SECTION 3: Arrowhead Exchange Instructions — Property

How to Use Arrowhead Exchange

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ARROWH		
Get a Quote	Create a new Client	
(New or Modity)	Boxes next to Bold type must be completed.	
View Policy Info	First Name: best	
	Last Nome: Jest	
Make a Policy Change	Email:	
	Address:	
Document Center	City:	
	State: CA	
Concernance -	Zip: 502122	
Personal Home	Home Phone pooleooge	
Tools & Svcs	WorkPhone poce/poce/poog.	
Appointments	CK Cancel	
Continuing Ed	Cirk Cancer	

New Client Screen

- 1. Bolded Fields are required for a quote.
- 2. Please be sure to type the state initials in capital letters.
- 3. Any fields completed will pre-fill on future screens.
- 4. Every screen auto-saves once you advance to the next screen.
- 5. It is suggested to enter the home phone number at this point in the process, as it is the most unique search value to locate saved quotes later.
- 6. Select "OK" to advance to the next screen.

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		Client Summary Add	l e Hote View Hotes /	idd'l Quote		
Get a Quote		Product Selecti	on			
New or Modity)	Disase salast	the product Homegymers	F			
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Status	Please selo	oci the state: NY 💌				1
Make a Policy Change		10 - 20114 24	2			
		OK Cancel	1			
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Appointments						
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Product Selection Screen

- 1. Select Product
- 2. If state initials were capitalized in the previous screen the state will pre-fill
- 3. Select "OK" to advance to the next screen.

	User Name: Justin Agency: 000000 92002 Accords add Ourseal Instance Agency. It		
	<< Bac	ck Next>>	
	Is a swimming pool located on the premise		
	Does the customer have a dog?	C Yes @ No	
	How many losses have they had in the pas		
	When did they purchase their home? (mm/dd/ww)	12 x 112 c 1 1006	
	What type of roof does the home have?	2 Asphat Shingles 💌	
	Wha's currently living in the home?	Primary residence	
many ca	What is the construction type of the home?	France	
tinuing Ed	Protection Class	1 -	
ointments	How many families are at this address?	1	
e Bulletin	Is this residence a	Single Fanily Home 💌	
ole & Svee	How many square feet are in the living area	ea ⁹ 400 💌	
	Whatyear was their home built?	1990	
	When would they like this policy to go into a (mm/dd/ww)	effect 06 / 2002	
te Guides & Forms	How much insurance would they like to pur	urthase? 200000	
	What is their ZIP Code?	11001	
ke a Policy Change	What is their home phone number? (co-wa-ccc)	000-000	
ew Policy Status	Date of Birth (mm/ddawy)	12 / 12 / 1960	
To Ball	Customer's last name?	test	
t a Quote wor Hodity)	Customer's first name?	test.	

Policy Screen

- 1. Please fill in each field, screens will not advance unless all fields are completed.
- 2. Please take care to enter the effective date the customer wants the policy to go into ← effect. The system is set to default.
- 3. If the customer has prior losses please indicate the number using the drop down box. Additional Screens will allow you select loss type and provide notes for the underwriter.
- 4. Select "Next"

		-	nary Add a Note View Ne	tes Add1Quoto	
a Quote or Nedity1	Which tentlory is the dwellin		dicy	40 -	
w Policy Status		<< Back	Next >>		
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	User Name Justia	Agency: 000000	Product HOME	14	
	Lover in strate your the		Call&License CA U.C. #08999	Phase quete	

Territory Screen

- 1. This screen is to confirm the territory.
- 2. In some cases you will have two options if you are writing coastal business, please refer to the "Program Highlights Sheet" for the state you are in or your underwriting guidelines to confirm the territory if more than one option is available.
- 3. Select "Next"

Client Summary	Add a Hote View Notes Add'l Quote	0	
Edito	Limits		
Section 1 - Property D			
8 How much insurance would they like on their home	e? 200000		
Note: If they are currently insured, please refer to their : of Coverage A. Their home should be insured to 100% value. Replacement value is the cost to replace the ho cost of the land.	of its replacement		
How much insurance would you like on your perso property?	mai \$102,000		
How much insurance would you like for your other structures?	8 20,000		
Section II - Liakil	ity Limits		
How much insurance would they like for personal sability?	5100,000 - included		
How much insurance would they like for medical payments?	\$1,000 - included		
De ductibl	lê		
PolicyDeducible	2500 -		
Hurricane Deductible	None 💌		
Optional Endors	comonts -		
Personal Property Replacement	@ Yes C No		
Number of Scheduled Personal Property Items	0 *		
Would they like additional optional coverages or credit	s? Cives @ No		
Replacement Cost	Calculation		
Calculate Replacement Cost?	Cives @ No		

Limits Screen

- 1. Cursor will appear in the Coverage A box after you select next on the previous screen.
- 2. Select "Tab", this automatically pre-fills the other coverage amounts to the default amounts. If your customer would like a different coverage amount please select it.
- 3. Personal Property Replacement is defaulted to "Yes", if your customer does not want ← this coverage please change the response to "No".
- 4. If your customer would like any of the optional coverages offered, or qualifies for any additional credits please select "Yes" to this question.
- 5. In order to get to a "quick quote", calculate replacement cost is defaulted to "No" if you leave this as "No' you will be asked to calculate replacement cost after the initial quote to confirm the Coverage A amount is sufficient. If you would like to go ahead and calculate the replacement cost prior to receiving the quote change the "No" to "Yes"
- 6. Select "Next"

Optional Endorsements C yas @ No	Policy	Limita
IPendence Premises) Vision Rub Premitted incidental Occupancy (Residence Premises) (primary residence only) Vision Rub Actual Case Value Birl, Losse to Roof Burlacing (Territories 60-49 and 50 - 52) Vision Rub Vioriers Compensation and Employers Liability Insurance (primary residence only) If Yes IP No Instrument Compensation and Employers Liability Insurance (primary residence only) If Yes IP No Instrument Compensation and Employers Liability Insurance (primary residence only) If Yes IP No Instrument Compensation and Employers Liability Insurance (primary residence only) If Yes IP No Instrument Compensation and Employers Liability Insurance (primary residence only) If Yes IP No Instrument Compensation and Employers Liability Insurance (primary residence only) If Yes IP No Instrument Compensation If Yes IP No Instrument Compensation If Yes IP No Instrument Compensation If Yes IP No Instrument Constant Occupied by Insured (primary residence only) If Yes IP No Instrument Constant Occupied by Insured (primary residence only) If Yes IP No Instrument Constant Occupied by Insured (primary residence only) If Yes IP No Instrument Constant Occupied by Insured (primary residence only) If Yes IP No Instrument Constant Occupied by Insured (primary residence only) If Yes IP No Instrument Constant Occupied by Insured (primar		onsements
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germany residence only) If Yes C No © Lock Replacement C Yes © No ● Additional Insured C Yes © No ● waterchaft LaketNy C Yes © No ● Permitted Insidemt Orcupancy C Yes © No ● Permitted Insidemt Notropancy C Yes © No ● Other Provides & Other Residences) C Yes © No Of Permises That Enclusion (Tentories 3 - 7 and 45 - 54 only) C Yes © No ● Other Insured Location Occupied by Insured (number offamilies) Nore ● ● Other Insured Location Occupied by Insured (number offamilies) Nore ● ● Other Structures Reinted to Others grunnier of structures) (prinary residence only) Nore ● ● Tree Department Service Charge 9800 ● ● Credit Cand Pagery Nore ● Business Property - Increased Limits Nore ● ● Instances Property - Increased Limits Nore ● ● Instances of Sarvints Nore ●		C Yes R No
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(number offamilies) Increma (number offamilies) Nore m (primary residence only) Nore m Fire Department Sensire Charge \$900 m Credit Card Pagery Nore m Business Property - Increased Limits Nore m Animal Liability \$90,000 enclasted m Employees or Servants Immedia Parsonal Injury Immedia	Off Premises Theil Exclusion (Territories 3 - 7 and 45 - 54 only)	C YES & NO
Iprimary residence only Policy Fire Department Service Charge 900 II Credit Card Pagery None III Business Property - Increased Limits None III Animal Liability 900,000-industed III Employees or Servints IIII Parsonal Injury None IIII	Other Insured Location Occupied by Insured (number offernilies)	Pitre 💌
Crudi Canal Pagery Plane	Other Bhuctures Rented to Others (number of structures) (primary residence only)	Pare 🔳
Business Property-Increased Limits Pere Animal Liability Employees or Serverts Parsonal Injuny Parsona	Fire Department Service Charge	8600
Animal Liability 190 (00 -industed = Employees or Servints 0 = Parsonal Injury Intere	Credit Card Forgery	Piere .
Employees or Servants Parsonal Injury	Business Property- Increased Limits	Nora:
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	Employees or Servents	a 💌
Businaso Purauto	😃 Personal Injuny	None 💌
	🖲 Businaso Purauto	Nore

Appointments	(primary residence only)	
Continuing Ed	Personal Property - Increased Limits (Other Residences)	C YES @ ND
	Off Premises Thet Exclusion (Territories 3 - 7 and 45 - 64 only)	C Yes # No
	Ctherinsured Location Occupied by Insured (number of femilies)	Piera 💌
	Other Structures Rented to Others (number of structures) (primary residence only)	Nore 💌
	Fire Department Service Charge	1900
	Credit Card Forgery	Nore 💌
	Business Property - Increased Limits	Nore 💌
	Animal Liability	\$50,000-incluted
	Employees or Bervards	
	Personal Injury	None 💌
	Business Pursuits.	Nore
	Additional	Credits
	What kind of smoke alarm is in the home?	Nore
	What type of theft alarm does the home trave?	riore 🔳
	What type of sprinkler system does the home have?	None
	Does the home have a fire extinguisher?	C Yes # No
	is the home equipped with deadbolt locks?	C Yes @ No
	Has the home been completely renovated within the last 20 years (Only applicable to homes older than 20 years)	? C Yes F No
	<< Back Nast >>	
	User Name: Justia Agency: 000000 Product: HO	64E Phase quoto
	GEDEC Aroshiad B Danual Instance Againty, Inc. (Lagal & Longue) CA	R

1. Optional Coverage & Additional Credits is all one screen. Please select as applicable.

▶ 2. Question Marks will provide explanation of coverage or credit

		Packag	e Premium			
nt a Quote w or Wedity)	Palier	Link	2	Rating		
iew Policy Status			Package Buy Palicy	, Policy Total net	-	
ke a Policy Change	WILLIST MARK Clarendon	National Insurance Com	2.0	12 733.00 Dets		
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_	User Name: Justin	Agency: 000000	Product: HOME	Phase: quote	Ť	
	000003 Risordand® Gata	ut insurance Agency, Inc. (),	ng al A License CA Lic. #C	enanon KriSiger	- 18	

- Based on risk characteristics provided all tiers that qualify will display.
 To view quote detail click on "Detail".
 To complete replacement cost estimator and advance to the application phase click on "Buy"

	Policy	Limits
Get a Quote (New or Modify)	Replacement Cost Info	ormation
	Year Built	1998
View Policy Info.	Square feet of living area	2500
949-966 - 100-100	Pouse Style	1 Story
Make a Policy Change	RoofType	Asphalt/Fiberglass Shingles 💌
	Number of Full Bathrooms	3 🔽
Document Center	Number of Half Bathrooms	0
	Foundation Type and Percent (must equal 100%)	
	- Slab	0
Personal Home	- Crawl Space	100
Tools & Svcs	- Pier	0
	- Basement	0
Appointments	Exterior Walls type	Clapboard
Continuing Ed	Heating and Air-Conditioning type	None
	Ø Garage type	None
	Porch type	Open
	Deck type	Wood
	Number of Balconies	1 💌

Replacement Cost Estimator Screen

- Complete all fields to verify Coverage A amount.
 Depending on answers provided an additional screen might appear to gather more information.
- 3. Select "Next".

nal Insurance			
	Client Summary Add a Note	2 View Notes Add1 Quote	
	Policy	Limits	
Quote Nedity1	Section I - Property Damage L		
	How much insurance would they like on their home?	201000	
Policy atus	Note: If they are currently insured, please refer to their policy for the of Coverage A. Their home should be insured to 100% of it's replication value. Replacement value is the cost to replace the home minus cost of the land.	acement	
a Policy ange	How much insurance would you like on your personal property?	B 100,500 -	
Guides	Bow much insurance would you like for your other structures?	8 20,1 00 💌	
	Section II - Lisbility Limit	ş	
& Svcs	8 How much insurance would they like for personal liability?	(\$100,000 - include d	
Sulletin -	How much insurance would they like for medical payments?	51,000 - Included	
ments	Deductible		
uing Ed	Policy Deductible	8600 💌	
ung eu	Hurricane Deductible	None 💌	
	Optional Endorsements		
	Personal Property Replacement	GYES C No	
	Number of Scheduled Personal Property terms	0 .	
	Would they like additional optional coverages or credits?	IP Yes C No	
	Replacement Cost Calculati	0.00	
	Calculate Replacement Cost?	C Yes @ No	

Limits Screen

- 1. Once the replacement cost calculation is complete the limits screen will appear again with the modified Coverage A amount. If the amount is higher than the originally requested amount no amount lower can be entered.
- 2. Please remember to re-adjust the other coverages amounts if the customer wants a different percentage of coverage relative to the Coverage A amount as those coverages will also have been re-calculated.
- 3. Select "Next".
- 4. Optional Endorsements and Credits Screen will appear again, click "Next" to move through this screen to get the final quote.

ieneral insurance		Client Summer	y Add a Note View	Notes Add'l Quote		
		Package F	Premium			
Set a Quote law or Bodity)	Policy	Limits		Rating	-	
View Policy Status		HOME Pa Campany	Ckage Buy Policy	Policy Totel Del	tal	
lake a Policy Change		National Insurance Compan	y. Buy	12 735.00 De	dal	
Sole Guides & Forms	Eite Setstaanste Charendon Uitra	National Insurance Compan	y. Buy	12 979.00 De	dal	
ools & Sixce The Bulletin	Record Clarendon Pramium	National Insurance Compan	H- Bur	12 1044.00 🔤	lietz	
apointments	Regular	National Insurance Compan	γ. Buy	12 1272.00 🔤	rtail	
ntinuing Ed	*Indicates a different c	zvarage quotad - click "detail	for explanation.			
	OserName Justin	Agency: 000000	Product: HOME	Phese gaste		
	00002 Arrowhaard® Oversp	al houranne Aganny, hv. <u>Laga</u>	S.Umme CAUX #08			

Final Quote Screen

- 1. The final quote screen indicates the final premium for the information entered.
- 2. Only two credits can be applied based on information entered in the application screens upcoming. This may result in a 5-year loss free credit or a 3-year employment credit if applicable to the state. The premium cannot go up from this point forward.
- 3. To view the quote and print it out click on "Detail"

View Policy Status	Inclusion comments (Crighteriodo	n National Insurance	Company-Elle Billing			
to a state state of		Down	Installment	⊂ ef	Palley	
Make a Policy Change	Description	Payment	Payment	Installments	Term	
	Paid in Full	\$ 735	\$ 0	a	12	
Pate Culture	Six Pay	\$ 117	\$ 132	6	12	
Rate Guides & Forms	Four Pay	\$ 191	\$ 191	3	12	
	1		Coverages			
		Coverage	A CONTRACTOR OF THE OWNER	Umit	Premium	
look & Sycs	Coverage A: Dwelling			201000	\$732.00	
	Coverage B: Other St			20100	\$ 0.00	
The Bulletin	Coverage C: Unscheduled Personal Property			100500	\$ 0.00	
	Coverage D: Loss of	Jae		40200	\$ 0.00	
epointmente	Coverage E: Persona	Liability		100000	\$ 0.00	
ontinuing Ed	Coverage F: Medical I	Payments		1000	\$ 0.00	
oranung co	Hurricane Deductible			2.96	\$-7.00	
	Policy Deductible			500	\$-66.00	
	Personal Property Re	placement Obst		Y	\$ 73.00	
	Workers Comp & Em	ployers Liability		incl	\$ 3.00	
	Animal Liability			inci	\$ 0.00	
				Coverage Totals	\$735.00	
				Total Premium	\$735.00	
			Discounts			
			Description			
	None					
			Surcharges			
	-		Description			
	None					
	6		Messages			

Quote Detail

- 1. Billing choices appear under billing section.
- 2. Coverage Breakdown appears under Coverages section
- 3. Discounts appear under the Discount section.
- 4. Surcharges appear under the Surcharge section.
- 5. Any proof of documentation that needs to be provided to underwriting for discounts, credits, or scheduled items will appear under "Messages". This documentation must be submitted within 14 days or the corresponding coverage and credit or schedule will be removed.
- 6. Any submit for approval will be noted in the "Message" section.
- 7. This quote can be printed out to provide to your customer.

RROW	America, Interna Nerves & Updates Help	Apency Setup Log Out >	×
nel Insurance	Agency, Inc. Chart Summary Add a Note		
	Pelicy		
Guote r Modity)	Applicant Information		
Policy	Insured Name What is the street address of the property to be insured?	teat	
	What vity is the property located in?		
a Policy ange	Blate	CA	
te Guides Forms	Zip Code	a2H 22	
	Phone number	000-000-0000	
	What is their email address?		
& Sves	Boci al Security Number (#97 \$3 \$356)		
Bulletin	Have they lived at this address for more than 5 years?	C Yes C No	
ntments	is the mailing address the same as the physical address?	C Yes C No	_
iuing Ed	Modify Guote << Back	Next >>	

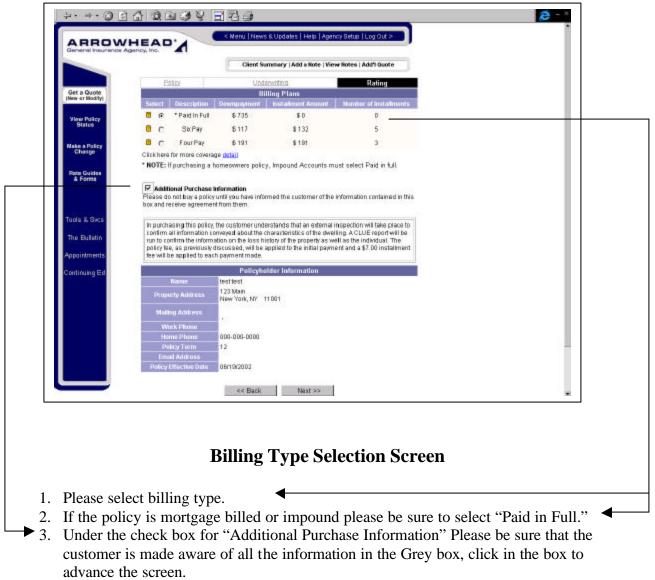
Applicant Information

- 1. Please enter the street address of the dweling to be insured.
- 2. The only field that is optional is the E-mail address.
- 3. Please be sure to enter the Social Security Number accurately.
- 4. If the customer has not lived in the home for over 5 years, or they have a different mailing address please answer the question(s) accordingly. Additional screens will collect that information and it will appear on the completed application.

	Palicy Underw	eriting	
Duote Modify)	When would they like this policy to go into effect (mm/dd/yny)	06 /19 /2002	
	Note: Please re-enter the desired effective date above.		
er Policy Status	Is the home located on more than five acres?	C Yes @ No	
a Policy hange	Is any business conducted on the premises? (including day/child care, incidental offices, or low traffic)	C Yes & No	
thange	ts a trampoline located on the premises?	C Yes @ No	
e Ouides	Does the property have a woodstove?	C Yes @ No	
Forms	Does the property have a kerosene or space heater?	C Yes @ No	
	Does the property have a portable heater, coal or wood burning stove as the primary heat source?	C Yes & No	
s & Svos	is the risk:	over 1,000 feet from water 💌	
Bulletin	How many miles from the home is the nearest fire department?	Under Smiles	
ointments	is there a public hydrant within 1,000 feet of the dwe ling?	∉ Yes C No	
niments	What is their employment status?	Salaried	
inuing Ed	Employer or school name?	Insurance	
	Occupation	Administration.Management 💌	
	Total number of years at their connect occupation?	3+ •	
	is there an additional applicant?	C Yes @ No	
	How many mortgagees to they have?	0	
	Note: Please enter information here if the policy will be mortgages billed.		
	How many farm animals do they have?	0	
	Are there any exotic pets in the household?	C Yes @ No	
	What company currently insures their home?	Alization	
	For how many months have they been continuously insured?	72	
	What are the two meanest cross streets?	Bin & Main	

Underwriting Screen

- 1. Please be sure to RE-ENTER the effective date. This is the effective date that will print out on the application and it does not default from the quote.
- 2. If the risk profile is an home older than 1950, has a woodstove, or is an unprotected dwelling additional screens will gather the necessary underwriting information and it will print out on the application for the underwriter's reference.
- 3. If there is an additional applicant an additional screen will gather the information on that person and it will print out on the application.
- 4. If the customer has a mortgage that requires a copy of the declarations page and /or the policy will be mortgage billed please select the number of mortgages and complete the additional questions asked.
- 5. Please be sure to provide any additional comments in the comments screen at the bottom of the screen.



4. Select "Next".

Seneral Insurance	Agenty, Inc.	Client Summ	ary Add a Hots View Sch	ex Add'l Quote	
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Payment Type Selection Screen

- 1. Please select payment type.
- 2. If selecting Paper Check please forward check to our PO Box with policy number written on it. For PO Box please see "How to Submit Business Sheet" on Arrowheadagent.com under forms and guidelines section.
- 3. If selecting credit card please input customer information and credit card will automatically be charged "Real-Time".
- 4. Select Purchase to complete the submission.

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Policy Confirmation Binding Page

- 1. Policy number and Customer number will be displayed. Please use this policy number to write on the paper check if applicable to mail to our office.
- 2. If the risk is submit for approval only a customer number will be returned. Please contact your underwriter for risk acceptability. Underwriter will contact you within 2 business days of receipt.
- 3. To view and print the application please select "Print Application"
- 4. The Application will print to your screen in Adobe Acrobat. To print out a hard copy once the Application is displayed on the screen select print again.
- 5. The application includes a two-page application which displays all information entered, an insurance practices statement, and an evidence of insurance.
- 6. The application is already at our underwriting office.
- 7. Please retain a hard copy in your files, but there is no need to mail us a copy. Please just forward the paper checks as applicable and any documentation for the underwriters for schedules discounts or credits.