

AmTrust Online – Appetite Guide

Appetite Guide

- 1 **Business Info** - Enter the risk's name and primary physical address.

Note: Required information will have an asterisk (*) in the text box.

The screenshot shows the AmTrust Online interface. The top navigation bar includes the AmTrust Online logo and a user profile section with the text 'WELCOME Tracie Day' and a user icon. A left sidebar contains navigation links: HOME, START A QUOTE, REPORTS, MY PROFILE, WHAT'S NEW, DOCUMENT CENTER, and BOP GUIDELINES. The main content area is titled 'BUSINESS INFORMATION' with a green circle containing the number '1'. The form includes the following fields: 'Business Name *', 'Physical Address *', 'Physical Address Line 2', 'Zip Code *', 'City *', and 'State *' (a dropdown menu).

Class Code Selection

- 2 **Effective Date** – Click in the field to activate the calendar and select the date.

Note: Submissions may be entered 110 days from the effective date.

- 3 **Search Class Codes** – Enter the GL code, Workers' Compensation (WC) code or keyword. A drop-down menu will appear and filter as you enter the information. You may be prompted to enter the secondary code which will open all available products for rating.

CLASS CODE SELECTION

The screenshot shows the 'CLASS CODE SELECTION' form. It has three main sections: 1. 'Effective Date *' with a green circle containing the number '2' and a calendar icon, showing the date '5/18/2021'. 2. 'Search Class Codes' with a green circle containing the number '3', showing the text 'Store: Florist & Drivers (8001 - WC)' and a red 'X' icon. 3. 'Choose a GL code to quote Auto, BOP, Package and GL products', showing the text 'Florists (12841 - GL)' and a red 'X' icon.

Products

- 4 Add Workers' Compensation and additional lines of business. Click Continue.

 Workers' Compensation 4 ADD	 Commercial Auto A companion line must be selected to quote Auto. ADD	 Package Preferred ADD
 BOP Preferred ADD	 General Liability Preferred ADD	 Other Products [Dropdown] Preferred

BACK **CONTINUE**

Applicant Information

Note: The name and primary physical address previously entered will autofill.

- 5 Enter the billing address or select 'Same as Physical Address' to collapse the section.

Note: FEIN is required for workers' compensation submissions.

☐ Billing Address (Same as Primary Physical Address)?

Billing Address *

5

Billing Address Line 2

Zip Code *

City *

State *



Effective Date

FEIN *

May 18, 2021

Contact Information

- 6 **Agent Contact** – Choose your name from the dropdown.

Note: If your name is not in the drop-down list, you can add it by clicking the 'Add Contact' box.

- 7 **Insured's Contact** – Enter the Insured's contact name, phone number and email and click Continue.

CONTACT INFORMATION

Agent Contact *

6

Test



ADD CONTACT

Inspection Contact Name *

7

Inspection Contact Phone *

Inspection Contact Email

ezComp Rater

Applicant Information

8 Applicant information entered in the Appetite Guide will populate, amend if needed.

APPLICANT INFORMATION

Applicant Name *		DBA Name	
Sunny Days Florist			
Primary Address *		Primary Address Line 2	
847 Main Street			
Zip Code *	City *	State *	☒ Mailing Address (Same as Physical Address)
72703	Fayetteville	Arkansas	
Mailing Address *		C/O	Mailing Address Line 2
847 Main Street			
Zip Code *	City *	State *	
72703	Fayetteville	Arkansas	

Contact First Name *	Contact Last Name *	Contact Phone Number *	Agent Contact *
John	Doe	(501)489-5423	Test
Marketing Code	Unemployment State	Unemployment Number	
	Choose...		

Business Information

9 Enter Years in Business, Legal Entity & Nature of Business as indicated by the asterisk (*).

10 Answer questions and click Continue.

Note: Company Website and Expired Premium are not required, but will help expedite underwriting.

BUSINESS INFORMATION

Effective Date *	Expiration Date *	FEIN *	Years in Business *
05/18/2021	05/18/2022	43-5468784	9
Company Website	Expired Premium	☒ Don't Know	
Legal Entity *	Nature of Business / Description of Operations *		
Select...			

Are you the incumbent agent? * ☒ Yes ☐ No

Is the applicant a nonprofit operation? * ☐ Yes ☐ No

[RETURN TO ACCOUNT](#)[CONTINUE](#)

Rating

- 11 **Class Code** – Class code entered in the Appetite Guide will populate. Enter Full Time and Part Time employees and Payroll.
- 12 **Add Class** – Add a class by clicking Add Class button.
- 13 **Add State** – Use dropdown to choose the additional state(s).
- 14 **View Modifiers** – Enter modifier by clicking View Modifiers button.
- 15 **Increase Limits** – Choose higher limits from dropdown, if applicable.

Arkansas

Search	Class Code & Description	11 FT Employees	PT Employees	Payroll
	8001 - Store: Florist & Drivers	0	0	\$0
SAVE STATEVIEW MODIFIERS14ADD CLASS12				

Select a State to add then Click 'Add State'

Select State13

Update All Increase Limits15

100/500/100

RETURN TO ACCOUNTBACKSAVE AND CONTINUE

General and Class Code Questions

QUESTIONS

PRINT QUESTIONSCLEAR ALL ANSWERS

GENERAL

Does business have more than 50 people working at one location at a time?

☐ Yes☒ No

Does business currently have workers compensation coverage in effect?

☒ Yes☐ No

In the past 2 years has business had 2 or more Workers Compensation claims, a single Workers Compensation claim over 20K, or any employee who suffered a work related injury requiring more than 2 days off of work?

☐ Yes☒ No

CLASS CODE: 8001 - AR

Does the business have land cultivation operations as part of their business?

☐ Yes☒ No

RETURN TO ACCOUNTBACKSAVE AND CONTINUE

Your Quote

Account #: 29795182

Quote #: 7742474

Applicant Name: Sunny Days Florist

YOUR QUOTE

✓ Congratulations, your quote is Bind Online Eligible

MODIFIERS

SCHEDULED CREDIT

Scheduled Credit

1

Premium

\$2362

*This quote has not been Reserved. Please proceed to the next page to reserve and bind

*Please note that the premium price is still subject to change due to state assessments and fees

BACK

SAVE AND CONTINUE

Account Management

16 If bind online eligible, the Bind button will appear along with the Submit to Underwriter (UW) button.

17 Print a proposal.

18 Rate or edit the quote.

19 Attach documents.

20 Message Underwriter.

Note: An ACORD can be created and printed or saved by clicking Generate Acord.

 **SUNNY DAYS FLORIST** Account | 29795182

QUOTES

*Estimated Premium	\$2,362
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 Workers' Compensation \$2,362

BIND ELIGIBLE **RESERVED**

Quote # | 7742474

Effective Date | 5/18/2021 

Premium	\$2,362.00
Total	\$2,362.00

18  Edit

20  Message Underwriter

19  Attach A File

 Generate Acord

✓

This Quote Is Now Reserved and Saved

17 **PROPOSAL**

16 **SUBMIT TO UW** **BIND A QUOTE**

Your Success is Our Policy®

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 **AmTrust**
FINANCIAL