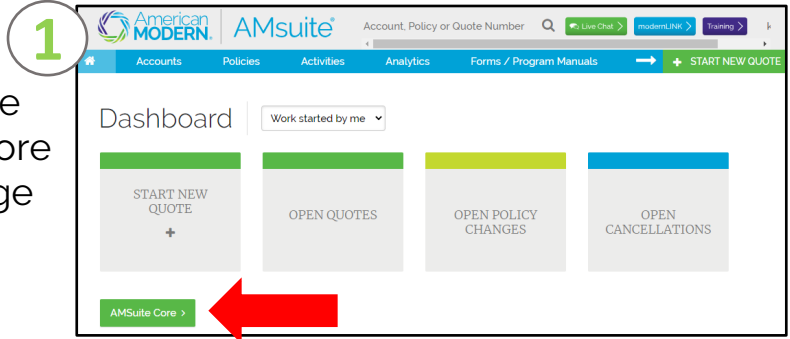


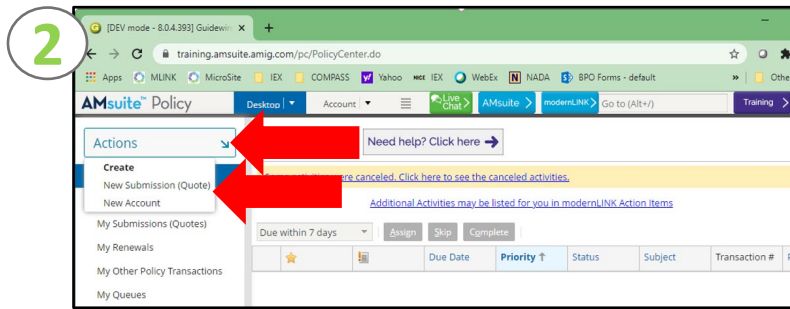
# AMsuite® Residential Quote in AMsuite Core

This document will provide step by step instructions for completing a residential quote and policy issuance in our AMsuite Core system.

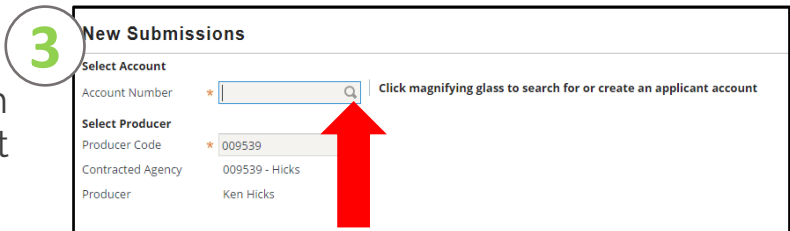
A quote can be started in AMsuite Core by selecting the AMSuite Core button on the AMsuite Home Page



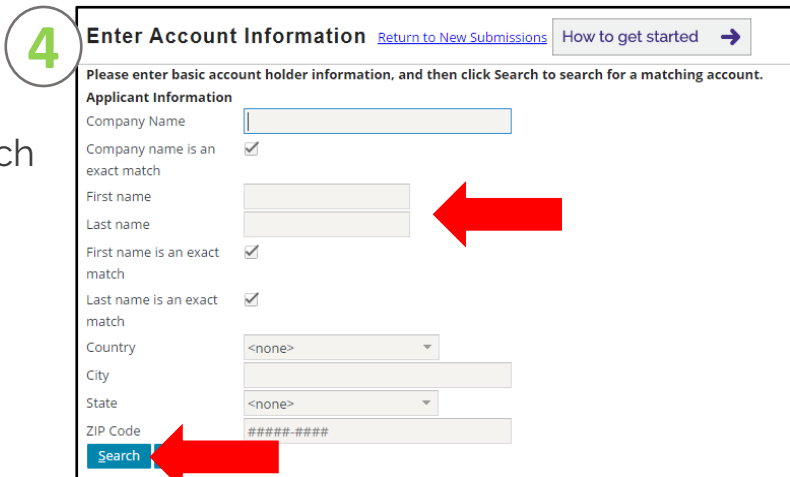
Select Actions and select New Submission (Quote)



Select magnifying glass to search for or create an applicant account



Enter basic account holder information, and then select Search to search for a matching account



# AMsuite®

## Residential Quote in AMsuite Core

If you do not find a matching account in the list below, select "Create New Account" to create a new one

5

Search    Reset

Create New Account ▾

Search Results

Account Number	Name	Address	Producer

Select Company for Trust, LLC., etc. Or Person for an individual

6

Create New Account ▾

Company

Person

Fill in all asterisk marked fields with the customer's information

7 **Create account**

Update    Cancel

**Please confirm account information**

First name \*    XXXX

Middle name   



Last name \*    xxxxxxxx

Suffix    <none>

Date of Birth \*    MM/dd/yyyy

Select the magnifying glass to search for your Producer Code

8 **Select Producer**

Producer Code \*      


Contracted Agency

Producer

Select the appropriate Producer Code and Name

9 **Search Results**

Print / Export

	Producer Code	Producer Name
Select 		

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Coverage is subject to policy terms, conditions, limitations, exclusions, underwriting review and approval, and may not be available for all risks or in all states. Rates and discounts vary, are determined by many factors and are subject to change. Policies are written by one of the licensed insurers of American Modern Insurance Group, Inc., including but not limited to American Modern Property and Casualty Insurance Company (CA Lic. No. 6129-1).


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Residential Quote in AMsuite Core

Select Update

**10 Create account**

Update 

Please confirm account information

Complete all fields with an asterisk


**11 New Submissions**

**Select Account**  
Account Number \* 00000 

**Select Producer**  
Producer Code \* 


Contracted Agency  
Producer

**Product Offers**  
Default Rating State \* Ohio 

Default Effective Date \* 02/08/2021 

Select Residential


**12**

	Product Name	Product Description	Status
Select	Recreational	Recreational	Available
Select	Residential 	Residential	Available

Select the magnifying glass, choose the policy type

**13 Qualification**

Save and Next > Quote Save Versions ▾ Close Options ▾

Policy Type \* Homeowners   
 Tenant  
 Condo  
 Dwelling Basic  
 Dwelling Special  
 Manufactured Home

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Residential Quote in AMsuite Core

14

Place checkmarks after qualification questions based on customer's responses

Then select Save and Next

15

Answer all questions and verify all fields are correct

If there is an Additional Named Insured, select Add and complete required fields (*Not for Lien Holder or Mortgage Company*)

Then select Save and Next

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Select Create Dwelling

**16 Dwelling**

< Back Save and Next > Quote Save Versions Close Options

Create Dwelling Remove Dwelling

Dwelling # ↑	Address
--------------	---------

If the location address is different than the Mailing address, select Change To and add the new address

**17**

Dwelling # ↑	Address	Residence Type
1	8256 Stafford Ln, Indianapolis, IN 46260-2852	1 Family Residence

Details Protection Details Underwriting Additional Interests

Dwelling # 1

Location Change To: 8256 Stafford Ln Indianapolis, IN 46260-2852 Get Territory Details

Territory Code 2

County Marion

Protection Class Code 2

Residence Type 1 Family Residence

Is the dwelling a Townhome or Row Home? Yes No

How is the dwelling occupied? Owner Occupied

Will the dwelling be occasionally rented to others? Yes No

For the length of time the applicant has owned the dwelling, how many days has it gone uninsured? 0

Under Construction or Major Renovation? Yes No

Supplemental Heating Source (including wood/pellet burning stove)? Yes No

Select Get Territory Details

**19**

Dwelling # ↑	Address	Residence Type
1	8256 Stafford Ln, Indianapolis, IN 46260-2852	1 Family Residence

Details Protection Details Underwriting Additional Interests

Central Station Fire & Smoke Alarm Yes No

Central Station Burglar Alarm Yes No

Local Smoke and/or Burglar Alarm Yes No

Deadbolts, Smoke Alarm and Fire Extinguisher Yes No

Water Sensor <none>

Water Shutoff Device <none>

After completing all information in this section select the Protection Details tab and answer all questions

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## Residential Quote in AMsuite Core

Select the Underwriting tab and answer all the questions

Select the Additional Interests tab if you need to add Lien Holder or Mortgagee

**20**

Dwelling # ↑	Address	Residence Type
1	8256 Stafford Ln, Indianapolis, IN 46260-2852	1 Family Residence

Details Protection Details **Underwriting** Additional Interests

**The following are required for issuance**

- Earth home, dome home, or any other non-conventional design?  Yes  No
- Supported on raised poles or pilings over 6 feet?  Yes  No
- Condemned?  Yes  No
- Any water leaks or unrepaired water damage?  Yes  No
- Any broken or boarded-up windows, or any other unrepaired damage?  Yes  No
- Currently have working utilities?  Yes  No
- In an area that is prone to or had a prior occurrence of landslide, forest fires, or brush fire?  Yes  No
- Isolated and inaccessible by road?  Yes  No
- Swimming pool on the premises?  Yes  No
- Attached to a commercial risk?  Yes  No
- Business on the premises?  Yes  No
- Farming conducted on the premises?  Yes  No
- Does the applicant, or does any resident of the dwelling to be insured, own or care for any animals?  Yes  No

Select Add then New Company or New Person and complete the required information fields.

Select Save and Next

**22**

Details Protection Details Underwriting **Additional Interests**

**Dwelling Additional Interest**

Add Remove

- New Company
- New Person
- Other Contacts

Interest Type	Additional I...	Description	Contract Nu...
---------------	-----------------	-------------	----------------

On the Dwelling Construction Details page - fill in all fields marked with asterisks

Select Go to MSB  
Make any changes necessary, calculate and finish, close MSB.  
Select Retrieve from MSB

**23**

**Dwelling Construction Details**

Dwelling # ↑	Address	Residence Type	Occupancy
1	8256 Stafford Ln, Indian...	1 Family Residence	Owner Occupied

Dwelling # 1

Valuation Type \* Replacement Cost

Year Built \* [ ]

Construction Type \* <none>

Number of stories \* <none>

Finished Living Area (Sq Ft) \* [ ]

**24**

**MSB Valuator**

Step 1

Step 2

Go to MSB

Retrieve from MSB

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Complete all asterisk marked fields

Select Save and Next

**25 Dwelling Construction** [Need help? Click here →](#)

[< Back](#) [Save and Next >](#) [Save](#) [Versions ▾](#) [Close Options ▾](#)

**Dwelling Construction Details**

Dwelling # ↑	Address	Residence Type	Occupancy
1	123 Main St, Anytown, ...	1 Family Residence	Owner Occupied

Dwelling # 1

Valuation Type \* Replacement Cost ▾

Year Built \*

Construction Type \* <none> ▾

Number of stories \* <none> ▾

Finished Living Area (Sq Ft) \*

**MSB Valuator**

Step 1 [Go to MSB](#)

Step 2 [Retrieve from MSB](#)

Estimated Valuation \* \$

Purchase Date MM/dd/yyyy

Purchase Price \$

Foundation Type <none> ▾

Roof Covering \* <none> ▾

Roof Slope/Style <none> ▾

Year Roof Replaced \*

Is Primary Heating Thermostatically Controlled?  Yes  No

Primary Heating <none> ▾

Electrical System <none> ▾

Any Knob and Tube Wiring Present?  Yes  No

**Any of the following upgraded?**

Heating Upgraded

Plumbing Upgraded

Wiring Upgraded

Complete all asterisk marked fields

Confirm all coverages

Select Save and Next

**26 Coverages** [Need help? Click here →](#)

[< Back](#) [Save and Next >](#) [Save](#) [Versions ▾](#) [Close Options ▾](#)

**Coverages that apply to all dwellings**

**Liability Coverages**

Personal Liability

**Additional Coverages**

Identity Recovery

**Coverages that apply per dwelling**

Dwelling # ↑	Value	Address	Residence Type	Occupancy
--------------	-------	---------	----------------	-----------

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## Residential Quote in AMsuite Core

On the Risk Analysis page, you will find information regarding any underwriting referrals

Select Save and next when done

**27 Risk Analysis** [Need help? Click here →](#)

< Back **Save and Next >** Save Versions Close Options

Request Approval

UW Issues Prior Policies Prior Losses

No issues identified at this time.

Approve Reject Reopen History View Issues Blocking ⭐ View All

On the Policy Review page, you can review all the information

Select Quote when finished

**28 Policy Review**

< Back **Quote** Close Options

<b>Primary Named Insured</b>	JOE SMIT	<b>Policy Type</b>	Dwelling Basic
<b>Address</b>	123 E Main St Amelia, OH 45102-1945	<b>Effective Date</b>	03/15/2021
<b>County</b>	Clermont	<b>Expiration Date</b>	03/15/2022
<b>Address Type</b>	Home		
<b>Address Description</b>			

On the Quote page, you can review all the information including the premium

If everything is acceptable with the insured, select Bind Options button then select Proceed To Issuance

**29 Quote** [Need help? Click here →](#)

< Back Save and Next > Edit Policy Transaction Save Versions Bind Options Close Options Print Quote

<b>Submission Number</b>	0000053676	<b>Issue Policy</b>	\$793.00
<b>Policy Period</b>	03/15/2021 - 03/15/2022	<b>Costs</b>	-
<b>Primary Named Insured</b>	JOE SMIT	<b>Total Cost</b>	\$793.00
<b>Address</b>	123 E Main St Amelia, OH 45102-1945		
<b>County</b>	Clermont		
<b>Address Type</b>	Home		

Review the Issuance Checklist, verify all required information has been entered and select [Return to Payment & Signatures](#)

**30 Issuance Checklist** [Return to Payment & Signatures](#)

- Quoted and Rated
- All required info is entered
- Review the ordered reports (automatically)
- Check the Underwriting rules (automatically)
- Review Payment info and Signatures

(Please enter or review payment and billing information and review signature options. Then click "Issue Policy" to issue.)

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## Residential Quote in AMsuite Core

On the **Payments and Signatures** page: **31**

**Billing Method:** All quotes are set up on Direct Bill

**Billing Type:** Choose from Recurring Electronic or Invoice

**Date of Payment:** Customer chooses day of month for recurring payments to be taken from their account, 1-28

**Billing Contact:** Choose from any name entered within the quote  
Select a payment plan. The down payment required will auto fill in the field below

Select Payment Plan

**Enter the Down Payment Information**

**Enter the Recurring electronic Payment Information** if setting up on Recurring Electronic payments

- If using Electronic Signature, enter your (binding agent) email address in the Producer email address for e-signature field
- If using Traditional Signature, print forms listed at bottom of page, have insured sign and attach to policy

**Payment & Signatures** [Need help? Click here →](#)

[← Back](#) [Edit Policy Transaction](#) [Save](#) [Versions](#) [Bind Options](#) [Close Options](#) [Print Binder](#)

**Payment**

**Premium Summary**

Total Premium	\$793.00
Total Additional Costs	-
Total Cost	\$793.00

**Billing**

Billing Method: Direct Bill  
 Renew To: Direct Bill  
 Billing Type: Recurring Electronic  
 Date of Payment: 15  
 Billing Contact: JOE SMIT  
 EZPay Form Signed?: No  
 EZPay Form Version:

**Available Payment Plans**

Total cost could be significantly reduced if you choose to pay in full. You may do this by selecting "Yes" to "Paid in Full" on the Policy Info Page

Select	Name ↑	Down Payment	Installment	Remaining Installments	Installment Fee	Estimated Total
<input type="radio"/>	Full Pay Plan	\$793.00	-	0	-	\$793.00
<input type="radio"/>	Semi-Annual Pay Plan	\$396.50	\$396.50	1	-	\$793.00
<input type="radio"/>	Quarterly Pay Plan	\$198.25	\$198.25	3	-	\$793.00
<input type="radio"/>	Bi-Monthly Pay Plan	\$158.60	\$126.88	5	-	\$793.00
<input type="radio"/>	Monthly Electronic Pay Plan	\$158.60	\$63.44	10	-	\$793.00

**Down Payment Information**

Amount: \$ 0  
 Payment Method: -none-

**Recurring Electronic Payment Information**

Payment Method: -none-

[Attached Signed EZPay Form](#)

**Required Signature Forms**

Signatures on required forms can be obtained two ways 1) Emailed to Primary Named Insured for electronic signature, or 2) Printed for a traditional signature by Primary Named Insured. Please choose an option below. Note: If electronic signature is selected, the electronic envelope may first be emailed to the Producer for signature before being forwarded to the Primary Named Insured.

**Electronic Signature - Mobile Device Required**

Consent to electronic delivery of required signature forms?  Yes  No  
 Producer email address for e-signature:   
 Mobile phone number for text message delivery\* of Personal Identification Number (PIN): 513-555-1212  
\* Standard message and data rates apply  
[View Privacy Notice](#)

**Traditional Signature**

[View/Print](#)

Form #	Description
<input type="checkbox"/>	Dwelling Application

Primary Named Insured email address: customer@amig.com

The customer has the option of receiving automated calls and/or text messages from us. Do we have the customer's permission to send autodialed pre-recorded and artificial voice calls and/or text messages to the phone number provided?  Yes  No

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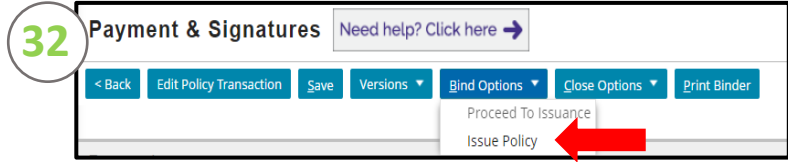
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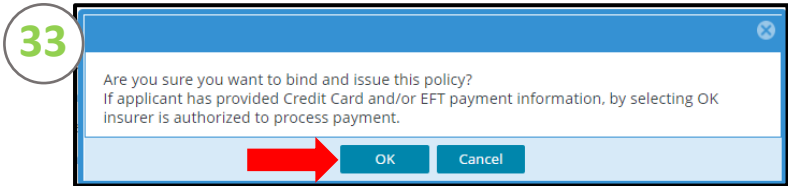
# AMsuite®

## Residential Quote in AMsuite Core

Select the Bind Options button then select Issue Policy

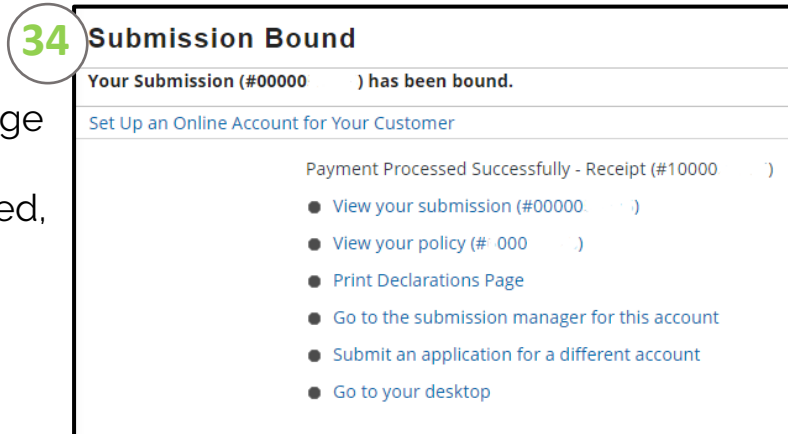


Select OK



Review the Submission Bound page

A policy number has been assigned, the policy is bound. To view the policy, select View your policy (#000000XXX)



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