



FloodPort Agency 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.

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, there are three main sections: "Obtain a Quote", "Worklist", and "Policies & Quotes". Each section 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: Search

First Name:

Take Action on a Policy or Quote

Policy Number or

Quick Quote

Customer Section

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 property

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

Community Section: Requestor information

Home News & Events Obtain a Quote Worklist Flood Policies Notifications Reference Center Reporting

Welcome [Trainer Joe](#)

Obtain a Quote

CUSTOMER COMMUNITY POLICY BUILDING PREMIUM REVIEW

Community - Quote Id 300003449 Note * Required Fields

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: [Add/Edit Contacts?](#)

Click **Submit** to order Flood Zone Determination

Requestor Information

First time - Add/Edit to enter agent's info and valid email
Going forward - click in Requestor field to auto-populate info

Core Logic will use this info for:

- Contact if information is incorrect and/or
- Contact if additional info is needed to locate the property
- Email notification once FZD is complete

Quick Quote

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Community Section : Verify Address and Zone

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 mmddyy...

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

Welcome [Trainer Joe](#)

Obtain a Quote

CUSTOMER COMMUNITY **POLICY** BUILDING PREMIUM REVIEW


Policy - Quote Id 300003449  * Required Fields

Policy

*Policy Type: Standard

Agent Number: - TRAINER JOE

? *Transfer/Rollover Policy: Yes No

? *Effective Date:  [mmddyy...](#)

Coverage

*Building Coverage:

*Contents Coverage:


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

Select coverage for quote

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

Quick Quote

Building Section: Rating Data

 Building - Quote Id 300003449

Foundation

? *Foundation Type:

Certifications

? *Floodproofing Certificate: Yes No

? *Elevation Certificate: Yes No

Building Information

? *Date of Construction: mm

? Substantial Damage Improvement Date: mm

? *Building under Construction: Yes No

? *Building Square Footage: total building square footage

? *Occupancy Type: v

? *Construction Type: Frame
 Masonry
 Other

*Building Type Description: v

*Number of Floors:

? *Machinery Above First Floor: Yes No

*Number of Elevators:

? *Primary Residence: Yes No

Building Screen:

Complete questions for the rating data specific to the structure being insured.

Questions will change in accordance with the information keyed, such as if mobile home is indicated, the information required for a mobile home will appear.

Building Section: EC Entry

Building - Quote Id 300003449

Foundation

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

Certifications

*Floodproofing Certificate: Yes No

*Elevation Certificate: Yes No

Building Information

*Date of Construction: 01012010

*Substantial Damage Improvement Date:

*Building under Construction: Yes No

*Building Square Footage: 2600 total

*Occupancy Type: Single Family H

*Construction Type: Frame Masonry Other

*Building Type Description: Main Dwelling

*Number of Floors: 2

*Machinery Above First Floor: Yes No

*Number of Elevators: 0

*Primary Residence: Yes No

next

Building Screen:

Click Yes to open screens for EC

Choosing the form date will populate the matching question format

Elevation Certificate

*Date Range that includes the Certificate Expiration Date: Expiration Nov. 30, 2018

SECTION A - PROPERTY INFORMATION

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

*A7. Diagram Number:

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:

C2. b) Top of Next Higher Floor:

C2. c) Bottom of Lowest Beam:

C2. d) Lowest Adjacent Grade:

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Surveyor Signed and Sealed

*Certificate Date:

SECTION E - BUILDING ELEVATION INFORMATION

*E1. a) Top of Bottom Floor: Above LAG Below LAG

*E2. Next Higher Floor: Above HAD Below HAD

If Mailing and Insured addresses match Primary Residence documents wont be required

click **Next** to continue to Premium screen

Premium Section: Deductible Options

Obtain a Quote

CUSTOMER COMMUNITY POLICY BUILDING PREMIUM

Premium - Quote Id 300020420

Coverages

Building Coverage: \$250,000.00 Contents Coverage: \$100,000.00

Standard Deductible Options (choose one)

Selected	Building Deductible	Contents Deductible	Total Premium
✓	\$1,250.00	\$1,000.00	\$1,394
	\$1,250.00	\$2,000.00	\$1,385
	\$1,250.00	\$5,000.00	\$1,364
	\$1,250.00	\$10,000.00	\$1,332
	\$2,000.00	\$1,000.00	\$1,384
	\$2,000.00	\$2,000.00	
	\$2,000.00	\$5,000.00	
	\$2,000.00	\$10,000.00	
	\$5,000.00	\$1,000.00	
	\$5,000.00	\$2,000.00	\$1,356
	\$5,000.00	\$5,000.00	
	\$5,000.00	\$10,000.00	
	\$10,000.00	\$1,000.00	
	\$10,000.00	\$2,000.00	
	\$10,000.00	\$5,000.00	
	\$10,000.00	\$10,000.00	

next

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

Premiums will show for all deductible combinations

Click the deductible option desired

Click **Next** to view the Quote

Quick Quote

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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

Quote Review & Printing

Obtain a Quote

CUSTOMER COMMUNITY POLICY BUILDING PREMIUM REVIEW

Review - Quote Id 300020420

[Print or Email Flood Zone Determination](#)

[Proceed to Application](#)

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:

Review Quote:
Print a copy of the Quote
View Flood Zone Determination

Proceed to Application

The screenshot shows a quote review interface. At the top, a progress bar includes steps: CUSTOMER, COMMUNITY, POLICY, BUILDING, PREMIUM, and REVIEW. The REVIEW step is active. Below the progress bar, the title is 'Review - Quote Id 300020420'. There are links for 'Print or Email' and 'Flood Zone Determination'. A red button labeled 'Proceed to Application' is highlighted with a green box. Below this 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:

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 Section

Customer

Type: Individual Business

*Name: SANDI 5 TESTER (*First/Mi/*Last)
Note: Insured signature is not required to issue an application.

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

? *Is Named Insured a Small Business? Yes No

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

Primary Phone: 555 555 - 5555

Secondary Phone: 222 222 - 2222

Additional Insured: Jason Tester

*Email Bypass? Yes No
Note: If the insured does NOT have an email, please answer "Yes" to Email Bypass.

*Insured Email Address: sandi.potenziani@assurant.com
Re-enter Insured Email Address: sandi.potenziani@assurant.com (Must be entered exactly the same)

Additional Insured Email Address: jason.potenziani@assurant.com
Re-enter Additional Insured Email Address: jason.potenziani@assurant.com (Must be entered exactly the same)

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: S

*Street Name: 71

Street Type: Drive

Post-direct:

Suite or Apt Number:

*City, *State, *Zip: PHOENIX Arizona 85041 -

next


Customer section:

- Insured phone numbers
- Additional Insured field
- Insured email section
- Mailing address section
- Complete and click **Next** to move to the Community section

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 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: 09/16/2022 mmdyy...

? *Effective Date: 10/16/2022 mmdyy... Effective Date must be at least application date of the policy.

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

? *Risk Rating Optional Renewal: Yes No

Coverage

*Building Coverage: 250,000

*Contents Coverage: 100,000

Loans

[Add New Loan](#)

No Loans to Display

Payer

Premium Payer: INSURED - SANDI 5 TESTER ▾

[next](#)

Policy section:

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

Policy Section: Add Lender

The screenshot shows a web application interface for adding a lender. At the top, there is a blue header with the word "Loans" and a green bar with the text "No Loans to Display". A green box highlights the "Add New Loan" button. Below this is a window titled "Add/Update Loan - Find A Lender" with a "Close" button. A yellow system message box states "Found 12 lenders matching the selected criteria." The "Lender Search" section contains three required fields: "Lender Name" (wells fargo), "City" (florence), and "State" (South Carolina). A green box highlights these fields. A link "Can't Find Your Lender?" is also highlighted. Below the search fields are "Lookup" and "Cancel" buttons. The "Results" section shows a table of lender information.

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

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

Policy Section: Add Lender

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: ISAOA ATIMA
Mandatory Purchase: Yes No

Apply Cancel

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**

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

Application

Building Section

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 mmdyy...

? Substantial Damage Improvement Date: mmdyy...

? *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

Building Section

Coverages	
Building Coverage: \$250,000.00	Contents Coverage: \$100,000.00

Standard Deductible Options (choose one)			
Selected	Building Deductible	Contents Deductible	Total Premium
✓	\$1,250.00	\$1,000.00	\$1,383
	\$1,250.00	\$2,000.00	\$1,376
	\$1,250.00	\$5,000.00	\$1,355
	\$1,250.00	\$10,000.00	\$1,325
	\$2,000.00	\$1,000.00	
	\$2,000.00	\$2,000.00	
	\$2,000.00	\$5,000.00	
	\$2,000.00	\$10,000.00	
	\$5,000.00	\$1,000.00	
	\$5,000.00	\$2,000.00	
	\$5,000.00	\$5,000.00	
	\$5,000.00	\$10,000.00	
	\$10,000.00	\$1,000.00	
	\$10,000.00	\$2,000.00	
	\$10,000.00	\$5,000.00	
	\$10,000.00	\$10,000.00	

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



Premium Review Section

Review - Quote Id 300020420

email application [Print Application](#) [Flood Zone Determination](#)

Total Premium Due: \$1,383.00

Coverage Information	
Building Coverage:	\$250,000.00
Contents Coverage:	\$100,000.00
Premium:	\$1,383.00
Rating Description:	

Policy Information	
Quote Id:	300020420
Insured Personal ID Code:	C74RTY56S
Policy Number:	
Term Dates:	10/16/2022 - 10/16/2023
Insured:	SANDI 5 TESTER and JASON TESTER
Insured is Small Business?	No
Property Address:	8855 E VIA DE VENTURA SCOTTSDALE, AZ 85258
Legal Description:	No
Primary Phone:	555-555-5555

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

Warning: 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.

Mail 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	

ER

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. At the top, the 'Payment' section displays a premium due of \$1,382.00 and offers three payment options: Credit Card (selected), Mail Check or Money Order, and Electronic Check Payment. A warning icon and text state: 'Allows submitted activity to process and makes declaration page available immediately.' Below this, the 'Credit Card' section contains a disclaimer and a checked box for authorization. A 'Submit Application' button is highlighted in red. The bottom section shows a summary of card information: Jason Trainer, MASTERCARD, card number ending in 4444, billing address in Scottsdale, AZ, and expiration date 03/2024. A security code of 998 is entered. At the bottom, there are 'Continue', 'Previous', and 'Cancel' buttons. A checkbox for authorization is also present.

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

Payment

Premium Due: **\$1,382.00**

Select Payment Type: Credit Card
 Mail Check or Money Order
 Electronic Check Payment

Allows submitted activity to process and makes declaration page available immediately.

Credit Card

Credit card processing is serviced by the U.S. Department of the Treasury's Pay.gov system. The next two pages will be rendered by Pay.gov. When done, you will be automatically returned to this web site for process completion.

*By checking this box the agent affirms that the following disclaimer was read to the cardholder/policyholder:

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.

Submit Application

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

I authorize a charge to my card account for the above amount in accordance with my card issuer agreement.

State/Province: Arizona

ZIP/Postal Code: 85258

Card Number: 55555555554444

Expiration Date: 03 / 2024

Security Code: 998

[What's this?](#)

Continue [Cancel](#)

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

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

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 engaging in a debit transaction.

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

Submitting Application and Payment

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

The screenshot shows a web interface with a dark blue navigation bar containing links: Home, News & Events, Obtain a Quote, Worklist, Flood Policies, Notifications, Reference Center, and Reports. Below the navigation bar, a grey banner says "Welcome Trainer, Joe". The main content area is titled "Application Submitted" in a green box. Below this, a green box highlights "Policy Number: 7500111021" and "Activity: 1 Insured: SANDI TRAINER and JASON TRAINER". The "Results:" section shows "Application: Pending, awaiting documentation" with links for "Application" and "Flood Zone Determination", and "email application" with an "Email" button. The "Payment:" section shows "Paid by Credit Card" with a "Payment Receipt" link. The "Next Steps:" section contains two numbered instructions. A green box highlights the first instruction, which includes a "Document Upload" section with a "Choose File" button, "No file chosen" text, a "Document Type" dropdown menu, and an "Upload" button. The second instruction states: "2. 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

**With Payment:
No Additional
Documents or
Underwriting
needed**

Home News & Events Obtain a Quote Worklist Flood Policies Notifications Reference

Welcome [Trainer, Joe](#)

Application Submitted and Processed

Policy Number: [7500110000](#) Activity: 1

Results: Application: Processed and effective 10/20/2022
email application [Declaration Page](#)

Payment: Paid by Credit Card [Download Receipt](#)

Next Steps: None. Process complete. [Policy Inquiry/Overview](#)

Thank you for doing business with Assurant Flood

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

If no additional information is required:

- Application Submitted and Processed displays
- Policy number is assigned & displayed
- Declaration Page is available
- Payment method shows with link to download receipt
- Next Steps shows "None Process Complete" with link to review policy

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: SANDI TESTER
Policy Number: 7500110304
Effective Date: 10/20/2022
Activity Type: Application

PAYMENT INFORMATION

Premium Paid: \$1,383.00
Payment: Paid by Credit Card
Authorization Date: 09/20/2022

Thank you for doing business with As

[Endorse Policy](#) [Renew Policy](#) [Cancel Policy](#) [Report a Claim](#) [Policy Copy](#)

Overview Policy History Claim History Documents Policy Notes Payments

View, Print or Email : [Application](#) [Flood Zone Determination](#) [Current Declaration Page](#)

Policy Information

Insured Personal ID Code:	T3LBV8UND	Rate Program Type:	Risk Rating 2.0
Policy Number:	7500110320	Policy Type:	Standard
Term Dates:	10/20/2022 - 10/20/2023	Waiting Period:	Standard
Insured:	SANDI TRAINER and JASON TRAINER	Insured is Tenant?	No
Insured is Small Business?	No	Insured is Non-Profit?	No
		Payer:	INSURED - SANDI TRAINER
Property Address:	8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258	Mailing Address:	8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258
Legal Description:	No		
Primary Phone:	555-555-5555	Secondary Phone:	222-222-2222
Insured Email:	sandi.potenziani@assurant.com - Registered	Additional Insured Email:	trainingfacilitator@assurant.com - Welcome
Policy Status:	Inforce Status	Potential Duplicate Policy:	No
Activity Status:	Application Processed Status		
Agency ID:	77481-00000-000-00001	Agency:	TRAINER JOE

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:	
Rating Description:			

Community Information

Rating Community:	045012 1770 M	Current Community:	045012 1770 M
Rating Zone:	Y	Current Zone:	Y

Submission & Payment

[Return to top](#)