						
Submission 0000067	< Back Save and Nex	t > saction	<u>S</u> ave	Versions 🔻	Bind Options ▼	Close Options 🔻	Print Quote
Quoted	Submission Number	0000067909					
Qualification	Policy Period	06/06/2022 - 06/06/2023					
 Policy Contract 	Primary Named	SAM TRAINER					
Deligy Info	Insured						
Dwelling	Address	101 SOUTH HIGH STREET AMELIA, OH 45102					
	County	CLERMONT					
Dwelling Construction	Address Type	Home					
Coverages	Address Description						
Risk Analysis	Policy Premium)iscounts Applied					
Policy Review							
Quote	Policy Type Dwellin	ng Basic					



Select Bind Options, then select Proceed to Issuance.

Actions N	Forms					
Submission 0000067	< Back Edit Policy Transacti	on Versions 🔻	Bind Options •	<u>C</u> lose Options ▼		
Quoted	Forms		Proceed To Issuance			
Qualification			Issue Policy			
 Policy Contract 	K V Page 1 of	2 > >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>				
Policy Info	Form #	Description				
Dwelling	DB-CW-C-0002	Permitted Vacan	cy or Seasonal Usag	ge Clause		
Dweining	DB-CW-N-0001	Availability of Optional Coverage				
Dwelling Construction	DB-CW-P-0001	Dwelling Property - Basic Form				
Coverages	DB-OH-A-0001	Special Provision	- Ohio			
Risk Analysis	DW-CW-D-0001	Dwelling Declara	tions Page			
	DW-CW-G-0001	Condemnation E	ndorsement			
Policy Review	DW-CW-O-0001	Dwelling Applicat	tion			
Quote	DW-CW-X-0004	Criminal Acts Exc	lusion			
Forms	DW-CW-X-0005	Roof Surfacing Co Hail	osmetic Damage Ex	clusion - Windstorm or		





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Review the **Issuance Checklist**, if no updates required select **Return to Payment & Signatures** to continue issuance.

🛓 Submission 0000067909 (Quoted) Dwelli	ng Basic Eff. 06/06/2022	SAM TRAINER	Account # 0000024382			
Submission 0000067 Quoted	Issuance Checklist Return to Payment & Signatures						
Qualification		Quoted and Rated					
 Policy Contract 		All required info is entered					
Policy Info		Review the ordered reports (automatically)					
Dwelling	 	Check the Underwriting rule	es (automatically)				
Dwelling Construction	Δ	Review Payment info and Si	gnatures				
Coverages		(Please enter or review payr Then click "Issue Policy" to i	ment and billing ir ssue.)	nformation and review signature options.			
CLUE Results							
Risk Analysis							
Policy Review							
Quote							
Forms							
Payment & Signatures							



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Complete the **Billing** and **Renewal Billing** information, select **Payment Plan** then scroll down to complete the **Payment** and **Signatures** information.

Actions 🖌	Payment	& Signatures					
Submission 0000067 Quoted	< Back Edit	Policy Transaction Save N	/ersions ▼ Bind O	ptions 🔻 <u>C</u> lose Op	otions v <u>P</u> rint Binder		
Qualification	Payment						
 Policy Contract 	Premium Sum	imary					
Policy Info	Total Premium	\$908.00					
Dwelling	Total Additiona	il Costs -					
Dwelling Construction	Total Cost	\$908.00					
Coverages	Billing Billing Method		* Direct	Bill 👻	4		
CLUE Results	Renew To		Direct	Bill			
Risk Analysis	Billing Type		* Recuri	ring Electronic 🛛 👻			
Policy Review	Date of Payme	nt	* 6	-			
Quote	Billing Contact Renewal Billir	ng	SAM T	rainer 😒			
Forms	Change Billing	Contact at Renewal	* 🔵 Yes	💿 No			
Payment & Signatures	EZPay Form Sig	gned?	No				
Tools	EZPay Form Ve	rsion					
Notes	Available Pay	ment Plans					
Documents	Total cost cou	ld be significantly reduced if yo	u choose to pay in fu	ll. You may do this b	by selecting "Yes" to "Paid in F	Full" on the Policy Info F	age
Participants	* Select	Name 🕇	Down Payment	Installment	Remaining Installments	Installment Fee	Estimated Total
Workplan	0	Full Pay Plan	\$908.00	-	0	-	\$908.00
workplan	0	Semi-Annual Pay Plan	\$454.00	\$454.00	1	-	\$908.00
History	0	Quarterly Pay Plan	\$227.00	\$227.00	3	-	\$908.00
	0	Bi-Monthly Pay Plan	\$181.60	\$145.28	5	-	\$908.00
	0	Monthly Electronic Pay Plan	\$181.60	\$72.64	10	-	\$908.00
		Payment Schedule	Estimator				

26 Select the **Signature** type either **Electronic** or **Traditional Signature** and complete as required.

Required Signature Forms								
Signatures on required forms can be obtained two ways 1) Emailed to Primary Named Insured for electronic signature, or 2) Printed for a 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 Consent to electronic delivery of required signature forms? Producer email address for e-signature Mobile phone number for text message delivery* of Personal Identification Number (PIN) * Standard message and data rates apply View Privacy Notice Traditional Signature	* • Yes No * * 937-555-2888	The Ag require Signatu	ent's email address is d here for Electronic ıre.					
EZPay Enrollment and Authorization form must be printed, signed and attached to the policy. This form is available on the next screen after clicking Issue Policy.								





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The **Dwelling Application** can be printed, and a signed copy should be kept on file. Answer the statement about automated calls and/or text messages from American Modern. The applicants email and a mobile number are required.

	Form #	*	Description			
DW-CW-O-0001		Dwelling Application				
Primary Named Insured email address			*	trainer@amig.com		
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 messages to the phone number provided?			*	⊙ Yes ◯ No		
Enter text capable Mobile Phone number			*	937-555-2888		

(28)

Scroll to the top and select **Bind Options** then select **Issue Policy**.

Payment & Signatures Need help? Click here ->									
< Back Edit Policy Transaction Save Versions	nd Options 🔻 🔤 Print Binder								
	Proceed To Issuance								
Bernard	Issue Policy								









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) The policy is now bound. The policy can be viewed by selecting the policy number.

Submission Bound								
Your Submission (#0000067909) has been bound.								
Set Up an Online Account for Your Customer								
Payment Processed Successfully - Receipt (#1000055846)								
View your submission (#0000067909)								
 View your policy (#600013915) 								
Print Declarations Page								
 Go to the submission manager for this account 								
 Submi 	 Submit an application for a different account 							
 Go to y 	 Go to your desktop 							
Required Signature Forms	Required Signature Forms							
EZPay Enrollment and Authorization form must be printed, signed and attached to the policy.								
View/Print Attached Signed EZPay Form								
Form #	Description							
EFT AUTH	EZPay Enrollment and A							

For Agent Use Only - Not for Distribution

Coverage is subject to policy terms, conditions, limitations, exclusions, underwriting review and approval, and may not be available for all risks or in all states. Rates and discounts vary, are determined by many factors and are subject to change. Policies are written by one of the licensed insurers of American Modern Insurance Group, Inc., including but not limited to American Modern Property and Casualty Insurance Company (CA Lic. No. 6129-1).

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Quoting Multiple Properties AMsuite Core

State Considerations

- Not available in the following states
 - California
 - New York
 - North Carolina
- o Kentucky
 - All properties must be in same city/municipality

Property Considerations

- o Multi-family & duplexes accepted
- o Mixed occupancies on one policy
- o Rental
 - Short term available
- o Vacant
 - Dwelling
 - Manufactured Home
 - Condo
- o Seasonal
 - Occasional Rental
- All properties must be deeded in the same name
 - One name per policy
 - o Individuals, Trusts, & LLC
- o Lienholder billed risk must be written separately
 - Can group multiple homes with same lienholder
- One policy type per policy
 - Basic or Special grouped together

Policy Consideration

- o Allows different coverage options and limits per risk
- o One policy to manage
- o One payment
- o One effective/renewal date