



FloodPort Agency Commercial Quotes & Applications

Version 1.1 11032022



Quick Quote is a way to get a quick premium quote which can be converted to application if needed.

This document outlines the steps to completing the quote and completing the application for commercial structures.

This information is specific to the Agency view.

Control / click to jump to section:

[Quick Quote](#)

[Application](#)

[Submission & Payment](#)

The quote and application process is the same regardless of building occupancy and policy type. The system is designed to pull the right questions and premium based on the answers that you enter as you complete the form. For example: If you indicate the structure is single family, the system will ask about Construction Type. If you indicate the occupancy is Non-Residential it will not ask about Primary Resident. Regardless of the structure you are quoting, you start by clicking "Obtain a Quote".

The screenshot shows the FloodPort website interface. At the top, the ASSURANT logo is on the left, and the FloodPort logo is in the center. Below the logo is a navigation bar with links for Home, News & Events, Obtain a Quote, Worklist, and Flood Policies. A user greeting "Welcome Trainer Joe" is visible. Below the navigation bar are three main content areas: "Obtain a Quote", "Worklist", and "Policies & Quotes". Each area has a title, a description, and a search form. The "Obtain a Quote" section describes getting a flood zone determination and premium quote. The "Worklist" section describes following through on quotes and applications. The "Policies & Quotes" section describes accessing policies, quotes, and applications, and includes a search form for policies or quotes with fields for Last Name or Business Name and First Name, and a Search button.

Start a new quote:
Click on either Obtain a Quote link

Search for an existing quote:
Worklist Tab, or
Policies & Quotes

Obtain a Quote

Obtain a flood zone determination and premium quote for new business or a company rollover. When the premium quote is complete proceed to application to finish the process and submit electronically.

Worklist

Follow through on quotes and applications, view pre-expiration policies, and check on the status of applications being processed.

Policies & Quotes

Access policies, quotes and applications. Endorse, report claims, cancel, review policy and claim history, and obtain documents such as dec pages and renewal bills.

Search for a Policy or Quote

Last Name or Business Name:

First Name:

Take Action on a Policy or Quote

Policy Number or

Quick Quote

Navigation

Welcome [Trainer Joe](#)

Obtain a Quote

CUSTOMER COMMUNITY POLICY BUILDING PREMIUM REVIEW

Please correct the following errors.
1. Is insured a tenant is required.

Customer Quote Id 300003449

Customer
Type: Individual Business
*Name: Sandi 5 Tester (*Fi
Is insured a Tenant? Yes No (A tenant occupies the property but is not the owner of that propert
Primary Phone: (555) 555 - 5555

Property Address
Address Type: Street Range Description
*Street Number: 8655
Pre-direct: E
*Street Name: Via De Ventura
Street Type:
Post-direct:
Suite or Apt Number:
*City, *State, *Zip: SCOTTSDALE Arizona 85258

next

Page level edits indicate when a required field is missed

Icon indicates missing info

Red * asterisks indicate required fields

Quote ID generated

How to Navigate:
Once each page has been navigated, you can use the circles to jump to different pages.

Red circle indicates current page.

Next button will move to next page

When entering zip code, city will auto populate
It can be edited

Quick Quote

Customer Section



Customer

Type: Individual Business

*Business Name: Trainer LLC

? *Is Insured a Tenant? Yes No (A tenant occupies the property but is not the owner of that prop

Primary Phone: (555) 555 - 5555

Property Address

Address Type: Street Range Description

*Street Number: 8655

Pre-direct: E

*Street Name: Via De Ventura

Street Type:

Post-direct:

Suite or Apt Number:

*City, *State, *Zip: SCOTTSDALE Arizona 85258

next

Click on Business to reformat name line

Complete all fields for insured name, phone and address

Address type can be adjusted as needed

Entering zip code will populate city and state

If multiple cities apply to the zip code in the USPS system a pop up will show the options to choose from

Click **Next** to continue to the Community screen

Community Section: Ordering a Flood Zone Determination



Verify address and order Flood Zone Determination

Community Information

Flood Zone Determination - automatically provide flood zone and community information for the property

Property Information

8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258

Requestor Information

Requestor: Sandi Trainer - sandi.potenziani@assurant.com [Add/Edit Contacts?](#)

Submit

Core Logic will use Requestor info for:
Contact if information is incorrect
Contact if additional info is needed
Email notification once FZD is complete

Select Requestor from drop down
First time - Add/Edit to enter agent's info and valid email

Click **Submit to order determination**

Community Section : Verify & Accept

Welcome [Trainer Joe](#)

Obtain a Quote

CUSTOMER COMMUNITY POLICY BUILDING PREMIUM REVIEW

Community - Quote Id 300003449

Note * Required Fields

Community Information

Flood Zone Determination Results Received

Please compare the address in the results received section for accuracy. If the address is correct, click **Accept Results**. If the address is incorrect, click **Reject Results** and re-enter the address on customer page and resend.

Property Address:	8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258
Condo Information:	Not a condo
Received	
Property Address:	8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258
FIRM Zone:	X
Community:	045012
Community Name:	SCOTTSDALE, CITY OF
Suffix:	M
Map Panel:	1770
Map Panel Effective/Revision Date:	2020-09-18

Once results are accepted the property address on this transaction can not be changed.

Accept Results **Reject Results**

If zone differs from lender's zone, contact Assurant to initiate the process to dispute with Core Logic

Check address
If address is correct, click **Accept Results**
USPS edit sometimes changes address
If changed, you can click **Reject Results**, go back and click **Accept Results** - it should convert to what you entered
Once address is accepted, it cannot be changed

Community Section: Results Screen

Welcome [Trainer Joe](#)

Obtain a Quote


CUSTOMER COMMUNITY POLICY BUILDING PREMIUM REVIEW

Community - Quote Id 300003449

Flood Zone Determination is available

Community Information

NOTE: To change the Flood Zone Determination, a new quote must be created.

 [Flood Zone Determination Results](#)

Community Information - Used for Rating

FIRM Zone:	X
Community:	045012 - SCOTTSDALE, CITY
Suffix:	M
Map Panel:	1770
CBRA:	No
Map Panel Effective/Revision Date:	09/18/2020
County:	MARICOPA
FIRM Date:	09/21/1973
Program Type:	Regular
Community Status:	Participating

**Results screen
Zone, CBRA status, and community participation status will display.**

If the community is not participating, flood insurance will not be available for this property address and the agent will not be able to proceed

Click **Next to continue to the Policy screen**

[next](#)

Quick Quote

[Return to top](#)

Policy:
Policy Type
Effective Date

Welcome [Trainer Joe](#)

Obtain a Quote

CUSTOMER COMMUNITY **POLICY** BUILDING

Policy - Quote Id 300003449

Policy

*Policy Type: Standard

Agent Number: 77481-00000-000-00001 - TRAINER

? *Transfer/Rollover Policy: Yes No

? *Effective Date: 10/02/2022 mm/dd/yyyy

Coverage

*Building Coverage: 250,000

*Contents Coverage: 100,000

? *Building/Property Acquired Within the Past Year: Yes No

next

Policy Type defaults to Standard

Agency ID can be updated to assign to subagent

Effective date will reflect a 30 day wait on the quote section

Policy Type, waiting period and Effective date type can be updated later, on the Application section.

Quick Quote

**Policy:
Transfers
Real Estate
Transactions**

Welcome [Trainer Joe](#)

Obtain a Quote

CUSTOMER COMMUNITY **POLICY** BUILDING

Policy - Quote Id 300003449

Policy

*Policy Type: Standard

Agent Number: 77481-00000-000-00001 - TRAINER JOE

? *Transfer/Rollover Policy: Yes No

? *Effective Date: 10/02/2022 mmdyy...

Coverage

*Building Coverage: 250,000

*Contents Coverage: 100,000

? *Building/Property Acquired Within the Past Year: Yes No

next

Rollover/Transfer (same insured - new WYO) indicate yes to both **'Transfer/Rollover'** & **'Building/Property Acquired'** to access the glidepath if eligible

New Purchase (new insured - also known as 'Real Estate Transaction') indicate yes to only **'Building/Property Acquired'** to access the glidepath if eligible

'Yes' will bring up additional fields
Enter prior policy number
Choose NAIC by WYO company drop down

*Prior Owner had NFIP Policy: Yes No

*Prior Policy Number:

*Prior NAIC Number:

Policy Section: Coverages



Policy

*Policy Type: Standard

Agent Number: 77481-00000-000-00001 - TRAINER JOE

? *Transfer/Rollover Policy: Yes No

? *Effective Date: 10/23/2022 mm/dd/yyyy...

Coverage

*Building Coverage: 500000

*Contents Coverage: 500000

? *Building/Property Acquired Within the Past Year: Yes No

next

Select coverage for quote

Click **Next to continue to the Building screen**

The form contains several fields and a 'next' button. A green box highlights the 'Building Coverage' and 'Contents Coverage' fields, with a callout box pointing to them that says 'Select coverage for quote'. Another green box highlights the 'next' button, with a callout box pointing to it that says 'Click Next to continue to the Building screen'.

Quick Quote

Building Section: Rating Data



Foundation

? *Foundation Type: Slab on Grade - Diagram 1a, 1b, 3

Certifications

? *Floodproofing Certificate: Yes No

? *Elevation Certificate: Yes No

Building Information

? *Date of Construction: 01011977 mmddyy...

? Substantial Damage Improvement Date: mmddyy...

? *Building under Construction: Yes No

? *Building Square Footage: 5450 total building square footage

? *Occupancy Type: Non-Residential Building

*Number of Units: 10

*Building Type Description: Commercial

? *Number of Floors: 4

? *Machinery Above First Floor: Yes No

*Number of Elevators: 2

Replacement Cost: 2,000,000

next

Building Screen:
Complete questions for the rating data specific to the structure being insured.
Questions will change in accordance with the information keyed, fields such as Construction Type and Primary Residence do not appear because they are not relevant to the occupancy type

Use "Non-Residential Building" for Occupancy
Use Commercial" for Building Type Description

Click **Next** to check for errors and submit for premium

Building Section: EC Entry



Foundation

*Foundation Type: Slab on Grade - Diagram 1a, 1b, 3

Certifications

*Floodproofing Certificate: Yes No

*Elevation Certificate: Yes No

Building Information

*Date of Construction: 01011977

Substantial Damage Improvement Date:

*Building under Construction: Yes No

*Building Square Footage: 5450 total build

*Occupancy Type: Non-Residential Bui

*Number of Units: 10

*Building Type Description: Commercial

*Number of Floors: 4

*Machinery Above First Floor: Yes No

*Number of Elevators: 2

Replacement Cost: 2,000,000

Building Screen:

Click Yes to open screens for EC

Choosing the form date will populate the matching question format

Certifications

*Floodproofing Certificate: Yes No

*Elevation Certificate: Yes No

*Date Range that includes the Certificate: Expiration Nov. 30, 2022

SECTION A - PROPERTY INFORMATION

*Confirm that the property address on the elevation certificate matches the insured property address: Yes, property address matches

*A7 Diagram Number: 1 - Slab foundation - not elevated - no basement

SECTION C - BUILDING ELEVATION INFORMATION

*C1 Building Elevations Based on: Construction Drawings Building Under Construction Finished Construction

C2 a) Top of Bottom Floor/Lowest Floor: 9.2

C2 b) Top of Next Higher Floor: 18.2

C2 c) Bottom of Lowest Beam:

C2 d) Lowest Adjacent Grade: 8.1

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Surveyor Signed and Sealed

*Certificate Date: 04052022

SECTION E - BUILDING ELEVATION INFORMATION

*E1 b) Top of Bottom Floor: 1 Above LAG Below LAG

*E2 Next Higher Floor: 1 Above HAG Below HAG

click **Next** to continue to Premium screen

Error Messages

Please correct the following errors.

1. Date of Construction is required.

Building - Quote Id 300020420

Foundation

*Foundation Type: Basement (Non-Elevated) - Diagram 2a, 2b, 4

Certifications

*Floodproofing Certificate: Yes No

*Elevation Certificate: Yes No

Building Information

*Date of Construction: mmddyy...

*Subtotal/Service/Insurance Dates: mmddyy...

Using **Next** button:
If there are errors on the page, warnings appear
Correct the errors before continuing to the next page

Obtain a Quote

CUSTOMER COMMUNITY POLICY BUILDING **ERRORS** REVIEW

Errors - Quote Id 300020420

Errors

- 1 (Deductible Options) Date of construction is a required field.

Construction Date:

Using **Circular** tabs:
If there are errors in the quote when you click on the Premium circle an **Errors** tab appears
Correct the errors before continuing to the Premium screen

Premium Section: Deductible Options

Obtain a Quote

CUSTOMER COMMUNITY POLICY BUILDING PREMIUM

Premium - Quote Id 300026166

Coverages

Building Coverage: \$500,000.00 Contents Coverage: \$500,000.00

Standard Deductible Options (choose one)

Selected	Building Deductible	Contents Deductible	Total Premium
<input checked="" type="checkbox"/>	\$1,250.00	\$1,250.00	\$1,967
<input type="checkbox"/>	\$2,000.00	\$2,000.00	\$1,957
<input type="checkbox"/>	\$5,000.00	\$5,000.00	\$1,935
<input type="checkbox"/>	\$10,000.00	\$10,000.00	\$1,913
<input type="checkbox"/>	\$25,000.00	\$25,000.00	\$1,891
<input type="checkbox"/>	\$50,000.00	\$50,000.00	\$1,869

next

Premium screen:
Coverages can be changed and new premiums quoted by clicking between Policy and Premium sections

Premiums show for all deductibles combinations

Click the deductible option desired

Click **Next** to view the Quote

Quote Review & Printing

Obtain a Quote

CUSTOMER COMMUNITY POLICY BUILDING PREMIUM REVIEW

Review - Quote Id 300026166

[Print or Email Flood Zone Determination](#)

Proceed to Application

Premium Information	
Total Premium Due: \$1,967.00	
Coverage Information	
Building Coverage: \$500,000.00	Building Deductible: \$1,250.00
Contents Coverage: \$500,000.00	Contents Deductible: \$1,250.00
Premium: \$1,967.00	Replacement Cost: \$2,000,000.00
Rating Description:	
Policy Information	
Quote Id: 300026166	
Insured Personal ID Code:	Rate Program Type: Risk Rating 2.0
Policy Number:	Policy Type: Standard
Term Dates: 10/23/2022 - 10/23/2023	Waiting Period: Standard
Insured: TRAINER LLC	Insured is Tenant? No
Insured is Small Business? No	Insured is Non-Profit? No
	Payer:
Property Address: 8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258	Mailing Address:
Legal Description: No	
Primary Phone: 555-555-5555	Secondary Phone:
Insured Email:	Additional Insured Email:
Policy Status: Pending Status	Potential Duplicate Policy: No

Review Quote:
Print a copy of the Quote
View Flood Zone Determination
If no further action is taken, quote will be on Worklist under Not Submitted tab and can also be found via search
Quote can be updated as needed until converted to application and submitted

Proceed to Application

Obtain a Quote

CUSTOMER COMMUNITY POLICY BUILDING PREMIUM REVIEW

Review - Quote Id 300026166

[Print or Email Flood Zone Determination](#)

Proceed to Application

Premium Information

Total Premium Due: \$1,967.00

Coverage Information

Building Coverage: \$500,000.00	Building Deductible: \$1,250.00
Contents Coverage: \$500,000.00	Contents Deductible: \$1,250.00
Premium: \$1,967.00	Replacement Cost: \$2,000,000.00

Rating Description:

Policy Information

Quote Id: 300026166	
Insured Personal ID Code:	Rate Program Type: Risk Rating 2.0
Policy Number:	Policy Type: Standard
Term Dates: 10/23/2022 - 10/23/2023	Waiting Period: Standard
Insured: TRAINER LLC	Insured is Tenant? No
Insured is Small Business? No	Insured is Non-Profit? No
	Payer:
Property Address: 8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258	Mailing Address:
Legal Description: No	
Primary Phone: 555-555-5555	Secondary Phone:
Insured Email:	Additional Insured Email:
Policy Status: Pending Status	Potential Duplicate Policy: No

Present quote to insured
If the insured decides to pursue a policy, agent clicks **Proceed To Application**

Completing the application

The screenshot shows a multi-step process for obtaining a quote. The steps are: Obtain a Quote (highlighted in yellow), CUSTOMER, COMMUNITY, POLICY, BUILDING, PREMIUM, and REVIEW (highlighted in red). The current screen is the 'Review' stage for Quote Id 300020420. It includes a 'Note' icon, a 'Print or Email' link, and a 'Flood Zone Determination' link. A red button labeled 'Proceed to Application' is highlighted with a green box. Below the button, there are sections for 'Premium Information' and 'Coverage Information'.

Premium Information	
Total Premium Due: \$1,383.00	

Coverage Information	
Building Coverage: \$250,000.00	Building Deductible: \$1,250.00
Contents Coverage: \$100,000.00	Contents Deductible: \$1,000.00
Premium: \$1,383.00	Replacement Cost:

Clicking on Proceed to Application will direct you back to the same screens as the quote, but there will be new fields that were not available/required on the quote view.

Application



Customer

Type: Individual Business

*Business Name:

Note: Insured signature is not required to issue an appl

? *Is Insured a Tenant? Yes No (A tenant occupies the property but is not the owner)

? *Is Named Insured a Small Business? Yes No

? *Is Named Insured a Non-Profit? Yes No

Primary Phone: () -

Secondary Phone: () -

Additional Insured:

*Email Bypass? Yes No

Note: If the insured does NOT have an email, please answer Yes

*Insured Email Address:

*Re-enter Insured Email Address: Must be entered exactly the same

Additional Insured Email Address:

Re-enter Additional Insured Email Address: Must be entered exactly the same

Customer section:

- Complete Small Business and Non-Profit questions
- Enter insured phone numbers
- Add any additional Insureds
- Complete insured email section:
- Enter or bypass insured email addresses

Without insured email the Self-Service Portal will be Inquiry only for insured



Property Address

8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258
Note: To change this address, a new quote must be created.

Mailing Address

Mailing Address Same as Property Address : Yes No

Street PO Box Rural Military Foreign

*Street Number: 9001
Pre-direct:
*Street Name: 8
Street Type: Drive
Post direct: N
Suite or Apt Number: Suite 17
*City, *State, *Zip: PHOENIX Arizona 85041

next

Customer section:
Property Address section cannot be altered
Mailing Address Section:
Indicate if mail address and insured addresses are the same
If no: choose address format
Enter mail address
Click **Next to move to the Community section**



Community Information

NOTE: To change the Flood Zone Determination, a new quote must be created.

 [Flood Zone Determination Results](#)

Community Information - Used for Rating

FIRM Zone:	X
Community:	045012 - SCOTTSDALE, CITY OF
Suffix:	M
Map Panel:	1770
CBRA:	No
Map Panel Effective/Revision Date:	09/18/2020
County:	MARICOPA
FIRM Date:	09/21/1973
Program Type:	Regular
Community Status:	Participating

Community section
No changes are required on the Community screen in the application phase.

Click **Next to move to the Policy section**





Policy

*Policy Type: Standard

Agent Number: 77481-00000-000-00001 - TRAINER JOE

? *Transfer/Rollover Policy: Yes No

? *Waiting Period: Standard
 Map Revision
 New Loan Closing
 Lender Requirement on Existing Loan

*Application Date: 09/23/2022 mmddyy...

? *Effective Date: 10/23/2022 mmddyy... Effective Date must be at least 30 days after application date of the policy.

? *Building/Property Acquired Within the Past Year: Yes No

? *Risk Rating Optional Renewal: Yes No

Coverage

*Building Coverage: 500,000

*Contents Coverage: 500,000

Loans

[Add New Loan](#)

No Loans to Display

Payer

Premium Payer: INSURED - ASSURANT v

[next](#)

Policy section:

- Enter Waiting period type
- Enter Effective date
- Confirm coverages
- Add a loan/lender
- Indicate Renewal payer

Policy Section: Add Lender



Loans

[Add New Loan](#)

No Loans to Display

Add/Update Loan - Find A Lender Close X

System Message
Found 12 lenders matching the selected criteria.

* Required Fields

Lender Search

[Can't Find Your Lender?](#)

*Lender Name:
*City:
*State:

Results

Lender
WELLS FARGO BK NA, PO BOX 100564, FLORENCE, South Carolina, 29501-0564
WELLS FARGO BANK, NA, 104 DAVID H MCLEOD BLVD, FLORENCE, South Carolina, 29501-4063
WELLS FARGO BANK NA #936, PO BOX 100522, FLORENCE, South Carolina, 29501-0522
WELLS FARGO BANK NA #936, PO BOX 100515, FLORENCE, South Carolina, 29501-0515
WELLS FARGO HOME MORTGAGE INC, PO BOX 100562, FLORENCE, South Carolina, 29501-0562
WELLS FARGO HOME MORTGAGE INC, PO BOX 100515, FLORENCE, South Carolina, 29501-0515
WELLS FARGO BK NA, PO BOX 100515, FLORENCE, South Carolina, 29502-0515

To add a lender:
Click Add New Loan
Use link if manual entry is needed
In Lender Search enter lender name, city, and state
Choose correct option

Policy Section: Add Lender

Process Application

CUSTOMER COMMUNITY **POLICY** BUILDING PREMIUM REVIEW PURCHASE

Add/Update Loan Close

* Required Fields

Lender Information Change Lender

Lender Name: WELLS FARGO BANK, NA
Lender Address: 104 DAVID H MCLEOD BLVD
FLORENCE, SC 29501-4063

Loan Information

Loan Type: First Mortgage
Loan Amount: 400000
Loan Number: 95421622
Lender Clause: ISAOAATIMA
Mandatory Purchase: Yes No

Apply Cancel

Loans

Add New Loan

✖ [First Mortgage](#)

Lender: WELLS FARGO BANK, NA
104 DAVID H MCLEOD BLVD
FLORENCE, SC 29501-4063
Loan Amount: 400000.00
Loan Number: 95421622
Lender Clause: ISAOA ATIMA
Mandatory Purchase: Yes

Payer

Premium Payer: INSURED - SANDI 5 TESTER

next

Complete Loan Information fields
Loan Amount, Number and Lender Clause are optional fields

Indicate if it is a Mandatory Purchase

Click Apply

Screen will display loan information

Click Next to move to the Building section

Process Application

CUSTOMER COMMUNITY POLICY **BUILDING** PREMIUM REVIEW PURCHASE

Foundation

? *Foundation Type: Basement (Non-Elevated) - Diagram 2a, 2b, 4

Certifications

? *Floodproofing Certificate: Yes No

? *Elevation Certificate: Yes No

Building Information

? *Date of Construction: 01/01/1977 mmddyy...

? Substantial Damage Improvement Date: mmddyy...

? *Building under Construction: Yes No

? *Building Square Footage: 2600 total building square footage

? *Occupancy Type: Single Family Home

? *Construction Type: Frame Masonry Other

*Building Type Description: Main Dwelling

? *Number of Floors: 2

? *Has Detached Structures: Yes No

? *Machinery Above First Floor: Yes No

*Number of Elevators: 0

*Rental Property: Yes No

? *Primary Residence: Yes No

? *Building Description (If Multiple Buildings):

next

Building section:
Additional questions on this screen will vary depending on information provided
Complete all new questions
Click **Next** to move to the Premium section

Premium Section

Process Application

CUSTOMER COMMUNITY POLICY BUILDING **PREMIUM** REVIEW PURCHASE

Coverages

Building Coverage: \$500,000.00 Contents Coverage: \$500,000.00

Standard Deductible Options (choose one)

Selected	Building Deductible	Contents Deductible	Total Premium
✓	\$1,250.00	\$1,250.00	\$1,967
	\$2,000.00	\$2,000.00	\$1,957
	\$5,000.00	\$5,000.00	\$1,935
	\$10,000.00	\$10,000.00	
	\$25,000.00	\$25,000.00	
	\$50,000.00	\$50,000.00	

next

Premium section:

- Shows premium due based on the choice of deductible options.
- If EC information was entered and is more beneficial for rating, that premium will display
- Issuing with EC determined FFH will require Underwriting review
- Click **Next** for Review section

Process Application Section

Process Application

CUSTOMER COMMUNITY POLICY BUILDING PREMIUM **REVIEW** PURCHASE

Review - Quote Id 300026166

email application **Email** **Note** [Print Application](#) [View Zone Determination](#) **Purchase**

Premium Information
Total Premium Due: \$1,967.00

Coverage Information
Building Coverage: \$500,000.00 Building Deductible: \$
Contents Coverage: \$500,000.00 Contents Deductible: \$
Premium: \$1,967.00 Replacement Cost: \$
Rating Description:

Policy Information
Quote Id: 300026166
Insured Personal ID Code: VR8ENH3B4 Rate Program Type: R
Policy Number: Policy Type: S
Term Dates: 10/23/2022 - 10/23/2023 Waiting Period: S
Insured: ASSURANT and JASON MANAGER Insured is Tenant? No
Insured is Small Business? No Insured is Non-Profit? No
Payer: INSURED - ASSURANT
8655 E VIA DE VENTURA

Click **Purchase** To apply Payment and Agent Signature

Review:
Final screen before Purchase option contains all information entered
View Zone Determination
Print Application
Add Note
Email Application

Submitting Application and Payment

With Payment To Be Submitted Later

Review - Quote Id 300020420

Payment Choice - Application Quote Id: 300020420 - Insured: SANDI 5 TESTER

Purchase

Payment

Premium Due: \$1,383.00

Select Payment Type: Mail Check or Money Order

Credit Card

Electronic Check Payment

Submitted activity will not process nor declaration page made available until payment and supporting documents are reviewed. The effective date is subject to change based on the receipt date of the payment.

Mall Check or Money Order

Check or Money Order Number: 000

Next

Payment Review - Application Quote Id: 300020420 - Insured: SANDI 5 TESTER

Payment Information

Payment Type: Check/Money Order Premium: \$1,383.00

Check/Money Order Number: 000

DISCLAIMER: Clicking "Submit Application" is considered an electronic signature for this application. You are also certifying that you have the authority to access the Assurant DBA American Bankers Insurance Company of Florida internet flood program with the user ID and password provided to the Agent of Record by Assurant DBA American Bankers Insurance Company of Florida, and have the authority to sign this application on behalf of the Agent of Record. If you click on "Submit Application", this application will be submitted to Assurant DBA American Bankers Insurance Company of Florida.

Submit Application

Payment Choice section:

- Insured paying later
- Insured mailing in payment
- Lender will be paying at closing

Choose Mail Check or Money Order,
Enter 1000 for the check number,
Click **NEXT**

Then click **SUBMIT APPLICATION**
This will allow application to be fully submitted for review by Underwriting and/or payment to be applied later

Submission & Payment

Submitting Application and Payment

With Payment To Be Submitted Later

You can print and/or email the application to the lender and/or insured

System shows Pending, Awaiting Payment

Next Steps indicates what is needed to complete policy

Cover letter to print to send to insured

Documents can be uploaded here

** Once submitted, changes cannot be made to the quote or application in the Agency system. The agent would need to contact Underwriting for assistance*

Application Submitted

Quote ID: [300020420](#) Activity: 1 Insured: SANDI 5 TESTER and JASON TESTER

Results:

Application:	Pending, awaiting payment and documentation	Application	Flood Zone Determination
	<input type="text" value="email application"/>	<input type="button" value="Email"/>	
Payment:	Unpaid, awaiting check or money order		

Next Steps:

1. Please print the [cover form](#) and mail with payment.
2. Please mail/fax/email documentation with the cover form, or submit electronically with Document Upload feature below.
 - **Primary Residence Documentation** - to be mailed/faxed/emailed with the cover form or uploaded electronically (Primary Residence Documentation. An automobile registration, proof of insurance for a vehicle, documents showing where children attend school or Homestead Tax Credit form for primary residence.)

Document Upload

? Document: No file chosen

Document Type:

3. The Service Center will process this application when the payment is received and documentation is reviewed. Timely receipt of the payment will ensure that the effective date does not need to be modified.

Thank you for doing business with Assurant Flood

Submitting Payment

With Payment: Credit Card

The screenshot shows a multi-step payment process. The top section, titled "Payment Choice - Application Quote Id: 300019753 - Insured: SANDI TESTER", displays a "Payment" section with a "Premium Due" of \$1,382.00. Three payment options are listed: "Credit Card" (selected), "Mail Check or Money Order", and "Electronic Check Payment". A yellow warning icon and a note state: "Allows submitted activity to process and makes declaration page available immediately." Below this is a "Credit Card" section with a disclaimer and a checked box for authorization. A "Submit Application" button is highlighted in red. The bottom section contains a form for card details: State/Province (Arizona), ZIP/Postal Code (85258), Card Number (5555555555444), Expiration Date (03/2024), and Security Code (998). A "Continue" button is highlighted in blue. A summary table on the right lists card details: Cardholder Name (Jason Trainer), Card Type (MASTERCARD), Card Number (*****4444), Cardholder Billing Address (Po Box, Billing Address 2, City: SCOTTSDALE, Country: United States, State/Province: AZ, ZIP/Postal Code: 85258), and an authorization checkbox.

To pay by credit card

Click correct payment option

Read disclaimer to insured and click the affirmation

Click **Submit Application**

You will be brought to pay.gov to submit credit card information

Check authorization box

Click Continue to submit payment

Click Previous to correct credit card information

Cancel deletes pending payment completely

Submission & Payment

Submitting Application and Payment

With Payment: Electronic Check

Payment Choice - Application Quote Id: 300019753 - Insured: SANDI TESTER

Payment

Premium Due: \$1,383.00

Select Payment Type:

- Credit Card
- Mail Check or Money Order
- Electronic Check Payment

Electronic Check Payment

* By checking this box the agent affirms that the following disclaimer was read to the EFT account holder.

DISCLAIMER: This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

Next

Sandi R Potenziani
Account Type: Business Checking
Routing Number: 122105278
Account Number: *****5278

[Print Authorization and Disclosure Statement](#)

Authorization and Disclosure - Consumers and Businesses
The debit transaction(s) to which you are agreeing are handled on behalf of Federal agencies by "Pay.gov," which consists of services offered by the U.S. Treasury Department's Financial Management Service. As used in this document, "we" or "us" refers to the Financial Management Service and its agents and contractors operating Pay.gov. "You" refers to the end user reading this document and agreeing to it prior to enacting a debit.

I agree to the Pay.gov authorization and disclosure statement.

Continue [Cancel](#)

Continue [Previous](#) [Cancel](#)

To pay by credit card

Click correct payment option

Read disclaimer to insured and click the affirmation

Click **Next**

You will be brought to pay.gov to submit electronic check information

Check authorization box

Click **Continue** to submit payment

Click **Previous** to correct credit card information

Cancel deletes pending payment completely

Submission & Payment

Submitting Application and Payment

**With Payment:
Additional
Documents or
Underwriting
needed**

The screenshot shows a web interface for submitting an application. At the top, there is a navigation bar with links: Home, News & Events, Obtain a Quote, Worklist, Flood Policies, Notifications, Reference Center, and Reports. Below the navigation bar, a welcome message reads "Welcome Trainer, Joe".

The main content area is titled "Application Submitted" and displays the following information:

- Policy Number:** 7500111021
- Activity:** 1
- Insured:** SANDI TRAINER and JASON TRAINER

Under the "Results:" section, it shows "Application: Pending, awaiting documentation" with links for "Application" and "Flood Zone Determination", and "email application" with an "Email" button.

Under the "Payment:" section, it shows "Paid by Credit Card" with a link for "Payment Receipt".

Under the "Next Steps:" section, it lists:

- Please print the [cover form](#) and mail/fax/email the following documentation, or submit electronically with Document Upload feature below:
 - Primary Residence Documentation** - to be mailed/faxed/emailed with the cover form or uploaded electronically (Primary Residence Documentation, An automobile registration, proof of insurance for a vehicle, documents showing where children attend school or Homestead Tax Credit form for primary residence.)

Below this, there is a "Document Upload" section with a "Choose File" button, "No file chosen" text, a "Document Type" dropdown menu, and an "Upload" button.

- The Service Center will process this application when the documentation is reviewed.

Once the payment is accepted/
processed by pay.gov, you will be
returned to FloodPort

If there is additional information
required to process the
application:

Application Submitted displays

Policy number is assigned &
displayed

Payment method shows with
link to download receipt

Next Steps shows what is
required

Upload required documents

Once documents are uploaded
application goes to the Service
Center for review & processing

Submitting Application and Payment

Receipt & Policy
Overview Page
Available

FLOOD INSURANCE PAYMENT INFORMATION

The following is confirmation of payment. Your account has been charged.

Please note, flood policy issuance is in compliance with the rules and regulations of the Federal Flood Insurance Program.

POLICY INFORMATION	
Policy Holder:	ASSURANT
Policy Number:	7500111286
Effective Date:	10/23/2022
Activity Type:	Application

PAYMENT INFORMATION	
Premium Paid:	\$1,967.00
Payment:	Paid by Credit Card
Authorization Date:	09/23/2022

Thank you for doing business with Assur

Overview Policy History Claim History Documents Policy Notes Payments

View, Print or Email: [Application](#) [Cover Form](#) [Flood Zone Determination](#)

Policy Information			
Insured Personal ID Code:	VR8ENH3B4	Rate Program Type:	Risk Rating 2.0
Policy Number:	7500111286	Policy Type:	Standard
Term Dates:	10/23/2022 - 10/23/2023	Waiting Period:	Standard
Insured:	ASSURANT and JASON MANAGER	Insured is Tenant?	No
Insured is Small Business?	No	Insured is Non-Profit?	No
		Payer:	INSURED - ASSURANT
Property Address:	8855 E VIA DE VENTURA SCOTTSDALE, AZ 85258	Mailing Address:	9001 S 8 DR PHOENIX, AZ 85041
Legal Description:	No		
Primary Phone:	555 555 5555	Secondary Phone:	222 222 2222
Insured Email:	manager@trainerllc.com - Welcome	Additional Insured Email:	
Policy Status:	Pending Status	Potential Duplicate Policy:	No
Activity Status:	Application Pending Status		
Agency ID:	77481-00000-000-00001	Agency:	TRAINER JOE

Coverage Information			
Building Coverage:	\$500,000.00	Building Deductible:	\$1,250.00
Contents Coverage:	\$500,000.00	Contents Deductible:	\$1,250.00
Premium:	\$1,967.00	Replacement Cost:	\$2,000,000.00
Rating Description:			

Community Information			
Rating Community:	045012 1770 M	Current Community:	045012 1770 M
Rating Zone:	X	Current Zone:	X
Program Type:	Regular	FIRM Date:	09/21/1973

Submission & Payment

[Return to top](#)