

Orchid Underwriters – Connect Support September 2019

How to Request Policy Endorsements

To make any changes to a bound policy, you will have to request an endorsement. This is useful for changing mortgagees, changing mailing address, or changing coverage options. Once you are in the bound policy in Connect, click "Endorse" in the Actions box on the left-hand side.

Home Quotes & Policies Insure	ds	Search All 🔍 Search	 Savannah Hermesdorf - Agent
		Coverage Information Build Your Quote - The Orchid Difference Information Required to Bind Coverage	
Submission Screens	Insured/Location Details		Policy Information
O Coverage Information V	✓ Insured Details		Line of Homeowners
Insured/Location Details	Named Insured *	deployment test	Business:
Coverages/Underwriting	What is the desired start date? *	September 5, 2019	Policy No: OUA15018547-00
 Select Your Quote 	Entity *	Individual	Status: Bound
Information Required to Bind Coverage	Address *		Agency:
	Having trouble finding the address?	No	Effective: <u>9/5/2019</u>
Common Screens	Currently insured by Orchid? *	No	Expiration: 9/5/2020
Upload Attachments	Underwriter Name	Adele Brennan	A Named Insured
E-mails	Underwriter Phone Number	(772)-226-5546	deployment test
Quote Versions	Underwriter Email	abrennan@orchidinsurance.com	Poplarville, Mississippi, US
Policy Transactions	✓ Location Details		
Actions	Policy Type * 🔋	H03	(S) Premium (USD)
> Endorse	Type of Dwelling *	Single Family	\$2,537.54
> Copy	What year was the home built? * 🕐	2016	Premium Summary
> Print Document	How many stories? *	1	

This will bring up the Endorsement Request screen.

Choose the **endorsement effective date**, and then select the **type of endorsement**:

- Mortgagee Change: Change the mortgagee on the policy.
- Mailing Address: Change the mailing address on the policy.
- **Other:** Any other changes to the policy, such as changes to Coverage A or Coverage B.

To Change Mortgagee(s):

With "Mortgagee Change" selected as the Endorsement Type, choose the number of mortgagees. Click "Add" to input the mortgagee information.

✓ Endorsement Request			
Endorsement Effective Date *	M/d/yyyy		
Endorsement Type	Mortgagee Change	Mailing Address	Other
How many Mortgagees? *	0		
Who will be billed for Direct Bill eligible policies? *	 Insured 	Mortgagee	
 Additional Interest/Mortgagee Information 			
Party Type Name Address City	State Zipcode Email Add Phone Nu Mortgage	. Relationsh	
Ready.			V Page 1 of 1 - bill 🗔
			Add

Once you click "Add", a pop-up box will open, prompting you to input the mortgagee's information.

elp you		? Main Switchb	oard: 772-226-5546	Sign Up	for Webinars:
Additional Interest/M	ortgagee Information				🛛
Party Type	Mortgagee	•			
Name *	Orchid Insurance				
Address *	1201 19th pl				
City	vero beach				
State	FL 🔻				
Zipcode	32962				
Email Address					
Phone Number					
Mortgagee Loan #	123456789-00				
			For the state of the state		
			Enter the mortg	agee	
			information. If y	ou need	
			to add a second	. click	
			"Add Now"	,	
			Add New		
				click	
			If you are done,	CHER	
			"save & Close"	Chek	
			"save & Close"	Chek	
			"save & Close"	chek	
			"save & Close"		

After hitting save and close, you will see the information in the grid. Make sure that the number answered for "How many Mortgagees?" is the same number of mortgagees in the grid. You can now click the next arrow to move on.

	Insured/Loc	ation Deta	ils												
	 Endorseme 	nt Request													
	ndorsement Ef	ffective Date *			9/23/2019		Monday, Se	ptember 23, 20)19						
	indorsement Tj	ype			 Mortga 	gee Change	Be sure t	hat the nun	nber	Mailing Add	ress		Other		
1	low many Mor	tgagees? *			1 🔶	-	in the dro	op down he	ere						
	Who will be bill	ed for Direct I	Bill eligible poli	icies? *	Insured		matches	the numbe ees in the a	rot urid!	Mortgagee					
	 Additional I 	Interest/Mor	tgagee Inform	nation			moregage	ces in the g							
	Party Type	Name	Address	City	State	Zipcode	Email Add	Phone Nu	Mortgage.	Relationsh					
	<u>Mortgagee</u>	Orchid Insu	1201 19th pl	vero beach	FL	32962			123456789.						
	Ready.													🚺 🖣 Page 1 of	1 - 🕨 🕅 🗔
															Add
	 Required D 	ocuments													
					File Type							F	ile Name		
										Y					Υ.
									There are	no rows in this vie	w.				
	Ready.													🚺 🖣 Page 1 of	1 - 🕨 🕅 🗔
															Add
														Save / Refresh	>

Once you click next, your endorsement will either be approved for a bind request (see page 5) or referred to our processing department for completion (see page 4).

To Change Mailing Address:

With "Mailing Address" selected for Endorsement Type, answer "No" to "Is the mailing address the same as the Insured location". Enter in the new mailing address and click the next arrow.

Insured/Location Details			
✓ Endorsement Request			
Endorsement Effective Date *	M/d/yyyy		
Endorsement Type	 Mortgagee Change 	Mailing Address	Other
✓ Underwriting Questions			
Is the Mailing Address the same as the Insured Location? *	YesNo		
Mailing Address *	1201 19th pl sw		
Mailing City *	vero beach		
Mailing Country *	U.S.A.		
Mailing State *	Florida 🔻		
Mailing Zip Code *	32962		
Required Documents			
	File Type		File Name
		Y	Υ
	There are	e no rows in this view.	
Ready.			🚺 🍕 Page 1 of 1 - 🕨 🔰 🗔
			Add
			Save / Refresh >

After clicking the next arrow, your request will either be approved for a bind request (see page 5) or will need to be submitted for referral (see page 4).

To Request a Different Endorsement:

With "Other" selected as the Endorsement Type, describe the endorsement needed in the text box (e.g., "Increase Coverage A to \$340,000"). Then click the next arrow. This will be a referred endorsement and will submit the request to our processing department for review.

✓ Endorsement Request				
Endorsement Effective Date *	9/23/2019 Monday, September	23, 2019		
Endorsement Type	Mortgagee Change	 Mailing Address 	 Other 	
Please describe	Please Increase Coverage B to \$15k			
✓ Required Documents				
	File Type		File Name	
		Y		Y
	There are	no rows in this view.		
Ready.				🚺 🖣 Page 1 of 1 🔹 🕨 🗔
				Add
				Save / Refresh >

Referred

If the endorsement needs to be referred, you will be asked to add an alternative agency contact and email:

Referral			
 Additional Carrier Eligibility Questions 			
Target Premium: 🕐			
	Thank you for submitting your quote. Please verify your contact details below.		
✓ Contact Information			
Agency Contact Name	Balance ye Todi Vinden singer		
Agency Contact Email			
Alternative Agency Contact *	Yes No		
Alternative Agency Contact Name		Please enter a	
Alternative Agency Contact Email		contact name and	
	Your Indorsement Request will be submitted to our Processing team. Please contact us if you have any questions: Processing Processing@orchidinsurance.com If you have any underwriting questions, please reach out to the assigned underwriter below:	email, then hit save/refresh.	
Undenvriter Name			
Undenvriter Phone Number			
Underwriter Email			
			< Save / Refresh

Click the "Submit Referral" button to submit the endorsement request to our processing department.

Referral	
 Referral Messages 	
Your quote will be submitted to the underw	xriter.
 Additional Carrier Eligibility Questions 	
Target Premium: 👔	
	Thank you for submitting your quote. Please verify your contact details below.
 Contact Information 	
Agency Contact Name	Chaitanya Pudi-Underwriter
Agency Contact Email	
Alternative Agency Contact *	Yes O No N
Alternative Agency Contact Name	Savannah
Alternative Agency Contact Email	Shermesdorf@orchidinsurance.com
	Your chaossement Request will be submitted to our Processing team. Prease contact us if you have any questions: Processing Processing@orchidinsurance.com If you have any underwriting questions, please reach out to the assigned underwriter below:
Underwriter Name	
Underwriter Phone Number	
Underwriter Email	n n n n n n n n n n n n n n n n n n n
	< Submit Referral Save / Refresh

Approved

If the endorsement is approved, you will be able to Request Bind. Verify that all the information is correct and select "Yes" for "I confirm that the requested changes are complete and accurate". Then click on the "Request Bind" button. The documents will be emailed over as soon as they are complete.

Confirm Endorsement					
Vour quote has been approved! Please click the 'Request Bind' button to submit to an Underwriter to begin the Bind/Issue process.					
✓ Endorsement Request					
Endorsement Effective Date *	September 17, 2019				
Endorsement Type	Mailing Address				
 Underwriting Questions 					
Is the Mailing Address the same as the Insured Location? *	No				
Mailing Address *	1201 19th Place				
Mailing City *	Vero Beach				
Mailing Country *	USA				
Mailing State *	Forda				
Mailing Zip Code *	32968				
I confirm that the requested changes are complete and accurate.*	Please review and continuin your requested changes below by checking the box and clicking save/Refrest. Yes =				
	< Request Bind Save / Refresh				