

## REWRITE PROCESS

- Policy rewrite process starts on the 11<sup>th</sup> day, after the policy cancellation for non-payment and is subject to any rate revisions.
- Policy rewrite process is required to be within 30 days of the lapse date.
- Policies that have been cancelled for greater than 30 days require a new application.
- Revised effective date is the date the rewrite was initiated on the system.
- Electronic Funds (Credit Card, Debit Card, E-Check) are the only acceptable forms of payment for a rewrite.
- Any new claim information since lapse can be entered during the rewrite process.
- New signatures are required for the rewrite process.
- No other changes can be made to the policy within the rewrite process.
- Rewrites are subject to underwriting approval.

### POLICY SUMMARY

- Login to your Producer Portal.
- Find the cancelled policy.
- Select “Request to Rewrite” button.

Policy Number

Request to Rewrite  
Submit a Loss

Current Payment  
\$4.00  
Due on August 26, 2017  
Pay Now

Payments Received  
0  
in the last 30 days  
View Payments

Last Payment  
\$105.80  
Paid on May 21, 2017

- Effective date will pre-populate with date entered.
- Select “Claims” tab button or select “Continue”.

Insured Building Survey Forms **Claims** Pricing Attachments Payment Signature

Have there been any losses in the past five (5) years for the applicant or property? No

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.

Save Application Cancel Application Previous Continue

- Select no, if no new claims occurred.

- Select yes, if new claims occurred between lapse date and rewrite date.

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

Select...

Select...

No

Yes

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.

Save Application Cancel Application Previous Continue

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

### PRICING TAB

- Pricing tab allows the rewrite to rate.

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

No

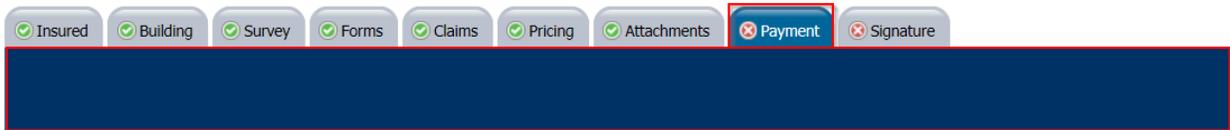
All losses within the past five (5) years for the applicant and/or property must be listed as part of this application. Select "Yes" if there have been losses, and then select "Add Loss" to provide details pertaining to each occurrence.

Save Application Cancel Application Previous Continue

When the rating process is completed, proceed to the "Payment" tab or select "Continue".

### PAYMENT TAB

- Primary Payor is the named insured or mortgage company, if applicable.
- Click the blue "Select" button of the payment plan desired.
- Select the green "Add Payment" button.



**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: Gizmo Slattery | 1801 Tyler Parkway Louisville, KY 40204

	Description	Direct Bill	Premium	Number of Payments	Payment Percentage	Fee Per Installment	Total Amount Due with Application*
select	Full Pay - Insured	Insured	\$420.43	1	100 %	\$ -	\$420.43
select	2 Pay - Insured	Insured	\$420.43	2	50 %	\$ 4.00	\$214.22
select	4 Pay - Insured	Insured	\$420.43	4	25 %	\$ 4.00	\$109.13
select	5 Pay - Insured	Insured	\$420.43	5	20 %	\$ 4.00	\$105.80

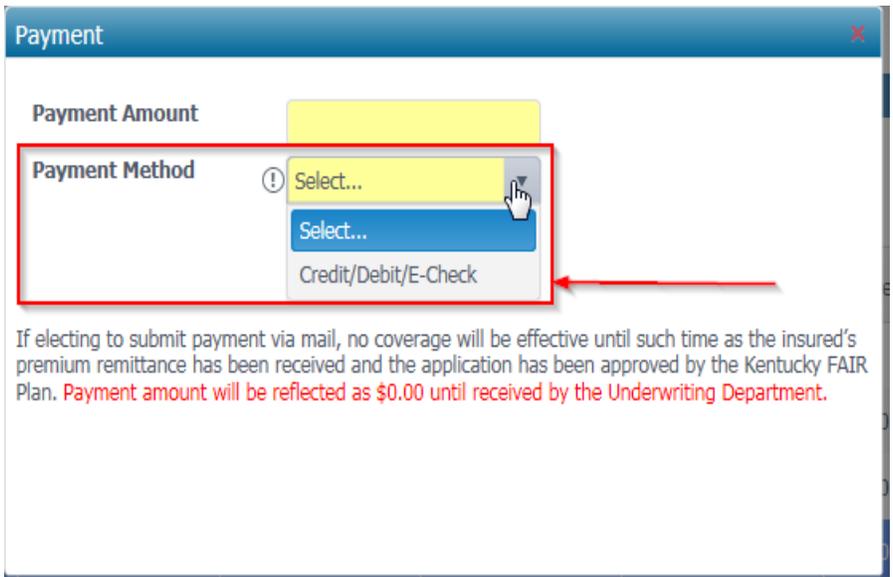
Estimated Policy Premium: \$420.43

**Add Payment**

Amount	Payment Method	Reference Number	Create Date
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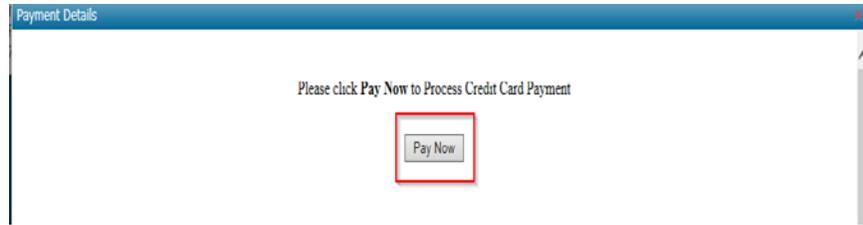
**POP UP BOX**

- Enter installment amount
- Select the desired payment method. Note only an Electronic payment is available for rewrite.

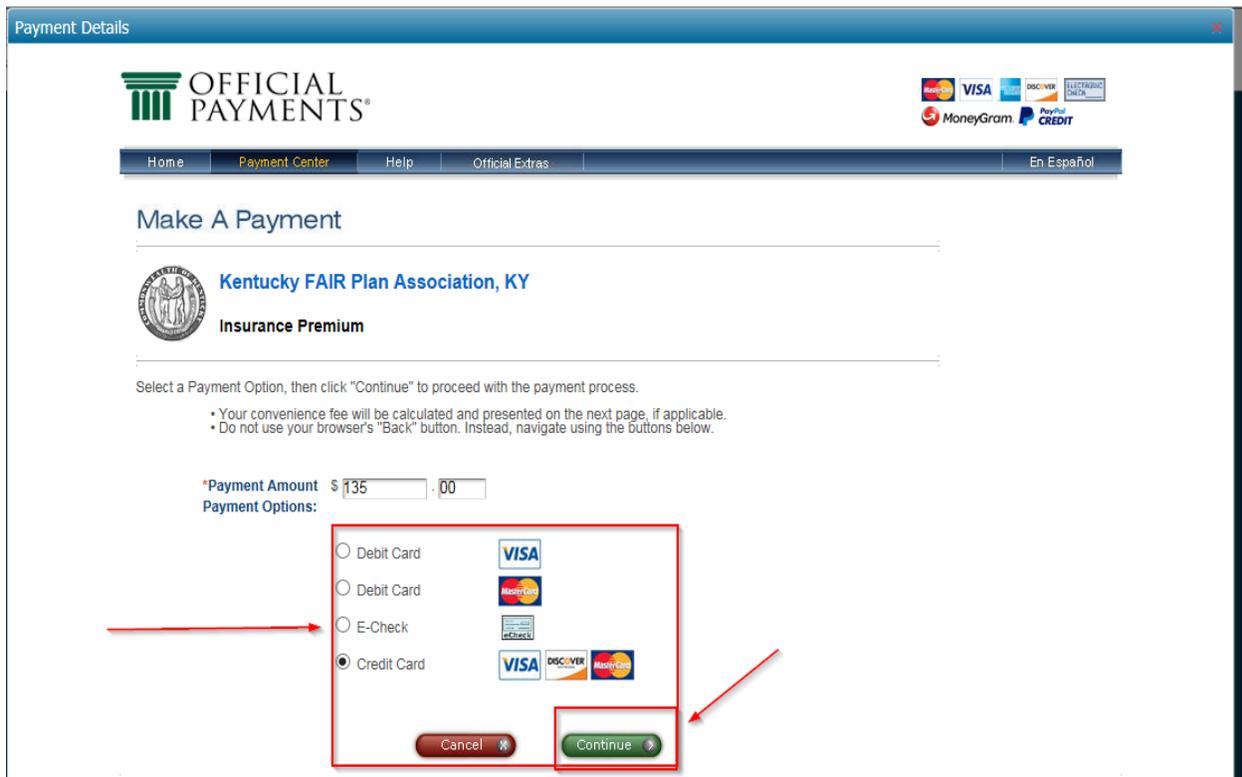


Payment Details window will open.

- Select the "Pay Now" button.



- **Apply Electronic Form of Payment (Credit, Debit or E-Check)**
- **Select “Continue” to complete the Official Payment process.**



- **Select the “Submit” button. You will receive the following message.**



### Make A Payment



**Kentucky FAIR Plan Association, KY**

**Insurance Premium**

**Your payment has been completed successfully.**

**Confirmation Number:** 40008587  
**Payment Date:** Friday, January 20, 2017  
**Payment Time:** 01:34PM ET



- Please print or write down your payment confirmation number for your records.
- Do not use your browser's "Back" button. Instead, navigate using the buttons below.

**When completed proceed select the "Submit Referral" button.**

**You have completed the Rewrite process.**