



Agent Training: FSC Homeowners

FSC Rater - California Homeowner's (HO3) Rater - JANE SMITH - Client View

File Edit View Tools Help

Client Information | Mortgagees / Add1 Interests | Legal Information

First Name: JANE Middle Name: Last Name: SMITH

Home Phone: Work Phone: Ext.: SSN:

Cell Phone: Fax Number: Referred By:

E-Mail: At Residence Since:

Input By: X-Date: 9/07/15 Effective Date of Rating: 10/07/15

Addresses	Street	City	State	ZIP	Verify	Same as Property
Property:	1234 WIAA WAY	SACRAMENTO	CA	95833	Verify	<input checked="" type="checkbox"/>
Mailing:					Verify	<input checked="" type="checkbox"/>
Work:					Verify	<input type="checkbox"/>
Home:					Verify	<input checked="" type="checkbox"/>
Prior Home:					Verify	

Employer: Years with this Employer: 0 Business Type:

Applicant Status: Prospect Agency Client ID:

~ Complete all fields in blue
~ Enter work address if insured is employed
~ Enter prior home address if insured has been at current residence for less than 3 years

Enter Mortgagee information in the next tab if available. Otherwise, not essential until binding

Save Done

FSC Rater - California Homeowner's (HO3) Rater - SHARON SMITH - Main Input View

File Edit View Tools Help

General **Risks** Losses Terr./Rot Class Earthquake Optional Coverages Renewal Other Insurance

Description	Value
Applicant	
Birthdate	10/14/43
Cancelled, declined or non-renewed in last 5 years	<input type="checkbox"/>
Gender	Female
Marital Status	Widowed
Number of Mortgages	1
Dwelling	
Area, Square Footage	1142
Built Over Fault or Dam	<input type="checkbox"/>
Cantilever Construction	<input type="checkbox"/>
Converted to Residential	<input type="checkbox"/>
Cripple Walls	Cripple Walls braced
Date Purchased	1/01/55
Foundation Type	Slab
Heating System Type - Primary	Other
Heating System Fuel Type - Primary	Central Gas
Heating System Type - Secondary	None
Was secondary heat professionally installed?	<input type="checkbox"/>
Housekeeping Condition	Excellent
Not on Circuit Breakers	<input type="checkbox"/>
Number of Bathrooms	
Full	2
3/4	0
1/2	0
Number of Occupants in Residence	2
Number of Stories	1
% Masonry Veneer	
Plumbing pipe material	Copper
Retrofitted for EQ	<input type="checkbox"/>
Secured to foundation	<input checked="" type="checkbox"/>
Slope	0
Subject to flood	<input type="checkbox"/>
Subject to Landslide/Mudslide	<input type="checkbox"/>
Under Construction	<input type="checkbox"/>
Unrepaired EQ Damage	<input type="checkbox"/>
Complete Update	<input checked="" type="checkbox"/>
Electrical Update Year	2012
Heating Update Year	2011
Plumbing Update Year	2012
Roof Update Year	2010
Partial Update	<input type="checkbox"/>

Enter birthdate of named insured.

- ~ Complete all fields in blue
- ~ Do not make up a birthday as it may affect the quote
- ~ Also complete the following:
 - Secondary heat source (ex: pellet stove)
 - # of bathrooms
 - Update/Renovation years for electrical, heating, plumbing and roof

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File Edit View Tools Help

General **Risks** Losses Terr./Prot Class Earthquake Optional Coverages Renewal Other Insurance

Description	Value
Roof Update Year	2010
Partial Update	<input type="checkbox"/>
Partial Heating Update Year	
Vacant, unoccupied, or for sale	<input type="checkbox"/>
Water heater secured to building frame	<input checked="" type="checkbox"/>
Weeks per year home is unoccupied	0
Liability	
Business On Premises	<input type="checkbox"/>
Is the business incidental?	<input type="checkbox"/>
Do you own an animal that is vicious or has previously bitten or injured someone?	<input type="checkbox"/>
† Dogs on premises	None
Has any dog on the premises ever bitten to the point of breaking skin?	<input type="checkbox"/>
Livestock on premises	None
Number of Residence Employees	0
† Swimming Pool/Spa	
Unfenced Pool	<input type="checkbox"/>
Diving Board or Slide	<input type="checkbox"/>
Trampoline	<input type="checkbox"/>
The Hartford Specific Questions:	
† Roof Architecture	Gable
† Reason for no prior insurance	
Umbrella Account Discount	<input type="checkbox"/>
Are the named insured or spouse retired and work fewer than 24 Hours per week?	<input type="checkbox"/>
Safeco Specific Questions:	
Construction Style	Not Selected
Exterior Wall Finish	Not Selected
Safeco Product	New Quality Plus
Umbrella Account Discount	<input type="checkbox"/>
Affinity Discount	None
Travelers Specific Questions:	
Association Credit	<input type="checkbox"/>
Is there a security guard?	None
Account Credit Homesaver	<input type="checkbox"/>
Account Credit Personal Articles	<input type="checkbox"/>
Account Credit Flood	<input type="checkbox"/>
Account Credit Personal Umbrella	<input type="checkbox"/>
Account Credit Boat/Yacht	<input type="checkbox"/>
Sump Pump	<input type="checkbox"/>
Sump Pump Backup Power	

Enter birthdate of named insured.

Note that we do not have a market for pets with bite history or any breed of: Akita, Alaskan Malamute, American Bull Terrier, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, Pit Bull, Presa Canario, Rottweiler, Staffordshire Bull Terrier, any wolf hybrid or any mix of these breeds

Enter construction type and wall finish.
Note that we do not write the Safeco Essential Home product
Must select New Quality Plus or Optimum

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File Edit View Tools Help

General | Risks | **Losses** | Terr/Prot Class | Earthquake | Optional Coverages | Renewal | Other Insurance

Date of Loss	Loss Type	Catastrophic	Negligence	Amount of Loss
		<input type="checkbox"/>	<input type="checkbox"/>	0
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

~ Enter ALL paid, reported and/ or open claims
 ~ We may not have a market for risks with water claims within the past 3-5 years. Please include detailed description of water losses. Email wendy@wiaagroup.org with details of claims history if you're unsure a risk with losses fit WIAA's appetite

Enter Date of Loss

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File Edit View Tools Help

General | Risks | Losses | Terr/Prot Class | Earthquake | **Optional Coverages** | Renewal | Other Insurance

Select Coverage

- Credits and Adjustments
- Scheduled Personal Property
- Unscheduled Personal Property
- Misc. Personal Property
- Liability Endorsements
- Misc. Endorsements
- Package Endorsements**

Set Defaults

Company Name	Description	Include
Mettife RT	Combo Package	<input type="checkbox"/>
Stillwater Insurance HO3	Employee Group Discount	<input type="checkbox"/>
Stillwater Insurance HOS	Employee Group Discount	<input type="checkbox"/>
Travelers Quantum - RT	Enhanced Home Package	<input type="checkbox"/>
Travelers Quantum - RT	Platinum Plus Package	<input type="checkbox"/>
Travelers Quantum - RT	Silver Package	<input type="checkbox"/>
Travelers Quantum - RT	Gold Package	<input type="checkbox"/>
Travelers Quantum - RT	Platinum Package	<input type="checkbox"/>
Travelers Quantum RT - Ac	Enhanced Home Package	<input type="checkbox"/>
Travelers Quantum RT - Ac	Platinum Plus Package	<input type="checkbox"/>
Travelers Quantum RT - Ac	Silver Package	<input type="checkbox"/>
Travelers Quantum RT - Ac	Gold Package	<input type="checkbox"/>
Travelers Quantum RT - Ac	Platinum Package	<input type="checkbox"/>

Package Endorsements

You may add carrier specific "packages" in the "Optional Coverages" tab under Package Endorsements

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File Edit View Tools Help

General | Risks | Losses | Terr./Prot Class | Earthquake | Optional Coverages | Renewal | **Other Insurance**

Company Name	Include
Foremost Classic CL	<input type="checkbox"/>
Hartford RT	<input type="checkbox"/>
Metlife RT	<input type="checkbox"/>
Safeco - RT	<input type="checkbox"/>
Stillwater Insurance Group	<input type="checkbox"/>
Travelers Quantum - RT	<input type="checkbox"/>
Travelers	<input type="checkbox"/>

To obtain a quote that includes a package discount (insured must purchase auto insurance with same carrier), check the box next to the desired carrier(s)

Check box if the applicant has other insurance (auto, etc.) with this company.

FSC Rater - California Homeowner's (HO3) Rater - JANE SMITH - Rating Results View

File Edit View Tools Rating Results Help

Forms

	Premium	Fees	Total	# Installments	Installation Amt.	Down
Safeco - RT	1016	0	1016			1016
Grand Total	1016	0	1016			1016

Rated Markets	RT	R	I	U	Down	Total
<input checked="" type="checkbox"/> Safeco - RT			I		1016	1016
<input type="checkbox"/> Hartford RT	+		I		1750	1750
<input type="checkbox"/> Foremost Classic CL		R			2021	2021

~ Check off box for carrier you wish to bind/issue
 ~ Then click the "Forms" button to create an Acord form
 ~ FSC will prompt you to save quote. Click ok to access Acord form

Markets Not Rated

CEA - Earthquake ONLY (HO)
 Metlife RT
 Travelers Quantum - RT
 Travelers Quantum RT - Account

Coverage	Limit	Premium
A> Dwelling	337,000	1,046.00
B> Other Structures	33,700	INCL
C> Personal Property	235,900	INCL
D> Loss of Use	67,400	INCL
E> Liability	300,000	55.00
F> Medical Payments	5,000	INCL
Deductible	500	INCL

Safeco - RT

Internet Explorer

This file includes fillable form fields. You can print the completed form and save it to your device or Acrobat.com.

JavaScript Window
FSC Forms Save Create PDF Print Form

DATE (MMDD/YYYY)
10-07-2015

Warning: JavaScript Window

ACORD HOME

AGENCY AGENTS RESOURCES, INC. 11190 SUN CENTER DRIVE SUITE 100 RANCHO CORDOVA CA 95670		CARRIER Safeco Ins Co of Amer NAIC CODE 24740	
CONTACT NAME: PHONE: 916-443-4221 FAX: E-MAIL ADDRESS: CODE: 150950 SUBCODE:		NAMED INSURED(S) JANE SMITH	
AGENCY CUSTOMER ID:		PLAN	FACILITY CODE
		EFFECTIVE DATE	EXPIRATION DATE
		10-07-2015	10-07-2016

STATUS OF TRANSACTION

NEW	POLICY CHANGE	TIME	AM	DATE AGENT LAST INSPECTED PROPERTY
RENEW	EFFECTIVE DATE		PM	
POLICY CHANGE				HOW LONG HAVE YOU KNOWN THE APPLICANT

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) JANE SMITH			APPLICANT'S MAILING ADDRESS 1234 WIAA WAY		
DATE OF BIRTH 10-14-1943	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable) W	SACRAMENTO		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE #	HOME	BUS	CELL	SECONDARY PHONE #	HOME
					BUS
					CELL
PREVIOUS ADDRESS			CURRENT RESIDENCE		
YEARS AT PREVIOUS ADDRESS (if less than three years):			Check if same as mailing address		
			DATE AT CURRENT RESIDENCE:		
APPLICANT'S EMPLOYER NAME AND ADDRESS			APPLICANT'S OCCUPATION (State Nature of Business if Self-E)		
YRS WITH CURRENT EMPLOYER: 0			YEARS IN CURRENT OCCUPATION:		
			YEARS WITH		
CO-APPLICANT'S NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS		
			Check if same as Applicant		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE #	HOME	BUS	CELL	SECONDARY PHONE #	HOME
					BUS
					CELL
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS			CO-APPLICANT'S OCCUPATION (State Nature of Business if Sa		
YRS WITH CURRENT EMPLOYER:					

~Make sure to manually input the following information if your Acord did not populate it. Your Acord will be considered incomplete without:

1. Applicant's Occupation & Marital Status
2. Applicant's Telephone #
3. Co-Applicant's Name and Occupation if applicable
4. Input update years for Roof, Electrical, Plumbing and Heating if home is over 25 years old
- 5.. Answer all "Yes/No" underwriting questions on the last pages of Acord

~ Signatures are not required until issuance
~ Save your Acord form

To send submission to WIAA, click on the Tools menu in your FSC rater, select "Email Quote File," click "OK" to save your file first, Outlook will pop up with your quote file already attached, attach your Acord form, replacement cost estimator and send to Wendy@wiaagroup.org.