



i·Reli[®]

Training Manual

Onboarding a New Sub

[Log In and Main Menu Directions](#)


[Product and Program Selection](#)

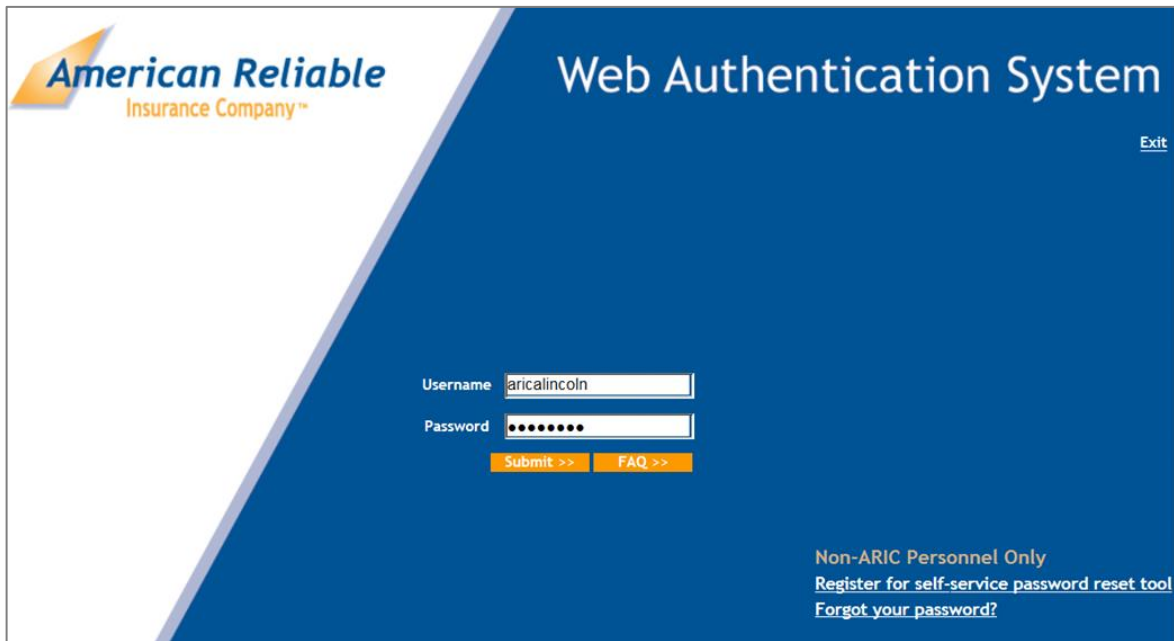
[Completing a Quote](#)

[Completing an Application](#)

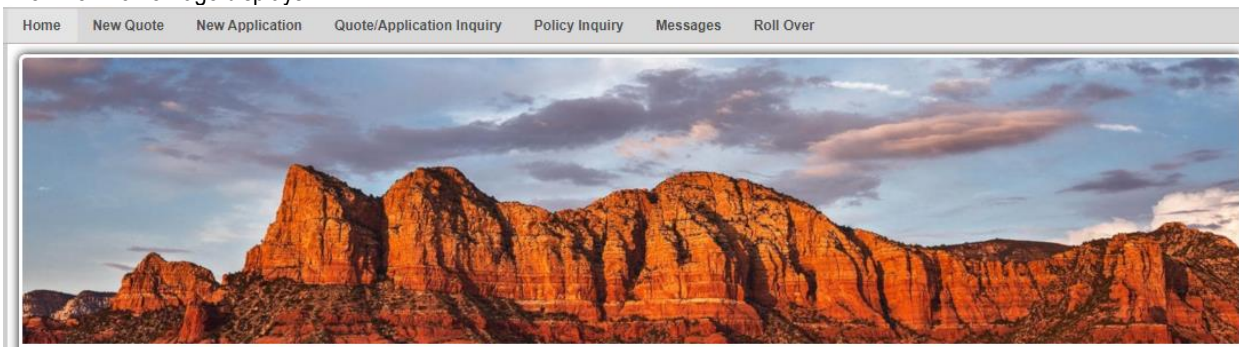
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Onboarding a New Sub Producer – Login and Main Menu

1. Open Google Chrome, Microsoft Edge, or Mozilla Firefox. You can access i-Reli in any of the following ways:
 - a. Go to AmericanReliable.com and click “i-Reli Agent Log In.”

 - b. Go directly to ARICireli.com.
 - c. Your General Agency may provide a *single sign-on option* on your web page.
2. The login screen opens.
 - a. Enter your Username and Password. Click “Submit >>.”
 - Self-service password reset tool
 - FAQs



3. The i-Reli Home Page displays:



- a. Main Menu buttons (General Agency set-up is shown)
 - New Quote
 - New Application
 - Quote/Application Inquiry
 - Policy Inquiry
 - Messages
 - Roll Over

b. User Training

- Billing & Payments
- Cancellations
- Claims
- Endorsements
- Glossary Of Terms
- Inquiry
- Messaging
- Navigation Tools
- Quick Quote
- Receipts
- Underwriting

User Training



c. News

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

March

[July 15: Oklahoma American Reliable Insurance Company Dwelling Product Updates!](#)
[June 1: Oklahoma American Reliable Insurance Company Manufactured Home Product Updates!](#)
[April 17: System Disruption Message](#)
[April 3: System Disruption Message](#)

4. Click on the Moratorium name to see what States, Counties, and ZIP Codes are affected.

USER TRAINING

FORMS

MARKETING

AMERICAN RELIABLE UNIVERSITY

- Home
- Agency Management
- Billing & Payments
- Policy Administration
 - * New Quote
 - * New Application
 - * Quote - App Inquiry
 - * Policy Inquiry
 - * Messages
- Reports
- Log Out

Claims

To assist our Agents and Policyholders in submitting a claim notice please either call 800-245-1505 or email us at claims.first.notice@americanreliable.com.

Global Indemnity and American Reliable are here to support our business partners and policyholders.

News

****Automatic Payment (ACH) Authorization Form****

December 1: Montana American Reliable Insurance Company Manufactured Home Product Updates!

November 1: California American Reliable Insurance Company Manufactured Home Product Bulletin Available

November 1: California American Reliable Insurance Company Manufactured Home Product Update!

March 1st: South Carolina American Reliable Insurance Company Dwelling Program 2.0!

****Automatic Payment (ACH) Authorization Form****

December 1: Montana American Reliable Insurance Company Manufactured Home Product Updates!

November 1: California American Reliable Insurance Company Manufactured Home Product Bulletin Available

Moratorium	States Affected	Version	Effective Date	End Date
HURRICANE TEST	GA	1	9/13/2018	9/13/2018
HURRICANE TEST	GA, HI	2	9/13/2018	

MORATORIUM INFORMATION

Name	HURRICANE TEST	Version	1
Status	EXPIRED	Product	ALL
Start Date	9/13/2018 2:42:05 PM EST	Expiration Date	9/13/2018 2:45:05 PM EST
Created By:	UAT45	Created Date:	9/13/2018
Last Modified By:	UAT45	Last Modified Date:	9/13/2018

AFFECTED STATES: [GA](#)

Georgia

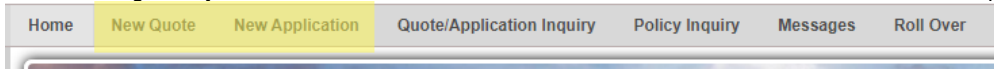
All Counties and Zip Codes

Close >>

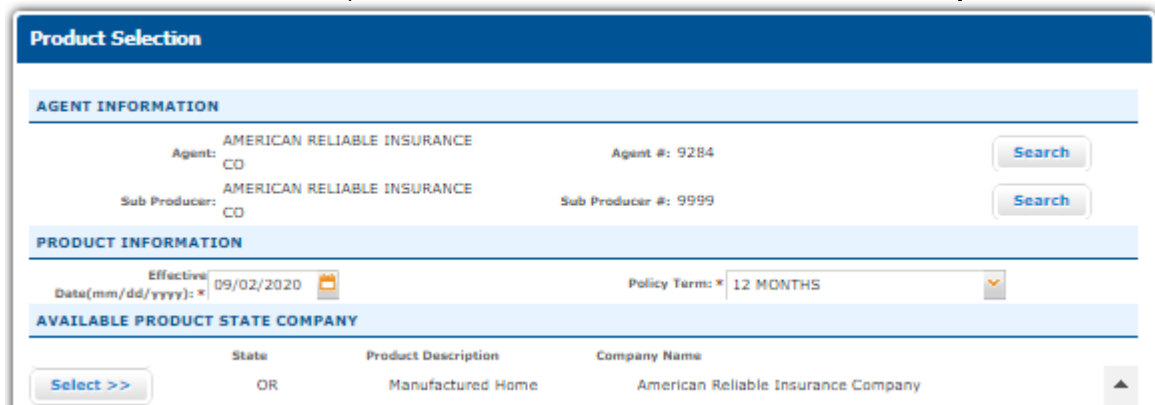
Onboarding a New Sub Producer – Product and Program Selection

When starting a new quote or application, you are directed to the Product and Program selection screens. These screens help select the desired State and Product and determine which programs / policy types are available for a specific product.

1. After selecting “Policy Administration” from the i-Reli Main Menu, select either “New Quote” or “New Application.”



2. The Product Selection screen will open. Enter the Effective Date and select the State and Product you need.



The screenshot shows the 'Product Selection' screen with the following sections:

- AGENT INFORMATION**
 - Agent: AMERICAN RELIABLE INSURANCE Agent #: 9284 [Search]
 - CO
 - Sub Producer: AMERICAN RELIABLE INSURANCE Sub Producer #: 9999 [Search]
 - CO
- PRODUCT INFORMATION**
 - Effective Date(mm/dd/yyyy): * 09/02/2020 [Calendar icon]
 - Policy Term: * 12 MONTHS [Dropdown arrow]
- AVAILABLE PRODUCT STATE COMPANY**

State	Product Description	Company Name
OR	Manufactured Home	American Reliable Insurance Company

[Select >>] [Up arrow]

3. After selecting the State and Product, the Program Eligibility screen displays. In the Program Eligibility Information section, complete the required fields marked with red asterisks. Also, acknowledge the Insured's permission to run reports in the Disclosure section.

Program Eligibility

AGENT INFORMATION

Agent: AMERICAN RELIABLE INSURANCE CO Agent #: 9284
Sub Producer: AMERICAN RELIABLE INSURANCE CO Sub Producer #: 9999

PRODUCT INFORMATION

Effective: 9/2/2020 Policy Term: * 12 MONTHS
Date(mm/dd/yyyy): *
Product: Manufactured Home Company Name: American Reliable Insurance Company
State: OR

APPLICANT INFORMATION

Has the applicant been convicted of arson or insurance fraud? * Yes No

Type of Ownership: * INDIVIDUAL

Applicant First Name: * Applicant Middle Name:

Applicant Last Name: * Applicant Suffix:

ELIGIBILITY INFORMATION

The home has permanently installed water, electricity and sewage utility services.
The home has not been salvaged or has any existing structural damage.
The home is not vacant or under construction/major renovation.
The home is not in foreclosure.
There are no liquid fuel-powered space heaters or any heat reclaiming devices in the home.
The home's primary source of heat is not a wood/coal/pellet burning device or space heater.
The home does not have other structures or garages with a wood/coal/pellet burning device.
The home does not have polybutylene pipes.
Explosive or flammable materials are not stored on the premises.
Brush clearance is more than 100 feet around the home.
There is no lodging, auto repair and/or chemical processing conducted on the premises.
If a rental property, the home is not leased for less than 30 consecutive days and is not listed on any "House Sharing" platforms.
The home does not have fixed wrought iron bars on doors and windows.
The home is not built on a hillside still foundation or over water.
The home is not located within 1,500 feet of salt water.

Applicant has read and agrees with all the above statements. * Yes No

PROPERTY INFORMATION

Property Type: * MANUFACTURED HOME Occupancy: * (Please Select)
Year Built: * Home Value (\$): *
Location Street Address 1: * Location Street Address 2:
Location City: * Location State: OR
Location ZIP Code: * Location County: * (Please Select)
Distance from a fire hydrant (Please Select) Miles to a fire department: * (Please Select)
or credible water supply: *

DISCLOSURE

Please Read To The Applicant:

As part of our underwriting process, we may order consumer reports relating to loss and credit history. Upon request, we will provide you with name, address and telephone number of the third party consumer-reporting agency from which we obtain such reports.

Does the applicant give us permission to run reports as part of our underwriting process? * Yes No

[Validate Program Eligibility](#)

4. Click "Validate Program Eligibility" to proceed.

Onboarding a New Sub Producer – Completing a Quote

1. After completing the Product Selection and Program Eligibility, click “Start Quote” to begin.

[Start Quote](#)

2. The quote is an easy-to-complete, single screen. Complete the required fields. Simply tab between fields or scroll down to complete all sections. To get started, confirm or update the Effective Date.

Quick Quote			
Manufactured Home			
Agent:	AMERICAN RELIABLE INSURANCE CO	Agent #:	9284
Sub Producer:	AMERICAN RELIABLE INSURANCE CO	Sub Producer #:	9999
Quote Number:	QOR0000706347	Applicant Name:	TESTY MCTESTERSON
Effective Date:	9/2/2020	Expiration Date:	9/2/2021
		Policy Term:	12 Months

3. Complete the Applicant Information section. Information is required for all fields marked with red asterisks. If the Social Security Number is not provided or not available, input “555-55-5555” to proceed.

APPLICANT INFORMATION	
Has the applicant been convicted of arson or insurance fraud? *	No
Type of Ownership: *	INDIVIDUAL
Applicant First Name: *	TESTY
Applicant Middle Name:	
Applicant Last Name: *	MCTESTERSON
Applicant Suffix:	
Date of Birth (mm/dd/yyyy): *	m/d/yyyy
Mailing Designee:	NOT APPLICABLE
Social Security Number (123-45-6789):	555-55-5555
Mailing Street Address 1: *	100 W 10TH AVE
Mailing Street Address 2:	
Mailing City: *	EUGENE
Mailing State:	OR
Mailing Zip Code: *	97401
Mailing Country: *	USA
Phone Number (xxx-xxx-xxxx):	555-555-5555 Ext: <input type="text"/>
Email Address (mail@domain.suffix):	<input type="text"/>
Add Co-Applicant	

4. Complete the Property Information, Roofing, and Heating Information sections.

PROPERTY INFORMATION	
Location Street Address 1: *	100 W 10TH AVE
Location Street Address 2:	
Location City: *	EUGENE
Location State:	OR
Location ZIP Code: *	97401
Location County: *	LANE
Address Exception:	<input type="checkbox"/>
Occupancy: *	PRIMARY
Year Built: *	2019
Manufacturer: *	BRIGADIER
Serial Number: *	GHSOHSF
Length (in feet): *	70
Width (in feet): *	24
Purchase Date (mm/yyyy):	09/2020
Purchase Price (\$): *	150,000
Is the home located in a Manufactured Home Park? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Manufactured Home Park Name:	SUNNYSIDE PARK
Number of Park Spaces:	150
Roofing Information	
Type of Roofing: *	ARCHITECTURAL SHINGLE
Year of Last Complete Roof Replacement (YYYY): *	2019
Heating Information	
Primary Heat Source: *	GAS FORCED AIR
Year Heating System Last Fully Updated (YYYY): *	2019
Are there any supplemental heating devices on the premises? *	<input type="radio"/> Yes <input checked="" type="radio"/> No

5. Protection Class, Protective Devices, Underwriting Questions, Deductible, and Loss Settlement sections: Complete all required fields as well as any optional fields that are applicable.

PROTECTION CLASS

ISO Protection Class: 2 Do you want to override the returned ISO protection class? * Yes No

Fire Protection Information

Miles to a fire department: * 5 MILES AND LESS Distance from a fire hydrant or credible water supply: * 0-1000 FEET

WILDFIRE HAZARD SCORE

Wildfire Hazard Score: 0 Report Date (mm/dd/yyyy): 9/2/2020

PROTECTIVE DEVICES

Burglar Alarm: NONE Fire Alarm: NONE

UNDERWRITING QUESTIONS

1. Has the home been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase) * Yes No

2. Does the applicant (or tenant if tenant occupied) own, keep or shelter any animal with a previous bite history or any non-domestic animals? * Yes No

3. Does the premises have a swimming pool or spa that does not have a four-foot fence with a self-latching gate, motorized pool cover, or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible? * Yes No

4. How many paid claims has the applicant had in the past 36 months? * 0

DEDUCTIBLE

All Perils Deductible: * \$1000 ALL PERILS Wind/Hail Deductible: (Please Select)

Water Damage Deductible: (Please Select)

LOSS SETTLEMENT

Loss Settlement Option: * REPLACEMENT COST Personal Property Loss Settlement: * REPLACEMENT COST

[Get Replacement Cost](#)

6. If Replacement Cost is selected as the Loss Settlement Option, you will need to complete the Replacement Cost Estimator by selecting “Get Replacement Cost.”

[Get Replacement Cost](#)

Cost Estimator

Manufactured Home

Agent: AMERICAN RELIABLE INSURANCE CO Agent #: 9284
 Sub Producer: AMERICAN RELIABLE INSURANCE CO Sub Producer #: 9999
 Quote Number: QDR0000706347 Applicant Name: TESTY MCTESTERSON
 Effective Date: 9/2/2020 Expiration Date: 9/2/2021 Policy Term: 12 Months

BASIC INFORMATION

Year Built (yyyy):- * 2019
 Living Area Square Footage: * 1,680
 Construction Type: * MANUFACTURED
 Roof Type: * ARCHITECTURAL SHINGLE

ADDITIONAL INFORMATION

Construction Quality: * MID GRADE / AVERAGE

Basement: * YES NO

Garage: * YES NO

Garage: * CARPORT

Square Footage: * 500

Year Built (yyyy): * 2019

Deck: * YES NO

Deck: * DECK, WOOD

Square Footage: * 150

Year Built (yyyy): * 2019

Porch: * YES NO

Other Area: * YES NO

Locale: * SUBURBAN

Skirting: * METAL

Roof Configuration: * GABLE

Foundation Type: * CONCRETE SLAB

Slope Of Site: * FLAT

Debris Removal: * 5%

Dwelling Style: * DOUBLEWIDE

Primary Exterior * VINYL SIDING

Unique Item(s) (Custom bar, Sauna room, imported fireplace, etc.) * YES NO

DISCLAIMER

The Cost Engine available on this site is intended to provide an estimate of the amount of money needed to replace a home using new materials of similar type and quality, without taking into account depreciation, based on information you provide. Actual replacement costs may vary.

The cost of building materials and construction and other services can vary, depending on availability, geographic area and other factors. e2Value, Inc. does not represent or warrant the accuracy of the Cost Engine, or the results obtained therefrom. The Cost Engine is intended to be used as a tool to aid the user in planning home insurance needs. A physical visit by a professional offers a more precise means of estimating.

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Modified Date:

[Print](#) [Cost Estimator](#) [Back](#)

7. The replacement value will populate on the Quick Quote screen. Properties with Replacement Cost should be written for 100% replacement value. You may update your Coverage A limit here.

LOSS SETTLEMENT

Loss Settlement Option: * REPLACEMENT COST

Personal Property Loss REPLACEMENT COST

Settlement: *

Estimated Replacement Cost: 170,000.00

[Get Replacement Cost](#) [Cost Estimator Report](#)

PACKAGE COVERAGES

Description of Coverages	Limit
Coverage A - Manufactured Home	170,000

Note: Changing this limit will reset the included amounts.

8. Optional Coverages section: Complete all required fields as well as any applicable optional fields. To check if the property is eligible for the Inland Flood Endorsement, click Check Inland Flood Eligibility. If the location is not in flood zones A or V, the property will be eligible. If the risk is eligible, and the insured wants this endorsement, use the drop-down field to select the coverage limit.

Optional Coverages				
Description of Coverages	Selected/Limit	Preferred	Special	Special By-Line
Ordinance or Law	10%			N/A
Water Back Up and Sump Discharge or Overflow	5000			
Equipment Breakdown	<input checked="" type="checkbox"/>			
Service Line	<input checked="" type="checkbox"/>			
Identity Fraud Expense	1000			
Permitted Vacancy	<input type="checkbox"/>			
Farm Structures or Livestock Structures	<input type="checkbox"/>	N/A		
Increased Radio and TV Antennas, Signs and Awnings	0	N/A		
Increased Fire Department Service Charge	0	N/A		
Increased Credit Card, Fund Transfer Card, Forgery and Counterfeit Money	<input type="checkbox"/>	N/A		
Loss Assessment Property	1000			
Occasional Rental	<input type="checkbox"/>			
Extended Replacement Cost	<input checked="" type="checkbox"/>		N/A	N/A
Freezing	<input type="checkbox"/>	N/A		
Personal Injury	<input type="checkbox"/>		N/A	N/A
Inspection Fee	<input type="checkbox"/>			
Golf Cart	<input type="checkbox"/>			
Additional Residence Premises - Liability	<input type="checkbox"/>			
Scheduled Personal Property	<input type="checkbox"/>			

INLAND FLOOD

Inland Flood: (Please Select)

Eligible: Yes Risk Score: 6

Message: Location is eligible for Inland Flood Coverage.

Inland Flood Results for Location: 100 W 10TH AVE, EUGENE, OR 97401

[*Click Here To View Limits And Premiums](#)

DISCLOSURE

Please Read To The Applicant:

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Does the applicant give us permission to run reports as part of our underwriting process? * Yes No

9. Rate the Quote: After scrolling to the bottom of the screen, you can either save the quote or rate the quote by clicking "Rate."

10. The Summary will open and display some of the basic information about the applicant, product, program, and the unit to be insured. The Coverage Information section contains the quote for the premium. Note the Total Premium, including all Discounts, Surcharges, and Other Charges, is shown.

Summary			
APPLICANT INFORMATION			
Applicant Name:	TESTY MCTESTERSON	Date of Birth:	1/13/1976
Address:	100 W 10TH AVE		
City, St ZIP Code, Country:	EUGENE, OR 97401, USA		
Daytime Phone:	555555555	Billed to Party:	Applicant
PRODUCER INFORMATION			
Producer:	AMERICAN RELIABLE INSURANCE CO	Producer #:	9999
Telephone:	480-483-8666		
Agent:	AMERICAN RELIABLE INSURANCE CO	Agent #:	9284
Quote Information			
Quote Number:	QOR0000706347	State:	OR
Product:	Manufactured Home	Program:	MFD Home (47)
Effective Date:	9/2/2020	Expiration Date:	9/2/2021
Policy Term:	12 Months	Company Name:	AMERICAN RELIABLE INSURANCE COMPANY
Unit 1			
Year Built (yyyy):	2019	Occupancy:	PRIMARY
Protection Class:	2	Policy Form:	Preferred
Location Street Address:	100 W 10TH AVE	Location City, State, ZIP	EUGENE, OR, 97401
		Code:	
COVERAGE INFORMATION			
Description of Coverages	Limit	Premium	
Manufactured Home Replacement Cost	Selected	Included	
Personal Property Replacement Cost	Selected	Included	
Coverage A - Manufactured Home	\$170,000	\$744.00	
Coverage B - Other Structures	\$17,000	Included	
Coverage C - Personal Property	\$85,000	Included	
Coverage D - Loss of Use	\$34,000	Included	
Coverage E - Personal Liability	\$50,000	\$35.00	
Coverage F - Medical Payments to Others	\$500	\$5.00	
Ordinance or Law	\$17,000	Included	
Water Back Up and Sump Discharge or Overflow	\$5,000	\$22.00	
Equipment Breakdown	Selected	\$45.00	
Service Line	Selected	\$20.00	
Identity Fraud Expense	\$1,000	Included	
Loss Assessment Property	\$1,000	Included	
Extended Replacement Cost	Selected	Included	
Inflation Guard 2%	Selected	Included	
Builders Risk	Selected	Included	
Deductible	\$1000 All Perils	Included	
Total Premium		\$871.00	
Discounts and Surcharges			
Discounts:	No Prior Loss Discount, In Park Discount, Newer Manufactured Home Discount, Age Of Insured Discount		
Surcharges:	N/A		

OTHER CHARGES			
Description	Amount		
Policy Fee	\$25.00		
Total of Other Charges	\$25.00		
<hr/>			
Total Premium (For 1 Home(s)):	\$896.00		
Minimum Written Premium:	\$250.00	Minimum Earned Premium:	\$218.00

ELIGIBLE PAYMENT PLANS

UNDERWRITTEN BY American Reliable Insurance Company

This Quote is only a price indication and no coverage is implied. The quote is based on information you provided, coverages selected and the rates in effect at the time of the quote. The rates may change if the information you provided or the coverages selected change. The premium displayed in this quote may change, without notice, due to company filed rate reductions or increases. If information differs, your premium may be adjusted and/or your policy cancelled. Coverage can only be bound upon completion of a company-approved application, and upon receipt of acceptable premium deposit. Applications may be subject to underwriting review and may not be acceptable once additional information is obtained.

ACKNOWLEDGEMENT

I acknowledge that I have printed and provided a copy of the property loss score letter to the applicant. Yes No

DISCLOSURE

Please Read To The Applicant:

As part of our underwriting process, we may order consumer reports relating to loss and credit history. Upon request, we will provide you with name, address and telephone number of the third party consumer-reporting agency from which we obtain such reports.

Does the applicant give us permission to run reports as part of our underwriting process? Yes

Initiated Date: 5/6/2020 12:00 AM Last Modified Date: 9/2/2020 1:56:36 PM EST

- Click "Convert Quote to Application" to open the application screens. All of the information contained in the quote will be transferred to the application.
- Acknowledgment and Print the Quote: Select "Yes" to acknowledge that a copy of the property loss score letter was provided to the applicant. This can be accessed by clicking "Property Loss Score Letter." To print a summary of the quote, select "Print Summary."

ACKNOWLEDGEMENT

I acknowledge that I have printed and provided a copy of the property loss score letter to the applicant. Yes No

DISCLOSURE

Please Read To The Applicant:

As part of our underwriting process, we may order consumer reports relating to loss and credit history. Upon request, we will provide you with name, address and telephone number of the third party consumer-reporting agency from which we obtain such reports.

Does the applicant give us permission to run reports as part of our underwriting process? Yes

Initiated Date: 5/6/2020 12:00 AM Last Modified Date: 9/2/2020 1:56:36 PM EST

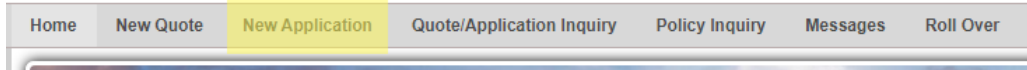
13. A portion of the printed Quote Summary is shown below.

American Reliable Insurance Company Quote Summary

Quote Information						
Quote ID #	Applicant Name	Program	Product	Policy Term	Eff. Date	Exp. Date
QAZ0000438813	JON DOE	Preferred (46)	Manufactured Home	12	06-19-2019	06-19-2020
Date of Birth: 01-01-1980		Daytime Phone:				
Producer Name: AMERICAN RELIABLE INSURANCE CO			Producer #: 9999	Telephone: 480-483-8666		
General Agent: AMERICAN RELIABLE INSURANCE CO			General Agent #: 9284			
Home and Location Information						
Occupancy	Year	Location Street Address		City, State, Zip Code		
PRIMARY	2010	8667 E HARTFORD DR		SCOTTSDALE, AZ, 85255		
Coverage Information						
Coverage			Limit	Premium		
Coverage A - Manufactured Home			\$125,000	\$718.00		
Coverage B - Other Structures			\$12,500	Included		
Coverage C - Personal Property			\$62,500	Included		

Onboarding a New Sub Producer – Completing an Application

1. From the Policy Administration menu, select “New Application.”



2. After completing the Product and Program selection, click “Start Application.”



3. Note the layout of the Application screen with tabs located down the side for each section of the application. Complete all of the required information on each tab. The system will rate, integrate with reports, and determine underwriting eligibility.

The screenshot shows the application interface. On the left is a vertical sidebar with tabs: Property (selected), Applicant, Loss Experience, Coverages, Summary, and Forms. The main content area is titled "Property" and contains the following information:

- Manufactured Home**
- Agent: AMERICAN RELIABLE INSURANCE CO Agent #: 9284
- Sub Producer: AMERICAN RELIABLE INSURANCE CO Sub Producer #: 9999
- Application Number: ADR000706347 Applicant Name: TESTY MCTESTERSON
- Effective Date: 9/2/2020 Expiration Date: 9/2/2021 Policy Term: 12 Months

Below this is a section for "ELIGIBILITY INFORMATION" and "PROPERTY INFORMATION". The "PROPERTY INFORMATION" section has a field for "Location Street Address 1" with the value "100 W 10TH AVE".

4. On the Property tab, complete all of the required fields.

This screenshot shows the same application screen as above, but with the "PROPERTY INFORMATION" section fully populated with data:

- Location Street Address 1: 100 W 10TH AVE
- Location Street Address 2: (empty)
- Location City: EUGENE
- Location State: OR
- Location ZIP Code: 97401
- Location County: LANE
- Address Exception:
- Occupancy: PRIMARY
- Year Built: 2019
- Manufacturer: BRIGADIER
- Serial Number: GHSDHSF
- Length (in feet): 70
- Width (in feet): 24
- Purchase Date (mm/yyyy): 09/2020
- Purchase Price (\$): 150,000

Below this are two questions with radio button options:

- Is the home located in a Manufactured Home Park? Yes No
- Manufactured Home Park: SUNNYSIDE PARK Number of Park Spaces: 150

Next is the "Roofing Information" section:

- Type of Roofing: ARCHITECTURAL SHINGLE
- Year of Last Complete Roof Replacement (YYYY): 2019

Then the "Heating Information" section:

- Primary Heat Source: GAS FORCED AIR
- Year Heating System Last Fully Updated (YYYY): 2019

Finally, a question: "Are there any supplemental heating devices on the premises?" with Yes and No options.

5. If the property has a supplemental heating device, you will need to answer the question regarding whether or not it was factory installed. If this question is answered "No," a Supplemental Heating Device Questionnaire will display for you to complete. Note that when this condition is present, you will receive a message that the risk will be submitted to an underwriter for approval.

Are there any supplemental heating devices on the premises? * Yes No

Were all supplemental heating devices on the premises factory installed? * Yes No

Supp. Heating

Manufactured Home

Agent:	AMERICAN RELIABLE INSURANCE CO	Agent #:	9284		
Sub Producer:	AMERICAN RELIABLE INSURANCE CO	Sub Producer #:	9999		
Application Number:	AOR0000706354	Applicant Name:	JIMIN PARK		
Effective Date:	9/2/2020	Expiration Date:	9/2/2021	Policy Term:	12 Months

SUPPLEMENTAL HEATING DEVICE QUESTIONNAIRE

Number of cords of wood burned annually: *	1-2	How often is chimney cleaned?: *	ANNUALLY
Date Last Cleaned (mm/yyyy): *	10/2019		
Are combustibles (e.g. furniture, draperies) greater than 2 feet from any supplemental heating source?: * <input type="radio"/> Yes <input checked="" type="radio"/> No			
Make/ Model: *	TOASTY	Type of fuel used: *	WOOD LOG
Type of Floor Protection: *	CEMENT	Type of Wall Protection: *	HEAT SHEILD
Clearance to Walls: *	36 INCHES		
Is protective thimble used where chimney enters ceiling or wall?: * <input checked="" type="radio"/> Yes <input type="radio"/> No			
Comments:			

6. Select any Protective Devices that are applicable in this section.

PROTECTIVE DEVICES

Burglar Alarm:	NONE	Fire Alarm:	NONE
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7. Answer the Underwriting Questions.

UNDERWRITING QUESTIONS

1. Are there multiple horses, livestock or farm animals on the premises? * Yes No

2. Is there a dock, pier or boat house on the premises? * Yes No

3. Is the Home on 5 or more acres? * Yes No

4. Are farming activities conducted on the premises? * Yes No

5. Are business activities conducted on the premises? * Yes No

6. Is the home comprised of two separate manufactured homes that are joined together? * Yes No

7. Is the home located within 1,500 feet of water (river or creek) or on an island? * Yes No

8. Does the home have permanently installed steps and handrails, if 3 or more steps, on all entrances? * Yes No

9. Has the home been uninsured for more than 30 days immediately prior to the requested effective date? (Does not apply to a new purchase) * Yes No

10. Does the applicant (or tenant if tenant occupied) own, keep or shelter any animal with a previous bite history or any non-domestic animals? * Yes No

11. Does the premises have a swimming pool or spa that does not have a four-foot fence with a self-latching gate, motorized pool cover, or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible? * Yes No

PROTECTION CLASS

ISO Protection Class: 2 Do you want to override the returned ISO protection class? * Yes No

Fire Protection Information

Distance from a fire hydrant or credible water supply: * 0-1000 FEET Miles to a fire department: * 5 MILES AND LESS

WILDFIRE HAZARD SCORE

Wildfire Hazard Score: 0
Report Date (mm/dd/yyyy): 9/2/2020

Add another unit

Notepad Property Loss Score Letter Save & Exit Save & Continue Cancel

8. If you answer "Yes" to any of the Underwriting Questions, the system will open a Comments field for you to provide details.

3. Is the Home on 5 or more acres? * Yes No

Comments: 10 ACRES, WOODED, PERSONAL USE, NO FARMING.

9. The system will also let you know if any of your answers to the Underwriting Questions will require an underwriting review.

Rating Messages

Explanation for question 3 is required and risk must be submitted for approval.

10. In the Protection Class section, the ISO Protection Class will be calculated. If ISO Protection Class returns a different protection class than what you entered, you will be alerted and asked whether the ISO Protection Class should be overridden. If you choose to override, a message will appear advising you that this condition requires underwriting approval.

PROTECTION CLASS

ISO Protection Class: 2 Do you want to override the returned ISO protection class? * Yes No

11. Complete the Fire Protection Information.

Fire Protection Information

Distance from a fire hydrant or credible water supply: * 0-1000 FEET Miles to a fire department: * 5 MILES AND LESS

12. The Wildfire Hazard Score (if applicable) will appear here.

WILDFIRE HAZARD SCORE

Wildfire Hazard Score: 0

Report Date (mm/dd/yyyy): 9/2/2020

[Add another unit](#)

[Notepad](#) [Property Loss Score Letter](#) [Save & Exit](#) [Save & Continue](#) [Cancel](#)

13. Click "Save & Continue" to move to the Applicant tab.

14. In the Applicant tab, if a social security number is required, but is not provided by the applicant, enter "555-55-555" in the field. Select "Save & Continue" to proceed.

TESTY MCTESTERSON
AOR0000706347

Property

Applicant

Loss Experience

Coverages

Summary

Forms

Applicant

Manufactured Home

Agent: AMERICAN RELIABLE INSURANCE CO Agent #: 9284
Sub Producer: AMERICAN RELIABLE INSURANCE CO Sub Producer #: 9999
Application Number: AOR0000706347 Applicant Name: TESTY MCTESTERSON
Effective Date: 9/2/2020 Expiration Date: 9/2/2021 Policy Term: 12 Months

PRODUCT INFORMATION

Effective Date: 9/2/2020 (mm/dd/yyyy): * Prior Policy Number:
Policy Type: * NEW BUSINESS

APPLICANT INFORMATION

Has the applicant been convicted of arson or insurance fraud? * No

Type of Ownership: * INDIVIDUAL

Applicant First Name: * TESTY Applicant Middle Name:
Applicant Last Name: * MCTESTERSON Applicant Suffix:
Date of Birth: 1/13/1976 (mm/dd/yyyy): * Mailing Designee: NOT APPLICABLE
Mailing Street Address 1: * 100 W 10TH AVE Mailing Street Address 2:
Mailing City: * EUGENE Mailing State: * OR
Mailing Zip Code: * 97401 Mailing Country: * USA
Address Exception:

Phone Number (xxx-xxx-xxxx): * 555-555-5555 Ext:
Email Address: Social Security Number: 555-55-5555 (123-45-6789):
Applicant Employment: EDUCATION TRAINING AND LIBRARY Status: *

15. Click the applicable buttons to add a Co-Applicant, Additional Insured, or Premium Finance.

[Add Co-Applicant](#)

UNDERWRITING QUESTIONS

1. Has the applicant had a manufactured home/dwelling policy cancelled or non-renewed for underwriting reasons (except age of unit) during the past 36 months? * Yes No

ADDITIONAL INSURED

[Add Additional Insured](#)

PREMIUM FINANCE

[Add Premium Finance](#)

DISCLOSURE

Please Read To The Applicant:

As part of our underwriting process, we may order consumer reports relating to loss and credit history. Upon request, we will provide you with name, address and telephone number of the third party consumer-reporting agency from which we obtain such reports.

Does the applicant give us permission to run reports as part of our underwriting process? * Yes

[Previous](#)

[Notepad](#) [Property Loss Score Letter](#) [Save & Exit](#) [Save & Continue](#) [Cancel](#)

16. An error message will display if required fields are not completed. These messages guide you through the application and advise you of conditions.

Messages:

- Mailing State is required.

17. i-Reli may also ask you to review addresses if it is unable to validate the address entered for mailing or the location.

Address Validation

The address you have entered could not be validated. Please choose one of the validated addresses below or the original address entered.

THE ORIGINAL ADDRESS IS THE FIRST OPTION BELOW.

4427 32ND ST , PHOENIX, AZ, 85018

4427 N 32ND ST , PHOENIX, AZ, 85018-3950

Continue

18. Behind the scenes, i-Reli is running the PLS (if applicable) to run the base rate. If the score is a “no-hit” or if the applicant’s score does not qualify for the best tier, the Property Loss Score Letter button will appear. Selecting this button will open the letter, which may be printed.

Previous Notepad Property Loss Score Letter Save & Exit Save & Continue Cancel

https://pa-m.aricireli.com/express/default.aspx - Internet Explorer provided by Global Indemnity Group Inc

**IMPORTANT NOTICE REGARDING YOUR POLICY
PLEASE READ CAREFULLY.**

Application Number: AAZ0000417420

PAUL BUNYAN

Dear PAUL BUNYAN ,

Thank you for considering American Reliable Insurance Company as your insurance provider. In order to provide policyholders with the best rate possible, an inquiry has been made with LexisNexis Risk Solutions, Inc., our provider of consumer reports. Based on the information on your report, you are not receiving the best rate that we have filed with the state due to credit history.

You have the right under the Fair Credit Reporting Act to obtain a free copy of such report from LexisNexis Risk Solutions Inc. within 60 days of receipt of this notice. LexisNexis did not make any

19. Once you have successfully completed the Applicant tab, you will advance to the Loss Experience tab.

TESTY MCTESTERSON
AOR0000706347

Property ✓
Applicant ✓
Loss Experience
Coverages
Summary
Forms

Loss Experience

Manufactured Home

Agent: AMERICAN RELIABLE INSURANCE CO Agent #: 9284
Sub Producer: AMERICAN RELIABLE INSURANCE CO Sub Producer #: 9999
Application Number: AOR0000706347 Applicant Name: TESTY MCTESTERSON
Effective Date: 9/2/2020 Expiration Date: 9/2/2021 Policy Terms: 12 Months

LOSS EXPERIENCE

Add Loss

Previous Notepad Property Loss Score Letter Save & Exit Save & Continue Cancel

20. Enter a loss by clicking “Add Loss” and completing the required fields. Note that a CLUE report will automatically run.

LOSS EXPERIENCE

Type of Loss: * WATER
Date of Loss: 6/15/2019 Amount Paid (\$): * 1,000
(mm/dd/yyyy): *
Corrective Action Taken: * EXPOSURE NO LONGER EXISTS/REMC Description: * LOSS OCCURRED AT PRIOR LOCATION.

Add Loss Delete Loss

21. If losses are returned after the CLUE report is run, they will be displayed as shown. Click View CLUE Report to open the report. Click "Next Screen" to continue.

Loss Experience

Manufactured Home (Preferred (46))

Agent:	Agent #	
Sub Producer:	Sub Producer #	
Policy Number:	Applicant Name	
Effective Date: 5/14/2020	Expiration Date: 5/14/2021	Policy Term: 12 Months

CLUE Reported Loss Experience

R/S:	Risk	Date of Loss (mm/dd/yyyy): 7/9/2018	Catastrophe Related: N	Type of Loss: Wind	Amount Paid (\$): 1,013
Confirm Loss:	No		Corrective Action Taken:	EXPOSURE NO LONGER EXISTS/REMOVED FROM PREMISES	
View CLUE Report					

R/S:	Risk	Date of Loss (mm/dd/yyyy): 7/9/2018	Catastrophe Related: N	Type of Loss: Wind	Amount Paid (\$): 0
Confirm Loss:	No		Corrective Action Taken:	EXPOSURE NO LONGER EXISTS/REMOVED FROM PREMISES	
View CLUE Report					

R/S:	Risk	Date of Loss (mm/dd/yyyy): 11/15/2017	Catastrophe Related: N	Type of Loss: Water Damage	Amount Paid (\$): 17,807
Confirm Loss:	No		Corrective Action Taken:	EXPOSURE NO LONGER EXISTS/REMOVED FROM PREMISES	
View CLUE Report					

[Previous](#)
[Notepad](#)
[Return To Admin](#)
[Next Screen](#)

22. Click "Save & Continue" to move to the Coverages tab.

23. On the Coverages tab, you have the ability to input Deductibles, Loss Settlement, and Package Coverages, including selecting the Program Package. If Replacement Cost is selected as the Loss Settlement Option, you will need to complete the Replacement Cost Estimator by selecting "Get Replacement Cost."

TESTY MCTESTERSON
AOR0000706347

- Property ✓
- Applicant ✓
- Loss Experience ✓
- Coverages
- Summary
- Forms

Coverages

Manufactured Home

Agent:	AMERICAN RELIABLE INSURANCE CO	Agent #:	9284
Sub Producer:	AMERICAN RELIABLE INSURANCE CO	Sub Producer #:	9999
Application Number:	AOR0000706347	Applicant Name:	TESTY MCTESTERSON
Effective Date:	9/2/2020	Expiration Date:	9/2/2021
		Policy Term:	12 Months

PROPERTY LOSS SCORE

Property Loss Score: No Hit Report Date: 5/6/2020

Reference Number: 20127171802071

DEDUCTIBLE

All Perils Deductible: * \$1000 ALL PERILS Wind/Hail Deductible: (Please Select)

Water Damage Deductible: (Please Select)

LOSS SETTLEMENT

Loss Settlement Option: * REPLACEMENT COST Personal Property Loss Settlement: * REPLACEMENT COST

Estimated Replacement Cost: 170,000.00 [Get Replacement Cost](#) [Cost Estimator Report](#)

PACKAGE COVERAGES

Description of Coverages	Limit			
Coverage A - Manufactured Home	170,000	<i>Note: Changing this limit will reset the included amounts.</i>		
		<input checked="" type="radio"/> Preferred	<input type="radio"/> Special	<input type="radio"/> Special By-Line
Coverage B - Other Structures	17,000	17,000		0
Coverage C - Personal Property	85,000	68,000		0
Coverage D - Additional Living Expense		34,000		34,000
Coverage D - Loss of Use	34,000			
Coverage E - Personal Liability	50000	50000		(Please Select)
Coverage F - Medical Payments to Others	500	500		(Please Select)
Total Unit Premium:	\$871.00	\$1,147.00		\$844.00

[Recalculate](#)

24. Also on the Coverages tab, input Optional Coverages, Other Structures, Inland Flood and Exclusions (as available).

OPTIONAL COVERAGES				
Description of Coverages	Selected/Limit	Preferred	Special	Special By-Line
Ordinance or Law	10%			N/A
Water Back Up and Sump Discharge or Overflow	5000			
Equipment Breakdown	<input checked="" type="checkbox"/>			
Service Line	<input checked="" type="checkbox"/>			
Identity Fraud Expense	1000			
Permitted Vacancy	<input type="checkbox"/>			
Farm Structures or Livestock Structures	<input type="checkbox"/>	N/A		
Increased Radio and TV Antennas, Signs and Awnings	0	N/A		
Increased Fire Department Service Charge	0	N/A		
Increased Credit Card, Fund Transfer Card, Forgery and Counterfeit Money	<input type="checkbox"/>	N/A		
Loss Assessment Property	1000			
Occasional Rental	<input type="checkbox"/>			
Extended Replacement Cost	<input checked="" type="checkbox"/>		N/A	N/A
Freezing	<input type="checkbox"/>	N/A		
Personal Injury	<input type="checkbox"/>		N/A	N/A
Inspection Fee	<input type="checkbox"/>			
Golf Cart	<input type="checkbox"/>			
Additional Residence Premises - Liability	<input type="checkbox"/>			
Scheduled Personal Property	<input type="checkbox"/>			

OTHER STRUCTURES	
Covered Other Structure(s):	
Add Other Structure	
Excluded Other Structure(s):	
Add Excluded Other Structure	

INLAND FLOOD	
Inland Flood:	(Please Select) <input type="button" value="v"/>
Eligible:	Yes Risk Score: 6
Message: Location is eligible for Inland Flood Coverage.	
Inland Flood Results for Location: 100 W 10TH AVE, EUGENE, OR 97401	
*Click Here To View Limits And Premiums	
Check Inland Flood Eligibility	

EXCLUSIONS AND LIMITATIONS			
Swimming Pool and Spa Exclusion:	<input type="checkbox"/>	All Terrain Vehicle Exclusion:	<input type="checkbox"/>
Livestock Exclusion:	<input type="checkbox"/>	Roof Exclusion:	<input type="checkbox"/>
Cost Estimator Report			
Previous			
Notepad	Property Loss Score Letter	Save & Exit	Save & Continue Cancel

25. If other structures are present, click "Add Other Structure." Complete the information so they are included in the premium calculation.

OTHER STRUCTURES

Covered Other Structure(s):

[Add Other Structure](#)

Excluded Other Structure(s):

[Add Excluded Other Structure](#)

26. Complete the information and click "Add Other Structure" to add and return to the Coverages tab.

OTHER STRUCTURES

Covered Other Structure(s):

Description of Other Structure: *	METAL SHED	Year Other Structure Built (yyyy):	2020
Square Footage of Other Structure:	350	Year of Last Complete Roof Replacement (yyyy): *	2020
Type of Roofing: *	METAL		

[Delete Other Structure](#)

[Add Other Structure](#)

Excluded Other Structure(s):

[Add Excluded Other Structure](#)

27. In some instances, you will be able to add an additional coverage limit. Below is an example where the Coverage B limit was increased by \$27,000.

PACKAGE COVERAGES

Description of Coverages	Limit		
Coverage A - Manufactured Home	170,000	<i>Note: Changing this limit will reset the included amounts.</i>	
Coverage B - Other Structures	<input type="radio"/> Preferred 17,000 <input checked="" type="radio"/> Special 27,000 <input type="radio"/> Special By-Line 0		
Coverage C - Personal Property	85,000	68,000	0
Coverage D - Additional Living Expense		34,000	34,000
Coverage D - Loss of Use	34,000		
Coverage E - Personal Liability	50000	50000	(Please Select)
Coverage F - Medical Payments to Others	500	500	(Please Select)
Total Unit Premium:	\$760.00	\$754.00	\$659.00

[Recalculate](#)

28. Click "Save & Continue" to proceed to the Summary tab.

29. The Summary screen is the last tab to be completed. It displays the Applicant and Producer Information, Coverage Information, Discounts, Surcharges, Other Charges, and the Total Premium.

TESTY MCTESTERSON
AOR0000706347

Property ✔

Applicant ✔

Loss Experience ✔

Coverages ✔

Summary ✔

Forms ✔

Summary

APPLICANT INFORMATION

Applicant Name:	TESTY MCTESTERSON	Date of Birth:	1/13/1976
Address:	100 W 10TH AVE		
City, St ZIP Code, Country:	EUGENE, OR 97401, USA		
Daytime Phone:	555555555	Billed to Party:	Applicant

PRODUCER INFORMATION

Producer:	AMERICAN RELIABLE INSURANCE CO	Producer #:	9999
Telephone:	480-483-8666		
Agent:	AMERICAN RELIABLE INSURANCE CO	Agent #:	9284

Application Information

Application Number:	AOR0000706347	State:	OR
Product:	Manufactured Home	Program:	MFD Home (47)
Effective Date:	9/2/2020	Expiration Date:	9/2/2021
Policy Term:	12 Months	Company Name:	AMERICAN RELIABLE INSURANCE COMPANY

Unit 1

Year Built (yyyy):	2019	Occupancy:	PRIMARY
Protection Class:	2	Policy Form:	Preferred
Location Street Address:	100 W 10TH AVE	Location City, State, ZIP Code:	EUGENE, OR, 97401

COVERAGE INFORMATION

Description of Coverages	Limit	Premium
Manufactured Home Replacement Cost	Selected	Included
Personal Property Replacement Cost	Selected	Included
Coverage A - Manufactured Home	\$170,000	\$744.00
Coverage B - Other Structures	\$17,000	Included
Coverage C - Personal Property	\$85,000	Included
Coverage D - Loss of Use	\$34,000	Included
Coverage E - Personal Liability	\$50,000	\$35.00
Coverage F - Medical Payments to Others	\$500	\$5.00
Ordinance or Law	\$17,000	Included
Water Back Up and Sump Discharge or Overflow	\$5,000	\$22.00
Equipment Breakdown	Selected	\$45.00
Service Line	Selected	\$20.00
Identity Fraud Expense	\$1,000	Included
Loss Assessment Property	\$1,000	Included
Extended Replacement Cost	Selected	Included
Inflation Guard 2%	Selected	Included
Builders Risk	Selected	Included
Deductible	\$1000 All Perils	Included
Total Premium		\$871.00

Discounts and Surcharges

Discounts: No Prior Loss Discount, In Park Discount, Newer Manufactured Home Discount, Age Of Insured Discount

Surcharges: N/A

OTHER CHARGES

Description	Amount
Policy Fee	\$25.00
Total of Other Charges	\$25.00
Total Premium (For 1 Home(a)):	\$896.00
Minimum Written Premium:	\$250.00
Minimum Earned Premium:	\$218.00

UNDERWRITTEN BY American Reliable Insurance Company

This Quote is only a price indication and no coverage is implied. The quote is based on information you provided, coverages selected and the rates in effect at the time of the quote. The rates may change if the information you provided or the coverages selected change. The premiums displayed in this quote may change, without notice, due to company filed rate reductions or increases. If information differs, your premium maybe adjusted and/or your policy cancelled. Coverage can only be bound upon completion of a company-approved application, and upon receipt of acceptable premium deposit. Applications may be subject to underwriting review and may not be acceptable once additional information is obtained.

ACKNOWLEDGEMENT

I acknowledge that I have printed and provided a copy of the property loss score letter to the applicant. Yes

DISCLOSURE**Please Read To The Applicant:**

As part of our underwriting process, we may order consumer reports relating to loss and credit history. Upon request, we will provide you with name, address and telephone number of the third party consumer-reporting agency from which we obtain such reports.

Does the applicant give us permission to run reports as part of our underwriting process? Yes

PLEASE READ TO THE APPLICANT:

I understand that this application is subject to the declarations, conditions, exclusions and other terms of the policy form.

Does the applicant agree? Yes No

PRODUCER SIGNATURE:

Producer represents and warrants that it has, at all times, been in direct communication with the applicant in conducting this transaction and that all information in the application is consistent with the information that the applicant has relayed to the producer.

Does the producer agree? Yes No

Initiated Date: 5/6/2020 12:00 AM

Last Modified Date: 9/2/2020 3:24:29 PM EST

30. Click "Review Forms" to display the Policy and Unit Forms that comprise the policy. Click "Return to Summary" to exit.

Forms

Manufactured Home

Agent:	AMERICAN RELIABLE INSURANCE CO	Agent #:	9284
Sub Producer:	AMERICAN RELIABLE INSURANCE CO	Sub Producer #:	9999
Application Number:	AOR0000706354	Applicant Name:	JIMIN PARK
Effective Date:	9/2/2020	Expiration Date:	9/2/2021
		Policy Term:	12 Months

POLICY FORMS

Form Number	Form Name	Effective Date	Expiration Date
A6100P0718	POLICY COVER	9/2/2020	9/2/2021
M4010M0218	NOTICE TO POLICYHOLDERS - WATER PREVENTION	9/2/2020	9/2/2021
M8059G1111	IMPORTANT NOTICE	9/2/2020	9/2/2021
M8094G0416	PRIVACY POLICY	9/2/2020	9/2/2021
NIIP0115	NOTICE OF INSURANCE INFORMATION PRACTICES CONSUMER RIGHTS	9/2/2020	9/2/2021

UNIT FORMS

Form Number	Form Name	Effective Date	Expiration Date
M4000P0318	COMPREHENSIVE MANUFACTURED HOME POLICY	9/2/2020	9/2/2021
M4004E1209	ANIMAL LIABILITY EXCLUSION	9/2/2020	9/2/2021
M4005M0512	SCHEDULE OF OTHER STRUCTURES	9/2/2020	9/2/2021
M4010E0618	TRAMPOLINE EXCLUSION	9/2/2020	9/2/2021
M4013E0618	SPECIFIC BREED ANIMAL EXCLUSION	9/2/2020	9/2/2021
M4032E0718	IDENTITY FRAUD EXPENSE COVERAGE	9/2/2020	9/2/2021
M4033E0317	BUILDERS RISK COVERAGE	9/2/2020	9/2/2021
M4106E0318	ENHANCEMENT COVERAGE	9/2/2020	9/2/2021
M4152E0818	SPECIAL PROVISIONS - OREGON	9/2/2020	9/2/2021
M4206E0816	HAIL COVERAGE LOSS SETTLEMENT ENDORSEMENT	9/2/2020	9/2/2021
M4210E0816	AIRCRAFT LIABILITY EXCLUSION	9/2/2020	9/2/2021
M4250E0218	HOME SHARING HOST ACTIVITIES AMENDATORY - MH	9/2/2020	9/2/2021
M4252E0218	ORDINANCE OR LAW COVERAGE	9/2/2020	9/2/2021
M4271E0618	MARIJUANA EXCLUSION	9/2/2020	9/2/2021
M8000D0718	DECLARATIONS PAGE	9/2/2020	9/2/2021

Previous
Notepad
Property Loss Score Letter
Save & Exit
Return to Summary
Cancel

31. To view or print the Application, click "App Summary." A portion of the Application is shown below.

Notepad
Property Loss Score Letter
App Summary
Save & Exit
Review Forms
Issue Policy

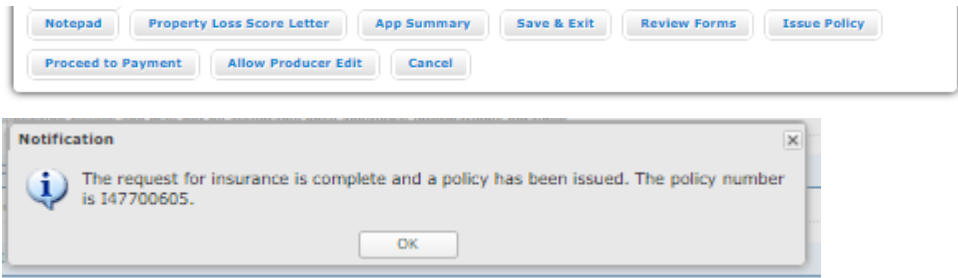
Proceed to Payment
Allow Producer Edit
Cancel

https://pa-m.aricireli.com/express/default.aspx - Internet Explorer

American Reliable Insurance Company
 8655 E. Via De Ventura
 Scottsdale, AZ 85258

General Information					
Application #	Program	Product	Policy Term (months)	Eff. Date	Exp. Date
AAZ0000438813	Preferred (46)	Manufactured Home	12	06-19-2019	06-19-2020
Applicant Name					
JON DOE					
Designee: NOT APPLICABLE			Designee Comment:		
Date of Birth: 01-01-1980		Daytime Phone: 555-555-5555		Ext.:	
Social Security Number: ***-**-5555		Evening Phone:		Ext.:	
Applicant Address			City, State, Zip Code		
8667 E HARTFORD DR			SCOTTSDALE, AZ 85255, USA		
Email Address:					
Applicant Employment Status: RETIRED			Applicant Occupation:		
Employer Name:			Employer Phone Number:		
Disclosure					
As part of our underwriting process, we may order consumer reports relating to loss and credit history. Upon request, we will provide you with name, address and telephone number of the third party consumer-reporting agency from which we obtain such reports.					
Does the applicant give us permission to run reports as part of our underwriting process? Y					
Producer Name: AMERICAN RELIABLE INSURANCE CO		Producer #: 9999		Telephone: 480-483-8666	
Producer Address: 8655 E VIA DE VENTURA, SCOTTSDALE, AZ 85258-3300					
General Agent: AMERICAN RELIABLE INSURANCE CO			General Agent #: 9284		

32. Click "Issue Policy." You will see a notification with the new policy number.



33. A Submit Receipt will pop up. This will provide you any state specification information for the insured and if there are any trailing documents that need to be collected.

American Reliable Insurance Company
PO Box 6002,
Scottsdale, AZ, 85261
T 800.535.1333 F 480.483.0238

TESTY MCTESTERSON
100 W 10TH AVE
EUGENE, OR 97401

Policy Issuance is complete. Your policy number is: I47700605.

Thank you for choosing American Reliable Insurance Company as your insurance carrier. If you have any questions about your policy please contact your producer:

AMERICAN RELIABLE INSURANCE CO
8655 E VIA DE VENTURA
SCOTTSDALE, AZ 85258-3300
480-483-8666

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agent may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

SPECIFIC BREED ANIMAL EXCLUSION NOTICE: You should also be aware that a Specific Breed Animal Exclusion will be attached to your policy if liability was purchased and that bodily injury, property damage or any other loss or expense arising out of any occurrence involving any of the following types of animals and/or breeds of dogs will not be covered: Any animal with a previous bite history, snakes, monkeys or ostriches; Breeds of dogs include Akita, Anatolian Shepherd, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Wolf, Wolf Hybrid, or any mix of these breeds with any other breed whether listed here or not.

34. Click "Notepad." A popup window will open for you to enter comments. Click "Submit Note >>" when complete. When finished, click X to close the window.

The screenshot shows a software interface with a menu bar at the top containing buttons for 'Notepad', 'Property Loss Score Letter', 'App Summary', 'Save & Exit', 'Review Forms', and 'Issue Policy'. Below this is another row of buttons: 'Proceed to Payment', 'Allow Producer Edit', and 'Cancel'. The main area is titled 'ADD NEW NOTES' and features a large text input field. To the right of the text field is a button labeled 'Submit Note >>'. Below the text field, there are labels for 'NAME :' and 'POLICY NUMBER :'. At the bottom of the interface is a section titled 'NOTES LOG'.

35. To add an Attachment, click "Attachments" on the bottom left of your screen. Click "Add an Attachment."

The screenshot shows a software interface with a menu bar at the top containing a button for 'Attachments'. Below this is a sub-menu titled 'Attachments for: AOR00007...' with a button labeled '+ Add an Attachment'. The sub-menu is open, showing a dialog box titled 'Add an Attachment'. The dialog box has a 'Caption:' label and a text input field. Below that is an 'Attachment:' label and a text input field with a 'Browse...' button next to it. At the bottom of the dialog box are two buttons: 'Add Attachment' and 'Cancel'.