

Creating an Exclusion Form in PTS

1.) Click on Memos

Print Back Forward Info Forms **Memos** E-Quote Pay

Lookup Quote | New Quote | Lookup Policy | Claims | Reports | Agency Info | Batch Viewer | Bridge Interface | Home | Change Password | New Window | Logout

Policy Information

Policy Info | Billing | Status | Driv / Veh | Cov / Prem | Notes/Susp

Pronto Eagle

POLICY: 4100024-00 EFF DATE: 09/12/2022 (01:33 PM) EXP DATE: 03/12/2023
STATUS: Active END EFF DATE: 01/24/2023 (12:00 AM) Reason: Coverage Added
CANC DATE: 02/27/2023 Reason: Non-Payment

NAMED INSURED(S)		AGENCY NAME & ADDRESS	
Tinker Bell 700 W Main ST Visalia, CA 93291		new gui (0011884-00-00) test warner robins, GA 31088 (111) 888-9999	

INSURED VEHICLE DESCRIPTION									
Veh #	Year	Make/Model	VIN	State	Zip/Terr	Usage/Smearched	Annual Mileage	Coll/Comp Sym.	Class
1	2010	DODGE CHARGER SXT	2B3CA3CV1AH311082	CA	93291 / 67	Commute / N	15000	20 / 20	17SF
2	2002	TOYOTA MR2 SPYDER	JTDFR320720050816	CA	93291 / 67	Commute / N	12000	20 / 20	

2.) Click on General

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Memo Selection

Policy	Type	Insured	Status	Date(s)
4100024-00	Personal Auto	Tinker Bell	Active	EFF: 09/12/2022 EXP: 03/12/2023

- General
- Notices

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3.) Click on Driver Exclusion Endorsement Form

Print Back Forward Info Forms

Lookup Quote | New Quote | Lookup Policy | Claims | Reports | Agency Info | Batch Viewer | Bridge Interface | Home | Change Password | New Window | Logout

Memo Selection

Policy	Type	Insured	Status	Date(s)
4100024-00	Personal Auto	Tinker Bell	Active	EFF: 09/12/2022 EXP: 03/12/2023

GENERAL

- Agent of Record
- Driver Exclusion Endorsement Form
- General Memo
- Letter of Experience
- No Loss Statement
- Non Resident Disclosure
- Request For Information

MENU

- General
- Notices

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4.) Fill in the name, Date of Birth, Relationship, then click on Get Memo

Driver Exclusion Endorsement Form				
Policy	Type	Insured	Status	Date(s)
4100024-00	Personal Auto	Tinker Bell	Active	EFF: 09/12/2022 EXP: 03/12/2023

Additional Information Required:

Delivery Method: Mail Fax

Batch To: Producer Insured Company Loss Payee(s) Additional Insd(s). Finance Company

Excluded Driver 1

First Name:

Last Name:

Date Of Birth:

Relationship To Applicant:

Get Memo

Fill in then click on Get Memo

5.) Driver Exclusion form will be generated, click on Accept then print.

3/3/23, 4:31 PM Memos

PRONTO
GENERAL INSURANCE AGENCY
Phone: (800) 949 - 3274

For Inquiries contact agent of record:
test alex
(111) 888-9999

**Pronto General Insurance Agency
Named Driver(s) Exclusion Form**

NAMED INSURED: Tinker Bell POLICY NUMBER: 4100024-00

All household members age 14 or older must be listed as a driver excluded from this policy. We shall not be liable to any person from any damages, losses or claims arising out of the excluded driver's operation or use of an Insured Motor Vehicles, whether or not such operation or use was with the express or implied permission of a person under this policy. This exclusion shall continue to be binding with respect to any continuation or renewal of the policy.

Excluded Person(s):

Name: Snow White Date of Birth: 04/12/1989 Relationship to Applicant: Non-Relative-Other

Name: Date of Birth: Relationship to Applicant: None

Name: Date of Birth: Relationship to Applicant: None

Name: Date of Birth: Relationship to Applicant: None

WARNING: BY SIGNING HERE, YOU ARE AGREEING THAT THERE WILL BE NO INSURANCE COVERAGE WHEN THE VEHICLE(S) IS BEING DRIVEN BY THE PERSON(S) LISTED ABOVE. DO NOT SIGN THIS EXCLUSION UNLESS YOU READ AND UNDERSTAND IT.

Accepted: X Date: _____
Signature of Applicant Power of Attorney signatures are NOT allowed

This form **must** be signed and mailed (or faxed) to:
Pronto General Insurance Agency
P.O. Box 8128
Newport Beach, CA 92658

sterling.staging.ptsapp.com/Default.cfm 1/2

[Accept | Reject | Modify]
(Rejecting this document would remove the memo)

