

**AmeriTrust BOP Portal  
System Training Documentation  
Start a New Quote**



# Start a New Quote

On the top menu bar there is a link to “Start a New Quote”. Click to open the quoting entry process.

Navigation process is on the left-hand side. As you step thru the pages, green checkmarks will mark your progress.

Once you have reached a page, it will also allow you to jump to any page that you have already completed.

Small Commercial - Business Owners | Appetite Search | [Start a New Quote](#)

General Information

Agency \*

Carrier

Star Insurance Company

Primary State \*

Type of Business (SIC) \*

Quote Number

BOQ1005842

FEIN/SSN#

Entity Type \*

Insured Name and Mailing Address

All red \* indicate required fields.

# General Information

The first section on the General Information tab is called “General Information”

This is where you will indicate the where the Primary State your quoting is and the Type of Business

The screenshot shows a form titled "General Information" with a dropdown arrow in the top right corner. The form contains the following fields:

- Agency \***: A dropdown menu with "MEADOWBROOK, INC (3584020)" selected.
- Carrier**: A text input field containing "Star Insurance Company".
- Primary State \***: A dropdown menu with "Michigan" selected.
- Type of Business (SIC) \***: A dropdown menu that is currently empty.
- Quote Number**: A text input field containing "BOQ1005842".
- FEIN/SSN#**: A text input field that is currently empty.
- Entity Type \***: A dropdown menu with "Corporation" selected.

- ✓ **Agency \*** – Agency Name and Number associated with the quote.
- ✓ **Carrier** – Insurance Carrier.
- ✓ **Primary State \*** – All states that the agency is appointed to will be displayed in this dropdown. If any are missing please contact your underwriter or technical support.
- ✓ **Type of Business (SIC) \*** – The eligible type of business as indicated in the appetite guide.
- ✓ **Quote Number** – Temporary quote number.
- ✓ **FEIN/SSN#** - Federal Employer Identification Number
- ✓ **Entity Type \*** – Type of Entity.

All red \* indicate required fields.

# General Information

The second section on the General Information tab is called “Insured Name and Mailing Address”

Insured Name and Mailing Address

Legal Entity Name \*  
Test Quote

Address \*  
156 S Summers Rd

Ext Address

Contact Name \*

Contact Email Address

DBA Name

Zip Code Verification  
Required  
48444 Verify

State \*  
▼

County \*

Contact Phone \*

Verify Address - Just enter the Address and Zip Code and click the verify link. As long as it can identify the address, it will pull the City, State, County information.

- ✓ Legal Entity Name \* – Insured Name
- ✓ DBA Name – Doing Business As if applicable
- ✓ Address \* – Insured Address
- ✓ Zip Code \* – Insured Zip Code
- ✓ City \* – Insured City
- ✓ State \* – Insured State
- ✓ County \* – Insured County
- ✓ Contact Name \* – Insured Contact Name
- ✓ Contact Phone \* – Insured Contact Phone
- ✓ Contact Email Address – Insured Email Address

All red \* indicate required fields.

# General Information

The third section on the General Information tab is called “Policy Term”

The screenshot shows a form titled "Policy Term" with a dropdown arrow in the top right corner. It contains four input fields arranged in a 2x2 grid. The top-left field is "Effective Date" with a calendar icon and the value "05/31/2019". The top-right field is "Term \*" with a dropdown arrow and the value "1 Year". The bottom-left field is "Expiration Date" with the value "05/31/2020". The bottom-right field is "Payment Plan \*" with a dropdown arrow. A brown arrow points from the "Term \*" field to the text below.

Select quote term 1 or 3 year term. The 3 year features a 3 year rate guarantee.

*Please note that the 3 year rate guarantee is **not applicable in CA, MA, NY, TX, and WA.***

- ✓ **Effective Date** \* – Quote effective date.
- ✓ **Term** \* – 1 or 3 year quote
- ✓ **Expiration Date** – Quote expiration date, prefills based on Effective Date and Term.
- ✓ **Payment Plan** \* – Options for Annual, 40% Down and 3 Installments or 25% Down and 9 Installments.

All red \* indicate required fields.

# Eligibility Questions

The second tab in the quoting process in for “Eligibility Questions”

Enter Yes or No on all the Eligibility Questions.

Please note that any Yes answer will require comments to be entered in the Additional Info box below.

All red \* indicate required fields.

Eligibility Questions

1. Is the risk involved in any 24-hour operations? \*  Yes  No
2. As a retailer, is the risk involved in the selling of clothing for children or infant? \*  Yes  No
3. Does the risk offer any of the following services - tanning beds, body wraps, Botox, Microderm abrasion, laser hair removal, body or ear piercing, implantation or transplantation of hair, tattooing (including permanent makeup), or service providing diet plans or weight reduction efforts? \*  Yes  No
4. Does the risk manufacture or private label any products? \*  Yes  No
5. Does the risk rent equipment or provide set up or take down equipment services to others? \*  Yes  No
6. Is the building where the risk is located and occupies space, under 50% of the total square footage? \*  Yes  No
7. Any vacant or unoccupied buildings associated with the risk? \*  Yes  No
8. Has the risk ever filed for bankruptcy? \*  Yes  No
9. Has there been inadequate building maintenance whereas the roof, electrical, plumbing and heating have not been updated within 20 years? \*  Yes  No
10. Does the risk utilize storage of flammables? \*  Yes  No

Additional Info



# Loss History

The third tab in the quoting process in for  
“Loss History”

Enter Yes or No on all the  
Loss History Questions.

Please note that any Yes  
answer will require  
comments to be entered in  
the Additional Info box  
below.

The screenshot shows a web form titled "Loss History" with a dropdown arrow in the top right corner. It contains two radio button questions. The first question is "Has the Insured had more than three (3) claims in the past three (3) years? \*", with "Yes" and "No" radio buttons, and "No" is selected. The second question is "Has the Insured had any one claim in excess of \$10,000 in the past five years? \*", with "Yes" and "No" radio buttons, and "No" is selected. Below these is an "Additional Info" section with a large empty text box. At the bottom, there is a note: "Loss Runs can be emailed directly to [BOPLossRuns@AmeriTrustGroup.com](mailto:BOPLossRuns@AmeriTrustGroup.com)". Three arrows point from the text on the left to the first question, the text box, and the email link.

If you have the loss run and would like to send  
directly to the underwriter it can be sent to  
[BOPLossRuns@AmeriTrustGroup.com](mailto:BOPLossRuns@AmeriTrustGroup.com) we added a  
link for your convenience.

All red \* indicate required fields.

# Location/Class Schedule

The fourth tab in the quoting process in for “Location/Class Schedule”

If you only have one location and it’s the same as the mailing information on the General Information tab, click Same as mailing address and it will copy without having to re-type.

Locations for Quote Number: BOQ1005842 [Add Location]

Location [1] ▼

**Address**

Same as mailing address?

Address \*  Zip Code \*  Verify  City \*

Ext Address  State \*  County \*

**Class Details**

Class Code \*

If you have more than one location, you can add or delete additional locations by selecting the [Add Location] in the upper right-hand side of the Location/Class Schedule page.

**Class Details** – When there is more than one class code associated with the Type of Business selected on the General Information Tab, it will require you to select the specific class.

- ✓ **Address** \* – Insured Address
- ✓ **Zip Code** \* – Insured Zip Code
- ✓ **Ext Address** – Extended Address
- ✓ **City** \* – Insured City
- ✓ **State** \* – Insured State
- ✓ **County** \* – Insured County

All red \* indicate required fields.



# Policy Coverage Options

The fifth tab in the quoting process in for “Policy Coverage Options”

Selection of Policy Coverages and Optional Policy Coverages.

Policy Coverages is broken into two parts, policy limits and terrorism.

## Policy Limits - Liability Limits

- Occurrence
- Aggregate
- Products/Completed Ops
- Medical Expense

## Deductibles

- Property
- Liability

## Terrorism - Property/Liability

- Certified Acts – Option to include or exclude terrorism.

The screenshot shows a web form titled "Policy Coverages" with a dropdown arrow in the top right corner. The form is divided into two main sections: "Policy Limits" and "Terrorism".

**Policy Limits**

**Liability Limits**

Occurrence	\$1,000,000	▼
Aggregate	\$2,000,000	
Products/Completed Ops	\$2,000,000	
Medical Expense	\$5,000	▼

**Deductibles**

Property	\$1,000	▼
Liability	None	▼

**Terrorism**

Property/Liability		
Certified Acts	Include Coverage	▼

All red \* indicate required fields.

# Optional Policy Coverages

The bottom of the fifth tab in the quoting process in for “Policy Coverage Options” is “Optional Policy Coverages”

## Optional Policy Coverages

Select from the list of optional coverage you would like to add to the quote.

Many of these require additional information such as applicable dates, \$ amounts and limits.

Optional Policy Coverages (select from the list below)

Enhancement Endorsement [View BOP Endorsement Comparison](#)

Coverage Type \*

This Enhancement Endorsement Applies to Healthcare Offices and Services Providers

- Customers Property Endorsement
- Personal Property of Others Limit
- Cyber Liability
- Employee Benefits
- Employment Practices Liability Insurance
- Equipment Breakdown
- Hired Automobile
- Non-Owned Automobile
- Identity Recovery
- Marring and Scratching

[View BOP Endorsement Comparison](#)

- Silver
- Gold
- Platinum

Example, Enhancement Endorsement. This requires you to select a Coverage Type.

# Location Coverages

The sixth tab in the quoting process in for “Location Coverages”

Selection of building information, building coverages and optional location coverages.

The screenshot shows a web form titled "Location 1 of 1". At the top right, there is a blue link labeled "[Add Building]". Below this, the form is divided into several sections:

- Address Section:** Includes fields for "Address \*" (156 S Summers Rd), "Zip Code \*" (48444), "City \*" (Imlay City), "Ext Address", "State \*" (Michigan), and "County \*" (Lapeer).
- Building Information Section:** A blue header "Building [1]" is followed by a "Building Information" section with the following fields:
  - Property Deductible \***: \$1,000
  - Protection Class \***: 05
  - Wind & Hail Deductible \***: N/A
  - Year of Construction \***: 2015
  - Construction \***: Non-Combustible
  - Number of Stories \***: 1
  - Occupancy \***: Building Owner – 10% or less Owner Occupied
  - Square Footage \***: 4,500

If you have more than one building, you can add or delete additional buildings by selecting the [Add Building] in the upper right-hand side of the Location Coverages page.

## Building Information

- Property Deductible \*
- Protection Class \*
- Wind & Hail Deductible \*
- Years of Construction \*
- Construction \*
- Number of Stories \*
- Occupancy \*
- Square Footage \*

All red \* indicate required fields.

# Policy Coverage Options

The sixth tab in the quoting process in for “Location Coverages”

Select from the list of optional location coverages you would like to add to the quote. Many of these require additional information.

**Location Coverages**

**Building**

Limit \*  Automatic Increase % \*

Valuation \*

**Personal Property**

Limit \*

**Optional Location Coverages**

Damage to premises rented to you

Outdoor property

Outdoor signs

**Optional Location Coverages**

**Damage to premises rented to you**

Limit \*  x Must be a number between 50,001 and 1,000,000

**Outdoor property**

Limit \*

Outdoor signs

Additional screen edits will be triggered based on the information entered.

# Premium Summary

Once you navigate to the Premium Summary Screen the system will rate the information you have entered and allow a Credit or Debit to be applied to the quote.

**Save Indication** - Saves information and allows you to access from the Quote Activity List on the homepage.

**View Indication** - Provides Summary Information on the quote including rating info.

## Business Owner Premium Indication

Indication Issued For:	Test Quote
	156 S Summers Rd
	Imlay City MI 48444
Indication Issued On:	05/31/2019
Effective Date:	05/31/2019
Expiration Date:	05/31/2020
Carrier:	Star Insurance Company
Applied Credit/Debit	0 <a href="#">(APPLY CREDIT/DEBIT)</a>
Total Premium - Indication:	\$792
Total Taxes, Surcharges, or Fees - Indication:	\$0
Total Premium and Taxes - Indication:	\$792

This is an INDICATION ONLY. It does not constitute coverage nor is the INDICATION approved

This INDICATION is valid for 30 days from the above date.

If you are finished making changes to this INDICATION, we ask that you press "SUBMIT INDICATION" to allow our underwriting team to review and provide final approval

SAVE INDICATION

VIEW INDICATION

SUBMIT INDICATION

[View XML Instec Request](#)

**Submit Indication** – Changes the status to Submitted/Referred and notifies the underwriter that you have completed the quote and are ready for them to review.

# Premium Summary Continued

- This is an INDICATION ONLY. It does not constitute coverage nor is the INDICATION approved.
- This INDICATION is valid for 30 days from the above date.

Effective Date:	07/30/2019
Expiration Date:	07/30/2020
Carrier:	Star Insurance Company
Applied Credit/Debit	-3.000 <a href="#">(APPLY CREDIT/DEBIT)</a>
Total Premium - Indication:	\$1,380
Total Taxes, Surcharges, or Fees - Indication:	\$0
Total Premium and Taxes - Indication:	\$1,380

This is an INDICATION ONLY. It does not constitute coverage nor is the INDICATION approved.

Apply Credit/Debit

RISK CHARACTERISTIC	RANGE	AMOUNT (%)	JUSTIFICATION \$
Management	-8% to +8%	<input type="text" value="-3"/>	<input type="text" value="test"/>
Location	-7% to +7%	<input type="text"/>	<input type="text"/>
Building Features	-5% to +5%	<input type="text"/>	<input type="text"/>
Premises & Operations	-5% to +5%	<input type="text"/>	<input type="text"/>
Employees	-3% to +3%	<input type="text"/>	<input type="text"/>
Protection	-2% to +2%	<input type="text"/>	<input type="text"/>
Final Modification Factor		-3.000	*MAX CREDIT/DEBIT IS -25% to +25%

[SAVE AND RE-RATE INDICATION](#) [EXIT WITHOUT SAVING](#)

Click to apply a Credit or Debit, fill out justification form and Re-Rate