



To: PRODUCERS

Attached is the instructions on how to submit a new application to the new system. If property is located in a Mine Subsidence area and applicant desires to waive the coverage, please do not remove/delete the Mine Subsidence coverage under Forms Tab. Attach the waiver form signed by applicant/producer to the application. Once the application is submitted for referral, Underwriting Department will review the application and remove/delete the Mine Subsidence coverage.

## Select Quick Quote – Homeowners, Dwelling Fire or Commercial Fire

UAT  
Return ▾

QuickQuote  
Quote : QH00001045  
Term: 12/5/2016 - 12/5/2017  
Save Quote Cancel Quote Convert To Application

Effective Date 12/5/2016

**NAMED INSURED**

First Name TEST  
Middle Name  
Last Name TEST

**LOCATION ADDRESS**

Street 1 8026 S HARVARD AVE  
Street 2  
City CHICAGO  
State Illinois  
Zip 60620-1705 X  
Verify Address

**COVERAGES**

Policy Type Select...  
Coverage A - Dwelling Limit  
Other Structures  
Personal Property  
Loss of Use  
Personal Liability Select...  
Medical Payments  
Construction Type Select...  
Number of Families Select...  
Deductible Select...  
Territory Select...  
Include Mine Subsidence? No  
Include Earthquake? No

Calculate Rate

Use **Verified Address** then Calculate rate

Address Verification

Entered	Verified
Address Line 1 8036 S HARVARD AVE	Address Line 1 8036 S HARVARD AVE
Address Line 2	Address Line 2
City CHICAGO	City CHICAGO
State Illinois	State Illinois
Zip 60620	Zip 60620
Zip Plus 4 1705	Zip Plus 4 1705

Use Existing Use Verified

Include Earthquake?

Click "Convert to Application"

Return

QuickQuote

Quote : QH00001045  
Term: 12/5/2016 - 12/5/2017

Save Quote Cancel Quote **Convert To Application**

Calculate Rate

Disclaimer

This is not a binder of coverage. This quote does not constitute an acceptance or approval of coverage. Underwriting acceptability is guided by the underwriting rules and information included on the application. This is an estimated premium based on information included in the quoting parameters. The final premium is based on rates in effect at the inception date of the policy, information provided on the application and an inspection of the property, if made. The final premium included on the declaration will prevail.

PREMIUM

Dwelling Limit	\$35,000	\$490.00
Other Structures	\$3,500	\$0.00
Personal Property	\$17,500	\$0.00
Loss Of Use	\$3,500	\$0.00
Personal Liability	\$100,000	\$0.00
Medical Payment to Others	\$1,000	\$0.00
Deductible	\$500	\$0.00
TOTAL POLICY PREMIUM		\$490.00

Print/Email Reports

Report Description	Print	[Enter Email Address]	[Enter Email Address]	[Enter Email Address]
Quotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print/Email

Proceed on completing Information on the following TABS:

Insured, Dwelling, Coverages, General Info, Forms (if optional endorsement is needed), Loss History, Payment and Reports. Enter Add Payment or No Down Payment under Payment TAB.

**You must fill in all the yellow spaces and each tab should be in green before proceeding to the next tab.**

When you reach “Reports Tab” enter the **last four** digit of SSN and Date. Go back to **Pricing Tab** then **Reports Tab** to Print the Application

Report Description	Print	[Enter Email Address]	[Enter Email Address]	[Enter Email Address]
Quote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE:** Attach any documentations (photos, replacement cost and other) prior to clicking” Submit Referral”

Click “**Submit Referral**” button and enter any comments to the underwriter then click “OK”.

**Note:** “Submit Referral” button will not appear until you print a copy of the application from the Reports Tab.

SubmitReferral

Please provide any comments to the underwriter

test

OK Cancel