

## Adding Claims to a Submission

During the initial submission process the agent is unable to add claims.

You will enter your submission as you normally would.

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 [Start Quote](#) [Dashboard](#) [Agent Portal](#) [Agent Disclaimers](#)

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**HEY PAULA!  
WELCOME TO THE ORCHID MARKETPLACE**



 

HOME CONDO

[GET A QUOTE](#)

Once you have completed the application you will see the Thank you message. Select “Go To Quote Details”. This will bring you to the submission in the agent dashboard.

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 [Start Quote](#) [Dashboard](#) [Agent Portal](#) [Agent Disclaimers](#)

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**THANK YOU!**

All set! Our team will contact you right away if any additional information is needed. Monitor the progress of the application on your Dashboard. That's also red documents for the bind request.

[GO TO QUOTE DETAILS](#) [VISIT MARKETPLACE](#)

[GO TO MY DASHBOARD](#)



Thank You For Your Business

Once you are at the submission, select the quote that you want to add the claim to. Note the Quote Status is Offered, Pending Application Review. This means that the agent still needs to complete the Diligent Effort Form and any other compliance requirements.

ORCHID MARKETPLACE    Start Quote   [Dashboard](#)   Agent Portal   Agent Disclaimers

Submission #SN421690

Quotes created under this submission:

CREATED DATE	QUOTE NUMBER	CARRIER	PREMIUM	QUOTE STATUS	PROCESS STATUS
04/19/2024	0270090-01	Lloyds	\$6,769.25	Offered	Pending Application Review

Property Location	Policy Details	Applicant Details
ADDRESS 11909 Southwest Hunter Hill Avenue, Port St. Lucie, FL 34987	HOME OCCUPANCY Primary POLICY TYPE HO3 Requested Effective Date 04/19/2024	OWNERSHIP TYPE Individual BIRTH DATE **/**/1957 APPLICANT NAME Paula Test 2 4.19.24 MAILING ADDRESS 11909 Southwest Hunter Hill Avenue, Port St. Lucie, FL 34987

[Return to Available Markets](#)  
To create a new quote or adjust your coverages. Note: this may cause a change in rates.

[VISIT AVAILABLE MARKETS](#)

You will be brought to the page showing specific quote information along with additional actions to complete. Here scroll to the last tab and select "GO TO QUOTE".

ORCHID MARKETPLACE    Start Quote   Dashboard   Agent Portal   Agent Disclaimers

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**STATUS**  
Offered  
Pending Application Review  
[REFRESH STATUS](#)

**APPLICATION** [COMPLETED](#)  
Initiate the agent and applicant application processes.

**DILIGENT EFFORT FORM(S)** [DILIGENT EFFORT FORM](#)  
Electronic versions of these forms will be generated upon completion. All data inputs will be monitored for compliance with state rules. Please ensure you are providing accurate information.

**UPLOAD ALARM CERTIFICATE** [ALARM CERTIFICATE FORM +](#)  
If you applied a monitored alarm credit (burglar or fire), you must attach the certificate prior to bind. If you do not have the certificate today, we recommend returning to the quote, removing the credit, proceed to bind, and reapplying the credit as a future endorsement when the certificate is available.

**DOCUMENTS ATTACHED FOR UW REVIEW - REFERRED** [UPLOAD DOCUMENT +](#)  
Any document attached here will cause a referral to underwriting prior to bind. This feature should be used when you need underwriting assistance. Common attachments: 4pt inspections on older homes or photos/supporting documentation on high-value homes.

**ESIGN REQUEST** [SEND EMAIL](#)  
Applications and diligent effort forms must be signed by signature by you and the applicant. You must initiate the esign request here.

**BIND QUOTE** [BIND QUOTE](#)  
Request a binder and allow for payment to be accepted. Policy issuance occurs automatically after payment is received.

**RETURN TO QUOTE** [GO TO QUOTE](#)  
To return to the coverage details page where you can revise this quote (new version created) or create new quotes with another carrier.

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This will bring you back to "Personalize Quote". From the bottom of the page, select "Go To Application".

LET'S GET A QUOTE



Submission Number: SN421690

Requested Effective Date: 2024-04-19

Excellent Choice!

Additional Coverage Options:

Deductibles:

TYPE OF WIND DEDUCTIBLE Windstorm or Hail	SELECTED STORM DEDUCTIBLE 5%	ALL OTHER PERILS DEDUCTIBLE 2,500
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Coverages:

ADDITIONAL INSURANCE - DWELLING No	ASSIGNMENT OF BENEFITS EXCLUSION Yes	BROADENED HOME SHARE No
EQUIPMENT BREAKDOWN No	GOLF CART No	INCREASED LOSS ASSESSMENT 1,000
MOLD (Property) No Coverage	ORDINANCE OR LAW No Coverage	PERSONAL INJURY No
REPLACE COST FOR CONTENTS No	SCREENED ENCLOSURES No Coverage	SERVICE LINE No
WATER BACKUP No Coverage	WATER DAMAGE LIMIT 10,000	

CALCULATE

Premium and Other Charges:

Base Premium: \$5,900.00  
Policy Fee: \$350.00  
Inspection Fee: \$195.00  
Stamping Fee: \$3.87  
EMPA Fee: \$2.00  
Surplus Lines State Tax: \$318.38  
Total: \$6,769.25  
Quote Number: 0270090-01

RETURN TO AVAILABLE MARKETS	SAVE THIS VERSION	SHARE QUOTE	GO TO APPLICATION	EXIT
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You are now back at “Final Questions”. You will now see “Claims History”, select “Add Claim” enter claim information. After entering the claim information select “confirm & Continue”.



[Start Quote](#) [Dashboard](#) [Agent Portal](#) [Agent Disclaimers](#)

## FINAL QUESTIONS

Submission Number: SN421690

All fields are required, unless marked Optional.

### Agent Questions

Application Completed By:  Where to Send Documents:

### Other Information

Is the property currently insured?

### Additional Interest

[ADD ADDITIONAL INTEREST](#)

### Additional Insured

[ADD ADDITIONAL INSURED](#)

### Mortgagee

[ADD MORTGAGEE](#)

### Claims History

[ADD CLAIM](#)

### Agent Details

Agent Name:  License Number:

[BACK](#)

[CONFIRM & CONTINUE](#)



[Start Quote](#) [Dashboard](#) [Agent Portal](#) [Agent Disclaimers](#)

### Claims History

Date of Loss:  Type of Loss:

Description of Loss:  Has The Claim Been Closed?:

Is Claim For This Location?:  Amount of Loss:

CAT Loss?:  CAT #:

Claims Acknowledgement Date Sent:  Allegation Type:

Service Provider:

[CANCEL](#) [SAVE](#)

This will bring you to page 2 of the final questions. Once satisfied select "Confirm".

## FINAL QUESTIONS

Submission Number: SN421690

### Application for Insurance:

Paula Test 2 4.19.24  
Date Of Birth: \*\*/"/1957  
11909 SW Hunter Hill Ave, Port St. Lucie, FL 34987, USA  
Effective Date of Coverage: 04/19/2024

### Applicant Details

Phone Number <b>(772)226-5546</b>	Email <b>ppliozzi@orchidinsurance.com</b>
Properties Owned <b>1</b>	Marital Status <b>Married</b>
Non Taxable <b>No</b>	
<input type="checkbox"/> Do you wish to add a Secondary Insured?	

### Property Location Details

Occupants <b>2</b>	Number Of Bathrooms <b>4</b>	
Do you rent any part of your property to others, occasionally or regularly? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is there a home day care on premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you have, or will you have, a trampoline? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Smart Home <b>No</b>		
Hot Tub <b>None</b>	Swimming Pool <b>In Ground Fenced to Code</b>	Pool Features <b>None</b>
Solar Panels <b>None</b>	Flood Zone <b>X</b>	

### Underwriting Details

Is the property on the market for sale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the property under construction or major renovation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the home have polybutylene, galvanized, lead or cast iron piping?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the property on more than 5 acres?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any unrepaired or existing damage to the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the electrical system use aluminum or knob & tube wiring?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the property on a historical registry?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the entire electrical system on circuit breakers not made by Challenger, Federal Pacific, Zinsco or Pushmatic from any year or Square D Panels from 1988, 2004, 2006 & 2022?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is any part of the property used for student housing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you use a wood burning stove as a primary source of heat?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any business with visitors conducted at the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you ever filed a 1st party lawsuit against your auto insurance or homeowners insurance carrier?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the applicant been canceled or nonrenewed by another insurance carrier for a reason other than nonpayment of premium?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has any applicant been convicted of a felony in the past 10 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any applicant a high-profile individual or working in a high-profile occupation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a fuel tank on premises? <b>None</b>	Prior Market <b>New Purchase</b>

Do you have any animals?  Yes  No

Mobile, Kit home or Prefabricated home?  Yes  No

By clicking 'Confirm', the agent acknowledges that the quoted premium may be adjusted after completion of application questions and loss history report is ordered. If there is a change in premium, your quote proposal will be automatically updated to reflect the changes and may be subject to underwriting review.

BACK

CONFIRM

Once you select “Confirm” on the final application questions you will be back at the Thank You message. Select “Go To Quote Details”.

ORCHID MARKETPLACE Start Quote Dashboard Agent Portal Agent Disclaimers

**THANK YOU!**

All set! Our team will contact you right away if any additional information is needed. Monitor the progress of the application on your Dashboard. That's also where you can complete any other required documents for the bind request.

[GO TO QUOTE DETAILS](#) [VISIT MARKETPLACE](#)

[GO TO MY DASHBOARD](#)



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Select the quote you added the claim to.

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Policy Details  
HOME POLICY TYPE  
OCCUPANCY HOS  
Primary  
Requested Effective Date  
04/19/2024

Applicant Details  
OWNERSHIP TYPE  
Individual  
BIRTH DATE  
\*\*/\*\*/1957

APPLICANT NAME  
Paula Test 2 439.24  
MAILING ADDRESS  
11909 Southwest Hunter Hill Avenue, Port St. Lucie, FL 34987

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[VISIT AVAILABLE MARKETS](#)

Once you are back at the submission, select the quote. In this case the status remained the same, but the added claim may change the premium or require underwriter review. There may also be a need to complete the application again.

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Next steps would be to complete the Diligent Effort Form, upload the Alarm Certificate and any additional documents that you would want to be considered. Then you will be able to Send the email to requests eSignatures.

