

Commercial Lines New-Business Submission Guide



Citizens Property Insurance Corporation 1/1/2023



Commercial Lines New-Business Submission Guide

Table of Contents

Eligibility Requirements	3
Types of Risk: Commercial Residential Property	3
Types of Risk: Commercial Nonresidential Property	4
Eligible Occupancies	5
Starting a New Submission in PolicyCenter	6
Policy Type Questions	8
Eligibility Questions	9
Policy Info	10
Policy Info, continued	11
Policy Coverages	15
Buildings and Locations	16
Premium Estimate	40



Overview

What	Creating a new-business submission for Commercial Lines policy types.
Who	Commercial Lines agents
When	When a submission meets Citizens' eligibility requirements
Before you begin	This guide is intended as a submission overview. Additional questions may or may not display based on policy type and response.
Additional New-Business Submission Resources	 The following 20-minute video tutorials are available in the <i>On Demand Education</i> section of the Citizens agent training page and were designed to walk agents through the new-business submission process: Commercial Nonresidential Wind-Only New-Business Submission Demonstration Commercial Residential Multiperil New-Business Submission Demonstration
	Continued on next page



Commercial Lines New-Business Submission Guide

Eligibility Requirements	Per Florida law, agents must establish eligibility prior to placing a policy with Citizens. Property owners are eligible for Commercial Residential Multiperil or Wind coverage (CR-M or CR-W) at Citizens if they meet <i>one</i> of the following rules:			
	 No-offer-of-coverage: An authorized insurer is not willing to write the risk at its approved rates. 20% Rule: The premium for coverage from the authorized insurer is more than 20% greater than the premium for comparable coverage from Citizens. 			
	Eligible applicants for Commercial Nonresidential Multiperil or Wind coverage (CNR-M or CNR-W) at Citizens are for those that are unable to procure any offer from an authorized insurer. The 20% rule does NOT apply.			
	The named insured and property to be insured meet all other applicable underwriting criteria.			
	To establish eligibility, you must first shop the risk with your private-market carriers.			
	Refer to Rule 103 in Citizens' underwriting guidelines for information about ineligible risks.			
Types of Risk: Commercial Residential Property	 Commercial Residential (CR-M or CR-W) Building and Business Personal Property coverage along with eligible Special Class Property may be written for the following types of risks: 1. Apartment and Cooperative Buildings 2. Residential Condominium Associations 3. Homeowners Associations (HOA) 4. Continuing Care Retirement Communities (CCRC) 5. Commercial residential risks with commercial occupancy are eligible only if the commercial occupancy does not exceed 25% of the total area per building 6. Fraternities, Sororities and Dormitories 7. Convents or Monasteries Before you begin a new submission, see <i>Eligible Occupancies</i>. 			



Types of Risk: Commercial Nonresidential (CNR-M or CNR-W)

Commercial F Nonresidentia c I Property v

For properties commercially operated or used as a business or professional occupancy, Building and Business Personal Property Coverage may be written for the following types of risks:

- 1. Commercial Condominium Associations
- 2. Condominium Commercial Unit-Owners
- Any Condominium, Apartment, Cooperative or HOA risk in which more than 25% of the total number of units is used for "transient" purposes
- 4. Mercantile
- 5. Hotel/Motel
- 6. Boarding and Lodging, Rooming Houses
- 7. Office
- 8. Restaurant
- 9. Other commercially operated property that is eligible for coverage

Additional eligible types of risk for **Commercial Nonresidential Wind Only (CNR-W)** include:

- 10. Any Condominium in which 50% or more of the total number of units is rented to guests more than eight (8) times in a calendar year for a rental agreement period of less than thirty (30) days
- 11. Modular buildings, only if utilized for schools or office occupancies, DCA-approved and installed in accordance with the Florida Building Code.
- 12. Mobile/manufactured home, only if utilized for school or office occupancy, anchored and permanently tied down in accordance with Florida Statutes, Section 320.8325, by a Florida licensed mobile home installer.

Before you begin a new submission, see *Eligible Occupancies*.



Eligible Occupancies

For Commercial Nonresidential risks, refer to the underwriting manuals for the Commercial Statistical Plan (CSP) Code tables, which describe the classes of business eligible for Citizens coverage.

The CSP Code table below describes the classes of *residential* risks eligible for Citizens coverage:

RESIDENTIAL CSP CODE TABLE		
Description	Code	Eligible
Apartments/Co-Ops, Continuing Care Retirement Community (CCRC) and HOA with Mercantile Occupancies - Up to 10 Units	0321	Yes
Apartments/Co-Ops, Continuing Care Retirement Community (CCRC) and HOA with Mercantile Occupancies - 11 to 30 Units	0322	Yes
Apartments/Co-Ops, Continuing Care Retirement Community (CCRC) and HOA with Mercantile Occupancies - Over 30 Units	0323	Yes
Apartments/Co-Ops, Continuing Care Retirement Community (CCRC) and HOA without Mercantile Occupancies - Up to 10 Units	0311	Yes
Apartments/Co-Ops, Continuing Care Retirement Community (CCRC) and HOA without Mercantile Occupancies - 11 to 30 Units	0312	Yes
Apartments/Co-Ops, Continuing Care Retirement Community (CCRC) and HOA without Mercantile Occupancies - Over 30 Units	0313	Yes
Condominiums - residential (association risk only) – with mercantile occupancies – Up to 10 units	0341	Yes
Condominiums - residential (association risk only) – with mercantile occupancies - 11 to 30 units	0342	Yes
Condominiums - residential (association risk only) – with mercantile occupancies - Over 30 units	0343	Yes
Condominiums - residential (association risk only) – without mercantile occupancies - Up to 10 units	0331	Yes
Condominiums - residential (association risk only) – without mercantile occupancies - 11 to 30 units	0332	Yes
Condominiums - residential (association risk only) – without mercantile occupancies - Over 30 units	0333	Yes
Fraternities and Sororities, Dormitories – Up to 10 Units	0074	Yes
Fraternities and Sororities, Dormitories – 11 to 30 Units	0075	Yes
Fraternities and Sororities, Dormitories – Over 30 Units	0076	Yes
Convents or Monasteries - Up to 10 units	0077	Yes
Convents or Monasteries - 11 to 30 units	0078	Yes
Convents or Monasteries - Over 30 units	0079	Yes



Starting a	To begin	a new-business submiss	ion in PolicyCenter®:	
New	Step	Action		
Submission in PolicyCenter	1	Create or access an acc	count in PolicyCenter.	
,		Note: Refer to the Accor	unts in PolicyCenter jo	b aid for more
		information about creati		
	2	On the Account File Sur Submission :	Actions, then New	
		Actions 🛛	Account File	Summary
		<u>C</u> reate	fresh <u>E</u> dit Accour	nt
		New Su <u>b</u> mission		42000004
		New Activity to Billing Ce	tount Number	12000004
		New <u>A</u> ctivity	count Name	Training Account
		Reminder	▶ itus	Active
		Request	one Number	904-208-7523
		Result: The New Subm	issions screen appea	ſS.
	3	Select Full Application		
		Locatio	n Search	
		Select Agent		
		Organization	ABC Florida	
		Agent Code	B1232 Bill X Agent	
		Product Offers	Cincle	
		Single or Multiple Policies?	Single	
		Quote Type 💡 Default Base State	Full Application × - Full Application	
		Default Effective Date	Quick Quote	
		Use Primary Account Location		
				_
		<i>Note:</i> The <i>Quick Quote</i> submissions, which will	appear in the drop do	
		appointed to write Perso	onai Lines.	



Starting a	Step	Action
New Submission in PolicyCenter	4	The <i>Default Effective Date</i> displays the current date. Accept the date or select a future effective date by clicking the calendar icon:
		New Submissions
		Location SearchSelect AgentOrganizationABC FloridaAgent CodeB1232 Bill X AgentProduct OffersSingle or Multiple Policies?SingleQuote Type* Full ApplicationDefault Base StateFloridaDefault Effective Date* $(04/01/2019$ Vise Primary Account Location* $(Apr 2019$ Sine31122345678910111213141515678910112223242526272829301231234556789101112122324252627282930123456789101112156167171818191911
	5	Note: Agents can quote up to 60 days in advance. Quotes will expire 60 calendar days after the creation date or one business day after the policy's requested effective date – whichever is later.In the Use Primary Account Location field, select Yes to carry over the account address, or No to enter a separate address for the submission.Note: This field only displays when there is more than one submission on an account. If this is a new account and no other



Starting a	Step	Action		
New Submission in	6	Select Commercial Property for the line of business for the policy.		
PolicyCenter		<i>Note:</i> If you do not have <i>Commercial Property</i> available, then you do not have a commercial lines appointment and will need to reach out toyour agency principle and go through myAgency to request this appointment.		
		New Submissions		
		Location Search Select Agent		
		Organization ABC Florida		
		Agent Code B1232 Bill X Agent		
		Product Offers Single or Multiple Policies? Single		
		Quote Type * Full Application 🔻		
		Default Base State Florida		
		Default Effective Date * 04/01/2019		
		Product Name Product Description Status Select Commercial Property Commercial Property Available		
		Result: The Policy Type Questions screen appears.		
Policy Type	Step	Action		
Questions	7	Complete the <i>Policy Type Questions</i> screen by clicking inside the designated answer field, then select Next.		
		Notes:		
		 These questions will build based upon answers selected. The example shown is Commercial Residential Multiperil with Wind. 		



Step Action

Commercial Lines New-Business Submission Guide, Continued

Eligibility
Questions

Eligibility Questions	
<back next=""> Premium Estimate Save Draft Close Options ▼ Answer Eligibility Que</back>	estions <u>R</u> eset An
Eligibility Questions	
Any policy coverage denied, cancelled, or non-renewed during the prior 3 years?	🔾 Yes 🖲
Has any applicant been convicted of Fraud or Arson?	🔾 Yes 💿
Has any applicant ever had a policy voided, cancelled or nonrenewed for material misrepresentation or fraud?	🔾 Yes 💿
Does any applicant have knowledge of any building(s) or property at the location to be insured that have experienced damage or loss from sinkhole activity?	d 🔾 Yes 🖲
Are there any signs of sinkhole activity to any building(s) or property at the location to be insured such as shifting, bulging, or cracking of the foundation, walls, or roof?	🔾 Yes 💿
Does any applicant have knowledge of any building(s) or property at the location to be insurer having a sinkhole investigation, ground study, structural evaluation or inspection performed due to a sinkhole claim or sinkhole activity?	d 🔾 Yes 💿
Does any applicant have knowledge of any sinkhole related repairs that have been made to an building(s), or property to be insured?	ny 🔾 Yes 🖲
Does any building have any unsafe or inadequate wiring?	🔾 Yes 💿
Is any building condemned or scheduled to be condemned?	🔾 Yes 💿
Does any building have uncorrected fire code violations or safety violations?	🔾 Yes 💿
Does any building have existing damage or disrepair?	🔾 Yes 💿
Do all buildings have adequate smoke detection devices?	💿 Yes 🔾
Is any building built partially or entirely over water?	🔾 Yes 💿
Is the occupancy rate of any building less than 60%?	🔾 Yes 💿
Is any property newly constructed or completely renovated in which the minimum occupancy of 60% will not be met within 90 days?	🔾 Yes 💿
Does any building contain unprotected commercial cooking exposures, including exposures with inadequate or improperly maintained protective devices?	🔾 Yes 🖲
Does any building have an exposure to flammables, explosives or chemicals where such substances are not appropriately stored, handled, or otherwise mitigated?	🔵 Yes 💌
Is any building currently under construction?	🔾 Yes 💿
Is any building a Continuing Care Retirement Community (CCRC) in which less than 75% of the total area of the building is used for independent residential occupancy?	e 🔾 Yes 💿



Policy Info	The info account	rmation on the <i>Policy Info</i> screen prepopulates from the customer's
	Step	Action
	1	Review prepopulated information and edit, if necessary:
		Policy Info
		< Back Premium Estimate Save Draft Close Options ▼
		First Named Insured Change To: 😔
		Name Agent Train
		Work Phone 904-478-7878
		Primary Email Agent.noreplay@citizensfla.
		Policy Mailing Address Change To: 😔
		Policy Mailing Address 3200 ARMSDALE RD JACKSONVILLE, FL 32218-3048 DUVAL
		County DUVAL
		Address
		Address Standardization Standardized
		Official IDs SS or FEIN# are Required or FEIN ineligible due to OFAC Reference FAQ#4344
	2	Complete the <i>Policy Details</i> section of the <i>Policy Info</i> screen. Confirm Policy Type and re-enter Effective Date if necessary.
		Policy Info
		< Back Premium Estimate Save Draft Close Options ▼
		First Named Insured Change To: Policy Details Deliver Ture CD M
		Name Hank Policy Type CR-M Accounting Company
		Work Phone 850-521-8190 Primary Email noreply@citizensfla.com
		Policy Mailing Address Change To:
		Policy Mailing Address 20950 Overseas Highway Cudjoe Key, FL 33042 Agent Selected Effective Date
		Monroe Initial Submission Date
		Address Original Policy Effective Date
		TRUCUS



Policy Info,	Step	Action		
continued	3	Select the Reason Subm	nitted to Citizens:	
		First Named Insured Change To: Name Hank Work Phone 850-521-8190	Policy Details Policy Type CR-M Accounting Company Term Number	
		Primary Email noreply@citizensfla.com Policy Mailing Address Change To: Policy Mailing Address 20950 Overseas Highway Cudjoe Key, FL 33042 Monroe County Monroe	Effective Date	
		Address	Reason Submitted to Citizens * knone> X v	
		Address Standardization Overridden Official IDs FEIN #########	Will this policy cover only Auxiliary Will this policy cover only Auxiliary Buildings or an Auxiliary and Special New Purchase Class item mix? Option A: I am unaware of any offer of New Construction a Option B: The premium at approved rat Cancelled or Non-Renewed re	
		Entity Type Corporation - Public	Select applicable option * Changing Agent Agent of Record Organization Other	
		Note: If a New Purchase, Reason Submitted to Citizens	enter in the Date Purchased or Lease	ed:
		Date Purchased or Leased Will this policy cover only Auxi	* 05/29/2020	
	4	Select Yes or No for the f only Auxiliary Buildings of mix? This option is for HOA submis	following question, <i>Will this policy cover</i> r an Auxiliary and Special Class Item ssions where auxiliary and special class ONLY not select YES if residential building will be ens * Cancelled or Non-Reney * IDate * 06/12/2022	



Policy Info,	Step	Action
continued, continued	5	Answer the affirmation of coverage statement by selecting Option A or Option B .
		Date Purchased or Leased (05/29/2020 Will this policy cover only Auxiliary * (Sr29/2020 Buildings or an Auxiliary and Special * (Yes No Class Item mix? Option A: Lam unaware of any offer of coverage for this applicant from an authorized insurer at its approved rates. Option A: Lam unaware of any offer of coverage for this applicant from an authorized insurer at its approved rates. Option B: The premium at approved rates for all other offers of coverage made by authorized insurers is more than 15% higher than the premium for comparable coverage Select applicable option Knone> Agent of Record Option B Option B: The arrow material provement of the applicant from any authorized insurers is more than 15% higher than the premium for comparable coverage Agent Code NumeProvement for the applicant for all option A Option B
		<i>Note:</i> Eligible applicants for Commercial Nonresidential Multiperil or Wind coverage (CNR-M or CNR-W) at Citizens are for those that are unable to procure any offer from an authorized insurer. The 20% rule does NOT apply.



Policy Info,	Step	Action	
continued	6	To add additional named insureds, select Add	d, then New
		Company or New Person in the Additional N	
		section:	
		Additional Named Insureds	
		Add 🔻 <u>R</u> emove	
		New Company	
		iip	
		New Person	
		Result: The New Additional Named Insured s	creen appears.
	7	If adding a new person or new company, com	
		fields on the New Additional Named Insured s	
		Standardize to conform the address to U.S. F	Postal Service
		standards, then select OK to continue:	
		Additional Named Insured Shannon Test Return to Policy Info	
		OK Cancel	
		Contact Detail Roles Addresses Person	
		Address Book ID	
		Tags Client	
		eNotification Recipient	
		Prefix	
		First name *	
		Last name *	
		Last name * Suffix <none></none>	
		Last name *	
		Last name * Suffix <none> Primary Phone <none></none></none>	
		Last name * Suffix <none> Primary Phone <none> Home Phone</none></none>	
		Last name * Suffix <none> Primary Phone <none> Work Phone</none></none>	
		Last nameSuffix <none> •Primary Phone<none> •Home PhoneWork PhoneMobile PhoneFax PhonePrimary Email</none></none>	
		Last nameSuffix <none> •Primary Phone<none> •Home PhoneWork PhoneAbbile PhoneFax PhonePrimary EmailSecondary Email</none></none>	
		Last nameSuffix <none> •Primary Phone<none> •Home PhoneWork PhoneMobile PhoneFax PhonePrimary Email</none></none>	
		Last name Suffix Snop> Primary Phone Home Phone Work Phone Mobile Phone Fax Phone Primary Email Secondary Email Person Type Individual Address 1	
		Last name Suffix Snop> Primary Phone Home Phone Work Phone Mobile Phone Fax Phone Primary Email Secondary Email Person Type Individual Address 1 Address 2	
		Last name Suffix snone> Primary Phone Nohe Nohe Nohe Save Phone Nohe Fax Phone Fax Phone Fax Phone Primary Email Secondary Email Person Type Nohe Address 1 Address 2 City *	
		Last name * Suffix <pre>suffix <pre>suffix</pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre>	
		Last name Suffix <pre>suffix <pre>suffix</pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre>	
		Last name * Suffix su	
		Last name Suffix Suffix Primary Phone Home Phone Work Phone Mobile Phone Fax Phone Primary Email Secondary Email Person Type Individual Address 1 Address 2 City State Florida ZiP Code County	



Policy Info,	Step	Action	
continued	8	If the policy will be mortgagee billed, select Yes in the <i>Billing</i>	
	_	section; otherwise, select No:	
		Agent of Record	
		Organization ABC Florida	
		Agent Code A1231 Jill X Agen	nt
		Billing	
		Is the policy going to be Mortgagee * Yes • No Billed?	
		Inspection Contact Information	
		Add Remove	_
		Name 1 Role	
		Additional Named Insureds	
		Add	
		Name T	
		Steve Insured	
		Note: For more information about adding a mortgagee as a paye	
		see the Adding, Updating or Removing the Mortgagee or Payor	
		job aid.	
	9	Complete the Inspection Contact information section by selectin	ıg
		Add:	
		Billing Is the policy going to be Mortgagee * Yes	No
		Billed?	/ NO
		Add Remove	
		Inspection Contact New Person	
		Additional Named Insureds	
		Note: The New Inspection Contact screen will display. Fill out th	e
		contact information then select OK to return to the <i>Policy Info</i>	
	10	screen.	
	10	Select Next to continue to the <i>Policy Coverages</i> screen.	
		Actions Policy Info	
		Submission 11002004 < Back Next > Premium Estimate Save Draft Close Options Draft First Named Insured Change To: Policy Details	
		Policy Type Questions Name Hank Policy Type CR-M	
		Policy Contract Work Phone 850-521-8190 Accounting Company Term Number	
		Eligibility Questions Primary Email noreply@citizensfla.com Femin Value Policy Mailing Address Change To: Effective Date * 05/29/2020	
		Policy Info Expiration Date 05/29/2021	



Policy	Step	Action			
Coverages	1	Select Yes or No for <i>Certified Acts of Terrorism c</i> overage:			
		Policy Coverages			
		< Back Next > Premium Estimate Save Draft Close Options ▼			
		Certified Acts of Terrorism Yes No			
	2	Select the Hurricane Deductible, Hurricane Deductible Type, All Other Perils Deductible and Coinsurance amounts: Actions Policy Coverages Save Draft Close Options			
		Submission 11 Image: Submission 11 Draft Terrorism Policy Type Questions Certified Acts of Terrorism			
		Policy Contract Eligibility Questions Policy Info Policy Coverage Type			
		Buildings and Locations Deductible			
		Risk Analysis			
		Policy Review			
		Select Next to continue to the <i>Buildings and Locations</i> screen.			



Buildings and Locations The location information must be entered before the building information. By default, the account address displays as the property location address. If the location to be insured is not the same as the account address, then replace the property address.

Note: Review the Replacing a Property Location job aid for additional information.

Step	Action					
1	Select the Location1(Primary) link in the Description column:					
	lings and Loc					
	Next > Premium E	stimate Save Draft Clo	se Options 🔻			
	ation 🔻 🛛 <u>R</u> emove Bu	Copy Functions	▼ Spreadsheet ▼			
	tions	Description	Building Type	Limi		
	dd Structure	1: 3200 ARMSDALE RD,	JACKSONVILLE, FL(Primary)			
2	where location d Click on the add and "retrieve" it f	letails and property ress (link) to modify for all location GIS (ring name for the Lo	creen will display. Thi information will be er / if not the account ac (rating) information to ocation Name.	ntered. Idress		
		tion Return to Buildings and Location	ns			
	OK Cancel Location Details Location Code					
	Location Name	* Main Location X				
	Address 1	* 20950 OVERSEAS HWY				
	Address 2 City	* CUDJOE KEY	l			

Continued on next page



Buildings and	Step	Action		
<i>Locations</i> , continued	3	Select Retrie	address will be prefilled v ve to standardize the add Flood Zone field values:	with the account address. dress and retrieve the
		Location Info	rmation Return to Buildings and Locatio	<u>ins</u>
		OK Cance <u>l</u>		
		Location Details Location Code		
		Location Name	* Main Location	
		Address 1	* 20950 OVERSEAS HWY	
		Address 2		
		City	* CUDJOE KEY Florida	le l
		State ZIP Code	* 33042-4000	<u>(</u> ♦)
		County	* MONROE	
		Property Information	* <none selected=""> X -</none>	
		Last User Action	<none selected=""></none>	
		Location Coverage De	Retrieve	
		Location Coverage De		
		Result: The I	Property Information Res	ults screen appears.
	4	Complete one	e of the following actions:	:
		Property	Information Results	Return to Property Address Info
		Accept Returned	Address Use Original Address	Cance
		Select	То	
		Accept	(Recommended) Accep	ot property information
		Returned		operty Information fields
		Address	will prefill with accepted	
			Property Information Re	
		Use	(Not recommended) Ma	
		Original	· · · · · · · · · · · · · · · · · · ·	tional documentation will
		Address	be required if the prope manually entered.	erty information fields are
		Cancel	Return to the Property	Address Info screen.
			······································	



Buildings and	Step	Action
<i>Locations</i> , continued	5	Complete any remaining fields in the Property Information section
		Property Information
		Terrain * C 👻
		Wind-Borne Debris Region * In -
		Coastal Territory * Monroe - 85 💌
		Group I Territory * Statewide 👻
		Group II Territory * Monroe Excl Key West 5 💌
		Protection Class * 3
		Distance from Fire Station (mi.)
		Distance from Hydrant (ft.)
		Responding Fire Department MONROE CO FS 11
		Is risk within City Limits Yes No
		City, Town or Fire District MONROE CO FPSA
		Fire Tax District 999
		Police Tax District 999
	6	Select Yes or No for Sinkhole Loss coverage under <i>Location Coverage Details</i> :
		Location Information Return to Buildings and Locations
		OK Cancel Location Code
		Location N me * Main Location Address 1 * 3210 ARMSDALE RD
		Address 2 City * JACKSONVILLE
		State Florida
		ZIP Code * 32218-3018
		County * DUVAL
		Property Information



Buildings and	Step	Action
ocations ,	7	Complete and/or change fields in the <i>Flood Details</i> section as
ontinued		necessary:
		5
		Property Information
		Terrain * C ·
		Wind-Borne Debris Region * In 👻
		Coastal Territory * Monroe - 85 💌
		Group I Territory * Statewide -
		Group II Territory * Monroe Excl Key West 5 *
		Protection Class * 3 💌
		Distance from Fire Station (mi.) 1
		Distance from Hydrant (ft.) 50
		Responding Fire Department MONROE CO FS 11
		Is risk within City Limits 💿 Yes 🔘 No
		City, Town or Fire District MONROE CO FPSA
		Fire Tax District 999
		Police Tax District 999
		Flood Details
		FEMA Flood Zone * AE 👻
		Special Flood Zone Yes
		Is there a Flood Policy in effect * Yes 💌
		Flood Insurer Name * Flood Insurer Inc Q
		Flood Policy Number * 123456 ×



Buildings and	Step	Action			
Locations , continued, continued	8	If there is a flood policy in affect, the flood policy are at least 80% of			
		Flood Affirmation or Declarations special flood zone (e.g., A, AO, A V30, VE), upload a copy of the cu confirmation that the property is in Citizens building limit or the maxin National Flood Insurance Program <i>Policyholder Affirmation Regardin</i> 19) can be uploaded.), AE, A99 clarations r 80 perce limit unde /, a signee	9, V, V1- as ent of the er the d	
		Coastal Construction Control Line Out	Flood Details		
		Coastal Barrier Resources System Possible v	FEMA Flood Zone	* AE	*
		Verify CCCL/CBRS Status	Special Flood Zone	Yes	
		1	Is there a Flood Policy in effect	* Yes	~
			Flood Insurer Name	* Flood Insurer Inc	Q,
			Flood Policy Number	* 123456	
		Flood Coverage Requirements: Are the property limit(s) on the flood policy limit available under the NFIP? Do the Business Personal Property limit available under building). or the maximum Business Personal Property limit available under www.enablescoversection.com www.enablescoversection.com www.enable	on the flood policy equal the Citizer		



Buildings and	Step	Action
Locations, continued	9	The <i>Location Contacts</i> field can be used to provide inspection contact details as well as alternate contact information if the named insured is not available should Citizens need to perform an inspection. To add a location contact, select Add > Inspection Contact > New Person:
		Result: The New Inspection Contact screen opens.
		Coastal Construction Information
		Coastal Construction Control Line Unknown
		Coastal Barrier Resources System Unknown
		Verify CCCL/CBRS Status
		Refer to Rule 208 B 4 or to FAQ 2924
		for more information on CCCL/CBRS
		Flood Coverage Requirements: Are the property limit(s) on Property Limits on the flood policy equal the Citizens' Busi
		Location Contacts Add T Remove screen not needed here
		Name Role License Nu.



Buildings and	Step	Action
Locations,	10	If not entered on the prior screen proceed
continued		Enter necessary information in the <i>Contact Detail</i> section:
		New Inspection Contact Return to Location Information
		OK Cancel
		Contact Detail
		Person Address Book ID
		Tags Client
		eNotification Recipient
		Prefix <none> •</none>
		First name *
		Suffix <none></none>
		Primary Phone <none></none>
		Home Phone *
		Work Phone *
		Mobile Phone Fax Phone
	11	Select OK to return to the <i>Location Information</i> screen.
		New Inspection Contact Return to Location Information
		OK Cancel
		Contact Detail
		Person
		Address Book ID
		Result: The new inspection contact has been added to the
		Location Contacts section.



Buildings and	Step					
Locations , continued	12	To continue with the su	bmission, click OK			
		Location Information Return to	Buildings and Locations			
		OK Cance! Location Search Location Details		Property Information		
		Location Code		Terrain	* C	
		Location Name * Location1 Address 1 * 2095(Wind-Borne Debris Region	* In	
		Address 2		Coastal Territory	* Monroe - 85	
		City * CUDJOE KE	Y 🕹	Group I Territory	* Statewide	
		Result: The Buildings a				
	13	At least one building no			า.	
		To add a new building,				
		select the down arrow	lo access	a drop-down m	ienu:	
	14	Click on the drop-down Building: ildings and Loca				
		ck Next > Premium E		Close Options	best T	
		Actions	Description	Buildi	ng Type	
		Add Structure 🛛 🥌 💽	1: Main Location(Primary) (Sinkhole	e Coverage	
	L	1				

continued on next page



Buildings and	Step	Action
<i>Locations</i> , continued	15	The <i>New Building</i> screen consists of six tabs that allow you to add detailed information regarding the building. The <i>Details</i> tab is where you will add specific information about the building being covered. Complete the Description field that clearly describes how the policyholder would describe the building:
		New Building Return to Buildings and Locations OK Cancel Details WLM Coverages Additional Interest External Inspections FHCF Reporting
		Building Information Location Building ID
		Description * Blue Building × Building Type * <none> Total Area of Building *</none>
		Number of Stories * Number of Units in * Building * Applicant Interest * <none> *</none>
		Front Exposure and Distance Right Exposure and Distance
	16	<i>Note:</i> The <i>FHCF Reporting</i> tab will appear only for Commercial Residential policies.
	10	Select the appropriate Building Type : New Building Return to Buildings and Locations
		OK Cancel Details WLM Coverages Additional Interest External Inspections FHCF Reporting Building Information Location 1: Location1
		Building ID 1 Description * Blue Building
		Building Type * <none> X Total Area of Building * <none> (sq. ft) Apartments Number of Stories * Number of Units in * Building Condominium Association Building Continuing Care Retirement Community (CCRC) Applicant Interest *</none></none>
		Front Exposure and Distance Right Exposure and Distance Left Exposure and Distance
		Rear Exposure and Distance
		 Notes: Coverage for all condominium association buildings will be issued on a Condominium Association Coverage Form



PolicyCenter

 (CP 00 17). The <i>Building Type</i> must reflect Condominium Association. Coverage for all cooperatives and homeowner association buildings will be issued on a Building and Personal Property Coverage Form (CP 00 10). The <i>Building Type</i> must reflect Cooperative Buildings or Homeowner Association.



Buildings and	Step	Action
<i>Locations</i> , continued	17	Enter in the Total Area of Building, Number of Stories and Number of Units in Building :
		New Building Return to Buildings and Locations
		OK Cancel
		Details WLM Coverages Additional Interest External Inspections FHCF Reporting Building Information Location 1: Location1 Details Detai
		Building ID 1 Description * Blue Building ×
		Building Type * <none></none>
		Total Area of Building * (sq. ft)
		Number of Stories *
		Number of Units in * Building
		Applicant Interest * <none></none>
		Distance
	18	Select the Applicant Interest:
		New Building Return to Buildings and Locations OK Cancel
		Details WLM Coverages Additional Interest External Inspections FHCF Reporting
		Building Information
		Location 1: Location1 Building ID 1
		Description * Blue Building
		Building Type * Apartments
		Total Area of Building * 10000 (sq. ft)
		Number of Stories * 1
		Number of Units in * 5 Building
		Applicant Interest * k
		Front Exposure and Snone>
		Distance Building Owner Right Exposure and Distance
		Left Exposure and Distance
		Rear Exposure and Distance
		Distance



Buildings and .ocations,	Step 19	Action	nd distance fields de	aariba abiaat	
continued	19	the building and h	now far the objects ar	•	•
		Complete these r	equired fields:		
		New Building	Return to Buildings and Location	<u>15</u>	<i>Note:</i> The exposure
		OK Cance <u>l</u>			fields are not included
		Details WLM Co	verages Additional Interest	External Inspectio	or required
		Building Information			on
		Location	1: Main Location		Commercial
		Building ID	1		Wind
		Description *	Condo Building A		policies.
		Building Type 😽	Condominium Association		
		Total Area of Building * (sq. ft)	269888		
		Number of Stories *	17		
		Number of Units in 😽 Building	150		
		Applicant Interest 🔹 😽	Building Owner	-	
		Front Exposure and Distance	parking lot		
		Right Exposure and Distance	condo building		
		Left Exposure and Distance	main street		
		Rear Exposure and Distance	court yard		
	20	Complete the Co	nstruction section:		
		Construction Construction Type * <none></none>	÷		
		Construction Classification			
		Group II Construction * <	V.		
		Year Built * BCEG <none></none>			
		Primary Roof Covering Material	•		
		Notes:			
			Construction field wi	ll he prefilled	or inactive
		-	prior information ent		
			/ill prepopulate once		has heen
		entered.		the year built	



Buildings and	Step	Action				
<i>Locations</i> , continued	21	If other businesses or occupancies exist be identified. Complete the Other Occu property:				must
		Occupancy - List all occupancies Other Occupancy Types CSP Code None Office Office Office Votes: • The is example shows Commercial • For Commercial Nonresidential, reference Commercial Nonresidential • For Commercial Nonresidential • Result: The CSP code prepopulates:	er to tl	he Ent	•	cies.
		Occupancy - List all occupancies Other Occupancy Types CSP Code 0311 - Apartments/Co-Ops, Continuing Care Retirem Occupancies - Up to 10 Units	nent Comn	nunity (CCR0] and HOA witho	ut Mercantile
	22	In the eligibility section, enter in the tota square footage.	l amo	ount of	f units ar	nd
		Citizens Commercial Residential Eligibility				
		Annual Occupancy:	# Units	Units %	Sq. Ft.	Sq. Ft. 9
		(Occupied by the owner on an annual basis with no rentals)				
		Annual Occupancy: (Occupied by a tenant on an annual basis with no other rentals) Limited Rentals:	5	100	10000	100
		Concupied primarily by the owner but with some rental that does not exceed the transient threshold Transient Unit Occupancy:				
		(Rentals in excess of the transient thresholds described below*) Mercantile, Service or Office Unit Occupancy				
		mercannie, service of once one occupancy				
		Totals	5	100	10000	100
		 Notes: This information must match the val the above building information. The Units % and Sq. Ft. % fields ea 			•	ed in



Buildings and	Step	Action
Locations,	23	Complete the fields in the <i>Improvements</i> section if there have
continued	23	been updates:
		been upuales.
		If the building has been updated, enter the year of those updates.
		In the Other Update Description field, enter in any other
		Details WLM Coverages Additional Interest
		Building Information Improvements Location 2: Main location Year of Last Primary
		Building ID 1 Update/Replacement
		Description * Blue Building Roof Remaining Useful
		Building Type * Apartments Year of Last Electrical
		Total Area of Building * 10000 (sq. ft) Year of Other Update
		Number of Stories * 1 Other Update *
		Number of Units in * 5 Building Rating
		Applicant Interest * Building Owner Rate Type * Class
		description and year of improvements.
		Note: For Commercial Wind policies, the Improvements section
	24	will only display information pertaining to the roof. The <i>Rating</i> section prepopulates based on the classification of the
	24	risk. External Inspections does not need to be entered here, only
		the inspections themselves are required documents.
		New Building Return to Buildings and Locations
		OK Cance
		Details WLM Coverages Additional Interest External Inspections FHCF Reporting
		Building Information Improvements Location 2: Main location Year of Last Primary Roof
		Building ID 1 Update/Replacement Description * Blue Building Roof Remaining Useful
		Building Type * Apartments Year of Last Electrical
		Total Area of Building * 10000 Update/Inspection (sq. ft) Year of Other Update
		Number of Stories * 1 Number of Units in * 5
		Building Applicant Interest * Building Owner * Rating Rate Type * Class *
		Front Exposure and street 100 ft RCP Code * #####
		Right Exposure and Distance green house 100 ft Building Specific *
		Left Exposure and platance red house 100 ft BPP Specific Group 1 *
		Rear Exposure and Distance privacy fence 100ft A-Rate Applied No
	L	

Continued on next page



Buildings and	Step	Action
<i>Locations</i> , continued	25	Select the WLM tab to enter the wind-loss mitigation (WLM) details from the mitigation form provided by the applicant:
		New Building Return to Buildings and Locations OK Cancel Details WLM Coverages Additional Interest External Inspections External Inspections FHCF Reporting
		Add Bernove Inspected By Inspection Type ABC Inspections WLM 05/14/2020 Note: Refer to Selecting Wind Loss Mitigation Features job aid for
	26	more information. The WLM fields will vary based on the information previously entered on the <i>Details</i> tab. Enter all applicable credits:
		New Building Return to Buildings and Locations OK Cancel
		WLM Coverages Additional Interest External Inspections FHCF Reporting Wind Mitigation Info
		Location <none> * Year Built 2008 Reset</none>
		Number of Stories 1 WLM Building Type Type I Roof Cover < <none> Roof Shape Hip</none>
		Roof Deck Attachment * <pre>snon></pre> Roof Wall Connection * <pre>snon></pre> Secondary Water * <pre>snon></pre>
		Resistance Opening Protection FBC Wind Speed FBC Wind Design
	27	Select the Coverages tab to enter coverage type and amounts.
		New Building Return to Buildings and Locations OK Cancel
		Details WLM Coverages Additional Interest External Inspections FHCF Reporting Wind Mitigation Info Terrain B County DUVAL
		County DUVAL



Buildings and	Step	Action
<i>Locations</i> , continued	28	In the <i>Protective Devices</i> section, select Yes or No if the applicant has a sprinkler system. If the risk is a multi-peril with a sprinkler system, an ISO Loss Cost Quote will be required for entry
		Details WLM Coverages Additional Interest External Inspections FHCF Reporting Protective Devices Has Sprinkler System Yes No
	29	In the <i>Building Coverage</i> section, enter the Limit, Total Replacement Cost and Building Valuation Amount :
		Details WLM Coverages Additional Interest External Inspections FHCF Reporting Protective Devices Image: Common Building Terms Hurricane Deductible 5% Hurricane Deductible Calendar Type All Other Perils \$5,000 Deductible Coinsurance 100% Building Valuation MM/dd/yyyy Image: Coinsurance 100% Date of Valuation MM/dd/yyyy Image: Cost 100% Notes: For Commercial Residential risks, the Limit, Total Replacement Cost and Building Valuation Amount must be the same. For Commercial Nonresidential risks, if the total replacement cost exceeds the maximum limit allowable, First Loss Rules apply.
	30	The value of a building must be identified. Select the Valuation Source.



Buildings and	Step	Action
<i>Locations</i> , continued	31	Select the Date of Valuation. If an appraisal is used, complete the Appraiser Name field:
		Building Coverage Limit * 500,000 Total Replacement * 500,000 Cost 500,000 Amount 500,000 Valuation Source Appraisal Appraiser Name * Date of Valuation MM/dd/yyyy Business Personal Property Coverage
	32	 A. Select Business Personal Property Coverage, if desired. B. Enter in the Limit and Total Actual Cash Value. These values should be the same.
	33	If there are any additional interests (for example: first mortgagee) for the building, they will need to be added: Select the Additional Interest tab: New Building Return to Buildings and Locations OK Conce Details WLM Coverages Additional Interest External Inspections FHCF Reporting Building Additional Interests Made Type Description Contract 1



Buildings and	Step	Action
<i>Locations</i> , continued	34	Select Add:
		New Building Return to Buildings and Locations
		OK Cancel
		Details WLM Coverages Additional Interest External Inspections FHCF Reporting
		Building Additional Interests Add Remove
		New Company Type Description Contract ↑
		Select Mortgage Company Other Contacts
		<i>Note:</i> Refer to the following job aids when adding a mortgagee,
		premium finance company or trust:
		 Adding or Updating a Payor to the Insured or a Third Party
		Adding, Updating or Removing a Premium Finance
		 Company as the Payor Adding, Updating or Removing the Mortgagee or Payor
		 Adding, Opdating of Removing the Mongagee of Payor Writing a Residence Held in Trust
	35	Select the appropriate interest. For example, to add a mortgagee, click Select Mortgage Company :
	36	New Building Return to Buildings and Locations
		Details WLM Coverages Additional Interest External Inspections FHCF Reporting
		Building Additional Interests
		New Company Type Description Contract ↑
		Select Mortgage Company Other Contacts
		Enter the search criteria you want to use to find the mortgage
	50	Enter the search criteria you want to use to find the mortgage company, then select Search :
		Search Mortgage Company Return to New Building
		Type Company Address Book ID Company Name City
		FEIN d+######## State <none> ✓ Work Phone ####################################</none>
		County Country United States +
		Search Beset Search Results
		Result: All of the companies that match the search will display in
		the Search Results.





Buildings and	Step	Action				
<i>Locations</i> , continued	37	View the results to find the correct company. Click Select next to the desired company name.				
		Company Name wells				
		FEIN ##-#######				
		Work Phone ###-#### x#####				
		Search Reset				
		Print / Export				
		Name Address Boo Address Phone				
		Select WE ab:4206 PO BOX 100515, FLORENCE, SC 29502-0515 PO BOX 100515, FLORENCE, SC 29502-0515				
		Select We ab:4242 PO BOX 5708, SPRINGFIELD, OH 45501-5708				
	39	Details WLM Coverages Additional Interest External Inspections FHCF Reporting Building Additional Interests Enternal The Description Contract † Name Type Description Contract † WELLS FAR Nongagee Additional Mortgagee Additional Mortgagee Additional Mortgagee Lender's Loss Payable Loss Payable Trustee Lessor Lessor Enter in the Contract/Loan Number:				
	39	New Building Return to Buildings and Locations OK Cancel Details WLM Coverages Additional Interest External Inspections FHCF Reporting				
		Building Additional Interests Add Remove Remove				
		Name *Type Description Contract Number 1 WELLS FAR 1st Mortgagee 111111111111				
		WELLS FAK ISL MORGAGEE				
		<i>Note:</i> Repeat Steps 34-39 as necessary to add more Additional Interests.				



Buildings and	Step	Action						
<i>Locations</i> , continued	40 Select the FHCF Reporting tab to enter in detail regarding the types of eligible commercial occupancies:							
		New Building Return to Buildings and Locations Cox Concel Details VLM Coverages Additional Interest External Inspections Florida Hurricane Catastrophe Fund (FHCF) Reporting FHCF Reporting Ended						
		# Units Units % Sq. Ft. Owner Occupied Units: (Occupied as primary or secondary residence for at least 90 days per calendar year)						
		Non Owner Occupied Units: (Tenant occupied as a primary residence - annual lease) 5 100 10000 Non Owner Occupied Units: (Remed less than 6 rental periods by different parties during the course of a 12 month period) 6 10000						
		Non Owner Occupied Units: (Rented for 6 or more rental periods by different parties during the course of a 12 month period) Mercantile, Service or Office Units						
		Totals 5 100 10000						
	41	 Notes: The FHCF reporting table must be completed for all Citizens Commercial Residential risks and for any mixed occupancy Commercial Nonresidential risks that contain residential exposure/units. The total number of units and square footage must equal the values entered in the <i>Details</i> tab. Results: The <i>Buildings and Locations</i> section is complete. Repeat Steps 13-40 as necessary to add additional buildings. 						
		Risk Analysis screen:						
		Buildings and Locations < Back Next > Premium Estimate Save Draft Close Options ▼						
		Add Location Remove Buildings Copy Functions Spreadsheet						
		Actions Description Building Type						
		1: Main Location(Primary) (Sinkhole Coverage:Yes)						
		1: Blue Building Regular Building						
	L							



Buildings and	Step	Action					
Locations,	40	Select the FHCF Reporting tab to enter in detail regarding the					
continued		types of eligible commercial occupancies:					
		New Building Return to Buildings and Locations					
		OK Cancel					
		Details WLM Coverages Additional Interest External Inspections Florida Hurricane Catastrophe Fund (FHCF) Reporting Florida Hurricane Catastrophe Fund (FHCF) Reporting Florida Hurricane Catastrophe Fund (FHCF) Reporting					
		# Units Units % Sq. Pt Owner Occupied Units: (Occupied as primary or secondary residence for at least 90 days per calendar year)	Ft.				
		Non Owner Occupied Units: (Tenant occupied as a primary residence - annual lease) 5 100 1000	100				
		Non Owner Occupied Units: (Rented less than 6 rental periods by different parties during the course of a 12 month period)					
		Non Owner Occupied Units: (Rented for 6 or more rental periods by different parties during the course of a 12 month period)					
		Mercantile, Service or Office Units					
		Totals 5 100 10000	00				
		Select OK when complete. DO NOT select <i>Return to Buildings</i>					
		and Locations or all new building information will be lost.					
		Ŭ					
		Notes:					
		• The FHCF reporting table must be completed for all Citizens					
		Commercial Residential risks and for any mixed occupancy					
		Commercial Nonresidential risks that contain residential					
		exposure/units.					
		• The total number of units and square footage must equal the values entered in the <i>Details</i> tab.					
		Results:					
		• The Buildings and Locations section is complete.					
		• Repeat Steps 13-40 as necessary to add additional buildings.					
	41	If no other buildings need to be added, select Next to move to					
		the <i>Risk Analysi</i> s screen:					
		Buildings and Locations					
		< Back Next > Premium Estimate Save Draft Close Options ▼					
		Add Location Remove Buildings Copy Functions Spreadsheet					
		Actions Description Building Type					
		✓ 1: Main Location(Primary) (Sinkhole Coverage:Yes)					
		1: Blue Building Regular Building					

Continued on next page



Risk Analysis	The <i>Risk Analysis</i> screen alerts you to any underwriting issues for this submission. What is required is prior policy information to be entered unless it's a new purchase.				
	Step	Action			
	1	Select the Prior Policies tab to enter prior insurance information:			
		Risk Analysis			
		< Back Next > Premium Estimate Save Draft Close Options ▼			
		UW Issues Prior Policies Prior Losses No issues identified at this time. Image: Comparison of the second seco			
		Approve Reject Reopen History View Issues Blocking * Me			
	2	Select Next to continue to the <i>Policy Review</i> screen:			
		Risk Analysis			
		< Back Next > Premium Estimate Save Draft Close Options <			
		UW Issues Prior Policies Prior Losses			
		No issues identified at this time.			



Policy Review	The Poli deductib	<i>cy Review</i> screen provides an overview of coverage and les.			
	Step	Action			
	1	Review the information on the <i>Policy Review</i> screen for accuracy.			
		If needed, navigate to the appropriate screen to make any			
		necessary changes. Select Premium Estimate to check for			
		errors and obtain a premium estimate:			
		Policy Review			
		Kander Bremium Estimate Save Draft Close Options First Named Insured Hank Product Commercial Prop			
		Policy Mailing Address 20950 Overseas Highway Effective Date 06/30/2020 Cudjoe Key, FL 33042			
		Result: Any errors on the application will display in the Validation			
		<i>Results</i> section at the bottom of the <i>Policy Review</i> screen. If			
		there are no errors, the <i>Premium Estimate</i> screen will display.			
		<i>Note:</i> Buildings valued over 10million will be submitted for A-Rate			
		And no premium will display, but you will still need to click on			
		premium estimate to upload and link documents.			
	2	Errors that require correction are indicated with a red			
		exclamation point. Errors that can be bypassed are indicated with a yellow exclamation point.			
		a yenow exclamation point.			
		To correct an error, click on the underlined link to be returned to			
		that page of the application:			
		<i>Note:</i> If you receive a Duplicate Submission error you can still			
		generate a Premium Estimate. Please contact Underwriting if you			
		need to Request Approval.			
		Validation Results			
		Validation Results			
		Clear			
		On "Policy Info":			
		Effective Date must be between 04/04/2019 and 05/04/2019. [US34.V14].			
		⚠️ Social Security Number has not been provided. [US34.V19].			
		The fields that require correction will appear in red. Click within			
		the field to correct the information.			
	3	Once all errors have been corrected, select Premium Estimate .			
		Result: The Premium Estimate screen appears.			



PremiumThe Premium Estimate screen provides estimated premium charges for the
policy. The premium is subject to change pending Underwriting review.
There are multiple options on the Premium Estimate screen:

Select	То		
Edit Transaction	Make changes to the application, then re-estimate		
	premium.		
Save Draft	Save the application, which enables you to return		
	later.		
Versions	Create a different version of the application for		
	coverage and premium comparison purposes.		
Close Options	Withdraw the application.		
Request	To submit request to bind the application.		
Approval			
Print Options	Print the Premium Estimate.		

Premium Estimate							
< Back	Next >	Edit Transaction	<u>S</u> ave Draft	Versions 🔻	Close Options 🔻	Request Approval	Print Options 🔻
Request	< Back						

Once you review the *Premium Estimate* screen, select **Next** to continue to the *Required Documents* screen.



Required Documents

As you create a new submission, the *Required Documents* screen displays a dynamic list of documents you must upload. When you have multiple items (for example, photos) for the same required document type, files can be combined in a PDF or multiple document types can be selected.

Required Do	cuments		
< Back Next > 8	dit Transaction Versions 🔻 Close Optio	Request Approval	
Include Policy Level Documents	<none> ~</none>	Status Filter Description Filter	<none selected=""></none>
Location	<none selected=""></none>	Description Filter	
Building	<none selected=""></none>		
Required Document G	uide frm		
	<u> </u>		

Notes:

- If you are uploading documents for multiple locations, you can use the search criteria to sort the list of required documents.
- The link to the *Required Document Guide* will give you specific detail for commonly required documents.



Premium	Step	Action								
Estimate,	1	Upload all required documents.								
continued		A. Check the corresponding box for the document you want to								
		upload.								
		Upload Tink United Building Required Document Name Required Document Desc. Linked Document Status								
		1: Main Location 1: Condex: Idding A Photos Two color photos of each Inversion the Insurance Not Uploaded Concrision the Insurance								
		An uploaded document can be used more than								
		Once by selecting the <i>Link</i> option. Navigate to the top and click on the <i>Link option</i> . One document is required to be uploaded to								
		1: Main Location 1: M								
		Not Uploaded								
		B. Click Upload (one document must be uploaded prior to linking:								
		Notes:								
		 If a document is already uploaded, use the Link feature to attach the previously uploaded item. 								
		 Refer to the Uploading and Linking Documents job aid for detailed instructions on document submission. 								
	2	Select Request Approval when all required documents have been uploaded:								
		Submission (Premium Estimated) CR-M CLA Eff. 06/30/2020 Hank Account #								
		Actions Required Documents								
		Submission Promium Estimated								



Step	Action					
3	submission contact tele	Use the <i>New Note</i> section use General as the type and new submission as the subject. Please provide your name and contact telephone # and any other information you would like the underwriter to know, then select Send Request :				
	UW Activit	Return to Required Documents				
		Cancel				
	Subject	Request Review And Approval	New Note			
	Description	Request Review and approval	Topic	<none></none>		
			Subject Related To	Submission : 10973038 (2020-06-18)		
			Text			
	Priority	Normal				
	Assign To	Underwriter				



Notice of Approval		submitted is approved, the activity <i>Request for Submission</i> <i>is Approved</i> will be sent to the agent to complete the submission					
	Step	Action					
	1	Access the Desktop :					
		Citizens PolicyCenter® Desktop ▼ Account ▼ Policy ▼ Search ▼					
		Actions My Activities					
		My Activities					
	2	Select the approval activity related to your submission:					
		My Activities					
		Assign Complete					
		All open V (() Page 1 of 2)) Lub Date Time Created Priority Status Close Date Subject					
		Image: State in the state i					
		☐ ★ 07/16/2020 07/14/2020 04 High Open Request for Submission Approval is Approved					
		Open Review and Provide Additional Information					
		Result: The <i>Activity Detail</i> screen will appear.					
		Activity					
		Activity Detail					
		OK Complete Cancel View <u>N</u> otes					
		Activity Info					
		Subject Request for Submission Approval is Approved					
		Description Acquire all required signatures and upload signed application pages. Payment must be received by Citizens within 5 business days of the approved effective date or from selecting "Accept and Print", whichever is greater. Payment can be made via online payment or by mailing a check and the payment transmittal to Citizens.					



Notice of	Step	Action					
Approval , continued	3	Select View Notes to view any additional notes about the submission approval.					
		Activity Detail OK Complete Cancel View Notes Activity Info					
		Result: Any additional notes will appear. Select Return to Activity Detail.					
		Notes Return to Activity Detail Info Details					
		Author: Victoria Lefils Jul 14, 2020 04:03 PM Topic: General Request for Submission Approval is Approved 04:03 PM Security Level: Unrestricted Acquire all required signatures and upload signed application pages. Payment mus					
	4	Select OK to close the <i>Activity Detail</i> screen.					
		Activity Activity Detail					
		OK Complete Cancel View Notes					



Premium Estimate,	Step			Ac	tion	
continued	5	no change	s are neede re related t	ed. The on	and select Premium E Iy change that can be ples anything else requ	made at
		Policy < Back	Info Premium Estir	mate Sav	e Draft <u>C</u> lose Options ▼	
		sidebar to	view the for een will sho	ms assoc w what for	Estimate, select Forms iated with the submiss rms have been applied	ion. The
		Policy Type Questions	Forms			
		Policy Contract	< Back Next > Edit T	ransaction <u>C</u> lose Option	ns 🔻	
		Eligibility Questions	Forms to Print (excludes	impacted forms already	printed)	
		Policy Info	(((Page 1	of 2 💙 📎		
		Policy Coverages	Form #	Edition	Description	Applies To
		Premium Estimate	CIT 01 75	02 20	FLORIDA CHANGES - LEGAL ACTION AGAINST US	Policy
		Required Documents	CIT 01 91	01 14	FLORIDA CHANGES - RESIDENTIAL CONDOMINIUM ASSOCIATIONS	Policy
		Forms Payment	CIT 03 23	01 14	FLORIDA CALENDAR YEAR HURRICANE PERCENTAGE DEDUCTIBLE (RESIDENTIAL	Policy
		Workplan	CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM	Locations

Continued on next page



Payment	Step	Action			
	1	When ready to make a payment, select Payment from the sidebar.			
		From the <i>Payment</i> screen, view the <i>Premium Summary</i> , and select a billing method:			
		Policy Info Premium Summary Invoicing Grand Subtotal 4,717.00 Frequency			
		Mandatory Additional Surcharges 791.00 Day of Month Account D Buildings and Location TOTAL PREMIUM 5,508.00 Pay Using Account D Risk Analysis Due Date Account D			
		Policy Review Billing Is this policy premium financed? Required Documents Billing Method * <none> *</none>			
		Forms Payment Schedule Payment Payment From Agency Bank Account			
		If Yes, select Premium Finance Company . Refer to the Adding, Updating or Removing a Premium Finance Company as the Payor job aid for more information. If No, continue to next step.			
	3	Select a Billing Method:			
		Billing Is this policy premium financed? Yes O No Billing Method Payor Direct Bill Mortgagee Bill			
		 Notes: Direct Bill should be selected when the payor is the applicant, premium finance company or third party. When the policy is mortgagee billed, refer to the Adding, Updating or Removing the Mortgagee or Payor job aid. 			



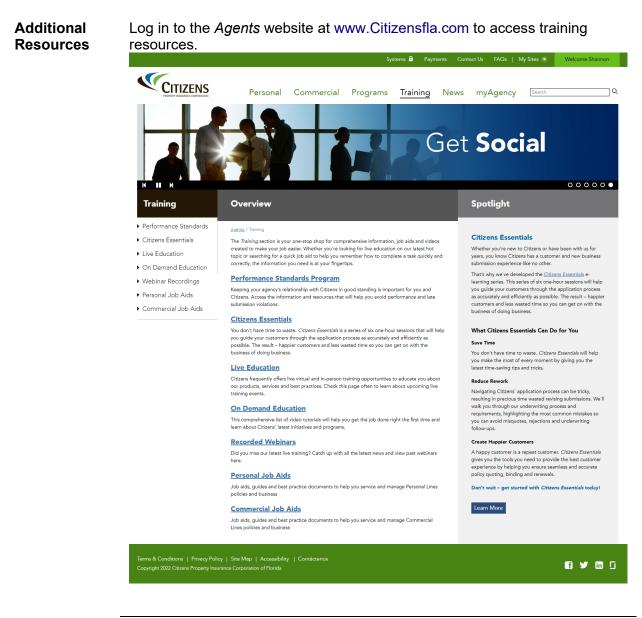
Payment,	Step	Action
continued	4	Add a payor from a list of previously entered contacts by clicking the highlighted arrow icon:
		Billing
		Is this policy premium financed? O Yes No
		Billing Method * Direct Bill -
		Payor 💿
		New Company
		Payment Schedule New Person
		Existing Billing Contacts 🕨
		Other Contacts
	5	If you select <i>Direct Bill</i> , our payment plans display: full pay, semi- annual and quarterly. Choose the payment option:
		Payment Schedule
		* Select Installment Plan Schedule Down Payment Installment Total 1 Citizens Full Pay C+ 64.00 - 64.00
		O Citizens Semi Annual C+ 52.00 28.00 80.00 Citizens Quarterly C+ 40.00 16.00 86.00
		 Note: Direct-billed policies are eligible for electronic payments, made by the agent through PolicyCenter or the policyholder through myPolicy. For PolicyCenter payments, refer to the <i>Making an Online Electronic Payment</i> job aid.
		 For myPolicy payments, refer to the <i>myPolicy</i> guide.
	6	Once the billing method and payment plan have been selected, you can accept the offer and print the application by selecting Close Options :
		Payment
		< Back Edit Transaction Save Draft Close Options



Verify that all information is correct. Once you accept and print the offer, Accept and changes can no longer be made. To accept the offer: Print

Step	Action					
1	From the <i>Close Options</i> drop-down menu, select Accept and Print App if the applicant accepts the approved submission.					
	Payment					
	< Back Edit Transaction Save Draft Close Options					
	Accept And Print App Not-Taken					
	Premium Summary Invoicing					
	 Notes: Once the application is accepted and printed, the only change that can be made is to deductible options. Other changes, including those to a payment plan, will require a new submission. If the applicant declines the approved submission, select Not-Taken. If Not-Taken is selected, select not-taken agent or not-taken insured. 					
2	A confirmation prompt appears for you to confirm the payment information entered. Click OK to continue:					
	The submission is being accepted with a billing method of Direct Bill to fit this is correct press OK, otherwise press Cancel to correct your entries					
	 Notes: Go to the Account level documents to view the application and payment transmittal. The policy does not get <i>issued</i> until the payment is posted. No coverage is in force until the policy is <i>issued</i>. For more information on submitting payment, refer to the Submitting Payments job aid. 					
3	Once payment posts, you will receive an activity indicating <i>Policy</i> ####################################					
	Citizens Policy/Center* Desktop Agcount Policy Search Administra Actions My Activities My Activities Administra Complete My Activities All open (Page of 2 j j My Submissions Image: Complete Due Date Time Created Priority Status Close Date Subject My Renewals Image: Complete O7/14/2020 06 Normal Open Policy 041 has been issued.					





End of document