



How to Complete a Quote Online

Portal Instruction Guide – Agent Portal

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Get Quote

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

1. Select the **+Get Quote** button in the top right corner of any screen within the portal.

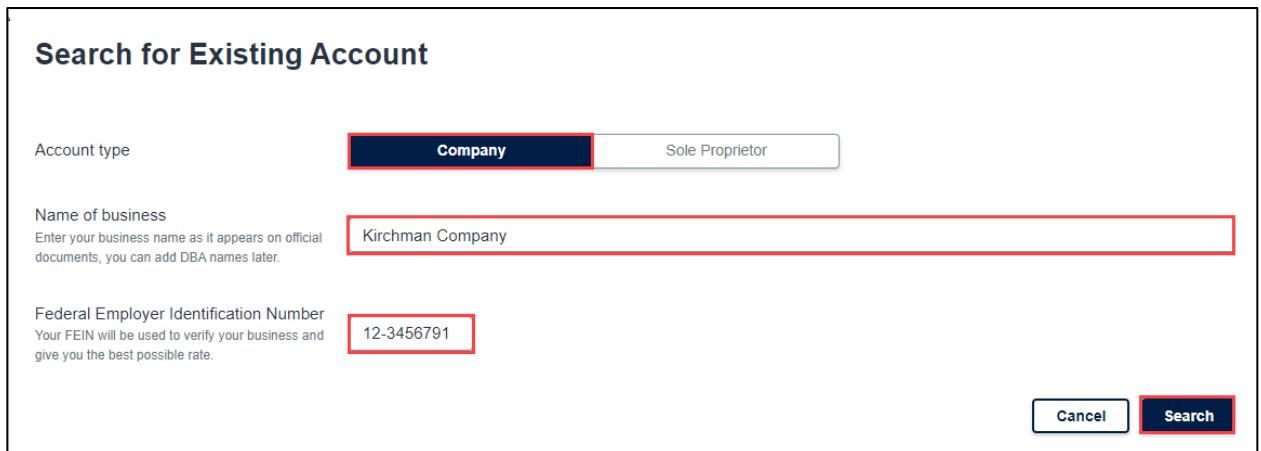


NOTE: By selecting “Get Quote,” the quoting process has begun, and the user may save a temporary draft; however, Underwriting will not review a saved draft until the entire quote workflow is completed and the agent submits it for formal rating.

Search for Existing Account

Account Details – Company

1. Select **Account Type**.
2. Enter the **Name of the Business**.
3. Enter the **Federal Employer Identification Number**.
4. Select **Search**.

A screenshot of the 'Search for Existing Account' form. The title 'Search for Existing Account' is at the top. Below it, there are three input fields: 'Account type' with a dropdown menu showing 'Company' (selected) and 'Sole Proprietor'; 'Name of business' with a text box containing 'Kirchman Company' and a small note below it: 'Enter your business name as it appears on official documents, you can add DBA names later.'; and 'Federal Employer Identification Number' with a text box containing '12-3456791' and a small note below it: 'Your FEIN will be used to verify your business and give you the best possible rate.' At the bottom right, there are two buttons: 'Cancel' and 'Search'.



Account Details – Sole Proprietor

1. Select **Sole Proprietor**.
2. Enter **First Name**.
3. Enter **Last Name**.
4. Enter the **Tax Identification Number**.
5. Select **Search**.

Search for Existing Account

Account type: Company | **Sole Proprietor**

First name: Jane

Last name: Kirchman

Tax Identification Number: 491-54-7451
Your SSN/ITIN will be used to verify your business and give you the best possible rate.

Buttons: Cancel, Search

New Account Details

1. Select **Organization Type**.

Organization type

- LLC
- Corporation
- Government entity
- Joint venture
- LLC**
- Non or not for profit corp.
- Other
- Partnership
- Religious organization
- S-Corporation
- Trust or estate



2. Enter **Address Line 1** and **2** (optional).
3. Enter the **Zip Code** and **State**.

NOTE: These fields initiate address standardization. When applicable, an Address Confirmation box asks you to confirm USPS standardization. Select **Yes** or **No**.

Address Confirmation

Would you like to use the standardized address?
101 N KEENE ST, COLUMBIA, MO, 65201

4. Select the Correct Address Radio Button and press **Use Selected** to automatically complete the address fields if multiple address matches are identified. Or select **Cancel** to complete the fields manually.
5. If a standardized address is NOT found, enter **City, State,** and **County**.
6. Enter **Telephone Number**.
7. Select **Yes** or **No** to confirm if the primary address is also the mailing address.
8. Select **Next**.

Address Confirmation

- 101 N GARTH CT, COLUMBIA, MO, 65202
- 101 E HONEY LN, COLUMBIA, MO, 65202
- 101 CORCORAN DR, COLUMBIA, MO, 65202
- 101 W SMILEY LN, COLUMBIA, MO, 65202
- 101 E DANIEL ST, COLUMBIA, MO, 65202
- 101 W LESLIE LN, COLUMBIA, MO, 65202
- 101 E PHYLLIS AVE, COLUMBIA, MO, 65202
- 101 AMAZON DR, COLUMBIA, MO, 65202
- 101 APPLE TREE CT, COLUMBIA, MO, 65203

New Account Details

Account type: Company
Name of business: Kirchman Company
Federal Employer Identification Number: 12-3466791

Organization type

LLC

Physical address

Address line 1: 101 N KEENE ST
Address line 2 (Optional):
City: COLUMBIA
County: BOONE
State: Missouri
Zip code: 65201-6619
Telephone number: 573-499-7333

Mailing address

Can the primary address be used as your mailing address?



NOTE: The information entered in the **New Account Details** CANNOT be modified once the quote is started. Please notify your underwriter if the information on this screen changes after you proceed with this workflow.

9. If **Cancel** is selected, a Cancel Quote dialog box will open. Select **Close** to return to the quote or **OK** to Cancel.

Qualification

1. Read through the statements and select **Yes** or **No**.
2. Select **Next**.

The screenshot shows a multi-step workflow with steps 1 through 9. Step 1, 'Qualification', is active. The account information is 'Account: 10000475199' and 'Workers' Compensation Quote (60696617)'. A list of business activities is provided for qualification, including leasing employees, performing lead or asbestos abatement, racing, dredging, mining, logging, dam construction, tower construction, demolition, and blasting. Below the list are 'Yes' and 'No' buttons. At the bottom are 'Cancel' and 'Next' buttons.

NOTE: If yes is selected, an Eligibility Risk box appears. Either the exposure is ineligible for coverage, and you can withdraw the submission or continue to submit and request an underwriter review. Select **Ok**.

The dialog box has a title bar with a close button (X). The title is 'Eligibility Risk' with a warning icon. The message reads: 'You have identified an exposure that is ineligible for coverage. You may withdraw the submission or continue to submit and request an underwriter review.' An 'Ok' button is located at the bottom right.



Operations

1. The **Coverage Start Date** automatically populates the **Current Calendar Date**; select the **Calendar Tool** to change the date.

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

2. Enter a business summary in the **About Your Business** field.
3. Enter the calendar **Year Business Started**.
4. Select **Yes** or **No** to any losses in the last two years.

Qualification Operations Locations Employees Risk Supplemental Quote Payment Success

Account: 10000475199
Workers' Compensation Quote (60696617)

Coverage Start Date January 1st, 2025

About your business
Provide a summary of the business operations
Commercial cleaning

Year business started 2022

Any losses in the last two years? Yes No

Loss History

Depending on when the business was started, up to three years of prior loss information may be required. If the year the 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. If **Yes** to losses in the last two years, enter the **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) Enter **Incurred Amount**, the sum of any amount paid or in reserves, even if there was no coverage at the time of loss.
3. **Attach a Loss Run.**

Loss history		
Occurrence Year	Total Losses	Incurred Amount (Optional)
2024 - 2025	2	10,000
2023 - 2024	1	5,000

[Attach a Loss Run](#) Drag and drop files

Doing Business As (DBA)

1. If the business operates under a DBA, select **Add DBA**.
2. Enter **DBA Name**.
3. If the business has more than one DBA, select the **Primary Box** next to the primary DBA.
4. Select the **Checkmark**.

Doing business as (DBA)	
Name	Primary
Cleaning Associates	<input type="checkbox"/>
	<input checked="" type="checkbox"/>

[Add DBA](#)

Additional Named Insured

A quote can be submitted with one or more Additional Named Insureds. Additional Named Insured(s) cannot be added with an address in a state where MEM does not write business.

1. Select **Add Named Insured**.

Additional named insured				
Name	Type	Tax ID	Address	Phone Number
Add named 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**.
4. Select **Save** to complete the entry.

Account: 10000475199
Workers' Compensation Quote (60696617)

Info: 1. Each entity must have common majority ownership with the account selected, the primary named insured 2. Each entity must have their own tax identification number, and their own scheduled payroll

Contact type: **Company** | Person

Company: Kirchman Builders

FEIN: 11-4477551

Telephone number (Optional): _____

Address line 1: 101 N KEENE ST

Address line 2 (Optional): _____

City: COLUMBIA

County: BOONE

State: Missouri

Zip code: 65201-6619

5. Select **Next**.

Locations

1. Enter the **Number of Locations** the business has.
2. **Location 1 (Primary Location) Address** pre-populates based on information from the **Account Details**.
3. *(Optional)* Enter **Employees Assigned To This Location**.
4. *(Optional)* Enter **Employees Present On Dayshift At This Location**.



5. Complete steps for all locations.
6. Select **Next**.

Provide a listing of locations where there are business operations with employees

How many locations does your business have?

Location 1 (Primary location)

Location name (Optional)

Address line 1

Address line 2 (Optional)

City

County (Optional)

State

Zip code

Employees assigned to this location (Optional)

Employees present on dayshift at this location (Optional)

Employees

Coverage Options

The default Employer's Liability limits are the statutory limits of 100,000/500,000/100,000. Use the **Employer's Liability Limit Per Accident Per Policy** drop-down to select increased limits.

Coverage Options

Employer's liability limit per accident per policy

Covered employees

Location	C
	100,000/500,000/100,000
	500,000/500,000/500,000
	1,000,000/1,000,000/1,000,000
	2,000,000/2,000,000/2,000,000



Covered Employees

At least one class code with an estimated payroll amount is required for each location entered on the quote.

1. Select a **Location** (*if more than one*).
2. Select a **Class Code** from the drop-down list.

NOTE: The Class Code field allows you to search for codes using the total or partial class code or keyword (s).

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

NOTE: Refer to the MEM Owner Office Payroll document within the portal resources for state-specific information.

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

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

6. Select the **Checkmark**.

NOTE: Quotes cannot be submitted for a class code with zero payroll.

NOTE: The Missouri 90/10 split automatically calculates.

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

Covered employees					
Location	Class code	Employees	Included owners	Estimated payroll	
1: 101 N KEENE ST, COLUMBI...	3180: ELECTRIC OR GAS LIGHTING FIXT...	10	1	90100	<input checked="" type="checkbox"/> x
<input type="button" value="Add covered employees"/>					

Included Owners

1. Enter the included owner's **First Name**.
2. Enter the included owner's **Last Name**.
3. Enter the **Ownership Percentage**.



4. Select the **Checkmark**.

Included owners				
Location	Class code	First name	Last name	Ownership percentage
1: 101 N KEENE ST, COLUMBIA, MO	3180: ELECTRIC OR GAS LIGHTING FIXTURES MFG.	Amy	Kirchman	100

Excluded Owners

1. Select **Add Excluded Owner**.
2. Enter the excluded owner's **First Name**.
3. Enter the excluded owner's **Last Name**.
4. Select the **State**.
5. Enter the **Ownership Percentage**.

NOTE: Ownership percentages must add up to 100%.

6. Select the **Checkmark**.

Excluded owners			
First name	Last name	State	Ownership percentage
John	Kirchman	Missouri	10

All owner information must be filled out before proceeding.

Add excluded owner

7. Select **Next**.

Supplemental

The quote can include documents such as 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** display once the document has been successfully uploaded.



4. (Optional) Provide Any Notes For the Underwriter.

Account: 10000475199
Workers' Compensation Quote (60696617)

Upload Documents Upload Loss Runs, Emod Worksheets, Contractors Credit, or any other supplemental forms

Document name	Status	Uploaded	Download
MEM Payroll Reporting Ark...	Draft	11/07/2024	

Provide any notes for the underwriter (Optional)

Supplemental Questions

Supplemental questions from the ACORD 130 are listed and require review and response.

All questions except the first three default to **No**. All questions must be answered to proceed to the next step.

Depending on the response to the questions, a **required** text box may 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 particular **Yes** or **No** responses.
3. Review the remaining questions for **Yes** or **No** accuracy.

Is a written safety program in operation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Any work performed underground or above 15 feet?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Any work sublet without certificates of insurance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does applicant own, operate, or lease aircraft/watercraft?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do any employees predominantly work at home?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Any tax liens or bankruptcy within the last 5 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4. Select **Get Quote**.



By submitting this application you confirm that:

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

Some applications are referred to Underwriting for review.

Quote

The Quote screen displays premium and payment plan options if there are no underwriting issues.

Account: [Kirchman Cleaning](#) Workers' Compensation (v7)

Quote (60696617) Referred

▲ Your submission has been assigned to Mandy Thielen for Underwriting review. You will be notified when the review has completed. If you have any questions please contact Mandy Thielen by mthielen@mem-ins.com or by phone 636-519-5031.

[Upload Documents](#)

Upload Loss Runs, Emod Worksheets, Contractors Credit, or any other supplemental forms

Date Created Policy Inception Producer of Record

Nov 5, 2024

Jan 1, 2025

1. Select **Download Quote** to access the quote(s).
2. Select **Next** to continue.

Account: 10000475199
Workers' Compensation Quote (60696617)

Quote number 60696617 Download quote	Underwriting company MEM Mutual Insurance Company	Total premium \$1,917.00
Primary named insured Kirchman Cleaning	Coverage effective 01/01/25	Taxes and surcharges \$58.00
Address 101 N KEENE ST, COLUMBIA, MO 65201-6619	Coverage expiration 01/01/26	Total cost \$1,975.00

Premium Development

Missouri
Standard Premium (1/1/2025 - 1/1/2025)

Loc.	Code	Description	Basis	Rate	Amount
1	3180	ELECTRIC OR GAS LIGHTING FIXTURES MFG.	84,830	4.11	\$3,478.00
1	8810	CLERICAL OFFICE EMPLOYEES NOC	5,470	0.15	\$8.00
Expense constant					240.00
Total Premium					\$1,917.00

Other Premium and Surcharges (1/1/2025 - 1/1/2025)

Code	Description	Basis	Rate	Amount
	Second Injury Fund Surcharge	1,917	0.03	\$58.00
Total Cost				\$1,975.00

Payment Plans

Installment plans give customers the option to pay predictable premiums over the course of the year; reporting plans calculate premiums based on payroll reporting. Reporting plans are for customer comfortable reporting payrolls, and our pay-as-you-go option offers the most flexible billing for customers with seasonal payrolls.

A \$5 service fee per policy per invoice is assessed for account processing on all policies NOT enrolled in Auto Pay.

Installment Plans	Auto Pay		Manual Pay	
	Down Payment	Installment Amount	Down Payment	Installment Amount
Annual	\$1,975.00	\$0.00	\$1,975.00	\$0.00
Two Installment	\$1,147.50	\$827.50	\$1,147.50	\$827.50
Four Installment	\$493.75	\$433.75	\$493.75	\$433.75

Self Reporting	Monthly	Quarterly		
Self Reporting Monthly	\$0.00	\$320.00	\$488.25	\$688.25
Self Reporting Quarterly	\$0.00	\$320.00	\$827.50	\$1,147.50

Cancel Previous Next



Payment

Primary Contact

1. Enter a **Name**.
2. Enter a **Telephone Number**.
3. Enter an **Email Address**.

NOTE: Important documents, notifications and alerts will be sent to this email address. It can be changed later.

Primary Contact	
Name	Amy Kirchman
Telephone Number	573-473-2255
Email Address	akirchman@gmail.com
We will send important documents, notifications and alerts to this address - you will be able to change this later	

Payment Options

1. **Paperless Billing** is automatically selected. To opt out of paperless billing, uncheck the box.
2. Select **Enroll in Auto Pay for Future Payments, if applicable and interested**.

NOTE: Pay as You Go Reporting does not offer Auto Pay, as InsurePay drafts all payments.

3. Select a **Payment Plan Radio Button**.

Payment Options			
<input checked="" type="checkbox"/>	Paperless billing	Invoices and statements will be sent electronically to your client's billing contact via email. Please uncheck this box if your client prefers to receive paper statements by mail	
<input type="checkbox"/>	Enroll in auto-pay for future payments	Once the policy is issued customers will be sent instructions on how to setup auto pay using their personal or business account	
Plan	Initial payment	Next payment	Next Payment Date
<input type="radio"/> Annual	\$9,116.00		
<input type="radio"/> Two installment	\$4,907.50	\$4,208.50	5/8/2026
<input type="radio"/> Four installment	\$2,803.25	\$2,104.25	2/8/2026
<input type="radio"/> Six installment	\$1,961.55	\$1,430.89	2/8/2026
<input type="radio"/> Pay as You Go Reporting	\$0.00	Dependent on reported payroll	Subject to change based on enrollment
<input type="radio"/> Monthly Reporting	\$1,961.55	Dependent on reported payroll	1/8/2026
<input type="radio"/> Quarterly Reporting	\$4,907.50	Dependent on reported payroll	3/8/2026
*Estimated payments, actual premium payments will be determined once payrolls are reported			



Payment Methods

1. Select **Pay Later** or **Pay Now**.

NOTE: Pay as You Go Reporting only has a Pay as You Go payment method.

Pay as You Go

Pay as You Go is powered by InsurePay®. Once the policy is issued, the policyholder will receive a portal registration email from InsurePay®. Policyholders should complete the registration promptly to avoid rejection/cancellation. Once registration is complete, upfront fees are drafted by InsurePay®.

2. Select **Proceed to Pay**.

Payment Methods

We accept ACH/EFT, check, major credit and debit cards for payment

Pay later (online, phone, or mail)

Pay now (bank account, credit card, or debit card)

Cancel

Previous

Proceed To Pay

Pay Later

1. On the Policy Summary, **download the Application Summary if interested.**

NOTE: The policy is *automatically issued and e-delivered* on the portal.

NOTE: An invoice for the initial payment will be generated.

2. Select **Return to Dashboard**.

Policy Summary

Account number 10000475199	Account name Kirchman Cleaning	Policy number MEM 3019613-00
Quote number 60696617	Underwriting company MEM Mutual Insurance Company	Total premium \$1,917.00
Primary named insured Kirchman Cleaning	Coverage effective 01/01/25	Taxes and surcharges \$58.00
Address 101 N KEENE ST, COLUMBIA, MO 65201-6619	Coverage expiration 01/01/26	Total cost \$1,975.00
Payment plan Pay as You Go Reporting	Installments -	Next payment date Subject to change based on enrollment

[Download Application Summary](#)

Premium development

Missouri

Standard Premium (1/1/2025 - 1/1/2026)

Loc.	Code	Description	Basis	Rate	Amount
1	3180	ELECTRIC OR GAS LIGHTING FIXTURES MFG.	84,630	4.11	\$3,478.00
1	8810	CLERICAL OFFICE EMPLOYEES NOC.	5,470	0.15	\$8.00
		Manual Premium	-	-	\$3,486.00
		Subject Premium	-	-	\$3,486.00
	9898	Experience Modifier	3,488	0.88	-\$488.00
		Modified Premium	-	-	\$2,998.00
	9721	Small Business Factor	2,998	0.552	-\$1,343.00
		Standard Premium	-	-	\$1,655.00
	9740	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	90,100	0.0083	\$7.00
	9741	Catastrophe premium	90,100	0.0166	\$15.00
	0900	Expense constant	1	240	\$240.00
		Total Premium	-	-	\$1,917.00

Other Premium and Surcharges (1/1/2025 - 1/1/2026)

Code	Description	Basis	Rate	Amount
	Second Injury Fund Surcharge	1,917	0.03	\$58.00
	Total Cost	-	-	\$1,975.00

[Return to Dashboard](#)



Pay Now

1. In the personal details section, enter an **Email Address**.
2. Select **New Bank Account** or **New Card Account** in the payment method section.

MEM

Personal Details
akirchman@gmail.com

Payment method
New Bank Account

- New Bank Account
- New Card Account

3. For a **New Bank Account**:
 - a. Select an account type of **Checking** or **Savings**.
 - b. Select an account holder type of **Personal Account** or **Business Account**.
 - c. Enter the **Routing Number**.
 - d. Enter the **Account Number**.
 - e. Confirm the **Account Number**.
 - f. Enter the **Name of the Account Holder**.
 - g. Select the **Agreement Box**.
 - h. Select **Pay**.

MEM

Personal Details
akirchman@gmail.com

Payment method
New Bank Account

Checking Business Account

001234567

.....

Kirchman Cleaning

I agree to Missouri Employers Mutual's [Terms and Conditions](#) for use of this service. I also agree to the platform [Terms of Service](#) and [Privacy Policy](#).

PAY \$645.50



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

- a. Enter a **Credit Card Number**.
- b. Enter the **CVV Number**.
- c. Enter the **Expiration Date**.
- d. Enter the **Name on the Card**.
- e. Enter the **Billing Address**.
- f. Enter the **City**.
- g. Enter the **State**.
- h. Enter the **Zip Code**.
- i. Select the **Agreement Box**.
- j. Select **Pay**.

The screenshot shows the MEM 'New Card Account' form. It has a white background with a light blue header containing the MEM logo. The form is divided into several sections, each with a red border. The 'Personal Details' section contains an email field with 'akirchman@gmail.com'. The 'Payment method' section has a dropdown menu set to 'New Card Account', followed by a card number field (partially obscured by dots), a CVV field, and an expiration date field set to '06/25'. The 'Billing Address' section includes a 'Non-US Address' checkbox, an address line field with '107 N Main Street', a city field with 'Columbia', a state dropdown menu with 'Missouri', and a zip code field with '65201'. At the bottom, there is a checked checkbox for agreement and a large orange button labeled 'PAY \$645.50'.

5. Upon payment completion, a success screen appears displaying the policy number and a payment confirmation email (example below) is sent to the policyholder.

Dear \${CUSTOMER_NAME},

We've received and scheduled your one-time payment of \${AMOUNT} for your MEM workers compensation account ending in \${CREDIT_ACCOUNT_NO}.

- Payment Date: \${SCHLD_DATE}
- Funding Source: Account ending \${DEBIT_ACCT_NO}
- Confirmation Number: \${CONFIRMATION_NO}

If you have any questions, please contact our Customer Care team at customer-care@mem-ins.com or 800.442.0593.

We appreciate your business and look forward to creating safe, healthy, and strong workplaces.

MEM Customer Care

Where to Get Help

If your questions were not addressed within this document, please contact **MEM Customer Care** at customer-care@mem-ins.com or by phone at 800.442.0593.