

TUTORIAL: Complete Online Application

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COMPLETE ONLINE APPLICATION TUTORIAL



SOP#: _____ **Revision/Version:** 1.0
Effective Date: 2013

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Approved By: CEO Daniel O'Neal

Title: TUTORIAL: Complete Online Application

Policy: This tutorial serves as a standard operating procedure for printing an indication, completing an application and selecting a payment type.

Purpose: To provide insurance agents and applicants with step-by-step instructions for printing an indication, completing an application and selecting a payment type.

Scope: This tutorial covers printing an indication, completing an application and selecting a payment type.

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

Definitions:

Overview: This tutorial was created in 2013 to help insurance agents and applicants print indications, complete applications and select a payment type.

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 Allied Health 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 and applicants in printing indications and completing applications.

This document contains two main sections:

- [**I. Complete Application**](#)
- [**II. Select Payment**](#)

PART I--COMPLETE APPLICATION

PART I--COMPLETE APPLICATION

This section illustrates how to print an indication, complete an application and select a payment type.

1. Complete Application | Print Rate Indication

Complete Application | Print Rate Indication

Fireman's Fund Insurance Company
Contact Us: 954-788-5197
Insurance for Business & Organizations

Our Company | Our Commitments | Careers | Contact Us | Find and Agent

Professional Liability (PL) Quote Indication		General Liability (GL) Quote Indication	
<u>Nurse Practitioners/Clinical Nurse Specialists - Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology</u>		<u>General Liability</u>	
Limits	\$1,000,000/\$8,000,000	Limits	
Policy Type	Occurrence	A. Coverage for Injury or Damage	
Effective Date	11/01/2013	1. Physical Harm to Individuals and Damage to Property \$1,000,000	
Expiration Date	11/01/2014	2. Emotional Distress and Economic Loss \$1,000,000	
Professional Liability	\$4,118.00	3. General Aggregate \$8,000,000	
Policy Enhancements	\$4,723.00	4. Aggregate for Your Products and Your Work \$0	
Taxes and Fees	\$90.18	B. Coverage for Medical Expenses \$1,000,000	
Annual PL Premium	\$8,931.18	C. Damage to Rented or Managed Premises \$1,000,000	

General Liability Included Yes

Print Rate Indication

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

Previous Next

Save Quit

1. Click on the **Print Rate Indication** button. The Complete Application | Professional Liability Rate Indication page displays.

2. Complete Application | Prof. Liability Rate Indication

Complete Application | Professional Liability Rate Indication

		Allied Health Professional Liability Demo Agency 361 East Hillsboro Deerfield Beach, FL 33064		 A company of Allianz	
Applicant John J Doe Doing Business As Name 362 E. Hillsboro Blvd. Deerfield Beach, FL 33441		Agency Demo Agency 361 East Hillsboro Deerfield Beach, FL 33064			
Effective Date: 11/01/2013		Policy Limits: \$1,000,000/\$6,000,000			
Expiration Date: 11/01/2014		Retro Date:			
Policy Type: Occurrence		Deductible: \$0			
Classification: Nurse Practitioners/Clinical Nurse Specialists - Adult / Geriatric / Family Planning					
Total: \$4,450.94					
General Liability included. Yes					
PAYMENT OPTIONS - EFT or Credit Card Option 1 *Payment in Full: \$4,450.94					
ADDITIONAL COVERAGE					
Common Policy Declarations		Florida Insurance Guaranty Association Surcharge Notification - (FLIGA)			
Medical Professional Liability Declarations - Occurrence		Medicare or Medicaid Reimbursement Endorsement			
Medical Professional Liability Policy - Occurrence		Non-Pyramiding of Limits Endorsement (PL)			
Florida Changes (PL)		Reporting A Claim			
Florida Important Notice		Schedule of Endorsements			
Quote is valid for 30 days from 10/30/2013 . 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

 Previous

1. Use the web browser's print option to print the rate indication.
2. Click on the < **Previous** button to return to the previous page. The Complete Application | Print Rate Indication page displays.

3. Complete Application | Print Rate Indication

Complete Application | Print Rate Indication

Fireman's Fund[®] Insurance Company

Contact Us: 954-788-5197
Insurance for Business & Organizations

Our Company | Our Commitments | Careers | Contact Us | Find and Agent

Professional Liability (PL) Quote Indication		General Liability (GL) Quote Indication	
Nurse Practitioners/Clinical Nurse Specialists - Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology		General Liability	
Limits	\$1,000,000/\$6,000,000	Limits	
Policy Type	Occurrence	A. Coverage for Injury or Damage	
Effective Date	11/01/2013	1. Physical Harm to Individuals and Damage to Property	\$1,000,000
Expiration Date	11/01/2014	2. Emotional Distress and Economic Loss	\$1,000,000
Professional Liability	\$4,118.00	3. General Aggregate	\$6,000,000
Policy Enhancements	\$4,723.00	4. Aggregate for Your Products and Your Work	\$0
Taxes and Fees	\$90.18	B. Coverage for Medical Expenses	\$1,000,000
Annual PL Premium	\$8,931.18	C. Damage to Rented or Managed Premises	\$1,000,000

General Liability Included Yes

Print Rate Indication

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

Previous | **Next >**

Save | Quit

1. Click on the **Next >** button. The Complete Application | Fraud Statement page displays.

4. Complete Application | Fraud Statement

Complete Application | Fraud Statement

The screenshot displays the Fireman's Fund Insurance Company website. At the top left is the logo, a red fire helmet, and the text "Fireman's Fund® Insurance Company". To the right is a contact information box with a background image of a microscope, containing "Contact Us: 954-788-5197" and "Insurance for Business & Organizations". A navigation bar below the logo contains links: "Our Company", "Our Commitments", "Careers", "Contact Us", and "Find and Agent".

The main content area is divided into two columns. The left column has a yellow header "FRAUD WARNING NOTICE" and contains the following text: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties." Below this is a red header "FLORIDA FRAUD STATEMENT" and the text: "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."

The right column has a yellow header "Fraud Statement" and contains the text: "Please make sure to read the Fraud Statement on the left". At the bottom of this column are two buttons: "Previous" and "Next". The "Next" button is circled in red.

At the bottom of the page are two buttons: "Save" and "Quit".

1. Click on the **Next >** button. The Complete Application | Applicant's Representations and Authorization page displays.

5. Complete Application | Applicant's Reps & Authorization

Complete Application | Applicant's Reps & Authorization

The screenshot shows the Fireman's Fund Insurance Company website. The header includes the company logo and name, a contact number (954-788-5197), and a navigation menu with links for 'Our Company', 'Our Commitments', 'Careers', 'Contact Us', and 'Find and Agent'. The main content area is titled 'Applicant's Representations and Authorization' and contains the following text:

OCCURRENCE POLICIES ONLY: I understand that my Professional 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.

COMPLETION OF THIS FORM NEITHER BINDS COVERAGE NOR GUARANTEES A POLICY WILL BE ISSUED. This application is subject to the underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will become effective following the receipt of your acceptable application and premium payment. Your application can not be processed unless it is completed in its entirety. The application is subject to the company's underwriting rules. I declare the information contained in the application is true and that no material facts have been suppressed or misstated. I understand that incorrect information could void the protection.

FAIR CREDIT REPORTING ACT
This notice is given to comply with the Fair Credit Reporting Act (Public Law 91-509) and any similar state law which is applicable. As part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. 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, John J Doe
acknowledge that I have read and
understand the above statements.

Yes No

Request Coverage

Previous Next

Save Quit

1. Click on the **Yes** button after reading the statements.
2. Click on the **Request Coverage** button. The Complete Application | Bind and Pay page displays.

6. Complete Application | Bind and Pay

Complete Application | Bind and Pay

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800.675.4678 info@managedinsurance.com

About E-Professional

Insurance Programs

Loss Prevention

Applications

Congratulations! Your application has been approved .

To bind coverage, please click Bind and Pay below . You will be able to pay for your policy and print out all appropriate documentation.

Bind and Pay

Underwriting

Previous

Next

Save

Quit

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

This concludes the Complete Application portion of this tutorial.

PART II—SELECT PAYMENT

PART II—SELECT PAYMENT

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

1. Select Payment | Frequency

Select Payment | Frequency

The screenshot shows the E-Professional Insurance website interface. At the top, there is a navigation bar with the following items: "About E-Professional", "Insurance Programs", "Loss Prevention", and "Applications". The "Insurance Programs" item is currently selected.

The main content area is divided into two sections. On the left, there is a table titled "Please select your payment plan" with the following data:

Item	Amount
Professional Liability Premium	4,118.00
Additional Policy Enhancements	357.00
Policy Fee	
Florida FIGA Tax	45.65
*Total	4,520.65

Below this table, there is a button labeled "Pay in Full" which is circled in red. To the right of this button, the text "Total \$4,520.65" is displayed.

On the right side of the page, there is a panel titled "SELECT PAYMENT FREQUENCY". Inside this panel, there is a section labeled "Select method of payment" which is currently empty. Below this section, there is a link labeled "Back to Application" and a note: "Returning to application will delete any billing information."

At the bottom of the page, there is a footer with the text "QUIT" on the left and "33 West Monroe Street Chicago, IL 60603" on the right.

1. Click on the **Pay in Full** text. The Select Payment | Type page displays.

2. Select Payment | Type

Select Payment | Type

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'. The main content area is titled 'John J Doe' and asks 'How do you wish to pay?'. Two options are presented: 'Pay By Check' (Electronic Funds Transfer From your Checking Account) and 'Pay By Credit Card' (Please note that if you select pay by credit card there will be an additional 2.4% charge). A 'Previous' button is located at the bottom left of the payment selection area. The footer contains the text 'QUIT' and '33 West Monroe Street Chicago, IL 60603'.

NOTE: A premium finance option is not available at this time.

- 1a. If the applicant wishes to pay by check, click on the **Pay By Check** hyperlinked text and proceed to the Bind & Pay By Check/Issue Policy tutorial.
- 1b. If the applicant wishes to pay by credit card, click on the **Pay By Credit Card** hyperlinked text and proceed to the 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