

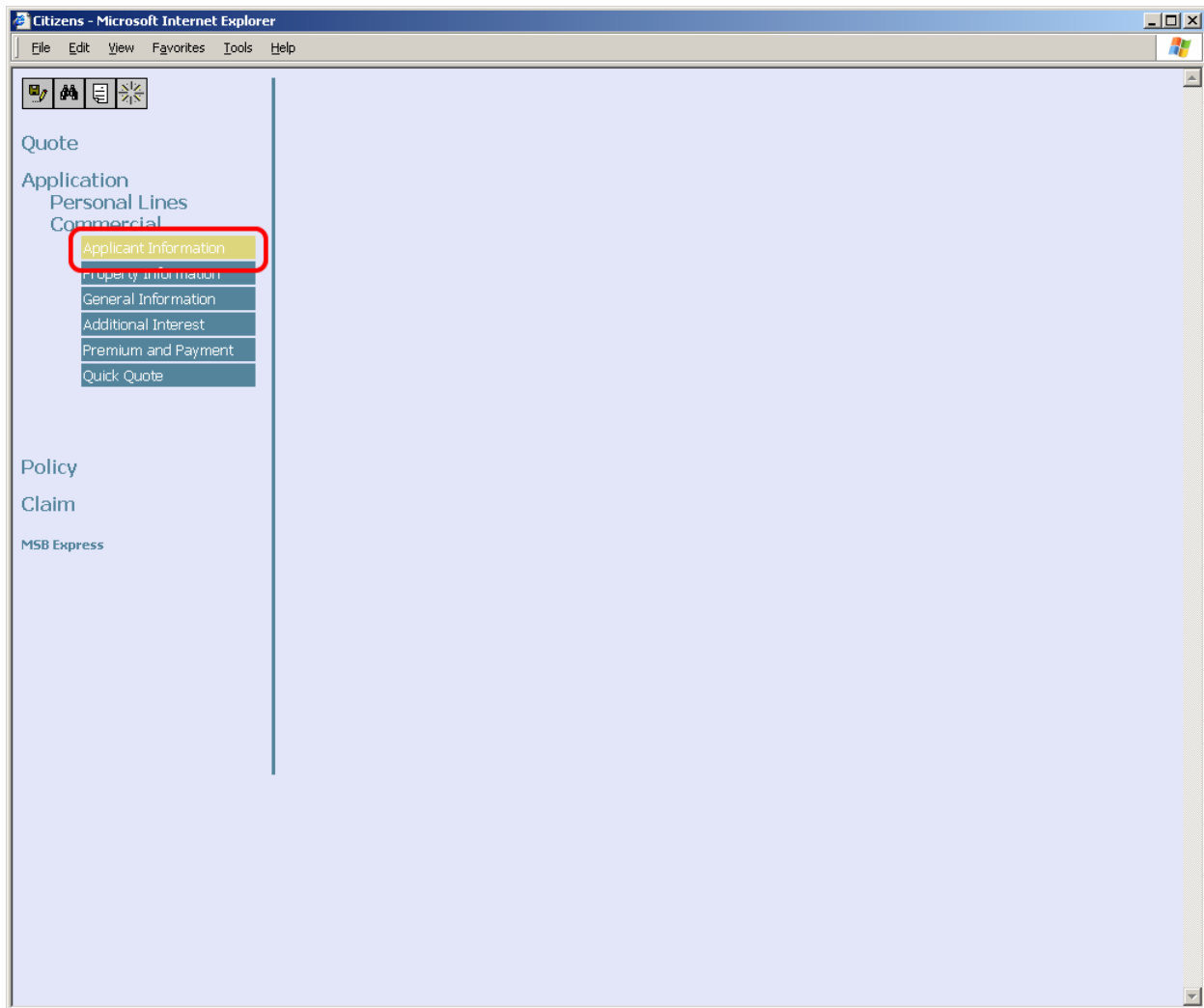
## Entering a Commercial Application

The following sections describe the process of entering a Commercial application in LPMS.

Note: Unlike Personal Lines, Commercial applications do *not* begin with entering a quote.

## Entering Applicant Information

1. From the treeview click the *Applicant Information* link.



2. Complete the *Applicant Information* screen with the applicable information.

Application Information - Microsoft Internet Explorer

File Edit View Favorites Tools Help

**New Application**

Current Application/Policy Information  
 Application / Policy Number:  Insured Name:

Policy Information  
 Policy type:  Effective date: 07/07/2006  
 Plan:

Producer Information  
 Agency: LOUISIANA PLAN SERVICES  
 First/Middle/Last name/Suffix:   
 Citizens' producer code: 800 - 2050 License #: Unknown Expiration dt: 1/1/1900  
 Phone: (800) 274-9830  
 E-mail:

Applicant Information  
 Business type:  Street addr format:  Yes  No  
 Type if Other:  Mailing address 1:   
 Business name:  Mailing address 2:   
 Business name Line 2:  City / St / Zip:   
 Operates under:  Business phone:  Ext:   
 Work e-mail:   
 Title / First name:  Year established:   
 Middle name:  Years at this location:   
 Last name / Suffix:  Hours of operation:  To:   
 Days:

Applicant's Business Contact Person  
 Same as applicant?  Yes  No  
 First / Middle / Last Name & Suffix:   
 Phone:  Ext:  Best time to call:

Additional Named Insured  
 Is there an additional named insured?  Yes  No  

Add/Cancel	First Name	Last Name	Company Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business type:  Address same as applicant?  Yes  No  
 Type if Other:  Mailing address 1:   
 Operates under:  Mailing address 2:   
 Business name:  City / St / Zip:   
 SSN:   
 Title / First name:   
 Middle name:   
 Last name / Suffix:

Additional Applicant Information  
 1.  Yes  No Does any applicant currently have any other insurance with LA Citizens?  
 2.  Yes  No Has any coverage been declined, cancelled, or non-renewed by LA Citizens during the last 3 years?  
 3.  Yes  No Does any applicant owe any earned premium, or other valid charges to any prior carriers including LA Citizens?  
 4.  Yes  No Has insurance been cancelled, declined or non-renewed in the voluntary market?  
 5.  Yes  No Has any applicant had a foreclosure, repossession, bankruptcy, judgment, or lien during the past 5 years?  
 6.  Yes  No During the last 10 years, has any applicant been convicted of any degree of the crime of arson?  
 Additional remarks: explain all 'Yes' answers above.

Applicant's Loss History  
 Does applicant have any losses in the last 3 years, at this or any other location?  Yes  No  
 Details of losses at this or any other location within last 3 years:  
 Date of loss:   
 Type of loss:   
 Description of loss:   
 Amount of loss:   
 Repairs completed?  Yes  No  
 Current # of losses:

Applicant's Previous Insurance Policy for this Location  
 Prior carrier?  Yes  No  
 Carrier's name:  Policy number:  Expiration date:

Continue

- To add an additional named insured, select *Yes* to the *Is there an additional named insured?* question. Enter the required information as indicated by the yellow fields. After completing all required fields, multiple named insureds may be added by clicking the *Add* link, which saves all entered information and clears the fields for entry of another named insured. To cancel entry of an additional named insured, click the *Cancel* link.

Applicant Information - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Additional Named Insured

Is there an additional named insured?  Yes  No

Add	Cancel	First Name	Last Name	Company Name

Business type:  Address same as applicant?  Yes  No

Type if Other:  Mailing address 1:

Operates under:  Mailing address 2:

Business name:  City / St / Zip:

SSN:

Title / First name:

Middle name:

Last name / Suffix:

Additional Applicant Information

- Yes  No Does any applicant currently have any other insurance with LA Citizens?
- Yes  No Has any coverage been declined, cancelled, or non-renewed by LA Citizens during the last 3 years?
- Yes  No Does any applicant owe any earned premium, or other valid charges to any prior carriers including LA Citizens?
- Yes  No Has insurance been cancelled, declined or non-renewed in the voluntary market?
- Yes  No Has any applicant had a foreclosure, repossession, bankruptcy, judgment, or lien during the past 5 years?
- Yes  No During the last 10 years, has any applicant been convicted of any degree of the crime of arson?

Additional remarks: explain all 'Yes' answers above.

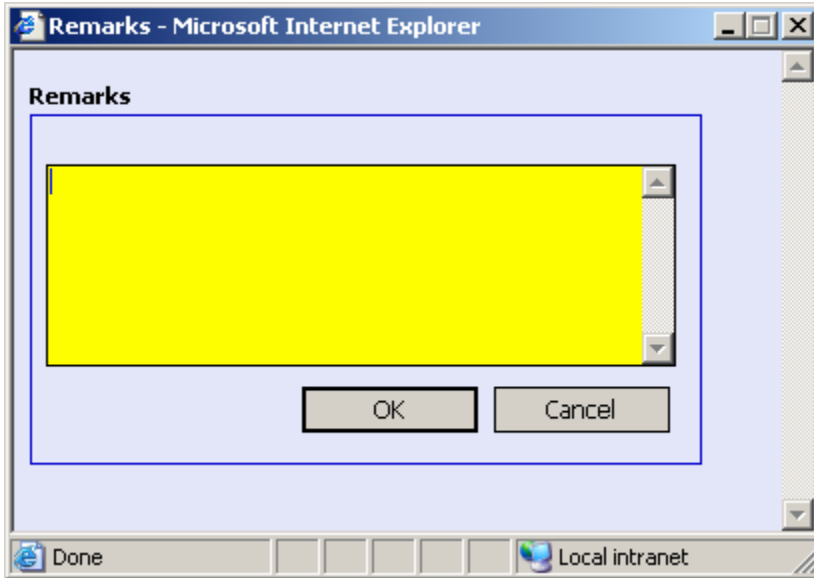
Applicant's Loss History

Does applicant have any losses in the last 3 years, at this or any other location?  Yes  No

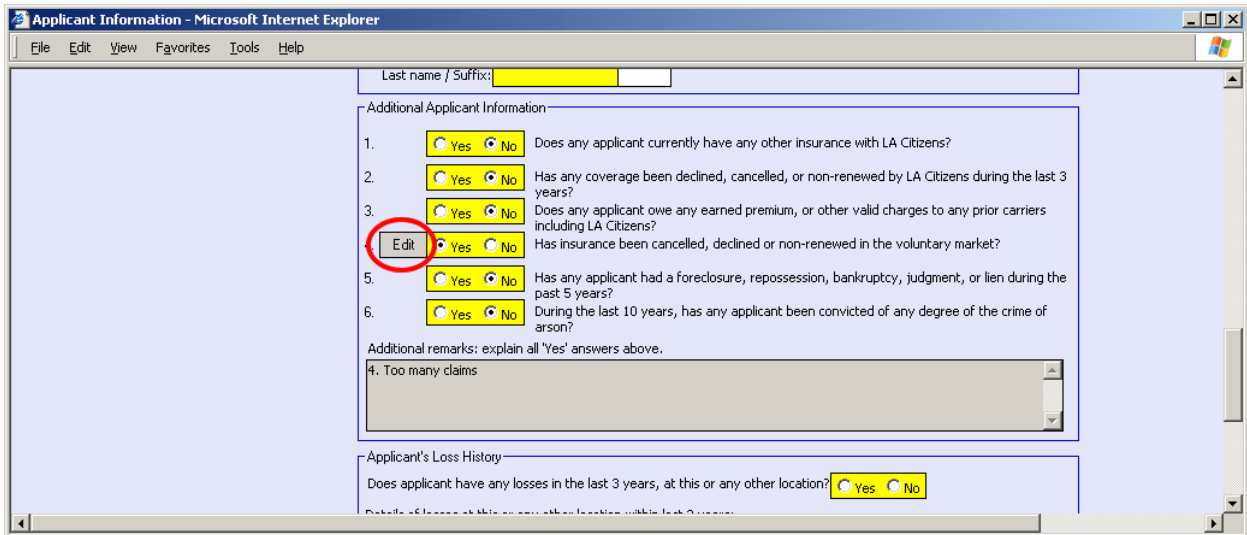
Details of losses at this or any other location within last 3 years:

Date of loss:	Type of loss:	Description of loss:	Add	Cancel	Type Of Loss
<input type="text"/>	<input type="text"/>	<input type="text"/>			

4. Answer questions as necessary to complete the Additional Applicant Information section. If the answer to any question is *Yes*, the *Remarks* screen will open. Explain the reason for the *Yes* response and click the *OK* button.



5. To edit the remarks answer from the *Application* screen, click the *Edit* button to re-open the *Remarks* screen.



- Information about previous losses may be entered by selecting *Yes* to the *Does applicant have any losses in the last 5 years, at this or any other location?* question. Multiple losses may be entered by clicking the *Add* link in the *Applicant's Loss History* section. (For more information see the *Record Functionality* section of this document.)

Applicant Information - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Additional remarks: explain all 'Yes' answers above.  
4. Too many claims in a time span.

Applicant's Loss History

Does applicant have any losses in the last 5 years, at this or any other location?  Yes  No

Details of losses at this or any other location within last 3 years:

Date of loss:	Type of loss:	Description of loss:							
			<table border="1"> <tr> <td>Add</td> <td>Cancel</td> <td>Type Of Loss</td> </tr> <tr> <td>View</td> <td>Delete</td> <td>Fire</td> </tr> </table>	Add	Cancel	Type Of Loss	View	Delete	Fire
Add	Cancel	Type Of Loss							
View	Delete	Fire							

Amount of loss:

Repairs completed?  Yes  No

Current # of losses:

Applicant's Previous Insurance Policy for this Location

Prior carrier?  Yes  No

Carrier's name:  Policy number:  Expiration date:

Continue

Done Local intranet

- After completing all applicable fields, click the *Continue* button at the bottom of the screen to continue to the next screen.

Amount of loss: 2500

Repairs completed?  Yes  No

Current # of losses:

Applicant's Previous Insurance Policy for this Location

Prior carrier?  Yes  No

Carrier's name: Walker Insurance Policy number: 155-DF-332 Expiration date: 08/30/2005

Continue

## Entering Property Information

1. Enter all applicable data into the *Property Information* screen. Click the *Continue* button to save all information and move to the next Application screen.

Property Information - Microsoft Internet Explorer

Quote  
 Create Personal Lines Quote  
 Create Commercial Lines Quote

Application  
 Personal Lines Commercial  
 Applicant Information  
 General Information  
 Additional Information  
 Premium and Payment  
 Quick Quote

Policy  
 Claim  
 Help Inquiries

Current Application Policy Information  
 Application Policy Number: EP 2004000041 00 Insured Name: Bobby Ensmore

Current Policy Building  
 [Building Name] [Street Address]

Property Location  
 Is property address same as applicant's mailing address?  Yes  No  
 Is property address the 911 address?  Yes  No  
 Street number / Name / Type: [Street Number] [Street Name] [Street Type]  
 Address 2: [Address 2]  
 City / R / Zip: [City] [R] [Zip]  
 State: [State] [County]

Coverage Levels  
 Building: [Building] Sprinkler system:  Yes  No  
 Contents: [Contents] Sprinkler system maintained:  Yes  No  
 Stock: [Stock] Exclude EC coverage:  Yes  No  
 Stock reporting form: [Stock Reporting Form] Exclude sprinkler leak coverage:  Yes  No  
 Stock Reporting Date Period: [Stock Reporting Date Period] Exclude vandalism coverage:  Yes  No  
 All per deductible: [All per deductible] Builder's Risk for alterations in repair:  Yes  No  
 Wind and Hail % deductible: [Wind and Hail % deductible] Reporting Date Period: [Reporting Date Period]  
 Coinsurance - Building: [Coinsurance - Building] **Must provide a building or contents coverage amount.**  
 Coinsurance - Contents: [Coinsurance - Contents]

Total Policy Levels  
 Building: [Building] Building Value: [Building Value]  
 Contents: [Contents] Purchase date: [Purchase date]  
 Stock: [Stock] Purchase Price: [Purchase Price]  
 ACV of building: [ACV of building]

Contributing Insurance  
 Any Contributing Insurance?  Yes  No  
 Buildings: [Buildings] Describe Additional Coverages: [Describe Additional Coverages]  
 Your Personal Property: [Your Personal Property]  
 Personal Property of Others: [Personal Property of Others]  
 Business Income: [Business Income]

Building Owner Information  
 Same as applicant?  Yes  No  
 First Name: [First Name] Business name: [Business name]  
 Middle Name: [Middle Name] Mailing address 1: [Mailing address 1]  
 Last Name: [Last Name] Mailing address 2: [Mailing address 2]  
 Suffix: [Suffix] City / R / Zip: [City / R / Zip]  
 Phone: [Phone]

Neighborhood  
 Neighborhood (Type): [Neighborhood (Type)]  
 Industrial: [Industrial] Building occupied: [Building occupied] By: [By]  
 Commercial: [Commercial] Occupancy description: [Occupancy description]  
 Residential: [Residential] Is any area vacant/unoccupied?  Yes  No Vacant/unoccupied %: [Vacant/unoccupied %]  
 Rural: [Rural]  
 Total: [Total]

Location Rating  
 Rating: [Rating] Qualified CIP Code: [Qualified CIP Code]  
 Occupancy Code: [Occupancy Code] CIP Description: [CIP Description]  
 Occupancy Description: [Occupancy Description] RCP Code: [RCP Code]  
 Group 1 Rate: [Group 1 Rate] Special Class: [Special Class]  
 Great 1 Rate Contents: [Great 1 Rate Contents]

Other Occupants / Tenants  
 Other occupants / tenants?  Yes  No  
 Occupancy type: [Occupancy type] Square ft.: [Square ft.]

Fire Protection Information  
 Fire extinguishers on premises:  Yes  No  
 How many fire extinguishers: [How many fire extinguishers]  
 Date fire extinguisher last serviced: [Date fire extinguisher last serviced]  
 Any possible obstruction to reach?  Yes  No  
 Fire dept. name: [Fire dept. name] If yes, give detail: [If yes, give detail]  
 More than 7 miles from fire station?  Yes  No  
 Any difficult access to building?  Yes  No  
 If yes, give detail: [If yes, give detail]  
 More than 1,000 ft. from fire hydrant/water source?  Yes  No  
 Public Property?  Yes  No  
 Built over (or partly over) water?  Yes  No  
 Accessible to boat only?  Yes  No

Building Construction Information  
 Year built: [Year built] Building height (number of stories): [Building height (number of stories)]  
 Construction type: [Construction type] Building off ground:  Yes  No  
 Applicable construction type: [Applicable construction type] If 'yes', feet and inches: [If 'yes', feet and inches]  
 Superior roof: [Superior roof] Condition:  Yes  No  
 Overcurrent protection: [Overcurrent protection] Building has open sides:  Yes  No  
 Ground / Total floor area: [Ground / Total floor area] Number of open sides: [Number of open sides]

Heating System  
 Is building heated?  Yes  No  
 Heat system: [Heat system] % of space heated: [% of space heated]  
 Describe heat system: [Describe heat system] Date system last serviced: [Date system last serviced]  
 Condition / Renovation / Year: [Condition / Renovation / Year] Are space heaters used?  Yes  No

Conditions and Renovations  

Condition	Renovation	Year
Building	[Building]	[Year]
Electrical	[Electrical]	[Year]
Roof	[Roof]	[Year]
Plumbing	[Plumbing]	[Year]
Paint	[Paint]	[Year]

 Any roof leak?  Yes  No Age: [Age]  
 Any known leak?  Yes  No

Alarms  
 Watchman service?  Yes  No  
 If 'yes', hours: [If 'yes', hours]  
 Stand open system?  Yes  No  
 What class: [What class]  
 Theft alarm system: [Theft alarm system]  
 Fire alarm system: [Fire alarm system]

Fireplace  
 Number of hearths: [Number of hearths] Number of chimneys: [Number of chimneys]  
 Number of gas fires: [Number of gas fires] Number of wood stoves: [Number of wood stoves]

Substandard Charges - Group 1  
 Group 1 Substandard charges?  Yes  No  

Add www.substandardcharges.com	Condition	Note	Charge
[Add www.substandardcharges.com]	[Condition]	[Note]	[Charge]

 Substandard Charges - Group 2  
 Group 2 Substandard charges?  Yes  No  

Add www.substandardcharges.com	Condition	Note	Charge
[Add www.substandardcharges.com]	[Condition]	[Note]	[Charge]

 Flood Coverage  
 Flood coverage earned?  Yes  No  
 Carrier name: [Carrier name] Policy number: [Policy number] Expiration date: [Expiration date]

Continue

- To enter multiple buildings on a policy, first enter all information for the first building. After completing the *Property Information* screen, click the *Save* icon. Next click the *Add* link and the screen will clear to allow for entry of the second building or second location.

To enter a second **building** on the same location, enter *1* for location. This will allow the user to enter additional buildings still on the original location.

To enter a second **location** on the policy, enter *2* in the *Location* field. This will prompt LPMS that the building is on a separate location.

Click the *Save* icon after completing the screen for each building or location. Repeat these steps to add all additional buildings and locations.

The screenshot shows the 'Property Information' form in Microsoft Internet Explorer. The form is divided into several sections:

- Current Application/Policy Information:** Application / Policy Number: FF 20061860014 00, Insured Name: Paul Smith.
- Current Policy Buildings:** A table with columns 'Bldg Num' and 'Street Address'. The first row shows 'Building: 1, Location: 1' and '(Loc #:1, Bldg #:1) 22 Prairie ST, Bldg C, Brusly, LA 70111'. The 'Add' button is circled in red.
- Property Location:** Includes radio buttons for 'Is property address same as applicant's mailing address?' and 'Is property address the 911 address?'. The 'Location' field is set to '2' and is circled in red. Other fields include 'Street number / Name / Type', 'Address 2', 'Parish: West Baton Rouge Parish', and 'City / St / Zip'.
- Coverage Limits:** Includes fields for 'Building: 85000', 'Contents: 15000', 'Stock', 'Stock reporting form?', 'Stock Reporting Date Period:', 'All peril deductible:', 'Wind and Hail % deductible:', 'CoInsurance - Building:', and 'CoInsurance - Contents:'. It also has radio buttons for 'Sprinkler system?', 'Sprinkler system maintained?', 'Exclude EC coverage?', 'Exclude sprinkler leak coverage?', 'Exclude vandalism coverage?', and 'Builder's Risk for alterations & repairs?'. There is also a 'Reporting Date Period:' field.
- Total Policy Limits:** Fields for 'Building:', 'Contents:', and 'Stock:'.
- Building Value:** Fields for 'Purchase date:', 'Purchase Price:', and 'ACV of building:'.
- Contributing Insurance:** A section at the bottom for listing other insurance policies.

## Entering General Information

1. Enter all applicable data into the *General Information* screen. Click the *Continue* button to save all information and move to the next screen. For policies with multiple buildings, enter information for each building and click the *Save* icon before clicking the *Continue* button to go to the next screen.

Current Application/Policy Information

Application / Policy Number:  Insured Name:

General Information

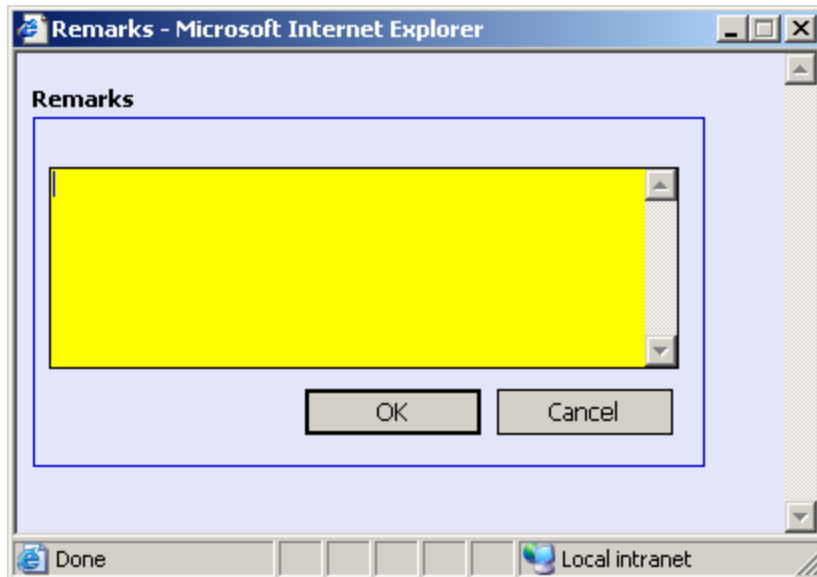
View	Bldg Num	Street Address
View	1	Prairie
View	2	Preston

1.  Yes  No Any flooding, brush, forest fire hazard, landslide, etc.?
2.  Yes  No Is property subject to damage from tidal surge?
3.  Yes  No Have any crimes occurred or been attempted on your premises within the last 3 years?
4.  Yes  No Any uncorrected fire or building code violations?
5.  Yes  No Is building currently undergoing renovation or reconstruction?
6.  Yes  No If building is under construction, is the applicant the general contractor?
7.  Yes  No Any structural alterations or demolition contemplated?
8.  Yes  No Was the structure originally built for other occupancy and then converted?
9.  Yes  No Any exposure to radioactive/nuclear materials?
10.  Yes  No Do you have past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)
11.  Yes  No Any watercraft, docks, floats owned, hired, or leased?
12.  Yes  No Any parking or storage of motorized vehicles inside building?
13.   Yes  No Is there a formal, written safety and/or security policy in effect?

Additional Remarks

13. Company Standard Operating Procedures for Employee Safety

2. If the answer to any question in the *General Information* section is *Yes*, the *Remarks* screen will open. Explain the reason for the *Yes* response and click the *OK* button.



- To edit a *Yes* explanation from the *General Information* screen, click the *Edit* button to open the *Remarks* screen and modify a response.

Current Application/Policy Information  
 Application / Policy Number: FF 20061860014 00 Insured Name: Paul Smith

General Information

View	Bldg Num	Street Address
View	1	Prairie
View	2	Preston

- Yes  No Any flooding, brush, forest fire hazard, landslide, etc.?
- Yes  No Is property subject to damage from tidal surge?
- Yes  No Have any crimes occurred or been attempted on your premises within the last 3 years?
- Yes  No Any uncorrected fire or building code violations?
- Yes  No Is building currently undergoing renovation or reconstruction?
- Yes  No If building is under construction, is the applicant the general contractor?
- Yes  No Any structural alterations or demolition contemplated?
- Yes  No Was the structure originally built for other occupancy and then converted?
- Yes  No Any exposure to radioactive/nuclear materials?
- Yes  No Do you have past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)
- Yes  No Any watercraft, docks, floats owned, hired, or leased?
- Yes  No Any parking or storage of motorized vehicles inside building?
- Yes  No Is there a formal, written safety and/or security policy in effect?

Additional Remarks

13. Company Standard Operating Procedures for Employee Safety

Continue

## Entering Additional Interests and Attachments Information

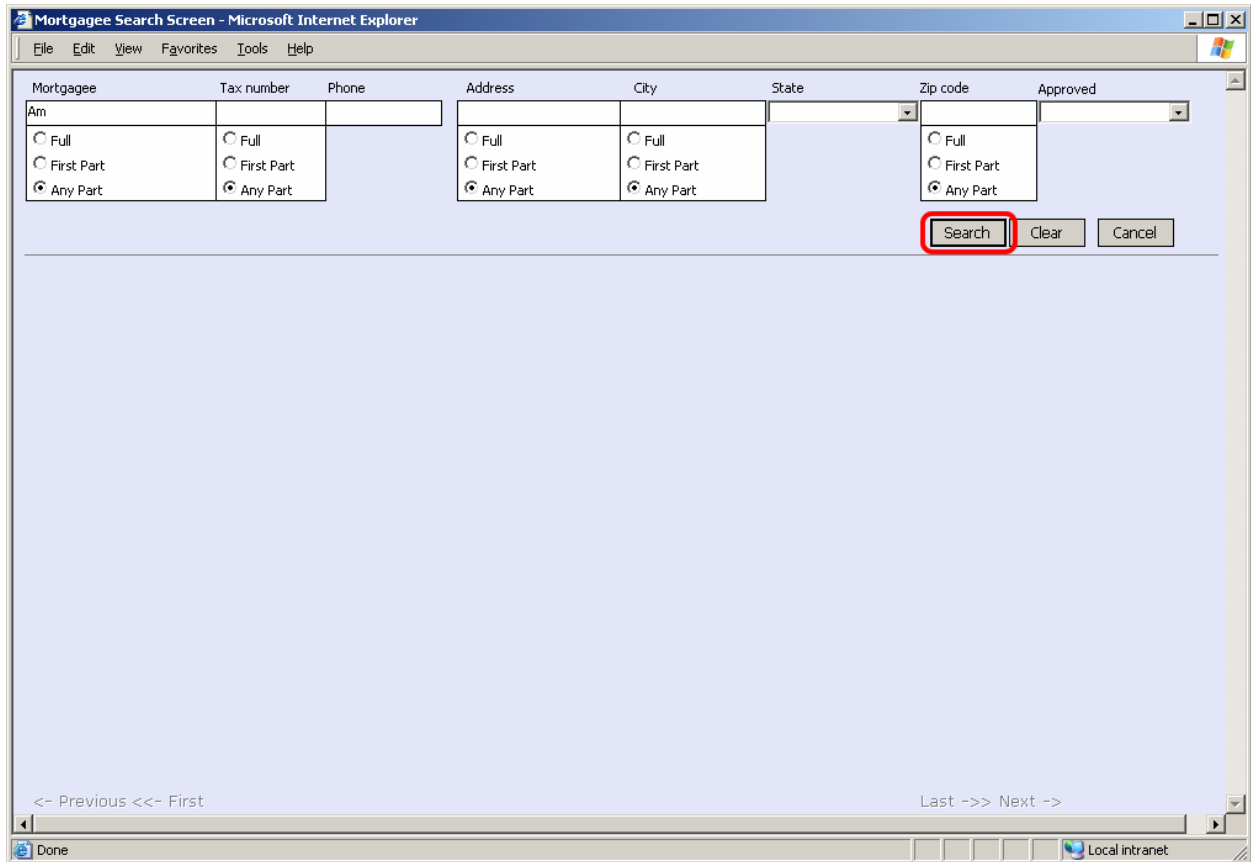
1. To enter additional interests and attachments, select *Yes* to the *Add Interest?* field. Select the type of insurable interest. Indicate if the interest applies to all locations of the policy. If not, information about additional interests will need to be specified for each location.

If the interest is a first or second mortgage, click the search icon to choose the appropriate mortgagee.

The screenshot displays the 'Additional Interest' form in a Microsoft Internet Explorer browser window. The form is divided into several sections:

- Current Application/Policy Information:** Application / Policy Number: FF 20061860014 00, Insured Name: Paul Smith.
- Current Additional Interest:** A table with columns 'Add', 'Cancel', and 'Name'.
- Additional Interest:** This section is highlighted with a blue box and contains several red circles around the following fields:
  - 'Add Interest?': Radio buttons for 'Yes' (selected) and 'No'.
  - 'Insurable interest:': A dropdown menu with 'First Mortgagee' selected.
  - 'If 'Other', describe:': A text input field.
  - 'All locations?': Radio buttons for 'Yes' (selected) and 'No'.
  - 'Bldg # and Loc #:': A dropdown menu with 'Building: 1, Location: 1' selected. A search icon is circled in red next to this field.
  - 'Name:', 'Address 1:', 'Address 2:', 'City / St / Zip:', 'Phone:', 'E-mail:', and 'Reference number:': Text input fields.
- Forms and Endorsements:** A list of forms including 'CP 00 10 06 95 Building and Personal Property Coverage Form', 'CP 00 90 07 88 Commercial Property Conditions', 'CP 01 16 10 94 Louisiana Changes', 'CP 10 10 06 95 Causes of Loss - Basic Form', 'IL 00 03 07 02 Calculation of Premium', 'IL 00 17 11 98 Common Policy Conditions', 'IL 02 77 07 02 Louisiana Changes - Cancellation and Non-renewal', and 'IL 09 52 11 02 Cap on Losses from Certified Acts of Terrorism'.
- Attachments:** A list of attachments including 'Loss Supplement' and 'Photographs'.
- Additional Remarks:** A large text area for additional comments.
- Continue:** A button at the bottom right of the form.

2. The *Mortgage Search* screen will open. Enter search criteria and click the *Search* button. (This search screen has the same features and functions as other LPMS search screens. See *Application/Policy Search* section of this document for information on search functionality.)



3. To select a mortgagee, click on the appropriate name.

Note: To clear the search results and start a new search, click the *Clear* button. To cancel the search and return to the *Additional Interests* screen, click the *Cancel* button.

3967 record(s) returned.

Name	Tax number	Phone	Address	City	State	Zip code	Approved
AMERICAN BANK & TRUST	11-1111111	(000) 000-0000	P O BOX 1819	OPELOUSAS	Louisiana	70570	True
AMERICAN BROKERS CONDUIT	11-1111111	(000) 000-0000	ISAOA ATIMA	FLORENCCE	South Carolina	29501	True
MBNA AMERICA DELAWARE	11-1111111	(800) 356-0669	PO BOX 202028	FLORENCE	South Carolina	29502	True
CAMERON STATE BANK	11-1111111	(000) 000-0000	P.O. BOX 430	CAMERON	Louisiana	70631	True
AMERICAN GENERAL FINANCE INC	11-1111111	(000) 000-0000	PO BOX 3893	EVANSVILLE	Indiana	47737	True
AMERICAS WHOLESALE LENDER	11-1111111	(818) 225-3000	PO BOX 961206 FTWX-22	FORT WORTH	Texas	76161	True
ABN AMRO MTG GROUP INC	11-1111111	(000) 000-0000	ISAOA	IRVINE	California	92619	True
CAMERON STATE BANK	11-1111111	(000) 000-0000	P O BOX 430	CAMERON	Louisiana	70631	True
CAMERON STATE BANK	11-1111111	(000) 000-0000	2901 RYAN ST	LAKE CHARLES	Louisiana	70601	True
CAMERON STATE BANK	11-1111111	(000) 000-0000	P.O. BOX 430	CAMERON	Louisiana	70631	True
AMERICAN GENERAL FINANCE	11-1111111	(000) 000-0000	P O BOX 3893	EVANSVILLE	Indiana	47737	True
AMC MORTGAGE SERVICES INC	11-1111111	(000) 000-0000	ITS SUCCESSORS AND/OR ASSIGNS	ORANGE	California	92856	True
UNITED STATES OF AMERICA	11-1111111	(000) 000-0000	ACTING THRU RURAL HOUSING SVC	ST LOUIS	Missouri	63166	True
AM SOUTH BANK	11-1111111	(000) 000-0000	ISAOA	IRVINE	California	92619	True
UNITED STATES OF AMERICA	11-1111111	(000) 000-0000	ACTING THRGH RURAL HOUSING SVC	PO BOX 66876, ST LOUIS	Missouri	63166	True
ABN AMRO MORTGAGE GROUP INC	11-1111111	(000) 000-0000	ISAOA	IRVINE	California	92619	True
URSULA RAMM	11-1111111	(000) 000-0000	405 HUEY P LONG AVE	GRETNA	Louisiana	70053	True
UNITED STATES OF AMERICA	11-1111111	(000) 000-0000	ACTING THROUGH RURAL HOUSING	ST LOUIS	Missouri	63166	True

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4. Information about the selected additional interest will populate in the screen. Enter any other appropriate information and click the *Continue* button.

The screenshot shows a web browser window titled "Additional Interest - Microsoft Internet Explorer". The browser's address bar and menu bar are visible at the top. The main content area is a form with the following sections:

- Current Application/Policy Information:** Application / Policy Number: FF 20061860014 00, Insured Name: Paul Smith
- Current Additional Interest:** A table with columns "Add", "Cancel", and "Name". The table is currently empty.
- Additional Interest:** Add Interest? (Yes selected), Insurable interest: First Mortgagee, If 'Other', describe: (empty), All locations? (Yes selected), Bldg # and Loc #: Building: 1, Location: 1, Name: AMERICAN BANK & TRUST, Address 1: P.O. BOX 1819, Address 2: (empty), City / St / Zip: OPELOUSAS LA 70570, Phone: (000) 000-0000, E-mail: (empty), Reference number: (empty)
- Forms and Endorsements:** A list of forms including CP 00 10 06 95 Building and Personal Property Coverage Form, CP 00 90 07 88 Commercial Property Conditions, CP 01 16 10 94 Louisiana Changes, CP 10 10 06 95 Causes of Loss - Basic Form, IL 00 03 07 02 Calculation of Premium, IL 00 17 11 98 Common Policy Conditions, IL 02 77 07 02 Louisiana Changes - Cancellation and Non-renewal, and IL 09 52 11 02 Cap on Losses from Certified Acts of Terrorism.
- Attachments:** Loss Supplement, Photographs
- Additional Remarks:** A text area for entering remarks.

The "Continue" button is located at the bottom right of the form and is highlighted with a red circle.

## Entering Premium and Payment Information

1. Enter all applicable data into the *Premium and Payment* screen. Select the *Bill to* option. If a mortgage company is selected, the method of payment is *annual*. If the insured is selected, the method of payment options are *annual*, *quarterly*, or *premium finance*.

Note: Premium must be \$250.00 or more to be eligible for a payment plan.

**Current Application/Policy Information**  
 Application / Policy Number: FF 20061860014 00    Insured Name: Paul Smith

**Bill To Options**  
 Bill to: Paul Smith (Primary Insured)

**Payment Method**  
 Method of payment: Premium Finance

**Bill to**  
 Name: Paul Smith  
 Company:  
 Address 1: 55 Hwy 12  
 Address 2:  
 City/St/Zip: Briarclay LA 74444  
 Phone:  
 E-mail:

**Premium Finance Company Information**  
 Company:  
 Address 1:  
 Address 2:  
 City / St / Zip:  
 Phone:  
 E-mail:  
 Account number:

**Premium and Deposit**  
 Tentative premium:  
 Tax exempt surcharge:  
 Market equalization charge:  
 Emergency assessment:  
 Application fee:  
 Total due:  
 Deposit / first payment:  
 Balance:

**Payment Plan**  
 Premium must be \$250 or more to be eligible for payment plan.  
 Second payment date:  
 Third payment date:  
 Fourth payment date:

Submit

- If the method of payment involves premium finance, select *Premium Finance* from the *Method of Payment* dropdown. Click the search icon to select to the appropriate finance company.

**Premium and Payment Plan - Microsoft Internet Explorer**

File Edit View Favorites Tools Help

Quote  
Application  
Personal Lines  
Commercial

Applicant Information  
Property Information  
General Information  
Additional Interest  
Premium and Payment  
Quick Quote


Policy  
Claim  
M5B Express

Current Application/Policy Information  
Application / Policy Number: FF 20061860014 00 Insured Name: Paul Smith

Bill To Options  
Bill to: Paul Smith (Primary Insured)

Payment Method  
Method of payment: Premium Finance

Bill to  
Name: Paul Smith  
Company:  
Address 1: 55 Hwy 12  
Address 2:  
City/St/Zip: Brusly LA 74444  
Phone:  
E-mail:

Premium Finance Company Information  
Company:   
Address 1:  
Address 2:  
City / St / Zip:  
Phone:  
E-mail:  
Account number:

Premium and Deposit  
Tentative premium:  
Tax exempt surcharge:  
Market equalization charge:  
Emergency assessment:  
Application fee:  
Total due:  
Deposit / first payment:  
Balance:

Payment Plan  
Premium must be \$250 or more to be eligible for payment plan.  
Second payment date:  
Third payment date:  
Fourth payment date:

Submit

3. The *Premium Finance Company Search* screen will open. Enter search criteria and click the *Search* button. (This search screen has the same features and functions as other LPMS search screens. See *Application/Policy Search* section of this document for information on search functionality.)

Premium Finance Company Search Screen - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Premium Finance Company	Tax number	Phone	Address	City	State	Zip code	Approved
sel							
<input type="radio"/> Full <input checked="" type="radio"/> First Part <input type="radio"/> Any Part	<input type="radio"/> Full <input type="radio"/> First Part <input checked="" type="radio"/> Any Part		<input type="radio"/> Full <input type="radio"/> First Part <input checked="" type="radio"/> Any Part	<input type="radio"/> Full <input type="radio"/> First Part <input checked="" type="radio"/> Any Part		<input type="radio"/> Full <input type="radio"/> First Part <input checked="" type="radio"/> Any Part	

<- Previous <<- First Last ->> Next ->

4. To select a premium finance company, click on the appropriate name.

Note: To clear the search results and start a new search, click the *Clear* button. To cancel the search and return to the *Premium and Payment Plan* screen, click the *Cancel* button.

Premium Finance Company Search Screen - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Premium Finance Company: sel  
Tax number:   
Phone:   
Address:   
City:   
State:   
Zip code:   
Approved:

Full  
 First Part  
 Any Part

Full  
 First Part  
 Any Part

Full  
 First Part  
 Any Part

Full  
 First Part  
 Any Part

Full  
 First Part  
 Any Part

Full  
 First Part  
 Any Part

Search Clear Cancel

4 record(s) returned.

Name	Tax number	Phone	Address	City	State	Zip code	Approved
SELECT FINANCIAL SERVICES INC	00-0000000	(000) 000-0000	1303 CYPRESS ST	SULPHUR	Louisiana	70663	True
SELECT FINANCIAL SERVICES, INC	00-0000000	(000) 000-0000	1303 CYPRESS STREET	SULPHUR	Louisiana	70663	True
SELECT FINANCIAL SERVICES, INC	00-0000000	(000) 000-0000	1303 CYPRESS STREET	SULPHUR	Louisiana	70603	True
SELECT PORTFOLIO SERVICES INC	00-0000000	(000) 000-0000	P.O. BOX 65628	SALT LAKE CITY	Utah	84165	True

< >

<- Previous <<- First Page 1 of 1 Last ->> Next ->

- The selected premium finance company's information will populate in the *Premium and Payment Plan* screen. Click the *Submit* button to save all information and continue with submission of the application.

**Current Application/Policy Information**  
 Application / Policy Number: FF 20061860014 00    Insured Name: Paul Smith

**Bill To Options**  
 Bill to: Paul Smith (Primary Insured)    Method of payment: Premium Finance

**Bill to**  
 Name: Paul Smith  
 Company:  
 Address 1: 55 Hwy 12  
 Address 2:  
 City/St/Zip: Brusly LA 74444 -  
 Phone:  
 E-mail:

**Premium Finance Company Information**  
 Company: SELECT FINANCIAL SERVICES INC  
 Address 1: 1003 CYPRESS ST  
 Address 2:  
 City / St / Zip: SULPHUR LA 70663 -  
 Phone: (000) 000-0000  
 E-mail:  
 Account number:

**Premium and Deposit**  
 Tentative premium:  
 Tax exempt surcharge:  
 Market equalization charge:  
 Emergency assessment:  
 Application fee:  
 Total due:  
 Deposit / first payment:  
 Balance:

**Payment Plan**  
 Premium must be \$250 or more to be eligible for payment plan.  
 Second payment date:  
 Third payment date:  
 Fourth payment date:

**Submit**

## Completing the Quote

1. After completing the Application screens, the *Quick Quote* screen will open. Verify information for each field and update fields as necessary.

Commercial Quick Quote - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Quote

Create Personal Lines Quote

Create Commercial Lines Quote

Application

Personal Lines Commercial

Applicant Information

Property Information

General Information

Additional Interest

Premium and Payment

Quick Quote

Policy

Claim

MSB Express

Current Application/Policy Information

Application / Policy Number: CF 20061800031 00 Insured Name: Helping Hands

Policy Type: Commercial

Requested Effective Date: 08/01/2006

Location Number: 1

Building Amount: 200000

Contents Amount: 90000

Stock Amount:

Reporting stock?  Yes  No

Group I Deductible: 500

Wind and Hail Deductible: 2

Coinsurance - Building (%): 80

Coinsurance - Contents (%): 80

Parish: Cameron Parish - Coastal

Graded Area: 120010 - FIRE DIST 1 (CAMERON)

Protection Class: 6

More than 7 miles from fire station?  Yes  No

More than 1,000 ft. from fire hydrant/water source?  Yes  No

Has Open Sides?  Yes  No

Is building sprinklered?  Yes  No

Exclude Extended Coverage?  Yes  No

Exclude Sprinkler Leakage Coverage?  Yes  No

Exclude Vandalism Coverage?  Yes  No

Builder's Risk for alterations and repairs?  Yes  No

Public Property?  Yes  No

Occupancy Code: Search

Occupancy Description:

Rating: Class Rated

Qualified CSP Code: 0078b Search

CSP Description: Nurses' Homes - 11 to 30 Units

Special Class: None

(a) Masonry or Metal or other non-combustible material

(b) Metal or other non-combustible material

(c) Materials, stock or equipment which are stored in the open

AIRCRAFT STORED IN THE OPEN

RCP Code: 2106

Construction Type: Frame

Applicable Construction Type: None

If 2/3 or more of the total wall area is of masonry or metal or other non-combustible material

If 2/3 or more of the total wall area is of masonry or metal or other non-combustible material

If 2/3 or more of the total wall area is of masonry or metal or other non-combustible material

If 2/3 or more of the total wall area and 2/3 of the total wall area is of masonry or metal or other non-combustible material

If more than 1/3 of the total wall area is of masonry or metal or other non-combustible material

Superior Roof: None

The entire roof is a minimum of 2 inches in depth

The entire roof is constructed of a minimum of 2 inches in depth

Floor Area: 1000

Building off ground, feet and inches:

Generate Quote

Tentative Premium This Location: 411

Sum of Premiums of All Locations: 411

Tax Exempt Surcharge: 12

Market Equalization Charge: 62

Emergency Assessment: 0

Application Fee: 65

Total Due: 550

Buildings

Bldg Num
View 1

Print Submit

2. Select the *Generate Quote* button to display the quote information.

Commercial Quick Quote - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Current Application/Policy Information

Application / Policy Number: CF 20061800031 00 Insured Name: Helping Hands

Quote

Create Personal Lines Quote

Create Commercial Lines Quote

Application

Personal Lines Commercial

Applicant Information

Property Information

General Information

Additional Interest

Premium and Payment

Quick Quote

Policy

Claim

MSB Express

Policy Type: Commercial

Requested Effective Date: 08/01/2006

Location Number: 1

Building Amount: 200000

Contents Amount: 90000

Stock Amount:

Reporting stock?  Yes  No

Group I Deductible: 500

Wind and Hail Deductible: 2

Coinsurance - Building (%): 80

Coinsurance - Contents (%): 80

Parish: Cameron Parish - Coastal

Graded Area: 120010 - FIRE DIST 1 (CAMERON)

Protection Class: 6

More than 7 miles from fire station?  Yes  No

More than 1,000 ft. from fire hydrant/water source?  Yes  No

Has Open Sides?  Yes  No

Is building sprinklered?  Yes  No

Exclude Extended Coverage?  Yes  No

Exclude Sprinkler Leakage Coverage?  Yes  No

Exclude Vandalism Coverage?  Yes  No

Builder's Risk for alterations and repairs?  Yes  No

Public Property?  Yes  No

Occupancy Code: Search

Occupancy Description:

Rating: Class Rated

Qualified CSP Code: 0078b Search

CSP Description: Nurses' Homes - 11 to 30 Units

Special Class: None

RCP Code: 2106

Construction Type: Frame

Applicable Construction Type: None

Superior Roof: None

Floor Area: 1000

Building off ground, feet and inches:

Generate Quote

Tentative Premium This Location: 411

Sum of Premiums of All Locations: 411

Tax Exempt Surcharge: 12

Market Equalization Charge: 62

Emergency Assessment: 0

Application Fee: 65

Total Due: 550

Buildings

Bldg Num
View 1

Print Submit

- A quote must be generated for every location on a policy. After generating the quote for the first location, click the *View* link beside any additional locations if applicable. Update all fields on the screen as needed and click the *Generate Quote* button for each location.

Commercial Quick Quote - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Current Application/Policy Information

Application / Policy Number: CF 20061800031 00 Insured Name: Helping Hands

Quote

Create Personal Lines Quote

Create Commercial Lines Quote

Application Personal Lines Commercial

Applicant Information

Property Information

General Information

Additional Interest

Premium and Payment

Quick Quote

Policy Claim

MSB Express

Policy Type: Commercial

Requested Effective Date: 08/01/2006

Location Number: 1

Building Amount: 200000

Contents Amount: 90000

Stock Amount:

Reporting stock?  Yes  No

Group I Deductible: 500

Wind and Hail Deductible: 2

Coinurance - Building (%): 80

Coinurance - Contents (%): 80

Parish: Cameron Parish - Coastal

Graded Area: 120010 - FIRE DIST 1 (CAMERON)

Protection Class: 6

More than 7 miles from fire station?  Yes  No

More than 1,000 ft. from fire hydrant/water source?  Yes  No

Has Open Sides?  Yes  No

Is building sprinklered?  Yes  No

Exclude Extended Coverage?  Yes  No

Exclude Sprinkler Leakage Coverage?  Yes  No

Exclude Vandalism Coverage?  Yes  No

Builder's Risk for alterations and repairs?  Yes  No

Public Property?  Yes  No

Occupancy Code: Search

Occupancy Description:

Rating: Class Rated

Qualified CSP Code: 0078b Search

CSP Description: Nurses' Homes - 11 to 30 Units

Special Class: None

(a) Masonry or Metal or other non-combustible material

(b) Metal or other non-combustible material

(c) Materials, stock or equipment which are stored in the open

AIRCRAFT STORED IN THE OPEN

RCP Code: 2106

Construction Type: Frame

Applicable Construction Type: None

If 2/3 or more of the total wall area is of masonry or metal or other non-combustible material

If 2/3 or more of the total wall area is of masonry or metal or other non-combustible material

If 2/3 or more of the total wall area is of masonry or metal or other non-combustible material

If 2/3 or more of the total wall area is of masonry or metal or other non-combustible material and 2/3 of the total wall area is of masonry or metal or other non-combustible material

If more than 1/3 of the total wall area is of masonry or metal or other non-combustible material

Superior Roof: None

The entire roof is a minimum of 2 inches in thickness

The entire roof is constructed of a minimum of 2 inches in thickness

Floor Area: 1000

Building off ground, feet and inches:

Generate Quote

Tentative Premium This Location: 411

Sum of Premiums of All Locations: 411

Tax Exempt Surcharge: 12

Market Equalization Charge: 62

Emergency Assessment: 0

Application Fee: 65

Total Due: 550

Buildings

Bldg Num	View
1	View 1
2	View 2

Print Submit

- To open the Quick Quote report as a pdf document in Adobe Reader showing the quote information, select the *Print* button.

Commercial Quick Quote - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Current Application/Policy Information

Application / Policy Number: CF 20061800031 00 Insured Name: Helping Hands

Quote

Create Personal Lines Quote

Create Commercial Lines Quote

Application

Personal Lines Commercial

Applicant Information

Property Information

General Information

Additional Interest

Premium and Payment

Quick Quote

Policy

Claim

MSB Express

Policy Type: Commercial

Requested Effective Date: 08/01/2006

Location Number: 1

Building Amount: 200000

Contents Amount: 90000

Stock Amount:

Reporting stock?  Yes  No

Group I Deductible: 500

Wind and Hail Deductible: 2

Coinsurance - Building (%): 80

Coinsurance - Contents (%): 80

Parish: Cameron Parish - Coastal

Graded Area: 120010 - FIRE DIST 1 (CAMERON)

Protection Class: 6

More than 7 miles from fire station?  Yes  No

More than 1,000 ft. from fire hydrant/water source?  Yes  No

Has Open Sides?  Yes  No

Is building sprinklered?  Yes  No

Exclude Extended Coverage?  Yes  No

Exclude Sprinkler Leakage Coverage?  Yes  No

Exclude Vandalism Coverage?  Yes  No

Public Property?  Yes  No

Rating: Class Rated

Qualified CSP Code: 0078b Search

CSP Description: Nurses' Homes - 11 to 30 Units

RCP Code: 2106

Construction Type: Frame

Superior Roof: None  
The entire roof is a minimum of 2 inches in l  
The entire roof is constructed of a minimum

Floor Area: 1000

Building off ground, feet and inches:

Generate Quote

Tentative Premium This Location: 1249

Sum of Premiums of All Locations: 1249

Tax Exempt Surcharge: 37

Market Equalization Charge: 187

Emergency Assessment: 0

Application Fee: 65

Total Due: 1538

Buildings

Bldg Num
View 1

Print Submit

http://sbswebtest/LPMSWeb/Reports/frnDisplayRpt.aspx?path=C:\Inetpub\wwwroot\LPMSWeb\Export\Com - Microsoft Inte...  
 File Edit Go To Favorites Help  
 Adobe Reader 7.0  
 92%

**Louisiana Citizens Property Insurance Corporation**  
**Tentative Quick Quote**  
 Printed by: webtest  
 Print Date: 7/6/2006 7:58:42 PM

---

Policy Number: CF 20061800031 00  
 Applicant Name: Helping Hands  
 Policy Type: Commercial  
 Requested Effective Date: 08/01/2006  
 Location Number: 1  
 Building Number: 1  
 Building Amount: \$200,000  
 Contents Amount: \$90,000  
 Stock Amount:

Group I Deductible: \$500  
 Wind and Hail Deductible: 2%  
 Coinsurance - Building: 80%  
 Coinsurance - Contents: 80%  
 Coinsurance - Stock: 100%

Parish: Cameron Parish - Coastal  
 Graded Area: 120010 - FIRE DIST 1 (CAMERON)  
 Protection Class: 6

More than 7 miles from fire station?  Yes  No  
 More than 1,000 ft. from fire hydrant/water source?  Yes  No  
 Inside New Orleans?  Yes  No  
 Has open sides?  Yes  No  
 Is building sprinklered?  Yes  No  
 Exclude extended coverage?  Yes  No  
 Exclude sprinkler leakage coverage?  Yes  No  
 Exclude vandalism coverage?  Yes  No  
 Builder's Risk not for alterations and repairs?  Yes  No  
 Public property?  Yes  No

Rating: Class Rated  
 Qualified CSP Code: 0078b  
 CSP Description: Nurses' Homes - 11 to 30 Units

RCP Code: 2106  
 Construction Type: Frame

Floor Area: 1,000  
 Number of Substandard Charges: 0  
 Building Group I - Class Rate: 0.463  
 Building Group II - Rate:  
 Contents Group I - Class Rate: 0.504  
 Contents Group II - Rate:  
 Coinsurance Factor - Building: 1  
 Coinsurance Factor - Stock: 1

CTZ-U-0151 (01/05) Page 1 of 2

1 of 2  
 Done Unknown Zone

5. To complete submission of the Commercial application, select the *Submit* button.

Note: After clicking the *Submit* button, the application will not be accessible for further updates. Confirm that all information has been entered accurately before clicking the *Submit* button, or use the treeview to make changes to the screens as necessary before submitting the application.

Commercial Quick Quote - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Current Application/Policy Information

Application / Policy Number: CF 20061800031 00 Insured Name: Helping Hands

Quote

- Create Personal Lines Quote
- Create Commercial Lines Quote

Application

- Personal Lines
- Commercial

Applicant Information

Property Information

General Information

Additional Interest

Premium and Payment

Quick Quote

Policy

Claim

MSB Express

Policy Type: Commercial

Requested Effective Date: 08/01/2006

Location Number: 1

Building Amount: 200000

Contents Amount: 90000

Stock Amount:

Reporting stock?  Yes  No

Group 1 Deductible: 500

Wind and Hail Deductible: 2

Coinurance - Building (%): 80

Coinurance - Contents (%): 80

Parish: Cameron Parish - Coastal

Graded Area: 120010 - FIRE DIST 1 (CAMERON)

Protection Class: 6

More than 7 miles from fire station?  Yes  No

More than 1,000 ft. from fire hydrant/water source?  Yes  No

Has Open Sides?  Yes  No

Is building sprinklered?  Yes  No

Exclude Extended Coverage?  Yes  No

Exclude Sprinkler Leakage Coverage?  Yes  No

Exclude Vandalism Coverage?  Yes  No

Public Property?  Yes  No

Rating: Class Rated

Qualified CSP Code: 0078b Search

CSP Description: Nurses' Homes - 11 to 30 Units

RCP Code: 2106

Construction Type: Frame

Superior Roof: None  
The entire roof is a minimum of 2 inches in l  
The entire roof is constructed of a minimum

Floor Area: 1000

Building off ground, feet and inches:

Generate Quote

Tentative Premium This Location: 1249

Sum of Premiums of All Locations: 1249

Tax Exempt Surcharge: 37

Market Equalization Charge: 187

Emergency Assessment: 0

Application Fee: 65

Total Due: 1538

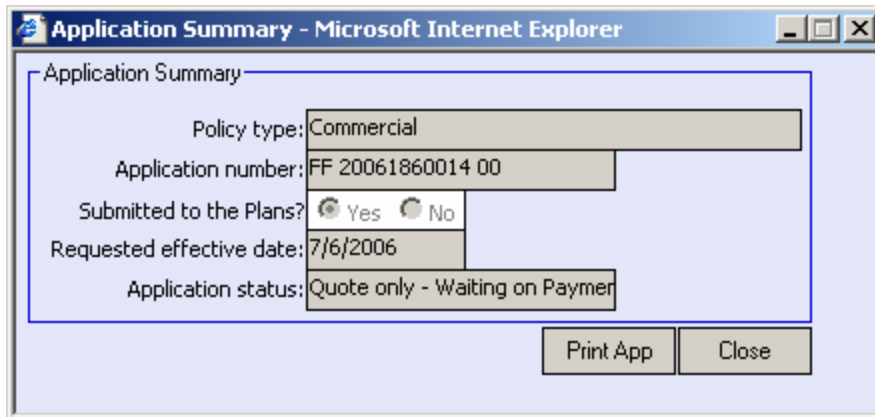
Buildings

Bldg Num
1

Print Submit

## Submitting the Application

1. After completing the *Quick Quote* screen, the *Application Summary* screen will open.



Application Summary - Microsoft Internet Explorer

Application Summary

Policy type: Commercial

Application number: FF 20061860014 00

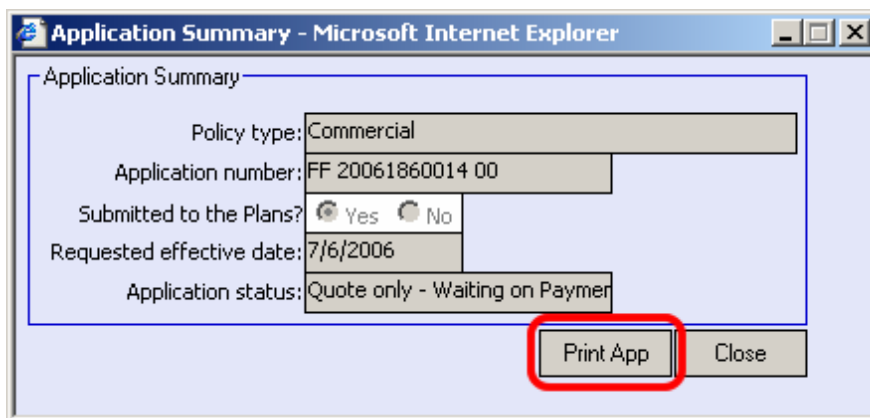
Submitted to the Plans?  Yes  No

Requested effective date: 7/6/2006

Application status: Quote only - Waiting on Paymer

Print App Close

2. To open the application, click the *Print App* button.



Application Summary - Microsoft Internet Explorer

Application Summary

Policy type: Commercial

Application number: FF 20061860014 00

Submitted to the Plans?  Yes  No

Requested effective date: 7/6/2006

Application status: Quote only - Waiting on Paymer

Print App Close

3. The application will open as a pdf document in Adobe.

Note: The producer will need to print the application documents, sign appropriately, and submit to LA Citizens along with the required monetary funds.

**Louisiana Citizens Property Insurance Corporation**  
**Commercial Insurance Application (For italicized, see attachment for acceptable choices.)**

Producer: LOUISIANA PLAN SERVICES LA Citizens Producer #: 800 0 0 5 0  
 Address: P.O. BOX 60730 Phone: (800) 274-9830  
 City, St Zip: NEW ORLEANS, LA 70160-0730 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**APPLICANT INFORMATION**

Business Type: Partnership  
 Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Business Name Line 2: \_\_\_\_\_ Work E-mail: \_\_\_\_\_  
 SSN/FEIN: 455-88-9922 Year Established: 2001  
 Applicant's Name: Paul Smith Years at this Location: More than 5 years  
 Mailing Address: 55 Hwy 12  
 City, St Zip: Brusly, LA 74444  
 Business Contact Name: Paul Smith Contact Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  Day  Eve

**ADDITIONAL NAMED INSURED**

Name/Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_  
 Address, City, St Zip: \_\_\_\_\_ SSN/FEIN: \_\_\_\_\_

**ADDITIONAL COMMERCIAL APPLICANT INFORMATION**

**Explain All Yes Responses in Remarks**

Yes  No 1. Does any applicant currently have any other insurance with LA Citizens?  
 Yes  No 2. Has any coverage been declined, cancelled, or non-renewed by LA Citizens during the last 3 years?  
 Yes  No 3. Does any applicant owe any earned premium or other valid charges to any prior carriers including LA Citizens?  
 Yes  No 4. Has insurance been cancelled, declined, or non-renewed in the voluntary market?  
 Yes  No 5. Has any applicant had a foreclosure, repossession, bankruptcy, judgment, or lien during the past 5 years?  
 Yes  No 6. During the last 10 years, has any applicant been convicted of any degree of the crime of arson?  
 Remarks: Explain all Yes answers above. (Attach additional sheets if more space is necessary.)

**COMMERCIAL APPLICANT LOSS HISTORY**

Number of losses during last 3 years, at this or any other location for all applicants: None  
 Details of losses at this or any other location within last 3 years:

Date of Loss	Type of Loss	Description	Amount of Loss	Repairs Completed
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICANT PREVIOUS INSURANCE POLICY FOR THIS LOCATION**

Prior carrier?  Yes  No  
 Carrier's Name: \_\_\_\_\_ Prior Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Valid Business Types**

- Chapter C Corporation - Limited Liability Corporation (LLC) - Partnership - Not for Profit Organization
- Chapter S Corporation - Limited Liability Partnership (LLP) - Sole Proprietor - Other