# **REWRITE PROCESS**

- Policy rewrite process starts on the 11<sup>th</sup> day, after the policy cancellation for nonpayment 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 Claims Billing Summary Summary	Document Summary	Policy Number	Q
Request to Rewrite Submit a Loss	Current Payment \$4.00 Due on August 26, 2017	Payments Received 0 in the last 30 days	Last Payment \$105.80 Paid on May 21, 2017
	Pay Now	View Payments	

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

⊘ Insured ⊘ Building	Survey	© Forms	⊘ Claims	O Pricing	Attachments	😢 Paymen	t 📀 Signatu	re		
Have there been any losses in the past five (5) years for the applicant or property?	No		•	All losses withi listed as part o "Add Loss" to p	n the past five (5) y f this application. S provide details perta	years for the elect "Yes" if aining to eacl	applicant and/c there have bee n occurrence.	r property must be n losses, and then s	elect	
							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.

Insured Building	Survey Survey Forms 8 Claims	s 💿 Pricing 📀 Attachments 💿 Payment 💿 Signature
Have there been any losses in	Select	All losses within the past five (5) years for the applicant and/or property must be
applicant or property?	Select	"Add Loss" to provide details pertaining to each occurrence.
	No Yes	
		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.

Insured O B	Building	Survey	Forms	😢 Claims	🔇 Pricing	Attachments	😣 Payment	📀 Signatur	e		
Have there been any	/ losses in	Ne			ll losses withi	n the past five (5) v	rears for the app	licant and/o	r property must be		
the past five (5) year applicant or property	rs for the x?	NO		li "	sted as part o Add Loss" to p	f this application. S provide details pertain	elect "Yes" if the aining to each o	ere have beer courrence.	losses, and then s	elect	
k							Sav	e 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.

Insured	© Building	Survey	© Forms	Claims	Pricing	Attachments	8 Payment	📀 Signature	
BILL PLANS (	Pay plans excl	uding 'Full Pay	' are subject	to \$4.00 inst	allment fee.)				
Mortgagee bil	led policies rec	quire full payn	nent or 25% o	down paymer	nt of estimated	d annual premium.			

P	rimary Payor	Gizmo Slattery   1803	L Tyler Parkway Louisvill	le, KY 40204	v				
		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		20 %	\$ 4.00	\$105.80	~
Estimated Policy Premium \$420.43									
Add Payment									
1	Amount	Payment Method	Reference Number	Create Date					

# POP UP BOX

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

Payment	×
Payment Amount	
Payment Method ()	Select Select Credit/Debit/E-Check
If electing to submit payment via premium remittance has been re Plan. Payment amount will be re	a mail, no coverage will be effective until such time as the insured's aceived and the application has been approved by the Kentucky FAIR flected as \$0.00 until received by the Underwriting Department.

Payment Details window will open.

• Select the "Pay Now" button.

Payment Details	x
	^
Please click Pay Now to Process Credit Card Payment	
Pay Now	

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

Payment Details	×
Home Payment Center Help Official Extras	MoneyGram P CEED
Make A Payment	
Kentucky FAIR Plan Association, KY	
Select a Payment Option, then click "Continue" to proceed with the payment process. • Your convenience fee will be calculated and presented on the next page, if applicable. • Do not use your browser's "Back" button. Instead, navigate using the buttons below.	
*Payment Amount \$ 135 .00 Payment Options:	
Debit Card  Debit Car	
Credit Card	
Cancel 🛪 Continue 🔊	

• Select the "Submit" button. You will receive the following message.



When completed proceed select the "Submit Referral' button.

You have completed the Rewrite process.