How to Complete a Quote Online

Portal Instruction Guide – Producers

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1.800.442.0593

1.800.442.0598

101 N Keene St, Columbia, MO 65201

Start New Quote

Follow these instructions to submit a quote on the Missouri Employers Mutual ProducerEngage portal. All fields are required unless specified as (Optional).

1. Select the **+Start New Quote** button in the top right corner of any screen within the portal or from the **Accounts** tab.
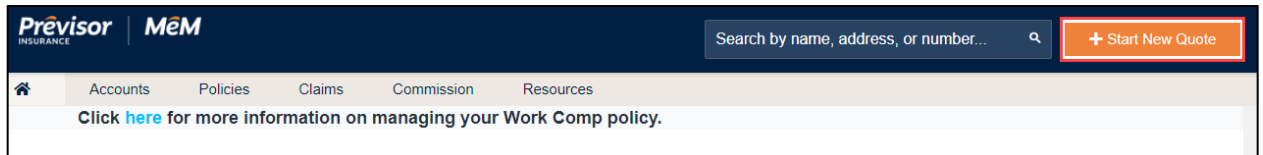
NOTE: By selecting "Start Quote," the quoting process has begun, and the user may save a temporary draft; however, Underwriting will not review a saved draft until the entire quote workflow is completed and submitted by the agent for formal rating.

Account Details

- The first four fields of the Account Details differ depending on the Account Type selection.

- The Account Type, Account Number and Company fields will be pre-filled, but use the dropdowns to make another selection that best fits the business.

Account Details – Company

1. Select **Account Type - Company**.

2. Select **Entity Type**.

3. Input **Company** as either the company name or partners' names.

4. Input **FEIN#**.

New Quote: Account Details

Account Type	Company
Entity Type	Corporation
Company	ABC Test
FEIN #	41-8978675

NOTE: The ability to add a DBA Name will be added later.

Account Details – Sole Proprietor

1. Select **Account Type – Sole Proprietor**.

2. Input **First Name**.

3. Input **Last Name**.

4. Input **Social Security Number (SSN#)**.

New Quote: Account Details

Account Type	Sole Proprietor
First Name	Jane
Last Name	Smith
SSN #	123-45-6789

NOTE: The ability to add a DBA Name will be added later.

5. Input **Address Lines 1** and **2** (optional).

6. Input **Zip Code** and **State**.

NOTE: These fields initiate address standardization. When applicable, the address standardization service completes the address fields with a USPS standardized address.

7. If multiple address matches are identified, select **Correct Address Radio Button**, then press **Use Selected** to complete the address fields automatically. Or choose **Cancel** to complete the fields manually.

8. If a standardized address is NOT found, enter **City**, **State**, and **County**.

9. Input **Phone Number**.

10. If the Mailing Address differs from the physical address, uncheck the box and enter a **Physical Address**.

11. Select **Start Quote** or **Cancel** to return to the Accounts Screen.

Address Line 1	101 N KEENE ST
Address Line 2 (Optional)	
Zip Code	65201-6619
City	COLUMBIA
State	Missouri
Phone #	573-819-2145

Mailing Address

☑ Same as physical address

| Cancel | Start Quote |

NOTE: The information entered in the **New Quote: Account Details** cannot be modified once the quote is started. Please notify your Underwriter if there are any changes to the information on this screen after you proceed in this workflow.

12. *A cancel quote dialog box will open if cancel is selected.* Select **Close** to return to the quote or **Ok** to Cancel.

Start Quote – New Quote: To Start the Quote Process

1. **Account Type**, **Account Number** and **Company Name** pre-populate from the previous screen.

2. The **Effective Date** automatically populates the **Current Calendar Date**. Select the **Calendar Tool** to change the date.

   NOTE: Past effective dates or effective dates greater than 90 days in the future cannot be selected.

3. Input the **Calendar Year Business Started**.

   NOTE: The year entered in this field drives the claim count entry further in the quoting workflow.

4. Input a short **Description of the Business** to describe the operations of the business.

   NOTE: For assistance, hover over the question mark.

5. Check the boxes for each state to **Include Coverage in These States**.

   NOTE: The user may select one or multiple states for coverage.
   - Any state selected in addition to Missouri will result in both a MEM and Previsor quote. The following message will display:

   > ⓘ **Please Note, a separate quote will be generated with Previsor insurance for all non-Missouri business.**

   - Any state selected instead of Missouri will result in a Previsor quote.
   - If Missouri is the only state selected, only a MEM quote will be created.

Start Quote

New Quote : To Start The Quote Process

Account Type	Company
Account	10000425375
Company	Magnolia Flowers LLC
Effective Date	Feb 24, 2021
Year Business Started	2020
Description of Business	Florist

Include coverage in these states
- ☑ Missouri
- ☐ Arkansas
- ☐ Iowa
- ☐ Illinois
- ☑ Kansas
- ☐ Nebraska
- ☐ Tennessee

ⓘ Please Note, a separate quote will be generated with Previsor insurance for all non-Missouri business.   💬 Live

6. Select **Next**.

   [Cancel]   [Next]

Quote Request

Quote Details – Prior Losses

Up to three years of prior loss count is required depending on the year the business started. If the year business started is:

- Current calendar year = No claim count required

- Current calendar year minus 1 year = 1 year claim count required

- Current calendar year minus 2 years = 2 years claim count required

- Current calendar year minus 3 years (or more) = 3 years claim count required

1. Input **Total # Losses**, which is the total number of losses for which a payment has been made, even if there is no coverage at the time of loss.

   NOTE: If there were no losses, enter zero (0).

2. *(Optional)* Input **Incurred Amount,** the sum of any amount paid or in reserves, even if there was no coverage at the time of loss.

NOTE: If there were no losses, enter zero (0).

Quote Details – Locations

1. **Primary Location Address** pre-populates based on information from the **New Quote: Account Details Screen**.

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NOTE: No location addresses will populate if the account address does not match one of the selected states on the quote.

2. *Multiple primary locations may be listed for multistate policies.* For any locations listed by the state only, select **Edit** next to the location with no address listed.

Locations

LOCATION NAME	ADDRESS		
Primary Location	101 N KEENE ST, COLUMBIA, MO, 65201-6619	✏️	🗑️
Primary Location	KS	✏️	🗑️

+ Add Location

3. Enter **Location Name**, **Address Line 1**, **Zip Code**, **City and State**.

Quote Request

Quote Details
Class Code and Payroll
Coverages
Supplemental Questions
Quote
Pay and Issue
Success

Location Details

Location Name (Optional)	Primary Location
Address Line 1	15208 W 119TH ST
Address Line 2 (Optional)	
Zip Code	66062-5604
City	OLATHE
State	Kansas

Cancel Location **Save** **Save & Add Another**

NOTE: Address standardization is initiated after entering Address Line 1 and the Zip Code.

4. Select **Save** to complete the entry or **Save & Add Another** to create another entry. Select **Cancel Location** to cancel entering the information.

5. Select **Add Location** to enter any additional location addresses.

6. Enter **Location Name**, **Address Line 1**, **Zip Code**, **City and State**.

   NOTE: Address standardization is initiated after entering Address Line 1 and the Zip Code.

7. Select **Save** to complete the entry or **Save & Add Another** to create another entry. Select **Cancel Location** to cancel entering the information.

Quote Details – Additional Named Insured

Additional Named Insured(s) with a MO address will be added to the MEM submission, and Previsor appointed state will be added to the PRV submission. Additional Named Insured(s) cannot be added with an address in a state that MEM or Previsor does not write.

A quote can be submitted with one or more Additional Named Insureds.

1. Select **Add Additional Insured**.

2. Select the **Company** or **Person** tab, as Additional Named Insureds can be entered as a Company or Person.

3. Enter **Company** or **First Name & Last Name**, **FEIN** or **SSN** *(if known),* **Address Line 1**, **Zip Code**, **City** and **State**.

   NOTE: Address standardization is initiated after entering Address Line 1 and the Zip Code.

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4. Select **Save** to complete the entry or **Save & Add Another** to create another entry. Select **Cancel** to cancel entering the information.

5. Select **Next**.

Class Code and Payroll – Employee Classes

At least one class code and payroll are required for <u>each</u> location entered on the quote.

Class codes and payroll are separated by Employees Classes - MO Locations and Non-MO Locations on multistate quotes. For all Missouri locations and Non-Missouri locations:

1. Select a **Location** *(if more than one)*.

2. Select a **Class Code & Description** from the drop-down list.

    NOTE: The Class Code and Description field provides the ability to search for codes using the full or partial class code or keyword (s).

3. Enter the **# of Employees** for the class code.

4. Enter the **# of Included Owners**.

    NOTE: Missouri corporations must include at least one owner/officer.

5. Enter the **Total Payroll** amount associated with the class code, including any owners and officers wanting to be included in the coverage.

    NOTE: Use whole numbers when entering the total payroll amount.

6. Select **Add**.

Workers Compensation Quote (60445424)

Employees Classes - Missouri Locations

Location	Class Code And Description	# Of Employees	Included Owners	Total Payroll	
1: 101 N KEENE ST, Columbia, MO	9102: PARK NOC-A... ⌄	2	1	80000	**Add**

Use $48,200 as payroll for each Owner Officer you include ⓘ

Please use total payroll numbers for all owners and officers wanting to be included in coverage.

Cancel   Previous   Next

NOTE: The 90/10 split for Missouri Owner/Officer is calculated in the background once the add button is selected. The class code 8810 is automatically used for the 10 percent split. If the class code 8742 is needed instead, please contact your underwriter.

NOTE: Quotes cannot be submitted when one or more states have a class code with zero payrolls.

7. Select **Add More** to add additional class codes to a location.

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Workers Compensation Quote (60445424)

Employees Classes - Missouri Locations

Location	Class Code And Description	# Of Employees	Included Owners	Total Payroll		
1: 101 N KEENE ST, Columbia, MO	9102 - PARK NOC-ALL EMPLOYEES & DRIVERS.	2	1	75180	🗑	✏

Use **$48,200 as payroll for each Owner Officer you include** ⓘ

+ Add More

Cancel   Previous   **Next**

8. Repeat steps **1-6** for additional class codes for locations.

Workers Compensation Quote (60445424)

Employees Classes - Missouri Locations

Location	Class Code And Description	# Of Employees	Included Owners	Total Payroll		
1: 101 N KEENE ST, Columbia, MO	8810 - CLERICAL OFFICE EMPLOYEES NOC.		0	4820	🗑	✏
1: 101 N KEENE ST, Columbia, MO	9102 - PARK NOC-ALL EMPLOYEES & DRIVERS.	2	1	75180	🗑	✏

Use **$48,200 as payroll for each Owner Officer you include** ⓘ

+ Add More

Cancel   Previous   **Next**

9. Select **Next**.

NOTE: If a user returns to the Class Code & Payroll screen using the Previous button, the Missouri Owner/Officer split will display.

Coverages

The default Employers' Liability limits are the statutory limits 100,000/500,000/100,000. To select increased limits:

1. Select **Each Accident/Policy/Each Employee Limit**.

2. Select **Next**.

![Previsor Insurance | MeM Missouri Employers Mutual logos and contact info: previsorinsurance.com, mem-ins.com]

Supplemental Questions – Upload Documents

Documents can be added to the quote, including loss runs, e-mod worksheets, ACORD apps, etc.

1. Select **Upload Documents** to attach a document(s).

2. Browse for the document in the **File Explorer** window, select a document, then click **Open** to attach the document.

3. **Document Name**, **Status**, **Uploaded Date,** and **Download Information** displays once the document has successfully uploaded.

Supplemental Questions

Twenty-four supplemental questions (or 23 on a Missouri-only submission) from the ACORD 130 are listed and require review and response.

All questions except the first three default with a **No** response. All questions must have an answer to proceed to the next step.

Depending on the response to the questions, a *required* text box will appear for further information, and **Comments** will need to be entered to continue.

1. Make **Yes** or **No** selections for the first three boxes.

2. Input any additional **Comments** associated with a **Yes** or **No** response.

Quote Request

Quote Details

Class Code and Payroll

Coverages

Supplemental Questions

Quote

Pay and Issue

Success

Account: 10000425375

Upload Documents

ⓘ There are no documents associated with this policy

Supplemental Questions

Is a written safety program in operation?	**Yes**	No
Any work performed underground or above 15 feet?	**Yes**	No
Comments		
Any work sublet without certificates of insurance?	**Yes**	No
Percentage		
Comments		

3. Review remaining questions for **Yes** or **No** accuracy.

	Yes	No
Does applicant own, operate, or lease aircraft/watercraft?	Yes	**No**
Do/Have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc)	Yes	**No**
Any work performed on barges, vessels, docks, bridge over water?	Yes	**No**
Is applicant engaged in any other type of business?	Yes	**No**
Are sub-contractors used?	Yes	**No**
Any group transportation provided?	Yes	**No**
Any employees under 16 or over 60 years of age?	Yes	**No**
Any seasonal employees?	Yes	**No**
Is there any volunteer or donated labor?	Yes	**No**
Any employees with physical handicaps?	Yes	**No**
Do employees travel out of state?	Yes	**No**
Are athletic teams sponsored?	Yes	**No**
Are physicals required after offers of employment are made?	Yes	**No**
Any other insurance with this insurer?	Yes	**No**
Any prior coverage declined/canceled/non-renewed (last 3 years)? Not Applicable in MO.	Yes	**No**
Are employee health plans provided?	Yes	**No**
Do employees perform work for other businesses or subsidiaries?	Yes	**No**
Do you lease employees to or from other employers?	Yes	**No**
Do any employees predominantly work at home?	Yes	**No**
Any tax liens or bankruptcy within the last 5 years?	Yes	**No**
Any undisputed and unpaid workers' compensation premium due from you or any commonly managed or owned enterprises? If yes, explain including entity name(s) and policy number(s).	Yes	**No**

4. Read and check the **Acknowledgment Statement Box**.

5. Select **Get Quote**.

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NOTE: The **Get Quote** button finalizes the submission. The quote is either Referred to Underwriting or a Quote Summary displays.

Quote – Referred to Underwriting

If Underwriting issues are triggered, the application is referred to the underwriter.

1. Select **Ok** to view the dashboard.

Quote – Quote Summary

If **there are no underwriting issues, the Quote screen displays** the insured name, e-mod, effective date and premium.

- The e-mod is received from NCCI and applied to the quote if applicable. The e-mod field is NOT editable, but please contact the underwriter for any discrepancies. If the e-mod is not available, this field will be blank.
- If the effective date is not valid when the user submits a quote, the user will be prompted to update the effective date field and re-submit the quote. The effective date may not be more than 90 days into the future.
- The MEM rate tier is displayed on the quote screen in the risk tier field. Any edits to the submission after the quote is presented, may also alter the rate tier.
- The premium summary displays the **MEM** or **Previsor** premium or the combined **MEM** and **Previsor** premium on multistate quotes.

1. Select **Print Quote Screen** to print the information displayed. Select **View PDF** to save the data. Or select **Email Underwriter** to communicate with the Underwriter.

Account: 10000452299

🖨 Print Quote Screen
📄 View PDF

Email Underwriter ✉

Quote Summary

Quote Request
- Quote Details
- Class Code and Payroll
- Coverages
- Supplemental Questions
- **Quote**
- Pay and Issue
- Success

Insured Name: Kirchman Contracting   E-Mod: -   Effective Date: **May 2, 2023**

Estimated Annual Premium	$3,250.00
Taxes and Surcharges	$71.00
Total Cost	**$3,321.00**

📅

Policy Period

May 2, 2023 - May 2, 2024

Pay Plans Available

# of Payments	Auto EFT		Installment	
	Down Payment	Installment Amount	Down Payment	Installment Amount
Annual	$3,321.00	$0.00	$3,321.00	$0
Two installment	$1,946.50	$1,374.50	$1,946.50	$1,379.50
Four installment	$1,259.25	$687.25	$1,259.25	$692.25
Six installment	$984.35	$467.33	$984.35	$472.33
Nine installment	$984.35	$292.09		
Twelve installment	$800.99	$229.10		

Reporting Plans	Auto EFT		Reporting	
	Deposit Req.	Total to Remit	Deposit Req.	Total to Remit
EZ-Pay - Monthly (Third Party Vendor)	$0.00	$572.00	$0.00	$0.00
Monthly Reporting	$0.00	$572.00	$308.85	$880.85
Quarterly Reporting	$0.00	$572.00	$1,029.50	$1,601.50

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2. *Once the quote has been reviewed and approved*, select **Pay and Issue**.

NOTE: Pay And Issue is where owner/officer information is entered, a payment plan is selected, required contact information is entered, and payments are submitted.

Employees' Code Rates and Costs by State: Missouri Employers Mutual Insurance Company (60558075)

MISSOURI

Classification - 101 N KEENE ST, COLUMBIA, MO 65201-6619

Code	Description	Basis	Rate	Amount
9093	BOWLING LANE.	$70,000.00	2.37	$1,659.00
8810	CLERICAL OFFICE EMPLOYEES NOC.	$100,000.00	0.28	$280.00

Other Premiums

Code	Description	Basis	Rate	Amount
	MANUAL PREMIUM			$1,939.00
	SUBJECT PREMIUM			$1,939.00
9812	INCREASED EMPLOYERS LIABILITY	$1,939.00	1.011	$21.00
9848	EEL MINIMUM PREMIUM	$21.00		$99.00
	SECOND INJURY FUND SURCHARGE	$2,350.00	0.03	$71.00
	MISSOURI TOTAL COST			$2,421.00

Employees' Code Rates and Costs by State: Previsor Insurance Company (60558076)

KANSAS

Classification - 101 N MAIN ST, POMONA, KS 66076

Code	Description	Basis	Rate	Amount
9093	BOWLING LANE.	$50,000.00	0.94	$470.00
8810	CLERICAL OFFICE EMPLOYEES NOC.	$100,000.00	0.1	$100.00

Other Premiums

Code	Description	Basis	Rate	Amount
	MANUAL PREMIUM			$570.00
	KANSAS TOTAL PREMIUM			$900.00
	KANSAS TOTAL COST			$900.00

Cancel   Previous   **Pay And Issue**

Schedule Rating

Schedule rating allows MEM to offer credits related to the unique conditions of an employer. Quotes with standardized modified premium of $5,000 or less are not eligible for this rating modification.

Credits may be applied as a percentage factor to modified premium to reflect specific characteristics not contemplated in the loss experience. Schedule rating is subject to a maximum of 25% credit. At this time, schedule rating can be requested on the portal for Missouri only quotes.

Enter the amount of credit along with the justification reason. Please note, schedule rating may also be available for exposure outside of Missouri. Contact your Underwriter for review and approval.

Documentation supporting the schedule rating selection should be maintained in the agency file. Schedule rating amount is subject to Underwriting review and approval prior to issuance.

The following risk characteristics are eligible under this plan for assignment of credits:

RISK CATEGORY	JUSTIFICATION
Employees: Selection, Training & Supervision	• Alcohol/drug policy • Selective hiring practices • Formal training program • Risk manager on staff • Highly experienced employees • Low turnover • Return to work policy • Pre/post-accident drug testing
Safety Equipment	• Fall protection • Bucket truck • Trench boxes • Steel gloves • Machine guards • Face shields • Safety apparel (hi-vis shirts, steel-toe shoes, etc.) • Industry-specific equipment designed to protect employees and prevent injuries
Medical Facilities	• First aid facilities onsite • Medical professionals onsite • Established emergency procedures exist
Premises – Condition & Care	• Controls exist for noise, vibration, dust, flammable liquids/exposures and other unique hazards • Security features are installed • Aisleways/walkways are clear
Management	• Written safety rules • Reports claims in timely fashion • Documented safety meetings • Designated safety coordinator • Conducts accident investigations

To utilize schedule rating, follow these steps:

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1. On the Quote Summary, select **Add Schedule Rating**.

Account: 10000452370

Workers Compensation Quote (60559413)

Print Quote Screen
View PDF

Email Underwriter ✉

Quote Summary

Insured Name: Kirchman Construction   E-Mod: -   Effective Date: **May 8, 2023**

Estimated Annual Premium	$34,073.00	📅
Taxes and Surcharges	$1,022.00	Policy Period **May 8, 2023 - May 8, 2024**
Total Cost	**$35,095.00**	

+ Add Schedule Rating   **Do you need a better price? Add Schedule Rating.**

+ Add Deductible   **Interested in adding a deductible?**

Pay Plans Available

2. Select a **Justification Reason(s)** to describe the characteristics of the policyholder.

3. Enter a desired **Credit Percentage** as a number between 1 to 25.

4. Select **Re-Rate**.

Account: 10000452370

Workers Compensation Quote (60559413)

Schedule Rating Adjustment

The premium for an eligible policyholder may be modified to reflect specific characteristics not contemplated in the loss experience. The modification is limited to a credit of 25%. Policies with a modified premium in the Standard Rate tier $5,000 or less are not eligible for this rating modification.

For Missouri risks, select the amount of credit along with the justification reason. Please note, schedule rating is subject to underwriting review and approval prior to issuance. Documentation supporting the selection should be maintained in the agency file.

Click here for additional information on Schedule Rating

Category	Justification Reason(s) ❶	Credit(%) ❶
Premises-Conditions,Care	Please Select	
Medical Facilities	Please Select	
Safety Equipment	Please Select	
Employees - Selection, Training, Supervision	Alcohol/drug policy	5
Management	Please Select	

Total Schedule Rating: -5

Cancel   Re-Rate

Pay and Issue – Owner and Officer Information

1. Enter the **First Name**, **Last Name**, and **Owner Percentage** for all included owners.

   NOTE: To add additional included owners/officers, navigate back to the Class Code and Payroll screen to update the number of included owners.

2. Enter the **First Name** and **Last Name** of any excluded owner.

3. *If desired,* select **Add Excluded Owner Officer** to add more than one excluded owner.

4. Select **Save**.

Pay and Issue – Payment Plans

1. Select **Yes** or **No** on the "*Would you like to make a payment now?*" radio button.

   NOTE: An invoice will be sent for the down payment once the policy is issued.

2. Select the **Preferred Payment Method**.

   NOTE: The available installment and reporting pay plans are based on the combined premium size. All Installment plans are available when Auto EFT is selected.

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3. *If Reporting Plan is selected as the Preferred Payment Method,* select a **Premium Reporting Plan**.

   NOTE: If the EZ-Pay Monthly (Third Party Payroll Service) reporting plan is selected, the quote will be referred to Underwriting to obtain and confirm the payroll service company information.

4. Select the desired **Payment Plan Radio Button**.

Pay and Issue

Insured Name: New Designs Painting

Owners and Officer Information

Missouri

Name	Included/Excluded	Code
Jane Smith	Included	9102
Bob Jones	Excluded	

Payment Details

Total Premium   USD 4,639.00

Payment Plans

Would you like to make a payment now?   ● Yes   ○ No

Preferred Payment Method   Installment

Name	Down Payment	Installment	Total
● Annual	$4,644.00	$0.00	$4,644.00
○ Two installment	$2,559.00	$2,090.00	$4,649.00
○ Four installment	$1,516.50	$1,047.50	$4,659.00
○ Six installment	$1,099.50	$713.90	$4,669.00

Pay and Issue – Contacts

1. Select **Add** to enter a **Billing Contact**.

NOTE: A billing contact is required to submit for issue.

2. Select a **Company** or **Person** for the contact type.

3. Enter **Company** or **First Name & Last Name**, **Phone, Email, Address Line 1**, **Zip Code**, **City** and **State**.

4. Check the applicable **Assign Contact To** boxes.

5. Select **Save**.

6. Select **Add** to enter a **Corporate/Primary Contact**.

NOTE: A corporate/primary contact is required to submit for issue.

7. Select a **Company** or **Person** for the contact type.

8. Enter **Company** or **First Name & Last Name**, **Phone**, **Email**, **Address Line 1**, **Zip Code**, **City** and **State**.

9. If desired, check the applicable **Assign Contact To** boxes.

10. Select **Save**.

Pay and Issue – Proceed to Pay – Submit Without Payment

1. Select **No** on the *Would you like to make a payment now*? Radio button.

2. Select **Process Issuance**.

3. The **Payment Successful** screen is presented, and **Policy Number(s)** are provided.

   NOTE: The policy(ies) ***automatically*** issue and e-delivers on the portal.

   NOTE: An invoice for the down payment will generate.

4. Select **Return to Dashboard**.

Pay and Issue – Proceed to Pay – Submit With Payment

1. Select **Yes** on the *Would you like to make a payment now*? Radio button.

2. Select **Process Issuance**.

3. Complete all the appropriate fields in the payment box.
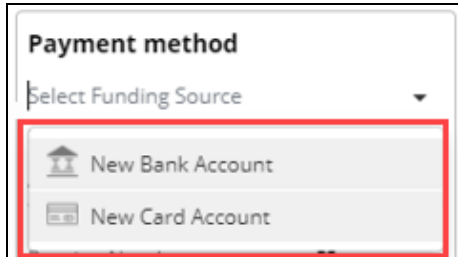
4. Enter a valid **Email Address** in the Personal Details box.

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NOTE: Payment confirmation emails will be sent to the email address entered.
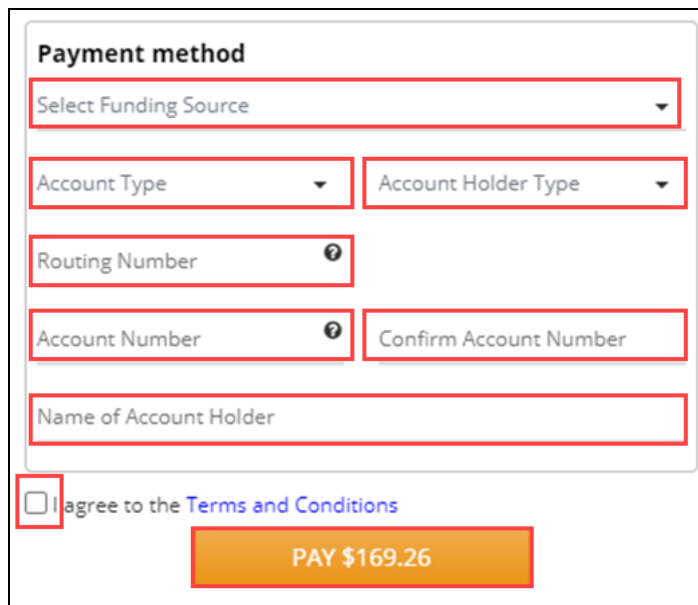
5. Select Funding Source – **New Bank Account** or **New Card Account**.

6. For a **New Bank Account**:

   a. Select an **Account Type**.

   b. Select an **Account Holder Type**.

   c. Enter the **Routing Number**.

   d. Enter the **Account Number**.

   e. Confirm **Account Number**.

   f. Enter the **Name of the Account Holder**.

   g. Check the **Agreement Box**.

   h. Select **Pay Dollar Amount**.

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7. For a **New Card Account**:

    a. Enter the **Card Number**, **CVV** and **Exp. Date**.

    b. Enter **Name on Card**.

    c. Enter **Billing Address Line 1**.

    d. Enter **City**, **State**, and **Zip Code**.

    e. Check the **Agreement Box**.

    f. Select **Pay Dollar Amount**.

Payment method

New Card Account ⌄

Please select Funding Source

| Card Number | CVV | Exp. Date |

Name on Card

Billing Address

Address Line 1

| City | Alabama ⌄ | Zip Code |

☐ agree to the Terms and Conditions

PAY $43004.91

8. The **Payment Successful** screen is presented, and **Policy Number(s)** are provided.

    NOTE: The policy(ies) *automatically* issue and e-delivers to the producer.

9. Select **Return to Dashboard**.

Win Back

Previously quoted but not taken or expired submissions from the past policy period with effective dates 90 days in advance are identified on the portal home screen. Upon login, a list of **Prospects** will appear. Users can select **Start Quote** to complete a quick review or **Dismiss**.

Prospects – Start Quote

- Once **Start Quote** is selected, the submission will move to the **Open Quotes** tile.

- Updated Loss History, Payroll, and other information should be entered.

- The portal will automatically check and apply the prospect's current e-mod and included owner/officer payroll.

1.800.442.0593   1.800.442.0598   101 N Keene St, Columbia, MO 65201

Prospects – Dismiss

- Select **Dismiss** to remove a prospect from the list, and the prospect will not be identified again.

- Prospects will automatically be removed from the list if the target effective date passes, and a new quote has not been started.

Where to Get Help

If your questions were not addressed within this document, please contact **MEM Customer Care** at customercare@mem-ins.com or by phone at 1.800.442.0593.