

SECTION 3: Arrowhead Exchange Instructions — Property

How to Use Arrowhead Exchange

The screenshot shows a web browser window titled "Customer Input/Edit - Microsoft Internet Explorer". The address bar displays "http://www.arrowheadagents.com/NAI/Controller.asp". The page header includes the "ARROWHEAD EXCHANGE" logo and navigation links: "< Menu | News & Updates | Help | Agency Backup | Log Out >".

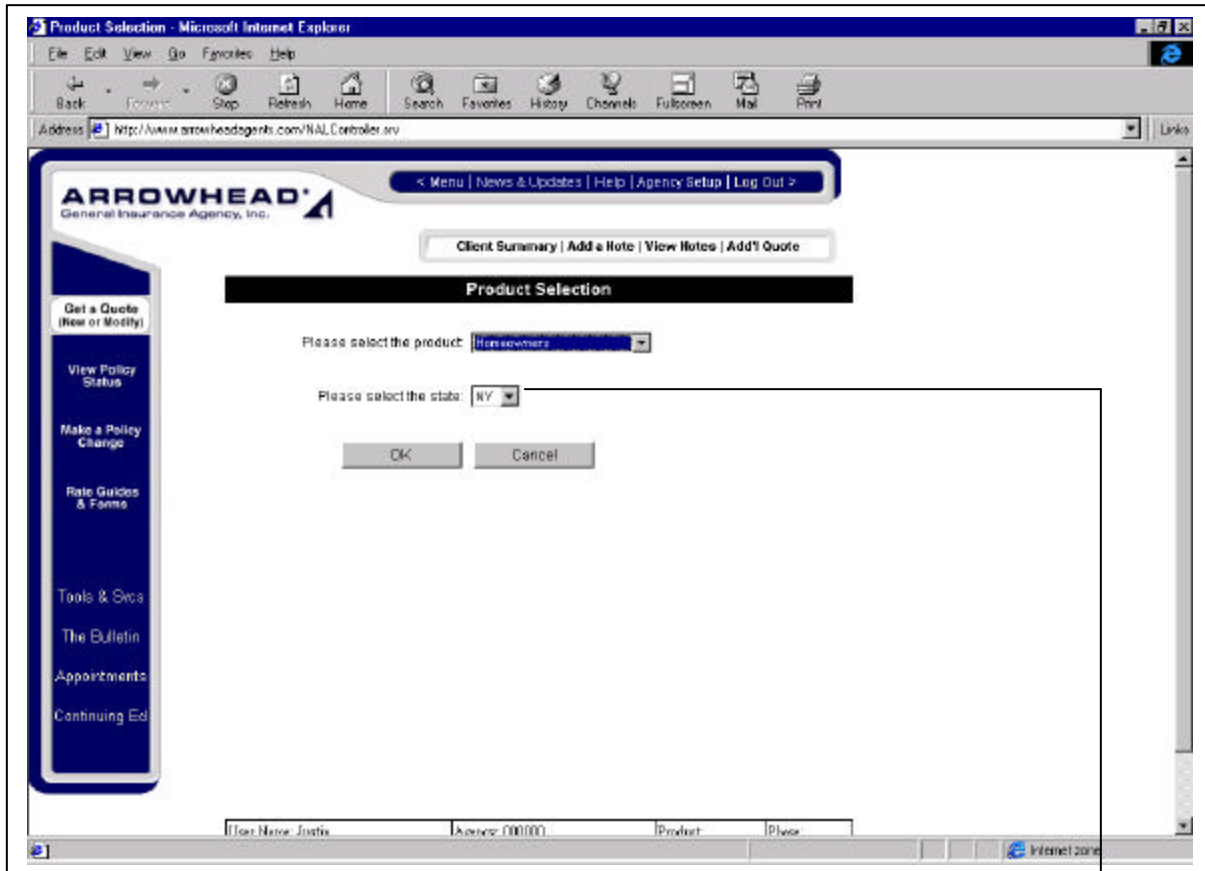
The main content area is titled "Create a new Client" and contains a message: "Boxes next to Bold type must be completed." Below this is a form with the following fields:

- First Name:**
- Last Name:**
- Email:
- Address:
- City:
- State:
- Zip:
- Home Phone (000-000-0000):
- Work Phone (000-000-0000):

At the bottom of the form are "OK" and "Cancel" buttons. A left-hand navigation menu includes links for "Get a Quote (New or Modify)", "View Policy Info", "Make a Policy Change", "Document Center", "Personal Home", "Tools & Misc", "Appointments", and "Continuing Ed". The browser's taskbar at the bottom shows several open applications, including "Novell delivered Applicatio...", "Lauri - Microsoft Outlook", "Microsoft Word - Arrowhead...", and "Customer Input/Edit...". The system clock in the bottom right corner shows "1:25 PM".

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.



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.

Policy

Customer's first name? test

Customer's last name? test

Date of Birth (mm/dd/yyyy) 12 / 12 / 1960

What is their home phone number? (xx-xxx-xxxx) 300-000-0000

What is their ZIP Code? 11001

How much insurance would they like to purchase? 200000

When would they like this policy to go into effect (mm/dd/yyyy) 06 / 20 / 2002

What year was their home built? 1990

How many square feet are in the living area? 400

Is this residence a Single Family Home

How many families are at this address? 1

Protection Class 1

What is the construction type of the home? Frame

Who's currently living in the home? Primary residence

What type of roof does the home have? Asphalt Shingles

When did they purchase their home? (mm/dd/yyyy) 12 / 12 / 1995

How many losses have they had in the past 5 years? 0

Does the customer have a dog? Yes No

Is a swimming pool located on the premises? Yes No

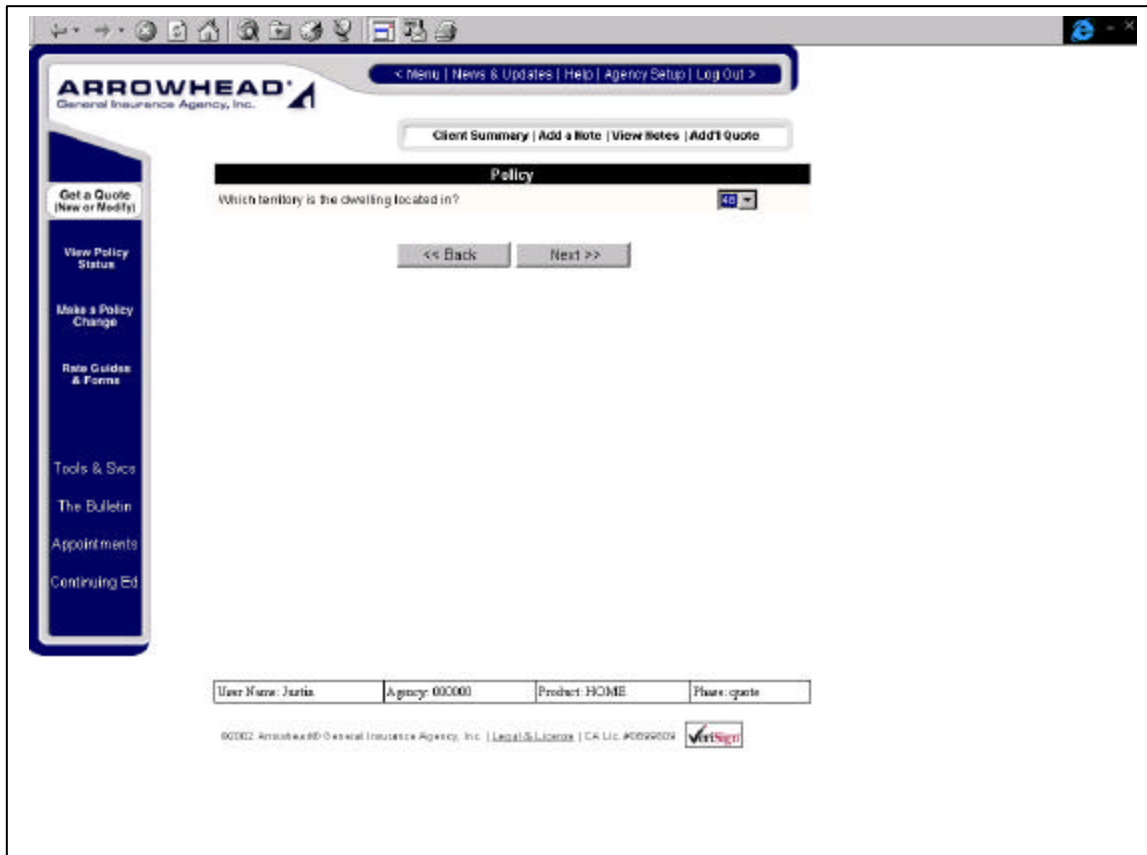
<< Back Next >>

User Name: Justin Agency: 000000 Product: HOME Phase: quote

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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"



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"

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Client Summary | Add a Note | View Notes | Add a Quote

Policy Limits

Section I - Property Damage Limits

How much insurance would they like on their home?

Note: If they are currently insured, please refer to their policy for the amount of Coverage A. Their home should be insured to 100% of its replacement value. Replacement value is the cost to replace the home minus the cost of the land.

How much insurance would you like on your personal property?

How much insurance would you like for your other structures?

Section II - Liability Limits

How much insurance would they like for personal liability?

How much insurance would they like for medical payments?

Deductible

Policy Deductible

Hurricane Deductible

Optional Endorsements

Personal Property Replacement Yes No

Number of Scheduled Personal Property Items

Would they like additional optional coverages or credits? Yes No

Replacement Cost Calculation

Calculate Replacement Cost? Yes No

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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"

EDIT Limits

Optional Endorsements

Other Structures Rented to Others (Residence Premises)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Permitted Incidental Occupancy (Residence Premises) (primary residence only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Actual Cash Value for Losses to Roof Surfacing (Territories 46-49 and 50-52)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Workers Compensation and Employers Liability Insurance (primary residence only)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lock Replacement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Additional Insured	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Watercraft Liability	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Back Up & Overflow	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Permitted Incidental Occupancy (Residence Premises & Other Residences) (primary residence only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Personal Property - Increased Limits (Other Residences)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Off Premises Theft Exclusion (Territories 3-7 and 45-54 only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Insured Location Occupied by Insured (number of families)	None
Other Structures Rented to Others (number of structures) (primary residence only)	None
Fire Department Service Charge	\$500
Credit Card Forgery	None
Business Property - Increased Limits	None
Animal Liability	\$50,000-included
Employees or Servants	0
Personal Injury	None
Business Pursuits	None

Additional Credits

What kind of smoke alarm is in the home? None

Continuing Ed

Personal Property - Increased Limits (Other Residences)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Off Premises Theft Exclusion (Territories 3-7 and 45-54 only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Insured Location Occupied by Insured (number of families)	None
Other Structures Rented to Others (number of structures) (primary residence only)	None
Fire Department Service Charge	\$500
Credit Card Forgery	None
Business Property - Increased Limits	None
Animal Liability	\$50,000-included
Employees or Servants	0
Personal Injury	None
Business Pursuits	None

Additional Credits

What kind of smoke alarm is in the home? None

What type of theft alarm does the home have? None

What type of sprinkler system does the home have? None

Does the home have a fire extinguisher? Yes No

Is the home equipped with deadbolt locks? Yes No

Has the home been completely renovated within the last 20 years? (Only applicable to homes older than 20 years) Yes No

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Client Name: Jettia Agency: 000000 Product: HOME Place: quote

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1. Optional Coverage & Additional Credits is all one screen. Please select as applicable.
2. Question Marks will provide explanation of coverage or credit

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Client Summary | Add a Note | View Notes | Add'l Quote

Package Premium

Policy	Limits	Rating		
HOME Package				
Company	Buy/Policy	Policy Term	Total Premium	Detail
Clarendon National Insurance Company - Elite	Buy	12	733.00	Detail
Clarendon National Insurance Company - Ultra	Buy	12	976.00	Detail
Clarendon National Insurance Company - Premium	Buy	12	1042.00	Detail
Clarendon National Insurance Company - Regular	Buy	12	1267.00	Detail

*Indicates a different coverage quoted - click "detail" for explanation.

User Name: Justin Agency: 000000 Product: HOME Phase: quote

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Rating Screen

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

Policy	Limits
Replacement Cost Information	
Year Built	<input type="text" value="1998"/>
Square feet of living area	<input type="text" value="2500"/>
<input type="checkbox"/> House Style	<input type="text" value="1 Story"/>
Roof Type	<input type="text" value="Asphalt/Fiberglass Shingles"/>
Number of Full Bathrooms	<input type="text" value="3"/>
Number of Half Bathrooms	<input type="text" value="0"/>
<input type="checkbox"/> Foundation Type and Percent (must equal 100%)	
- Slab	<input type="text" value="0"/>
- Crawl Space	<input type="text" value="100"/>
- Pier	<input type="text" value="0"/>
- Basement	<input type="text" value="0"/>
<input type="checkbox"/> Exterior Walls type	<input type="text" value="Clapboard"/>
<input type="checkbox"/> Heating and Air-Conditioning type	<input type="text" value="None"/>
<input type="checkbox"/> Garage type	<input type="text" value="None"/>
<input type="checkbox"/> Porch type	<input type="text" value="Open"/>
<input type="checkbox"/> Deck type	<input type="text" value="Wood"/>
Number of Balconies	<input type="text" value="1"/>

Replacement Cost Estimator Screen

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

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Client Summary | Add a Note | View Notes | Add 1 Quote

Policy Limits

Section I - Property Damage Limits

How much insurance would they like on their home?

Note: If they are currently insured, please refer to their policy for the amount of Coverage A. Their home should be insured to 100% of its replacement value. Replacement value is the cost to replace the home minus the cost of the land.

How much insurance would you like on your personal property?

How much insurance would you like for your other structures?

Section II - Liability Limits

How much insurance would they like for personal liability?

How much insurance would they like for medical payments?

Deductible

Policy Deductible

Hurricane Deductible

Optional Endorsements

Personal Property Replacement Yes No

Number of Scheduled Personal Property Items

Would they like additional optional coverages or credits? Yes No

Replacement Cost Calculation

Calculate Replacement Cost? Yes No

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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.

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Client Summary | Add a Note | View Notes | Add'l Quote

Package Premium

Policy	Limits	Rating
HOME Package		
Company	Buy Policy	Policy Terms Total Premium Detail
Clarendon National Insurance Company - Elite	Buy	12 735.00 Detail
Clarendon National Insurance Company - Ultra	Buy	12 979.00 Detail
Clarendon National Insurance Company - Premium	Buy	12 1044.00 Detail
Clarendon National Insurance Company - Regular	Buy	12 1272.00 Detail

*Indicates a different coverage quoted - click "detail" for explanation.

User Name: Justin Agency: 000000 Product: HOME Phase: quote

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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" ←

Clarendon National Insurance Company - Elite

Billing				
Description	Down Payment	Installment Payment	# of Installments	Policy Term
Paid In Full	\$ 735	\$ 0	0	12
Six Pay	\$ 117	\$ 132	6	12
Four Pay	\$ 191	\$ 191	3	12

Coverages			
Coverage	Limit	Premium	
Coverage A: Dwelling	201000	\$ 732.00	
Coverage B: Other Structures	20100	\$ 0.00	
Coverage C: Unscheduled Personal Property	100500	\$ 0.00	
Coverage D: Loss Of Use	40200	\$ 0.00	
Coverage E: Personal Liability	100000	\$ 0.00	
Coverage F: Medical Payments	1000	\$ 0.00	
Hurricane Deductible	2%	\$ -7.00	
Policy Deductible	500	\$ -66.00	
Personal Property Replacement Cost	Y	\$ 73.00	
Workers Comp & Employers Liability	incl	\$ 3.00	
Animal Liability	incl	\$ 0.00	
	Coverage Totals	\$ 735.00	
	Total Premium	\$ 735.00	

Discounts	
Description	
None	

Surcharges	
Description	
None	

Messages

Please note that eligibility to purchase the Elite tier is dependent upon acceptability determined by the iX credit report.

Actual liability varied as noted

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.

The screenshot shows a web browser window with the following content:

- Browser Title:** Policy Information - Step 2 of 3 - Microsoft Internet Explorer
- Address Bar:** http://www.arrowheadagents.com/WPController.asp
- Navigation:** Back, Forward, Stop, Refresh, Home, Search, Favorites, History, Channels, Fullscreen, Mail, Print
- Page Header:** ARROWHEAD General Insurance Agency, Inc. | Menu | News & Updates | Help | Agency Setup | Log Out >
- Client Summary:** Client Summary | Add a Note | View Notices | Add/Quote
- Form Title:** Policy
- Section:** Applicant Information
- Fields:**
 - Insured Name:
 - What is the street address of the property to be insured?:
 - What city is the property located in?:
 - State:
 - Zip Code:
 - Phone number:
 - What is their email address?:
 - Social Security Number (###-##-####):
 - Have they lived at this address for more than 5 years?: Yes No
 - Is the mailing address the same as the physical address?: Yes No
- Buttons:** Modify Quote, << Back, Next >>
- Footer:** Client Name: testis | Agency: 000000 | Product: HOME | Phone: 000

Applicant Information

1. Please enter the street address of the dwelling 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.

Policy Underwriting

When would they like this policy to go into effect (mm/dd/yyyy) 08 / 19 / 2002

Note: Please re-enter the desired effective date above.

Is the home located on more than five acres? Yes No

Is any business conducted on the premises? (including daychild care, incidental offices, or low traffic) Yes No

Is a trampoline located on the premises? Yes No

Does the property have a woodstove? Yes No

Does the property have a kerosene or space heater? Yes No

Does the property have a portable heater, coal or wood burning stove as the primary heat source? Yes No

Is the risk: over 1,000 feet from water

How many miles from the home is the nearest fire department? Under 5 miles

Is there a public hydrant within 1,000 feet of the dwelling? Yes No

What is their employment status? Salaried

Employer or school name? insurance

Occupation: Administration/Management

Total number of years at their current occupation? 3+

Is there an additional applicant? Yes No

How many mortgages do they have? 0

Note: Please enter information here if the policy will be mortgage billed.

How many farm animals do they have? 0

Are there any exotic pets in the household? Yes No

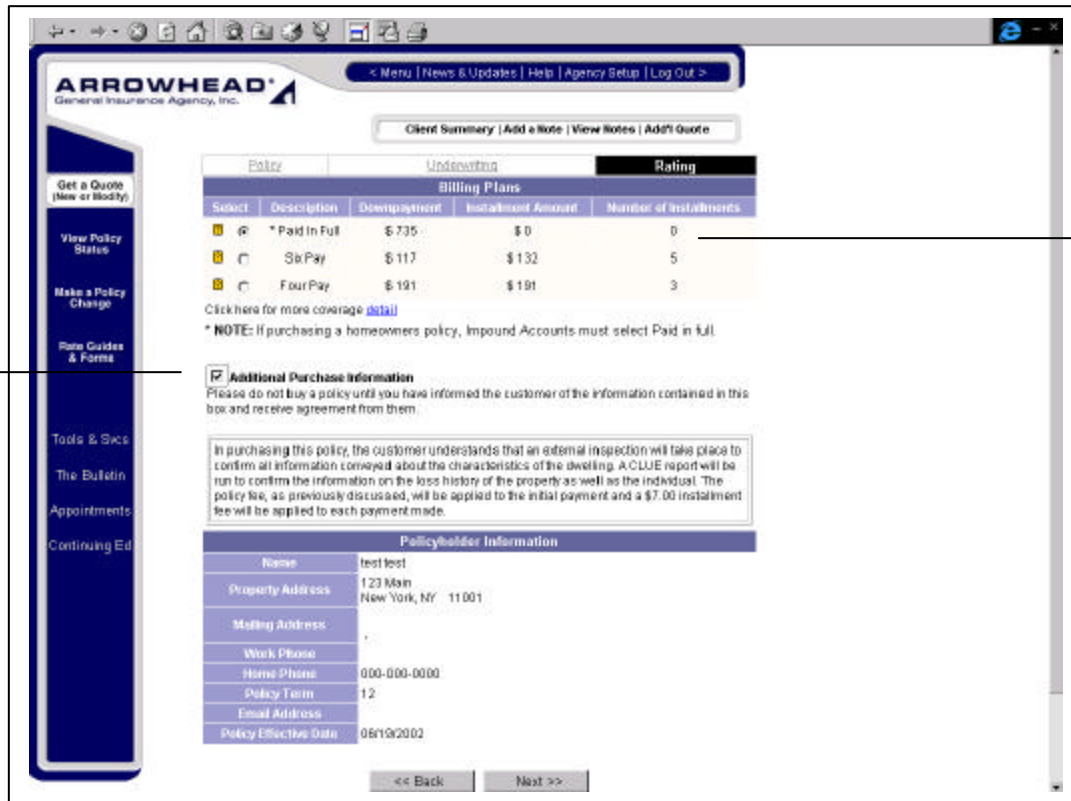
What company currently insures their home? Allstate

For how many months have they been continuously insured? 72

What are the two nearest cross streets? Elm & Main

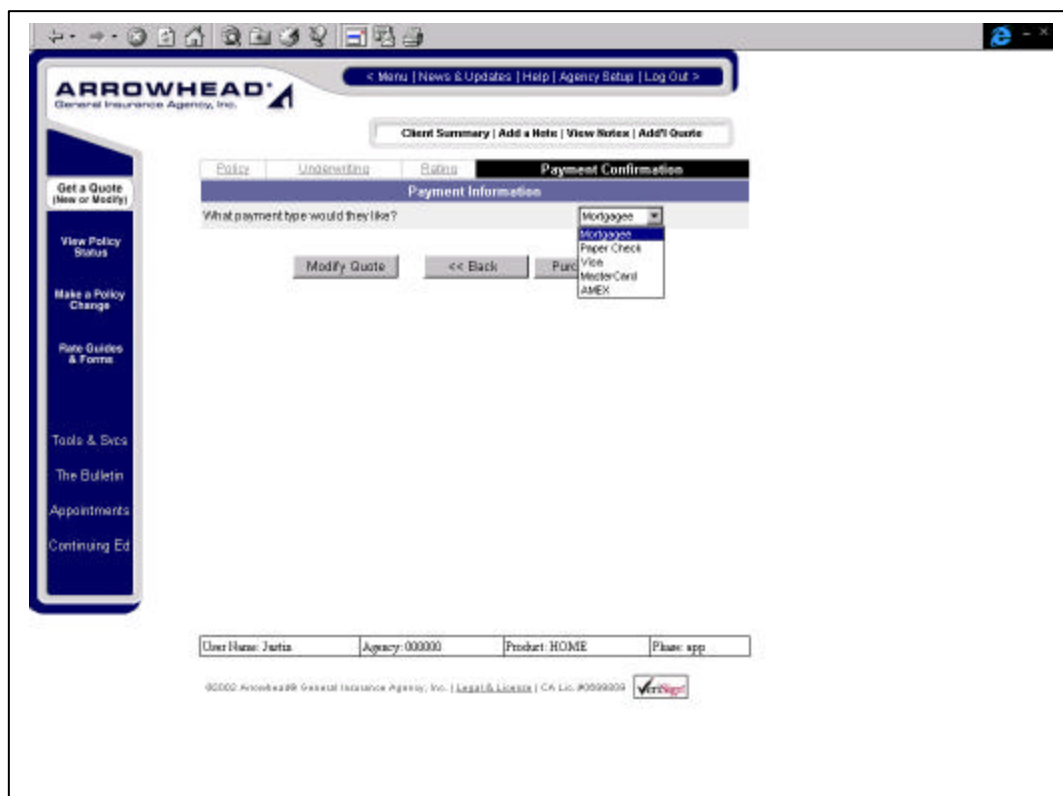
Underwriting Screen

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.



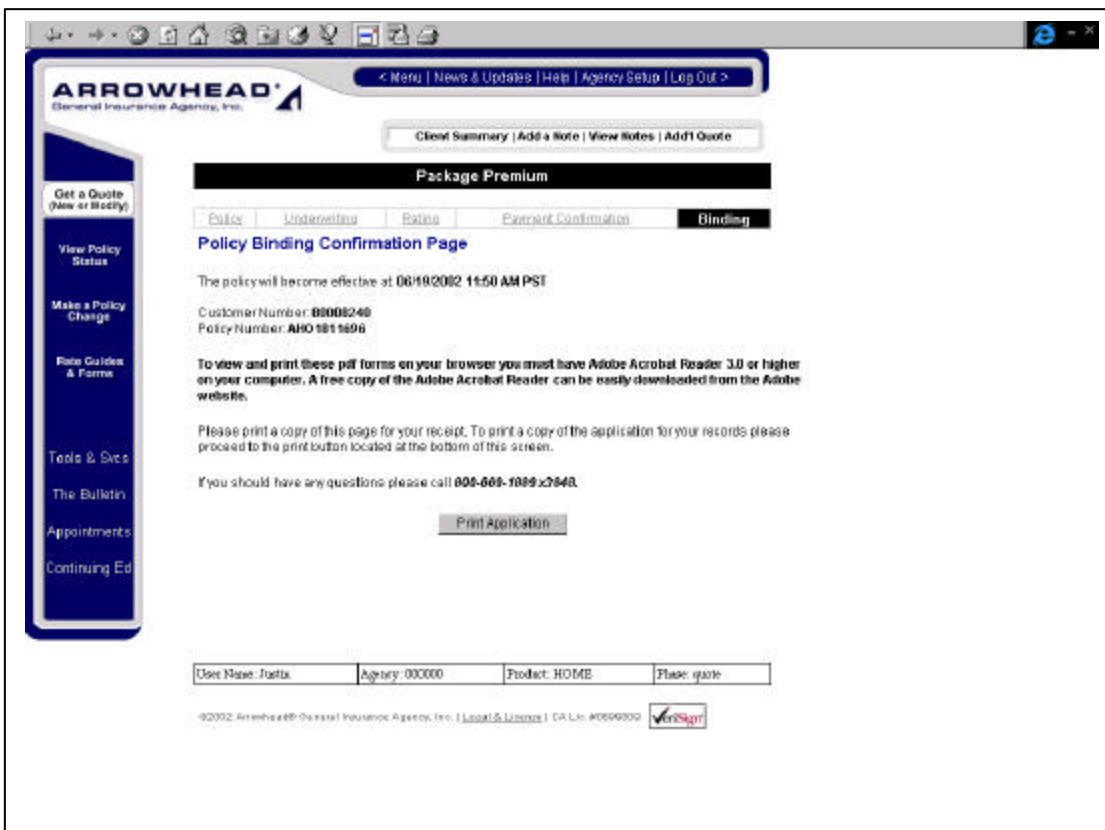
Billing Type Selection Screen

1. Please select billing type.
2. If the policy is mortgage billed or impound please be sure to select "Paid in Full."
3. Under the check box for "Additional Purchase Information" Please be sure that the customer is made aware of all the information in the Grey box, click in the box to advance the screen.
4. Select "Next".



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.



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.