



FALCON
INSURANCE COMPANY

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.

FALCON You are logged in as directx directx with Test Agency - Direct Bill TX. Log Out

Search New Quote Forms Quote

Application Information

Policy Options

Policy Type SR-22 Term Length Payment Type Auto Pay Installments via EFT

Contact Information

Mailing Address

Street 1

Street 2

City County State Zip

The Garage address is the same as the Mailing address

Contact Numbers

Cell Home Work

Email and Electronic Consent

E-mail Address

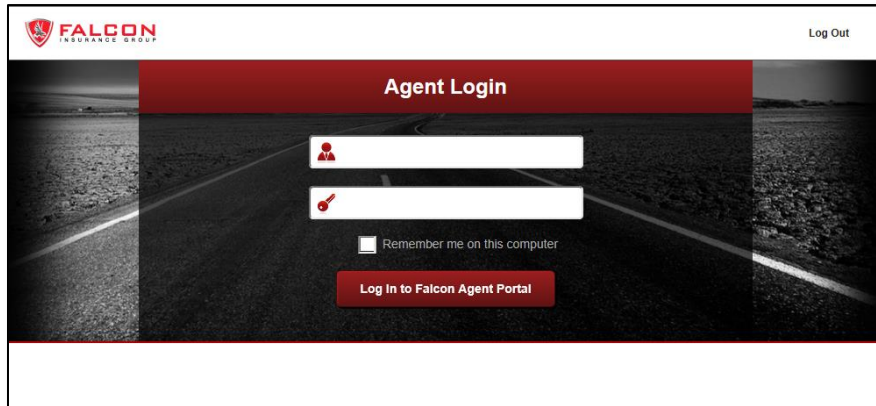
Drivers

Driver Type Marital Status Gender Date of Birth SR-22 Violations License Type Lic 36 Mo Def Driver

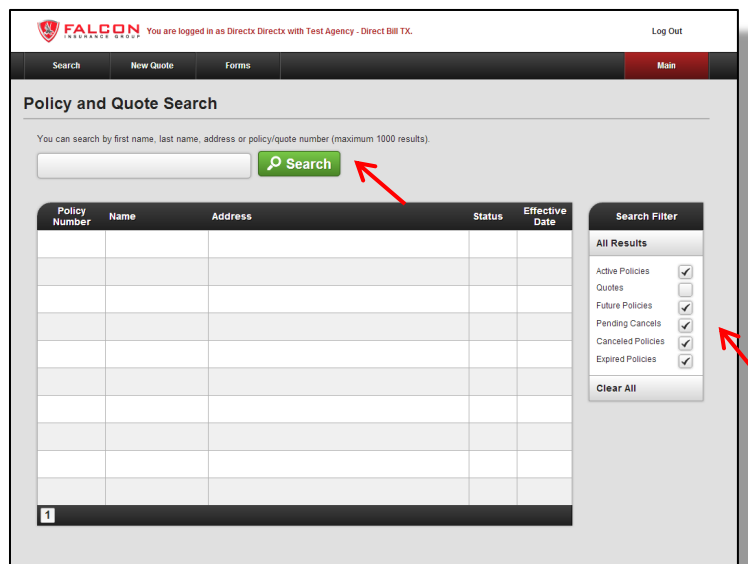
Issuing A Policy

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 agency.falconinsgroup.com. 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)



Click on **NEW QUOTE**

FALCON INSURANCE GROUP You are logged in as Directx Directx with Test Agency - Direct Bill TX. Log Out

Search New Quote Forms Main

Policy and Quote Search

You can search by first name, last name, address or policy/quote number (maximum 1000 results).

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.

FALCON INSURANCE GROUP 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 Effective [?]
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 [?] Marital Status Gender 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

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.

The screenshot shows a quote request form with the following sections:

- Top Section:** Includes dropdowns for 'Standard', 'No', 'No', '6 Months', and '11/06/2013'. Below are dropdowns for 'BI' (\$30,000/\$50,000), 'PD' (\$25,000), 'UMBI' (None), 'UI MBI' (None), 'PIP' (None), and 'MP' (None).
- Drivers Section:**
 - Applicant Information:** Fields for First Name (John), Middle Name, Last Name (Smith), Garaged Zip Code (75001), and Garaged County (Dallas).
 - Driver Details:** Fields for Driver Type (Insured), Marital Status (Single), Gender (Male), Date of Birth (09/16/1984), SR-22 (0 Violation(s)), License Type (Texas), Lic 36 Mo (Yes), and Def Driver (No).
 - Additional Drivers:** A green button labeled 'Add Driver' with a red arrow pointing to it.
- Vehicles Section:**
 - Vehicle Details:** Fields for Year (2014), Make (Acura), Model (ILX), Body Type (4 Door Sedan), VIN 10# (Comp) (Co) (Liability) (19VDE1F38E (33) (39) (00)), Com/Col Deductible (None), and UMPD (None). A red arrow points to the UMPD dropdown menu which is open, showing options: None, \$100, \$250, \$500, \$750, and \$1000.
 - Additional Options:** Fields for Distance to Work (20 miles each way), Towing (No), and Rental (None).
 - Actions:** A green button labeled 'Add Vehicle' with a red arrow pointing to it, and a red 'Remove' button.
- Bottom Section:** A large green button labeled 'Get Quote'.

Once you have entered the required fields please select **GET QUOTE**

This screenshot shows the same quote request form as above, but with the 'Get Quote' button highlighted by a red arrow. The 'Add Driver' and 'Add Vehicle' buttons are no longer highlighted, and the UMPD dropdown menu is closed.

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**

ARROW – Quick Quote – Pricing Option

Quick Quote - Pricing Options

Pay \$89.10 Today
5 Monthly Payments of \$ 81.18

TOTAL PREMIUM
\$434

Policy Options: Policy Type: Standard, SR-22: No, Term Length: 6 Months, Payment Type: 5 Payments - 10% Down, Auto Pay Installments via EFT: No

Coverage Options: BI: \$30,000/\$60,000, PD: \$25,000, UMBI: None, UMIBI: None, UIMBI: None, PIP: None, MP: None

VEHICLE	PREMIUM							
	BI	PD	UMBI	UMIBI	UIMBI	COMP/COL	PIP	MP
2014 Acura ILX	\$30,000/\$60,000	\$25,000	None	None	None	None	None	None
	\$227	\$207	\$0	\$0	\$0	\$0 / \$0	\$0	\$0
TOTAL	\$434							

VEHICLE: VIN: 19VDE1F3AE (33) (39) (00)

Towing: No, Rental: None, Vehicle Use: []

Discounts: []

Fees: SR-22: 0.00, Policy Fees: 10.00, ABTPA Fees: 1.00, Agency Fees: 0.00

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

Standard, No, No, 6 Months, 11/06/2013

BI: \$30,000/\$60,000, PD: \$25,000, UMBI: None, UMIBI: None, UIMBI: None, PIP: None, MP: None

Drivers

Applicant Information

First Name: John, Middle Name: [], Last Name: Smith, Garaged Zip Code: 75001, Garaged County: Dallas

Driver Type: Insured, Marital Status: Single, Gender: Male, Date of Birth: 09/10/1984, SR-22: [], Violations: 0 Violation(s), License Type: Texas, Lic 36 Mo: Yes, Def Driver: No

Additional Drivers

No additional drivers

Vehicles

Year	Make	Model	Body Type	VIN 10# (Comp) (Col) (Liability)	Com/Cat Deductible	UMPD
2014	Acura	ILX	4 Door Sedan	19VDE1F3AE (33) (39) (00)	None	None

Distance to Work: 20 miles each way, Towing: No, Rental: None

Get Quote

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

Quick Quote - Pricing Options

Pay \$89.10 Today
5 Monthly Payments of \$ 81.18

TOTAL PREMIUM
\$434

Policy Options:
Policy Type: Standard | SR-22: No | Term Length: 6 Months | Payment Type: 5 Payments - 18% Down | Auto Pay Installments via EFT: No

Coverage Options:
BI: \$30,000/\$50,000 | PD: \$25,000 | UMBI: None | UIMBI: None | PIP: None | MP: None

VEHICLE								PREMIUM
BI	PD	UMBI	UIMBI	UMPD	COMPICOL	PIP	MP	
2014 Acura ILX	\$30,000/\$50,000	\$25,000	None	None	None	None	None	\$434
	\$227	\$207	\$0	\$0	\$0	\$0 / \$0	\$0	

Vehicle Use:

Fees: SR-22: 0.00 | Policy Fees: 10.00 | ABTPA Fees: 1.00 | Agency Fees: 0.00

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.

Application Information

Policy Options:
Policy Type: Standard | SR-22: No | Term Length: 6 Months | Payment Type: 5 Payments - 18% Down | Auto Pay Installments via EFT: No

Contact Information

Mailing Address

Street 1: 123 Cottonwood Trail

Street 2:

City: Dallas | County: Dallas | State: TX | Zip: 75001-0000

The Garage address is the same as the Mailing address

Contact Numbers

Cell: | Home: | Work:

Email and Electronic Consent

E-mail Address:

Drivers

Driver Type: | Marital Status: | Gender: | Date of Birth: | CR-22: | Violations: | License Type: | Lic. 36 Mo: | Def. Driver:

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

Have you failed to disclose any household residents, whether licensed or not, on this application?
 No Yes

Has any driver's license ever been revoked or suspended?
 No Yes

Have you had more than two (2) at-fault accidents in the last 24 months?
 No Yes

Have you or anyone in your household been convicted of a felony in the last ten (10) years?
 No Yes

Have you ever been convicted of insurance fraud?
 No Yes

Did you register any car listed on this application in your name in order to obtain insurance for someone else?
 No Yes

Is there any pre-existing damage to your vehicle?
 No Yes

Are any vehicles used for business purposes?
 No Yes

Will any vehicle be used in Mexico?
 No Yes

Has any driver of the automobile ever had any of the following? Check all that apply.

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Neurological Disease
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Polio
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mental Disorder	<input type="checkbox"/> Stroke
<input type="checkbox"/> Emotional Disorder	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Epilepsy		
<input type="checkbox"/> Any disease which would interfere with the upper or lower extremities		
<input type="checkbox"/> Loss of limb, unless compensated for by vehicle modification 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.

Validation Errors

Additional drivers were found.

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 Consent

E-mail Address

Drivers

Driver Type	Marital Status	Gender	Date of Birth	SR-22	Violations	License Type	Lic 36 Mo	Def Driver
Insured	Single	Male	09/16/1994		0 Violation(s)	Texas	Yes	No
First Name		Middle Name	Last Name	Relationship	License Number			
undisclosed			one	Insured	H123123123			
Occupation		Employer						
Driver Type	Marital Status	Gender	Date of Birth	SR-22	Violations	License Type	Lic 36 Mo	Def Driver
Excluded	Single	Male	01/01/1999		0 Violation(s)	None	No	No
First Name		Middle Name	Last Name	Relationship	License Number			
undisclosed			driverA		N/A			
Occupation		Employer						

Add Driver

Vehicles

Year	Make	Model	Body Type	VIN 10# (Comp) (Col) (Liability)	Com/Col Deductible	UMPD
2014	Acura	ILX	4 Door Sedan	19VDE1F3&E (33) (38) (00)	None	None
Distance to Work		Towing	Rental			
20 miles each way		No	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:

Two (2) at-fault accidents in the last 24 months?

Validation Errors **Close**

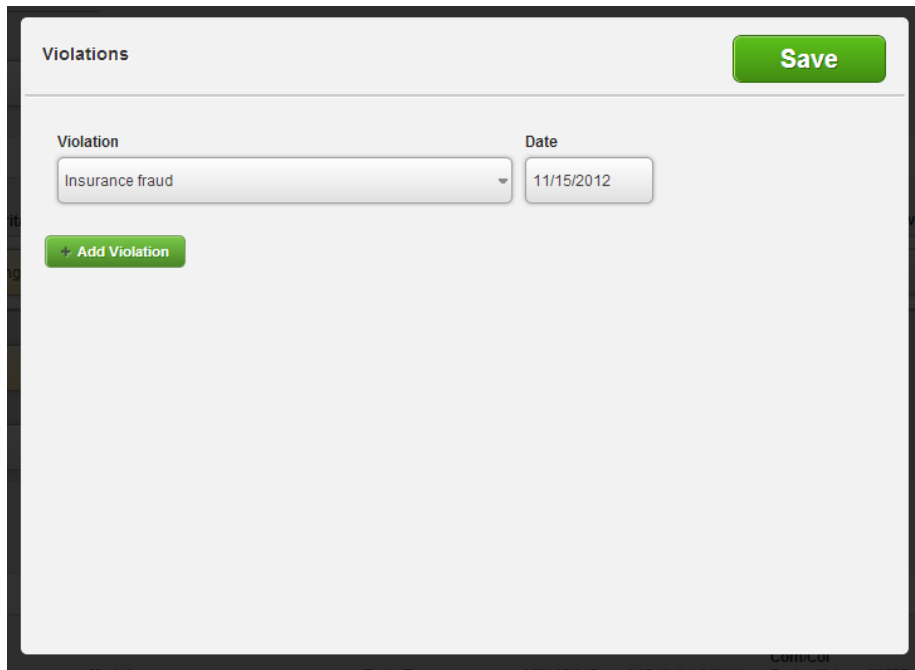
Additional violations were found.

Hearing Impairment Neurological Disease

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



The screenshot shows a 'Drivers' form with various fields. The 'Violations' field is set to '1 Violation(s)' and the 'License Type' dropdown menu is open, showing 'Texas' selected. A red arrow points to the 'Texas' option in the dropdown menu. Other fields include 'Driver Type' (Insured), 'Marital Status' (Single), 'Gender' (Male), 'Date of Birth' (09/16/1984), 'SR-22' (radio button), 'Lic 36 Mo' (Yes), and 'Def Driver' (No). A 'Remove' button is also visible.



The screenshot shows a 'Violations' form with a 'Save' button in the top right corner. The 'Violation' dropdown menu is set to 'Insurance fraud' and the 'Date' field is set to '11/15/2012'. A '+ Add Violation' button is located at the bottom left of the form.

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

Standard No 8 Months 5 Payments - 19% Down No

Applicant Name: John Smith Mailing Address: 15201 Dallas Pkwy Dallas Addison, TX 75001-4509 Policy Dates: Effective: 11/06/2013 Expiration: 05/06/2014 Contact Numbers: Cell: Home: Work:

Email Address:

DRIVERS									
Driver Name	Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic. 36 Mo	Def Driver	
John Smith	Insured	Single	Male	09/16/1984	No	0	Yes	no	
Relationship: Insured		Employer:		License Type: Texas License Number: S123123123					

VEHICLES										
Make	BI	PI	UMBI	UMBI	UMBI	COMP	COL	PIP	MP	
Acura ILX	\$30,000/\$50,000	\$25,000	None	None	None	None	None	None	None	\$434
VIN: 19UDE1F31E1111111	227	207	0	0	0	0	0	0	0	
Symbol: 19UDE1F3AE (33) (39) (00)	Towing: No Rental: None Distance To Work: 20 miles each way Odometer: 0		Lienholder: Additionally Notified: Discounts:							

Fees			
SR-22: \$ 0	Policy Fees: \$ 10	Agency Fees: \$ 0	Total Fees: \$ 10

Underwriting Questions

Have you failed to disclose any household residents, whether licensed or not, on this application? **No**

Has any driver's license ever been revoked or suspended? **No**

Have you had more than two (2) at-fault accidents in the last 24 months? **No**

Have you or anyone in your household been convicted of a felony in the last ten (10) years? **No**

Have you ever been convicted of insurance fraud? **No**

Did you register any car listed on this application in your name in order to obtain insurance for someone else? **No**

Is there any pre-existing damage to your vehicle? **No**

Are any vehicles used for business purposes? **No**

Will any vehicle be used in Mexico? **No**

The driver of the automobile does have or has had the following:

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:

DALLAS Dallas, TX 75204-0000 11/07/2013 Expiration: 05/07/2014 Home: Work:

Email Address:

DRIVERS									
Driver Name	Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic. 36 Mo	Def Driver	
HIGH Test	Insured	Single	Male	09/16/1984	No	0	Yes	no	
Relationship: Insured		Employer:		License Type: Texas License Number: H123123123					

VEHICLES										
Make	BI	PI	UMBI	UMBI	UMBI	COMP	COL	PIP	MP	
Acura ILX	\$30,000/\$50,000	\$25,000	None	None	None	None	None	None	None	\$434
VIN: 19UDE1F31E1111111	227	207	0	0	0	0	0	0	0	
Symbol: 19UDE1F3AE (33) (39) (00)	Towing: No Rental: None Distance To Work: 20 miles each way Odometer: 0		Lienholder: Additionally Notified: Discounts:							

Fees			
SR-22: \$ 0	Policy Fees: \$ 10	Agency Fees: \$ 0	Total Fees: \$ 10

Underwriting Questions

Have you failed to disclose any household residents, whether licensed or not, on this application? **No**

Has any driver's license ever been revoked or suspended? **No**

Have you had more than two (2) at-fault accidents in the last 24 months? **No**

Have you or anyone in your household been convicted of a felony in the last ten (10) years? **No**

Have you ever been convicted of insurance fraud? **No**

Did you register any car listed on this application in your name in order to obtain insurance for someone else? **No**

Is there any pre-existing damage to your vehicle? **No**

Are any vehicles used for business purposes? **No**

Will any vehicle be used in Mexico? **No**

The driver of the automobile does have or has had the following:

Continue Contact Falcon Underwriting – Unable to Verify Application Information

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**

FALCON You are logged in as directx directx with Test Agency - Direct Bill TX. Log Out

Search New Quote Forms **Quote**

Payment Options

Minimum Due Today: \$89.10

Today's Payment

What would you like to do?

Payment Schedule

Instalment	Amount	Due Date	Cancellation Date
Down payment: \$89.10 Paid Today			
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 instalment includes a \$0 instalment fee

Select Downpayment Type:

Please enter your credit/debit card information below.

Name on Card: Expiration Month: (01) January CVV:

Card Number: Expiration Year: 2013 Card Billing 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

Enter in the **POLICY NUMBER** and click **SEARCH**

FALCON INSURANCE GROUP You are logged in as Directx Directx with Test Agency - Direct Bill TX. Log Out

Search New Quote Forms Main

Policy and Quote Search

You can search by first name, last name, address or policy/quote number (maximum 1000 results).

Policy Number	Name	Address	Status	Effective Date

1

Search Filter
All Results
Active Policies
Quotes
Future Policies
Pending Cancels
Canceled Policies
Expired Policies
Clear All

Click on the **POLICY**

FALCON INSURANCE GROUP You are logged in as Directx Directx with Test Agency - Direct Bill TX. Log Out

Search New Quote Forms Main

Policy and Quote Search

You can search by first name, last name, address or policy/quote number (maximum 1000 results).

Policy Number	Name	Address	Status	Effective Date
0200010101	LeeAnn Somebody	1818 Corsicana St Dallas, TX 76103-0000	Active	11/01/2013

1

Search Filter
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.

FALCON INSURANCE GROUP You are logged in as Directx Directx with Test Agency - Direct Bill TX. Log Out

Search New Quote Forms Main

Policy Detail

LeeAnn Somebody
Policy Number: 0200010101
History

Policy Type: Standard
Effective Date: 11/01/2013
Expiration Date: 05/01/2014
Term: 6 Months

Make Payment
Last payment made on 10/31/2014

Policy Details Documents Policy History Payments Endorsement Quotes

Contact Information Endorse

Contact Information: Mailing Address:
Cell: (123) 123-1234 Street 1: 1818 Corsicana St
Home: (123) 123-1234 Street 2:
Work: (123) 123-1234 City/State/Zip: Dallas TX 76103-0000
County: TARRANT
Yes The Garage address is the same as the Mailing address

Email: Endorse

Drivers Endorse

Driver	Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic 36 Mo	Def Driver
LeeAnn Somebody	Insured	Single	Female	04/15/1995	No	0 Violation(s)	No	
Relationship: Insured			Occupation:		License Type: Texas			
			Employer:		License Number: Driver			

Vehicles Endorse

Vehicle	BI	PD	UM/UIMBI	UMPO	COMP/COL	PIP	MP	Total
2006 Chevrolet COBALT LS	\$30,000/\$60,000	\$25,000	\$30,000/\$60,000	None	\$500	None	None	\$2654
	\$524	\$544	\$146	\$0	\$339 / \$1101	\$0	\$0	
VIN: 1G1AK15F367714568	Roadside Assistance	No	\$0 Rental	None	\$0 Distance to Work	20 miles each way		
Symbols:								

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 Date: 12/18/2013 Cancel Quote

Policy Detail

LeeAnn Somebody
Policy Number: 0200010101
History

Policy Type: Standard
Effective Date: 11/01/2013
Expiration Date: 05/01/2014
Term: 6 Months

Contact Information Endorse

Contact Information: Mailing Address:
Cell: (123) 123-1234 Street 1: 1818 Corsicana St
Home: (123) 123-1234 Street 2:
Work: (123) 123-1234 City/State/Zip: Dallas TX 76103-0000
County: TARRANT
Yes The Garage address is the same as the Mailing address

Email: Endorse

Drivers Endorse

Driver	Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic 36 Mo	Def Driver
LeeAnn Somebody	Insured	Single	Female	04/15/1995	No	0 Violation(s)	No	
Relationship: Insured			Occupation:		License Type: Texas			
			Employer:		License Number: Driver			

Add Driver Endorse

Vehicles Endorse

Vehicle	BI	PD	UM/UIMBI	UMPO	COMP/COL	PIP	MP
2006 Chevrolet COBALT LS	\$30,000/\$60,000	\$25,000	\$30,000/\$60,000	None	\$500	None	None

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 | Endorsement Effective Date: 12/18/2013 | Cancel | Quote

Contact Information | Endorse

Contact Information: Mailing Address:
 Cell: (123) 123-1234 Street 1: 1818 Corsicana St
 Home: (123) 123-1234 Street 2:
 Work: (123) 123-1234 City/State/Zip: Dallas TX 76103-0000
 County: TARRANT
 Yes The Garage address is the same as the Mailing address

Email: | Endorse

Drivers | Endorse

Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic 36 Mo	Def Driver	
Insured	Single	Female	04/15/1995	No	0 Violation(s)	No	No	
LeeAnn Somebody		Relationship: Insured		Occupation:	License Type: Texas			
		Employer:		License Number: Driver				
First Name	Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic 36 Mo	Def Driver
	Insured	Single	Male	mm/dd/yyyy		0 Violation(s)	No	No
Middle Name	Relationship:	Insured	Occupation:	License Type: None		Remove		
Last Name	Employer:		License Number:		None			
				Temp/Permit				
				Out Of State				
				International				
				Suspended				
				Texas				

+ Add Driver | Endorse

Vehicles | Endorse

	BI	PD	UM/UIMBI	UM/PO	COMP/COL	PIP	MP
2006 Chevrolet COBALT LS	\$30,000/\$60,000	\$25,000	\$30,000/\$60,000	None	\$500	None	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: 12/18/2013 | Cancel | Quote

Contact Information | Endorse

Contact Information: Mailing Address:
 Cell: (123) 123-1234 Street 1: 1818 Corsicana St
 Home: (123) 123-1234 Street 2:
 Work: (123) 123-1234 City/State/Zip: Dallas TX 76103-0000
 County: TARRANT
 Yes The Garage address is the same as the Mailing address

Email: | Endorse

Drivers | Endorse

Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic 36 Mo	Def Driver	
Insured	Single	Female	04/15/1995	No	0 Violation(s)	No	No	
LeeAnn Somebody		Relationship: Insured		Occupation:	License Type: Texas			
		Employer:		License Number: Driver				
First Name	Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic 36 Mo	Def Driver
	Insured	Single	Male	mm/dd/yyyy		0 Violation(s)	No	No
Middle Name	Relationship:	Insured	Occupation:	License Type: None		Remove		
Last Name	Employer:		License Number:		None			
				Temp/Permit				
				Out Of State				
				International				
				Suspended				
				Texas				

+ Add Driver | Endorse

Vehicles | Endorse

	BI	PD	UM/UIMBI	UM/PO	COMP/COL	PIP	MP
2006 Chevrolet COBALT LS	\$30,000/\$60,000	\$25,000	\$30,000/\$60,000	None	\$500	None	None

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

FALCON INSURANCE GROUP You are logged in as directx directx with Test Agency - Direct Bill TX. Log Out

Search New Quote Forms **Policy**

Policy Detail

John Smith
Policy Number: 0200000001
 Active

Effective Date: 11/06/2013
Expiration Date: 05/06/2014
 Term: 6 Months **Make Payment**

Policy Details Documents Policy History Payments **Endorsement Quotes** 1

Endorsement - Pricing Options

Endorsement Effective Date: 11/06/2013

Issue Endorsement - Pay \$19.30 Today
 5 Monthly Payments of \$ 88.72

2014 Acura ILX	VEHICLE								PREMIUM
	BI	PD	UMBI	UIMBI	UMPD	COMP/COL	PIP	MP	
	\$30,000/\$60,000	\$25,000	None	None	None	None	None	None	\$541
	\$203	\$258	\$0	\$0	\$0	\$0 / \$0	\$0	\$0	
VIN: 19XDC1F3AE (33) (39) (80)	Towing: No \$0	Rental: None \$0	Vehicle Use:						
Discounts:									

Fees: SR.22 0 Policy Fees 10 Agency Fees 0

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**

Policy Number: 0200000001
 Active Term: 6 Months

Policy Details Documents Policy History Payments **Endorsement Quotes** 1

Minimum Due Today: \$19.30 **Maximum Payment Amount: \$462.90**

Today's Payment

What would you like to do?

Pay the minimum amount due today

Pay a different amount

Select Payment Type:

Credit/Debit Card
 Visa, Mastercard, Discover

Cash, Check, or Other
 Collected directly by Agent

Check
 Collected electronically by Falcon

Please enter your credit/debit card information below.

Name on Card: Expiration Month: (01) January CVV:

Card Number: Expiration Year: 2013 Card Billing Zip:

Make Payment

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

FALCON INSURANCE GROUP You are logged in as Directx Directx with Test Agency - Direct Bill TX. Log Out

Search New Quote Forms **Main**

Policy Detail

LeeAnn Somebody
Policy Number: 0200010156
 Active

Policy Type: Standard
Effective Date: 12/18/2013
Expiration Date: 06/18/2014
Term: 6 Months

Make Payment
 Last payment made on 12/18/2013

Policy Details Documents Policy History Payments Endorsement Quotes

Contact Information **Endorse**

Contact Information: Mailing Address:
 Cell: Street 1: 1818 Corsicana St
 Home: Street 2:
 Work: City/State/Zip: Dallas TX 76103-0000
 County: TARRANT
 Yes The Garage address is the same as the Mailing address

Email: **Endorse**

Drivers

	Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic 36 Mo	Def Driver
LeeAnn Somebody	Insured	Single	Male	04/15/1995	No	0 Violation(s)	No	
	Relationship: Insured		Occupation:		License Type: Texas		LicenseNumber: 123	
Rohan Somebody	Insured	Single	Male	09/16/1984	No	0 Violation(s)	Yes	
	Relationship: Insured		Occupation:		License Type: Texas		LicenseNumber: 123123123	

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

FALCON INSURANCE GROUP You are logged in as directx directx with Test Agency - Direct Bill TX. Log Out

Search New Quote Forms **Policy**

Policy Detail

John Smith
Policy Number: 0200000001
 Active

Effective Date: 11/06/2013
Expiration Date: 05/06/2014
Term: 6 Months

Make Payment

Policy Details **Documents** Policy History Payments Endorsement Quotes

Policy Documents

Print Selected **Print Only ID Cards & DEC** **Select All** **Clear All** **Sign Documents Electronically**

Documents To Be Signed

- Texas Policy Application (TX-002)
- TX UM UIM UMPD and PIP 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-0002)
- Declaration Page - New Business (TX-003)
- Notice of Privacy 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-0045)

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

The screenshot shows the 'Policy Detail' page for LeeAnn Somebody, Policy Number: 0200010156. The 'Policy History' tab is selected, displaying a table of activities:

Add Date	Activity	User	Effective Date	Premium	Note
12/18/2013	New Business New Business View	directx	12/18/2013	1443	Original Policy Issuance
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.

The screenshot shows the 'Policy Detail' page for LeeAnn Somebody, Policy Number: 0200010156. The 'Payments' tab is selected, displaying a table of transactions:

Transaction Date	Description	Type	Due Date	Billed	Paid	Balance
12/18/2013	Policy Submission	N/A			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	Agency EFT			-270.75	0.00
12/18/2013	Endorsement Premium			0.00		0.00

Below the transactions table, the 'Installment Payments' section shows:

Installment	Due Date	Amount
Installment 1	01/05/2014	246.65
Installment 2	02/05/2014	246.65
Installment 3	03/05/2014	246.65

Add Vehicle

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

Endorsement Mode | Endorsement Effective Date: 12/18/2013 | Cancel | Quote

Driver Name	Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic 36 Mo	Def Driver
LeeAnn Somebody	Insured	Single	Male	04/15/1995	No	0 Violation(s)	No	No
Relationship: Insured		Occupation:		License Type: Texas		License Number: 123		

Driver Name	Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic 36 Mo	Def Driver
Rohan Somebody	Insured	Single	Male	09/16/1984	No	0 Violation(s)	Yes	No
Relationship: Insured		Occupation:		License Type: Texas		License Number: 123123123		

Vehicles | Endorse

Coverage Options: BI \$30,000/\$60,000 | PD \$25,000 | UM/UMBI None | UMPD None | COMP/COL None | PIP None | MP None

Year	BI	PD	UM/UMBI	UMPD	COMP/COL	PIP	MP
2006 Chevrolet COBALT LS	\$30,000/\$60,000	\$25,000	None	None	None	None	None

VIN: 1G1AK11F161111111
Symbolic: 1G1AK1F84 (17) (17) (D)

Roadside Assistance: No | Rental: None | Distance to Work: 20 miles each way | Remove

VIN: 1G1AK11F 1 6 1111111 | Odometer Reading: 0

Total Premium

Add 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: 12/18/2013 | Cancel | Quote

Year	BI	PD	UM/UMBI	UMPD	COMP/COL	PIP	MP
2011	\$30,000/\$60,000	\$25,000	None	None	None	None	None

Make: Buick | Model: ENCLAVE CX AWD | Body Type: Utility Vehicle | VIN10: SG&VAED&B (22) (19) (1)

VIN: 1G1AK11F 1 6 1111111 | Odometer Reading: 0

Roadside Assistance: No | Rental: None | Distance to Work: 20 miles each way | Remove

Total Premium

Add Vehicle

Payment Information | Endorse

Not currently enrolled in automatic recurring payments

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 Effective Date: 12/18/2013 [Cancel](#) [Quote](#)

	BI	PD	UM/UIMBI	UM/DPD	COMPICOL	PIP	BP
2006 Chevrolet COBALT LS VIN: 1G1AK11F161111111 Symbols: 1G1AK11F64 (17) (17) (B)	\$30,000/\$60,000	\$25,000	None	None	None	None	None
Roadside Assistance: No Rental: None Distance to Work: 20 miles each way							
VIN: 1G1AK11F 1 6 1111111							
Odometer Reading: 0							

	BI	PD	UM/UIMBI	UM/DPD	COMPICOL	PIP	BP
Year: 2011 Make: Buick Model: ENCLAVE CX AWD Body Type: Utility Vehicle VIN: SGA8VAEDAB (22) (19) (1)	\$30,000/\$60,000	\$25,000	None	None	None	None	None
Roadside Assistance: No Rental: None Distance to Work: 20 miles each way							
VIN: SGA 1 V A E D 1 B 1111111							
Odometer Reading:							

Total Premium

[Add Vehicle](#) [Endorse](#)

Payment Information
Not currently enrolled in automatic recurring payments

FALCON INSURANCE GROUP You are logged in as Directx Directx with Test Agency - Direct Bill TX. [Log Out](#)

Search [New Quote](#) [Forms](#) [Main](#)

Policy Detail

LeeAnn Somebody
Policy Number: 0200010156
Active

Policy Type: Standard
Effective Date: 12/18/2013
Expiration Date: 06/18/2014
Term: 6 Months

[Make Payment](#)
Last payment made on 12/18/2013

[Policy Details](#) [Documents](#) [Policy History](#) [Payments](#) [Endorsement Quotes](#)

[Endorse](#)

Contact Information

Contact Information: Mailing Address:
 Street 1: 1818 Corsicana St
 Street 2:
 City/State/Zip: Dallas TX 76103-0000
 County: TARRANT
 Yes The Garage address is the same as the Mailing address

Email: [Endorse](#)

Drivers

	Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic 36 Mo	Def Driver
LeeAnn Somebody	Insured	Single	Male	04/15/1995	No	0 Violation(s)	No	
	Relationship: Insured		Occupation:		License Type: Texas		License Number: 123	
Rohan Somebody	Insured	Single	Male	09/16/1984	No	0 Violation(s)	Yes	
	Relationship: Insured		Occupation:		License Type: Texas		License Number: 123123123	

Remove Vehicle

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

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

Endorsement Mode Endorsement Effective Date: 12/18/2013

Vehicles

Coverage Options: BI PD UM/UIMBI UMPD COMPICOL PIP MP

	BI	PD	UM/UIMBI	UMPD	COMPICOL	PIP	MP	
2006 Chevrolet COBALT LS VIN: 1G1AK11F161111111 Symbols: 1G1AK1F66 (17) (17) (3)	\$30,000/\$60,000	\$25,000	None	None	None	None	None	<input type="button" value="Remove"/>
Roadside Assistance: <input type="text" value="No"/> Rental: <input type="text" value="None"/> Distance to Work: <input type="text" value="20 miles each way"/>								
VIN: 1G1AK11F 1 6 11111111 Odometer Reading: <input type="text" value="0"/>								
2011 Buick ENCLAVE CX AWD VIN: 5GATVAED181111111 Symbols: 5GATVAED18 (22) (18) (1)	\$30,000/\$60,000	\$25,000	None	None	None	None	None	<input type="button" value="Remove"/>
Roadside Assistance: <input type="text" value="No"/> Rental: <input type="text" value="None"/> Distance to Work: <input type="text" value="20 miles each way"/>								
VIN: 5GA 1 VAED 1 B 11111111 Odometer Reading: <input type="text" value="0"/>								
Total Premium								

Payment Information
Not currently enrolled in automatic recurring payments

Endorsement Mode Endorsement Effective Date: 12/18/2013

Rohan Somebody

Driver Type: Insured	Marital Status: Single	Gender: Male	DOB: 09/15/1984	SR-22: No	Violations: 0 Violation(s)	Lic 36 Mo: Yes	Def Driver: Yes
Relationship: Insured	Occupation:	Employer:	License Type: Texas	License Number: 123123123			

Vehicles

Coverage Options: BI PD UM/UIMBI UMPD COMPICOL PIP MP

	BI	PD	UM/UIMBI	UMPD	COMPICOL	PIP	MP	
2006 Chevrolet COBALT LS VIN: 1G1AK11F161111111 Symbols: 1G1AK1F66 (17) (17) (3)	\$30,000/\$60,000	\$25,000	None	None	None	None	None	<input type="button" value="Remove"/>
Roadside Assistance: <input type="text" value="No"/> Rental: <input type="text" value="None"/> Distance to Work: <input type="text" value="20 miles each way"/>								
VIN: 1G1AK11F 1 6 11111111 Odometer Reading: <input type="text" value="0"/>								
Total Premium								

Payment Information
Not currently enrolled in automatic recurring payments

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

Policy Detail

LeeAnn Somebody
Policy Number: 0200010156
Active

Policy Type: Standard
Effective Date: 12/18/2013
Expiration Date: 06/18/2014
Term: 6 Months

Make Payment
Last payment made on 12/18/2013

Policy Details Documents Policy History Payments Endorsement Quotes 1

Endorsement - Pricing Options

Endorsement Effective Date: 12/18/2013

Issue Endorsement - Pay \$0.00 Today
5 Monthly Payments of \$ 246.65

2006 Chevrolet COBALT LS	VEHICLE							PREMIUM
	BI	PD	UM/UIMBI	UMPD	COMPICOL	PIP	IMP	
	\$30,000/\$60,000	\$25,000	None	None	None	None	None	\$1443
	\$726	\$715	\$0	\$0	\$0 / \$0	\$0	\$0	
VII: 161AK11F&E (17) (17) (3)	Roadside Assistance No \$0	Rental None \$0	Distance to Work 20 miles each way					
Notes: Delete Vehicle								
Discounts:								

Fees: SR-22 0 Policy 60 ABTPA 2

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

Policy Detail

LeeAnn Somebody
Policy Number: 0200010156
Active

Policy Type: Standard
Effective Date: 12/18/2013
Expiration Date: 06/18/2014
Term: 6 Months

Make Payment
Last payment made on 12/18/2013

Policy Details Documents Policy History Payments Endorsement Quotes 1

Contact Information

Contact Information: Mailing Address:
Street 1: 1818 Corsicana St
Cell:
Home: Street 2:
Work: City/State/Zip: Dallas TX 76103-0000
County: TARRANT
Yes The Garage address is the same as the Mailing address

Email: Endorse

Drivers

Driver	Driver Type	Marital Status	Gender	DOB	SR-22	Violations	Lic 36 Mo	Def Driver
LeeAnn Somebody	Insured	Single	Male	04/15/1995	No	0 Violation(s)	No	No
	Relationship: Insured		Occupation:		Employer:		License Type: Texas LicenseNumber: 123	
Rohan Somebody	Insured	Single	Male	09/16/1984	No	0 Violation(s)	Yes	No
	Relationship: Insured		Occupation:		Employer:		License Type: Texas LicenseNumber: 123123123	

Vehicles

Processing an Installment Payment

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

The screenshot shows the 'Policy Detail' page for policy NB EETAPL. The policy number is 0100010087 and it is active. The effective date is 07/01/2013, the expiration date is 07/01/2014, and the term is 12 months. A green 'Make Payment' button is visible in the top right corner, with a red arrow pointing to it. Below the policy details are sections for 'Contact Information' and 'Drivers'. The 'Contact Information' section includes mailing address, phone numbers, and email. The 'Drivers' section includes a table with driver details.

Driver Type	Marital Status	Gender	DOB	SR-22	Violations	IL Lic 36 Mo	Def Driver
Applicant	Married	Female	04/01/1990	Yes	0 Violation(s)	No	No

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

The screenshot shows the 'Policy Detail' page with payment options. The policy number is 0100010087. The minimum due today is \$43.17 and the maximum payment amount is \$199.02. The 'Cash, Check, or Other' option is highlighted with a yellow border. The 'Make Payment' button is visible at the bottom.

Minimum Due Today: \$43.17 Maximum Payment Amount: \$199.02

Today's Payment
What would you like to do?
Pay the minimum amount due today
Pay a different amount

Select Payment Type:
Credit/Debit Card
Visa, Mastercard, Discover
Cash, Check, or Other
Collected directly by Agent
Check
Collected electronically by Falcon

Make Payment

For Credit/Debit Cards:

NB EETAPL
Policy Number: 0100010087
Active

Effective Date: 07/01/2013
Expiration Date: 07/01/2014
Term: 12 Months

Policy Details Documents Policy History Payments Endorsement Quotes

Minimum Due Today: \$43.17 Maximum Payment Amount: \$199.02

Today's Payment
What would you like to do?

Select Payment Type:

Please enter your credit/debit card information below.

Name on Card: Expiration Month: (01) January CVV:

Card Number: Expiration Year: 2013 Card Billing Zip:

And for EFT:

Policy Number: 0100010087
Active

Expiration Date: 07/01/2014
Term: 12 Months

Policy Details Documents Policy History Payments Endorsement Quotes

Minimum Due Today: \$43.17 Maximum Payment Amount: \$199.02

Today's Payment
What would you like to do?

Select Payment Type:

Please enter your Checking/Savings account information below.

Account Holder(s): Account Number:

Account Type: Re-enter Account Number:

Routing Number:

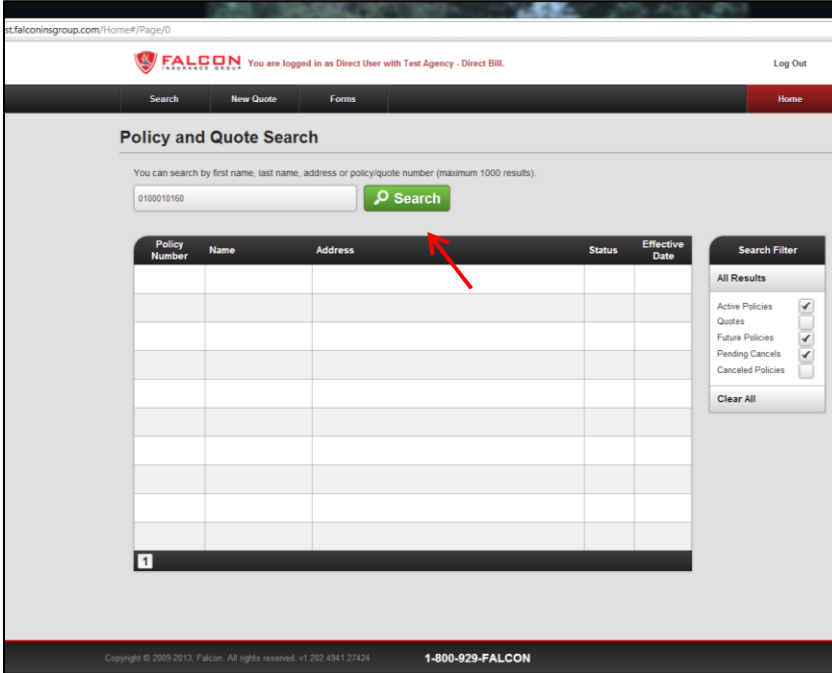
Re-enter Routing Number:

Your Name: 1900
USD Form 44
Pay to the Order Of: Dollars
For: Dollars
C123456789C 000123456789 1000
Routing Number Account Number Check

Make the appropriate selections for your insured and choose **Make Payment**

Accessing Policy Documents

Enter in the **POLICY NUMBER** and click **SEARCH**



st.falconsgroup.com/Home#/Page/0

FALCON You are logged in as Direct User with Test Agency - Direct Bill. Log Out

Search New Quote Forms Home

Policy and Quote Search

You can search by first name, last name, address or policy/quote number (maximum 1000 results).

0100010160

Policy Number	Name	Address	Status	Effective Date

1

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Search Filter

All Results

Active Policies

Quotes

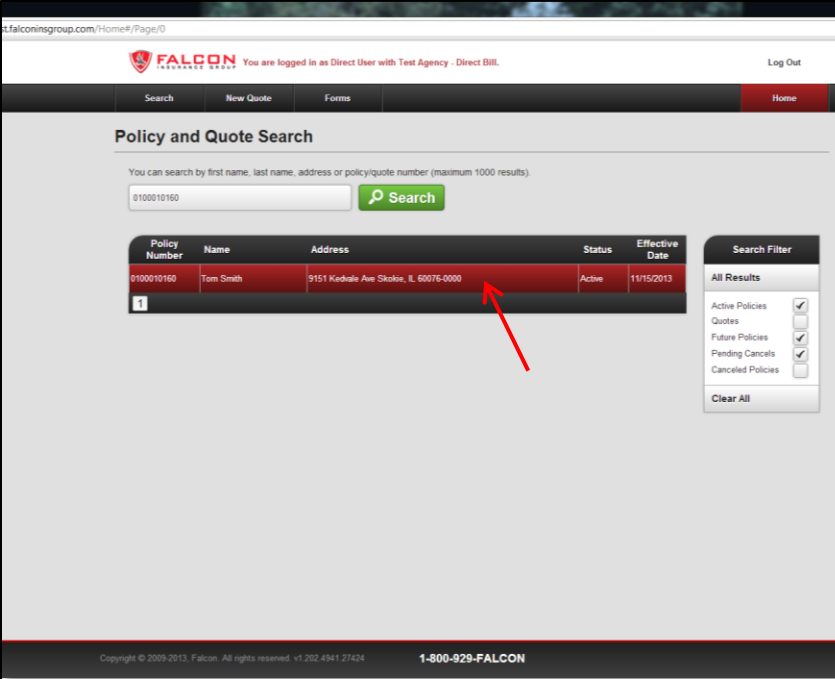
Future Policies

Pending Cancels

Cancelled Policies

Clear All

Click on the **POLICY**



st.falconsgroup.com/Home#/Page/0

FALCON You are logged in as Direct User with Test Agency - Direct Bill. Log Out

Search New Quote Forms Home

Policy and Quote Search

You can search by first name, last name, address or policy/quote number (maximum 1000 results).

0100010160

Policy Number	Name	Address	Status	Effective Date
0100010160	Tom Smith	3151 Kedzale Ave Skokie, IL 60076-0000	Active	11/15/2013

1

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Search Filter

All Results

Active Policies

Quotes

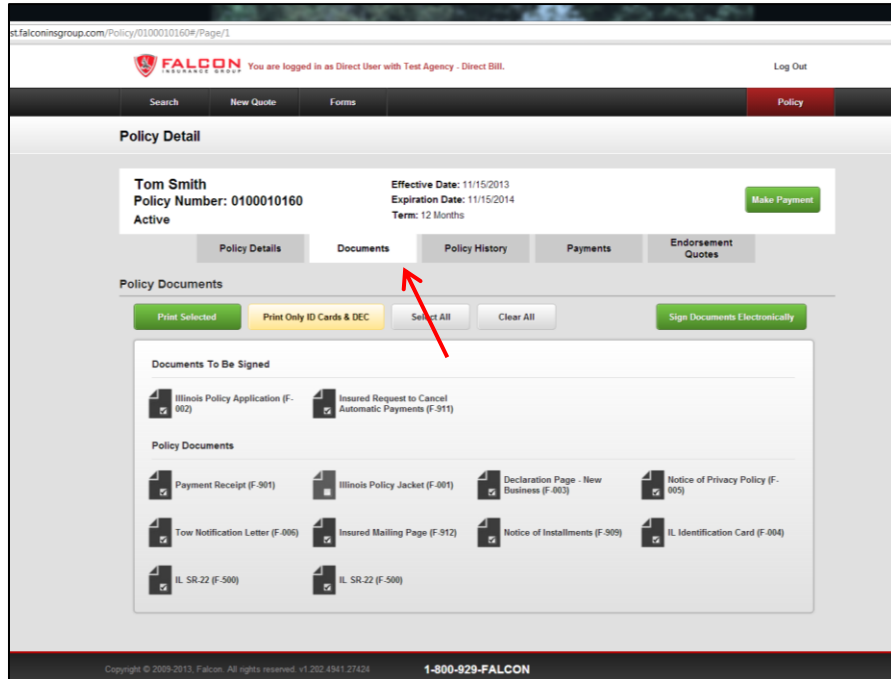
Future Policies

Pending Cancels

Cancelled Policies

Clear All

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

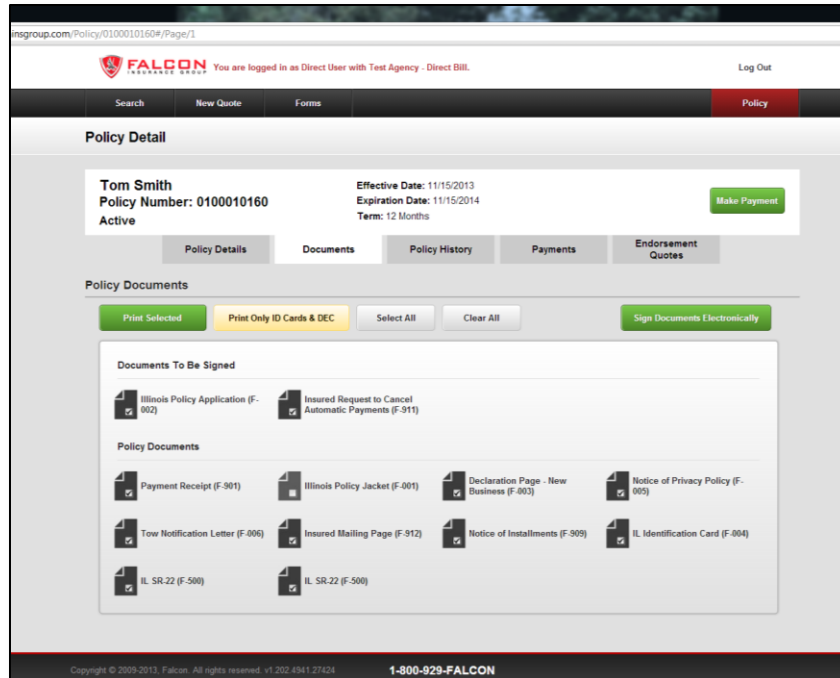


This screen allows you to either print the documents requiring signature with a traditional wet signature, or sign the required documents electronically with an Adobe e-signature process.

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.

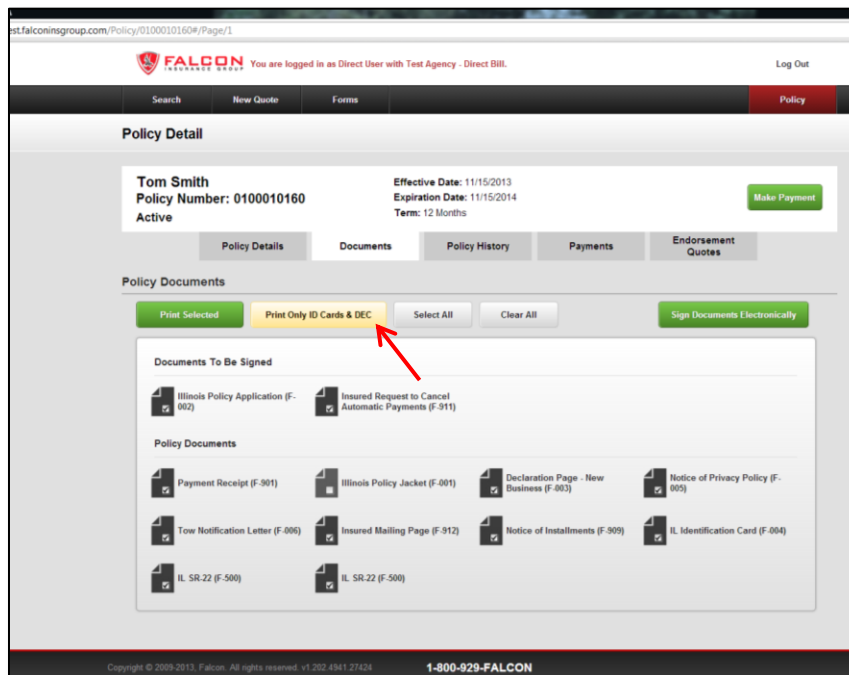
Sign documents electronically – You can also sign the document electronically by clicking on the green button **SIGN DOCUMENTS ELECTRONICALLY**. This will take you to the Adobe website to complete the electronic document signing ceremony. The initial e-signature signing screen looks like the one below. 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.

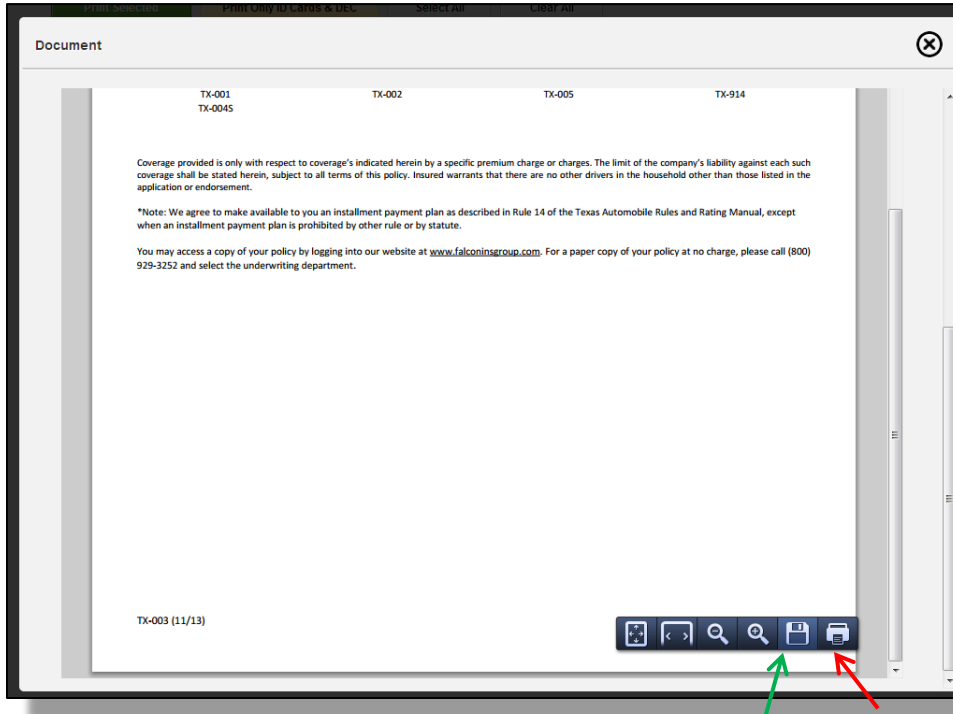
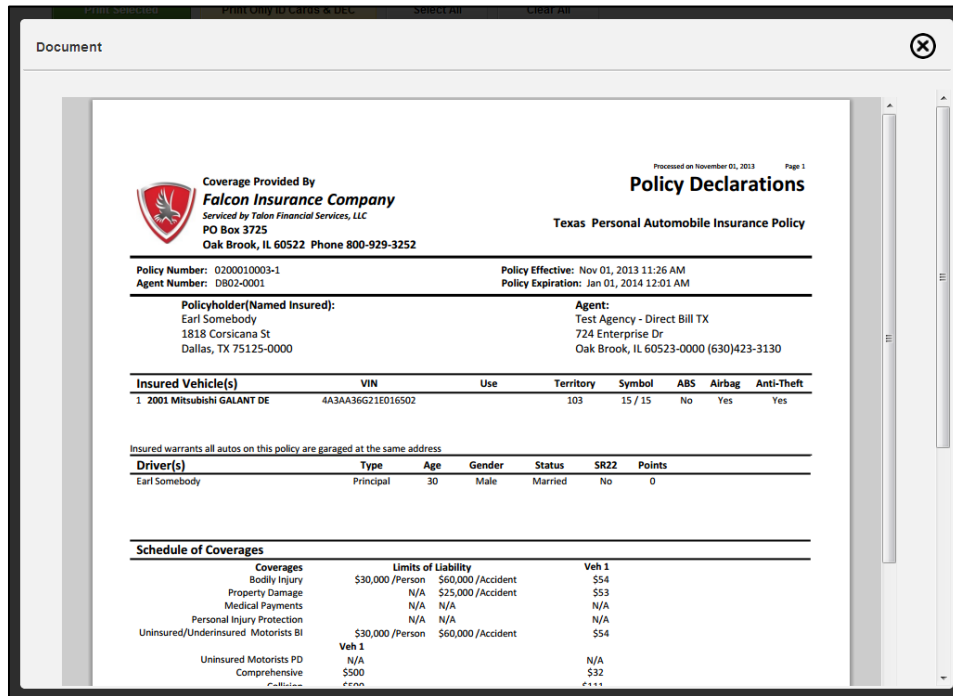


Once the policy application and necessary documents are signed, either electronically or with wet signature, the policy is complete and you are ready to issue another new business policy.

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




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.



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
✕



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

Texas Insurance Identification Card




Falcon Insurance Company
 PO Box 3725
 Oak Brook, IL 60522

**TEXAS AUTO
 INSURANCE CARD**
NAIC# 14254

Insured	Agency	
Nombre	Test Agency - Direct Bill TX (630)423-3130	
Earl Somebody		
Policy Number	Effective Date	Expiration Date
Numero de Póliza	Fecha Efectiva	Fecha de Expiración
0200010003-1	11/01/2013 12:01AM	01/01/2014 12:01AM
Year/Make/Model	VIN	
Año del Vehículo/Marca/ Modelo	4A3AA36G21E016502	
2001 Mitsubishi GALANT DE		

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insured and may provide coverage for other persons and other vehicles as provided by the insurance policy

The drivers on this policy:	Excluded from Coverage:
Earl Somebody	



Falcon Insurance Company
 PO Box 3725
 Oak Brook, IL 60522

**TEXAS AUTO
 INSURANCE CARD**
NAIC# 14254

Insured	Agency	
Nombre	Test Agency - Direct Bill TX (630)423-3130	
Earl Somebody		
Policy Number	Effective Date	Expiration Date
Numero de Póliza	Fecha Efectiva	Fecha de Expiración
0200010003-1	11/01/2013 12:01AM	01/01/2014 12:01AM
Year/Make/Model	VIN	
Año del Vehículo/Marca/ Modelo	4A3AA36G21E016502	
2001 Mitsubishi GALANT DE		

Esta póliza provee por lo menos la cantidad mínima de seguro de responsabilidad requerida por ley (Texas Motor Vehicle Safety Responsibility Act) para el vehículo especificado y para los asegurados mencionados, puede proveer cobertura para otras personas y vehículos según sea previsto en la póliza de seguro.

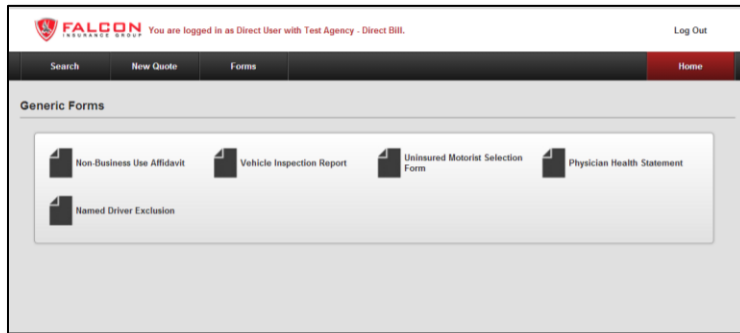
Los conductores de esta póliza:	Excluidos de la cobertura:
Earl Somebody	

An example **Application:**

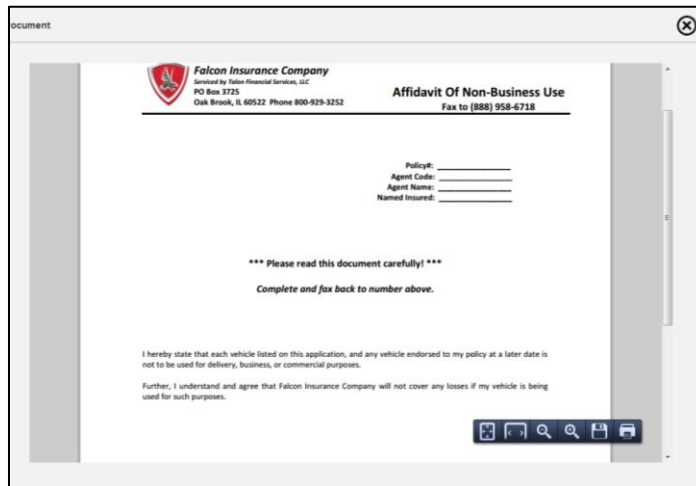
Document ✕

Falcon Insurance Company, Inc.				Agency Name:			
<i>Serviced by Talon Financial Services, LLC</i>				Test Agency - Direct Bill TX			
P.O Box 3725 Oakbrook, IL 60522				Address			
Phone (800) 929-3252 Fax 888-958-6718				724 Enterprise Dr			
				City, State, Zip Code			
				Oak Brook, IL 60523-0000			
FOR OFFICE USE ONLY: CLIENT ID				POLICY # 0200010003-1			
Name of Applicant		Earl Somebody		Home Phone		Agent Code	
				(630)423-3130		DB02-0001	
Address		1818 Corsicana St		City		State	
				Dallas		TX	
Garaging Address				City		State	
						Zip	
						75125-0000	
COVERAGE REQUESTED EFFECTIVE: FROM: 11/01/2013 TO: 01/01/2014 ()							
APPLICANT WARRANTS THERE ARE NO OTHER DRIVERS IN THE HOUSEHOLD, OTHER THAN THOSE LISTED BELOW							
Any driver, whose driver's license under suspension or has no license, must be excluded by completing the 515A Exclusion form							
Show Name and Date of Birth for all Principal Drivers and Residents of Household 15 and older. Non-operators should be excluded.							
	BIRTH DATE	Class (Sex/Marital)	SR22	Territory	Driver Point	DRIVER'S LICENSE NUMBER	State
1	MM/DD/YYYY						
	01/15/1983	M/M	No	103	0	Driver	TX
2							
DESCRIPTION OF AUTOMOBILE (S)							
Auto	Year	Make and Model	Body Type	VIN	Symbol		
3	1	2001 Mitsubishi GALANT DIE	4-Door Sedan	4A3AA36G21E016502	15 / 15		
LOSS PAYEE INFORMATION							
4	Auto	Loss Payee	Address	City/ State / Zip			
DESCRIPTION OF COVERAGE							
COVERAGES		LIMITS OF LIABILITY		PREMIUMS			
				AUTO 4 AUTO AUTO			

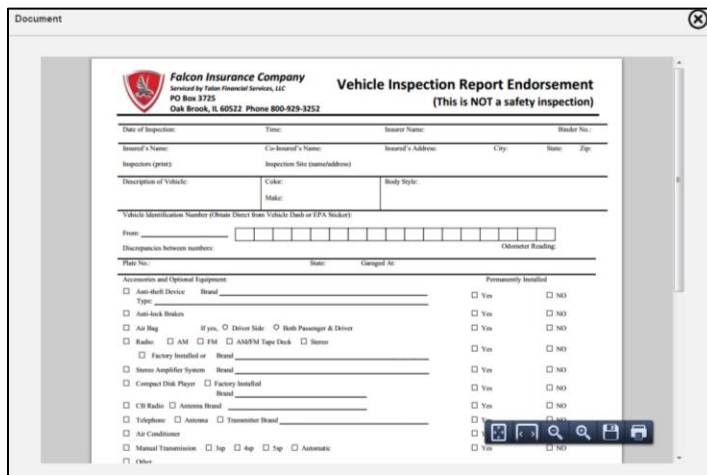
There are blank underwriting forms located under the **FORMS** tab.



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



And an example of a **Vehicle Inspection Report Endorsement**:



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 Company / Illinois / Personal Auto					
Policy Number	Insured Name	Effective Date	Expiration Date	Full Term Premium	Written Premium
Jeff's DB Test Agency					
0100010006	Collins; Michelle	06/14/2013	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	Jeff's DB Test Agency Totals:			\$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
Company: All State: All LOB: All Agency: TestILD0001 - Jeff's DB Test Agency					
Print Date: 06/03/2013					Page: 1

Currently In-Force Policy Status Details



Daily Transactions

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

Agency: Jeff's DB Test Agency

Total for Jeff's DB Test Agency: \$8897

Policy Number	Policy Holder	Trans Date	Trans Effective	Exp Date	Transaction Type	Term (mo)	Trty	Class	Stus	Prem Amount
0100010002	Mary Blake	6/14/2013	6/14/2013	12/14/2013	New Business	6	431	40FS	H	538.00
0100010004	Michael Collins	6/14/2013	6/14/2013	12/14/2013	New Business	6	431	22MS	H	1125.00
0100010006	Michelle Collins	6/14/2013	6/14/2013	12/14/2013	New Business	6	432	50MS	A	510.00
0100010007	Mary Collins	6/14/2013	6/14/2013	12/14/2013	New Business	6	451	40FS	A	482.00
0100010008	Paul Collins	6/14/2013	6/14/2013	12/14/2013	New Business	6	432	50MS	A	607.00
0100010009	Joseph Collins	6/14/2013	6/14/2013	12/14/2013	New Business	6	451	40MM	H	184.00
0100010010	Paul Blake	6/14/2013	6/14/2013	12/14/2013	New Business	6	451	50MM	H	477.00
0100010011	Janice Higgins	6/14/2013	6/14/2013	12/14/2013	New Business	6	121	40FS	H	498.00
0100010012	Sara Johnson	6/14/2013	6/14/2013	12/14/2013	New Business	6	442	25FS	A	812.00
0100010015	Carry Thompson	6/14/2013	6/14/2013	12/14/2013	New Business	6	121	45FM	A	457.00
0100010018	Jack Johnson	6/14/2013	6/14/2013	12/14/2013	New Business	6	442	35MS	H	718.00
0100010019	Tess Corcoran	6/14/2013	6/14/2013	12/14/2013	New Business	6	121	22FS	H	851.00
0100010020	Jack Mongan	6/14/2013	6/14/2013	12/14/2013	New Business	6	121	25MS	H	227.00
0100010021	Mark Jackson	6/14/2013	6/14/2013	12/14/2013	New Business	6	121	30MS	A	624.00
0100010022	Mary Sullivan	6/14/2013	6/14/2013	12/14/2013	New Business	6	442	35FS	H	608.00
0100010057	Eric Clapton	6/20/2013	6/20/2013	12/20/2013	New Business	6	171	65MS	H	179.00

Daily Transaction summary for all policies.



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

AB01-0006
XYZ Agency
Street
CITY, STATE Zip

Commission Statement June 2013

Transaction Detail

Policy Number	Date	Description	Insured	Premium	Commission	Agency Fee	Total Payable
0100000154	04/02/2013	New Business	Insured Name	\$217.00	\$43.40	\$5.00	\$48.40
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	\$28.00
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	\$16.80
0100000184	04/08/2013	New Business	Insured Name	\$978.00	\$195.60	\$5.00	\$200.60
0100000184	04/09/2013	Endorsement	Insured Name	\$50.00	\$10.00	\$0.00	\$10.00
Total Due				\$1,143.00	\$228.60	\$15.00	\$243.60



Falcon Insurance Company
Served by Falcon 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

Summary								
Description	Month-to-Date				Year-to-Date			
	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

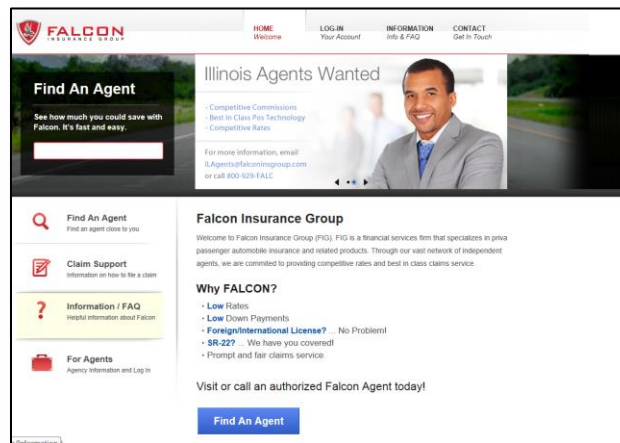
Insured Portal Information

General Information

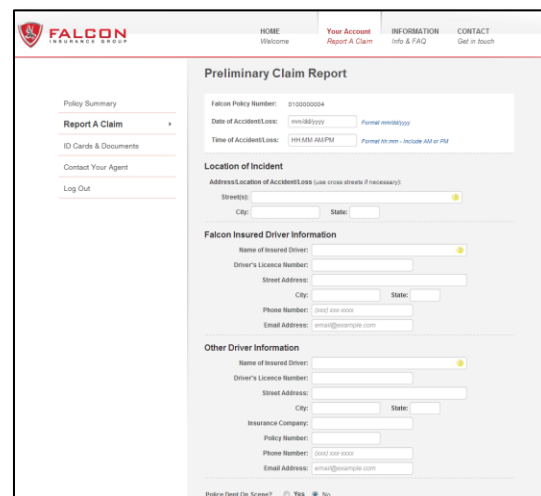
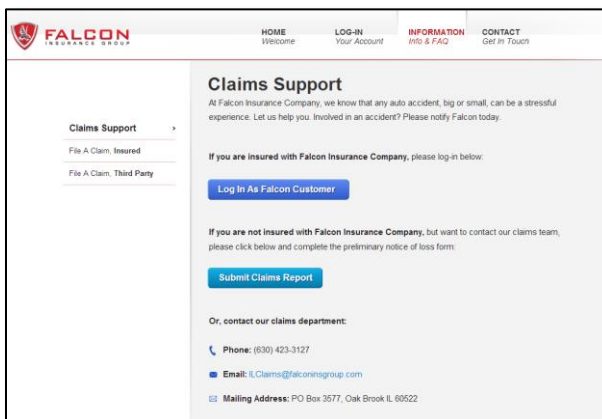
Falcon insurance Company has created an insured website for the convenience of our policyholders. Our insured website can be found at www.falconinsgroup.com. From here the applicant/insured can do the following:

- 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

The screenshot shows the 'Policy Summary' page for Falcon Insurance Group. The top navigation bar includes 'HOME Welcome', 'Your Account Summary', 'NEED HELP? Information', and 'CONTACT Get in touch'. The left sidebar contains links for 'Policy Summary', 'Make A Payment', 'Report A Claim', 'ID Cards & Documents', 'Contact Your Agent', and 'Log Out'. The main content area is titled 'Policy Summary' and includes a sub-header: 'Here you can find important information about your Falcon Insurance policy.' Below this, the 'Policy status: Active' is displayed. A summary box shows 'Amount Due: \$45.00' and 'Next Due Date: 12/31/12', with a 'Make A Payment' button. The policy details include 'Policy #: 1234-56-78910' and 'Term: 01/01/2012 - 06/01/2012'. The 'Insured Drivers' section lists two drivers: Joe Jablonski (Named, Insured) and Joan Jablonski (Insured's Spouse). The 'Address Information' section shows 'Mailing Address' and 'Garaged Address' both as '1234 Mulberry Lane, Unit 2501, New York, NY 10001'. The 'Contact Information' section lists 'Phone Number(s)' (Home: (813) 494-2300, Work: n/a, Cell: (813) 494-2300) and 'Email Address' (jjablonski@gmail.com). The 'Policy Coverages' section is partially visible at the bottom.

ID Cards & Documents

The screenshot shows the 'ID Cards & Documents' page for Falcon Insurance Group. The top navigation bar is identical to the previous page. The left sidebar is the same, but 'ID Cards & Documents' is highlighted with a right-pointing arrow. The main content area is titled 'ID Cards & Documents' and features a list of document links, each with a document icon, a title, a description, and a 'Print' button. The documents listed are: 'Welcome Letter', 'Coupon Book' (with description: 'This is what a description would look like.'), 'ID Card', 'Declarations Page' (with description: 'This is what a two line description would look like. For documents associated with a specific policy, please access them from that policy's page.'), 'Policy', 'Privacy Policy', and 'Claim Report' (with description: 'Submitted on 12/14/2012').

Make a Payment

HOME
WelcomeYour Account
SummaryNEED HELP?
InformationCONTACT
Get in touch

ID Cards & Documents

Make A Payment >

Report A Claim

Policy Summary

Contact Your Agent

Log Out

Make A Payment

Total Due Today: **\$45.00** [Print Coupon Book](#)

What would you like to do?

Total To Be Paid:

Select Payment Type:

Your Payment History

Installment	Amount Due	Due Date	Cancellation Date
Down Payment: \$100			
2	\$19.00 (Paid Today)	4-27-2012	-----
3	\$17.00 (Paid Today)	5-09-2012	5-27-2012
4	\$27.00	6-09-2012	6-27-2012
5	\$27.00	7-09-2012	7-27-2012
6	\$27.00	7-09-2012	7-27-2012
7	\$27.00	7-09-2012	7-27-2012

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

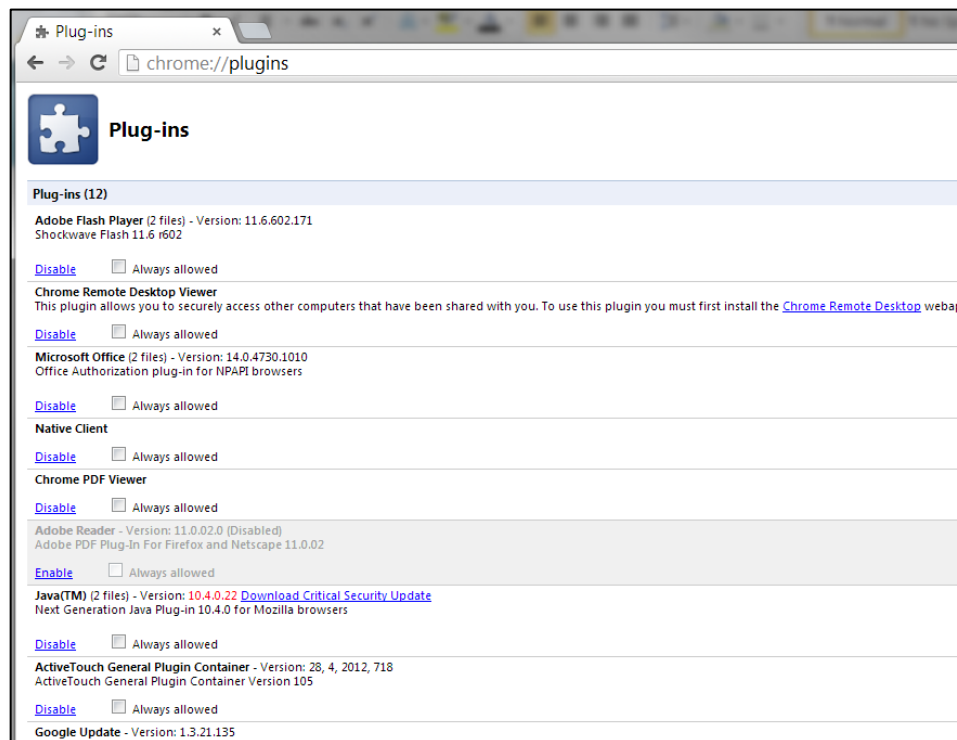
Troubleshooting

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

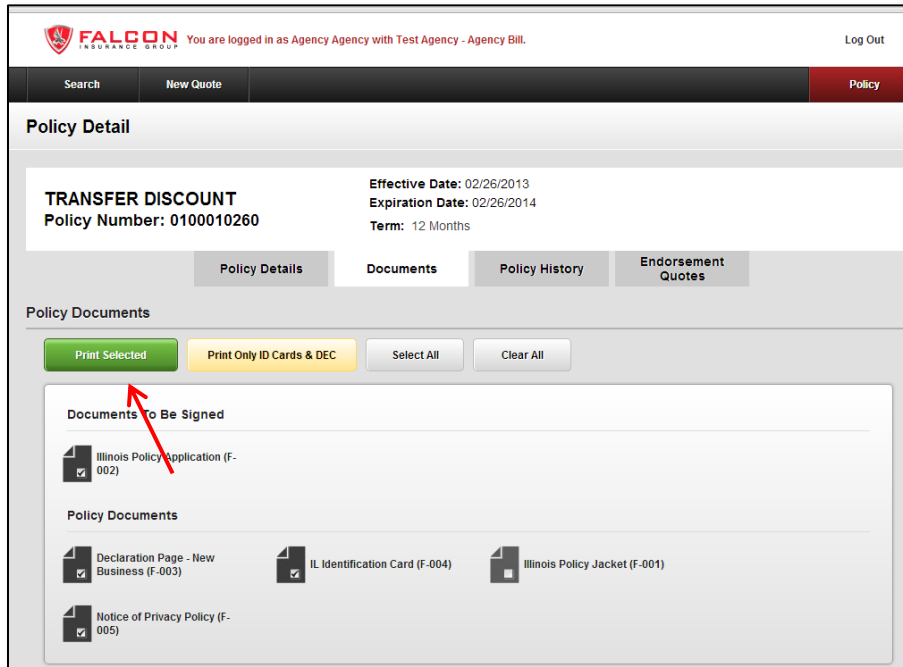
If you're having issues viewing or printing PDF documents from within Chrome, please follow the below instructions to disable the default Chrome PDF viewer and enable Adobe's PDF viewer Reader.

- 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 **Enable** under **Adobe Reader** and the checkbox *Always Allowed* to enable the regular Adobe PDF viewer

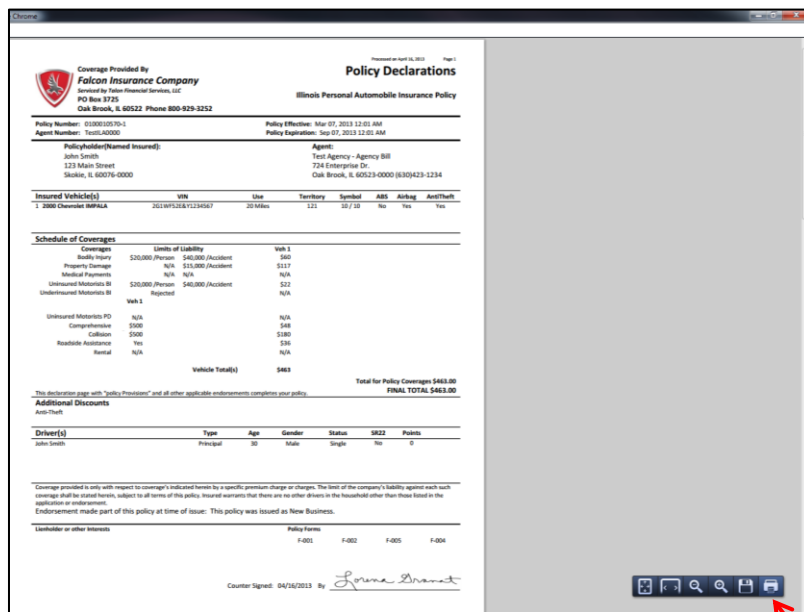


Printing Forms from Google Chrome:

Select **PRINT SELECTED**



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



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**.

Print
Total: 3 sheets of paper
Print Cancel

Destination: \FalconServ0001@rhoter...
Change...

Pages: All
[eg. 1, 5, 8, 11, 13]

Copies: 1

Options:
 Fit to page
 Two-side
Print using system dialog... (Ctrl+Shift+P)

Coverage Provided By
Falcon Insurance Company
1000 N. 11th St.
Oak Brook, IL 60521 Phone 800-839-3332

Policy Declarations
Illinois Personal Automobile Insurance Policy

Policy Number: 01000123753
Agent Name: John Smith
Policy Effective: Mar 07, 2013 12:01 AM
Policy Expiration: Sep 07, 2013 12:01 AM

Public (Named Insured):
John Smith
123 Main Street
Oak Brook, IL 60521-0100

Agent:
1000 North Agency St
718 Corporation Dr.
Oak Brook, IL 60521-0000 (840)423-1234

Insured Vehicle(s)	VIN	Year	Territory	Symbol	MS	Rating	Auth/Thru
1 2000 Chevrolet IMPALA	2G1FP12E1234567	2000	IL	111	167/00	No	No

Schedule of Coverages

Coverage	Amount of Liability	MS
Bodily Injury	\$50,000/Person \$100,000/Accident	\$50
Property Damage	\$50,000/Person \$10,000/Accident	\$10
Medical Payments	N/A	N/A
Uninsured Motorists BI	\$50,000/Person \$40,000/Accident	\$10
Uninsured Motorists BI	Required	N/A
Uninsured Motorists PD	N/A	N/A
Comprehensive	\$500	\$40
Collision	\$500	\$40
Roadside Assistance	Yes	\$40
Rental	N/A	N/A
Vehicle Total(s)	\$400	

Total for Policy Coverages \$400.00
FINES, FEES, \$400.00

Additional Discounts
Anti-Theft

Driver(s)

Name	Type	Age	Gender	Status	MS	Points
John Smith	Principal	30	Male	Single	No	0

Coverage provided is only with respect to coverage's indicated limits by a specific premium charge or charge. The limit of the company's liability against each such charge shall be determined, subject to all terms of this policy. Insured agrees that there are no other drivers of the insured other than those named in the declarations or endorsements.
Endorsement made part of this policy at time of issue. This policy was issued as New Business.

Insurable or other interests: Policy Terms: F-001 F-002 F-005 F-006

Counter Signed: 04/26/2013 By: *John Smith*

F-001 (13/12)

Print
Total: 3 sheets of paper
Print Cancel

Destination: \FalconServ0001@rhoter...
Change...

Pages: All
[eg. 1, 5, 8, 11, 13]

Copies: 1

Options:
 Fit to page
 Two-side
Print using system dialog... (Ctrl+Shift+P)

Coverage Provided By
Falcon Insurance Company
1000 N. 11th St.
Oak Brook, IL 60521 Phone 800-839-3332

Policy Declarations
Illinois Personal Automobile Insurance Policy

Policy Number: 01000123753
Agent Name: John Smith
Policy Effective: Mar 07, 2013 12:01 AM
Policy Expiration: Sep 07, 2013 12:01 AM

Public (Named Insured):
John Smith
123 Main Street
Oak Brook, IL 60521-0100

Agent:
1000 North Agency St
718 Corporation Dr.
Oak Brook, IL 60521-0000 (840)423-1234

Insured Vehicle(s)	VIN	Year	Territory	Symbol	MS	Rating	Auth/Thru
1 2000 Chevrolet IMPALA	2G1FP12E1234567	2000	IL	111	167/00	No	No

Schedule of Coverages

Coverage	Amount of Liability	MS
Bodily Injury	\$50,000/Person \$100,000/Accident	\$50
Property Damage	\$50,000/Person \$10,000/Accident	\$10
Medical Payments	N/A	N/A
Uninsured Motorists BI	\$50,000/Person \$40,000/Accident	\$10
Uninsured Motorists BI	Required	N/A
Uninsured Motorists PD	N/A	N/A
Comprehensive	\$500	\$40
Collision	\$500	\$40
Roadside Assistance	Yes	\$40
Rental	N/A	N/A
Vehicle Total(s)	\$400	

Total for Policy Coverages \$400.00
FINES, FEES, \$400.00

Additional Discounts
Anti-Theft

Driver(s)

Name	Type	Age	Gender	Status	MS	Points
John Smith	Principal	30	Male	Single	No	0

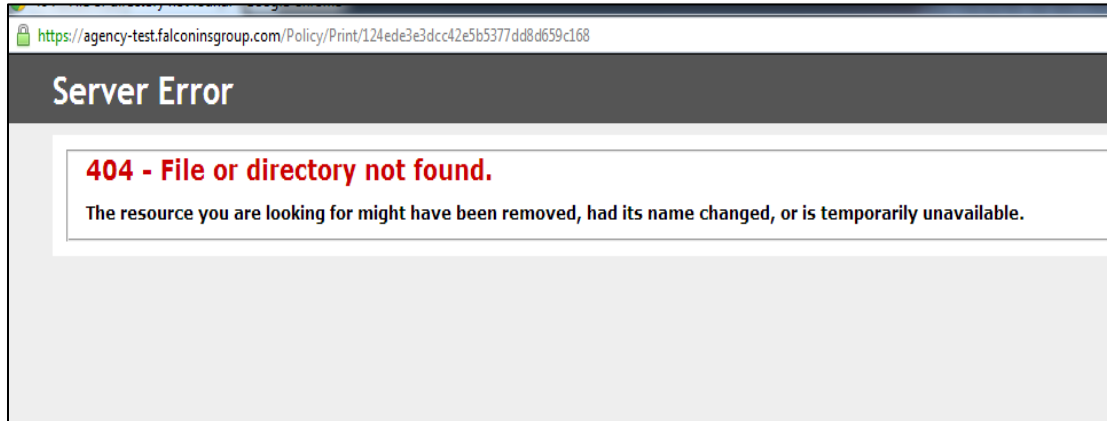
Coverage provided is only with respect to coverage's indicated limits by a specific premium charge or charge. The limit of the company's liability against each such charge shall be determined, subject to all terms of this policy. Insured agrees that there are no other drivers of the insured other than those named in the declarations or endorsements.
Endorsement made part of this policy at time of issue. This policy was issued as New Business.

Insurable or other interests: Policy Terms: F-001 F-002 F-005 F-006

Counter Signed: 04/26/2013 By: *John Smith*




F-001 (13/12)

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:

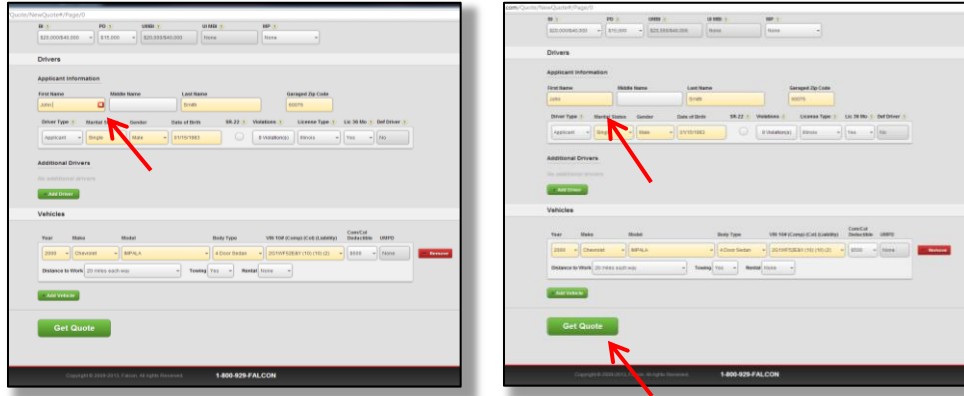
-  <https://agency.falconinsgroup.com/Policy/...ntESign/8639ca2af6fe465183ed03af8a9b28d9>
-  <https://agency.falconinsgroup.com/Policy...ntESign/1e40ff56e4bb4cb6ad9cdcecb377649b>
-  <https://agency.falconinsgroup.com/Policy...ntESign/9f9dc8e63d1e476eb4ad0f50932a6fb4>
- Always allow pop-ups from agency.falconinsgroup.com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

[Manage pop-up blocking...](#)

Done

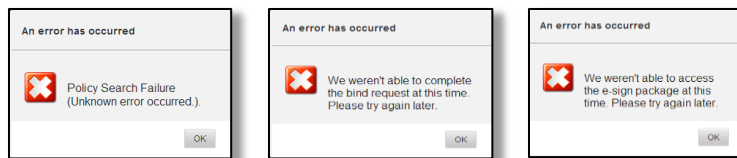
Are you unable to advance to the next screen?

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.

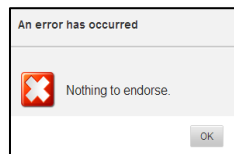


What steps should I take if I receive an error message like the ones below?

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.



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.

