

# **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

QuickQuete						
Quote : QHO0001045 Term: 12/5/2016 - 12/5/20	017				Save Quote Cancel	Quote Convert To Applicat
Effective Date	12/5/2016	İ	COVERAGES			
NAMED INSURED			Policy Type	Select	•	
First Name	TEST		Coverage A - Dwelling Limit			
Middle Name			Other Structures			
Last Name	TEST		Personal Property			
LOCATION ADDRESS			Loss of Use			
Street 1			Personal Liability	Select	•	
Street 2	8026 S HARVARD AVE		Medical Payments		•	
City			Construction Type	Select	v	
State	CHICAGO		Number of Families	Select	•	
Zin	Illinois	•	Deductible	Select	v	
Zip	60620-1705	X	Territory	Select	•	
Verify Address			Include Mine Subsidence?	No	v	
			Include Earthquake?	No	v	

## Use Verified Address then Calculate rate

ddress Verificatio	n	TIPAC		
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 Ea	thausko?		

### Click "Convert to Application"

QuickQuote							
Quote : QHOUUU1045 Term: 12/5/2016 - 12/	5/2017					Save Quote Cancel Quote	Convert To App
				Calcula	te Rate		
Disclaimer							
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 Othe	rs		\$1,000			\$0.00	
Deductible			\$500			\$0.00	
TOTAL POLICY PREMIUM						\$490.00	
Print/Email Reports							
Report Description Pr	int [E	inter Email Address]	[Enter Email Addres	is]	[Enter Email Address]		

#### 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 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.

Insured O	welling	Coverages (	General Info	© Forms	C Loss History	v 📀 Pricing 🕕 Pa	yment 🔞 Reports
Quote : QHO002349 Term: 3/23/2023 - 3	3 3/23/20	24				Save Quote	Cancel Quote Previous
Signature							
Signature							
Applicant 1 SSN		1111	Applicant	1 Date	3/23/2023	<b></b>	
Applicant 2 SSN		1	Applicant	2 Date		<b></b>	
Producer SSN		0000		Producer	Producer Date		i
Print/Email Reports							
Report Description	Print	[Enter Email Addre	ess] [Enter	Email Address]	[Enter E	mail Address]	
Application							
Quote							
Print/Email							

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

Insured	© Dwelling	© Coverages	© General Info	© Forms	C Los	s History	Pricing (1)	Payment 🕕	Reports
Quote : QH00001045 Term: 12/6/2016 - 12/6/2017						Save Quote	Cancel Quote	Submit Referral	Previous
Signature									
									_

## Click "Submit Referral" button

© Insured © Dwelling	Coverages Coveral Info	Forms O Loss History O	Pricing ① Payment ①	Reports
Quote : QHO0023493 Term: 3/23/2023 - 3/23/2	024	Save Quote	Cancel Quote Submit Refer	ra Previous
<b>C</b> 1 <b>1</b>				
Signature				
Applicant 1 SSN	1111	Applicant 1 Date	3/23/2023	
Applicant 2 SSN	1	Applicant 2 Date		
Producer SSN	0000	Producer Date	3/23/2023	
Print/Email Reports				

Enter any comments to the underwriter then click "OK"

