

Orchid Underwriters – Connect Support October 2018

How to Request Bind

Access your quote in Connect by using one of the search functions.

If the "Select Your Quote" heading on the top left does not have a green circle with a check mark in it, begin on that page. Make sure that the correct quote is selected if there is more than one option, then click on the blue > at the bottom of the page.

			Coverage Information Build Your Quote - Th	e Orchid Difference / Information Required to Bind Coverage						
	Submission Screens	Select Your Quote				📳 Policy I	nformation			
_	Coverage Information	Best value based on requested coverages	\$ 1187.20			Line of	Homeowners			
	O Select Your Quote	Carrier	QBE			Business:				
	Information Required to Bind		This market is only available through Orchid			Submission I	D: 0000026423			
	Coverage	Assigned Underwriter	Jessica Bacon (772)-257-7983 jbacon@orchidinsurance.co	m		Status:	Quoted			
	Common Screens					Agency.	Inc.			
	Upload Attachments	 Adjust Your Price 				Effective:	<u>10/27/2018</u> 10/27/2019			
	Quote Versions	Wind Deductible Amount *	2%			Coproton	1016176212			
	C Actions	All Other Peril Deductible \$ *	1,000 -			A Named	Insured			
	Calculate Quote	Coverage B - Other Structures \$	10.000			<u>3972</u>				
	 Create Quote Version 	Coverane C - Demonal Property S ?	100.000	10000						
	⊁ Сору	Coverage D - Loss of Lise \$ 2				scholige insu	22			
	 Print Document 	Distance to Coast * [7]	10-20 miles			(S) Premiu	m (USD)			
		Orchid's Market				\$1,18	7.20			
				Premium		Premium Sur	nmary			
			Carrier	1	Selected Carrier					
		QBE		\$ 1187.20						
		Lloyds BA		\$ 2408.32						
		Beazley		Can be Submitted for Underwriter Review						
		Lexington		Can be Submitted for Underwriter Review						
		Lloyds KE		Can be Submitted for Underwriter Review						
		Lloyds Preferred		Can be Submitted for Underwriter Review						
		Starstone		Ineligible - Starstone is temporarily unavailable in AL						
		Lloyds - Brit		Ineligible - State and Policy Type						
		Ready.			🚺 4 Page 1 of 1 + 🕨 🕅 🗔	÷				
				<	Print Document Save / Refresh >					

Once the Select Your Quote bubble is green, proceed to "Information Required to Bind Coverage" and complete all sections marked with a red asterisk.

(View of top section)

		Coverage Information > Bu	iild Your Quote - T	he Orchid Difference	Information Required to Bind Covera	age		
Submission Screens	Information Required to Bind Coverage						📱 Policy I	nformation
Coverage Information	 Underwriting Questions 						Line of	Homeowners
 Select Your Quote Information Required to Bind 	Is the Mailing Address the same as the Insured Location? *	○ Yes ● No					Business: Submission I	D: 0000026423
Coverage	Mailing Address *			Those h	oves will only ann	ear if you select "No" to	Status:	Quoted
🖶 Common Screens	Mailing City*			THESE D	oxes will only app	ear if you select no to	Agency:	All Southern Insurance, Inc.
Upload Attachments	Mailing Country *	Please Select	F	the mai	ling address being	the same as the location.	Effective:	10/27/2018
Documents/Forms	Mailing State *	Please Select	•				Expiration:	10/2//2019
Quote versions	Mailing Zip Code *		J				A Named	Insured
Actions	Occupation *						3972	
Calculate Quote Create Quote Version	Primary Flood Insurance in Place? *	Yes		No		In Process	Mobile, Alab	ama, US
> Copy	Direct Bill	No					Change Insu	red
 Print Document 	 Licensed Producer 						(\$) Premiu	m (USD)
	Licensed Producers *	Please Select	*				¢1 10	7 20
	State	AL					φ1,10	1.20
	Producer Name						- ternant da	
	Producer License No.							
	 Contact Information 							

Orchid Underwriters – Connect Support October 2018

(View of middle section)

Submission Screens	Information Required	to Bind Coverage									🔋 Poli	ry Information
Coverage Information Coverage Information Select Your Quote Information Required to Bind	Producer Name Producer License No. Contact Information										Line of Business Submissi	Homeowners on ID: 0000026423
Coverage Common Screens Upload Attachments Documents/Forms Quote Versions	Agency Contact Name Agency Contact Email Alternative Agency Contact Alternative Agency Contact Alternative Agency Contact	• Name Email	Susan James Agen sjames1@orchidin Yes	: aurance.com		If you would to more than the other pe	like the po n one perso rson's cont	licy docum on, select " act inform	nents to be 'Yes" here nation.	e emailed and enter	Status: Agency: Effective Expiratio	Quoted All Southern Insurance, Inc. 10/27/2018 nx 10/27/2019
Actions Calculate Quote Casta Quote Version Casta Quote Version Casy Print Document	Underwriter Name Underwriter Phone Number Underwriter Email	r prmation	Your quote will be s Jessica Bacon (772)-257-7983 jbacon@orchidinsur M/d/yyyy Insured	ubmitted to the underwrit ance.com	iter listed below.						3972 Mobile, / Change Shange \$1,1 Premium	Nabama, US nsured nium (USD) 87.20 Summary
	Additional Interest/Mc Party Type Ready.	vitgagee Information Name	Address	City	State	Zipcode are no rows in this view.	Email Address	Phone Number	Mortgagee Loan #	Relationship Type		

Click on the "Add" button to add any additional interests or mortgagees.

(View of bottom section)

Submission Screens	Information Required to Bind Coverage		R Policy Information
Coverage Information Select Your Quote Information Required to Bind Coverage	Warning(s): To ensure the most competitive quote please customize coverages as premiums are rated on a total insured property value factor. Insured Contact Information for Inspection Purpose		Line of <u>Homeowners</u> Business: Submission ID: 0000026493 Status: <mark>Quoted</mark>
Common Screens Jpload Attachments Jocuments/Forms Junte Versions Actions Calculate Quote Casea Equate	Contact Name for Inspection Purpose * Impection Contact Tamil Address Impection Contact Tamil Address Impection Contact Purpay Phone Number * Impection Type v Digent Effort Ihereby certify, work and affirm that I am Icensed as an agent to transact the kind of insurance sought in this state, and that I have been unsuccessful in o	e accurate contact information for the insured or their o that the inspection vendor can set up the required	Agency: A & S Insurance Agency. Inc. Effective: <u>10/30/2018</u> Expiration: <u>10/30/2019</u> Ammed Insured AutomationTest1 Baytown, Texas, US
Copy Print Document	data of immunosi in this statu. The amount of immunose exponded in only the excess over the amount procurable from authorized imsures. This immunose we be accepted by an authorized imsures, or (b) terms of the immunose contract.* - Prese Select- - -	as not exported for the purpose of securing advantages either as to: (a) a lower premium rate than would	Change Insured Premium (USD) \$2,881.20 Premium Summary
	Terms and Conditions I have read the preceding application and all attachments and declare and affirm the following: O That the information provided is true, complete and connect, to the best of my knowledge and belief and: O That the information provided is being offered as an indicatement to Orabid to tissue a policy of maximuse, and; O That the information provided is being offered as an indicatement to Orabid to tissue a policy of maximuse, and; O Individual data disclowedleph to the Chronic Maximum Conditions affer Understming network with a conduction of the provide the time and the singular data data and the served the provide to the maximum conditions affer Understming network with a condition of the Understming and according to the true and according to the true and according to the true and the provide the terms and according to the true and the terms of the according to the true and the terms of the according to the true and the terms of the according to the true and the terms of the according to the true and the terms of the according to the true and the terms of the according to the true and the terms of the according to the true and the terms of the according to the true according to the terms of the te	s provides that payment is due to Ochid regardless of whether payment is received from the insured, and : of inspection fees are fully famed, and, be kept on file in accordance with state laws or will be proved to Orchid, if requested, and;	
	··· Please Select •	< Save / Refresh	_

After all questions have been answered, click on "Save/Refresh"

If all required information has been completed, the bubble for "Information Required to Bind Coverage" will now be green and there will be an option to "Request Bind" at the bottom of the page.

		Coverage Information Build You	ur Quote - The Orchid Difference) Informatio	n Required to Bind Coverage	
Submission Screens	Information Required to Bind Coverage				Policy Information
 Coverage Information Select Your Quote 	Your quote has been approved! Pl	lease click the 'Request Bind' button to su	ıbmit to an Underwriter to begin the Bind/	'Issue process.	Line of <u>Homeowners</u> Business:
 Information Required to Bind Coverage 	Warning(s): To ensure the most competitive quote please of	sustomize coverages as premiums are rated on a total insur	ed property value factor.		Submission ID: 0000026381 Status: Quoted
🔍 Common Screens	 Underwriting Questions 				Agency: Orchid House Account
Upload Attachments Documents/Forms	Is the Mailing Address the same as the Insured Location? *	 Yes No 			Effective: <u>10/31/2018</u> Expiration: <u>10/31/2019</u>
Quote Versions	Occupation *	Banker			8 Named Insured
Actions	Primary Flood Insurance in Place? *	Yes	No	In Process	Stacy Test 10.26.3
 Calculate Quote 	Direct Bill	Yes			Falfurrias, Texas, US
 Create Quote Version 	 Licensed Producer 				Change Insured
 Request Bind Conv. 	Licensed Producers *	Agency License	•		Premium (USD)
 Copy Print Document 	State	TX			\$2 556 OF
	Producer Name	Orchid House Account			\$3,556.05
	Producer License No.	Orchid - Test			Premium Summary
	 Contact Information 				
	Agency Contact Name	Stacy Agent			
	Agency Contact Email	showell3@orchidinsurance.com			
	Alternative Agency Contact *	Yes	No		
		Your quote will be submitted to the underwrite	r listed below.		
	Underwriter Name	Andy Ferris			
	Underwriter Phone Number	(772) 237-8533			
	Underwriter Email	andy@orchidinsurance.com			
	 Additional Insured Information 				
	Insured Email Address *	joesmoe@smoe.com			
				< Request Bind	Save / Refresh

If the bind request was successful, the Status should now say "Bind Requested". (Please note that it may take several business days to receive the actual policy documents.)

		Coverage Information Build Your Quote - The Orchia Difference Information Required to Bind Coverage		
Submission Screens	Information Required to Bind Coverage		Policy Information	
Coverage Information	Warnina(s);		Line of Homeowners	
Select Your Quote	To ensure the most competitive quote please cu	stomize coverages as premiums are rated on a total insured property value factor.	Business:	
Information Required to Bind Courses	 Underwriting Questions 		Submission ID: 0000026381	
	Is the Mailing Address the same as the Insured	Ves	Status: Bind Requested	
Common Screens	Occupation *	Banker	Effective: <u>10/31/2018</u>	
Documents/Forms	Primary Flood Insurance in Place? *	No	Expiration: <u>10/31/2019</u>	
Quote Versions	Direct Bill	Ves	8 Named Insured	
Actions	 Licensed Producer 		Stacy Test 10.26.3	
Create Quote Version	Licensed Producers *	Agency License 🔹	Falfurrias, Texas, US	
≽ Сору	State	тх	Remium (USD)	
	Producer Name	Orchid House Account		
	Producer License No.	Orchid - Test	\$3,556.05	
	 Contact Information 		Premium Summary	
	Agency Contact Name	Stacy Agent		
	Agency Contact Email	showell3@orchidinsurance.com		
	Alternative Agency Contact *	No		
		Your quote will be submitted to the underwriter listed below.		
	Underwriter Name	Andy Ferris		
	Underwriter Phone Number	(772) 237-8533		
	Underwriter Email	andy@orchidinsurance.com		
	 Additional Insured Information 			
	Insured Email Address *	joesmoe@smoe.com		
	Insured Date Of Birth			