

How to Complete a Quote Online

Portal Instruction Guide – Producers

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Start New Quote

Follow these instructions to submit a quote on the MEM 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 a temporary draft may be saved by the user; 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**.

A screenshot of the 'New Quote: Account Details' form. The title 'New Quote: Account Details' is at the top. Below it, there are two dropdown menus. The first is labeled 'Account Type' and the second is labeled 'Company'. Both dropdown menus are highlighted with a red border.

2. Select **Entity Type**.

A screenshot of the 'Entity Type' dropdown menu. The dropdown is open, showing a list of options: LLC, Corporation, Government entity, Joint venture, LLC (highlighted), Non or not for profit corp., Other, Partnership, Religious organization, and S-Corporation. The dropdown is highlighted with a red border.

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 Line 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 automatically complete the address fields. Or select **Cancel** to complete the fields manually.
8. If a standardized address is NOT found, enter **City, State, and County**.
9. Input **Phone Number**.
10. 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 #	573-819-6162

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.

11. If **Cancel** is selected, a Cancel Quote dialog box will open, 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 quote workflow.

4. Input a short **Description of 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: User may select one or multiple states for coverage.

- Any state selected in addition to Missouri will result in both an 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 an 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	<input type="text" value="Feb 24, 2021"/>
Year Business Started	<input type="text" value="2020"/>
Description of Business	<input type="text" value="Florist"/>
Include coverage in these states	<input checked="" type="checkbox"/> Missouri <input type="checkbox"/> Arkansas <input type="checkbox"/> Iowa <input type="checkbox"/> Illinois <input checked="" type="checkbox"/> Kansas <input type="checkbox"/> Nebraska <input type="checkbox"/> Tennessee

Please Note, a separate quote will be generated with Previsor insurance for all non-Missouri business. [Live](#)

6. Select **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 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 there has been a payment made, even if no coverage at the time of loss.

NOTE: If there were no losses, enter the number 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.

Quote Request

Quote Details

Class Code and Payroll

Coverages

Supplemental Questions

Quote

Pay and Issue

Success

ⓘ Please enter the full address (Address Line 1, City, State, Zip Code) for all Locations.

Quote Details

Effective Date

Prior Losses

Please include all incurred losses, along with the dollar amount of incurred loss, even if there was no coverage in place at the time of loss. Please note Total Losses must be reported in order to proceed with the quote submission process.

OCCURENCE YEAR	TOTAL # LOSSES ⓘ	INURRED AMOUNT (OPTIONAL) ⓘ
2020 - 2021	0	0

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

Quote Details – Locations

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

NOTE: If the account address does not match one of the selected states on the quote, no location addresses will populate.

- For multi-state policies, more than one Primary Location may be listed. For any locations listed by 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

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

Quote Request	Location Details	
Quote Details	Location Name (Optional)	Primary Location
Class Code and Payroll	Address Line 1	15208 W 119TH ST
Coverages	Address Line 2 (Optional)	
Supplemental Questions	Zip Code	66062-5604
Quote	City	OLATHE
Pay and Issue	State	Kansas
Success		

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

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

- Select **Save** to complete the entry or **Save & Add Another** to create another entry. Select **Cancel Location** to cancel entering the information.
- Select **Add Location** to enter any additional location addresses.

Quote Request

Quote Details

Class Code and Payroll

Coverages

Supplemental Questions

Quote

Pay and Issue

Success

Account: 10000425375

Quote Details

Effective Date:

Prior Losses

Please include all incurred losses, along with the dollar amount of incurred loss, even if there was no coverage in place at the time of loss. Please note Total Losses must be reported in order to proceed with the quote submission process.

OCCURENCE YEAR	TOTAL # LOSSES	INCURRED AMOUNT (OPTIONAL)
2020 - 2021	<input type="text" value="0"/>	<input type="text" value="0"/>

Locations

LOCATION NAME	ADDRESS	
Primary Location	101 N KEENE ST, COLUMBIA, MO, 65201-6619	
Primary Location	15208 W 119TH ST, OLATHE, KS, 66062-5604	

+ Add Location

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 Request

Quote Details

Class Code and Payroll

Coverages

Supplemental Questions

Quote

Pay and Issue

Success

Location Details

Location Name (Optional):

Address Line 1:

Address Line 2 (Optional):

Zip Code:

City:

State:

Cancel Location
Save
Save & Add Another

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 is not written by MEM or Previsor.

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

1. Select **Add Additional Insured**.

Quote Request

Quote Details

Class Code and Payroll

Coverages

Supplemental Questions

Quote

Pay and Issue

Success

Account: 10000425375

Quote Details

Effective Date: Feb 24, 2021

Prior Losses

Please include all incurred losses, along with the dollar amount of incurred loss, even if there was no coverage in place at the time of loss. Please note Total Losses must be reported in order to proceed with the quote submission process.

OCCURENCE YEAR	TOTAL # LOSSES	INCURRED AMOUNT (OPTIONAL)
2020 - 2021	0	0

Locations

LOCATION NAME	ADDRESS
Primary Location	101 N KEENE ST, COLUMBIA, MO, 65201-6619
Primary Location	15208 W 119TH ST, OLATHE, KS, 68062-5604

+ Add Location

Additional Named Insured

No Additional Insured

+ Add Additional Insured **Live Chat**

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.

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

Quote Request

Quote Details

Class Code and Payroll

Coverages

Supplemental Questions

Quote

Pay and Issue

Success

Additional Named Insured

Account Type		Company	Person
Company		Magnolia Flours	
FEIN # (Optional)		21-4578914	
Address Line 1		200 E SOUTHAMPTON DR	
Address Line 2 (Optional)			
Zip Code		65203-3049	
City		COLUMBIA	
County		BOONE	
State		Missouri	

Cancel
Save
Save & Add Another

- Select **Next**.

Coverages

Supplemental Questions

Quote

Pay and Issue

Success

Effective Date: Feb 24, 2021

Prior Losses

Please include all incurred losses, along with the dollar amount of incurred loss, even if there was no coverage in place at the time of loss. Please note Total Losses must be reported in order to proceed with the quote submission process.

OCCURRENCE YEAR	TOTAL # LOSSES	INCURRED AMOUNT (OPTIONAL)
2020 - 2021	0	0

Locations

LOCATION NAME	ADDRESS
Primary Location	101 N KEENE ST, COLUMBIA, MO, 65201-6919
Primary Location	15208 W 119TH ST, OLATHE, KS, 66062-9504

[+ Add Location](#)

Additional Named Insured

NAME	ADDRESS
Magnolia Flours	200 E SOUTHAMPTON DR, COLUMBIA, MO, 65203-3049

[+ Add Additional Insured](#)

Cancel
Live Chat
Next



REDESIGNED January 2022 | Class Code & Payroll

Class Code and Payroll – Employee Classes

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

On multi state quotes class codes and payroll are separated by Employees Classes - MO Locations and Non-MO Locations. 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 key word(s).

3. Enter the **# of Employees** for the class code.
4. Enter the **# of Included Owners**.

NOTE: For Missouri corporations at least one owner/officer must be included.

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

NOTE: Use whole numbers when entering 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 of 8810 is automatically used for the 10 percent split. If the class code of 8742 is needed instead, please contact your underwriter.

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

NOTE: For changes to quotes submitted prior to Jan. 26, 2022 with INCLUDED owner/officers, contact Underwriting at Underwriting2@mem-ins.com as these changes SHOULD NOT be submitted in portal.

7. Select **Add More** to add additional class codes to a location.
8. Repeat steps **1-6** for any additional class codes for any locations.
9. Select **Next**.

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

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

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

Coverages

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

1. Select the desired **Policy Limit – Disease** (bottom box).

Quote Request

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

Coverages

✓ Workers' Compensation And Employers' Liability Insurance Policy (Section 3B)

Limit - per Accident / per Employee Disease: 100,000/100,000

Policy Limit - Disease: 500,000

500,000

1,000,000

2,000,000

2. Select the corresponding limits in the **Limit - Per Accident / Per Employee Disease** (top box).

NOTE: The bottom menu must be selected first for additional options to show up in the top menu.

Quote Request

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

Account: 10000425375

Coverages

✓ Workers' Compensation And Employers' Liability Insurance Policy (Section 3B)

Limit - per Accident / per Employee Disease: 100,000/100,000

Policy Limit - Disease: 100,000/100,000

500,000/500,000

1,000,000/1,000,000

Coverages – Deductible

1. *If a small deductible plan is desired,* select the **Deductible** amount.
2. Select **Next**.

Deductible

[Click here for information on our Deductible offerings.](#)

Deductible Type: Net

Deductible: 15,000

Please Select

1,000

2,000

2,500

5,000

10,000

15,000

20,000

Cancel

Supplemental Questions – Upload Documents

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

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

Account: 10000425375

Quote Request

Quote Details

Class Code and Payroll

Coverages

Supplemental Questions

Upload Documents

There are no documents associated with this policy

Supplemental Questions

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

The 24 supplemental questions (or 23 questions if it's a Missouri only submission) from the ACORD 130 are listed and require review and/or response.

All questions except the first three are defaulted with a **No** response. All questions must have a response 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.

Account: 10000425375

Quote Request

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

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.

Does applicant own, operate, or lease aircraft/watercraft?	Yes	<input type="radio"/> 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	<input type="radio"/> No
Any work performed on barges, vessels, docks, bridge over water?	Yes	<input type="radio"/> No
Is applicant engaged in any other type of business?	Yes	<input type="radio"/> No
Are sub-contractors used?	Yes	<input type="radio"/> No
Any group transportation provided?	Yes	<input type="radio"/> No
Any employees under 16 or over 60 years of age?	Yes	<input type="radio"/> No
Any seasonal employees?	Yes	<input type="radio"/> No
Is there any volunteer or donated labor?	Yes	<input type="radio"/> No
Any employees with physical handicaps?	Yes	<input type="radio"/> No
Do employees travel out of state?	Yes	<input type="radio"/> No
Are athletic teams sponsored?	Yes	<input type="radio"/> No
Are physicals required after offers of employment are made?	Yes	<input type="radio"/> No
Any other insurance with this insurer?	Yes	<input type="radio"/> No
Any prior coverage declined/canceled/non-renewed (last 3 years)? Not Applicable in MO.	Yes	<input type="radio"/> No
Are employee health plans provided?	Yes	<input type="radio"/> No
Do employees perform work for other businesses or subsidiaries?	Yes	<input type="radio"/> No
Do you lease employees to or from other employers?	Yes	<input type="radio"/> No
Do any employees predominantly work at home?	Yes	<input type="radio"/> No
Any tax liens or bankruptcy within the last 5 years?	Yes	<input type="radio"/> 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	<input type="radio"/> No

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

5. Select **Get Quote**.

I am an authorized representative of the applicant and represent that a reasonable inquiry has been made to obtain the answers to questions on this application. I represent that the answers are true, correct and complete to the best of my knowledge

Cancel Previous **Get Quote**

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.

Quote Request

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

⚠ Referred to Underwriting

Your submission has been assigned to Tanya Banks for Underwriting review. You will be notified when the review has completed.

If you have any questions please contact Tanya Banks by tbanks@mem-ins.com or by phone 636-519-5030.

Ok

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

Quote – Quote Summary

If **NO** Underwriting issues, the **Quote** screen displays providing the insured name, E-Mode, 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 if there are any discrepancies. If the e-mod is not available, this field will be blank.
- If the effective date is not valid at the time the user submits for 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 alter the rate tier, as well.
- The premium summary displays the **MEM** or **Previsor** premium, or the combined **MEM** and **Previsor** premium on multi-state quotes.

1. Select the **State** hyperlink(s) to expand the screen and view the complete premium.
2. Select **Print Quote Document** to access the quote(s).

Quote Request

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

[Print Quote Document](#)
Tanya Banks

Quote Summary

Insured Name: Scotties Bowtique E-Mod: - Effective Date: **Feb 23, 2021**

Estimated Annual Premium	USD 23,483.00	 Feb 23, 2021 - Feb 23, 2022
Taxes and Surcharges	USD 903.00	
Total Cost	USD 24,386.00	

Employees' Code Rates and Costs by State: Previsor Insurance Company(60364745)

Risk Tier: -

State	Exp.Mod	Premium	Taxes and Surcharges	Total Cost
> Kansas		USD 5,430.00	USD 0.00	USD 5,430.00

Employees' Code Rates and Costs by State: Missouri Employers Mutual Company(60364744)

Risk Tier: -

State	Exp.Mod	Premium	Taxes and Surcharges	Total Cost
> Missouri		USD 18,053.00	USD 903.00	USD 18,956.00

Cancel
Previous
Pay And Issue

3. Select the **Final Quote** hyperlink to open a window with the quote document.

NOTE: Multi-state quotes will have both MEM and PRV hyperlinks, single-state quotes will only have one hyperlink.

4. The quote opens in a new web browser. The document can be downloaded or printed. Close the browser by selecting the **X** to return to the portal.

5. *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 Company(60441045)

Risk Tier: -

State	Exp.Mod	Premium	Taxes and Surcharges	Total Cost
> Missouri		USD 4,418.00	USD 221.00	USD 4,639.00

Cancel Previous Pay And Issue

Pay and Issue – Owner and Officer Information

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

NOTE: To add additional included owner/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

Insured Name: New Designs Painting

Owner and Officer Information

Missouri

Included Owner

First Name: Jane

Last Name: Smith

Class Code: 9102

Owner Percentage: 50

Location: 1: 101 S KEENE ST, COLUMBIA, MO

Excluded Owner

First Name: Bob

Last Name: Jones

+ Add Excluded Owner Officer

Clear Previous Save

Return to the Class Code and Payroll screen to add or remove Owner Officers

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 **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.

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: Installation

Name	Down Payment ⓘ	Installment	Total
<input checked="" type="radio"/> Annual	\$4,644.00	\$0.00	\$4,644.00
<input type="radio"/> Two installment	\$2,559.00	\$2,090.00	\$4,649.00
<input type="radio"/> Four installment	\$1,516.50	\$1,047.50	\$4,659.00
<input type="radio"/> Six installment	\$1,099.50	\$713.90	\$4,669.00

Pay and Issue – Contacts

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

Contacts		
Contact Type	Contact Name	Address
Billing		Add 
Corporate / Primary		Add 

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

2. Select **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**.

Add Contact	
<input checked="" type="radio"/> Company <input type="radio"/> Person	
Name	Jane Smith
Phone	660-417-1234
Email	jsmith1234@gmail.com
Address Line 1	101 N KEENE ST
Address Line 2 (Optional)	
Zip Code	65201-6619
City	COLUMBIA
State	Missouri
Assign Contact To	<input checked="" type="checkbox"/> Corporate / Primary <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Marketing <input checked="" type="checkbox"/> Claims Info <input checked="" type="checkbox"/> Accounting Record
<input type="button" value="Cancel"/> <input type="button" value="Save"/>	

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

Contacts

Contact Type	Contact Name	Address	
Billing			<div style="border: 1px solid black; background-color: #003366; color: white; padding: 5px; display: inline-block;">Add</div> ✎
Corporate / Primary			<div style="border: 2px solid red; border-bottom: none; background-color: #003366; color: white; padding: 5px; display: inline-block;">Add</div> ✎

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

7. Select **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**.

Add Contact

Company

Person

Name	<input style="width: 95%;" type="text" value="Jane Smith"/>
Phone	<input style="width: 95%;" type="text" value="660-417-1234"/>
Email	<input style="width: 95%;" type="text" value="jsmith1234@gmail.com"/>
Address Line 1	<input style="width: 95%;" type="text" value="101 N KEENE ST"/>
Address Line 2 (Optional)	<input style="width: 95%;" type="text"/>
Zip Code	<input style="width: 95%;" type="text" value="65201-6619"/>
City	<input style="width: 95%;" type="text" value="COLUMBIA"/>
State	<input style="width: 95%;" type="text" value="Missouri"/>
Assign Contact To	<div style="border: 1px solid red; padding: 5px;"> <input checked="" type="checkbox"/> Corporate / Primary <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Marketing <input checked="" type="checkbox"/> Claims Info <input checked="" type="checkbox"/> Accounting Record </div>

Cancel

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)** provided.

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

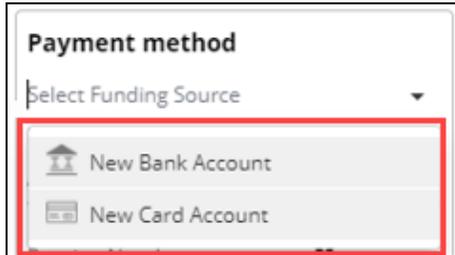
The screenshot shows a web form for MeM Missouri Employers Mutual. It has a title bar with the MeM logo and a close button (X). The form is divided into two main sections: 'Personal Details' and 'Payment method'. The 'Personal Details' section has an 'Email' field with a placeholder 'Please enter Email'. The 'Payment method' section includes a 'Select Funding Source' dropdown, 'Account Type' and 'Account Holder Type' dropdowns, 'Routing Number' and 'Account Number' fields with eye icons, and a 'Confirm Account Number' field. Below these is a 'Name of Account Holder' field. At the bottom, there is a checkbox for 'I agree to the Terms and Conditions' and an orange button labeled 'PAY \$169.26'.

4. Enter a valid **Email Address** in the Personal Details box.

This is a close-up of the 'Personal Details' section of the form. The 'Email' field is highlighted with a red border and contains the text 'smithj12345@gmail.com'.

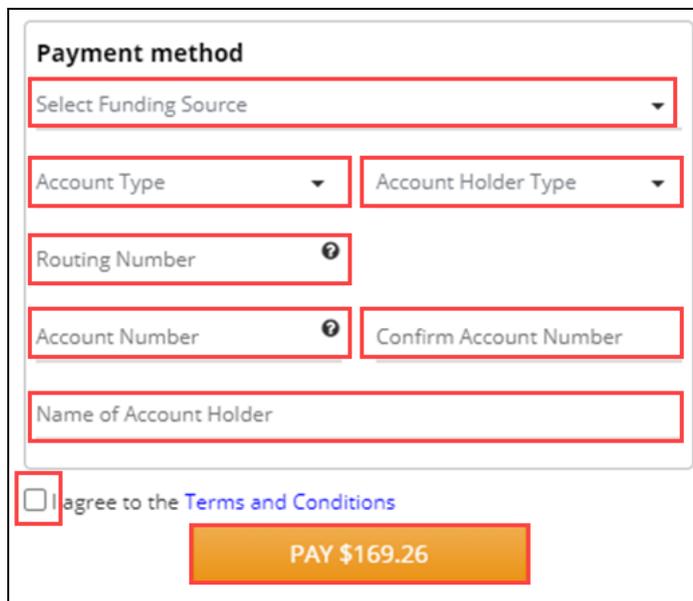
NOTE: Payment confirmation emails will be sent to the email address entered.

5. Select Funding Source – **New Bank Account** or **New Card Account**.



The screenshot shows a dropdown menu titled "Payment method" with the text "Select Funding Source" and a downward arrow. Two options are visible: "New Bank Account" with a bank icon and "New Card Account" with a card icon. A red box highlights these two options.

6. For a **New Bank Account**:
- Select an **Account Type**.
 - Select an **Account Holder Type**.
 - Enter **Routing Number**.
 - Enter **Account Number**.
 - Confirm **Account Number**.
 - Enter **Name of Account Holder**.
 - Check the **Agreement Box**.
 - Select **Pay Dollar Amount**.



The screenshot shows the "Payment method" form with several fields highlighted by red boxes: "Select Funding Source" (dropdown), "Account Type" (dropdown), "Account Holder Type" (dropdown), "Routing Number" (text input with a help icon), "Account Number" (text input with a help icon), "Confirm Account Number" (text input), "Name of Account Holder" (text input), and an unchecked checkbox for "I agree to the Terms and Conditions". At the bottom, there is an orange button labeled "PAY \$169.26".

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**, **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)** provided.

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

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.