

### **Entering a New Application**

From your homepage in AgenTree, click on **New** under the *Policies* heading to enter a new application.

Open Ope	en			A.C Help	Log Out
^ 					
Administration	Policies		Static Reports		
Claims	Search	New	🔂 Get Acro	obat Reader to view these reports	
Reports			APPLICATION FORMS	ENDORSEMENT FORMS	
	Quotes		TATE TABLE FORMS	ANNUAL CONTENTS RE	
Agent Info	Search	New	SC M/H AFFIDAVIT	KY M/H AFFIDAVIT	
Current Policies			BANK AUTHORIZATION	BILLING INTERRUPTI	
			OUT OF STATE AFFID	INITIAL LOSS AND F	
Training Help			ms – State Pages	TX – UNDERWRITING	
			COUNTRYWIDE UNDERW	·	
	Notification (1)	Diary (0) Note Pad	(0)		
	Notification			(1) 🔽 Open Only	New
	DATE	SENDER	ТОРІС	MESSAGE	STATUS
	06-23-2020 09:54	LOUANNE KOCHOA -	Cancelled	Policy has been cancelled effectiv	e Open
HOME   PRIVACY POLICY   © Copyright	t 1999-2020 Property a	nd Casualty Management S	systems, Inc.	POWERED BY:	PCMS



#### **Policy Changes**

On the left hand side you will notice several tabs in grey. Below is the Policy Changes Screen.

The information on this screen will be prefilled.

- The effective date will default to the current date.
- The coverage term will default to 1 month
  - You may change the coverage term to quarterly, semi-annually or annually.
- The expiration date will be one month from the effective date.
  - The expiration date will adjust to reflect the coverage term.

Click on *Save & Continue*. You will automatically be taken to the General tab.

✿ View All Policies						
Policy Changes	Insured Name:	Not Available				
General	Number:	Not Assigned			Status: NEW	Premium: n/
Insured			Effective Date	07-14-2020		
Property Address			Coverage Term Expiration Date	1 month ~		
Coverage						
Underwriting						
	I					
			Save & Continue	Cancel Policy		
ME   PRIVACY POLICY   © Copyright	t 1999-2020 Property and	Casualty Manageme	nt Systems, Inc.		POV	



General

From the General tab you will need to select the *Billing Type* and *Payment Plan*.

There is only one option for Billing Type. Select *Insured Bill* from the drop down.

Select the appropriate Payment Plan from the drop box. The insured may select:

- Monthly
- Quarterly
- Semi-Annual
- Annual

The payment plan should correspond with the *Coverage Term* on the previous screen.

If ACH/EFT will be the mode of payment for the initial premium or any premium thereafter you should still select monthly from the drop down for *Payment Plan*. Submit a completed ACH Bank Draft Authorization form with the completed application and the Home Office will set up the ACH.

View All Policies				
Fields marked with red backg	round are mandatory. Hold cu	rsor over the field fo	r explanation.	Show Details
Policy Changes	Insured Name: Not Availa	ble		
General	Policy Not Assign Number:	ed	Status	: NEW <b>Premium:</b> n/a
Insured	Renewal Of Policy No			
Property Address	U/W Status Unknov Total Premium \$0.00 -	'n	U/W Suspense Date	01-01-1900
Coverage	Billing Type Insure	d Bill 🗸	Payment Plan	Monthly ~
Underwriting	Agents must remit bank aut	norization forms to Home	Office for bank draft changes	or Monthly-EFT options
	Additional Information			
		Save & Continue	Cancel Policy	
HOME   PRIVACY POLICY   © Copyright	1999-2020 Property and Casualty Manac	ement Systems, Inc.		

After you have selected the Billing Type and Payment Plan, click on Save & Continue.



View All Policies				
Fields marked with red backg	round are mandatory. Hold	cursor over the field fo	r explanation.	Show Details
Policy Changes	Insured Name: Not Ava	ilable		
General	Number:	igned	Status:	NEW <b>Premium:</b> n/a
Insured	Renewal Of Policy No			
Property Address	U/W Status Unkr Total Premium \$0.0	nown 10 -	U/W Suspense Date	01-01-1900
Coverage	Billing Type Ins	sured Bill 🗸	Payment Plan	Monthly ~
Underwriting	Agents must remit bank a	authorization forms to Home	Office for bank draft changes o	r Monthly-EFT options
	Additional Information			
		Save & Continue	Cancel Policy	
HOME   PRIVACY POLICY   © Copyright	1999-2020 Property and Casualty Ma	nagement Systems, Inc.		



Insured

The following screen is the Insured screen. As you move though the fields use the Tab key.

- Enter a four (4) digit account number (optional)
  - Account numbers can be used to group policies that belong to the same family, that are in the same area or for any other reason you would need to group them. This can be any four digits; they are used for your reference only but are a mandatory field.
- Enter the first name of the insured.
  - Agentree will check the system for policies that match the first name of the insured. A list may or may not populate showing the matches. (see screen below)
- Enter the middle name, middle initial or leave blank.
- Enter the last name of the insured.
- Enter the Telephone number of the insured
- Enter the Email Address of the insured (if available, if the insured does not have an email address, possibly a family members email address they can provide to receive notifications from the company regarding their policy should there be any)

\*Note: The system will check for other policies that match the information that you enter after each field. Be sure to Tab, and give the system a moment to run the check.

View All Policies No Current Clients can be fou	nd for the sp	ecified criteria						
Policy Changes	Insured Na	ame: Not Availal	ble					
General	Num	blicy Not Assign Iber:	ed				Status: N	IEW <b>Premium:</b> n/a
Insured	Client Id	0						
	District	I522		Agency	I1217		Account	
Property Address	First Name	John	]	Middle			Last	Doe
Coverage	Telephone	(123) 456-1234	]	Alt Phone			Fax	
Underwiting	Email		]	Birth Year	1900		SSN	
Underwinding								
				ADDITI	DNAL	INSUREDS		
				N	lew Ins	ured		
				Save & Contin	ue	Cancel Policy		
HOME   PRIVACY POLICY   © Copyright	1999-2020 Prope	rty and Casualty Manag	jement	Systems, Inc.				POWERED BY: PCMS



Once you have entered the information for the mandatory fields if there are no policies either in force or lapsed for the current insured then you will see the message **"No Current Clients can be found for the specified criteria."** 

### **Click Save & Continue**

View All Policies     No Current Clients can be fou	nd for the sp	ecified criteria							
Policy Changes	Insured Na	ame: Not Availal	ble	1					
General	P Num	olicy Not Assign Iber:	ied			9	Status: N	NEW <b>Premium:</b> n/a	
Insured	Client Id	0							
	District	1522		Agency	I1217		Account		
Property Address	First Name	John	]	Middle			Last	Doe	
Coverage	Telephone	(123) 456-1234	]	Alt Phone			Fax		
Underwriting	Email		]	Birth Year	1900		SSN		
Onderwinding	Underwriting								
				ADDITI	ONAL INSURE	DS			
				N	ew Insured				
					ue Capre	Policy			
				Save & Contin	ue Cance	l Policy			
HOME   PRIVACY POLICY   © Copyright	1999-2020 Prope	rty and Casualty Manag	gement	t Systems, Inc.				POWERED BY: FCMS	

### **Property Address**

At the Property Address screen you will enter the physical and billing address of the insured.

- Enter the address.
- Select the appropriate state. You will only be able to select the state for those you are licensed and appointed in.
- Enter the zip code.
  - $\circ$  If there is more than city/county name for the specified zip code, a list will populate
  - The specified zip code might have multiple city/county combinations that are acceptable by the USPS. Select the appropriate combination from the list by clicking on the community name. The information for City and County will be filled into the system.
  - $\circ$  If the property is unprotected or inside the city limits select the appropriate check box.
- If an alternate billing address is provided, you can select the check box for Alternate Billing and enter the address as shown below then click on *Save & Continue*. If an alternate billing address is not given, click on *Save & Continue*.



✿ View All Policies							
Policy Changes	Insured Name: J Policy	ohn Doe			Chatrian N	E14/ B	/-
General	Number:	lot Assigned			Status: N	ew <b>Premium</b>	: n/a
Insured	Address	123 Rainbow Drive			//	Territory Place Code	040
Property Address	State	Georgia 🗸	Zip Code	30004		PPC Low	03
Coverage	City	ALPHARETTA	County	FULTON		PPC High PPC Assigned	03
Underwriting	Unprotected?		Inside City Limit?			Fire / Parish	
	Alternate Billing?						
	Billing Name	John Doe					
	Address	123 Rainbow Drive					
	City		Stat	e GA	Zip Cod	le 30004	
		Save & C	ontinue Canc	el Policy			
DME   PRIVACY POLICY   © Copyright	1999-2020 Property and Ca	sualty Management Systems,	Inc.			POWERED BY:	M

#### Coverage

The next screen is the Coverage screen.

- Year Built. This is especially important if the risk is a mobile home and will be specifically asked on the mobile home affidavit but not necessarily on the application itself.
- Construction Type
  - o Frame
  - o Masonry
- Type of Residence
  - o Single family
  - o Multi Family
  - o Mobile Home
  - Mobile Home in a Park
- Number of Rooms (excluding bathrooms)
- Entrances
  - Front and/or Rear for single family homes.
  - Left or Right for multi family homes that share a common entrance. (Is the apartment on the left or right hand side of the hall?)
  - Level Floor: What floor is the apartment on?
  - In Basement: Is it an in basement apartment?



- If there is any other insurance on Household Contents mark the check box and enter the name of the other insurance company in the box to the right.
- Household Contents is automatically selected by default. Select the amount of insurance from the drop down.
- If the policy is going to have Emergency Expense Benefit or Jewelry, Firearms and Furs added as an endorsement to the policy select the appropriate check box.
- If adding burglary, select the check box and the amount from the drop down.

Once you have completed all mandatory fields and selected the coverage details, click on **Save & Continue.** 

View All Policies  Another Policy is currently in	effect at i	the address								
Policy Changes	Insured	Name: Joh	n Doe							
General	N	Policy Not Iumber:	Assigned	I			St	atus: N	EW <b>Pren</b>	nium: n/a
Insured		Year Built	1980	Construc	tion Type	FRAME		~		
	Ту	oe of Residence	Single Fa	mily	~				Residence C	ode
Property Address		# Rooms	5	E	Intrances	Fron	t 🗆 R	lear 🗌 Rig	ht 🗆 Left	
Coverage		Assignment		Lev	el Floor#	0			In Baseme	ent?
Underwriting	C	Other Insurance		Other	Company					
	Active?	Descript	tion	Amou	nt	1	Incept	ion Date	Rate	Premium
	<b>√</b>	Household Cont	tents	15,000.00	~	n/a		n/a	0.0000	0.00
		Emergency Exp	ense Benef	it			r	n/a	0.0000	0.00
		Jewelry, Firearn	ms and Furs				n/a		0.0000	0.00
		Burglary		3,000.00	~		r	n/a	0.0000	0.00
		Refrigerated Fo	od Spoilage				n/a		0.0000	0.00
		Liability		100,000	~		r	n/a	0.0000	0.00
		City Tax County Tax State Tax		Code: Code:					0.0000 0.0000 0.0000	0.00 0.00 0.00
									Total	0.00
				Save & Continue	Car	ncel Polic	y			
HOME   PRIVACY POLICY   © Copyright	1999-2020 P	roperty and Casua	alty Managen	nent Systems, Inc.					POWERED BY	FCMS

#### Underwriting

- This is the underwriting screen. Please answer each question as "Yes" or "No" as appropriate.
- Click on *Save & Continue*.

Note: Not all states have underwriting questions on the application.



Policy Changes	Insured Name: John Doe							
	Policy Number: Not Assigned Sta	tus: NEW	Premiun	1: 1				
General	Has Underwriting Approval?							
Insured	Have there been any losses in the last 3 (three) years?		No	~				
Property Address	Is the Personal Property owned by someone other than the Applicant(s)?		No	~				
	Does the Applicant reside at an address other than the Insured Address?		No	~				
Coverage	Is Business Conducted at Insured Address?		No	~				
Underwriting	Is this a Seasonal or Part-Time Residence?		No	~				
	is the property Vacant or unoccupied?							
	AGENT OBSERVATIONS							
	Any evidence of Bad Wiring?							
	Are there any Lights Flickering?	Are there any Lights Flickering?						
	Is there Excessive use of Extension Cords?		No	~				
	Are Extension Cords running under Rugs Or Carpet?		No	~				
	Is the property without Electricity, Gas or Water		No	~				
	Is there Excessive rubbish, oil, kerosene or gas cans on the property?		No	~				
	Does the Insured Address contain a Wood Or Coal Burning Stove?							
	Are there any Non U.L. Approved space or kerosene heaters?		No	~				
	Save & Continue Cancel Delicy							

After clicking on *Save & Continue*, click on *Process Changes* on the same screen. You should see the message *"The policy was submitted and needs Underwriting Approval"* in the upper left hand corner. You will also see that the insured name, policy number and premium have all been filled in and that the status shows as *Suspended*.



• View All Policies	needs underwriting approval	
Summary	Insured Name: John Doe	
Policy Changes	Number: Suspended Premit	<b>.im:</b> \$27.60
General	This policy requires Underwriting approval because ANOTHER POLICY IS CURRENTLY IN EFFECT AT THE ADDRESS.	
	Has Underwriting Approval?	
Insured	Have there been any losses in the last 3 (three) years?	No 🗸
Property Address	Is the Personal Property owned by someone other than the Applicant(s)?	No 🗸
C	Does the Applicant reside at an address other than the Insured Address?	No 🗸
Coverage	Is Business Conducted at Insured Address?	No 🗸
Underwriting	Is this a Seasonal or Part-Time Residence?	No 🗸
	Is the property Vacant or unoccupied?	No 🗸
	AGENT OB TIONS	
	Any evidence of Bad Wiring?	No 🗸
	Are there any Lights Flickering?	No 🗸
	Is there Excessive use of Extension Cords?	No 🗸
	Are Extension Cords running under Rugs Or Carpet?	No 🗸
	Is the property without Electricity, Gas or Water	No 🗸
	Is there Excessive rubbish, oil, kerosene or gas cans on the perty?	No 🗸
	Save & Continue Process Changes Cancel Policy	
HOME   PRIVACY POLICY   © Copyright	1999-2020 Prc of and Casualty Management Systems, Inc. POWERED 1	BY: <b>FCM</b>

### What to Do Next

• You must submit the original application and the initial premium payment by mail to the address below to be issued.

Independent Mutual Fire Insurance Company 4 North Park Drive Suite 402 Hunt Valley, MD 21030

- If the initial premium will be paid though ACH/EFT OR the policy will be on ACH/EFT for each subsequent payment, be sure that you have the Named Insured sign the ACH Bank Draft Authorization form.
  - If the initial premium payment is being paid through ACH/EFT, we must have the completed paperwork in our office no later than THREE (3) business days PRIOR to the draft date.
  - You can email or fax this application along with the ACH Bank Draft Authorization form to the home office:

Toll Free Fax: 877.509.5980 Email: UW@IMFCO.NET

- Once the policy is issued a policy and declaration page will automatically be generated and mailed directly to the insured.
- Once the policy shows issued in AgenTree, you will have access to print the Full Policy and Dec Page.