

CONVERTING THE QUICK QUOTE TO AN APPLICATION

- Select “Convert to Application” button.

QuickQuote
Application : QDWK000006
Term: 1/16/2017 - 1/16/2018

Save Quote Cancel Quote **Convert To Application**

Requested Effective Date* 1/16/2017 COVERAGES

- The converted application will pre-populate the information that was submitted as a Quick Quote.
- The remainder of the application will need to be completed before submitting to underwriting.
- Each tab within the application workflow needs to be completed. If the information is not completed within each tab, a validation message will appear in red to the left, advising of the information needed. See example below:

Items for review

- Prevent Navigation
 - Please enter Producer name.
 - Please enter Organization name.
- Informational
 - Each item noted above must be addressed before the application can be submitted for underwriting consideration.

Application : QDWK000006
Term: 1/16/2017 - 1/16/2018

Requested Effective Date* 1/16/2017

Expiration Date 1/16/2018

Organization Select...*

Producer Select...*

INSURED TAB

- Complete all yellow shaded areas below on the Insured tab and add the following if applicable:
 - Additional Named Insured
 - Additional Insured
 - Mortgage Company, Contract Buyer/Seller, Additional Interest

- When adding a mortgagee, select “payor” if the premium is to be escrow billed.

Application : QDWK000006
Term: 1/16/2017 - 1/16/2018

Requested Effective Date* 1/16/2017
Expiration Date 1/16/2018
Organization Select...
Producer Select...
NAMED INSURED #1
Prefix Select...
Alternate Select...
First Name John
Middle Name
Last Name Doe
Phone Number (999) 999-9999
Email
NAMED INSURED #2
Prefix Select...
First Name
Middle Name
Last Name
Phone Number
Email
City
State Kentucky
Zip
Verify Address
DISCLAIMER This is not a binder of coverage. This application does not constitute an acceptance or approval of coverage. Underwriting acceptability is guided by the underwriting rules and information included on the application. This is an estimated premium based on information included in the quoting parameters. The final premium is based on rates in effect at the inception date of the policy, information provided on the application and an inspection of the property, if made. The final premium included on the declaration will prevail.
*All applications are subject to prior underwriting approval and coverage is not effective until the application is approved by the Underwriter. The Requested Effective Date of the policy is subject to the Underwriter's approval.

ADDITIONAL NAMED INSURED
Add
MORTGAGEE / ADDITIONAL INTEREST
Add Additional Party
NOTE: Select 'Payor' if the outstanding premium is to be billed to the financial provider. Full annual premium is required with the application or 25% down payment submitted by the insured. Payment plan will be selected within the Payment tab.

Save Application Cancel Application Continue

When completed proceed to the Dwelling tab or select “Continue”.

DWELLING TAB

Complete all yellow shaded areas.

<input checked="" type="checkbox"/> Insured	<input checked="" type="checkbox"/> Dwelling	<input checked="" type="checkbox"/> Survey	<input checked="" type="checkbox"/> Coverages	<input checked="" type="checkbox"/> Forms	<input checked="" type="checkbox"/> Claims	<input checked="" type="checkbox"/> Pricing	<input checked="" type="checkbox"/> Attachments	<input checked="" type="checkbox"/> Payment	<input checked="" type="checkbox"/> Signature
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Application : **00W000065**
Term: 4/1/2017 - 4/1/2018

Save Application Cancel Application Previous **Continue**

SELECT LINE OF BUSINESS		OCCUPANCY	
Line Of Business	Dwelling Fire	Owner / Tenant Occupancy	Owner Occupied
Form Type	DP-1 (Basic Form)	# of Families	1 Family
STRUCTURE		FIRE DEPT INFORMATION	
Structure Type	Dwelling	Distance To Fire Station	0-5 Miles
Construction Type	Frame	Fire Department Staff	Paid
Foundation	Select...	Fire Department Name	test
Year Built	1983	Feet to Hydrant	Less Than 1000 Ft
# of Stories	1	Protection Class	2
Ground Floor Square Footage	5000	Outside City Limits	No
Current Market Value	\$1.00	HEATING	
Purchased within last 12 Mo.	No	Primary Heating	Electric
CURRENT AND/OR PRIOR COVERAGE		Secondary Heating	Select...
New Risk to Agency	No		
Does the applicant have active coverage?	No		
Did the applicant have prior coverage?	No		
Has the applicant had a lapse in coverage?	No		
Is the property eligible for coverage in the standard market?	No		
Reason for Submission	test		

Save Application Cancel Application Previous **Continue**

When completed proceed to the Survey tab or select "Continue".

SURVEY TAB

- Complete all yellow shaded areas.
- Additional pop-up boxes may need to be completed based upon the initial response.

The screenshot shows a survey application interface with a navigation bar at the top containing tabs: Insured, Dwelling, Survey (highlighted with a red box), Coverages, Forms, Claims, Pricing, Attachments, Payment, and Signature. Below the navigation bar, the application details are displayed: Application : QDWK000065 and Term: 4/1/2017 - 4/1/2018. On the right side of this bar are buttons for Save Application, Cancel Application, Previous, and Continue (highlighted with a red box and an arrow pointing to it).

The main content area is divided into two columns of questions:

- UNDERWRITING QUESTIONS:** 1. Roof Condition (Good), 2. Condition of Other Structures (Good), 3. Condition of Chimney(s) (Good), 4. Physical Condition (Good), 5. Housekeeping (Good), 6. Yard Cluttered? (No), 7. Gutters and Downspouts in Poor Condition or Missing? (No), 8. Walks, steps, porches or railings cracked, raised, or in need of repair? (No), 9. Any Buildings in Need of Paint? (No), 10. Any Repairs Needed? (No), 11. Any Remodeling or Additions? (No), 12. Is there a Trampoline on the Premises? (No), 13. Any Business Conducted on the Premises? (Yes), 13a. Describe Business Conducted: (Yellow shaded text area), 14. Any Farming or Livestock? (No), 15. Any Evidence of Vicious or Aggressive Animals? (No), 16. Is Property Secured? (Yes), 17. Is Property Accessible for Fire Equipment? (Yes), 18. Is The Water Supply Accessible to Fire Equipment? (Yes), 19. Are utilities currently connected and active? (Yes), 20. Is Property Being Rehabilitated? (No), 21. Woodstove? (No).
- GENERAL QUESTIONS:** Plumbing Material (Copper), Roof Type (Composition).
- ELECTRICAL:** Wiring Type (Circuit Breakers), Amperage (text input).
- SPRINKLER:** Are there automatic sprinklers in all areas including attic? (No).
- SWIMMING POOL:** Is there a swimming pool on the premises? (No), Is there a hot tub on the premises? (No).
- RENOVATIONS:** Heating Renovations (N/A), Plumbing Renovations (Partial), Plumbing Year (text input), Roofing Renovations (N/A), Wiring Renovations (N/A).

Annotations include red boxes around the 'Survey' tab, the 'Continue' button, the '13a. Describe Business Conducted:' text area, and the 'Plumbing Renovations' dropdown. A red box labeled 'Example of Pop-Up Boxes' has arrows pointing to the '13a' text area and the 'Plumbing Renovations' dropdown.

At the bottom of the interface are buttons for Save Application, Cancel Application, Previous, and Continue.

When completed proceed to the Coverages tab or select "Continue".

COVERAGES TAB

- Complete all yellow shaded areas.

Application : QDWK000065
Term: 4/1/2017 - 4/1/2018

Save Application Cancel Application Previous Continue

COVERAGES

Perils Fire, Extended Coverage, & V...
Dwelling Limit \$75,000.00
Other Structures* \$0.00
Personal Property
Deductible \$1,000

*The Policy includes 10% Other Structures coverage within the policy limits. If specific additional coverage is needed, an amount not exceeding 10% of the building coverage may be written.

CONDITION CHARGES

1. Unsafe arrangement of heating equipment No
2. Unsafe or inadequate electrical wiring or fuse boxes No
3. Conversion or sub-division of original living space No
4. Poor physical condition of building or need of repair No
5. Poor housekeeping in yards, basements, hallways or attics No
6. Vacancy or unoccupancy No

ELIGIBILITY REMINDER

Mobile Homes are only eligible for coverage consideration under the DP1 product.
Vacant Risks are only eligible for coverage consideration under the DP1 product.
A dwelling with more than two family residences may only be written through a DP1 or DP2 product.

For further information please follow the links below to our manuals for coverage descriptions and listed perils.

Dwelling Fire Manual Homeowners Manual Farm Fire Manual Commercial Manual

Save Application Cancel Application Previous Continue

Above you will notice the manuals that are available for viewing. Click on the manual of your choice to view underwriting guidelines and rules.

When completed proceed to the Forms tab or select “Continue”.

FORMS TAB

- Risks located in a qualified mine subsidence county automatically receive mine subsidence coverage unless coverage is rejected.
- Mine Subsidence coverage can be rejected by clicking the box next to “Yes”.
- Selecting “Yes” to the question: Do you wish to reject mine subsidence coverage? will enable the mine subsidence rejection form. Signatures are required in order to reject mine subsidence coverage.

Insured
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Application : QDWK000111
 Term: 1/19/2017 - 1/19/2018

Your property is located in an eligible mine subsidence county. Coverage will be added unless rejected and a waiver is completed. Do you wish to reject mine subsidence coverage? Yes

SELECTED ENDORSEMENTS

Description	Remove
KYPACT (07-01) Privacy Notice	
DP 00 01 (12-02) Dwelling Property 1 - Basic Form	
DP 04 88 (06-11) Mine Subsidence Coverage	
KFP 15 1 (05-12) Special Provisions - Kentucky	

100 items per page 1 - 4 of 4 items

Selecting Earthquake Coverage

- Earthquake coverage may be added by endorsement for Dwelling and Homeowners only.
- Select the box and select "Add Selected Endorsements".

AVAILABLE ENDORSEMENTS

Select	Description	Add	Allowed	Info. Required
<input checked="" type="checkbox"/>	DP 04 69 (12-02) Earthquake	<input type="button" value="Add"/>	1	<input checked="" type="checkbox"/>

10 items per page 1 - 1 of 1 items

- Choose the deductible options available from the drop down box.

Insured
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 Coverages
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 Claims
 Pricing
 Reports
 UWActions

Policy : HPK0600002
 Term: 12/15/2017 - 12/15/2018
 Change Eff. Date : 12/15/2017 12:00:00 AM

SELECTED ENDORSEMENTS

Description	Remove
KYPACT (07-01) Privacy Notice	
HO 00 02 (05-11) Homeowners 2 - Broad Form	
HO 04 26 (05-11) Limited Fungi, Wet or Dry Rot, Or Bacteria Coverage	
<input checked="" type="checkbox"/> HO 04 54 (05-11) Earthquake Deductible: <input type="text" value="Select a value"/>	<input type="button" value="remove"/>
HO 04 81 (05-11) Actual Cash Value Loss Settlement	
KFP 14 2 (05-12) Special Provisions	

 100 items per page
 1 - 6 of 6 items

- **Deductible Options**

Deductible:

- Select a value
- 5%
- 10%
- 15%
- 20%
- 25%

When completed proceed to the Claims tab or select "Continue".

CLAIMS TAB

- If there are no claims, indicate same and proceed to the Pricing tab or select "Continue".

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Application : QDWK000065
 Term: 4/1/2017 - 4/1/2018

Have there been any losses in the past five (5) years for the applicant or property?

All losses within the past five (5) years for the applicant and/or property must be listed as part of this application. Select "Yes" if there have been losses, and then select "Add Loss" to provide details pertaining to each occurrence.

- If there are claims, select "Yes" from the drop down box and complete the claims history.

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Application : QDWK000065
 Term: 4/1/2017 - 4/1/2018

Have there been any losses in the past five (5) years for the applicant or property?

All losses within the past five (5) years for the applicant and/or property must be listed as part of this application. Select "Yes" if there have been losses, and then select "Add Loss" to provide details pertaining to each occurrence.

- Add loss history.

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Application : QDWK000065
 Term: 4/1/2017 - 4/1/2018

Have there been any losses in the past five (5) years for the applicant or property?

All losses within the past five (5) years for the applicant and/or property must be listed as part of this application. Select "Yes" if there have been losses, and then select "Add Loss" to provide details pertaining to each occurrence.

Remove	Date of Loss	Status	Type	Describe the loss in detail and include the location address	Amount of Damages	Repairs Completed

- Enter loss history information

The screenshot shows a software dialog box titled "Add Loss". At the top, there is a blue bar with the text "ENTER LOSS". Below this, the form is organized into several sections. The first section is "Date of Loss" with a text input field and a calendar icon. The second section is "Status" with a dropdown menu currently showing "Select...". The third section is "Type" with another dropdown menu showing "Select...". The fourth section is a large text area labeled "Describe the loss in detail and include the location address". Below the text area is the "Amount of Damages" section with a text input field. The final section is "Repairs Completed?" with a dropdown menu showing "Select...". At the bottom left of the dialog are two buttons: "Save" and "Close".

- To add additional losses, once the first is saved, select the “Add Loss” button again.

When completed proceed to the Pricing tab or select “Continue”.

Pricing Tab

- Selecting the Pricing tab calculates the total Estimated Policy Premium.
- If any corrections or revisions are made after selecting the Pricing tab, YOU MUST SELECT THE PRICING TAB AGAIN TO RERATE THE POLICY.

Application : QDWK000065
Term: 4/1/2017 - 4/1/2018

Coverage Form: DP-1 (Basic Form)
Perils: Fire, Extended Coverage, & Vandalism and Malicious Mischief

Dwelling Limit	\$75,000.00	
Fire		\$320.00
Extended Coverage		\$190.00
Vandalism and Malicious Mischief		\$10.00
Other Structures Limit		
Fire		\$0.00
Extended Coverage		\$0.00
Vandalism and Malicious Mischief		\$0.00
Personal Property Limit		
Fire		\$0.00
Extended Coverage		\$0.00
Vandalism and Malicious Mischief		\$0.00
Endorsements		
Mine Subsidence Premium		\$16.00
KY Premium Surcharge of 1.8%		\$9.65
Deductible	\$1,000.00	
Estimated Policy Premium		\$545.65

When completed proceed to the Attachments tab or select “Continue”.

ATTACHMENTS TAB

- Select “Upload” to attach items such as photos, appraisals and/or purchase documentation.
- Select box below shaded in yellow, if supporting documentation will be mailed.

Application : QDWK000065
Term: 4/1/2017 - 4/1/2018

Save Application Cancel Application Previous Continue

Upload

Document Description	Type
No items to display	

The following items must be submitted and attached here with your application using the Upload button to the left:

- (1) Clear photographs documenting the condition of the property. Photographs must clearly document the condition of the roof if coverage beyond basic fire coverage is being requested.
- (2) Copy of the sales or purchase agreement if the property was purchased within the past 12 months.
- (3) If your coverage request amount exceeds the amount allowed by our square foot guide, you will need to provide a copy of the most current tax assessment which breaks out the improvement value of the property from the land value; OR a copy of an appraisal of the property which breaks out the improvement value of the property from the land value.
- (4) Copy of any fire investigation report if the applicant has had a fire loss within the last 5 years.

Check if mailing required supporting documentation (NOTE: Application cannot be processed until all required information has been received.)

Save Application Cancel Application Previous Continue

When completed proceed to the Payment tab or select “Continue”.

PAYMENT TAB

Applying a payment:

- Choose Primary Payor – Named Insured &/or Mortgage Company if escrow bill.
- Select box that is appropriate for the desired payment plan. This will provide the installment premium that is applicable, including the installment fee.
- Select the green box “Add Payment”.
- A pop-up payment box will appear.

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 Reports
 UWActions

Application : QDWK000126 Policy : DWK0400065
 Term: 5/6/2017 - 5/6/2018

BILL PLANS (Pay plans excluding 'Full Pay' are subject to \$4.00 installment fee.)

Mortgagee billed policies require full payment or 25% down payment of estimated annual premium.

Primary Payor

	Description	Direct Bill	Premium	Number of Payments	Payment Percentage	Fee Per Installment	Total Amount Due with Application*
<input type="button" value="select"/>	Full Pay - Insured	Insured	\$891.77	1	100 %	\$ -	\$891.77
<input type="button" value="select"/>	2 Pay - Insured	Insured	\$891.77	2	50 %	\$ 4.00	\$449.89
<input type="button" value="select"/>	4 Pay - Insured	Insured	\$891.77	4	25 %	\$ 4.00	\$226.95
<input type="button" value="select"/>	5 Pay - Insured	Insured	\$891.77	5	20 %	\$ 4.00	\$182.37

Estimated Policy Premium

Amount	Payment Method	Reference Number	Create Date

Pop-Up Payment Box

- Enter the “Payment Amount” provided, based on the payment plan desired.
- Select the “Payment Method”.

Payment ✕

Payment Amount

Payment Method

If electing to submit payment via mail, no coverage will be effective until such time as the insured's premium remittance has been received and the application has been approved by the Kentucky FAIR Plan. **Payment: amount will be reflected as \$0.00 until received by the Underwriting Department.**

- If Check Payment is selected, the amount entered in the “Payment Amount” box will default to \$0. You will need to mail the check along with the application to the Kentucky FAIR Plan. The underwriter will apply the check to the policy at the time coverage is bound.

Important Note: You must complete each tab before you can proceed to the Signature tab. If any tabs remain red, you will need to revisit the tab and complete the required information.

After you have signed the application you cannot modify the information on the application.

SIGNATURE TAB

- Select the green “Sign Document” button to sign the application.

Application : QDWK000065
Term: 1/19/2017 - 1/19/2018

I (we) understand and agree:

a. that submission of this application, either electronically, by mail or other means, does not constitute a binder or acceptance by the Kentucky FAIR Plan. No coverage is provided until approved by the Underwriting Department.

b. to permit you and your representatives to submit copies of any inspections or action report(s) to members or representatives of the FAIR Plan. Any inspection(s) made pursuant to this application or renewal of any policy issued; and any report or recommendation made in connection with such inspection(s) are only to evaluate the described property for property insurance underwriting purposes. Inspections, reports or recommendations made pursuant to this application are not for the purpose of evaluating or improving the condition of the property with respect to its safety or the safety of persons on or about the premises. Except for underwriting purposes, nothing contained in or omitted from any such inspection report is intended to be evidence of the existence or nonexistence of hazardous conditions upon the described or contiguous property.

c. a minimum written annual premium for Dwelling Fire is \$100 and \$200 for Homeowners (plus Kentucky Surcharge).

d. all lines of business are subject to a minimum retained premium of \$100 (plus Kentucky Surcharge) which shall be deemed fully earned when any period of coverage is provided by the issuance of the policy.

e. that coverage is written on an actual cash value basis and if this is an application for homeowners HO-2,4 or 6 that theft is limited to 10% of the contents coverage or a maximum of \$5,000.

I (we) hereby certify that I (we) have been unable to obtain insurance on this property through the voluntary insurance market.

I (we) attest the information completed in this application is true and correct. I (we) understand the Kentucky FAIR Plan will utilize the information provided in making a decision concerning the issuance of the requested coverage.

I (we) understand that the coverage provided by the Kentucky FAIR Plan is limited coverage and is written on an actual cash value basis.

I (we) acknowledge and agree that any willful concealment or misrepresentation of a material fact or circumstance hereon may void any policy issued, including but not limited to any subsequent renewal or replacement policies.

The actions of a producer under this and all other sections of this Plan are deemed to be the actions of the applicant and are not the actions of the Plan. Insofar as the producer is acting as an agent of any party in connection with actions under this or any other section of the Plan, the producer shall be deemed to be the agent of the applicant and not the agent of the Plan.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Sign Document(s) Once signed, the application cannot be modified.

- Follow the steps to complete a successful signing of the application.

DocuSign X

Proceed

Follow these steps to complete the digital signature process for your application:

Step #1: Please select the **YELLOW CONTINUE** button to begin; the applicant will electronically sign the form first.

Step #2: The applicant will then select the **YELLOW** button titled **START**.

Step #3: After selecting a signature font, the applicant will select "Sign" to execute the document.

Step #4: Select the **YELLOW FINISH** at the bottom of the window.

Step #5: The applicant will lastly select the "Proceed" button to continue.

Step #6: The producer will now electronically sign the form following the same steps as the applicant.

- Once all tabs are green, you may select "Proceed" and continue to the "Submit Referral" button.

SUBMIT REFERRAL

- Select the "Submit Referral" button.

The screenshot shows the DocuSign application interface. At the top, there are three tabs: 'Pricing', 'Attachments', and 'Signature'. The 'Signature' tab is selected and highlighted with a red box. Below the tabs, the application ID 'QDWK000065' and terms '1/19/2017 - 1/19/2018' are displayed. On the right side, there are four buttons: 'Save Application', 'Cancel Application', 'Submit Referral', and 'Previous'. The 'Submit Referral' button is highlighted with a red box. Below the buttons, there is a section of text containing legal disclaimers and terms of service. At the bottom, there is a status bar with the text 'Signing Complete' and a timestamp '01/19/2017 05:22:08', which is also highlighted with a red box. A red arrow points to this status bar. At the very bottom, there are four buttons: 'Save Application', 'Cancel Application', 'Submit Referral', and 'Previous'.

The application process is now complete. You will receive notification once the policy has been bound, if additional information is needed or if the application has been returned or declined.