



AGENCY PORTAL MANUAL

agency.falconinsgroup.com

Texas

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Agency Portal Information

General Information

Agents will bridge policies rated in the ITC, QuickQuote, or QuotePro raters to the Falcon Agent Portal. Policies will be bridged to Falcon mid-processing and the application will need to be completed on the Falcon Agent Portal website.

Setting Up an Agent Login ID

Agents should contact a Falcon company representative to have an agent ID assigned and their agent portal login credentials created. Please call the Falcon UW Department directly at **800-929-FALC** for further information or help with your credentials.

ITC/QuickQuote/QuotePro

Using ITC, QuickQuote or QuotePro as your comparative rater to quote policies with Falcon Insurance Company, when you decide to issue the policy, the rater will bridge the information entered to the Falcon Agent Portal. Once the policy is bound, the policy documents are available to e-sign, and/or print and download from Falcon Agent Portal.

If you already logged into the Falcon Agency Portal, the following screen is the first screen you'll land on after leaving the ITC, QuickQuote or QuotePro rater. If not, the first screen will be the Agent Login screen.

🨻 FA	You are logged in a	s directx directx with Test Agency - Direct Bill TX.	Log Out
Search	New Quote	Forms	Quote
Ap	plication Information		
Policy Optio	ns		
Policy Type ? Standard	SR-22 3 Term Length	Payment Type Auto Pay Installments via EFT S Payments - 18% Down W	
Contact Info	rmation		
Mailing Address Street 1 123 Cottonwoo	ess		
Street 2			
City	County	State Zip	
Dallas	Dalias	12 13 13001-0000	
Contact Num	address is the same as the Mailing	address	
Cell	Home Work		
Email and Ele	ctronic Consent		
E-mail Address			
Drivers			

Issuing A Policy

Directly from the Falcon Agent Website

Policies can be bound for new business by bridging from a comparative rater or directly from the Falcon agent portal at <u>agency.falconinsgroup.com</u>. Our standalone website allows you to quickly quote an applicant by entering a minimum amount of information. Once this quote is created, the application can be completed, the policy issued and documents delivered directly from our web site. If the quote is saved, it can be retrieved at a later time to be modified and/or issued.



The following page will appear giving you the option to search for an existing quote, policy, future policies, pending cancels, cancelled policies or complete a new quote. To the right, there is a **SEARCH FILTER** that defaults to **ACTIVE POLICIES, FUTURE POLICIES, PENDING CANCELS, CANCELED POLICIES, AND EXPIRED POLICIES**; however, based on your search needs you can select the different options. You can type in the policy number, customer name or simply click on the search button to bring up all policies/quotes (depending on the search options selected)

You are	logged in as Directx Directx with Test Agency - Direct Bill TX.		Log Out
Search New Quote	Forms		Main
Policy and Quote Se	earch		
You can search by first name, last	name, address or policy/quote number (maximum 1000 resul	its).	
Policy Number Name	Address	Status Effective Date	Search Filter
			Active Policies Quotes Future Policies Pending Cancels Canceled Policies Expired Policies
			Clear All
1			

Click on **NEW QUOTE**

	You are logg	ed in as Directx Directx with Test Agency - Direct Bill TX.			Log Out
Search	New Quote	Forms			Main
Policy and	d Quote Sea	rch			
You can search	by first name, last nam	e, address or policy/quote number (maximum 1000 results).			
Policy Number	Name	Address	Status	Effective Date	Search Filter
					All Results Active Policies Outes Pending Cancels Canceled Policies Expired Policies Clear All

Once you select **NEW QUOTE** the following display will appear. The system automatically defaults to a standard 6 month term, basic liability limits (30,000/60,000/25,000).

Please complete the screen with the applicant's information.

FALLE D.N. You are logged in as directx directx with Test Agency - Direct Bill TX.	Log Out
Search New Quote Forms	Quote
Quick Quote	
Policy Type () SR-22 () Transfer Disc. () Term () Term () Standard () No () No () 6 Months () 11/06/2013	
BI ? PD ? UIMBI ? UIMBI ? PIP ? MP ? \$30,000/\$60,000 v \$25,000 v None v None v None v None v	
Drivers	
Applicant Information	
First Name Middle Name Last Name Garaged Zip Code Garaged County	
John Smith 75001 Dallas	
Driver Type 👔 Marital Status Gender Date of Birth SR-22 👔 Violations 👔 License Type 👔 Lic 36 Mo 👔 Def Driver 🧿	
Insured * Single * Male * 09/16/1984 O Violation(s) Texas * Yes * No)
Additional Drivers	
No additional drivers	
· Add Driver	
Vehicles	
Year Make Model Body Type VIN 10# (Comp) (Col) (Liability) Deductible UMPD	
2014 • Acura • ILX • 4 Door Sedan • 19VDE1F3&E (33) (39) (00) • None • None	- Remove
Distance to Work 20 miles each way Towing No Rental None	

To select different coverage(s) simply click on the option and scroll down to the appropriate coverage. To add an additional operator(s) or vehicle(s) please select the **ADD DRIVER** or **ADD VEHICLE** option.

Standard • No • 6 Months • 11/06/2013	
BI () PD () UMBI () UI MBI () PIP () MP ()	
\$30,000/\$60,000 • \$25,000 • None • None None • None	-
Drivers	
Applicant Information	
First Name Middle Name Last Name Garaged Zip Code	Garaged County
John Smith 75001	Dallas
Driver Type 2 Marital Status Gender Date of Birth SR.22 2 Violations 2 License Type 2	Lic 36 Mo 2. Def Driver 2
Linsured v Single v Male v 09/16/1984 O Violation(s) Texas	Yes No
Additional Drivers	
No abalitonal anvers	
* Add Driver	
Vehicles	
Year Make Model Body Type VIN 10# (Comp) (Col) (Liability) Deductible UMPD
2014 • Acura • ILX • 4 Door Sedan • 19VDE1F3&E (33) (39) (00)	- None - None - Remove
Distance to Work 20 miles each way Towing No P Bental None	None
	\$100
*Add Vehicle	\$250
· · · · · · · · · · · · · · · · · · ·	\$750
	\$1000
Get Quote	

Once you have entered the required fields please select GET QUOTE

Standard • No • 6 Months • 1106/2013
BI ? PD ? UNBI ? UI MBI ? PIP ? MP ?
530,000560,000 • 225,000 • None • None • None • None •
Drivers
Appliant Information
Appinant mormauon
John Smith 7501 Dallas
Driver Tune 2 Havitel Status Gender Date of Birth SR 22 2 Violations 2 Hirds Tune 2 Hirds Min 2 Ref Driver 2
Additional Drivers
No additional drivors
- Add Driver
Vehicles
Com/Col Year Make Model Body Type VIN 10# (Comp) (Col) (Liability) Deductible UMPD
2014 v Acura v ILX v 4 Door Sedan v 19VDE1F3&E (33) (39) (00) v None v None v Acura
Distance to Work 20 miles each usy Towing No. + Restal None +
* Add Vehicle
Get Quote

After selecting **GET QUOTE** the system will generate the following screen. You have the option to proceed with the application process or return to the previous screen by clicking on the arrow- Quick Quote – Pricing Options. By clicking on the arrow the system will return you to the **QUICK QUOTE** screen to make any necessary changes. To proceed with the application process, simply click on the green box **PAY \$AMOUNT TODAY/ Monthly Installment Amount**

Search	Nev	v Quote	Forms						c	luote
3 Q	uick Quote	e - Pricing	Options							
			Pay \$89 5 Monthly Pay	10 Toda ments of \$ 8	19 1.18			total prem \$434	IUM	
Policy O Coverag	ptions: ge Options:	Policy Type (Standard Bl ?	SR-22 ? No PD ?	Ferm Lee 6 Month	ngth ? Paymen 5 5 Paym VMBI ?	nt Type ? nents - 18% Down UI MBI ?	Auto I V No PIP (Pay Installme	MP ?	2
					VEHICLE				lione	PREMIUM
2014 Acura ILX	BI \$30,000/\$60	.000 S	PD U	MBI ione	UIMBI	UMPD	COMPICOL None	PIP None	MP	
VIN:	\$227	- S0	\$207 R	so ental None	\$0 + \$0	\$0 Vet	S0 / S0	\$0	\$0	\$434
(33) (39) (00)	Discounts:									
Fees	SR- 22 0.00		Policy Fees	10.00	ABT	PA 1.00	A	gency c	.00	

ARROW – Quick Quote – Pricing Option

The QUICK QUOTE screen will appear if you click on the arrow.

Standard v No v	No	- 11/06/2013	
BI 🤉 PD 🧿 U	MBI 👔 UI MBI 🧃	PIP 👔 MP 🍞	
\$30,000/\$60,000 - \$25,000 -	lone - None	None - None -	•
Drivere			
Divera			
Applicant Information			
First Name Middle Name	Last Name	Garaged Zip Code Garaged	County
John	Smith	75001 Dallas	
Driver Type 🕐 Marital Status Gende	r Date of Birth SR-22 👔	Violations ? License Type ? Lic 36	Mo 🕐 Def Driver 🤉
Insured - Single - Male	- 09/16/1984	0 Violation(s) Texas - Yes	- No
Additional Drivers			
No additional drivers			
+ Add Driver			
Vehicles			
		Com	Col
Year Make Model	Body Type	VIN 10# (Comp) (Col) (Liability) Dedu	
2014 ··· Acura ··· ILX		• 19VDE1F3&E (33) (39) (00) • Non	None - Remove
Distance to Work 20 miles each way	- Towing No - Rent	tal None -	
+ Add Vehicle			
Get Quote			

		Pa 5 Mo	IN \$89.10 Tod nthly Payments of \$ 1	ay 81.18	J	Т	otal premiu \$434	м	
Policy Op	ptions: Polic Star BI 3	y Type 🥐 dard	SR-22 2 Term L No 6 Mont	ength) Paymen hs v 5 Paym UMBI ()	nt Type ? hents - 18% Down UI MBI ?	Auto Pa	ıy installment	ts via EFT ?	
Coverage	e Options:	000/\$60,000 •	\$25,000 -	None	- None	None	•	None	•
	BI	PD	UMBI	UIMBI	UMPD	COMPICOL	PIP	MP	PREMIUM
2014 Acura ILX	\$30,000/\$60,000	\$25,000	None	None	None 👻	None 👻	None	None	
	\$227	\$207	\$0	\$0	\$0	\$0 / \$0	\$0	\$0	\$434
VIN: 19VDE1F3&E (33) (39) (00)	Towing No v S Discounts:	0	Rental	- S0	Vel	hicle Use:			

Select PAY \$XXX.XX Today/Monthly Installment Amount to complete application process

Once you click on **PAY \$XXX.XX Today/ Monthly Installment Amount** the system will display the Application Information screen. The mandatory fields are highlighted in yellow. Although we would prefer all fields to be completed, there are certain fields that are required to be completed such the mailing address, marital status, gender, date of birth and vehicle information. You will also be required to complete the Underwriting Questions.

🨻 FA	You are logged in as direct	tx directx with Test Agency - Direct Bill TX.	Log Out
Search	New Quote Forms	a	Quote
Ap	lication Information		
Policy Optio	ns		
Policy Type ? Standard	SR-22 ? Term Length ? No * 6 Months *	Payment Type ? Auto Pay Installments via EFT ? 5 Payments - 18% Down No	
Contact Info	rmation		
Mailing Addro Street 1 123 Cottonwoo	SS Trail		
Street 2			
City	County State	e Zip	
Dallas	Dallas TX	• 75001-0000	
The Garage Contact Num Cell	Indress is the same as the Mailing address Inters Home Work		
Email and Ele	ctronic Consent		
E-mail Address			
Drivers			

Once you have entered all of the necessary data into the Application Information Screen please select **RATE APPLICATION**

Have you faile	d to disclose any household residents, whether licensed or not, on this application?
No	Yes
Has any drive	r's license ever been revoked or suspended?
• no ()	163
Have you had	more than two (2) at-fault accidents in the last 24 months?
• No 🕐	Yes
Have you or a	nvone in your household been convicted of a felony in the last ten (10) years?
No C	Yes
Have you ever	been convicted of insurance fraud?
• No	Yes
Did you regist	er any car listed on this application in your name in order to obtain insurance for someone else?
• No	Yes
is there any n	ra avistina damana to vour vahicla?
No	Yos
0	
Are any vehic	les used for business purposes?
• No ()	Yes
Will any vehic	le be used in Mexico?
• No 🔿	Yes
line and dates	
Arthritie	Uniter automobile even had any or the following r Check an that appy.
Cerebral	Palsy Hear Attack Polio
Diabetes	Mental Disorder Stroke
Emotiona	I Disorder Multiple Sclerosis Visual Impairment
Epilepsy	
Any disea	se which would interfere with the upper or lower extremities
	no, uness compensated for by venice mounication when necessary

Falcon will also check for any undisclosed drivers at this point and add them to the policy as **EXCLUDED** unless the insured would like them to be included. If they want them included, you will need to update the added drivers accordingly and the rate will get updated.



EXCLUDED drivers will exist on the policy like this, and cannot be removed. They can be changed to **INSURED** though, which will add them as drivers.

Email and Electronic Con	sent				
E-mail Address					
Drivers					
Driver Type 🧷 Marital Sta	itus Gender Date d	of Birth SR-22 ?	Violations () License Type () Lic	36 Mo 🕐 Der Driver 🕐	
Insured - Single	- Male - 09/1	5/1984	0 Violation(s) Texas • Ye	No No	- Remove
First Name	Middle Name	Last Name	Relationship License Number		
undisclosed		one	Insured • H123123123		
Occupation	Employer				
Driver Type 🥐 Marital Sta	itus Gender Date o	of Birth SR-22 ?	Violations ? License Type ? Lic	36 Mo 🕐 Def Driver 🥐	
Excluded - Single	- Male - 01/0	1/1999	0 Violation(s) None - No	No	
Siret Namo	Middle Name	Last Namo	Polationship License Number		
undisclosed		driverA	- N/A		
Occupation	Employer				
+ Add Driver					
Vehicles					
Year Make	Model	Body Type	VIN 10# (Comp) (Col) (Liability) De	eductible UMPD	
2014 - Acura	* ILX	- 4 Door Sedan	- 19VDE1F3&E (33) (39) (00) - N	None -	- Remove
Distance to Work 20 miles e	ach way 👻	Towing No · Ren	tal None 🔹		
VIN	Odometer Reading				

Additionally, Falcon will check our databases for any **VIOLATIONS** that were not disclosed. If we find any, you will be presented with:

Validation Errors	Close
Additional violations were found.	
Hearing Impairment	

If the insured feels this is in error, you will need to contact Falcon, but the additional VIOLATION will appear like the following:

Drivers									
Driver Type ?	Marital Status	Gender	Date of Birth	SR-22 🥐	Violations ?	License Type 🥐	Lic 36 Mo) ? Def Driver ?	
Insured	Single -	Male	• 09/16/1984	\bigcirc	1 Violation(s)	Texas	Yes	- No	- Remove
First Name	Midd	lle Name	Last Nan	ie	Relationship	License Numbe	r		

Violations		Save
Violation	Date	
Add Violation		ve

The REVIEW POLICY screen will appear after you select **RATE APPLICATION.** Please verify the information is accurate and then select **CONTINUE**



Falcon will run the policy through our risk verification system and if any issues arise, you will be presented with the following message **Contact Falcon Underwriting** – **Unable to Verify Application Information** at which point you should call us at **800-929-FALC** to discuss the issue:

HIGH Test	Driver Type Insured Relationship: Insured Occupation:	Marital Status Single J Employer	Gender Male Li	DOB 09/16/198- cense Type: Texas cense Number: H1	SR-22 No 3123123	Violations 0	Lic 36 I Yes	llo Def Driver n/a
VEHICI ES		615-94-794-794-794-794-794-794-794-794-794-		550000556854385470C	201832400			
Acura ILX VIN: 19VDE1F31E1111111	Bi \$30,000/\$60,00 227 Towing: No Dested Nes	0 \$25,000 207	UMBI None 0	UIMBI UMPD None None 0 0	COMP None 0	COL PIP None None 0 0	MP None 0	\$434
Fees	SR-22: \$ 0	Policy F	ees: \$ 10		Agency Fee	s: \$ 0		Total Fees: \$10
Fees	SR-22: \$ 0	Policy F	ees: \$ 10		Agency Fee	s: \$ 0		Total Fees: \$10
Fees	SR-22:\$0	Policy F	ees: \$ 10		Agency Fee	s: \$ 0		Total Fees: \$10
Fees Underwriting Questi Have you failed to disclose	SR-22: \$ 0	Policy F	ees: \$ 10 not, on this ap	plication? No	Agency Fee	s: \$ 0		Total Fees: \$10
Fees Underwriting Questie Have you failed to disclose Has any driver's license eve	SR-22: \$ 0 ONS any household residents in been revoked or suspe	Policy F s, whether licensed or ended? No	ees: \$ 10 not, on this ap	plication? No	Agency Fee	s: \$ 0		Total Fees: \$10
Fees Underwriting Questi Have you failed to disclose Has any driver's license eve Have you had more than tw	SR-22: \$ 0 DNS any household residents ar been revoked or suspe o (2) at-fault accidents in	Policy F s, whether licensed or ended? No the last 24 months?	not, on this ap	plication? No	Agency Fee	s: \$ 0		Total Fees: \$10
Fees Underwriting Questid Have you failed to disclose Has any divers license evi Have you had more than tw Have you or anyone in your	SR-22: \$ 0 ons any household residents or been revoked or suspe o (2) at-fault accidents in household been convicté	Policy F s, whether licensed or ended? No the last 24 months? ed of a felony in the fa:	not, on this ap No	plication? No s? No	Agency Fee	s: \$ 0.		Total Fees: \$10
Fees Underwriting Questie Have you failed to disclose Have you had more than tw Have you anyone in your Have you ever been convid	SR-22: \$ 0 ons any household residents ir been revoked or suspe o (2) at-fault accidents in household been conxide ed of insurance traud?	Policy F s, whether licensed or ended? No the last 24 months? ed of a felony in the last No	not, on this ap NO	plication? No s? No	Agency Fee	s:\$0		Total Fees: \$10
Fees Jnderwriting Questi Have you failed to disclose Have you failed to disclose Have you any driver's license ew Have you any one in your Have you any one in your Have you ever been convict Did you register any car list	SR-22: \$ 0 ons any household residents ir been revoked or suspe o (2) al-fault accidents in household been considt ed of insurance traud? If ed on this application in p	Policy F s, whether licensed or ended? No the last 24 months? ed of a fellony in the last No your name in order to	not, on this ap No tten (10) year	plication? No s? No ce for someone els	Agency Feet	x \$ 0		Total Fees: \$10
Fees Inderwriting Questii Have you failed to disclose Have you had more than tw Have you or anyone in your Have you or anyone in your Have you ever been convict Did you register any car list is there any pre-existing da	SR-22: \$ 0 ons any household residents is been revoixed or suspe o (2) al-fault accidents in household been convicte ed of this supplication in y mage to your vehicle? M	Policy F s, whether licensed or ended? No the last 24 months? dot atelony in the la: No your name in order to No	not, on this ap No st ten (10) year	plication? No s? No ce for someone ets	Agency Fee ? No	£\$0.		Total Fees: \$10
Fees Underwriting Questi Have you falled to disclose Has any driver's license evi Have you anyoe lin your Have you ever been conkid Did you register any car list is there any pre-existing da Are any vehicles used for b	SR-22.50 ons any household residents teen revolked or suspe o (2) al-fault accidents in household been convict ed on this application in suge to you vehicle? No science surpose? No	Policy F s, whether licensed or ended? No the last 24 months? ed of a felony in the la: No vour name in order to to	ees: \$ 10 not, on this ap NO obtain insuran	plication? No s? No ce for someone els	Agency Fee	s:\$0		Total Fees: \$10

You will **NOT** be able to continue past this screen if you get this message.

In most cases, no issues will arise and once you select **CONTINUE**, the **PAYMENT OPTION** screen will appear. Please select payment method (Cash, Credit/Debit Card, Agency EFT or Check), enter the required information and click **ISSUE POLICY**

Search New Quote Forms				Quote
O Payment Options				
Minimum Due Today: \$89.10				
Today's Payment	Payment Sche	dule		
What would you like to do?	Installment	Amount	Due Date	Cancellation Date
Pay the minimum amount due today	Down paymen	t \$89.10 Paid Today		
Pay a different amount	1	\$71.18	11/24/2013	12/07/2013
	2	\$71.18	12/24/2013	01/06/2014
	3	\$71.18	01/24/2014	02/06/2014
	4	\$71.18	02/24/2014	03/09/2014
	5	\$71.18	03/24/2014	04/06/2014
	Note: Each installm	ent includes a \$0 installm	nent fee	
Select Downpayment Type: Credit/Debit Visa, Mastercard, I	Card Cash Discover Colleg	, Check, or Other cted directly by Agent	CI	eCheck hecking/Savings ACH
Please enter your credit/debit card information below.				
Expiration Mon	the (01) January +		11811198	CVV Security Number
Card Number: Expiration Yes	ar: 2013 - Card Billi	ng Zip:	= =	

After completing the payment process, you can print all documents associated with the newly bound policy. For instructions on how this works, please refer to **Accessing Policy Documents** on page 25.

Processing an Endorsement

icy and u can search	d Quote Sea	r Ch e, address or policy/quote number (maxin	num 1000 results).		
Policy Number	Name	Address	Status	Effective Date A	Search Filter I Results
				Ad Pri C E	tive Policies Jotes inture Policies anceled Policies uppired Policies U
				C	lear All

Enter in the POLICY NUMBER and click SEARCH

Click on the **POLICY**

Search	New Quote	Forms			Main
You can search	d Quote Seal	e, address or policy/quote number (maximum 1000 result	s).		
Policy Number	Name	Address	Status	Effective Date	Search Filter
0200010101	LeeAnn Somebody	1818 Corsicana St Dallas, TX 76103-0000	Active	11/01/2013	All Results
					Active Policies Quotes Future Policies Pending Cancels Canceled Policies Expired Policies Clear All

To process an endorsement, click on **ENDORSE** next to the information the insured wants to update.

		C							an an in
Search Nev	W Quote	Forms							Main
Policy Detail									
LeeAnn Someboo	dy	Polic	tive Date: 11	dard 1/01/2013				1	Make Payment
Policy Number: 02 History	200010101	Expir Term	ration Date: (n: 6 Months	05/01/2014			L	ast payment ma	ade on 10/31/2014
Policy	y Details	Documents	Policy I	History	Payme	nts	Endo	orsement uotes	
Contact Information									Endorse
Contact Information:	Mailing Address:								
Cell: (123) 123-1234	Street 1: 1818 C	orsicana St							
Home: (123) 123-1234									
(120) 120 1204	Street 2:								
Work: (123) 123-1234	Street 2: City/State/Zip: D County: TARRAN	allas T	X 76103-00	00					
Work: (123) 123-1234	Street 2: City/State/Zip: D County: TARRAN Yes The Garage	allas T IT address is the same as I	X 76103-00 the Mailing addi	00 ress					
Work: (123) 123-1234	Street 2: City/State/Zip: D County: TARRAN Yes The Garage	allas T IT address is the same as I	X 76103-00	00 ress					
Work: (123) 123-1234	Street 2: City/State/Zip: D County: TARRAN Yes The Garage (allas T IT address is the same as I	X 76103-00	00 ress					Endorse
Work: (123) 123-1234 Email: Drivers	Street 2: City/State/Zip: D County: TARRAN Yes The Garage	allas T IT address is the same as I	X 76103-00 the Mailing add	00 ress					Endorse
Work: (123) 123-1234 Email: Drivers	Street 2: City/State/Zip: D County: TARRAN Yes The Garage of Driver Type	allas T IT address is the same as i Marital Status	X 76103-000 the Mailing addr	00 ress DOB	SR-22	Violations		Lic 36 Mo	Endorse Def Driver
Work: (123) 123-1234 Email: Drivers	Street 2: City/State/Zip: D County: TARRAM Yes The Garage of Driver Type Insured	allas T 47 address is the same as 1 Marital Status Single	X 76103-00 the Mailing addr Gender Female	00 ress DOB 04/15/1995	SR-22 No	Violations 0 Violation(s)	Lic 36 Mo No	Endorse Def Driver
Work: (123) 123-1234 Email: Drivers	Street 2: City/State/Zip: D County: TARRAN Yes The Garage of Driver Type Insured Relationship: Insu	allas T 47 address is the same as 1 Marital Status Single ured	X 76103-000 the Mailing addr Gender Female Occupation	00 ress DOB 04/15/1995	SR-22 No	Violations 0 Violation(License 1	s)	Lic 36 Mo No S	Endorse Def Driver
Work: (123) 123-1234 Email: Drivers LeeAnn Somebody	Street 2: City/State/Zip: D County: TARRAN Yes The Garage of Driver Type Insured Relationship: Insu	allas T IT address is the same as i Marital Status Single ured	X 76103-000 the Mailing adds Gender Female Occupation Employer:	00 ress DOB 04/15/1995	SR-22 No	Violations 0 Violation(License 1 LicenseN	s) Fype: Texa umber: E	Lic 36 Mo No S rriver	Endorse Def Driver
Work: (123) 123-1234 Email: Drivers	Street 2: City/State/Zip: D Couny: TARRA Yes The Garage of Yes The Garage of Driver Type Insured Relationship: Insu	allas T TT Marital Status Single rred	X 76103-000 the Mailing adds Gender Female Occupation Employer:	00 ress DOB 04/15/1995	SR-22 No	Violations 0 Violation(License 1 LicenseN	s) Type: Texa umber: E	Lic 36 Mo No s river	Endorse Def Driver
Work: (123) 123-1234 Email: Drivers LeeAnn Somebody Vehicles	Street 2: City/State/Zip: D Couny: TARRA Yes The Garage of Yes The Garage of Driver Type Insured Relationship: Insu	allas T (T Marital Status Single gred	X 78103-001 the Mailing addr Gender Female Occupation Employer:	00 ress DOB 04/15/1995	SR-22 No	Violations 0 Violation(License 1 LicenseN	s) jype: Texa umber: E	Lic 36 Mo No S rriver	Endorse Def Driver Endorse
Work: (123) 123-1234 Email: Drivers LeeAnn Somebody Vehicles	Street 2: City/State/Zip: D County: TARRAN Yes The Garage of Driver Type Insured Relationship: Insu	allas T rr Marital Status Single ured PD	X 78103-00 the Mailing add Gender Female Occupation Employer:	00 ress DOB 04/15/1995 ::	SR-22 No	Violations 0 Violation(License T LicenseN	s) ype: Texa umber: E	Lic 36 Mo No s rr/ver MP	Endorse Def Driver Endorse
Work: (123) 123-1234 Email: Drivers LeeAnn Somebody Vehicles	Street 2: City/State/210; City/State/210; County: TARRAY Yes The Garage (Driver Type Insured Relationship: Insu	allas T AT Address is the same as l Marital Status Single ured PD D 52,500	X 78103-00 the Mailing add Gender Female Occupation Employer: UMUUME \$30,000/560,0	00 ress DOB 04/15/1995 r	SR-22 No	Violations 0 Violation(License T LicenseN	s) Fype: Texa umber: E PIP None	Lic 36 Mo No s rr/ver	Endorse Def Driver Endorse

For example, if you need to add a driver, Click **ENDORSE** next to the **DRIVERS** section. Then you can click on **ADD DRIVER** to add a driver.

Endorsement Mode	Endorsement Effective (ate: 12/18/2013				Cancel	Quote
	Policy Detail						
	LeeAnn Somebody Policy Number: 0200010101 History	Policy Type: Standard Effective Date: 11/01/20 Expiration Date: 05/01/2 Term: 6 Months	13 014				
	Contact Information				Endorse		
	Contact Information: Mailing Address: Cell: (123) 123-1234 Street 1: 1818 Consicant Home: (123) 123-1234 Street 2: Chi/State Zip: Dalas County: TARRANT	54 TX 76103-0000					
	Email:	s we same as we making address			Fadorse		
	Drivers						
	Driver Type Mantal Insured Single	Female 04/15/1	995 No 0 Violation	tion(s) No	o Def Driver		
	LeeAnn Somebody Relationship: Insured	Occupation:	Lic	ense Type: Texas ensellumber: Driver			
	Add Briver Vehicles				Endorse		
	2006 Chevrolet COBALT LS \$30,000:560,000	PD UM/UIMBI \$25,000 \$30,000/\$60,000	UMPD COMP/CO None \$500	DL PIP MI None Non	P 10		

The light orange highlighted fields are mandatory as well as **RELATIONSHIP.** Please note the License Type defaults to **NONE.** Please be sure to select the appropriate option.

Endorsement Mode		ement Effectiv	ve Date: 121	8/2013						Cancel	Quote
	Contact Information								Endorse		
	Contact Information: Cell: (123) (23-1234 Home: (122) (123-1234 Work: (122) 1123-1234 Email: Drivers	Mailing Address: Street 1: 1819 Cors Street 2: City/State/Zip: Dalla County: TARRANT Yes The Garage add	cana St s ress is the same a	TX 76103-00 s the Mailing add	D0 ress				Endorse		
		Driver Type Ma	rital Status	Gender	DOB 04/15/1995	SR-22	Violations 0 Violation(s)	Lic 36 Mo	Def Driver		
	LeeAnn Somebody	Relationship: Insured		Occupation			License Type: T	exas			
				Employer:			LicenseNumber	r: Driver			
	First Name	Driver Type	Iarital Status	Gender	DOB mm/dd/wyy		SR-22 Violations	Lic 36 Mo	Def Driver		
	Middle Name	Relationship: Insure	d - C	ccupation:		License	Type: None	-	140		
	Last Name		E	mployer:	Ĵ	License	None Temp\Permit	- Rem	iove		
	+ Add Driver						International Suspended				
	Vehicles						Texas	ξ	Endorse		
	2006 Chevrolet COBALT	BI	PD	UMUIME	8 U	MPD	COMPICOL F	np up			
	LS	\$30,000/\$50,000	\$25,000	\$30,000/\$60,	000 N	one	\$500 No	ne None	-		

Once you have entered the information in the fields, you have the option to **CANCEL** or **QUOTE** the transaction.

Endorsement Mode	Endorsement Effective Date: 12/18201	Cancel Quote
	Contact Information Endorse	~ 7
	Contact Information: Mailing Address: Cell: (122) 123-1234 Street 1: 1810 Constant St Home: (122) 123-1234 Street 2: Verk: (123) 123-1234 Street 2: County:: TAPRIANT TX Yes The Garage address is the same as the Mailing address	- \ /
	Email Drivers	
	Driver Type Marital Status Gender DOB SR-22 Wolations Lic 36 Mo Def Driver Insured Single Female 04/15/1985 No 0 Wolation(s) No No	
	LeeAnn Somebody Relationship: Insured Occupation: License Type: Texas Employer: LicenseNamber: Diver	
	First Name Driver Type Mantal States Gender DOB SR-22 Volations Lic 36 Mo Def Driver Mailer Single Maile mm/ddsym 0 Violation(s) Ho Ho Ho	
	India Name Relationship: Insured + Occupation: Licesse Type: None + Last Name None None Nenove	
	Cut of State	
	Vehicles Texas Endorse	
	2006 Chevrolet COBALT BI PO UMMUNEB UMEPO COMPCOL PIP MP LS \$30.000450.000 \$25.000 \$30.000450.000 Toole \$500 None None	

After clicking **QUOTE**, the following screen will appear. To complete the endorsement process click **ISSUE ENDORSEMENT – Pay \$ XX.XX Today.**

	New Quote	Forms	5						Policy
olicy Det	tail								
John Sr Policy N Active	nith umber: 0200000	0001	Effective Expiratio Term: 6 N	Date: 11/06/2013 on Date: 05/06/2014 Months				Make	Payment
	Policy Details	s Doo	cuments	Policy History	Payment	ts Er	dorsemen Quotes	۰ 🛈	
Endorsemen	t Effective Date: 11/06/	2013		Issue Endor 5 M	Sement - onthly Paymen	Pay \$19.3 Its of \$ 88.72	0 Today	K	
Endorsemen	t Effective Date: 11/06/	2013		Issue Endor 5 M VEHICLE	sement - onthly Paymen	Pay \$19.3 Its of \$ 88.72	0 Today	~ ~	PREMIUM
Endorsemen	t Effective Date: 11/06/ BI	2013 PD	UMBI	Issue Endor 5 M VEHICLE UIMBI	sement - onthly Paymen UMPD	Pay \$19.3 Its of \$ 88.72 COMP/COL	0 Today	MP	PREMIUM
Endorsemen 2014 Acura ILX	It Effective Date: 11/06// Bi \$30,000/560,000	2013 PD \$25,000	UMBI None	Issue Endor 5 M VEHICLE UIMBI None	Sement - onthly Paymen UMPD None	Pay \$19.30 Is of \$ 88.72 COMP/COL None	0 Today PIP None	MP None	PREMIUM
Endorsemen 2014 Acura ILX	t Effective Date: 11/06// Bi \$30,000/80,000 \$283	2013 PD \$25,000 \$258	UMBI None S0	VENCLE UMBI None S0	Sement - onthly Paymen UMPD None S0	Pay \$19.3 Is of \$ 88.72 COMP/COL None S0 / 50	0 Today PIP None S0	MP None \$0	PREMIUM \$541
Endorsemen 2014 Acura ILX VIII: 19V0F1F32E	Effective Date: 11/06/ Bi \$30.000580.000 \$283 Towing No \$1	2013 PD \$25,000 \$258 0	UMBI None S0 Rental None	VEHICLE UMBI None S0 S0	Sement - onthly Paymen UMPD None S0 Veh	Pay \$19.30 ts of \$ 88.72 COMP/COL None 50 / 50 icle Use:	D Today	MP None S0	ргемиим \$541
Endorsemen 2014 Acura ILX VIII: 19/0E1F3&E (33) (39) (00)	Effective Date: 11/06/ BI S30.000560,000 S283 Towing No Si Discounts:	2013 PD \$25,000 \$258 0	UMBI None 30 Rental None	VEHICLE VEHICLE VEHICLE None 30 50	Sement - onthiy Paymen UMPD None S0 Veh	Pay \$19.3 ts of \$ 88.72 COMP/COL None \$0 / \$0 icle Use:	D Today	MP None \$0	PREMIUM \$541

After you click **ISSUE ENDORSEMENT**, please select payment method (Cash, Credit/Debit Card, Agency EFT or Check), enter the required information and click MAKE PAYMENT

Active		Term	a: 6 Months		
	Policy Details	Documents	Policy History	Payments	Endorsement Quotes
linimum	Due Today: \$19.3	30		Maximur	m Payment Amount: \$462.90
Today's F	Payment	Select Pa	yment Type:		
What would Pay the	you like to do? minimum amount due today	Vis	Credit/Debit Card sa, Mastercard, Discover		
P	ay a different amount	Ca	sh, Check, or Other llected directly by Agent		
		Collec	Check ted electronically by Falcon		
Please enter yo	our credit/debit card informa	tion below.			
Card Numbe	r.	Expiration Year: 20	13 Card Billing.	Zip:	Number
	VISA MASTERCARD DISCOV	ER .			
lake Paym	nent				

The **POLICY DETAIL** screen will appear after the endorsement has been processed. Please review to confirm the changes are accurate.

V INSURANCE GROUP	You are logged in	as Directx Directx with Te	est Agency - E	lirect Bill TX.				Log Out
Search Ne	w Quote	Forms						Main
Policy Detail								
LeeAnn Somebo Policy Number: 0 Active	ody 200010156	Policy Effect Expira Term:	Type: Stan ive Date: 1 ition Date: 6 Months	dard 2/18/2013 06/18/2014			Last payment r	Make Payment made on 12/18/2013
Polic	y Details	Documents	Policy	History	Payme	nts	Endorsement Quotes	
Contact Information								Endorse
	-							
Cell: Home: Work:	Street 1: 1818 C Street 2: City/State/Zip: D County: TARRAN Yes The Garage a	orsicana St allas TX IT address is the same as th	76103-00 e Mailing add	00				
Cell: Home: Work: Email: Drivers	Street 1: 1818 C Street 2: City/State/Zip: D County: TARRAN Yes The Garage a	iorsicana St allas TX AT address is the same as th	76103-00 e Mailing add	oo ress				Endorse
Cell: Home: Work: Email: Drivers LeeAnn Somebody	Street 1: 1818 C Street 2: City/State/Zip: D County: TARRAN Yes The Garage of Driver Type Insured Relationship: Insu	International States St	76103-00 e Mailing add Gender Male Occupation Employer:	00 ress 008 04/15/1995	SR-22 No	Violations 0 Violation(s) LicenseTyj LicenseNur	Lic 36 Mo No pe: Texas mber: 123	Endorse Def Driver

Please select the **DOCUMENTS** tab to complete the signature process.

Search New Quote	Forms		Policy
Policy Detail			
John Smith Policy Number: 020000007 Active	Effective Date: 11/0 Expiration Date: 05/ Term: 6 Months	16/2013 (06/2014	Make Payment
Policy Details	Documents Policy His	story Payments	Endorsement Quotes
Policy Documents Print Selected Print O	IV ID Cards & DEC Select All	Clear All	Sign Documents Electronically
Documents To Be Signed	TX UIA UIA UIAPD and PIP TX Rejection (TX-914)	TX Personal Auto "Standard" Policy Features & Limited Disclosure (TX-916)	
Policy Documents			
Payment Receipt (TX-901)	Texas Policy Jacket (TX-001)	Automatic Payment Sign-up (TX-902)	Quote Page - Direct Bill New Business (TX-Q002)
Declaration Page - New Business (TX-003)	Notice of Privace Policy (TX- 005)	New Business Welcome Letter (TX-010)	Notice of Installments (TX- 909)
Insured Mailing Page (TX-912)	TX Identification Card - Standard Policy (TX-004S)		

Click on **POLICY HISTORY** to review the changes made under the specific policy.

Search	New Quote	Forms						Main
icy Detail								
eeAnn So olicy Num ctive	omebody 1ber: 0200010156		Policy Typ Effective Expiration Term: 6 M	De: Standard Date: 12/18/2013 n Date: 06/18/201 ionths	4		Last payment	Make Payment made on 12/18/2013
	Policy Details	Documents		Policy History		Payments	Endorsement Quotes	0
cy History								
Add Date	Activity		User	Effective Date	Premium		Note	
12/18/2013	New Business New Business View		directx	12/18/2013	1443	Original Policy Issuan	Ce	
12/18/2013	Endorsement Add Driver		directx	12/18/2013	0	Add Driver		

The **PAYMENTS** tab will provide you with a detailed breakdown of the policy payments and associated other fees. The amount owed **DOES** include all fees in addition to the premium that is owed.

Search	New Quote	Forms					Main
olicy Detail							
LeeAnn Som Policy Numbe Active	ebody r: 0200010156	Policy Effec Expir. Term:	r Type: Standard tive Date: 12/18/2013 ation Date: 06/18/2014 6 Months		Lastp	Ma ayment made o	ke Payment on 12/18/201
	Policy Details	Documents	Policy History	Payments	Endorse Quot	ement 🚺	
licy Payments							
Transaction Date	Descri	otion	Туре	Due Date	Billed	Paid	Balance
12/18/2013	Policy Submission	N//	1			0.00	0.00
12/18/2013	Down Payment			12/18/2013	259.75		259.75
12/18/2013	Policy Fee			12/18/2013	10.00		269.75
12/18/2013	ABTPA Fee			12/18/2013	1.00		270.75
12/18/2013	Payment	Ag	ency EFT			-270.75	0.00
12/18/2013	Endorsement Premiu	m			0.00		0.00
tallment Payme	nts						
		Insta	llment			Due Date	Amount
Installment 1						01/05/2014	246.6
Installment 2						02/05/2014	246.6

Add Vehicle

									-	
	Driver Type Insured	Marital Status Single	Gender Male	DOB 04/15/1995	SR-22 No	Violations 0 Violation(s)	Lic 36 Mo No	Def Driver No		
LeeAnn Somebody	Relationship: Ins	ured	Occupation Employer:			License Type: LicenseNumb	:Texas er: 123			
	Driver Type Insured	Marital Status Single	Gender Male	DOB 09/16/1984	SR-22 No	Violations 0 Violation(s)	Lic 36 Mo Yes	Def Driver No		
Rohan Somebody	Relationship: Ins	ured	Occupation Employer:			License Type: LicenseNumb	:Texas er: 123123123			
Vehicles Coverage Option	S: \$30,000	PD (2) /550,000	UNIN	MBI 🧿	PIP 🦻	MP () None		Endorse		
Vehicles Coverage Option	S: BI 2 \$30,000 BI	PD () (\$60,000 PD	UMU	MBI 2) UMPD	PIP 🦻 None	MP (2) None DMP/COL	PIP MP	Endorse		
Vehicles Coverage Option 2006 Chevrolet COBALT LS	S: BI () S30,000 BI \$30,000/560,00	PD 2 r560,000 PD 0 \$25,000 PD 0 \$25,000	UMU Non UMUIMBI None	MBI 2	PIP () None CC	MP () None DMP/COL	PIP MP None None	Endorse		
Vehicles Coverage Option 2006 Chevrolet COBALT LS VIE: 1016:111510111111	S: BI () S30,000 BI S30,000/560,00 Roadside No	PD (*) \$25,000 • Resta None	UMUUME None	MBI 2 VMPD None e to Work 20 mil	PIP () None Vone	MP () None DMP/COL	PIP MP None None	Endorse — Remove		
Vehicles Coverage Option 2006 Chevrolet COBALT LS Vie: 104AH1F98111111 Stroket 104AH1F98111111	S: S30,000 BI S30,000/560,00 Roadside Assistance No VIN IG14K11F 1	PD (2) FS50.000 PD (225.000 S25.000 V Restal Hone 6 111111	UMUNNON UMUUMBH None • Distanc Odometer 0	MBI () VMPD None to Work (20 mil) Leading	PIP () None Vone	MP () None DMP/COL	PIP MP None None	Endorse		
Vehicles Coverage Option 2006 Chevrotet COBALT LS VOR TOSAKT#SETTITTT Symbolic: TOSAKT#SE(77)(71)(3)	BI S30,000 BI S30,000 Roadside Assistance Ino VIN IG14K11F 1	PD (1) 750,000 PD 525,000 PReta Hone 6 111111	UMAL Non UMAUMABI None Distanc Odometer 0	MBN () VMPD None to Work 20 mill leading	PIP () None Vone v None es each way	MP () None DMPCOL	PIP MP None None	Endorse		

Here's an example of the specifics involved in adding a **VEHICLE**:

In order to ADD a vehicle you will need to select the YR, MAKE, MODEL, BODY TYPE, VIN10. Enter the VIN and select the coverage(s) and click QUOTE.

Endorsement Mode	Endorsement Effective Date: 12/182613	Cancel Quote
	None None <th< td=""><td></td></th<>	
Pa	Total Premium Add Velocie ment Information at currently enrolled in automatic recurring payments	<u> </u>

To **CANCEL** an **ENDORSEMENT REQUEST** you can click on the **CANCEL** in which you will be returned to the **POLICY DETAIL** screen.

Endorsement Mode	Endorsement E	Effective Date: 12/18/20	13			Cancel	Quote
	2000 Chevrolet COBALT 530,0005 LS 530,0005 Veit: 153,0005 153,41116 Status 353,4116 101,000 101,4117 101,4111 Make: 101,4111 Bubuck Rosdstate POLLUE 530,000 Bubuck Rosdstate POLLUE CX,400 Body Type: SGA Veite: Veite:	PO 500.000 \$25.000 e 10 • Rental F 1 111111 BI PD oxide \$25.000 scance None 1 VAED 1 1 VAED 1 \$111111	UMANAMANA None None Commence of Money Commence o	COMPICOL PIP None W None th way W COMPICOL PIP None None each way W	None : None : None : Remove :		
Pr J	Add Vehicle whether the second	c recurring payments		Total Prer	nium Endorse		

Search N	ew Quote	Forms						Main
olicy Detail								
LeeAnn Somebo Policy Number: 0 Active	ody 0200010156	Policy Effect Expira Term:	Type: Stan tive Date: 1 ation Date: 6 Months	dard 2/18/2013 06/18/2014			Last payment n	Make Payment nade on 12/18/2013
Polie	cy Details	Documents	Policy	History	Payme	nts E	ndorsement Quotes	
ontact Information								Endorse
Contact Information:	Mailing Address	:						
Contact Information: Cell:	Mailing Address Street 1: 1818 (: Corsicana St						
Contact Information: Cell: Home:	Mailing Address Street 1: 1818 (Street 2:	: Corsicana St						
Contact Information: Cell: Home: Work:	Mailing Address Street 1: 1818 (Street 2: City/State/Zip: D County: TARRAI	: Corsicana St Vallas TX VT	76103-00	000				
Contact Information: Cell: Home: Work:	Mailing Address Street 1: 1818 (Street 2: City/State/Zip: D County: TARRAI Yes The Garage	: Corsicana St Vallas TX VT address is the same as th	76103-00 ne Mailing add	100 Iress				
Contact Information: Cell: Home: Work: Email:	Mailing Address Street 1: 1818 (Street 2: City/State/Zip: C County: TARRAI Yes The Garage	: Corsicana St Vallas TX VT address is the same as th	: 76103-00 ne Mailing add)00 Iress				
Contact Information: Cell: Home: Work: Email:	Mailing Address Street 1: 1818 (Street 2: City/State/Zip: D County: TARRAI Yes The Garage	: Corsicana St Vallas TX VT address is the same as th	: 76103-00 ne Mailing add	100 Iress				Endorse
Contact Information: Cell: Home: Work: Email: rivers	Mailing Address Street 1: 1818 (Street 2: City/State/Zip: D County: TARRAI Yes The Garage	: Jorsicana St Iallas TX VT address is the same as th	: 76103-00 he Mailing add	100 iress				Endorse
Contact Information: Cell: Home: Work: Email: rivers	Mailing Address Street 1: 1818 (Street 2: City/State/Zip: County: TARRAJ Yes The Garage	: Jorsicana St Vallas TX address is the same as th Marital Status	76103-00 ne Mailing add Gender	000 Iress	SR-22	Violations	Lic 36 Mo	Endorse
Contact Information: Cell: Home: Work: Email: rivers	Mailing Address Street 1: 1818 G Street 2: City/State/Zip: C County: TARRAI Yes The Garage Driver Type Insured	: ororicana St Jeallas TX address is the same as th Marital Status Single	76103-00 ne Mailing add Gender Male	000 Iress DOB 04/15/1995	SR-22 No	Violations 0 Violation(s)	Lic 36 Mo No	Endorse
Contact Information: Cell: Home: Work: Email: rfvers LeeAnn Somebody	Mailing Address Street 1: 1818 G Street 2: City/State/Zip: D County: TARRAI Yes The Garage Driver Type Insured Relationship: Ins	: Jorsicana St Jallas TX VT address is the same as th Marital Status Single ured	76103-00 re Mailing add Gender Male Occupation	000 Iress DOB 04/15/1995	SR-22 No	Violations 0 Violation(s) License Type:	Lic 36 Mo No	Endorse Def Driver
Contact Information: Cell: Home: Work: Email: rfvers LeeAnn Somebody	Mailing Address Street 1: 1818 (Street 2: City/State/Zip: C County: TARRA Yes The Garage Driver Type Insured Relationship: Ins	: Zorsicana St Iallas TX TY address is the same as th Marital Status Single ured	C 76103-00 re Mailing add Gender Male Occupation Employer:	DOB 04/15/1995	SR-22 No	Violations 0 Violation(s) License Type: LicenseNumbe	Lic 36 Mo No reras r: 123	Endorse
Contact Information: Left: Home: Work: Imail: rivers LeeAnn Somebody	Mailing Address Street 1: 1818 (Street 2: City/State/Zip: C County: TARRA Yes The Garage Driver Type Insured Relationship: Ins Driver Type	: Zorsicana St Iallas TX Address is the same as th Marital Status Single Ured Marital Status	C 76103-00 e Mailing add Gender Male Occupatior Employer: Gender	DOB 04/15/1995 n: DOB	SR-22 No	Violations 0 Violation(s) License Type: LicenseNumbe Violations	Lic 36 Mo No *exas r: 123 Lic 36 Mo	Endorse Def Driver Def Driver
Contact Information: Cell: Home: Work: Email: fivers LeeAnn Somebody	Mailing Address Street 1: 1818 (Street 2: City/State/Zip: C County: TARRAI Yes The Garage Driver Type Insured Relationship: Ins Driver Type Insured	: Jorsicana St Vitallas TX Vit address is the same as th Marital Status Single ured Marital Status Single	F 76103-00 The Mailing add Gender Male Occupation Employer: Gender Male	000 Iress DOB 04/15/1995 1t DOB 09/16/1984	SR-22 No	Violations 0 Violation(s) License Type: License Number Violations 0 Violations	Lic 36 Mo No *zas r. 123 Lic 36 Mo Yes	Endorse Def Driver Def Driver
Contact Information: Cell: Home: Email: rivers LeeAnn Somebody Rohan Somebody	Mailing Address Street 1: 1318 (C Street 2: Clay/State/Zip: C County: TARRAI Yes The Garage	: consicana St vallas TX address is the same as th Marital Status Single ured Marital Status Single ured	Gender Male Occupation Employer: Gender Male Occupation	DOB 04/15/1995 n: DOB 09/16/1984	SR-22 No SR-22 No	Violations 0 Violation(s) License Type: LicenseNumber Violations 0 Violation(s) License Type:	LL: 36 Mo No 'exas r: 123 LL: 26 Mo Yess exas	Endorse Def Driver Def Driver

Remove Vehicle

Here's an example of the specifics involved in removing a **VEHICLE**:

Endorsement Mode	Endors	ement Effectiv	e Date: 12/18/	2013						Cancel	Quote
Vehic	cles								Endorse		
	Coverage Options	BI 🛞 \$30,000/\$60,	PD (2) 000 \$25,000	0 None	? P	P ? MP (lone Non	8				
2	2006 Chevrolet COBALT L S	BI \$30,000/\$60,000	PD \$25,000	UM/UIMBI None	UMPD None	COMPICOL None	PIP None	MP None			
4 1 1 1	VIN: 1G1AK11F161111111 Symbols: 1G1AK11F66 (17) (17) (3)	Roadside Assistance No VIN 1G1AK11F 1 6	Rental None	Distance to Odometer Read	Work 20 miles e	ach way			- Remove		
2	2011 Buick ENCLAVE CX	BI \$30,000/\$60,000	PD \$25,000	UM/UIMBI None	UMPD	COMP/COL None	PIP	MP			
v S	AWD VIN: 5GA1VAED1B1111111	Roadside Assistance No	Rental None	Distance to	Work 20 miles e	ach way			- Remove		
5	Symbols: 5GA&VAED&B (22) (19) (1)	VIN 5GA 1 VAED 1	B 1111111	Odometer Read	ing				7		
						То	tal Pre	mium		\mathbf{N}	
Раул	*Add Vehicle								Endorse		
Not	currently enrolled in	automatic recurrin	ng payments	_	_	_	_	_	_	_	

Click REMOVE on the vehicle that is being	deleted from the policy and then click QUOTE

Endorsement Mode		sement Effe	ctive Date: 12/18/2	013						Cancel	Quote
				Employer:			LicenseNumbe	er: 123	_		N
		Driver Type Insured	Marital Status Single	Gender Male	DOB 09/16/1984	SR-22 No	Violations 0 Violation(s)	Lic 36 Mo Yes	Def Driver		
	Rohan Somebody	Relationship: Ins	ured	Occupation Employer:	1:		License Type: LicenseNumbe	Texas M: 123123123			\
Ve	hicles								Endorse		
	Coverage Option	S: \$30,000	PD ?	UMIL	JIMBI 👔	PIP ?	MP (2)				
		BI	PD	UM/UIMBI	UMPD	c	OMPICOL	PIP MP	-		
	2006 Chevrolet COBALT LS	\$30,000/\$60,00	0 \$25,000	None	None	None		None None			
	VIN: 1G1AK11F161111111	Roadside Assistance No	Rental	Distanc	ce to Work 20 mile	es each way			- Remove		
	Symbols: 101AK11F86 (17) (17) (3)	VIN 1G1AK11F 1	6 1111111	Odometer 0	Reading						
							Total	Premium			
	+ Add Vehicle										
Pa	yment Information								Endorse		
N	ot currently enrolled in	n automatic reci	urring payments								
				-		-					

To complete the endorsement click on ISSUE ENDORSEMENT- Pay \$XX.XX Today

Search	New Quote	Forms						main
olicy Detai	I							
LeeAnn S Policy Nur Active	omebody nber: 0200010156	Pc Ef E> Te	olicy Type: Standard ffective Date: 12/18/ xpiration Date: 06/18 erm: 6 Months	2013 1/2014		Las	t payment made	lake Payment e on 12/18/2013
	Policy Details	Documents	Policy Hist	ory	Payments	Endor	sement 🚺)
Endorsement Ef	fective Date: 12/18/2013		Issue	Endorse 5 Monthl	ment - Pay	\$0.00 T (oday	
Endorsement Ef	Tective Date: 12/18/2013		ISSUE	Endorse 5 Monthl	ment - Pay y Payments of \$ 2	\$0.00 T (oday	PREMIUM
Endorsement El	Tective Date: 12/18/2013	PD	ISSUE VEHICLE UMVUMBI	Endorse 5 Monthi	ment - Pay y Payments of S 2 COMP/COL	\$0.00 To 46.65 PIP	oday MP	PREMIUM
Endorsement Ef	Tective Date: 12/18/2013 BI \$30,000/980,000	PD \$25,000	Issue VEHICLE UM/UMBI None	Endorse 5 Monthi UMPD None	ment - Pay y Payments of \$ 2 COMPICOL None	\$0.00 T 46.65 PIP None	Dday MP None	PREMIUM
Endorsement Ef 2006 Chevrolet COBALT LS	Tective Date: 12/18/2013 BI \$30,000560,000 \$728	PD 525,000 5715	Issue Vence UMUUMBI None 50	Endorse 5 Monthi UMPD None 50	Ment - Pay Payments of S 2 COMPICOL None 50 / 50	\$0.00 T 46.65 PIP None S0	Doday MP None 50	РЕМИМ
Endorsement Ef 2006 Chevrolet COBALT LS VIII: 1674Kt1F&6 (17)	Bi Si \$30,000,580,000 \$728 Roadslide \$0 Assistance No \$0	PD 225.000 \$715 Rental None	VENCLE VANUMOR None S0 S0	Endorse 5 Monthi UMPD None 50 Distance to We	Ment - Pay y Payments of S 2 COMP/COL None S0 / 50 Jrk 20 miles each way	\$0.00 T(46.65 PIP None \$0	Doday MP None 50	PREMIUM \$1443
Endorsement Ef 2006 Chevrolet COBALT LS ////: GriAktiff&6 (17) 17) (3)	Bi S30,000/560,000 5728 Roadside Roadside S0 Notes: Delete Vehicle S0	PD 525,000 5715 Rental None	Issue Vence UM/UMBI None S0 S0	Endorse 5 Monthi Mone 50 Distance to Wr	ment - Pay y Payments of S 2 COMP/COL None 50 / 50 rk 20 mies each we	\$0.00 T(46.65 PIP None \$0	NIP None 50	PREMIUM \$1443
Endorsement Ef 2006 Chevrolet COBALT LS 7/III: IGSAK11786 (17) 17) (3)	BI Stoppodsko,000 S728 Roaddide Assistance No Notes Deter Vehicle Discounts:	PD 525.000 5715 Rental None	Issue VINCLE UMUMMBI None 50 50	Endorse 5 Monthl None 59 Distance to Wi	ment - Pay y Payments of S 2 COMP/COL None 50 / 50 Ork 20 miles each we	\$0.00 To 46.65 PIP None 50	MP None 50	PREMIUM \$1443

The **POLICY DETAIL** will display once the endorsement has processed. Select the **DOCUMENTS** tab to complete the signature process.

	New Quote	Forms					Main
Policy Detail							
LeeAnn Some Policy Number: Active	ody 0200010156	Policy Effect Expir- Term:	/ Type: Standard tive Date: 12/18/2013 ation Date: 06/18/2014 6 Months			Last payment i	Make Payment made on 12/18/2013
Po	icy Details	Documents	Policy History	Payment	ts E	ndorsement Quotes	0
Contact Information		R					Endorse
Cell: Home:	Street 1: 1818	Corsicana St					
Work: Email:	City/State/Zip: 1 County: TARRA Yes The Garage	Dallas TX NT e address is the same as th	76103-0000 ne Mailing address				Endorse
Work: Email: Drivers	City/StateZip: [County: TARRA Yes The Garage	Dallas TX NT address is the same as the same as the same set the same	c 76103-0000	SR-22	Violations	Lic 36 Mo	Endorse
Work: Email: Drivers	City/State/Zip: C County: TARR4 Yes The Garage Driver Type Insured Y Relationship: In:	Dallas T) NT address is the same as the Marital Status Single sured	Cecupation: Employer: Employer:	SR-22 No	Violations 0 Violation(s) License Type: 1 LicenseNumbe	Lic 36 Mo No Pexas Fr 123	Endorse Def Driver No
Work: Email: Drivers LeeAnn Someboo	City/State/Zip: IC County: TARRA Yes The Garage Driver Type Insured Driver Type Insured Driver Type Insured	Dallas T) NT address is the same as ti address is the same as ti Single Marital Status Single usred	Gender DOB Male 04/15/1995 Occupation: Employer: Gender DOB 03/15/1995	SR-22 No SR-22 No	Violations 0 Violation(s) License Type: 1 LicenseNumbe Violation(s) 0 Violation(s)	Lic 36 Mo No r: 123 Lic 36 Mo Yes	Endorse Def Driver No Def Driver No
Work: Email: Drivers LeeAnn Someboo Rohan Someboo	City/State/Zip: It County: TARRA Yes The Garage Driver Type Insured Relationship: In: Priver Type Insured Priver Type Insured Relationship: In:	Dallas T) NT address is the same as th Single sured Marital Status Single sured	78103-0000 Maling address Male Occupation: Employer: Gender DOB Ooffor1984 Occupation: Employer: Employer:	SR-22 No SR-22 No	Violations 0 Violation(s) License Type: License/Numbe Violations 0 Violation(s) License Type: License/Type:	Lic 36 Mo exas r: 123 Lic 36 Mo Yes exas r: 123123123	Endorse Def Driver No Def Driver No

Processing an Installment Payment

4	S FALC	N You are logged	in as Direct User with 1	est Agency - Dire	sct Bill.				Log Out
	Search	New Quote	Forms						Policy
Pol	licy Detail								
N P	NB EETAPL Policy Numb Active	_ er: 0100010087	Effe Exp Ter	iration Date: 07/ iration Date: 07 m: 12 Months	01/2013 7/01/2014				Make Payment
		Policy Details	Documents	Policy	History	Paym	ients	Endorsement Quotes	
Cor Cor Cel Hor We	ntact Information: ntact Information: nte: nte: (847) 555-5559 ork:	tion Mailing Addres Street 1: 233 S Street 2: City/State/Zip: Yes The Garag	s: Wacker Dr Chicago e address is the same a	L 60628-000 s the Mailing ad	0 dress				Endorse
Em	nail: Vers								Endorse
	NB EE TAP	Driver Type Applicant	Marital Status Married	Gender Female	DOB 04/01/1990	SR-22 Yes	Violations 0 Violation(s)	IL Lic 36 Mo No	Def Driver No
		Relationship: In	sured	Occupation Employer:	E:		License Typ LicenseNum	e: Illinois aber: Driver0	
									Endorse

When you want to process an install payment, please click on MAKE PAYMENT

You will be presented with a screen like the following for **Cash, Check, or Money Orders**:

Policy Number: 0100010087 Active	Expira Term:	ation Date: 07/01/2014 12 Months			
Policy Details	Documents	Policy History	Payments	Endorsement Quotes	
Minimum Due Today: \$43.17			Maximu	n Payment Amoun	nt: \$19
Today's Payment	Select Pa	yment Type:			
What would you like to do? Pay the minimum amount due today	Visi	Credit/Debit Card a, Mastercard, Discover			
Pay a different amount	Ca	ish, Check, or Other lected directly by Agent			
	Collect	Check ed electronically by Falcon			
-					

For Credit/Debit Cards:

NB EE IAPL Policy Number: 0100010087 Active	Effecti Expira Term:	ve Date: 07/01/2013 tion Date: 07/01/2014 12 Months			
Policy Details	Documents	Policy History	Payments	Endorsement Quotes	
Minimum Due Today: \$43.17			Maximur	n Payment Amoun	t: \$199
Today's Payment	Select Pay	yment Type:			
What would you like to do? Pay the minimum amount due today) Visa	Credit/Debit Card , Mastercard, Discover]		
Pay a different amount	Car Colle	sh, Check, or Other acted directly by Agent			
	Collecte	Check d electronically by Falcon			
Please enter your credit/debit card informati	Expiration Month: (01)	January •		77.7777 100000000	VV Security Number
Card Number:	Expiration Year: 201	3 - Card Billing	Zip:	Z 00	

And for **EFT**:

Active	Number: 0100010087	Expir	ation Date: 07/01/2014 : 12 Months			
	Policy Details	Documents	Policy History	Payments	Endorsement Quotes	
Minimu	ım Due Today: \$43.17			Maximur	n Payment Amou	nt: \$199.02
Today	y's Payment	Select Pa	yment Type:			
What w	rould you like to do?		Credit/Debit Card			
Pa	ay the minimum amount due today	Vi	a, Mastercard, Discover			
	Pay a different amount	c	ash, Check, or Other			
			lected directly by Agent			
			Check			
		Collec	ted electronically by Falcon			
Please en	ter your Checking/Savings accoun	t information below.				
Please en	ter your Checking/Savings accoun	t information below.	iccount Number			1000
Please en	ter your Checking/Savings accoun Account Holder(s):	t information below.	iccount Number:	Year 12 Pays	tern te 18. Te Char Of	1000
Please en	ter your Checking/Savings account	t information below.	ccount Number	Hard Pays	lann de 18 The Onler Of	1000 E Daker
Please en	ter your Checking/Savings accoun Account Holder(s): Account Type: Checking	t information below.	iccount Number:	New York	tion als 51 The Order Of	1000 B Dokes
Please en	ter your Checking/Savings accoun Account Holder(s): Account Type: Checking	t information below.	iccount Number:		tion an 51 the Oxder 01 34567894 000123456781	1000 n Dukes p* 1000
Please en	ter your Checking/Savings accoun Account Holder(s): Account Type: Checking Routing Number:	t information below.	iccount Number	900 1007 1007 1007 1007 1007 1007 1007 1	ann an Si Ine Onar Ci 3456789¢ 000123456761 Ing Number Account Number	1000 8
Please en	ter your Checking/Savings account Account Holder(s): Account Type: Checking Routing Number:	t information below.	iccount Number:	900 1007 1007 1007 1007 1007 1007 1007	inn en G se Gas Ci 3456789¢ 000123456781 Ing Number Account Number	1000 8 Datase 9" 1000 Check
Please en	ter your Checking/Savings account Account Holder(s): Account Type: Checking Routing Number:	t information below.	iccount Number	Part C 112 Part C 112 Part C 112 Part Part Part Part Part Part Part Part	tern as ol se olar of 3456789 coon 123456781 Ing Number Account Number	1000 8
Please en	ter your Checking/Savings account Account Holder[s]: Account Type: Onecking Routing Number:	t information below.	iccount Number:	The second secon	non an S. Into Onto G 34567894 OCO133456781 Ing Number Account Number	1000 8 Dutere 9 ¹⁴ 1000 Check
Please en	ter your Checking/Savings account Account Holder(s): Account Type: Checking Routing Number:	t information below.	account Number	ren Pro- ren C13 Ros	men en so evo Galac Gr 3456789 C 000123456780 Mag Number Account Number	1000 8
Please en	ter your Checking/Savings account Account Holder(s): Account Type: Checking Routing Number:	t information below.	iccount Number	tind Train C 11 Nor Nor	ware an so dae de 34567894C 009123456781 Account Number Account Number	1000 5 Datare 8 ^{at} 1000 Check

Make the appropriate selections for your insured and choose Make Payment

Accessing Policy Documents

Enter in the POLICY NUMBER and click SEARCH

st falconinsgroup.com/Home#/Pa	age/0	1000 C	10 - C - C - C - C - C - C - C - C - C -	n - 25 A.C	511
Concominisgroup.com/ Home-Fyre		anad in an Direct Hars with Tost	Agency Direct Dill		Las Ort
	The sum and a second tou are to	gged in as Direct User with Test	Agency - Direct Bill.		Log Out
	Search New Quote	Forms			Home
Pol	icy and Quote Sea	irch			
You 01	u can search by first name, last nan 00010160	ne, address or policy/quote numb	er (maximum 1000 results).		
-	Policy Name Number	Address	K.	Status Effective Date	Search Filter All Results
			•		Active Policies Quotes Future Policies Pending Cancels Canceled Policies Clear All
[]					
Copyright €	0 2009-2013, Falcon. All rights reserve	d. v1.202.4941.27424	1-800-929-FALCON		

Click on the POLICY



After finding the policy and clicking on it, click on **DOCUMENTS**

	FAL	You are logge	d in as Direct User	with Test Agency	- Direct Bill.			Log Out
	Search	New Quote	Forms					Policy
Pol	cy Detail							
T P A	om Smith olicy Num ctive	1 ber: 0100010160		Effective Date Expiration Da Term: 12 Mont	e: 11/15/2013 te: 11/15/2014 hs		I	Make Payment
		Policy Details	Documen	ts Po	olicy History	Payments	Endorsement Quotes	
Poli	cy Docume	ents		R				
	Print Selec	tod Print Only	ID Cards & DEC	Select All	Clear All		Sign Documents Ele	ectronically
	Documents	To Be Signed		/				
	Illinois 002)	Policy Application (F-	Automatic	equest to Cancel Payments (F-911)				
	Policy Docu	uments						
	Payme	nt Receipt (F-901)	Illinois Po	licy Jacket (F-001)	Declarat Business	ion Page - New (F-003)	Notice of Privacy Po 005)	olicy (F.
	Tow No	otification Letter (F-006)	Insured Ma	ailing Page (F-912) Notice o	f Installments (F-909)	IL Identification Car	rd (F-004)
	L SR-2	12 (F-500)	IL SR-22 (F	-500)				

This screen allows you to either print the documents requiring signature with a traditional wet signature, or sign the required documents electronically with an Adobe e-signature process.

Sign documents with wet signature – Select the policy application and any documents needing signature by placing an "X" in the document icon for the documents you intend to print. Then click the green **PRINT SELECTED** button to send the documents to the printer.

Sign documents electronically – You can also sign the document electronically by clicking on the green button SIGN DOCUMENTS ELECTRONICALLY. This will take you to the Adobe website to complete the electronic document signing ceremony. The initial e-signature signing screen looks like the one below. Follow the prompts and instructions to sign the documents electronically. If this option is selected, you will be required to make a copy of the insured's identification and attach it to the Consent to Sign Documents Electronically form and maintain in your agency file.

You can abort the e-signature process at any time during the signing ceremony by clicking on the green button **OR SIGN WITH PEN INSTEAD**. All screens in the signature ceremony have the **OR SIGN WITH PEN INSTEAD** button in the event you'd like to cancel the e-signature process. Once aborted a traditional wet signature is required on the documents to complete the transaction.

Search	New Quote	Forms				Policy
Policy Deta	11					
Tom Smi Policy Nu Active	th mber: 0100010160	Effe Exp Ter	ective Date: 11/15/2013 iration Date: 11/15/2014 m: 12 Months		Mat	te Payment
	Policy Details	Documents	Policy History	Payments	Endorsement Quotes	
Policy Docum	nents					
Print Sel	ected Print Only	ID Cards & DEC	Select All Clear A	п	Sign Documents Electro	nically
Documer	nts To Be Signed					
² ⅢIn 002)	ois Policy Application (F-	Insured Request Automatic Payme	to Cancel ents (F-911)			
Policy Do	ocuments					
Pays	ment Receipt (F-901)	Illinois Policy Ja	cket (F-001)	ration Page - New oss (F-003)	Notice of Privacy Policy 005)	(F-
Tow	Notification Letter (F-006)	Insured Mailing R	Page (F-912)	of Installments (F-909)	IL Identification Card (F	004)
	R-22 (F-500)	L SR-22 (F-500)				

Once the policy application and necessary documents are signed, either electronically or with wet signature, the policy is complete and you are ready to issue another new business policy.

Additionally, when desired, just the ID Cards and the Policy Declarations can be printed.

st.falconinsgroup.com/Policy/0100010	160#/Page/1					
🧐 E	ALCON You are logge	I in as Direct User with Test	Agency - Direct Bill.			Log Out
Searc	h New Quote	Forms				Policy
Policy D	etail					
Tom S Policy Active	Smith Number: 0100010160	Effectiv Expirat Term: 1	ve Date: 11/15/2013 ion Date: 11/15/2014 /2 Months		I	Make Payment
	Policy Details	Documents	Policy History	Payments	Endorsement Quotes	
Policy Do	cuments					
Prin	t Selected Print Only	D Cards & DEC Sel	lect All Clear All		Sign Documents Ele	ectronically
Docu	uments To Be Signed	· `\				
⊿ ≊	Illinois Policy Application (F- 002)	Automatic Payments	ancel (F-911)			
Polic	y Documents					
⊿ ∞	Payment Receipt (F-901)	Illinois Policy Jacket	(F-001) Declarat Busines	tion Page - New s (F-003)	Notice of Privacy Po 005)	olicy (F.
⊿ ∞	Tow Notification Letter (F-006)	Insured Mailing Page	e (F-912)	f Installments (F-909)	IL Identification Car	rd (F-004)
2	IL SR-22 (F-500)	IL SR-22 (F-500)				
Copyright © 2009-	2013, Falcon. All rights reserved. v1	202.4941.27424	1-800-929-FALCON			

Below is an example of the window that includes the document, in this case the **Declarations Sheet**, that would be provided when the button is clicked.

ent									
[Coverage Provided B Folcon Insuran Serviced by Telon Financio PO Box 3725 Oak Brook, IL 60522	Y ce Company I ^{s Services, LLC Phone 800-929-3252}		Texas Pe	Pc ersonal /	Processed on N Dicy E Automob	iovember 01, 20 Declar ile Insura	²³ Page 1 ations nce Policy	
	Policy Number: 0200010003-1 Agent Number: DB02-0001		Po	licy Effective: Nov	01, 2013 1 01, 2014	1:26 AM 12:01 AM		_	
	Policyholder(Named Insu Earl Somebody 1818 Corsicana St Dallas, TX 75125-0000	ired):		Agen Test 724 E Oak E	t: Agency - I nterprise rook, IL (Direct Bill Dr 60523-000	TX 0 (630)42	3-3130	Ш
	Insured Vehicle(s)	VIN	Use	Territory	Symbo	ABS	Airbag	Anti-Theft	
	1 2001 Mitsubishi GALANT DE	4A3AA36G21E016502	dress	103	15/1	5 No	Yes	Yes	
	Driver(s)	Туре	Age Gender	Status S	R22 Po	ints			
	Earl Somebody	Principal	30 Male	Married	No	0			
	Schedule of Coverages								
	Coverages	Limits	of Liability	Veh	1				
	Bodily Injury Property Damage	\$30,000 /Perso	n \$60,000 / Accider \$25,000 / Accider	n \$5 + \$1	4				
	Medical Payments	N/	A N/A	N/ 02	Ā				
	Personal Injury Protection	N/	A N/A	N	A				
	Uninsured/Underinsured Motorists BI	\$30,000 /Perso	n \$60,000 /Accider	t \$5	4				
		Veh 1							
	Uninsured Motorists PD	Veh 1 N/A		N/A					



You can either save as a PDF for storage or electronic transmittal, or print to your local printer for manual distribution.

Here's an example **ID Card**:

Document				\otimes
Falcon Serviced by 3 PO Box 37 Oak Brool	Insurance Company ^{Talon Financial Services, LLC 25 5, IL 60522 Phone 800-929-3252}	Texas Insurance Id	lentification Caro	s
Falcon Insuran PO Box 3725 Oak Brook, IL 60	ce Company INSURANCE CARD 22 NAIC# 14254	Falcon Insurance Company PO Box 3725 Oak Brook, IL 60522	TEXAS AUTO INSURANCE CARD NAIC# 14254	
Insured Nombre Earl Somebody	Agency Test Agency - Direct Bill TX (630)423-3130	Insured Agency Nombre Test Agency Earl Somebody (630)423-3	cy - Direct Bill TX 3130	
Policy Number E Numero de Póliza F 0200010003-1 11/C Year/Make/Moc Año del Vehículo/Marca 2001 Mitsubishi GAL	ffective Date Expiration Date echa Efectiva Fecha de Expiración 1/2013 12:01AM 01/01/2014 12:01AM el VIN / Modelo 4A3AA36G21E016502 NT DE VIN	Policy Number Effective Date Numero de Póliza Fecha Efectiva 0200010003-1 11/01/2013 12:01Al Year/Make/Model Año del Vehículo/Marca/ Modelo 2001 Mitsubishi GALANT DE 2001 Mitsubishi GALANT DE	Expiration Date Fecha de Expiración M 01/01/2014 12:01AM VIN 4A3AA36G21E016502	
This policy provides at insurance required by the Act for the specified veh coverage for other perso insurance policy	least the minimum amounts of liability Texas Motor Vehicle Safety Responsibility cle and named insured and may provide ns and other vehicles as provided by the	Esta póliza provee por lo menos la cantia responsabilidad requerida por ley (Texas Responsibility Act) para el vehículo espec asegurados mencionados, puede provee personas y vehículos según sea previsto	dad mínima de seguro de s Motor Vehicle Safety cificado y para los rr cobertura para otras en la póliza de seguro.	E
The drivers on this policy:	Excluded from Coverage:	Los conductores de esta políza: Exclu	uidos de la cobertura:	

An example **Application**:

:										
FOR OFFICE US Name of Ap Earl Somebu Address 1818 Corsic Garaging A COVERAC Any driver Show Nam Principal al Household Non-operal	Serviced by Tulon Fin P.O. Box 3725 Oa Phone (800) 929-325 SE ONLY: CLIENT ID plicant ddress SE REQUESTED EFFECT NT WARRANTS THERE AF whose drive's license under and Date of Birth for all Vers and Residents of 15 and Older. or should be excluded. body	e Company Jancial Services, LL kbrook, IL 605/ 2 Fax 888-958- POLE POLE POLE EVE: FROM: 11/0 IVE: FROM: 11/0 IVE: FROM: 11/0 Suspension or has n BIRTH DATE MW DD / YYYY 01/15/1983	7, Inc. C 22 6718 CY # 02000100 1/2013 TO WERS IN THE o license, mu Class (Sex/ Marital) M / M	03-1 City Dallar City : 01/01/201 : 01/01/201 : 01/01/201 SR22 Ter No 1	Agency N Test Agen Address 724 Enten City, State Oak Brool Phone (630)423- Home Pho (123)123-1 3 4 () DLD, OTHER ad by complet Poir Poir 03 0	Ime: zy - Direct Bill TX zig Code Zip Code II. 60523-0000 1130 ne Re Re Re Re Re Re Re Re Re R	State TX State ED BELOW n form CENSE S R	Agen DB07 Work (123)	t Code 2-0001 123-1234 22ip 75125-0000 22ip OCCUPATION/EMPLOYER	
2										
2			DESCR		FAUTOMO	BILE (S)			Quantast	
2 Auto 3 1	Year Mi 2001 Mitsu	ake and Model bishi GALANT DE	DESCR	RIPTION O E 4-	F AUTOMO Body Type Door Sedan	BILE (S)	VIN 3AA36G21E0	016502	Symbol 2 15 / 15	
2 Auto	Year Ma 2001 Mitsu	ake and Model bishi GALANT DE	DESCR	RIPTION O E 4- DSS PAYE	F AUTOMO Body Type Door Sedan	BILE (S) 4A3	VIN BAA36G21E0	016502	Symbol 2 15 / 15	
2 Auto 3 1 Auto	Year Mi 2001 Mitsu	ake and Model bishi GALANT DE	DESCR	RIPTION O E 4- DSS PAYE	F AUTOMO Body Type Door Sedan	BILE (S) 4A3	VIN 3AA36G21E0 City/ State)16502	Symbol 2 15/15	
2 Auto 3 1 Auto 4	Year Mi 2001 Mitsu Loss Payee	ike and Model bishi GALANT DE	DESCR	RIPTION O E 4- DSS PAYE ddress	F AUTOMO Body Type Door Sedan E INFORMA	BILE (S) 4A(VIN 3AA36G21E0 City/ State	016502	Symbol 2 15 / 15	
2 Auto 3 1 Auto 4 Auto	Year Mitsu 2001 Mitsu Loss Payee	ike and Model bishi GALANT DE		RIPTION O E 4- DSS PAYE address	F AUTOMO Sody Type Door Sedan	BILE (S) 4A3 TION	VIN 3AA36G21E0 City/ State	016502	Symbol 2 15 / 15	

There are blank underwriting forms located under the **FORMS** tab.

Search	New Quote	Forms					Home
eneric Forms							
Non-Busi	ness Use Affidavit	Vehicle Insp	ection Report	Uninsured Motorist Sel	ection	Physician Health St	atement
Named D	river Exclusion						

Below is an example of an Affidavit of Non-Business Use:

cument	8
П	Falcon Insurance Company Fundar by Flam Insuration in Life PD Bex 1975 Oak Brook, II. 66552 Phone 800-923-3252 Fax to (888) 958-6718
	Policyt: Agent Code: Agent Name: Named Insured:
	*** Please read this document carefully! *** Complete and fax back to number above.
	I hereby state that each vehicle listed on this application, and any vehicle endorsed to my policy at a later date is not to be used for delivery, business, or commercial purposes. Further, I understand and agree that Falcon insurance Company will not cover any losses if my vehicle is being
	8□٩٩₽₽.

And an example of a Vehicle Inspection Report Endorsement:

Falcon Insurance Serviced by Tolan Financial PO Box 3725 Oak Brook, IL 60522 P	e Company Services, LLC Vehi thone 800-929-3252	cle Inspection (Thi	n Report En is is NOT a safe	dorsement ty inspection)	
Date of Inspection:	Time:	Insurer Name:		Binder No.:	
Insurod's Name:	Co-leared's Name:	housed's Address:	City	State Zip:	
Inspectors (print):	Inspection Site (name/address)				
Description of Vehicle:	Color: Make:	Body Style:			
Discrepancies between numbers:	State: 0	iaraged At:	Odome	er Reading:	
Accessories and Optional Equipment:			Permanently	Installed	
Туре			D Yes	CI NO	
Anti-lock Brakes			C Yes	CI NO	
□ Air Ilag If yes, O Driver	Side O Both Passenger & Driver		D Ves	II NO	
Radio: AM PM AM AM	FM Tape Deck 🗌 Stereo		D Yes	C NO	
Stores Amplifier System Brand			D Yes	D NO	
Compact Disk Player Factory Insta	alted		D Yes	CI NO	
CB Radio C Antenna Brand			D Yes	CI NO	
C Telephone C Antenna C Transmi	iter Brand			CI NO.	-
Air Conditioner			D 1 🔛 🛛		8
	Contractory of the contract of the second				

Reporting

Falcon can provide, by email or other methods of delivery, reports of your choice that provide whatever information you may require. Below are some examples of reports with sample data:

		In-Force Policy Status	Detail		
Falcon Insurance Co	mpany / Illinois / Personal Auto				
Talcon insurance ou	inpany / minors / r ersonar Auto				
Policy Number	Insured Name	Effective Date	Expiration Date	Full Term Premium	Written Premium
Jell'S DB Test Agen		2011 (10010	10/1 1/2010	540.00	540.00
0100010000	Collins, Michelle	00/14/2013	12/14/2013	510.00	510.00
0100010007	Collins; Mary	06/14/2013	12/14/2013	482.00	482.00
0100010008	Collins; Paul	06/14/2013	12/14/2013	607.00	607.00
0100010012	Johnson; Sara	06/14/2013	12/14/2013	812.00	812.00
0100010015	Thompson; Carry	06/14/2013	12/14/2013	457.00	457.00
0100010021	Jackson; Mark	06/14/2013	12/14/2013	624.00	624.00
0100010078	Thompson; Jackie	07/05/2013	01/05/2014	1,240.00	1,017.00
0100010079	Martin; Jack	07/05/2013	01/05/2014	648.00	648.00
0100010080	Jacobs; Sally	07/05/2013	01/05/2014	686.00	686.00
0100010082	Tess; Avery	07/05/2013	01/05/2014	486.00	486.00
0100010083	Clapton; Eric	07/05/2013	01/05/2014	172.00	172.00
0100010085	Clapton; Eric	07/05/2013	01/05/2014	179.00	179.00
0100010090	credit; test	07/24/2013	01/24/2014	194.00	194.00
0100010119	Crouse; Wade	07/30/2013	10/30/2013	105.00	105.00
0100010120	Johnson; Jack	07/30/2013	10/30/2013	94.00	94.00
0100010121	Mongan; Jack	07/30/2013	10/30/2013	116.00	116.00
0100010126	Refund; Premium Test	10/01/2013	04/01/2014	245.00	245.00
0100010127	Refund; Premium Test	10/01/2013	04/01/2014	245.00	245.00
Count: 18		Jeffs (DB Test AgencyTotals:	\$7,902.00	\$7,679.00
Count: 18		Falcon Insurance Company / Illinois /	Personal Auto Totals:	\$7,902.00	\$7,679.00
Count: 18			Grand Totals:	\$7,902.00	\$7,679.00

Print Date: 06/03/2013

Company: All State: All LOB: All Agency: TestILD0001 - Jeff's DB Test Agency

Page: 1

Currently In-Force Policy Status Details



Daily Transactions

Report Start Date: 5/1/2013 Report End Date: 6/30/2013

Jeff's DB Test Agency					Total fo	r Jeff's	DB Test	Agency:	\$8897
Policy Holder	Trans Date	Trans Effective	Exp Date	Transaction Type	Term (mo)	Trty	Class	Stus	Prem Amount
Mary Blake	6/14/2013	6/14/2013	12/14/2013	New Business	6	431	40FS	н	538.00
Michael Collins	6/14/2013	6/14/2013	12/14/2013	New Business	6	431	22MS	н	1125.00
Michelle Collins	6/14/2013	6/14/2013	12/14/2013	New Business	6	432	50MS	Α	510.00
Mary Collins	6/14/2013	6/14/2013	12/14/2013	New Business	6	451	40FS	Α	482.00
Paul Collins	6/14/2013	6/14/2013	12/14/2013	New Business	6	432	50MS	Α	607.00
Joseph Collins	6/14/2013	6/14/2013	12/14/2013	New Business	6	451	40MM	н	184.00
Paul Blake	6/14/2013	6/14/2013	12/14/2013	New Business	6	451	50MM	н	477.00
Janice Higgins	6/14/2013	6/14/2013	12/14/2013	New Business	6	121	40FS	н	498.00
Sara Johnson	6/14/2013	6/14/2013	12/14/2013	New Business	6	442	25FS	Α	812.00
Carry Thompson	6/14/2013	6/14/2013	12/14/2013	New Business	6	121	45FM	Α	457.00
Jack Johnson	6/14/2013	6/14/2013	12/14/2013	New Business	6	442	35MS	н	718.00
Tess Corcoran	6/14/2013	6/14/2013	12/14/2013	New Business	6	121	22FS	н	851.00
Jack Mongan	6/14/2013	6/14/2013	12/14/2013	New Business	6	121	25MS	н	227.00
Mark Jackson	6/14/2013	6/14/2013	12/14/2013	New Business	6	121	30MS	Α	624.00
Mary Sullivan	6/14/2013	6/14/2013	12/14/2013	New Business	6	442	35FS	н	608.00
Eric Clapton	6/20/2013	6/20/2013	12/20/2013	New Business	6	171	65MS	н	179.00
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Daily Transaction summary for all policies.

	Falcon In Serviced by Te PO Box 3725 Oak Brook, IL	SURANCE COMPANY Islon Financial Services, LLC 60522 Phone 800-929-3252	Commission Statement June 2013			CITY	XYZ Agency Stree , STATE Zip
			Transaction Detail				
Policy Number	Data	Decorintion	Incurad	Promium	Commission		Total
0100000154	04/02/2013	New Business	Insured Name	\$217.00	\$43.40	S5.00	F a y a b i \$48.4
0100000154	04/02/2013	Cancellation	Insured Name	(\$217.00)	(\$43.40)	\$0.00	(\$43.40
0100000165	04/04/2013	New Business	Insured Name	\$115.00	\$23.00	\$5.00	\$28.0
0100000165	04/22/2013	Cancellation	Insured Name	(\$84.00)	(\$16.80)	\$0.00	(\$16.80
0100000165	04/22/2013	Reinstatement	Insured Name	\$84.00	\$16.80	\$0.00	\$16.8
0100000184	04/08/2013	New Business	Insured Name	\$978.00	\$195.60	\$5.00	\$200.6
0100000184	04/09/2013	Endorsement	Insured Name	\$50.00	\$10.00	\$0.00	\$10.0
			Total Due	\$1,143.00	\$228.60	\$15.00	\$243.6



Falcon Insurance Company Serviced by Talon Financial Services, LLC PO Box 3725 Oak Brook, IL 60522 Phone 800-929-3252

Commission Statement June 2013 AB01-0006 XYZ Agency Street CITY, STATE Zip

			Si	ummary				
		Month-to	o-Date			Year-to-	-Date	
Description	Premium	Commission	Agency Fee	Net Due	Premium	Commission	Agency Fee	Total
New Business	\$1,310.00	\$262.00	\$15.00	\$277.00	\$1,310.00	\$262.00	\$15.00	\$277.00
Cancellations	(301.00)	(60.20)	0.00	(\$60.20)	(\$301.00)	(\$60.20)	\$0.00	(\$60.20)
Reinstatements	84.00	16.80	0.00	\$16.80	\$84.00	\$16.80	\$0.00	\$16.80
Endorsements	50.00	10.00	0.00	\$10.00	\$50.00	\$10.00	\$0.00	\$10.00
Total	\$1,143.00	\$228.60	\$15.00	\$243.60	\$1,143.00	\$228.60	\$15.00	\$243.60

If you have any questions regarding this statement, please contact accounting at 630-423-3145.

Monthly Commission Statement for Agents

Insured Portal Information

General Information

Falcon insurance Company has created an insured website for the convenience of our policyholders. Our insured website can be found at <u>www.falconinsgroup.com</u>. From here the applicant/insured can do the following:

- Find company and contact information
- Find an agent
- Login to print ID Cards or documents on active policies
- Enter a preliminary notice of loss and upload photos.

Please direct the applicant/insured to visit our website to find out the latest news and information about Falcon Insurance Company.



Preliminary Claims Reporting/Support



Policy Summary Page

	HOME Welcome	Your Account Summary	NEED HELP? Information	CONTACT Get in touch
Policy Summary >	Policy Summary Here you can find important informatio Policy status: Active	n about your Falcoi	n Insurance policy.	
Make A Payment Report A Claim	Amount Due: \$45.00 Next Due Date: 12/31/12		Make A P	ayment
ID Cards & Documents Contact Your Agent	Policy #: 1234-56-78910		Term: 01/01/2012 -	06/01/2012
Log Out	1. Joe Jablonski		Relationship	
	Address Information		insured s Spouse	
	Mailing Address		Garaged Address	
	1234 Mulberry Lane, Unit 2501 New York, NY 10001		1234 Mulberry Lane, Unit 2 New York, NY 10001	501
	Contact Information			
	Phone Number(s) Edit		Email Address Edit	
	Home: (813) 494-2300 Work: n/a Cell: (813) 494-2300		jjablonski@gmail.com	
	Policy Coverages			

ID Cards & Documents

	HOME Welcome	Your Account Summary	NEED HELP? Information	CONTACT Get in touch
	ID Cards & Document	s		
Policy Summary				Data
Make A Payment	weicome Letter			Print
Report A Claim				
ID Cards & Documents >	Coupon Book This is what a description would	d look like.		Print
Contact Your Agent				
Log Out	ID Card			Print
	This is what a two line descript with a specific policy, please as	ion would look like. Fo ccess them from that p	r documents associated olicy's page.	Print
	Policy			Print
	Privacy Policy			Print
	Claim Report Submitted on 12/14/2012			Print

NSURANCE GROUP		Welcome	Summary	Information	Get in touch
	Make A	Payment			
ID Cards & Documents	Total Due	e Today: \$45.00			Print Coupon Book
Make A Payment	,				
Report A Claim	What woul	d you like to do?			
Policy Summary	Pay the full	amount due today	Total To	Ro Poid: 3	
Contact Your Agent	Pay a	different amount	1012110	be raid.	
	Select Pav	ment Type:	ACH/Checkin	ng Credit/Debit	Card
	Your Payn	ment Type: nent History Amount Due	Checking Accour	Cancellation Date	Card
	Your Payn Installment Down Pay	ment Type: nent History Amount Due mment: \$100	Due Date	Cancellation Date	Discover
	Select Pay Your Payn Installment Down Pay 2	ment Type: nent History Amount Due ment: \$100 \$19.00 (Paid Today)	ACH/Checking Accourt Checking Accourt Due Date 4-27-2012	Credit/Usein Vas. Mastercard. C Cancellation Date	Card Discover
	Select Pay Your Payn Installment Down Pay 2 3	Amount Due ment: \$100 \$19.00 (Paid Today) \$17.00 (Paid Today)	ACH/Checking Account Checking Account Due Date 4-27-2012 5-09-2012	Credit/Usen Vas. Mastercard. C Cancellation Date	
	Your Payn Installment Down Pay 3 4	ment Type: nent History Amount Due mment: \$100 \$19.00 (Paid Today) \$17.00 (Paid Today) \$27.00	ACH/Checking Account Checking Account Due Date 4-27-2012 5-00-2012 6-00-2012	Cancellation Date	
	Your Payn Installment Down Pay	ment Type: nent History Amount Due ment: \$100 \$19.00 (Paid Today) \$27.00 \$27.00	ALP/Checking Account Checking Account Due Date 4-27-2012 5-09-2012 6-09-2012 7-09-2012	Cancellation Date Cancellation Date 6-27-2012 7-27-2012 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Your Payn Installment Down Pay 4 5 6 7	ment Type: Amount Due ment: \$100 \$19.00 (Pad Today) \$27.00 \$27.00 \$27.00 \$27.00 \$27.00	Actr/checking Checking Account Checking Account 4-27-2012 5-00-2012 6-00-2012 7-00-2012 7-00-2012 7-00-2012 7-00-2012	Cancellation Date Cancellation	

Help Desk / Contact Information

Contacting the IT Department

Please contact our IT Department for technical support.

IT Department

Falcon Insurance Company

800-929-FALC x6101

Contacting the Underwriting Department

Please contact the underwriting department regarding questions about supplies, rates or policy issuance.

Lori Granat

Underwriting Manager

Falcon Insurance Company

800-929-FALC x2001

lgranat@falconinsgroup.com

Contacting the Claims Department

Please contact the claims department to report a new claim or to check a status on an existing claim.

Erin Keene

Claims Manager

Falcon Insurance Company

800-929-FALC x3001

ekeene@falconinsgroup.com

Appendix I

Troubleshooting

We are committed to simplifying our Agency Portal for the ease of doing business. During our implementation phase, you may come across minor errors. Below are some errors and solutions that will help correct the problem.

Changing the default PDF Viewer in Chrome

If you're having issues viewing or printing PDF documents from within Chrome, please follow the below instructions to disable the default Chrome PDF viewer and enable Adobe's PDF viewer Reader.

- Launch the Chrome browser.
- From the URL type in Chrome://Plugin
- Navigate down to Chrome PDF Viewer and click on Disable link to disable the Chrome PDF viewer.
- Then click on <u>Enable</u> under Adobe Reader and the checkbox *Always Allowed* to enable the regular Adobe PDF viewer

A Plug-ins ×
← → C □ chrome://plugins
Plug-ins
Plug-ins (12)
Adobe Flash Player (2 files) - Version: 11.6.602.171 Shockwave Flash 11.6 r602
Disable Always allowed
Chrome Remote Desktop Viewer This plugin allows you to securely access other computers that have been shared with you. To use this plugin you must first install the <u>Chrome Remote Desktop</u> webar
Disable Always allowed
Office Authorization plug-in for NPAPI browsers
Disable Always allowed
Native Client
Disable Always allowed
Disable Always allowed
Adobe PDF Plug-In For Firefox and Netscape 11.0.02
Enable Always allowed
Java(TM) (2 files) - Version: 10.4.0.22 <u>Download Critical Security Update</u> Next Generation Java Plug-in 10.4.0 for Mozilla browsers
Disable Always allowed
ActiveTouch General Plugin Container - Version: 28, 4, 2012, 718 ActiveTouch General Plugin Container Version 105
Disable Always allowed
Google Update - Version: 1.3.21.135

Printing Forms from Google Chrome:

Select PRINT SELECTED

Image: Second										
Search New (Quote				Policy					
Policy Detail										
TRANSFER DISCOUNT Effective Date: 02/26/2013 Policy Number: 0100010260 Term: 12 Months										
	Policy Details Documents Policy History Cuotes									
Policy Documents	Policy Documents									
Print Selected Print Only ID Cards & DEC Select All Clear All										
Documents o Be Sig	gned									
Illinois Policy Applic 002)	cation (F-									
Policy Documents										
Declaration Page - New Business (F-003)										
Notice of Privacy Po 005)	olicy (F-									

The form selected will appear on your screen. In the lower right hand corner the **PRINT** icon will appear. Click on the **PRINTER** icon

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Coverage Pr Falcon In Serviced by Tel PO Bes 372 Oak Brook,	rovided I Insuran Ion Financi 5 IL 60522	ly ce Comp al Services, Lit Phone 800	Dany C			nois Pers	Poli	cy D	ecl	larat	Policy
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Policyholder(Na	med Insi	ared):			out upone	Agent:	, 1913 11	V4 701			
John Smith 123 Main Street Skokie, IL 60076-	-0000					Test Age 724 Ente Oak Bro	ency - Age erprise D ok, IL 605	ncy Bill 23-000	0 (630	0)423-11	34
Insured Vehicle(s)			VIN	Use	Те	rritory	Symbol	ABS	Airt	bag Ar	tiTheft
2000 Chevrolet IMPALA		261WF52	E&Y1234567	20 Miles		121	10/10	No	Ye	15	Yes
Schedule of Coverages											
Coverages Bodily Injury	\$201	Limits of	S40.000 (Accident		Veh 1 560						
Property Damage		N/A	\$15,000 /Accident		\$117						
Medical Payments	630	N/A	N/A		N/A						
Underinsured Motorists BI	320)	Rejected	SHUJUNU / HUUUDEIN		N/A						
	Veh 1										
Uninsured Motorists PD	N/A				N/A						
Comprehensive	\$500				\$48						
Roadside Assistance	Yes				\$36						
Rental	N/A				N/A						
			Vehicle Total(s)		\$463						
							Tot	al for Po	licy Co	overages	\$463.00
This declaration page with "pole Additional Discounts	icy Provisio	ns" and all oth	er applicable endorsem	ents complete	is your policy				INAL	TOTAL	463.00
Anti-Theft											
Driver(s)			Tune	Ace	Gender	Sta	tus	5822	P	niets	
John Smith			Principal	30	Male	Sin	gle	No	-	0	
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coverage shall be stated herein,	subject to	all terms of th	is policy. Insured warra	nts that there	are no other	drivers in the	e househok	other th	an tho	se listed in	the
application or endorsement. Endorsement made part (of this po	licy at time	of issue: This polic	y was issue	d as New	Business.					
			-								
Lienholder or other interests					Funcy I	01	F-002	F	005		-004
							-lm		9	Ana	+
			Cou	inter Signed	04/16/20	13 By _	2	una.	- ~	37060	~~~
									_		

To prevent the Falcon Insurance Company LOGO and SIGNATURE from being distorted you will be required to go to Option and unclick FIT TO PAGE.





The following error might appear when you select **PRINT DOCUMENTS**. If you process a change to a policyholder's telephone number or email address we have suppressed the change forms from generating in which you will receive this error. However, if you receive this error for any other reason we ask that you notify our office so we can resolve the issue.



Please check your settings if the documents do not appear after you click on PRINT ESIGNED DOCUMENTS/ PRINT SELECTED as it is possible pop-ups are being blocked. It is recommended that you click on the option below "ALWAYS ALLOW POP-UPS FROM AGENCY.FALCONINSGROUP.COM" to prevent this issue from reoccurring.

The following pop-ups were blocked on this page:

- https://agency.falconinsgroup.com/Policy/...ntESign/8639ca2af6fe465183ed03af8a9b28d9
- https://agency.falconinsgroup.com/Policy...ntESign/1e40ff56e4bb4cb6ad9cdcecb377649b
- https://agency.falconinsgroup.com/Policy...ntESign/9f9dc8e63d1e476eb4ad0f50932a6fb4
- Always allow pop-ups from agency.falconinsgroup.com
- Continue blocking pop-ups

Manage pop-up blocking...

Done

Are you unable to advance to the next screen?

Whether you are in the process of securing a QUOTE, processing an ENDORSEMENT or BINDING an application there may be times when you select the GREEN PROCESS button and the display does not change. Please review the current screen to see if there are any fields highlighted in RED. Please click on the field that has a RED "X" and hit the backspace button. Once the RED "X" disappears may proceed.

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B (S) FQ (S) UNIMA (S) HP (S) 122/200541200 \$ [151.000 \$ [152.000541200 \$ [151.000	(b) (b)
Drivers	Drivers
Applicant Information	Applicant Information
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Juni Domini Bonani B	
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Add Velicia	CARTING D
Get Quote	Get Quote
Copyright © 2009-2011, Falson Ad Applin Reserved. 1400-929 FALCON	1400 425 FALCON

What steps should I take if I receive an error message like the ones below?

If you receive a general error message the best step to take would be to logout and log back into the Agency Portal. If you have the POLICY or QUOTE number please type the data into the search field to return to the policy you were working on. If you do not have the QUOTE number select QUOTES under the SEARCH FILTER then click **SEARCH**. The system will retrieve ALL QUOTES provided. Please tab to the last page to retrieve the QUOTE.

An error has occurred	An error has occurred	An error has occurred
Policy Search Failure (Unknown error occurred.).	We weren't able to complete the bind request at this time. Please try again later.	We weren't able to access the e-sign package at this time. Please try again later.
ОК	ОК	ОК

You will receive the following error if the mandatory fields were not completed properly. However, if you receive this error and all fields were completed you may need to cancel the endorsement and resubmit.



Unfortunately, if you receive the following screen after completing an E-signature you will be required to select **OR SIGN WITH PEN INSTEAD**. The applicant will be required to complete the documents with a traditional wet signature.

eSign Insurance Documents or Sign With Pen Instead