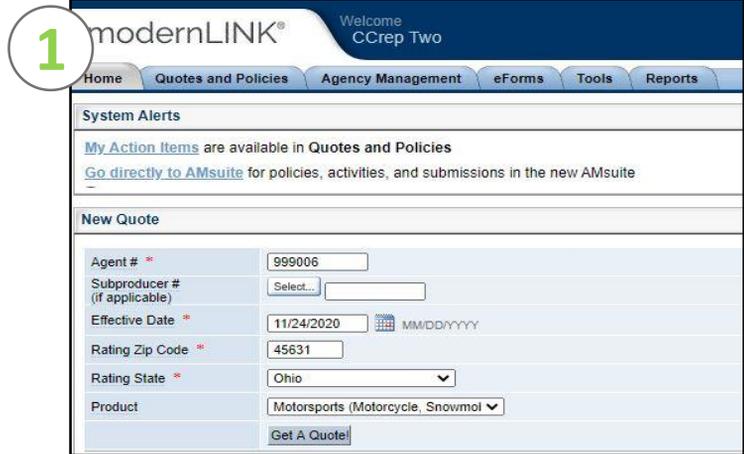


AMsuite®

Recreational Quote and Issuance

This job aid will provide step by step instructions for completing a Recreational Quote/Issue in the AMsuite system

Start your quote in modernLINK® by filling out the required information then select "Get A Quote."



1

modernLINK® Welcome CCrep Two

Home Quotes and Policies Agency Management eForms Tools Reports

System Alerts

My Action Items are available in Quotes and Policies

Go directly to AMsuite for policies, activities, and submissions in the new AMsuite

New Quote

Agent # * 999006

Subproducer # (if applicable) Select...

Effective Date * 11/24/2020 MM/DD/YYYY

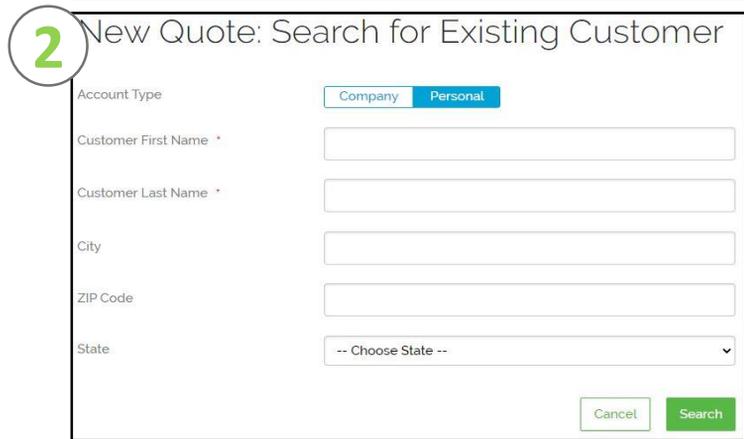
Rating Zip Code * 45631

Rating State * Ohio

Product Motorsports (Motorcycle, Snowmol)

Get A Quote

Select the account type then enter the required fields and select search.



2

New Quote: Search for Existing Customer

Account Type Company Personal

Customer First Name *

Customer Last Name *

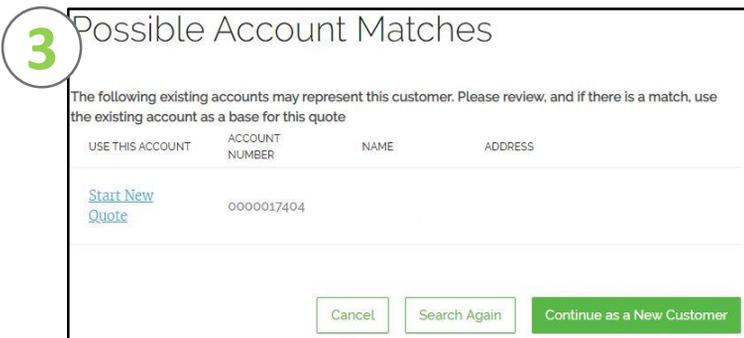
City

ZIP Code

State -- Choose State --

Cancel Search

Select the account or continue as a new customer.



3

Possible Account Matches

The following existing accounts may represent this customer. Please review, and if there is a match, use the existing account as a base for this quote

| USE THIS ACCOUNT | ACCOUNT NUMBER | NAME | ADDRESS |
|---------------------------------|----------------|------|---------|
| Start New Quote | 0000017404 | | |

Cancel Search Again Continue as a New Customer



Recreational Quote and Issuance

Fill out the customer details

4 New Quote: New Customer Details

| | |
|-----------------------|--|
| Account Type | Personal |
| Customer First Name * | <input type="text"/> |
| Customer Middle Name | <input type="text"/> |
| Customer Last Name * | <input type="text"/> |
| Customer Suffix | <input type="text"/> |
| Date Of Birth * | MM/DD/YYYY  |
| SSN | ---*---*----- |
| Phone Type * | Mobile |
| Phone Number * | ---*---*----- |

Enter the mailing address and select continue

5 Mailing Address

| | |
|-------------------|----------------------|
| Country | United States |
| Attention/Care Of | <input type="text"/> |
| Address Line 1 * | <input type="text"/> |
| Address Line 2 | <input type="text"/> |
| City * | <input type="text"/> |
| State * | ---Choose State--- |
| Zip * | <input type="text"/> |

This information will prefill from Modernlink. If you started the quote from Amsuite you will need to enter the producer and product information. Select next

6

| | |
|------------------|---|
| Rating State * | Ohio |
| Effective Date * | 11/24/2020  |
| Producer Code * | 999006 - ----- 999006 - Testing for Atlas Inc. |
| | <input type="button" value="Search Producer"/> |
| Product * | Recreational |
| Policy Type * | Motorsports  |

AMsuite®

Recreational Quote and Issuance

Add an additional insured if applicable then select next

7 Policy Details

Effective Date *

Has the applicant moved in the last 60 days? * Yes No

Policy Type

Additional Insured

[Add Additional Named Insured \(No Lienholders\)](#)

Answer qualification questions to see if the risk is eligible and select next

8 Qualification

In connection with underwriting or rating this application for insurance, we may review your credit history or obtain or use a credit based insurance score based on the information contained in that credit history. We may use a third party in connection with the development of your insurance score. * Yes No

In connection with this application for insurance, we may review your claims history or loss experience and may report future claims made by you to a claims history provider. * Yes No

In connection with this application for insurance, we may review your motor vehicle or driver history report. * Yes No

Disclaimer has been read and applicant did not object. * Yes No

Policy Discounts

Eligible for multi-policy discount? * Yes No

Will the applicant be paying in full for this policy? (Not eligible if Lienholder billed) * Yes No

Does the applicant intend to enroll in paperless policy delivery? * Yes No

Applicant primary residence. *

Has the applicant had continuous insurance or a lapse of less than or equal to 31 days on any of the vehicles being quoted? *

Fill in driver information not provided by the prefill. Click the pencil icon to edit drivers.

9 Drivers

First Name

Middle Name

Last Name

Suffix

Date of Birth

Gender *

Marital Status *

Relationship to Primary Insured *

SSN

Address *

Motorcycle License Yes No

Excluded Driver * Yes No

Is the driver a member of any of the following associations? If so, select one.

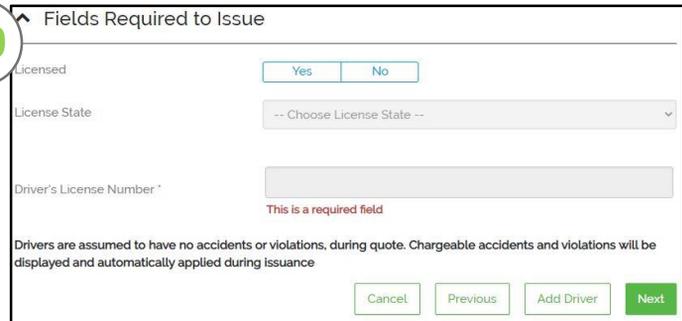
Date Completed Safety Course

AMsuite®

Recreational Quote and Issuance

Select the drop-down arrow to fill out the Fields Required to Issue then select next.

10



Fields Required to Issue

Licensed Yes No

License State

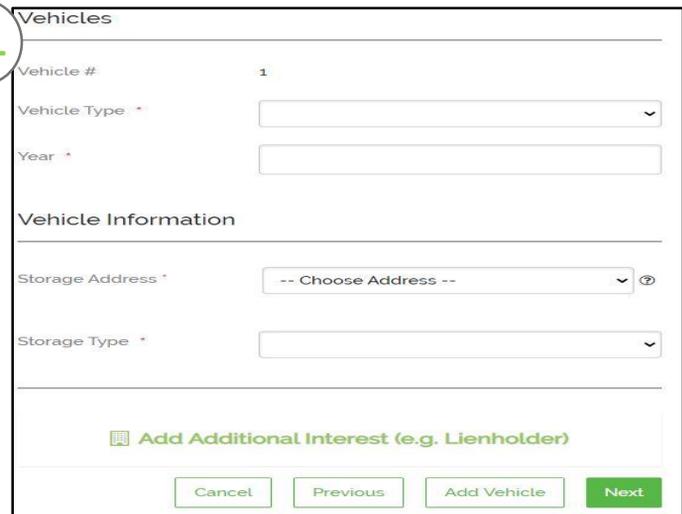
Driver's License Number *

This is a required field

Drivers are assumed to have no accidents or violations, during quote. Chargeable accidents and violations will be displayed and automatically applied during issuance

Enter Vehicle Type, When the VIN is entered the year, make, model and engine size pre-fills. Enter the storage details. Add additional interest (loss payee) if applicable and select next.

11



Vehicles

Vehicle #

Vehicle Type *

Year *

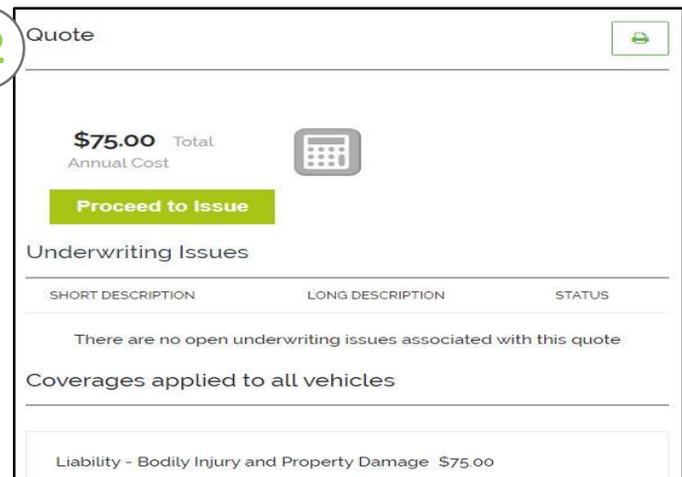
Vehicle Information

Storage Address *

Storage Type *

After choosing the coverages select the calculator icon to calculate the premium. After the premium generates you can click the printer icon to print the quote. Then select proceed to issue.

12



Quote

\$75.00 Total Annual Cost

Underwriting Issues

| SHORT DESCRIPTION | LONG DESCRIPTION | STATUS |
|--|------------------|--------|
| There are no open underwriting issues associated with this quote | | |

Coverages applied to all vehicles

Liability - Bodily Injury and Property Damage \$75.00

Enter the insured's e-mail, answer the opt-in question and select next

13

Vehicles

| Vehicle # | Vehicle Type | Year | Make | Model | VIN/HIN/Serial # |
|-----------|--------------|------|-----------------|-------------------|------------------|
| 1 | Motorcycle | 2010 | HARLEY-DAVIDSON | FLSTS CROSS BONES | 1hdjms13ab0402g0 |

Drivers

| Name | Relationship to Primary Insured |
|-------------|---------------------------------|
| stacy roush | Primary Named Insured |

Primary Insured's Contact Details

Name: stacy roush

Email Address:

The customer has the option of receiving automated calls and/or text messages from us. Do we have the customer's permission to send automated pre-recorded and artificial voice calls and/or text?

Select the payment plan

14

Billing

Billing Method:

Renew Method:

Billing Type:

Date of Payment:

Bill To:

EZPay form signed?:

EZPay form version: *

Total cost could be significantly reduced if you choose to pay in full. You may do this by selecting "Yes" to "Paid in Full" on the Policy Info Page

Payment Plans

| SELECT | NAME | PAY NOW | AMOUNT OF INSTALLMENT (EXCLUDING FEE) | INSTALLMENTS | INSTALLMENT FEE | TOTAL COST (INCLUDING FEES) |
|-----------------------|----------------------|----------|---------------------------------------|--------------|-----------------|-----------------------------|
| <input type="radio"/> | Full Pay Plan | \$163.00 | \$0.00 | 0 | \$0.00 | \$163.00 |
| <input type="radio"/> | Semi-Annual Pay Plan | \$81.50 | \$81.50 | 1 | \$0.00 | \$163.00 |

There are two options for signatures, electronic or printing the application for a traditional signature. If electronic is selected the insured must have an e-mail address and electronic device. Then select buy now when ready to issue.

15

Required Signature Forms

Signatures on required forms can be obtained two ways:
 1) Emailed to Primary Named Insured for electronic signature, or
 2) Printed for traditional signature by Primary Named Insured. Please choose an option below.

Note: If electronic signature is selected, the electronic envelope may first be emailed to the Producer for signature before being forwarded to the Primary Named Insured.

Electronic Signature - Mobile Device Required

Consent to electronic delivery of required form?

Producer email address for signature:

Mobile Phone number for text message delivery* of Personal Identification Number (PIN):

*Standard message and data rates apply

[View Privacy Notice](#)

Traditional Signature

| FORM # | DESCRIPTION |
|--------------|-------------------------|
| MS-CW-O-0001 | Motorsports Application |

If the customer is going paperless remember to select set up an online account. To find the declaration page select the policy number. Keep a record of the documents.

16

Payment Successful

Set Up An Online Account

Your new policy has been bound.

Policy Summary

| | |
|-----------------------|--------------------------------------|
| Account Number | 0000020935 |
| Policy Number | 600010637 |
| Policy Effective Date | November 24, 2020 |
| Policy Period | November 24, 2020 -November 24, 2021 |
| Policy Total Amount | \$163.00 |
| Payment Plan Name | Full Pay Plan |
| Current Payment | \$163.00 |

Keep a record of these documents or upload to the policy documents

- The completed and signed application
- Coverage selection/rejection, named exclusion, or other state-specific forms
- Proof of discounts, and any other documents required as indicated in the application process or in the state specific program manual.

NOTE

- When the electronic signature tool is used and successfully completed by both producer and customer, the signed forms automatically upload to the policy documents.
- All policyholder documents must be retained for seven (7) years after the date of policy cancellation.

For Agent Use Only - Not for Distribution

January 2021
Version: #2.0

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