

User Guide for the GUA Agent Portal

Log in to the LIVE Environment - https://policy.georgiaunderwriting.com/EI_LIVE/

The screenshot shows the 'Agent Login' page of the 'LIVE Environment'. At the top left is the Georgia Underwriting Association logo. At the top right is the 'beyontec' logo. The page features an 'Important Security Notice' stating that EZ*Insure does not ask for personal information other than the User ID and Password. Below this is a login form with fields for 'User Name' and 'Password'. A red error message 'User Name is required' is displayed below the User Name field. There is a checkbox for 'Enable Virtual Keyboard' and a 'Login' button. To the right of the login form is a virtual keyboard interface with letters, numbers, and special characters.

Complete your insta quote

All fields are required to obtain a premium

The screenshot shows the 'Insta Quote' form for 'Home Owners'. The form is divided into several sections: 'Customer Information', 'General Information', 'Basic Information', and 'Cover Information'. The 'Customer Information' section includes fields for 'Customer Name' (kim morgan), 'Phone #' (545-646-5456), and 'Email' (545-646-5456). The 'General Information' section includes 'Inception Date' (07-18-2018), 'Policy Term' (Annual), 'Expiration Date' (07-18-2019), 'Agency' (O'Quinn & Associates Inc.), and 'Contact #' (512-588-1051). The 'Basic Information' section includes 'Risk Type' (Home Owners), 'Is the Risk Address same as Insured Address?' (checked), 'Zip Code' (31520-1518), 'Address Line 1' (100 Park Way), '# of Stories' (1), 'Year Built' (2013), 'Sq Footage' (1600), 'Construction' (Frame), 'Territory' (31), 'Protection Class' (2), 'Fair Market Value' (50000), 'Purchase date' (07/18/2018), 'Purchase Price' (50,000.00), 'Roof Installed Year' (2013), 'Metal Roof' (No), and 'ReplaceMent Value' (50000). The 'Cover Information' section includes a table for 'Mandatory Cover' and a table for 'Check Coverages That Apply'.

Coverage	Limit
☒ Dwelling	50,000
☒ Other Structure	5,000

Coverage	Limit
☐ Water Coverage	0
☐ Rep Cost Building	

Click the “Get Premium” button once all fields are complete

Deductibles

	Name	Deductible
☒	Deductible	1,000
☒	Deductible Wind Hail	2%

PREMIUM & COVERAGE SUMMARY SCREEN

[Choose Pay Plan](#)

	Limit	Premium
Dwelling	50,000	559
Other Structure	5,000	
Personal Property	25,000	
Loss of Use	5,000	
Liability	100,000	
Med Pay	1,000	
Theft	1,000	0
Water Coverage		
Replacement Cost Building		
Replacement Cost Content		
Policy/Inspection Fee		50
Total Premium		609

We require 2 photos of building; you can send them now by clicking on the Attach Document button

[Get Premium](#) [Attach Document](#) [Print Quote](#) [Submit](#) [Reset](#)

If you choose to continue with the application submission process, you will be prompted to choose a pay plan and attach required documents

Alert

 Choose Pay Plan

[OK](#)

Alert

 Required documents must be attached for submission

[OK](#)

Attach Document

[New Document](#) **Document Uploading don't close the popup..**

S.No	Document Type	Description	Recd Dt	
1	Photo-01	Photo-01	07-13-2018	C:\Users\Public\Pictures\ Browse...
2	Valuation Doc	Valuation Doc	07-13-2018	C:\Users\Public\Pictures\ Browse...
3	Photo-02	Photo-02	07-13-2018	C:\Users\Public\Pictures\ Browse...

[Save](#) [Save/Close](#)

[Click on new document to add additional documents.](#)

Once documents are attached, click the save/close button, but do not manually close the pop-up box.

Deductibles

	Name	Deductible
☒	Deductible	1,000
☒	Deductible Wind Hail	2%

PREMIUM & COVERAGE SUMMARY SCREEN

[Choose Pay Plan](#)

	Limit	Premium
Dwelling	50,000	559
Other Structure	5,000	
Personal Property	25,000	
Loss of Use	5,000	
Liability	100,000	
Med Pay	1,000	
Theft	1,000	0
Water Coverage		
Replacement Cost Building		
Replacement Cost Content		
Policy/Inspection Fee		50
Total Premium		609

[We require 2 photos of building; you can send them now by clicking on the Attach Document button](#)

[Get Premium](#) [Attach Document](#) [Print Quote](#) [Submit](#) [Reset](#)

Click the **Submit** button on the bottom of the screen and your Insta Quote will be converted to a Full Quote (application)

Customer Details:

- Under General Information, you will enter your **Agency License #** and **Agency Exp Date**. This information is required and will be transferred to the signature page of the application.
- All fields outlined in Red are required fields.
- The **applicant name** will serve as the insured's signature. The name should be typed as it should appear during the e-sign process.
- Enter last 4 of insured's SSN
- Confirm/Next

Policy #: DF-0271388	Customer: Test Application...	Eff: 02-14-2019	Expiration: 02-14-2020	Status: Quote
Orig Eff: 02-14-2019	Last Tran: 02-14-2019	Cancel:	Reinstate:	User: Nobles
Orig Issue: 02-14-2019	Tran: Quote	Endorsement:		

Corporate ☒ [Change Name](#)

Customer Name

Mailing Address E-Print ☐

Zip Code [>>](#)

Address Line 1

Contact Information

Contact Type	Email	Contact Reference	Office	Contact Value	
Contact Type	Phone	Contact Reference	Office	Contact Value	

General Information

Agent [>>](#) Inception Date Expiration Date

Contact #

Agency License # Prior or Present Policy #

Agency Exp. Date

Applicant Name SSN #

Location details Tab:

Full Quote Search Full Quote

Customer Details

Location Details >>>

Mortgagee

Questionnaire

Document

Payor

Print Package

Location Address

☒ Check if location address is same as mailing address

Zip Code <<

Distance to Fire Station

Distance to Fire Station is required

Address 1

Within 1000 feet of fire hydrant?

Within 1000 feet of fire hydrant is required

Address 2

City Limits

City Limits is required

Address 3

County

City

State

Country

Construction Type Territory * Protection Class*

of Stories Year Built Sq Footage

Additional Risk Fields

Flood Company Flood Policy Id Flood Policy Expiration Date

No of B2 Claims No of Outside Claims

No of B2 Claims is required

No of Outside Claims is required

Fair Market Value Purchase date Purchase Price

Vacant Metal Roof EScrow ☐

Vacant is required

Roof Installed Year Reason Wiring

Reason is required

Wiring is required

ReplaceMent Shape of Roof Heater

Enter applicable information. All fields outlined in red are required fields.

Confirm/Next

Mortgagee:

Customer Details
Location Details
Mortgagee
Questionnaire
Document
Payor
Print Package

Policy #: HO-0256476 Customer: kim morgan Eff: 07-18-2018 Expiration: 07-18-2019 Status: Quote
Orig Eff: 07-18-2018 Last Tran: 07-18-2018 Cancel: Reinstater: User: Mark
Orig Issue: 07-18-2018 Tran: Quote Endorsement:

Risk
100 Park Way, Brunswick, GA, 31520-1518

Mortgagee

Type: ---Select---
---Select---
Mortgagee
Loss Payee
Additional Interest
Additional Insured

Name: Zip Code: >>
Address Line 1:

Add New Reset Change Name

If mortgagee is not found click on new mortgagee to add a mortgagee

Many Mortgagees already exist within our system and are available in a drop-down list (visible once you begin typing a Mortgagee name). If your required Mortgagee is not available, you may choose to set up a New Mortgagee.

Confirm/Next to continue to the Questionnaire tab.

Questionnaire:

You will be asked to answer questions pertaining to the structure.

Additional information may be required (free text box) depending on how the questions are answered.

Full Quote

Search Full Quote

Customer Details

Location Details

Mortgagee

Questionnaire

Document

Payor

Print Package

Save

Premium

Policy #: HO-0256476 Customer: kim morgan Eff: 07-18-2018 Expiration: 07-18-2019 Status: Quote
Orig Eff: 07-18-2018 Last Tran: 07-18-2018 Cancel: Reinstater: User: Mark
Orig Issue: 07-18-2018 Tran: Quote Endorsement:

S.No	Questionnaire	Response
13	Are shrubs and landscaping kept trimmed?	☐ Yes ☒ No
14	Are downspouts allowed to discharge onto walkways, driverways or patios?	☐ Yes ☒ No
15	Is your dwelling equipped with a burglar alarm?	☐ Yes ☒ No
16	Are exterior door (s) secured?	☐ Yes ☒ No
17	Are there broken, cracked, uneven or otherwise faulty steps, porches, decks sidewalks	☐ Yes ☒ No
18	Is lighting outside the struture unsafe or inadequate?	☐ Yes ☒ No
19	Is lighting in hallways and stairways inside the structure, unsafe or inadequate?	☐ Yes ☒ No
20	Is there absence of or unsafe handrails?	☐ Yes ☒ No
21	Is there a swimming pool or private pond?	☐ Yes ☒ No
22	Is there a trampoline?	☐ Yes ☒ No
23	Is there any unrepaired damage to the building	☐ Yes ☒ No
24	Other Comments	test

Prev

Confirm/Next

Confirm/Next to obtain Premium.

[Customer Details](#)[Location Details](#)[Mortgagee](#)[Questionnaire](#)[Document](#)[Payor](#)[Print Package](#)[Save](#)[Premium](#)

Georgia Underwriting Association
3355 Annandale Ln Suite 3 Suwanee GA 30024-2100

HOMEOWNERS QUOTATION

07-18-2018

QUOTE NUMBER: HO-0256476**Phone No:** 912-588-1051**INSURED NAME AND MAILING ADDRESS**

kim morgan
100 Park Way
Brunswick GA 31520-1518

INSURED'S AGENT OR BROKER

O'Quinn & Associates Inc
212 S 1st St Ste 1
Jesup GA 31545-1137

Described Location: The Described Location covered by this policy is at the above address unless otherwise stated :
100 Park Way
Brunswick GA 31520-1518

This insurance applies to the Described Location, Coverage for which a Limit of Liability is shown and Perils Insured Against for which a premium is stated.

Coverage Cause Of Loss	Limit	Deductible	Premium
Dwelling	50,000	\$1,000	559.00
Other Structure	5,000		0.00
Personal Property	25,000		0.00
Loss of Use	5,000		0.00
Liability	100,000		0.00
Med Pay	1,000		0.00
Theft	1,000		0.00
Water Coverage	20,000		100.00

Policy/ Inspection Fee	50.00
Annual Premium	709.00

Deductible wind Hail 2%[Prev](#)[Confirm/Next](#)

Confirm/Next to Payor Screen.

Full Quote

Search Full Quote

Customer Details

Location Details

Mortgagee

Questionnaire

Document

Payor

Print Package

Policy #: HO-0256476

Customer: kim morgan

Eff: 07-18-2018

Expiration: 07-18-2019

Status: Quote

Orig Eff: 07-18-2018

Last Tran: 07-18-2018

Cancel:

Reinstate:

User: Mark

Orig Issue: 07-18-2018

Tran: Quote

Endorsement:

Payor Information

Payor Type: Customer

Bill Type: Direct

Type: Customer

Company Name: kim morgan

Name: kim morgan

Zip Code: 31520-1518

Address Line 1: 100 Park Way

Payment Plan: 4 PAY

Change Plan

Renewal Payor

Installment #	Bill Date	Due Date	Installment Amount	Fee	Total
1	07-18-2018	07-18-2018	247.70		247.70
2	09-09-2018	09-30-2018	164.75	6.00	170.75
3	12-08-2018	12-29-2018	164.75	6.00	170.75
4	03-08-2019	03-29-2019	131.80	6.00	137.80

Save

Premium

Prev

Confirm/Next

Select the Renewal Payor (Customer or Mortgagee) and verify your pay plan.

Confirm/Next to proceed to the E-sign process.

Address Line 1: 100 Park Way

Payment Plan: 4 PAY

Change Plan

Confirm

Click OK to Esign the document

OK

Cancel

Installment #	Amount	Fee
1	247.70	
2	164.75	6.00
3	164.75	6.00
4	131.80	6.00

Once you select ok, you will flow to the Print Package screen where the E-sign process begins.

Full Quote

Search Full Quote

Customer Details

Property Details

Mortgagee

Questionnaire

Policy Forms

Payor

Print Package

Policy #: DF-0271388 Customer: Test Application... Eff: 02-14-2019 Expiration: 02-14-2020 Status: Quote

Orig Eff: 02-14-2019 Last Tran: 02-14-2019 Cancel:

Reinstatement: User: [Nobles](#)

Orig Issue: 02-14-2019 Tran: Quote Endorsement:

Current List

Full List

Deselect All ☐

Documents	Test Application Process	Nobles Insurance Agency Inc
Dwelling Fire and Quote - 0	View	☒
Dwelling Fire - Esign Document - 0	View Sign Now (Insured) Sign Now (Agent)	☐

Print Now

Email

(Move the mouse over the name in the above list to see the mail id)

Select the Sign Now (Insured) link

Review the application thoroughly before signing.

Choose your signature style from the signature style drop down.

APPLICATION FOR HOMEOWNERS INSURANCE
This Application is Not a Binder of Insurance.

GEORGIA UNDERWRITING ASSOCIATION
3355 Amundale Lane, Suite 3, Suwanee, GA 30024-3186
770-923-7431 Fax: 770-717-8628 www.GeorgiaUnderwriting.com

AGENT INFORMATION	
Agency Name: <u>Nables Insurance Agency, Inc.</u> Address: <u>823 Bux. 205</u> City, St, Zip: <u>Tifton, GA, 31793-0705</u> Phone: <u>229-382-2696</u> Fax: _____ Email: <u>nablesagency@bellouth.net</u>	If this application is not signed by the insured the agent, it will not be processed. See page 4 for signatures. I also understand that if photos and necessary documents aren't provided, this application will not be processed.
APPLICANT INFORMATION	
Name: <u>Test Application Process</u> Email: _____ Mailing Address: <u>3355 Amundale Ln Ste 3</u> City: <u>Suwanee</u> State: <u>GA</u> Zip: <u>30024-2100</u>	Phone: _____
PROPERTY INFORMATION	
1. Address of Property: <u>3355 Amundale Ln Ste 3</u> County: <u>Gwinnett</u> City: <u>Suwanee</u> State: <u>GA</u> Zip: <u>30024-2100</u> City Limits: <u>Inside</u> <u>Outside</u> Name of and distance to Fire Station: <u>1 mile</u> Within 1,000 Feet to standard fire hydrant? ☒ Yes ☐ No 2. Requested date of coverage: <u>02-14-2019</u> 3. If prior or present coverage with GUA, what is the policy number?: _____ 4. Fair market Value: \$ <u>150000</u> 5. Purchase Date: <u>01-01-2018</u> Purchase Price: \$ <u>100000</u> 6. Construction: ☒ Frame ☐ Joisted Masonry ☐ Non-combustible ☐ Mobile Home Serial #: _____ Make: _____ Model: _____ 7. # of Stories: <u>1</u> Year Built: <u>1998</u> Square Footage(Width/Length): <u>1000</u> Age of Roof: <u>2008</u> Roof Description: ☐ Hip ☐ Cable ☐ Flat ☐ Other ☐ Metal Roof ☐ Yes ☒ No	

Dwelling Fire - Eign Document - 0 v
Page #1 v Page #2 Page #3 Page #4

Test App Process
Signature v Initial v
Signatures v
Select a signature style from below
Apply Signature Style
Next Signature >
0 out of 1 Signatures have been completed by you
1

https://policy.georgiaunderwriting.com/EI_SIGN/services/gettemplate

EZ*Sign Back

APPLICATION FOR HOMEOWNERS INSURANCE
This Application is Not a Binder of Insurance.

GEORGIA UNDERWRITING ASSOCIATION
3355 Annandale Lane, Suite 3, Suwanee, GA 30024-3186
770-923-7431 Fax 770-717-8628 www.GeorgiaUnderwriting.com

AGENT INFORMATION Agency Name: <u>Nobles Insurance Agency Inc.</u> Address: <u>ED Box 202</u> City, St, Zip: <u>Ellen, GA, 31793-0705</u> Phone: <u>229-382-2606</u> Fax: <u></u> Email: <u>noblesagency@bellsouth.net</u>		If this application is not signed by the insured the agent, it will not be processed. See page 4 for signatures. I also understand that if photos and necessary documents aren't provided, this application will not be processed.
APPLICANT INFORMATION Name: <u>Test Application Process</u> Phone: <u></u> Email: <u></u> Mailing Address: <u>3355 Annandale Ln Ste 3</u> City: <u>Suwanee</u> State: <u>GA</u> Zip: <u>30024-2100</u>		
PROPERTY INFORMATION 1. Address of Property: <u>3355 Annandale Ln Ste 3</u> County: <u>Gwinnett</u> City: <u>Suwanee</u> State: <u>GA</u> Zip: <u>30024-2100</u> City Limits: ☐ Inside ☒ Outside Name of and distance to Fire Station: <u>1 mile</u> Within 1,000 Feet to standard fire hydrant? ☒ Yes ☐ No 2. Requested date of coverage: <u>02-14-2019</u> 3. If prior or present coverage with GUA, what is the policy number?: <u></u> 4. Fair market Value: <u>\$150000</u> Purchase Price: <u>\$100000</u> 5. Purchase Date: <u>01-01-2015</u> 6. Construction: ☒ Frame ☐ Joisted Masonry ☐ Non-combustible ☐ Mobile Home Serial #: <u></u> Make: <u></u> Model: <u></u> 7. # of Stories: <u>1</u> Year Built: <u>1998</u> Square Footage(Width/Length): <u>1000</u> Age of Roof: <u>2008</u> Roof Description: <u>Hip</u> ☐ Gable ☒ Flat ☐ Other ☐ Metal Roof ☐ Yes ☒ No 8. Optional: Water Coverage: ☒ Yes ☐ No (Water Coverage is not available for Mobile Home or Seasonal Dwellings) 9. Deductible: ☐ \$1,000 ☒ \$2,500 ☐ \$5,000 <u>A 2% Wind/Hail Deductible applies for all property in the 6 coastal counties.</u> 10. Occupied by: ☒ Owner ☐ Tenant Wiring Heaters 11. ☐ Seasonal If the dwelling is not occupied full time, rate as seasonal. 12. # of Families: <u>1</u> (Refer to Instructions if Condo, Apartment or Townhome) 13. Is this for a Builders Risk? ☐ Yes ☒ No: Is this for a Rehab property? ☐ Yes ☒ No*If yes, see Letter of Intent in GUA site, under the Agent Area tab, in Request Forms. Please furnish a list of the things being done to the		

Test App Process

Signature ~ Initial ~

Signature Styles ~

Select a signature style from below

Test App Process

Test App Process

Test App Process

Test App Process

Test App Process

Test App Process

Test App Process

TEST APP PROCESS

Once style is selected...

Click to “apply signature style”

EZ*Sign Back

APPLICATION FOR HOMEOWNERS INSURANCE
This Application is Not a Binder of Insurance.

GEORGIA UNDERWRITING ASSOCIATION
3355 Annandale Lane, Suite 3, Suwanee, GA 30024-3186
770-923-7431 Fax 770-717-8628 www.GeorgiaUnderwriting.com

AGENT INFORMATION Agency Name: <u>Nobles Insurance Agency Inc.</u> Address: <u>ED Box 202</u> City, St, Zip: <u>Ellen, GA, 31793-0705</u> Phone: <u>229-382-2606</u> Fax: <u></u> Email: <u>noblesagency@bellsouth.net</u>		If this application is not signed by the insured the agent, it will not be processed. See page 4 for signatures. I also understand that if photos and necessary documents aren't provided, this application will not be processed.
APPLICANT INFORMATION Name: <u>Test Submission Process</u> Phone: <u></u> Email: <u></u> Mailing Address: <u>3355 Annandale Ln Ste 3</u> City: <u>Suwanee</u> State: <u>GA</u> Zip: <u>30024-2100</u>		
PROPERTY INFORMATION 1. Address of Property: <u>3355 Annandale Ln Ste 3</u> County: <u>Gwinnett</u> City: <u>Suwanee</u> State: <u>GA</u> Zip: <u>30024-2100</u> City Limits: ☐ Inside ☒ Outside Name of and distance to Fire Station: <u>1 mile</u> Within 1,000 Feet to standard fire hydrant? ☐ Yes ☒ No 2. Requested date of coverage: <u>02-04-2019</u> 3. If prior or present coverage with GUA, what is the policy number?: <u></u> 4. Fair market Value: <u>\$100000</u> Purchase Price: <u>\$150000</u> 5. Purchase Date: <u>01-01-2015</u> 6. Construction: ☒ Frame ☐ Joisted Masonry ☐ Non-combustible ☐ Mobile Home Serial #: <u></u> Make: <u></u> Model: <u></u> 7. # of Stories: <u>1</u> Year Built: <u>2000</u> Square Footage(Width/Length): <u>2000</u> Age of Roof: <u>2000</u> Roof Description: <u>Hip</u> ☐ Gable ☒ Flat ☐ Other ☐ Metal Roof ☐ Yes ☒ No 8. Optional: Water Coverage: ☒ Yes ☐ No (Water Coverage is not available for Mobile Home or Seasonal Dwellings) 9. Deductible: ☐ \$1,000 ☒ \$2,500 ☐ \$5,000 <u>A 2% Wind/Hail Deductible applies for all property in the 6 coastal counties.</u> 10. Occupied by: ☒ Owner ☐ Tenant Wiring Heaters		

Alston Minor

Signature ~ Initial ~

Alston Minor A

Apply Signature Style

Next Signature >

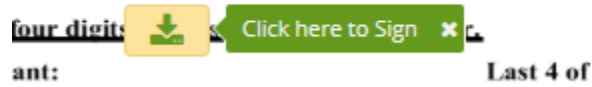
0 out of 1 Signatures have been completed by you

1

The click the “start signature” button

You will flow to the area of the application that needs to be signed.

if Information Practices" on page 4.



Applicant: Before signing below see "Certification of Applicant for Insurance", "Fair Credit Reporting Act" on page 3 and "Notification of Information Practices" on page 4. <u>Now accepting electronic signature with last four digits</u>  Click here to Sign  Certification Acceptance Signature of Applicant: _____ Last 4 of _____ Social: _____ Title if applicant is corporation or firm _____ Title if applicant is in the name of Estate: Executor, Administrator, or Power of Attorney and attach proper court documentation, _____ Letter of Testamentary, POA etc. _____ Date: _____ I hereby certify that I am a licensed Agent of Georgia, Agent License # 12346 Expiring 07-18-2020 Agency License # 12346 Expiring 07-18-2020 In the event a policy is issued and then canceled or insurance thereunder terminated, or a change is made resulting in a return premium due, I agree upon request to return my proportionate share of the commission on such return premium. <u>Now accepting electronic signature</u> Agent of Record Signature (REQUIRED) Date: 07-18-2018	Home Owners - Esign Document - 0 ▾ Page #1 Page #2 Page #3 Page #4 ▾ Kim Morgan Signature ▾ Initial ▾ <i>Kim Morgan</i> <i>K</i> Start Signature 0 out of 1 Signatures have been completed by you 1
---	---

Click the green arrow to apply the signature to the application.

<u>Now accepting electronic signature with last four digits of the social security number.</u> Certification Acceptance Signature of Applicant: <i>Kim Morgan</i> Last 4 of _____ Social: _____ Title if applicant is corporation or firm _____ Title if applicant is in the name of Estate: Executor, Administrator, or Power of Attorney and attach proper court documentation, _____ Letter of Testamentary, POA etc. _____
--

Applicant: Before signing below see "Certification of Applicant for Insurance", "Fair Credit Reporting Act" on page 3 and "Notification of Information Practices" on page 4.

Now accept electronic signature with last four digits of the policy security number.

Certification Acceptance Signature of Applicant: Alston Minor Last 4 of Social: 1234

OF (12/15) Page 3 of 4

Title if applicant is corporation or firm
 Title if applicant is in the name of Estate: Executor, Administrator, or Power of Attorney and attach proper court documentation, Letter of Testamentary, POA, etc. _____
 Date: _____

I hereby certify that I am a Licensed Agent of Georgia, Agent License # 1234564 Expiring 02-28-2019
 Agency License # 1234564 Expiring 02-28-2019 In the event a policy is issued and then canceled or insurance thereunder terminated, or a change is made resulting in a return premium due, I agree upon request to return my proportionate share of the commission on such return premium.

Now accepting electronic signature.
 Agent of Record Signature (REQUIRED)
 Date: 02-16-2019

Deedling Fire - Esign Document - 0 -
 Page #1 Page #2 Page #3 Page #4

Alston Minor

Signature: Alston Minor Initial: a

Apply Signature Style Change Signature Style

Signing Completed

All Signatures have been completed by you

1

After signature is applied, click the green "signing completed" button.

User will be taken back to the Print Package for Agent signature process to begin.

Document

or

Print Package

Save Premium

Deselect All ☐

Documents	kim morgan	O'Quinn & Associates Inc
Home Owners Quote - 0	View	☒
Home Owners - Esign Document - 0	View Sign Now (Insured) Sign Now (Agent)	☐

[Print Now](#) [Email](#)

(Move the mouse over the name in the above list to see the mail id)

Select Sign Now (Agent) link

Repeat signature process for agent signature.

A system generated email will be sent to the insured once the application has been signed.



Georgia Underwriting Assoc. <paperless@georgiaunderwriting.com>

■ Deborah Barker

Your e-Signature is Complete FROMEZYPLAIN

Dear Kim Morgan,
Congrats! You have successfully e-signed the documents below.

1. Home Owners - Esign Document - 0

Thank you for choosing Georgia Underwriting Association Insurance.

Sincerely,

Georgia Underwriting Association

Once both e-signatures are complete, the application must still be submitted.

You may Submit the quote (without payment) OR you can choose to Make a Payment.

Full Quote

Search Full Quote

Customer Details

Location Details

Mortgagee

Questionnaire

Document

Payor

Print Package

Save

Premium

Make a Payment

Submit

Policy #: HO-0256476 Customer: kim morgan Eff: 07-18-2018 Expiration: 07-18-2019 Status: Quote

Orig Eff: 07-18-2018 Last Tran: 07-18-2018 Cancel: Reinstater: User: Mark

Orig Issue: 07-18-2018 Tran: Quote Endorsement:

Current List

Full List

Deselect All

Documents	kim morgan	O'Quinn & Associates Inc
Home Owners Quote - 0	View	☒
Home Owners - Esign Document - 0	View Already Signed	☐

Print Now

Email

(Move the mouse over the name in the above list to see the mail id)

Clicking Make a Payment will carry you to the payment screen.



Order Information ▾

Reference Number: 180718041732732
Application Number: HO-0256476
Total: us \$247.70

Choose Payment Type: Credit Card ▾

Payment Information ▾



Name on Card: *

Credit Card Number: *

Expiration Date: MM YY *
CVV2: *  For Discover, Master and Visa - enter last 3 digits on the signature strip.



Payment will be linked to the policy automatically, and GUA will receive confirmation.

A system generated email will be sent to the Insured once the policy is submitted.



Georgia Underwriting Assoc. <paperless@georgiaunderwriting.com>  Deborah Barker

Request for e-Signature from Kim Morgan, Policy : HO-0256476 FROMEZYPLAIN

Dear Kim Morgan,
Thank you for your recent auto insurance policy purchase.
Policy HO-0256476. Please visit this link to electronically sign your policy documents:[Click Here](#)
If you have any difficulty to click on the above link, you may "Copy and Paste" this link on your browser's address bar.
http://test.georgiaunderwriting.com:8080/EI_GUA_AgentPortal/policy/sign.do?method=startSign&primdocs=4lg2GGGnfJJUibHtstHtHuyf4hMFDPtI6M%2FJGirSjov%2BtXfKjwnMNMnxPvOq1EHIW%2BbdPhy%0D%0AwNOYOBzGw%2FhJ3cRAH%2BtfkMQ84RyYo%3D%0D%0A&policyid=rzvjU%2FCmRLS6pWIVrg6cEMV2wzVYkVfWl8A36HGh8%3D%0D%0A

You will receive an acknowledgement email after successfully completing your "e-Signing" on all of the above documents.

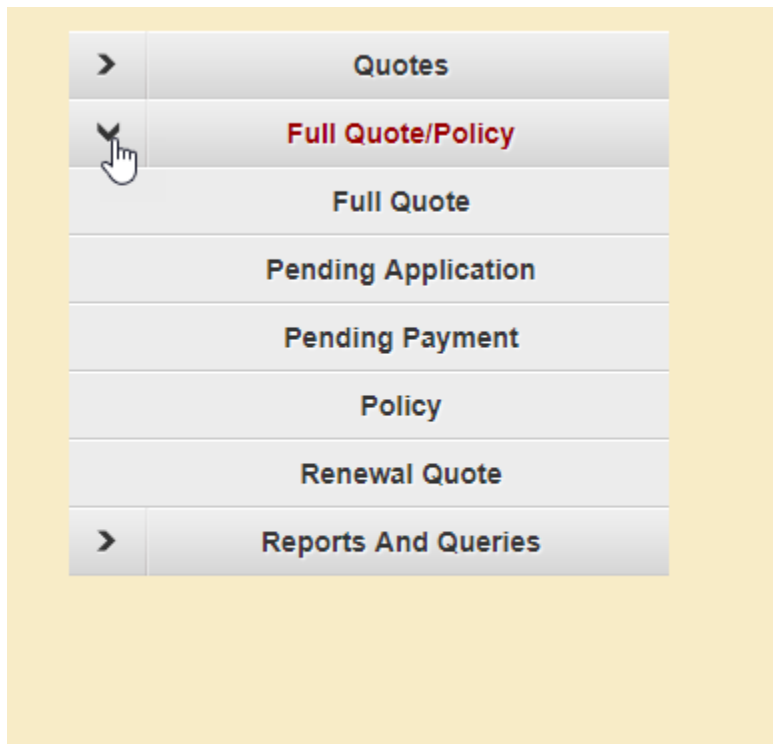
Thanks.

Best Regards

Client Relationship Team
Georgia Underwriting Association

10.0.20.30/EI_GUA_AgentPortal

New Menu tabs have been added to the Full Quote /Policy tab.



Pending Application

- All Application submitted with or without payment will be shown in the Pending Application
- Agent will be able to go into the Application in View mode only
- Status will remain as Quote

Search Full Quote [Full View](#) User Name: Mark

Customer Name	Full Quote #	Policy Form/Product HO
Last X Days	Inception Date to	Status Quote
Prop. Address 1	Prop. City	Prop. State
Prop. Zip Code	Risk Type	

[Hide Details](#)

Insta Quote #	Phone #	Customer Name	Prop. Address 1	Prop. City	Prop. State	Prop. Zip Code	Risk Type
HO-0256476-00	545-643-5456	kim morgan	100 Park Way	Brunswick	GA	31520-1518	Home Owners
HO-0256476-00	545-643-5456	kim morgan	100 Park Way	Brunswick	GA	31520-1518	Home Owners

Pending Payment Tab

- Once UW has approved an application (without payment), the Application will be cleared from the Pending Application Screen and shown under the Pending Payment tab.
- Status will be shown as Quote

Search Full Quote [Full View](#) User Name: Mark

Customer Name

Full Quote #

Policy Form/Product

Last X Days

Inception Date to

Status

Prop. Address 1

Prop. City

Prop. State

Prop. Zip Code

Risk Type

[Hide Details](#)

Insta Quote #	Phone #	Customer Name	Prop. Address 1	Prop. City	Prop. State	Prop. Zip Code	Risk Type
HO-0256471-00	545-646-5456	kim morgan	100 Park Way	Brunswick	GA	31520-1518	Home Owners

Policy Tab

- If UW approves an application with payment, the application will be cleared from the Pending Application Tab and moved to the Policy Tab
- Status will be Active

Full Quote Tab

- If UW declines an application (with or without payment), information will be cleared from the Pending Application tab and moved to Full Quote
- Status will be updated as Declined

Search Full Quote [Full View](#)

Customer Name

Full Quote #

Policy Form/Product

Last X Days

Inception Date to

Status

Prop. Address 1

Prop. City

Prop. State

Prop. Zip Code

Risk Type

[More Details](#)

Full Quote #	Phone #	Customer Name	Quote Date	Address	Zip Code	Product	User ID	Status
HO-0256475-00	458-456-4564	loyle mike	07-18-2018	100 Park Way	31520-1518	Home Owners	Mark	Declined
HO-0256473-00	458-456-4564	loyle mike	07-18-2018	100 Park Way	31520-1518	Home Owners	Mark	
HO-0256467-00		qww	07-17-2018	100 park way	31520	Home Owners	Mark	Quote
HO-0256461-00		Jack Anderson	07-13-2018	100 Park Way	31520-1518	Home Owners	Mark	Declined