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Starting a Quote

Commercial Auto

Workers' Compensation

2

2

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Navigating ProducerEngage

When you first enter ProducerEngage, you land on the “**Policies**” page. You will then be able to move around ProducerEngage with these tabs.

AccountsPoliciesClaims

Accounts

Everything

Recently Viewed

Recently Created

Personal Accounts

Commercial Accounts

Recently Viewed

Account	Type	Policies	Date Created	Address
Terry's Truck Repair	Commercial	0	Jan 31, 2025	229 Denali St, Anchorage, AK 99501-2411
Hayley's Pottery Painting	Commercial	0	Feb 18, 2025	867 W Moose Park Dr, Wasilla, AK 99654-1002
Betty's Boutique	Commercial	0	Jan 29, 2025	2301 Chandalar Dr, Anchorage, AK 99504-3508
Compass Coffee	Commercial	0	Jan 30, 2025	234 Denali St, Anchorage, AK 99501-2412
Thrifty Chic Boutique	Commercial	0	Jan 29, 2025	4001 Denali St, Anchorage, AK 99503-6006
Tony's Towing	Commercial	0	Jan 31, 2025	234 Denali St, Anchorage, AK 99501-2412

Accounts Page

Accounts - Recently Viewed

Let's walk through ProducerEngage from left to right. Once you land on the “**Policies**” page, click on “**Accounts**”. You will be brought to all your **Recently Viewed** accounts which are linked to the agency that is signed into ProducerEngage.

AccountsPoliciesClaims

Accounts

Everything

Recently Viewed

Recently Created

Personal Accounts

Commercial Accounts

Recently Viewed

Account	Type	Policies	Date Created	Address
Starshollow place	Commercial	1	Jan 17, 2024	581 Sandpiper Dr, Fairbanks, AK 99709-6656
Boba Fett's Security	Commercial	1	Jun 10, 2024	104 Jeff Davis St, Sitka, AK 99835-7618
CA OOS Address test	Commercial	0	Jun 18, 2024	2310 22nd Ave, Kingsburg, CA 93631-1415
Cubs Den	Commercial	0	Jul 17, 2024	33361 Keystone Dr, Soldotna, AK 99669-8531
The Lions Den	Commercial	0	Jul 16, 2024	810 N St, Ste 100, Anchorage, AK 99501-3268

Accounts - Recently Created

If you have created any new accounts, they will be viewable in the “**Recently Created**” tab.

Accounts

Policies

Claims

Accounts

Everything

Recently Viewed

Recently Created

Personal Accounts

Commercial Accounts

Recently Created

Account	Type	Policies	Date Created	Address
Poppy and Petunia's	Commercial	0	Aug 8, 2024	2976 Madison Way, Anchorage, AK 99508-4477
KO Mini Farm	Commercial	2	Aug 2, 2024	1890 Glenn Hwy, Palmer, AK 99645-6769

Accounts - Personal Accounts

The “**Personal Accounts**” tab shows only personal accounts for the agency.

Accounts

Policies

Claims

Accounts

Everything

Recently Viewed

Recently Created

Personal Accounts

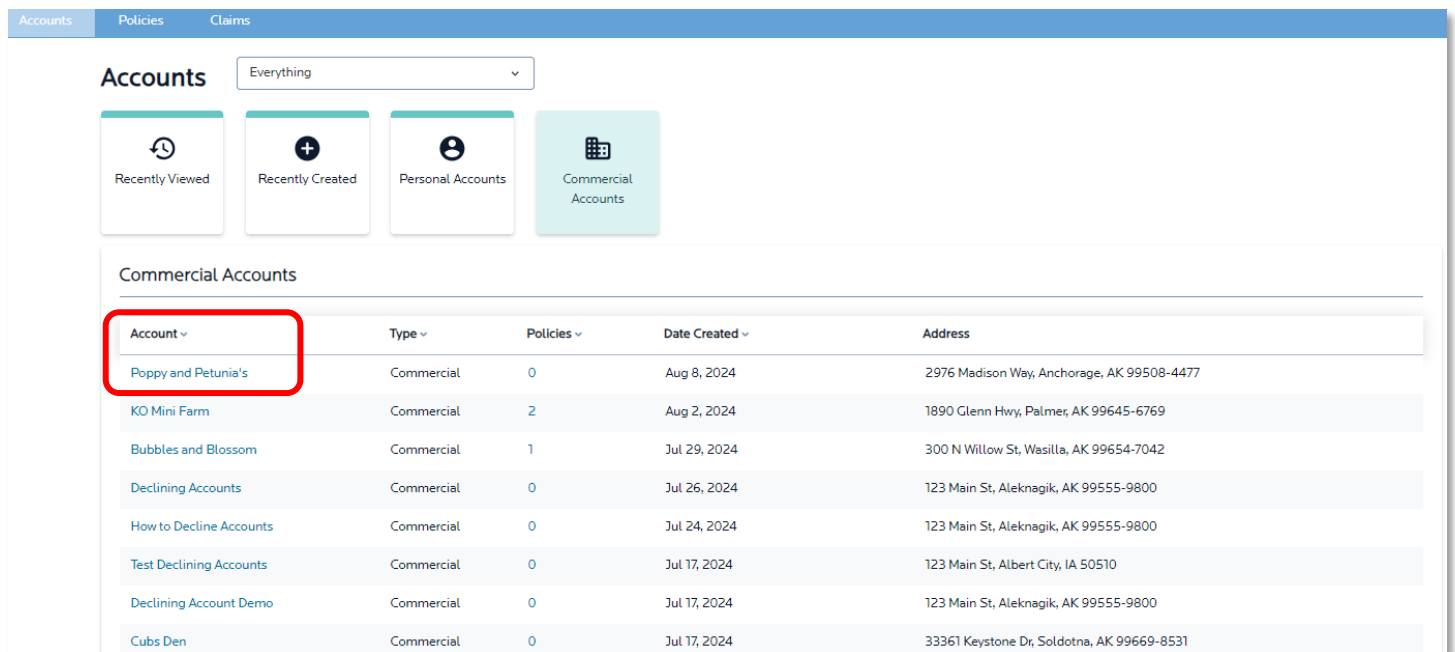
Commercial Accounts

Personal Accounts

Account	Type	Policies	Date Created	Address
Spider Man	Personal	0	Jun 24, 2024	123 4th Ave, Fairbanks, AK 99701-5016
Personal Test	Personal	0	May 6, 2024	311 S 17th St, Ames, IA 50010-8043
Test Wei	Personal	0	Dec 14, 2023	2327 Long Shadow Dr, North Pole, AK 99705-5598
Sai Venkat	Personal	0	Oct 20, 2023	120 N Main St, Paris, IL 61944-1716
Ricky Sun	Personal	0	Oct 20, 2023	1 Main St, Elim, AK 99739-9800

Accounts - Commercial Accounts

The “**Commercial Accounts**” shows all the commercial accounts for the agency. If you click on the account name, which is a blue hyperlink, it will take you to the account details.

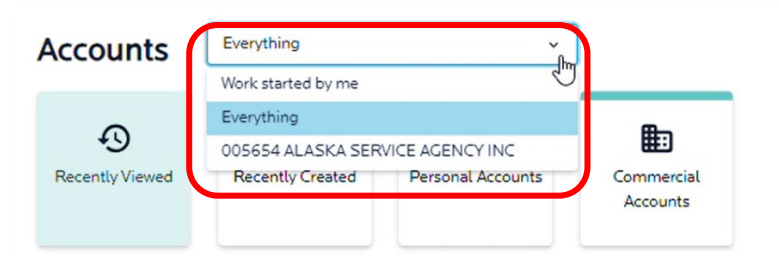


The screenshot shows the 'Accounts' page with a navigation bar at the top containing 'Accounts', 'Policies', and 'Claims'. Below the navigation bar, there's a section titled 'Accounts' with a dropdown menu set to 'Everything'. Underneath, there are four buttons: 'Recently Viewed', 'Recently Created', 'Personal Accounts', and 'Commercial Accounts' (which is highlighted in teal). Below these buttons is a table titled 'Commercial Accounts'.

Account	Type	Policies	Date Created	Address
Poppy and Petunia's	Commercial	0	Aug 8, 2024	2976 Madison Way, Anchorage, AK 99508-4477
KO Mini Farm	Commercial	2	Aug 2, 2024	1890 Glenn Hwy, Palmer, AK 99645-6769
Bubbles and Blossom	Commercial	1	Jul 29, 2024	300 N Willow St, Wasilla, AK 99654-7042
Declining Accounts	Commercial	0	Jul 26, 2024	123 Main St, Aleknagik, AK 99555-9800
How to Decline Accounts	Commercial	0	Jul 24, 2024	123 Main St, Aleknagik, AK 99555-9800
Test Declining Accounts	Commercial	0	Jul 17, 2024	123 Main St, Albert City, IA 50510
Declining Account Demo	Commercial	0	Jul 17, 2024	123 Main St, Aleknagik, AK 99555-9800
Cubs Den	Commercial	0	Jul 17, 2024	33361 Keystone Dr, Soldotna, AK 99669-8531

Accounts - Filtering

You can filter the accounts on the “**Accounts**” page with this dropdown.



The screenshot shows the 'Accounts' page with a navigation bar at the top containing 'Accounts', 'Policies', and 'Claims'. Below the navigation bar, there's a section titled 'Accounts' with a dropdown menu. The dropdown menu is open, showing the following options: 'Everything', 'Work started by me', 'Everything', and '005654 ALASKA SERVICE AGENCY INC'. The dropdown menu is highlighted with a red box.

Accounts - Summary

When you click into one of your accounts, regardless of whether it's personal or commercial, this is what you will see on the “**Summary**” landing page.

Accounts

Policies

Claims

Starshollow place(A106169861)

Summary

Contacts

8 Documents

0 Claims

Billing & Payment

Billing Activity

Summary Details

Starshollow place

581 Sandpiper Dr

-

Fairbanks

AK 99709-6656

Edit Details

Customer Since

Jan 17, 2024

Account Status

Active

Email Address:

-

Phone Number

-

Agency Print Preference

-

View Prior Policies

Agency Information

1 Open Renewals

0 Open Cancellations

0 Open Changes

0 Open Audits

Total Issued Premium

\$1,282.00

Agency Code(s):

005654 ALASKA SERVICE AGENCY INC

Pending Transactions

--All Products--

--All Transactions--

Issue Approved Quotes

+ New Quote for This Account

Product	Policy Number	Effective Date	Expiration Date	Total Premium	Quote Summary	Status	Transaction Type	Version
Workers Compensation	1061129061	Jul 10, 2024	Jul 10, 2025	\$41,016.00	-	Quoted	New Submission	* Version 1 - Quoted
Commercial Auto	1061144887	Jul 31, 2024	Jul 31, 2025	-	-	Draft	New Submission	* Version 1 - Draft
Commercial Auto	1061143069	Jan 30, 2024	Jan 30, 2026	\$1,282.00	-	Draft	Renewal	* Version 1 - Draft
Commercial Auto	1061151919	Jul 17, 2024	Jul 17, 2025	-	-	Draft	New Submission	* Version 1 - Draft
Workers Compensation	1061151920	Jul 23, 2024	Jul 23, 2025	-	-	Draft	New Submission	* Version 1 - Draft

Active Policies

--All Products--

Product	Policy Number	Effective Date	Expiration Date	Total Premium	Status	Change/Cancel
Commercial Auto	1061121717	Jan 30, 2024	Jan 30, 2025	\$1,282	In Force	

Accounts - Contacts

Following with the tabs, the next is “**Contacts**”. Here you will see this contact information.

Starshollow place(A106169861)

Summary Contacts Documents Claims Billing & Payment Billing Activity

Account Contacts

Contact Name	Phone Number	Email Address	Roles	Involved With
SP Starshollow place	-	-	Account Holder, Named Insured, Secondary Contact, Billing Contact	1 Active Policy
JV Jamie Vernon	-	-	Named Insured	1 Active Policy
LP Lukes Place	-	-	DBA	0 Active Policy

Accounts - Documents

Under the “**Documents**” tab, you will see any documents that have been added to this account.

You can minimize each section. The screenshot below shows the Billing Documents but there are general Account Documents that have been minimized. **Click on the arrow** to see the documents.

There are three actions you can take on documents: **Upload, Print, or Send via Email.**

Starshollow place(A106169861)

Summary Contacts Documents Claims Billing & Payment Billing Activity

Documents

> Account Documents

▼ Billing Documents


+ Upload Attachment

Print Selected Billing Documents Send via Email

Document Name	Document Type	Author	Description	Date
<input type="checkbox"/> Partial Payment Cancellation Notice	Notice	Super User	-	Jun 13, 2024
<input type="checkbox"/> Bill	Notice	System User	-	May 5, 2024

Accounts - Claims

On the “**Claims**” tab, you will see the **number of claims** within the account.

 Red Wagon Company(A106179027)

Summary

Contacts

79
Documents

22
Claims

Billing & Payment

Billing Activity

Claims

Filters


Search

Product	Claim Number	Date Of Loss	Date Of Close	Status	Paid	Net Incurred	Policy Number
Workers' Compensation (wcm)	4100020484	September 11, 2024		Open	-	-	1061162451
Commercial Auto (v7)	4100020474	September 11, 2024		Open	-	-	1061163398
Workers' Compensation (wcm)	4100020517	September 15, 2024		Open	-	-	1061165502
Workers' Compensation (wcm)	4100020578	September 15, 2024		Open	-	-	1061165502

Accounts – Billing & Payment

The “**Billing & Payment**” tab shows the billing information on the account, including type of payments, primary payer, due date, and payment method. You can also **Make a Payment** and **Edit Billing** details on this screen.

AccountsPoliciesClaims

 Starshollow place(A106169861)

Summary

Contacts

8
Documents

0
Claims

Billing & Payment

Billing Activity

Agency Bill Policies

Policy NumberProductBilling MethodBilling AccountPayment PlanEff DateExp DateBilled AmountTotal BalanceStatus

No rows found

Direct Bill Policies

Bill Account(1061698610001)

Primary PayerStarshollow place

Payer Address581 Sandpiper Dr, Fairbanks, AK 99709-6656

Due Date30

Payment MethodCheck

Minimum Due (on June 30th)\$541.26

Total Balance\$1,182.00

Deposit Premium Required\$0.00

Deposit Premium Paid\$0.00

Make a Payment

Edit Billing

Here is the **Payment Schedule** on the account, showing what is due and what is planned for the future.

Payment Schedule				
Bill Date	Due Date	Status	Amount Billed	Due
05/05/2024	05/30/2024	Due	\$534.47	\$434.47
06/05/2024	06/30/2024	Due	\$106.79	\$106.79
07/05/2024	07/30/2024	Carried Forward	\$0.00	\$0.00
08/05/2024	08/30/2024	Carried Forward	\$0.00	\$0.00
09/05/2024	09/30/2024	Planned	\$320.37	\$320.37
10/05/2024	10/30/2024	Planned	\$106.79	\$106.79
11/05/2024	11/30/2024	Planned	\$106.79	\$106.79
12/05/2024	12/30/2024	Planned	\$106.79	\$106.79

Accounts – Billing Activity

The next tab is “**Billing Activity**” for this account. On this screen, you can see the billing activity on different policies of this account.

You will notice the **policy numbers are blue text (hyperlinks)**. The next sections will show the steps that follow after clicking on the policy number.

Accounts

Policies

Claims

Starshollow place(A106169861)

Summary

Contacts

8

Documents

0

Claims

Billing & Payment

Billing Activity

Balance Summary

1061698610001

Transaction Date	Effective Date	Invoice Stream #	Product	Policy #	Description	Change Summary	Amount	Billed/Due Balance	Total Balance
04/15/2024	01/30/2024	1061698610001	Commercial Auto	1061121717-1	New Business	-	\$1,282.00	\$0.00	\$1,282.00
05/05/2024	05/05/2024	1061698610001	-	-	Billed - Invoice # 1100009043	-	\$534.47	\$534.47	\$0.00
06/05/2024	06/05/2024	1061698610001	-	-	Billed - Invoice # 1100009044	-	\$106.79	\$641.26	\$0.00
06/05/2024	06/30/2024	1061698610001	Commercial Auto	1061121717-1	Cancellation Notice	-	\$0.00	\$0.00	\$0.00
06/13/2024	06/13/2024	1061698610001	Commercial Auto	1061121717-1	Online CC Payment	-	-\$100.00	\$641.26	\$1,182.00

Policies Tab

Policies - Summary

The policy information is outlined below. Similar to the “Documents” page, you can see details of the policy in the sections that have arrows by them. **Click on the arrows** to open them up.

AccountsPoliciesClaims

Account: Starshollow place

Commercial Auto (1061121717) In Force

Summary

Contacts

4Documents

0Claims

Billing

Change Policy

Cancel Policy

Summary Details

Policy Inception

Jan 30, 2024

Policy Expiration

Jan 30, 2025

Pre-Renewal Direction

-

Policy Status

Bound

Agency Information

Agency of Record

ALASKA SERVICE AGENCY INC(005654)

Agency of Service

ALASKA SERVICE AGENCY INC(005654)

Policy Value

Total Premium

\$1,282.00

Taxes and Fees

\$0.00

Total Cost

\$1,282.00

> Coverages

> Additional Coverages

> Exclusions And Conditions

> Additional Insured

> Additional Interest

On the bottom of the “**Policies Summary**” tab, you will see all transactions or any audits that have been completed on the policy.

Policy Transactions

All

Search Transactions

Transaction Number	Transaction Status	Type	Period Status	Premium	Effective Date	Transaction Summary
1061153904	Deleted	Policy Change	Deleted	\$1,282.00	Jul 30, 2024	PolicyChange
1061145941	Rescinded	Cancellation	Rescinded	\$442.00	Jun 30, 2024	Cancellation
1061149010	Deleted	Policy Change	Deleted	\$1,282.00	Jun 27, 2024	PolicyChange
1061143070	Deleted	Policy Change	Deleted	\$1,282.00	May 10, 2024	PolicyChange
1061121717	Bound	Submission	In Force	\$1,282.00	Jan 30, 2024	Submission

Audit Details

Period Start	End Date	Type	Audit Method	Process Start	Due Date	Status	Total Cost
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Policies - Contacts

Under the “**Contacts**” tab within “**Policies**”, you will find the Policy Contacts, Account Contacts, and Associated Contacts related to the policy.

Account: Starshollow place

Commercial Auto (1061121717) In Force

Summary

Contacts

4 Documents

0 Claims

Billing

→ Policy Contacts

Contact Name	Phone Number	Email Address	Roles	Involved With
SP Starshollow place	-	-	Primary Named Insured, Billing Contact	1 Active Policy
JV Jamie Vernon	-	-	Additional Named Insured	1 Active Policy

→ Account Contacts

Contact Name	Phone Number	Email Address	Roles	Involved With
SP Starshollow place	-	-	Billing Contact, Secondary Contact, Account Holder, Named Insured	1 Active Policy
JV Jamie Vernon	-	-	Named Insured	1 Active Policy
LP Lukes Place	-	-	DBA	0 Active Policy

→ Associated Contacts

Related by All

Contact Name	Phone Number	Email Address	Account	Involved With
No rows found				

Policies - Documents

The “**Documents**” tab within “**Policies**” holds the policy documents. You can **Upload, Print, or Send** any of these documents by selecting your document of choice. Click the hyperlink (blue text) of the document to view it. **However, once you add a document, you cannot delete it.**

AccountsPoliciesClaims

Account: Starshollow place

Commercial Auto (1061121717) In Force

Summary

Contacts

4Documents

0Claims

Billing

Policy Documents

Search

Filter ByAll

+ Upload Attachment

Print Selected Quote Documents

Send via Email

<input type="checkbox"/> Document Name	Document Type	Author	Description	Date
<input type="checkbox"/> Evidence Of Insurance	Proof of Insurance	Kira Ostrander	-	Apr 15, 2024
<input type="checkbox"/> CA Vehicle Insurance ID Card	ID Card	Kira Ostrander	-	Apr 15, 2024
<input type="checkbox"/> Commercial Auto New Business Policy	Policy/Declaration	Kira Ostrander	-	Apr 15, 2024
<input type="checkbox"/> Commercial Auto New Business Policy Quote Packet	Policy/Declaration	Kira Ostrander	-	Jan 30, 2024

Policies - Billing

On the “**Billing**” tab on the “**Policies**” page, you’ll see the policy period and status of the policy. You can go to the Account Billing by clicking the “**View Account Billing**” link.

AccountsPoliciesClaims

Account: Starshollow place

Commercial Auto (1061121717) In Force

Summary

Contacts

4Documents

0Claims

Billing

Policy Period

1: 01/30/2024 - 01/30/2025 ...

Total Premium

\$1,282.00

Taxes and Fees

\$0.00

Total Costs

\$1,282.00

Status

⚠ Pending Cancellation

View Account Billing

Claims Tab

On the “**Claims**” tab, you will land on the “**Recently Viewed**” box. This will show you all the claims that have been recently viewed by you. The “**Recently Created**” box will show you any claims that are newly created.

Open Claims:

You will be able to see all claims submitted with each of your accounts, the date of loss, status of the claim, whether it has been paid, and the net incurred. Blue text indicates hyperlinks. You will be able to go into that claim’s Account, Policy Number, and Claim Number.

Closed Claims:

You will be able to see all closed claims with each of your accounts, the date of loss, status of the claim, whether it has been paid, and the net incurred. Blue text indicates hyperlinks. You will be able to go into that claim’s Account, Policy Number, and Claim Number.

Claims

Everything

Recently Viewed

Recently Created

Open Claims

Closed Claims

Open Claims

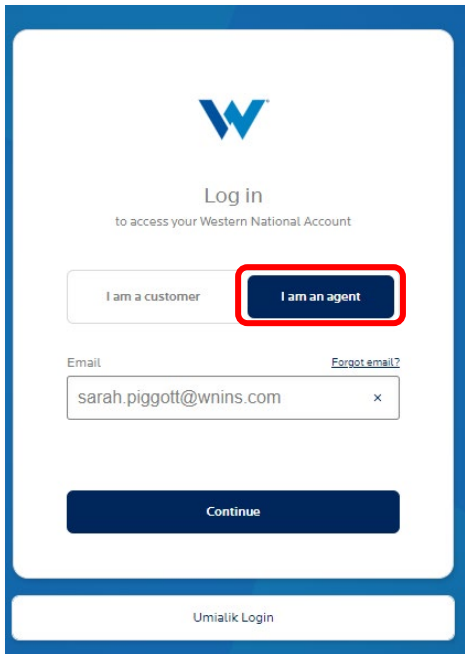
Product	Account	Policy Number	Claim Number	Date Of Loss	Status	Paid	Net Incurred
Commercial Package	A106178130	1061160754	4100020997	10/22/2024	Open	\$0	\$40,000
Homeowners	A106182816	1061176303	4100021019	10/24/2024	Open	\$0	\$1,272
Homeowners	A106182816	1061176303	4100021021	10/24/2024	Open	\$0	\$1,471
Homeowners	A106182816	1061176303	4100021024	10/24/2024	Open	\$327	\$1,300
Homeowners	A106182816	1061176303	4100021027	10/24/2024	Open	\$0	\$1,055
Homeowners	A106182816	1061176303	4100021030	10/24/2024	Open	\$103	\$1,015
Workers' Compensation	A106179027	1061167569	4100021038	10/25/2024	Open	\$0	\$0
Commercial Auto	A106179605	1061163909	4100021042	10/25/2024	Open	\$0	\$0
Commercial Package	A106177128	1061154922	4100021077	10/04/2024	Open	\$0	\$0

Starting a Quote

In *AgentsOnline*

Click on “**I am an Agent**”.

Enter your email address and password. Then click “**continue**”.



W

Log in
to access your Western National Account

I am a customer I am an agent

Email [Forgot email?](#)

sarah.piggott@wnins.com x

Continue

Umialik Login

You will be brought to the main screen of *AgentsOnline*. Select” **Write New Business**” or “**Start a Quote**”. Both actions will get you to the next screen.

In ProducerEngage

Enter the **Name**, **Business Address**, and **Contact Information**, including print preferences.

With commercial lines, you must enter in the **NAICS Code**, **NAICS Description**, and **Organization Type**. If you don't know the NAICS code, you can search by code or description using the magnifying glass search icon.

It's not required to add the **year the business was started**, **number of employees**, and **DBAs** to create the account, however, the information will be required to bind any policies. So, if the information is known you can add it on this page. Otherwise, the underwriter will need to add that information.

Click "**Next**" to continue with the quote.

WESTERN NATIONAL INSURANCE
AGENTSONLINE

Search by name, address, or number

+ Start New Quote Welcome, Sarah Piggott

Accounts Policies Claims

New Quote: New Account Details

ContactType: ☐ Personal ☒ Commercial

Primary Named Insured
Company: -- Required for Quote --

Business Address
Address Line 1: -- Required for Quote --
Address Line 2:
PO Box:
Zip Code: -- Required for Quote --
County: -- Required for Quote --
City: -- Required for Quote --
State: -- Required for Quote --

Contact Information
Office Phone Number: () - -
Primary Email:

Method of policy documents sent to agency: ☐ Print/Mail Delivery ☒ Electronic/Portal Delivery

Business Information
FEIN: ##-####
NAICS: -- Required for Quote --
NAICS Description: -- Required for Quote --
Organization Type: -- Required for Quote --
Description of Business:
Year Business Was Started: Please Select
Employees:
Annual Revenue: \$
DBA:

Please enter only the primary DBA now, multiple DBAs can be added later in the application process.

Cancel **Next**

Complete the following: **Licensed Producer, Account Contact, Account Eligibility**, and select the products you want to quote. Click **“Next”**.

Account Holder

Account

A106176842

Company

The Lions Den

Address

810 N St, Ste 100, Anchorage, AK 99501-3268

Agency of service

Agency *

005654-ALASKA SERVICE AGENCY INC-EAGLE RIVER, AK

Licensed Producer *

Kimberly Foltyn

Account Contact

Kimberly Foltyn

Account Level Eligibility

Any Policy or Coverage Declined, Canceled or Non Renewed during the prior three (3) years for any premises or operations? *

Yes

No

Has applicant had a foreclosure, repossession, bankruptcy or filed bankruptcy during the last five (5) years? *

Yes


No

Any foreign operations, foreign products distributed in USA or US products sold/distributed in foreign countries? *


Yes

No


Please Select Products to Quote




Commercial Auto




Workers Compensation




General Liability



Commercial Property




Inland Marine Product



Commercial Package

Previous

Next



16

Commercial Auto

Each page of the quote will walk you through the steps listed in the column on the left side. Answer all the questions and click “**Next**”. Anything with a red asterisk is a required field.

Quote Request

Qualification

Policy Details

Coverages

Locations

State Specific Information

Vehicles

Covered Vehicle Symbols

Modifiers

Drivers

Underwriting Questions

Risk Analysis

Quote & Price

Other Active Quotes

Workers Compensation - 1061129061-Jul 10, 2024

Commercial Auto - 1061144887-Jul 31, 2024

Workers Compensation - 1061151920-Jul 17, 2024

[My Underwriter](#)

[Upload Attachments](#)

[Copy Submission](#)

[View Coverage Forms](#)

ACCOUNT: STARSHOLLOW PLACE

Commercial Auto Quote (1061151919)

Other Active Quotes

Qualification Questions

Do over 50% of the employees use their own autos in the business? *

Is there a vehicle maintenance program in operation? *

Do operations involve the transportation of hazardous materials? ? *

Does the applicant have a specific driver recruiting method? *

Yes

No

Yes

No

Yes

No

Yes

No

Save & Exit

Previous

Next

Policy Details:

Review and enter the following fields:

- **Effective Date**
- **Name insured**
- **Gross Receipts**
- **Vehicle Type**
- **Class Code**

Quote Request

Qualification

Policy Details

Coverages

Locations

State Specific Information

Vehicles

Covered Vehicle Symbols

Modifiers

Drivers

Underwriting Questions

Risk Analysis

Quote & Price


Other Active Quotes

Workers Compensation - 1061129061-Jul 10, 2024

Commercial Auto - 1061144887-Jul 31, 2024

Workers Compensation - 1061151920-Jul 17, 2024

ACCOUNT: STARSHOLLOW PLACE


 **Commercial Auto Quote (1061151919)**

Other Active Quotes ▾

Policy Details

Effective Date *

Jul 17, 2024



Term Type

Annual

Policy State

Alaska

Policy Type

Business Auto Coverage Form

Individual Named Insured *

No ▾

Legal Entity

Corporation ▾

Gross Receipts Basis or Mileage Basis *

Yes ▾

Vehicle Type *

Truckers - All Other - Gross Receipts Basis - Local Hauling ▾

Class Code *

7059 ▾

Accept Certified Acts Of Terrorism Coverage *

No ▾

Ride Sharing Arrangements Endorsement Indicator *

Not Applicable ▾

Enter the **agency of record** and add the **FEIN**. You'll also notice the NAICS information carries over from when you started the quote. Click "**Next**" to continue the quote.

Agency Of Record

Agency

005654 - ALASKA SERVICE AGENCY INC- EAGLE RIVER, AK

Licensed Producer *

Kimberly Foltyn

Account Contact

Primary Named Insured

Primary Named Insured

Starshollow place
581 Sandpiper Dr, Fairbanks, AK 99709-6656

FEIN

##-#####

NAICS

311812

Description

Bakery products, fresh (i.e., bread, cakes, doughnuts, pastries), made in commercial bakeries

Additional Named Insureds

Delete

Add

☐ Name

Relationship To Primary Named Insured

☐ Jamie Vernon

Spouse

View/Edit

Policy DBA

Insured Name	Doing Business As	Primary	Address	City	State	Zip	
Starshollow place	Lukes Place		581 Sandpiper Dr	Fairbanks	AK	99709-6656	Set as Primary

Save & Exit

Previous

Next

Update the coverages on this page. Add a check mark next to the line coverages you want on the left side. Then mark the coordinating drop downs on the right side. Click “**Next**” to continue with the quote.

Line Level Coverages

☒ Liability

Liability Limit

Liability Deductible

☒ Medical Payments

☒ Gross Receipts Or Mileage Basis Liability

Liability Coverage Type

Liability Limit

Total Policy Premium 12 Months Prior - Excluding Rentals

Total Policy Premium 12 Months Prior - Rentals

Total Policy Premium 3 Months Prior - Excluding Rentals

Total Policy Premium 3 Months Prior - Rentals

Historical Gross Receipts Or Mileage

Estimated Or Audited Gross Receipts Or Mileage

☒ Gross Receipts Or Mileage Basis Medical Payments

Medical Payments Coverage

Combined Single Limit

1,000,000

No Deductible

No Coverage

Combined Single Limit

1,000,000

0

0

0

0

2

2

No

Select all the **additional coverages, exclusions & conditions, or additional insureds** that apply. Click “**Next**” to continue with the quote.

Additional Line Level Coverages

☒ Motor Carrier Endorsement

Delete Selected

+ Add

Schedule Number	Other Than Collision Coverage	Least Of Actual Cash Value, Cost Of Repair Or Limit Of Insurance	Least Of Actual Cash Value, Cost Of Repair Or Limit Of Liability (If Over \$20,000)	Collision Coverage	Least Of Actual Cash Value, Cost Of Repair Or Limit Of Insurance	Least Of Actual Cash Value, Cost Of Repair Or Limit Of Liability (If Over \$20,000)	Deductible For Each Covered Trailer
<input type="checkbox"/> 1	Specified Causes Of Loss	6,000	-	No Coverage	Not Applicable	-	Not Applicable

☒ Motor Carriers - Excess Coverage For The Named Insured And Named Lessors For Leased Autos

Delete Selected

+ Add

Schedule Number	Name Of Lessor	Address Of Lessor	City	State	Zip Code
<input type="checkbox"/> 1	Test	test	test	Alaska	32122

☒ Repossessed Autos

Coverage Type

Not Applicable

Premium Basis - Reporting Or Nonreporting

Not Applicable

Reporting Basis

Not Applicable

☒ Auto Hacking Expense Coverage

Coverage Type

Not Applicable

☒ Physical Damage Coverage - Autos Held For Sale By Non-Dealers

Coverage Type

Not Applicable

Exclusions And Conditions

Abuse Or Molestation Exclusion For General Liability

Attached Form

CA CW 0043

Exclusion Of Terrorism Above Minimum Statutory Limits

Coverage For Injury To Leased Workers

Additional Insured

☐ Designated Insured For Covered Autos Liability

Save & Exit

Previous

Next



The next page is the **Risk Locations**. Add the locations of the vehicles. If there are multiple locations on the account, you can click on “**Add Existing Location**” or “**Add All Existing Locations**” and the information will autofill.

Additionally, if any location is missing information, there will be a red dot and you will have to enter additional information to move forward.

Get a faster quote! Only fields with red asterisks * are required.

RISK LOCATIONS

+ Add Existing Location

+ Add All Existing Location

Delete

+ Add

<input type="checkbox"/>	Primary	Loc#	Location Code	Location Name	Address	
<div><input type="checkbox"/> </div>		1	-	-	801 B St, Anchorage, AK, 99501-3657	<div>View/Edit</div>

Save & Exit

Previous

Next

Enter details on the line items that have asterisks for each location. Once completed, click **“Save and Close”**. Then click **“Next”** to move forward.

LOCATION DETAILS

Non-Specific Location

Yes

No

Is this the Primary Location?

Yes

No

Location Code

Location Name

Address Line 1 *

801 B St

Address Line 2

Zip Code *

99501-3657

Borough *

Anchorage

City *

Anchorage

State *

Alaska

Phone

(517) 367-5033

Auto-Fill Territory Code

Territory Code *


101


Cancel

Save & Close

The next page is the **State Specific Information** page. A red circle next to the state will indicate that you need to make edits to this page. Click on “**View/Edit**” to make these changes. When completed, the red circle will turn green. Click “**Save/Close**” to apply changes and then click “**Next**” to move forward.


ACCOUNT: LAVENDER CAFE

 **Commercial Auto Quote (1061173203)** Other Active Quotes ▾

 **Get a faster quote!** Only fields with red asterisks * are required.

State Specific Information

☐ ▾ State ▾

☐  Alaska View/Edit

Save & Exit

Previous Next

After clicking “**View/Edit**”, make your selection on this page within **Details, Coverages, Additional Coverages, and Exclusions and Conditions**. Click “**Save & Close**” and then “**Next**” to continue with the quote.

The screenshot shows a quote configuration form with three main sections: Details, Coverages, and Additional Coverages. Red arrows point to each of these sections. The 'Details' section has two dropdown menus, both set to 'No'. The 'Coverages' section has several checkboxes, with 'Liability' and 'Uninsured Motorists Coverage' checked. The 'Additional Coverages' section has 'Alaska Changes - Attorney's Fees' checked. At the bottom right, the 'Save & Close' button is highlighted with a red box. The 'Cancel' button is at the bottom left.

Details

Hire Auto Coverage * No

Non-Owned Auto Coverage for Other Than Garage Risks and Garage Service Operations * No

Coverages

☒ Liability

Liability Deductible No Deductible

☒ Uninsured Motorists Coverage

Uninsured Motorists Coverage Type

☒ Uninsured Motorists Property Damage Coverage

☒ Funeral Director Medical Payments Coverage For Hired And Non Owned Autos

Funeral Directors Medical Payments Coverage for Hired and Non-Owned Autos No

Additional Coverages

☒ Alaska Changes - Attorney's Fees

Attorney's Fees For A Judgment Of \$ 0

☐ Garagekeepers

☐ Garagekeepers Coverage For Autos And Watercrafts


☐ On-Hook

Exclusions & Conditions

Cancel Save & Close

The next page is the **Vehicles** page. There are a couple of ways to add a vehicle to the quote:



- If you have several vehicles to add, download the template and fill out the necessary fields: **Action**, **Location**, **Year**, and **VIN**. You will also need to pay attention to the tabs on the bottom of the template, making sure you are adding the correct **vehicle type** to that page. Once the template is complete, save to your desktop and click **"Import Template"**.
- You can add a single vehicle to the quote. Click the drop down, **add**, and select your **vehicle type**. When complete, click **"Next"** to move on with the quote.
- To remove a vehicle, mark the check box next to the vehicle and the **delete** button will become actionable.

 **Commercial Auto Quote (1061179151)** Other Active Quotes ▾

i To enter the information for multiple vehicles at once please select the download template button to receive a blank bulk upload spreadsheet and enter in relevant vehicle information by vehicle type (Truck, Private Passenger Vehicle, Zone Rated Truck, Public Transit, Special Type). Existing data can be modified in bulk by selecting the export data button and modifying the downloaded spreadsheet. For additional guidance please consult the [directions document](#)

☐ Do not renumber the Vehicle Units on Renewal.

VEHICLES Copy Coverages Copy Vehicles Download Template Import Template Export Data Delete Add ▾

<input type="checkbox"/>	Vehicle# ▾	Vehicle Type ▾	Year ▾	Make ▾	Model ▾	VIN ▾	Class Code ▾	Location	Apply Filters
<input type="checkbox"/>	 1	Private Passenger	2013	TOYOTA	CAMRY	4T1BF1FK6DU284816	7391	1: 801 B St, Anchorage, AK	View/Edit
<input type="checkbox"/>	 2	Truck and Trailer	-	-	-	-	-	1: 801 B St, Anchorage, AK	View/Edit

The next page is the **Covered Vehicles Symbols** page where you will select your auto symbols. **Put a check in the chosen boxes** for your quote. The vehicle group outlines the symbols. To move forward, click “**Next**”.

Covered Vehicles Symbols

Coverage ▾	1 ▾	2 ▾	3 ▾	4 ▾	5 ▾	6 ▾	7 ▾	8 ▾	9 ▾	19 ▾
Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
UM/UIM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Collision		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Comprehensive		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specified Cause of Loss		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Towing			<input type="checkbox"/>				<input type="checkbox"/>			

The next page is the **Modifiers** page. This is the page you can enter in any debits, credits, liabilities, damage, and justification. To move forward, click “**Next**”.

Alaska

Category	Maximum Credit	Maximum Debit	Liability	Physical Damage	Justification
Management: Cooperation with the insurance company, revision of schedules, routes, and practices to conform with insurer recommendations	-15.0%	15.0%	<input type="text" value="0.0%"/>	<input type="text" value="0.0%"/>	<input type="text"/>
Employees: Selection, training, supervision experience and basis of remuneration	-15.0%	15.0%	<input type="text" value="0.0%"/>	<input type="text" value="0.0%"/>	<input type="text"/>
Equipment Type, (that is, suitability for the work being conducted) condition, servicing, risk's own repair facilities, safety equipment and drivers' reports on conditions	-15.0%	15.0%	<input type="text" value="0.0%"/>	<input type="text" value="0.0%"/>	<input type="text"/>
Safety Organization: Periodic meetings, distribution of safety literature, award and penalty system, review of accidents with drivers, safety director, accident reports and records	-15.0%	15.0%	<input type="text" value="0.0%"/>	<input type="text" value="0.0%"/>	<input type="text"/>
Dispersion or Concentration of Values Insured: Insured property is, or is not, sufficiently dispersed to minimize the probability of loss from the same cause	-10.0%	10.0%		<input type="text" value="0.0%"/>	<input type="text"/>
Overall	-15.0%	15.0%	0.0%	0.0%	

Save & Exit

Previous
Next

The next page is the **Drivers** page. Just like the vehicles page, click on the “**Add**” button to add all drivers. Click “**Next**” when complete.

Drivers

Download Template

Import Template

Export Data

Delete

+ Add

<input type="checkbox"/>	Driver#	First Name	Middle Name	Last Name	License State	License#	DOB
There is no driver now. Please add one.							

On this page, you will complete the underwriting questions. Click “**Next**” when complete.

Underwriting Questions

Are ICC (Interstate Commerce Commission), PUC (Public Utility Commission) or other filings required? (If yes, attach Acord 194) (no explanation needed) ?

Is tire recapping or retreading performed? ?

Are vehicles furnished for group or organizations? ?

Does applicant use tow trucks?(If yes, complete towing supplemental.) ?

Does applicant perform road emergency services? ?

Does applicant perform spray painting or welding? ?

Does applicant haul for other truckers? (If yes, complete trucking supplemental.) ?

Does applicant haul target commodities? (i.e. stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc.) (If yes, complete trucking supplemental.) ?

Any waterborne shipments to be covered? ?

Does the applicant hire owner operators? (If yes, complete trucking supplemental.) ?

Does the applicant back haul property of others? (If yes, complete trucking supplemental.) ?

YesNo

YesNo

YesNo

YesNo

YesNo

YesNo

YesNo

YesNo

YesNo

YesNo

YesNo

Save & Exit

Previous

Next

On this page, you will be able to manually enter or attach loss history. You will be able to upload a document if you select “**Attached**”. On the next screen, you will see the quote and price.


This screenshot shows the 'User Entered Information' section of a web form. The 'Loss History' section has a dropdown menu for 'Loss History Type *'. The dropdown is open, showing four options: 'No Loss History', 'No Loss History', 'Manually Entered', and 'Attached'. The first 'No Loss History' option is highlighted. At the bottom of the form, there are three buttons: 'Save & Exit', 'Previous', and 'Next'. The 'Next' button is highlighted with a red box.

Select either **Attached**, **Manually Entered**, or **No Loss History** in the drop-down box. When you select **Attached**, you will have two additional boxes to complete before uploading a document with the “**Upload File**” button. When completed, the file will show below. Click “**Next**” to continue with the quote.

This screenshot shows the 'User Entered Information' section of a web form, similar to the previous one but with additional fields. The 'Loss History' section has a dropdown menu for 'Loss History Type *' with 'Attached' selected. Below this are two input fields: 'Number of losses in past 5 years *' and 'Total Incurred *'. The 'Total Incurred *' field has a dollar sign (\$) icon. Below these fields is a section titled 'Attached Loss Runs' with a table. The table has a header 'Name' and a button 'Upload File' in the top right corner. The table body shows 'No rows found'. At the bottom of the form, there are three buttons: 'Save & Exit', 'Previous', and 'Next'. The 'Next' button is highlighted with a red box.

Here is the final page of the Commercial Auto quote. You can save, refer to an underwriter, go back, or quote an additional product.

ACCOUNT: GREATEST POPCORN CO

 **Commercial Auto Quote (1061179151)**

Other Active Quotes ▾

QUOTE

Add VersionsPrint Quote Summary

Commercial Auto

Quote Pending

! 3 Items Requiring Underwriter Referral

Refer to Underwriter

Line-Level Coverages

Description ▾	Value ▾
Medical Payments	
Medical Payments Limit	No Coverage
Liability	
Liability Coverage Type	Combined Single Limit

Save & Exit

Previous

Back to Account Summary

Quote Additional Product ▾

Workers' Compensation

To start your Workers' Compensation quote, begin by answering the qualification questions and choose “**Next**” to continue with the quote.

Quote Request

Qualification

Policy Details

Line Level Coverages

Locations

State Specific Information

Underwriting Questions

Risk Analysis

Quote & Price

Other Active Quotes

Workers Compensation - 1061129061-Jul 10, 2024

Commercial Auto - 1061144887-Jul 31, 2024

Commercial Auto - 1061151919-Jul 17, 2024

[My Underwriter](#)

[Upload Attachments](#)

[Copy Submission](#)

[View Coverage Forms](#)

ACCOUNT: STARSHOLLOW PLACE

Workers Compensation Quote (1061151920)

Other Active Quotes

Qualification Questions

Does the applicant own, operate or lease Aircraft/Watercraft? *

Any work performed on Barges, Vessels, Docks, Bridge over water? *

YesNo


YesNo


Save & Exit

PreviousNext




The next page is the **Policy Details** page. **Complete the details with an asterisk** to move forward. Any other information is optional, but good to have.

 **Workers Compensation Quote (1061151920)** Other Active Quotes ▾

 Get a faster quote! Only fields with red asterisks * are required.


Policy Details

Effective Date *

Jul 17, 2024

Term Type

Annual

Policy State 

Alaska

Agency Of Record

Agency

005654 - ALASKA SERVICE AGENCY INC- EAGLE RIVER, AK

Licensed Producer *


John Wynne ▾

Account Contact

▾

Primary Named Insured

Primary Named Insured

Starshollow place
581 Sandpiper Dr, Fairbanks, AK 99709-6656

FEIN

##-#####

SSN

###-##-####

NAICS

311812

Description

Bakery products, fresh (i.e., bread, cakes, doughnuts, pastries), made in commercial bakeries

Organization Type *

Individual x ▾

Description of business

Additional Named Insureds Delete Add ▾

☐ Name ▾

Relationship To Primary Named Insured ▾

There is no data now. Please add one.

Policy DBA

Insured Name ▾	Doing Business As ▾	Primary ▾	Address ▾	City ▾	State ▾	Zip ▾	
Stershollow place	Lukes Place		581 Sandpiper Dr	Fairbanks	AK	99709-6656	Set as Primary

Save & Exit Previous **Next**

The next page is the **Line Level Coverages** page. Select all line-level coverages with the check mark and the corresponding drop downs.

Quote Request

Qualification

Policy Details

Line Level Coverages

Locations

State Specific Information

Underwriting Questions

Risk Analysis

Quote & Price

Other Active Quotes

Workers Compensation - 1061129061-Jul 10, 2024

Commercial Auto - 1061144887-Jul 31, 2024

Commercial Auto - 1061151919-Jul 17, 2024

[My Underwriter](#)

[Upload Attachments](#)

[Copy Submission](#)

[View Coverage Forms](#)

ACCOUNT: STARSHOLLOW PLACE

Workers Compensation Quote (1061151920)

Other Active Quotes

Get a faster quote! Only fields with red asterisks * are required.

LINE-LEVEL COVERAGES

☐ Other States Insurance (Section 3C)

All states except

States Excepted

OH WY WA ND

☐ Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

☐ Each Accident Limit

☐ Disease Each Employee Limit

☐ Disease Policy Limit

☐ Admiralty Program Limit

☐ Federal Employers Liability Act Limit

1,000,000

1,000,000

1,000,000

9,000,000

9,000,000

ADDITIONAL LINE LEVEL COVERAGES

☐ Longshore And Harbor Workers' Compensation Act Coverage Endorsement

☐ Maritime Coverage Endorsement

Delete Selected

+ Add

Schedule Number	Description Of Work	Transportation, Wages, Maintenance And Cure Premium	Bodily Injury By Accident	Bodily Injury By Disease
<input type="checkbox"/> 1	test	1,000	9,000,000	9,000,000

☐ 90-Day Reporting Requirement-Notification Of Change In Ownership Endorsement

☐ Voluntary Compensation And Employers Liability Coverage Endorsement

Any **additional coverages** or **exclusions and conditions** can be added below.

Delete Selected

+ Add

Schedule Number	Employees	Designated Workers Compensation Law	State Of Employment
<input type="checkbox"/> 1	3	Alaska	Alaska

☒ Federal Employers' Liability Act Coverage Endorsement

Delete Selected

+ Add

Schedule Number	State	Bodily Injury By Accident	Bodily Injury By Disease
<input type="checkbox"/> 1	Alaska	9,000,000	9,000,000

☐ Insurance Company As Insured Endorsement
☐ Joint Venture As Insured Endorsement
☐ Longshore And Harbor Workers' Compensation Act Rate Change Endorsement
☐ Policy Period Endorsement
☐ Rate Change Endorsement
☐ Rural Utilities Service Endorsement
☐ Sole Proprietors, Partners, Officers And Others Coverage Endorsement
☐ Pending Rate Change Endorsement

EXCLUSIONS AND CONDITIONS

☐ Partners, Officers And Others Exclusion Endorsement
☒ Alaska Cancellation And Nonrenewal Endorsement
☒ Alaska Limit Of Liability Endorsement
☒ Alaska Notice of Installment Option Endorsement

Save & Exit

Previous

Next

The next page is the **Risk Locations** page. If there are multiple locations on the account, you can click on “**Add Existing Location**” or “**Add All Existing Locations**” and the information will autofill.

Additionally, if any location is missing information including **number of employees** per location, there will be a red dot and you will have to enter additional information to move forward. Select “**Save & Close**” to save location information and “**Next**” to continue with the quote.

LOCATION DETAILS

Non-Specific Location

Yes

No

Is this the Primary Location?

Yes

No

Location Code

Location Name

Address Line 1 *

-- Required for Quote --

Address Line 2

Zip Code *

-- Required for Quote --

County *

-- Required for Quote --

City *

-- Required for Quote --

State *

-- Required for Quote --

Phone

Number of Employee *

Employer (If other than primary named insured) ?

Please Select

Cancel

Save & Next Location

Save & Close

The next page is the **State Specific Information** page. Click the “**View/Edit hyperlink**” on the policy state to add details including **Covered Employees**. When complete, click “**Next**” to continue with the quote.

Quote Request

Qualification

Policy Details

Line Level Coverages

Locations

State Specific Information

Underwriting Questions

Risk Analysis

Quote & Price

Other Active Quotes

Workers Compensation - 1061129061-Jul 10, 2024

Commercial Auto - 1061144887-Jul 31, 2024

Commercial Auto - 1061151919-Jul 17, 2024

[My Underwriter](#)

[Upload Attachments](#)

[Copy Submission](#)

[View Coverage Forms](#)

ACCOUNT: STARSHOLLOW PLACE

Workers Compensation Quote (1061151920)

Other Active Quotes

Get a faster quote! Only fields with red asterisks * are required.

Starshollow place - NCCI Risk ID921077308

State Specific Information

Remove Split Period+ Split Period

AK statute mandates that Officers of Corporations, Municipal Corporations and Nonprofit Corporations and members of LLC must be added as an employee if less than 10% ownership.

<input type="checkbox"/>	State	Split Period	
<input checked="" type="checkbox"/>	Alaska	No	View/Edit


Save & Exit

PreviousNext



Complete the underwriting questions and click “**Next**” to move to the next screen.

ACCOUNT: LAVENDER CAFE

 **Workers Compensation Quote (1061187298)** Other Active Quotes ▾

Get a faster quote! Only fields with red asterisks * are required.

Underwriting Questions

Do/Have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc) [?](#)

Any work performed underground or above 15 feet? [?](#)

Is applicant engaged in any other type of business? [?](#)

Is there any volunteer or donated labor? [?](#)

Do employees travel out of state? [?](#)

Do any employees perform work for other businesses or subsidiaries? [?](#)

Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises? [?](#)

Do you lease employees to or from other employers? [?](#)

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Save & Exit Previous **Next**

Complete the Risk Analysis page by adding loss history manually or by uploading a document. **Click the drop-down box.**

Quote Request

Qualification

Policy Details

Line Level Coverages

Locations

State Specific Information

Underwriting Questions

Risk Analysis

Quote & Price

Other Active Quotes

Workers Compensation - 1061129061-Jul 10, 2024

Commercial Auto - 1061144887-Jul 31, 2024

Commercial Auto - 1061151919-Jul 17, 2024

My Underwriter

Upload Attachments

Copy Submission

View Coverage Forms

ACCOUNT: STARSHOLLOW PLACE

Workers Compensation Quote (1061151920)

Other Active Quotes

Loss History is required for all claims with a prior carrier in the past 5 years. Please manually enter the prior loss information or upload a loss run.

User Entered Information

Loss History

Loss History Type *

No Loss History

Select either **Attached**, **Manually Entered**, or **No Loss History** in the drop-down box.

User Entered Information

Loss History

Loss History Type *

Attached


Number of losses in past 5 years *


Total Incurred *

Attached Loss Runs

When you select “**Attached**”, you will have two additional boxes to complete before uploading a document with the “**Upload File**” button. When completed, the file will show below. Click “**Next**” to continue with the quote.

ACCOUNT: GREATEST POPCORN CO

 **Workers Compensation Quote (1061171224)**

 Loss History is required for all claims with a prior carrier in the past 5 years. Please manually enter the prior loss information or upload a loss run.

User Entered Information

Loss History

Loss History Type *

Attached

Number of losses in past 5 years *

Total Incurred *

\$

Attached Loss Runs

Name


Upload File

No rows found

Save & Exit

Previous

Next



38

You have completed the quote. The price, status of the quote, and all the quote information will be on this page. To issue the policy, click on the **“Issue Policy”** button underneath the quote.

Quote Request

[Qualification](#)
[Policy Details](#)
[Line Level Coverages](#)
[Risk Locations](#)
[State Specific Information](#)
[Underwriting Questions](#)
[Risk Analysis](#)
[Quote & Price](#)

[My Underwriter](#)
[Upload Attachments](#)
[Copy Submission](#)
[View Coverage Forms](#)
[Create New Quote](#)

ACCOUNT: LAVENDER CAFE

Workers Compensation Quote (1061173206)

Other Active Quotes

QUOTE

[Add Versions](#)
[Print Quote Summary](#)

Worker's Compensation

\$517.00

Issue Policy

Line-Level Coverages

Description	Value
Each Accident Limit	100,000
Disease Each Employee Limit	100,000
Disease Policy Limit	500,000
Admiralty Program Limit	Not Applicable
Federal Employers Liability Act Limit	Not Applicable

The next page you will land on is the Account Summary. You will have to select each pending transaction you would like to issue and then click on **“Issue Approved Quotes”**. In this example, we are only issuing the **Workers’ Compensation** quote that is marked.

Account Holder

Account Summary

Account Summary (A106179491)

Account LAVENDER CAFE

Issue approved quotes

Quote Additional Product

Pending Transactions

--All Products--

--All Transactions--

<input type="checkbox"/>	Product	Policy Effective Date	Transaction Effective Date	Total Premium	Quote Summary	Status	Transaction Type	Policy #	Version
<input type="checkbox"/>	Workers Compensation	Nov 13, 2024	Nov 13, 2024	-	-	Draft	New Submission	1061187298	* Version 1 - Draft
<input type="checkbox"/>	Commercial Auto	Oct 16, 2024	Oct 16, 2024	-	-	Draft	New Submission	1061173203	* Version 1 - Draft
<input type="checkbox"/>	Commercial Package	Sep 18, 2024	Sep 18, 2024	-	-	Draft	New Submission	1061165859	* Version 1 - Draft
<input checked="" type="checkbox"/>	Workers Compensation	Nov 13, 2024	Nov 13, 2024	\$517.00	Print	Approved	New Submission	1061173206	* Version 1 - Approved
<input type="checkbox"/>	Workers Compensation	Oct 16, 2024	Oct 16, 2024	-	-	Draft	New Submission	1061173205	* Version 1 - Draft

Active Policies

--All Products--

Product	Effective	Expiration	Total Premium	Status	View Policy	Change/Cancel
Active Policies is empty...						

This next screen will ask if you would like to quote any other line of business. If you are moving forward with just the one quote, click **“Next”**.

Did you consider the following from Western National ?

Quote Commercial Auto Now

Quote General Liability Now

Quote Commercial Property Now

Quote Inland Marine Now

Quote Commercial Umbrella Now

User Agreement

By clicking the "Next" button below, you also agree that the following statements are true:

- You certify that the applicant is not aware of any losses/claims/violations/conditions that may result in a claim asserted on or after the Effective Date of the policy, except those already disclosed.
- Signed Application forms with the Insured's signature will be retained and made available at the request of Western National.

Next

On this screen, you will be able to **“Proceed to Issue”** the quote and pay as well as **edit the billing details**.

Payment Setup & Documents

Account Lavender Cafe

A106179491

Policies can bill on one invoice if the due day of month, payment method, and primary payer are the same. The quoted policy will be added to an existing bill account when possible. Please review the billing parameters. You can make changes by clicking the pencil icon to the right of the quoted policy row.

Quotes

Bill Account#	Policy	Premium	Billing Method	Due Day Of Month	Payment Plan	Payment Method	Primary Payer	Down Payment	Edit Billing
	Workers Compensation 1061173206	\$517.00	Direct Bill	13	Monthly CL	Bill	Lavender Cafe	\$43.27	

> Existing Bill Account

Documents

> Workers Compensation Quote (1061173206)

> AutoPay Auth Form

Select All

Print Selected

Send via Email

Proceed to Issue

<< Back to All Quotes

<< Back to Account Summary

If you want to **edit the billing details**, this screen will pop up. Go through each drop down and select your choice.

Edit Payment Details (Workers Compensation 1061173206)

Billing Method	Direct Bill
Payment Method	Bill
Due Day of Month	13
Payment Plan	Monthly CL
Primary Payer	Lavender Cafe
Apply to other quotes: (Select all that apply)	

CancelOK

If you make any changes, you should see them on the next screen. You can now **“Pay & Issue”**.

Payment Setup & Documents

Account [Lavender Cafe](#)

[A106179491](#)

Policies can bill on one invoice if the due day of month, payment method, and primary payer are the same. The quoted policy will be added to an existing bill account when possible. Please review the billing parameters. You can make changes by clicking the pencil icon to the right of the quoted policy row.

Policy Payment & Issuance

Quotes

Bill Account#	Policy	Premium	Billing Method	Due Day Of Month	Payment Plan	Payment Method	Primary Payer	
New	Workers Compensation 1061173206	\$517.00	Direct Bill	13	Monthly CL	Bill	Lavender Cafe	<button>Issue Now</button> <button>Pay & Issue</button>

Existing Bill Account

Bill Account#	Policy	Billing Method	Due Day Of Month	Payment Plan	Payment Method	Primary Payer	
No rows found							

Documents

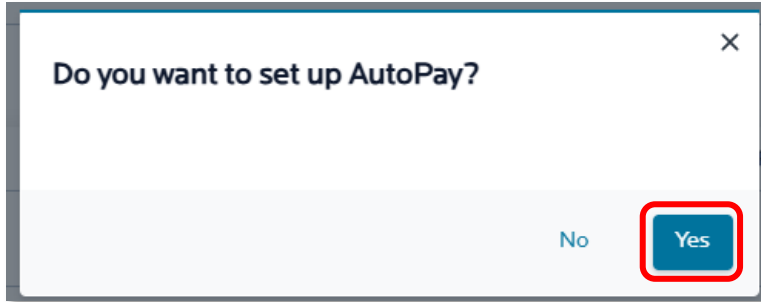
> Workers Compensation Quote (1061173206)

> AutoPay Auth Form

Select AllPrint SelectedSend via Email

Previous

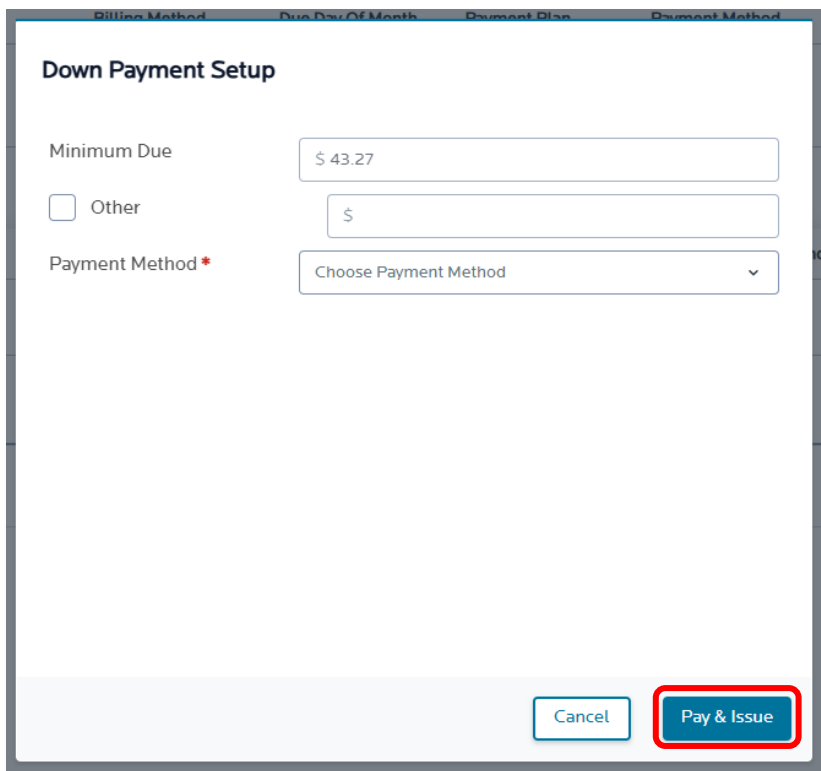
When you select **“Pay & Issue”**, you will see this pop up. If you select **“Yes”**, you will get the **Down Payment Setup** box (the next image).



Do you want to set up AutoPay?

No Yes

Select your minimum due or pay a different amount. Then choose your payment method, click **“Pay & Issue”**.



Down Payment Setup

Minimum Due

☐ Other

Payment Method *

Cancel Pay & Issue

Enter the credit card information you are using and click “Continue to Review Payment”.

Payment Options

Payment Information

Review Payment

Please enter your card information

Asterisks (*) indicate required fields.

Cardholder Name *

Lavendar Cafe

Card Number *

4111111111111111

CVV *

006

VISA

MasterCard

AMERICAN EXPRESS

DISCOVER

Expiration Date

Month *

November

Year *

2028

Billing Address *

1535 F Street

Country *

United States

City *

Anchorage

State *

Alaska

Zip *

99501

Email

spiggott@mimillers.com

Continue to Review Payment

Go back to Payment Options

Payment Summary

Policy #	Amount
OTF-023b248d-57e4-4294-a1ba-b33bf7c4e802	\$43.27
SUBTOTAL	\$43.27
SERVICE FEE *	+ \$0.00
GRAND TOTAL	\$43.27

*A non-refundable service fee of \$0.00 is included in your total.




Review the information you entered, agree to the terms and conditions, and click “**Process Payment**”.


Payment Options

Payment Information

Review Payment

Review your information

Your Credit/Debit Card  Edit

Lavendar Cafe
XXXXXXXXXXXX1111
11 / 2028


Billing Address

1535 F Street
Anchorage, AK
99501
spiggott@mimillers.com

Payment Summary

Policy #	Amount
OTF-023b248d-57e4-4294-a1ba-b33bf7c4e802	\$43.27
SUBTOTAL	\$43.27
SERVICE FEE *	+ \$0.00
GRAND TOTAL	\$43.27

☒ I agree to the [Invoice Cloud Terms and Conditions](#).


Process Payment \$43.27


[Need Help?](#)

You will have to click on “**I’m not a robot**” and review the information you entered, agree to the terms and conditions, and click “**Process Payment**” again.

Review your information

Please complete the checkbox challenge below.


Your Credit/Debit Card  Edit

Lavendar Cafe
XXXXXXXXXXXX1111
11 / 2028


Billing Address

1535 F Street
Anchorage, AK
99501
spiggott@mimillers.com

☐ I'm not a robot


reCAPTCHA
[Privacy](#) [Terms](#)

Payment Summary


Policy #	Amount
OTF-023b248d-57e4-4294-a1ba-b33bf7c4e802	\$43.27
SUBTOTAL	\$43.27
SERVICE FEE *	+ \$0.00
GRAND TOTAL	\$43.27

☐ I agree to the [Invoice Cloud Terms and Conditions](#).

Process Payment \$43.27


[Need Help?](#)

Once the payment goes through, you will see this message. You can click on the hyperlink to get a receipt.



Thank you for your payment!

A receipt for this transaction has been sent via email if it was previously provided.

 [Click here to Print a receipt with additional details](#)


Total Payment Amount

\$43.27

Payment Message

APPROVED 845647


Payment Method


XXXXXXXXXXXX1111

Print and save the pdf receipt to your computer for your files or send it to your client.

11/13/24, 12:04 PM

Payment Confirmation |


Phone: (800) 352-2772
Email: Finance@wrins.com

Billing Information

Lavendar Cafe
1535 F Street
Anchorage, AK 99501
spiggott@mimillers.com

Transaction Detail

Visa
XXXXXXXXXXXX1111
11/13/2024 11:02:46 AM
APPROVED 845647

Invoices

Type	Policy #	Statement #	Amount
Western National – Commercial	OTF-023b248d-57e4-4294-a1ba-b33b7fc4e802		\$43.27
SUBTOTAL			\$43.27
GRAND TOTAL			\$43.27


https://quote-test.wrins.com/producer-engage/step2payment

1/1

Print

1 sheet of paper

Destination

 Adobe PDF

Pages

All

Layout

Landscape

Color

Color

More settings

Print

Cancel



You can find the existing bill on this landing page. You can also find the documents here.

Payment Setup & Documents

Account Lavender Cafe

A106179491

Policies can bill on one invoice if the due day of month, payment method, and primary payer are the same. The quoted policy will be added to an existing bill account when possible. Please review the billing parameters. You can make changes by clicking the pencil icon to the right of the quoted policy row.

Quotes

Bill Account#	Policy	Premium	Billing Method	Due Day Of Month	Payment Plan	Payment Method	Primary Payer	Down Payment	Edit Billing
	Workers Compensation 1061187298	\$6,420.00	Direct Bill	13	Monthly CL	Bill	Lavender Cafe	\$537.35	

Existing Bill Account

Bill Account#	Policy	Billing Method	Due Day Of Month	Payment Plan	Payment Method	Primary Payer	
1061794910001	Workers Compensation 1061173206	Direct Bill	13	Monthly CL	Bill	Lavender Cafe	

Documents

Workers Compensation Quote (1061187298)

Retain in Agency

☐ Workers Compensation New Business Policy Quote Packet

Submit to Western National

AutoPay Auth Form

Select All

Print Selected

Send via Email

Proceed to Issue

Make a Payment

Back to All Quotes

Back to Account Summary