

Complete Dental Application Online

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COMPLETE DENTAL APPLICATION ONLINE TUTORIAL



SOP#: _____ **Revision/Version:** 1.0
Effective Date: 2014

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Approved By: CEO Daniel O'Neal

Title: TUTORIAL: Complete Dental Application Online

Policy: This tutorial serves as a standard operating procedure for completing dental applications online.

Purpose: To provide insurance agents with step-by-step instructions so that they can complete dental applications online.

Scope: This tutorial covers completing dental applications online.

Responsibilities: Insurance agents are responsible for the tasks contained in this tutorial.

Definitions:

Overview: This tutorial was created to help insurance agents complete dental applications online.

System Requirements

System Requirements

This tutorial assumes that the user:

1. Has access to the internet

Browsers and Operating Systems:

OnLine-PL is optimized to work on all of the following, prominent browsers:

- Internet Explorer 6 or greater
- Mozilla Firefox 15
- Google Chrome 22.1
- Safari 4

The Dental Application works best on all of the following operating systems:

- Windows XP or greater
- Mac OS X, 10.5 or greater

Overview

Overview

This document was developed to assist agents in completing dental application details for indications that begin online and in OnLine-PL.

This document contains one main section:

- [**I. Complete Application Online**](#)

RELATED TUTORIALS:

- QUICK START: Generate Dental Indication In Online-PL
- TUTORIAL: Generate Dental Indication In OnLine-PL
- QUICK START: Generate Dental Indication Online
- TUTORIAL: Generate Dental Indication In Online
- QUICK START: Process OnLine-PL Dental Application Details
- TUTORIAL: Process OnLine-PL Dental Application Details
- QUICK START: Process Web Dental Application Details
- TUTORIAL: Process Web Dental Application Details
- QUICK START: Complete Dental Application Online
- QUICK START: Bind/Pay By Check | Issue Policy
- TUTORIAL: Bind/Pay By Check | Issue Policy
- QUICK START: Bind/Pay By Credit Card | Issue Policy
- TUTORIAL: Bind/Pay By Credit Card | Issue Policy
- QUICK START: Confirmation Email
- TUTORIAL: Confirmation Email

PART I--COMPLETE APPLICATION ONLINE

PART I--COMPLETE APPLICATION ONLINE

This section illustrates how to complete a dental application online.

1. Complete Application Online | Prof. Liability Quote Indication

Complete Application Online | Prof. Liability Quote Indication

The screenshot shows the eProfessional Insurance website interface. At the top, there is a navigation bar with four tabs: 'About E-Professional', 'Insurance Programs', 'Loss Prevention', and 'Applications'. The 'Applications' tab is currently selected. Below the navigation bar, the main content area is divided into two columns. The left column is titled 'Professional Liability (PL) Quote Indication' and contains details for a 'General Dentist' policy. The right column is titled 'General Liability (GL) Quote Indication' and lists various coverage options and their limits. A sidebar on the right side of the page features a 'Print Rate Indication' button, which is circled in red. Below the sidebar, there is a 'Previous' and 'Next' navigation bar. At the bottom of the page, there is a 'Save' button and a 'Return' button. A small lock icon is visible in the bottom right corner of the main content area.

Professional Liability (PL) Quote Indication		General Liability (GL) Quote Indication	
General Dentist		<u>General Liability</u>	Policy Type Limits
<u>Limits</u>	\$1,000,000/\$3,000,000	a. Premises, Products/Completed Operations Coverage	Occurrence \$1,000,000
<u>Policy Type</u>	Claims Made	b. Medical Payments	\$10,000
<u>Effective Date</u>	04/01/2014	c. Personal & Advertising	\$1,000,000
<u>Expiration Date</u>	04/01/2015	Nonowned & Hired Auto Liability	Occurrence \$1,000,000
<u>Retroactive Date</u>	01/01/2009	Employee Benefits Administration Liability	Occurrence \$1,000,000
<u>Entity Coverage</u>		Employment Liability	Claims Made \$5,000/\$5,000
<u>Applied Deductible</u>	\$5,000 Deductible	Medical Waste Legal Reimbursement	Claims Made \$50,000/\$50,000
<u>Deductible Savings</u>		Include GL Premium *	<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>Base Premium</u>	\$4,484.83		
<u>Taxes & Fees</u>	\$27.83		
<u>Total Savings</u>	\$1,704.00		

Print Rate Indication

You can print this rate indication by clicking the above tab.

Previous Next

Save *Excludes taxes Return

1. Click on the **Print Rate Indication** button. The Process Application Details | Print Rate Indication page displays.

2. Complete Application Online | Print Rate Indication

Complete Application Online | Print Rate Indication



Dental Professional Liability
Rate Indication
3200 NE 14th Street
Pompano Beach, FL 33062



Applicant	Agency
John Doe 381 E. Hillsboro Blvd. Deerfield Beach, FL 33441	Demo Agency 361 East Hillsboro 100 Deerfield Beach, FL 33064 954-942-2540
Effective Date: 04/01/2014	Policy Limits: \$1,000,000/\$3,000,000
Expiration Date: 04/01/2015	Classification: General Dentist
Retro Date: 01/01/2009	Deductible: \$5,000 Deductible
Policy Type: Claims Made	Total: \$2,780.83
	General Liability included. No
PAYMENT OPTIONS - EFT or Credit Card	
Option 1 - *Payment in Full: \$2,780.83	
ADDITIONAL COVERAGE	
Quote is valid for 30 days from 3/3/2014. If you have any questions please contact your agent. If you don't have an Agent, we will provide you with one.	

To print this screen, please use the print option of your web browser



1. Use the browser print option to print the rate indication.
2. Click on the **Previous** button to return to the previous page. The Process Application Details | Professional Liability (PL) Quote Indication page displays again.

3. Complete Application Online | Prof. Liability Quote Indication

Complete Application Online | Prof. Liability Quote Indication

Professional Liability (PL) Quote Indication

General Dentist

<u>Limits</u>	\$1,000,000/\$3,000,000
<u>Policy Type</u>	Claims Made
<u>Effective Date</u>	04/01/2014
<u>Expiration Date</u>	04/01/2015
<u>Retroactive Date</u>	01/01/2009
<u>Entity Coverage</u>	
<u>Applied Deductible</u>	\$5,000 Deductible
<u>Deductible Savings</u>	
<u>Base Premium</u>	\$4,484.83
<u>Taxes & Fees</u>	\$27.83
<u>Total Savings</u>	\$1,704.00

General Liability (GL) Quote Indication

<u>General Liability</u>	<u>Policy Type</u>	<u>Limits</u>
a. Premises, Products/Completed Operations Coverage	Occurrence	\$1,000,000
b. Medical Payments		\$10,000
c. Personal & Advertising		\$1,000,000
Nonowned & Hired Auto Liability	Occurrence	\$1,000,000
Employee Benefits Administration Liability	Occurrence	\$1,000,000
Employment Liability	Claims Made	\$5,000/\$5,000
Medical Waste Legal Reimbursement	Claims Made	\$50,000/\$50,000

Include GL Premium* Yes No

Total Annual Premium for your Professional Liability Policy WITHOUT the Optional General Liability is

Print Rate Indication

You can print this rate indication by clicking the above tab.

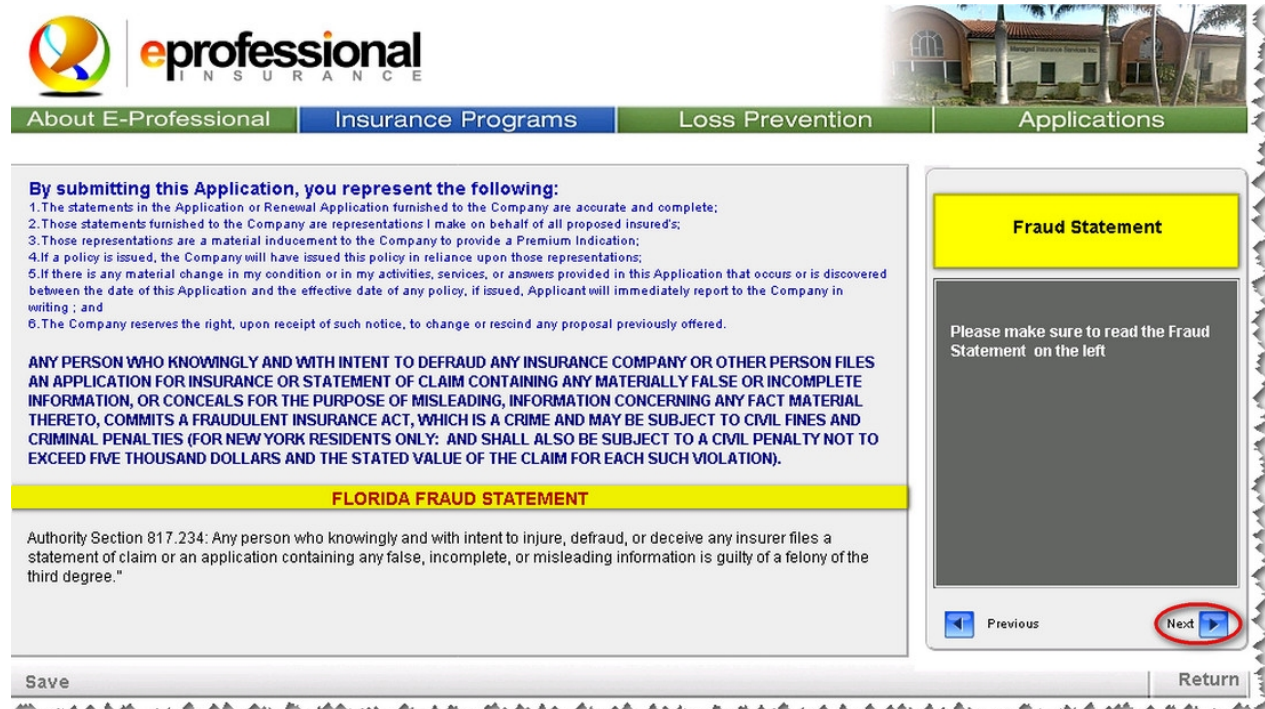
Previous **Next** Return

Save *Excludes taxes

1. Click on the **Next** button. The Process Application Details | Fraud Statement page displays. **NOTE:** This page will vary from state to state.

4. Complete Application Online | Fraud Statement

Complete Application Online | Fraud Statement



The screenshot shows the E-Professional Insurance website interface. At the top, there is a navigation menu with four items: "About E-Professional", "Insurance Programs", "Loss Prevention", and "Applications". The "Applications" item is highlighted in green. Below the navigation menu, there is a header area with the E-Professional logo and a photograph of a building. The main content area is divided into two columns. The left column contains a section titled "By submitting this Application, you represent the following:" followed by six numbered points. Below this is a section titled "FLORIDA FRAUD STATEMENT" with a yellow background, containing a quote from Authority Section 817.234. The right column contains a section titled "Fraud Statement" with a yellow background, followed by a grey box with the text "Please make sure to read the Fraud Statement on the left". At the bottom of the right column, there are "Previous" and "Next" buttons, with the "Next" button circled in red. At the bottom of the left column, there is a "Save" button. At the bottom right of the entire page, there is a "Return" button.

By submitting this Application, you represent the following:

- 1.The statements in the Application or Renewal Application furnished to the Company are accurate and complete;
- 2.Those statements furnished to the Company are representations I make on behalf of all proposed insured's;
- 3.Those representations are a material inducement to the Company to provide a Premium Indication;
- 4.If a policy is issued, the Company will have issued this policy in reliance upon those representations;
- 5.If there is any material change in my condition or in my activities, services, or answers provided in this Application that occurs or is discovered between the date of this Application and the effective date of any policy, if issued, Applicant will immediately report to the Company in writing ; and
- 6.The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (FOR NEW YORK RESIDENTS ONLY: AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION).

FLORIDA FRAUD STATEMENT

Authority Section 817.234: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Fraud Statement

Please make sure to read the Fraud Statement on the left

Previous Next

Save Return

1. Review the fraud statement thoroughly. **NOTE:** The statements will differ from state to state.
2. Click on the **Next** button. The Process Application Details | Applicant's Representations and Authorization page displays.

5. Complete Application Online | Applicant's Reps/Authorization

Complete Application Online | Applicant's Reps/Authorization

APPLICANT'S REPRESENTATIONS AND AUTHORIZATION

CLAIMS MADE POLICIES ONLY: I understand that my Dentist's liability coverage is written on a "Claims-Made form" and acknowledge that this coverage will only respond to claims which are reported during the term of this policy. I also acknowledge that my "Claims-made" coverage will not provide insurance coverage for claims which occurred prior to the Retroactive Date of my policy.

I understand that, should my "Claims-made" policy with this insurance carrier ever be cancelled or nonrenewed, or I decide to terminate it for any reasons, and I desire to provide insurance protection for any claims which may have occurred during the term of the "Claims-made" policy but were not reported to the insurance company before the date of the policy termination, I will have sixty (60) days in which to purchase a Reporting Endorsement. Such Reporting Endorsement is required to provide coverage for claims reported to the insurance company after the termination date, but which are based on dentistry performed during the active policy period.

OCCURRENCE POLICIES ONLY: I understand that my Dentist's Liability coverage is written on an "Occurrence form" and acknowledge that this coverage will only respond to claims for acts, errors or omissions that take place after the policy effective date and before the policy expiration date regardless of when the claims are reported.

I understand any policy issued will rely on the truth of the statements and representations I have made herein and that false or misleading statements or misstatement or misrepresentations may result in a denial of coverage for any claim which may be made under the insurance for which application is made hereunder.

I hereby authorize and direct any person or organization to release and furnish to the Insurance Company any and all information requested which may relate to my insurability under the Professional Liability Policy. I also understand that there is a policy fee and/or a risk management fee of \$25.00. I agree to receive any and all information regarding my coverage via electronic mail or email.

I agree to receive any and all information regarding my coverage via electronic mail or email.

Authorized Representative

First Name	Last Name
John	Doe

Previous Next

Return

1. Type the authorized representative's first name into the designated field.
2. Type the authorized representative's last name into the designated field.
3. Click on the **Next** button. The Process Application Details | Submit Authorization page displays.

6. Complete Application Online | Submit Authorization

Complete Application Online | Submit Authorization

Dental Application Instant Quote
Broward County, Deerfield Beach, FL 33441

APPLICANT'S REPRESENTATIONS AND AUTHORIZATION
I, **John Doe**
acknowledge that I have read and
understand the applicant's representation and authorization statement.

In order to help protect your identity, Fireman's Fund uses a 2 step verification system.
Verification is provided via e-mail or text message.

Authorized Representative First Name Last Name

Authorize Via

Authorized representative email

OR

Authorized representative cell provider

Authorized representative cell

SUBMIT AUTHORIZATION

[Previous](#)

[Return](#)

Signature Page

iQsignature

I, John Doe as the authorized representative of Legal Entity acknowledge that I have read and understand the APPLICANT'S REPRESENTATIONS AND AUTHORIZATION statements.

I agree to receive any and all information regarding my coverage via electronic mail or email.

1. Type the applicant's email address or cell phone provider and number into the designated fields.
2. Click on the **Submit Authorization** button. A popup box displays, advising the applicant to access the authorization code provided via their email or cell phone.

7. Complete Application Online | Sign Document

Complete Application Online | Sign Document

Dental Application Instant Quote
Broward County, Deerfield Beach, FL 33441

APPLICANT'S REPRESENTATIONS AND AUTHORIZATION

I, **John Doe**
acknowledge that I have read and
understand the applicant's representation and authorization statement.

In order to help protect your identity, Fireman's Fund uses a 2 step verification system.
Verification is provided via e-mail or text message.

Authorized Representative First Name Last Name

Authorized representative email

Authorize Via

Authorized representative cell provider

OR

Authorized representative cell

Enter the authorization code below provided to you via text message and email

SIGN DOCUMENT

Your iQsignature Receipt

John Doe
iQsignature

1. Type the authorization code into the designated field.
2. Click on the **SIGN DOCUMENT** button. A QR code appears in the field below.
3. Use a QR Code application on a smart phone to download the receipt, if applicable.
4. Click on the **Next** button. Either the Process Application Details | Continue or Process Application Details | Bind and Pay page displays.

8.1 Complete Application Online | Bind and Pay

Complete Application Online | Bind and Pay

The screenshot displays the E-Professional Insurance website interface. At the top left is the logo for E-Professional Insurance, featuring a colorful circular icon and the text 'eprofessional INSURANCE'. To the right of the logo is a photograph of a building. Below the logo and photo is a navigation bar with four tabs: 'About E-Professional', 'Insurance Programs', 'Loss Prevention', and 'Applications'. The 'Insurance Programs' tab is currently selected and highlighted in blue. The main content area is a light gray box containing the following text: 'John Doe, D. D. S.', 'Congratulations! Your application has been approved.', and 'To bind coverage, please click Bind and Pay below. You will be able to pay for your policy and print out all appropriate documentation.' Below this text is a blue button labeled 'Bind and Pay', which is circled in red. To the right of the main content area is a sidebar with a yellow header labeled 'Underwriting' and the number '16515'. Below the header is a large gray rectangular area. At the bottom of the sidebar are the numbers '947482543' and '1', along with 'Previous' and 'Next' navigation buttons. At the bottom of the main content area are 'Save' and 'Return' buttons.

1. Click on the **Bind and Pay** button.

This concludes the Process Application Details portion of this tutorial.

8.2 Complete Application Online | Continue

Complete Application Online | Continue

The screenshot displays the E-Professional Insurance website interface. At the top left is the logo for E-Professional Insurance, featuring a colorful globe icon. To the right of the logo is a navigation menu with four tabs: 'About E-Professional', 'Insurance Programs', 'Loss Prevention', and 'Applications'. The 'Applications' tab is currently selected. Below the navigation menu is a main content area with a light gray background. It contains the following text: 'John Doe, D. D. S.', 'Your application for Dental Professional Liability Insurance requires an underwriting review of your application for approval. We will notify you within 48 hours via e-mail when this review is completed.', and 'Please click continue below to exit.' Below this text is a blue button labeled 'Continue', which is circled in red. To the right of the main content area is a sidebar with a yellow header labeled 'Underwriting' and the number '16944'. Below the header is a large gray rectangular area, and at the bottom of the sidebar are 'Previous' and 'Next' navigation buttons. At the very bottom of the page, there are 'Save' and 'Return' buttons.

1. Click on the **Continue** button. The application closes, and an autogenerated email is sent to the underwriter. The underwriter reviews the application, and submits their approval or rejection to the insurance agent.
2. Proceed to the Return User Login section if the application was subsequently approved by the underwriter. **NOTE:** If the policy is not approved, the insurance agent can either work with the underwriter to get the policy approved, or accept the policy rejection, concluding this tutorial.

PART II--RETURN USER LOGIN

PART II--RETURN USER LOGIN

This section illustrates how the applicant can log in again to continue with payment type for a policy.

1. Return User Login | Main Menu

Return User Login | Main Menu

From the Main Menu

The screenshot displays the eprofessional INSURANCE website interface. At the top, there is a navigation bar with four tabs: "About E-Professional", "Insurance Programs", "Loss Prevention", and "Applications". Below the navigation bar, the main content area is divided into two columns. The left column contains a "DENTAL PROFESSIONAL LIABILITY QUOTE" section with four input fields: "NEW" (zip code), "RENEWAL" (Web Renewal Code), "WEB ACCESS NUMBER", and "RETURNING" (User ID and Password). The "RETURNING" section has red circles around the email address "dental@gmail.com", the password "password", and the "Submit >" button. The right column features the Fireman's Fund Insurance Company logo, a "Welcome" message, and a "USEFUL LINKS" section with three links: "PL Occurrence Specimen Policy with GL", "PL Claims Made Specimen Policy with GL", and "Dental PL Insurance Coverage Highlights". At the bottom, there is a footer with the date and time "1/28/2014 12:14:35 PM", the address "Demo Agency 361 East Hillsboro | 100 Deerfield Beach, FL 33064", and a "Logout" button.

1. Type the applicant's email address (entered previously) into the designated field.
2. Type the applicant's password into the designated field.
3. Click on the **Submit** button. The record displays again.
4. Click on the **Next** button on each screen until the Select Payment | Type page displays.
5. Proceed to the Select Payment portion of this tutorial.

PART III--SELECT PAYMENT

PART III--SELECT PAYMENT

This section illustrates how to select the payment type for a policy.

1. Select Payment | Type

Select Payment | Type

John Doe, D. D. S.
How do you wish to pay?

Attention: Monthly Payment Plan only available with pay by check option via automated monthly withdrawal.

Pay By Check
Electronic Funds Transfer.
Payment in full or monthly payments from your checking account.

Pay By Credit Card
Payment In Full. Please be advised that a 2.4% convenience fee will be added.

Congratulations, your policy is available for Fireman's Fund payment plan for Dental Professional Liability and is only available thru automated monthly withdrawal from you checking account. The payment plan is NOT available with use of your credit card.

SELECT PAYMENT

Select method of payment

[Back to Application](#)
Returning to application will delete any billing information.

QUIT

1. Click on the **Pay By Check** or **Pay By Credit Card** link.
2. Proceed to either the Bind & Pay By Check/ Issue Policy or Bind & Pay By Credit Card/Issue Policy tutorial.

This concludes the Select Payment portion of this tutorial.

Revision History

Revision History:

Revision:	Date:	Requested By:	Description of Changes:	Signature: