

# **Agency Quoting Center Guide**

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# Overview

Beacon Mutual's new Agency Quoting Center system now allows you the ability to process quotes more efficiently.

#### Here are some of the new features of Beacon's Quoting Center:

- **Quick Quote:** Enter key information, only seven field entries, and receive a quick quote, which is an estimate based on entered data. From a Quick Quote, you can start a New Quote.
- **New Quote:** Allows you to enter new policy information directly into form fields. You can start a new quote from a saved Quick Quote as well. Once complete, you can export your information into an ACORD form to save for your files.
- **Drag-n-drop an ACORD form into the Quoting Center.** The Quoting Center will import the information from your form and populate the form fields.

Note: The Quoting Center will attempt to process any ACORD form that you Drag-n-drop or browse and upload, however, your best results will be processed from the most recent version of the ACORD form. You can download the most recent ACORD form from the Quoting Center Forms and then upload it once it is complete.

**Important**: The Quoting System will be available during normal business hours and will not be available during system processing and scheduled maintenance.

### **BEACONNECT User Requirements**

You must be a registered BEACONNECT agency user with the Full Access role to be able to use the Quoting Center. In addition to processing quotes, BEACONNECT agency users can also access their dashboard to view their book of business.

#### **Browser Requirements**

The Agency Quoting Center supports these browsers: Internet Explorer, Chrome, Firefox, Safari, and Edge. For specific browser details, visit BEACONNECT <u>System Requirements</u> help.

**All browsers must have the pop-up blocker disabled**. Click here to open the <u>BEACONNECT-Pop-up-Blocker</u> list of browser websites that contain steps to disable the pop-up blocker.

#### **Need Help?**

Click the question mark (?) icon in the Quoting Center to visit the help page. Contact the Beacon Help Desk: 401.825.2650 HelpDesk@beaconmutual.com

# **Getting Started**

### Sign in to BEACONNECT

- 1. Open the BEACONNECT website:
  - a. <u>https://beaconnect.beaconmutual.com</u>
- 2. Enter your username and password:
  - a. If you do not remember your username:
    - Usernames include the first letter of your first name and your last name.
       For example: Mary Smith would be msmith.
    - If you forgot your username, you will be prompted to enter your email address and the username associated with your email will be sent to you. If you do not receive an email within the day, please notify your Key Contact to ensure your email address is correct.
  - b. If you do not remember your password:
    - Click the **Reset Password** and a temporary password will be sent to the email address associated with your username:



3. To reset your username or password, click the **Reset Password** link or the **I forgot my username** link and click **Submit**:



If you selected to reset your password, an email with a temporary password will be sent to your email address on file. If you forgot your username, the username associated with your email will be sent to you.

- 4. Once you sign in successfully, the BEACONNECT home page will redisplay. If you are an agency user, the Quote button will appear in the top menu.
- 5. Select Quote > **Agency Quoting**:

My Business 👻	Dashboard -	Make a Payment 🔻	Quote - Manage Users -
			Agent Quoting

A new window, Quoting Center, will open to welcome you to Beacon's Agency Quoting Center.

**Note:** BEACONNECT will remain open in the original browser window.

- 6. If you are attempting to access the Quoting Center when the system is being refreshed, you will receive the following message. Please try again later.
- 7. Read the Terms & Conditions Disclaimer for using the Beacon Quoting Center application. This disclaimer window displays only the first time that you access the Quoting Center.
- 8. Click **Accept** to continue to the Quoting Center.



System is currently unavailable. Please try again later.

If this is during normal business hours, please contact

helpdesk@beaconmutual.com or call 401-825-2650.

9. If you need help at any time, click the Question Mark (?) icon to visit the Help page:

BEACONNECT Secure Online Account Management	г						Quo	oting C	Cent	ter
Welcome to Beacon Mu	itual's Agency Quoting	Center							6	
Create a New Submission										
Start from scratch	Start from file upload			Start from	n a previo	ous Quick Qu	iote			
New Quote	Select ACORD® 130 Workers	Compensation Applica	ation	Applicant	t Name E	ffective	End	Premium		
		Browse	\$	John Sm	<u>ith</u> C	5/27/2019	05/27/2020	\$592 样		
Quick Quote	OR Drag-n-droj ACORD® Workers' Compensat here For Best Results: Download the latest version. PDF version can be filled out can drag it here or browse to	o your 130 ion Application of an ACORD Form. Thin electronically and then it to upload.	OR I I I S You							
Manage Submissions										
Filter by: Name C	Quote #	Effective mm/dd/yyyy 😨	Date Between and mm/dd/	уууу 🗊		Status	<b>~</b>		Filt Res	ter set
Applicant Name	Agency	Quote #	Effective	End	Status	Created By	Created On	Status Change	ed Date	Action
Rhody's Best	and the set of provide the	<u>6215794 - 00</u>	05/20/2019	05/20/2020	Closed	-	05/16/2019	05/21/2019 0	9:51 PM	

- 10. Note the two sections on the dashboard:
  - **Create a New Submission:** Use the Quick Quote, New Quote, or Drag-n-drop option to start a new quote submission. Note that the Quick Quote section does not display until you have added your first Quick Quote.
  - **Manage Submissions**: Scroll down the page to view all the quotes that you have submitted.

The Quoting Center will time out after ten (30) minutes of inactivity. You will be prompted to extend your session, and if you do not click the Extend Session button, your session will end.

Session Timing out	
Your session is timing out in 68 seconds. Do you wish to extend session?	The session is expired.
Extend Session	Return to Beaconnect

# **Quick Quotes**

The first way to get started with a new submission is to create a Quick Quote. A quick quote is a rough estimate, and is not the final quote; it can be used as the starting point to create a New Quote, which can be submitted and used to bind coverage.

### **Create Quick Quote**

1. On the Quoting Center dashboard, click **Quick Quote** to open the Quick Quote window:

BEACONNECT Secure Online Account Management Welcome to Beacon f	BEACONNECT Secure Online Account Management	Quoting Center Calculate New Quote Refresh ?
Create a New Submissio	—Quick Quote————	
Start from scratch New Quote	* Applicant Name: * Policy Effective:	DJ Song         * Policy Expiration:         05/31/2020 (2)           1 000         * 1000         * 1000
Quick Quote	* Employer Liability: * Existing Workers' Comp Insurance?: * Temporary Employment Agency or Employee Leasing Agency?:	100/500/100 V No V
	Class Code Description 8810 Clerical office employ	# Employees If Any Policy Exposure C

- 2. Enter information in the seven (7) required fields. A red asterisk (\*) indicates the required information.
  - Applicant Name
  - Policy Effective and Policy Expiration dates
  - Experience Modifier (optional)
  - Employer Liability, and answer the two questions:
  - Existing Workers' Comp Insurance
  - Temporary Employment or Leasing Agency.
  - Coverage Code(s)
- 3. If you have existing workers' compensation insurance, select Yes and then fill in the Number of Years in business and whether the business has been loss free:

-Quick Quote			
* Applicant Name: DJ S	Song		
You may be eligible for a Loss Free Credit 05/	/31/2019 📅	* Policy Expiration:	05/31/2020 📅
if you currently have Workers' Comp	1.000		
gaps in coverage and no losses.	/500/100 🗸		
* Existing Workers' Comp Insurance?: No	$\checkmark$		
* Temporary Employment Agency or Employee Leasing Agency?:	~		

4. For Coverages, enter at least one class code in the Coverages section. If you do not know what the class code is, but you know the type of business, click the magnifying glass icon to search for a class code. Click the radio button next to the code that applies, and then click **Select**:

—Quick Quote————	
* Applicant Nam	
* Policy Effectiv	Class Code Search: office × Search
Experience Mo	8742: Salespersons, collectors or messengers-outside
* Employer Liabilit	Banks and trust companies: special officers and armed or unarmed attendants, usher
* Existing Workers' Comp Insurance	8803: Auditors, accountant or factory cost office systematizer-traveling
* Temporary Employment Agency	Accountant, auditor or factory cost or office systematizer-traveling
Employee Leasing Agency	Factory cost or office systematizer, accountant or auditor-traveling
Coverages	O 8805: Railroad operation: clerical office employees - NOC - Program II - STTE ACT
* Class Code Description	8810: Clerical office employees NOC
	Boy and girl scout councils-clerical office employees
~	8814: Railroad operation; clerical office employees - NOC - Program I
	8815: Railroad operation: clerical office employees - NOC - Program II - US ACT
	8820: Attorney-all employees & clerical, messengers, drivers
	Law office-all employees & clerical, messengers, drivers
	8901: Telephone or telegraph co.: office, exchange, or clerical
	Cable TV-clerical office employees
	Select Cancel

- 5. For each code, enter the number of employees and the exposure (total payroll for the number of employees, and click the check box if you know if this is an If Any Policy.
- 6. Click **Calculate** to view the estimated premium that could be required to bind this policy. The page will redisplay with the Premium listed below the Coverages section.

	Quoting Center
BEACONNECI Secure Online Account Management	Calculate New Quote Refresh
* Applicant Name: * Policy Effective: Experience Mod:	*DJ Song * Policy Expiration: 05/31/2020  1.000
* Policy Effective: Experience Mod: * Employer Liability:	05/31/2019 ⑦       * Policy Expiration:       05/31/2020 ⑦         1.000       100/500/100       ✓

 Optionally, if you would like to create an actual New Quote from this Quick Quote, click New Quote in the top menu to continue with the submission process. See the information to <u>Start from a Quick Quote</u>.

			Qu	oting	Ce	enter	
		Cal	culate	New Quote	Re	efresh	?
Quick Quote							
* Applicant Name: Geef Ehch			×	Т			
* Policy Effective: 05/16/2019	* Policy Expiration:	05/16/2020	) 📅				
Experience Mod: 7.000							
* Employer Liability: 100/500/100 🗸							
* Existing Worker's Comp Insurance?: No 🗸							
* Temporary Employment Agency or Employee Leasing Agency?: No							
Coverages							
* Class Code Description		# Employees	If Any Policy	E	xposure	6	
8810 🔍 Clerical office employees NOC		2		9	64,000	×	
Premium							
Estimated Annual Premium: \$336							
This is a premium indication only and is subject to change upon	submittal and analysis	of complete a	pplication info	ormation an	d loss rur	15.	

 Close the Quick Quote window if you are not ready to continue with the submission process. Note: Your Quick Quote will be saved to the dashboard for five (5) days. If you return to the Quoting Center dashboard and do not see your Quick Quote listed, refresh your browser window.

### How Quick Quotes are Calculated

The calculation is determined by the class codes that were entered, the payroll amount, an experience modification if one was entered, as well as the answers to the Loss Free and Temporary Employment questions. The Quoting Center also uses the information entered to determine the rate for the appropriate policy tier, and eligibility for any loss free credits.

The estimated premium may require that an underwriter review the information, and the premium in the quick quote might change when used for a new quote.

## **New Quotes**

The New Quote feature allows you to create a submission in one of three ways:

- 1. Start from scratch: enter new policy information directly into form fields,
- 2. Start from a Quick Quote,
- 3. Or, start a submission by uploading an existing ACORD form.

When all submission information is complete and your new quote saved, you can export the quote submission information to an ACORD form (pdf) that you can save for your files.

### **Start from Scratch**

In BEACONNECT, click the Quote > Agent Quoting menu option to open the Quoting Center. From the Quoting Center dashboard, follow these steps to create a submission from scratch:

1. Click the **New Quote** button to open the Submissions window:

Welcome to Beacon M	itual's Agency Quoting Center	
Create a New Submission		
Start from scratch	Start from file upload	Start from a previous Quick Quote
New Quote	Select ACORD® 130 Workers' Compensation Application	Applicant Name Effective End Premium
<b>b</b>	Browse 🚯	AB CeeDee 05/16/2019 05/16/2020 \$399 样
Quick Quote	OR	EM Enoh 05/16/2019 05/16/2020 \$399 X
		OR <u>Geef Ehch</u> 05/16/2019 05/16/2020 \$336
	Drag-n-drop your	Jay Kay 05/16/2019 05/16/2020 \$455 🗶
	ACORD® 130 Workers' Compensation Application	

2. Enter policy information. The application date is prefilled and the status bar will have started. A red asterisk (\*) indicates a required field. You must fill in all required fields before you can save a draft of the submission:

10% Complete	
-Policy	
Application Date:	05/28/2019
* Agency:	USI Insurance Services LLC (02287)
* Effective:	mm/dd/yyyy 🕱 * Expiration: mm/dd/yyyy 🕱
* Employer Liability:	100/500/100 🗸
* Existing Workers' Comp Insurance?:	Yes ∨ * Number of Years: 5 ∨ * Loss Free?: No ∨
	Year # of Medical Claims # of Loss Time Claims

Note: Voluntary Comp check box must be checked if voluntary codes are entered:

* Is the applicant's Loss ratio over the	last 3 years less than 70%?:	Yes ∨	
USL&H:		Voluntary Comp:	☑ 🕞
Workers' Comp State:	RI	States Other Than RI:	

3. If you have existing workers' compensation insurance, select Yes and indicate if you were loss free:

Application Date: 05/14/2019 You may be eligible for a Loss Free Credit if you currently have Workers Comp Insurance. To qualify you must have no * Expiration: mm/dd/yyyy 🗊	
You may be eligible for a Loss Free Credit hc (00142) if you currently have Workers Comp Insurance. To qualify you must have no * Expiration: mm/dd/yyyy 🗊	
gaps in coverage and minimal losses.	
* Existing Workers' Comp Insurance?: USL&H: No Yes Voluntary Comp:	
Workers' Comp State: RI States Other Than RI:	
Additional Coverages:	
* Effective: mm/dd/yyyy 🔁 * Expiration: mm/dd/yyyy 🕱	
* Employer Liability: 100/500/100 V Are you loss free during this per	riod?
* Existing Workers' Comp Insurance?: Yes V * Number of Years: 3 V * Loss Free?: No USL&H: Voluntary Comp: 4	

4. If you were not loss free, enter the number of medical-only and loss time claims. For medical-only or lost time claims, you can upload loss run documents in the panel.

10% Complete				
-Policy Application Date:	05/28/2019			
* Agency: * Effective: * Employer Liability:	USI Insurance Services L mm/dd/yyyy 😭	From today, how many consecutive years (no gaps) of coverage have you had?	1 2 3	
* Existing Workers' Comp Insurance?:	Yes ∨	* Number of Years:	4 5 6+	* Loss Free?: No ∨
	Year # of Medi 2018 - 2019	cal Claims # of Loss Time C	laims 0	
	2017 - 2018	0	0	
	2016 - 2017 2015 - 2016	0	0	
* Is the applicant's Loss ratio over the	2014 - 2015 last 3 years less than 70%	2	0	
USL&H:		Voluntary Comp:	<u>^</u>	
Workers' Comp State:	RI	States Other Than RI:		
Additional Coverages:				

5. Enter the Insured information. You can enter a zip code and click the binocular icon to allow Google to search for the correct city and state information:

-Insured			
* Applicant Name:	TEST-Policyholder		0
* FEIN:	99-9999999		
* Primary Phone:	(401) 999-9999	Cell:	
* Mailing Address 1:	test@testcompany.com		
Mailing Address 2:			
* City:	Middletown	* State: Rhode Island	*Zip: 102842-9999
Website:			) I I I I I I I I I I I I I I I I I I I

- 6. Expand each section and enter all required information, and optionally enter other information that will help calculate the most accurate policy premium.
- 7. Enter at least one class code. If you do not know it, click the search icon and you can search for type of business, and enter the number of employees and total payroll for each class:

-										
	<b>△</b> #	* Location	Period	* Class	Description	* Classification	* # Employees	* Exposure		
	-1	-1-RI-Sample-Test ∨		8810 🔍	Clerical office employees NOC	Standard $\checkmark$	2	\$200,000		

8. Answer all the questions in the General Information section. If you would like to answer No to all the questions, click the top No radio button:

— ⊡…G	- 🗁 General Information									
Selec	Select No button to set all answers to No									
#	* Question	Yes	No							
<b>.</b> 1	Does the applicant own, operate or lease aircraft/watercraft?	0	•							
	Do/have past present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous materials (e.g. landfills, wastes, fuel tanks, etc)?	0	۲							
<b>+</b> … 3	Any work performed underground or above 15 feet?	0	۲							

9. When you are finished entering information, and the status is at 100%, you can click an option in the top menu:



- Save: The submission will be saved in Draft status and will be listed on the dashboard.
- Submit: The status will depend on the policy information that was entered.
- Refresh: Clear the form entries.
- Forms: Find a form that you would like to download.
- View ACORD: Generate a PDF of the submission application for your files.

10. When you submit a New Quote, you will receive a pop-up message indicating the next steps. See the <u>Submitting a Quote</u> section.

Tips:

- FEIN must be unique.
- Risk Location can include one or more than one company location.
- Some Rhode Island employers may be eligible for a shared earning program.
   See the <u>Rhode Island Hospitality Association Members</u> section.

### **Rhode Island Hospitality Association Members**

There may be incentives for any company that is a member of the Rhode Island Hospitality Association. When entering quote information on the Submissions window, make sure that you answer the Member of RI Hospitality Association question:

-Insured	_
* Applicant Name: Él Em	/
* Ownership Type: Partnership and Individual	
Member of RI Hospitality Association?: No	
* Temporary Employment Agency or Employed classing Agency?:	]

### Start from an ACORD Form

For best results, your ACORD form should be the latest version available. If it is not, all information in the form may not be uploaded correctly for a New Quote.

1. On the Quoting Center dashboard, below the Drag-n-drop box, click the link to download the latest version of the form if you would like to start a new submission request from the form. Fill out the form with the information that you have.

Drag-n-drop your ACORD® 130			
Workers' Compensation Application	ACORD WORKERS CO	OMPENSATION APPLICATION	DATE (MM/DD/YYYY)
	AGENCY NAME AND ADDRESS C	COMPANY: TEST POLICYHOLDER	
	TEST-Compay	UNDERWRITER: BEACON Underwriter	
	55555 My Company Road	APPLICANT NAME: TEST Applicant	
For Best Results:	Warwick, RI	OFFICE PHONE: 401-825-2774 MOBILE PHONE:	-
Download the latest version of an ACORD Form This	02886 N	MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) YRS IN BUS: 4	
PDE version can be filled out electronicate and then you		One Beacon Centre sic:	
can drag it here or browse to it to upload.	PRODUCER NAME: Test Agency	Warwick, RI NAICS:	
dan ang renere or provise to re to aproadi	CS REPRESENTATIVE Test CSR (	02842 WEBSITE ADDRESS: test@te	st.com
	OFFICE PHONE (A/C. No. Ext): 401-999-9999	E-MAIL ADDRESS: info@beaconmutual.com	
	MOBILE 401-999-9999	SOLE PROPRIETOR CORPORATION LLC TRUST	ASSOCIATION
	FAX (AC, No): 401-999-9999	PARTNERSHIP SUBCHAPTER JOINT VENTURE OTHER:	
	ADDRESS: test-csr@testcompany.com	CREDIT BUREAU NAME: ID NUMBER:	
	CODE: SUB CODE: F	FEDERAL EMPLOYER ID NUMBER NCCI RISK ID NUMBER OTHER RATING EMPLOYER REI	GISTRATION NUMBER
	AGENCY CUSTOMER ID:		
	STATUS OF SUBMISSION BILLING /	AUDIT INFORMATION	
	QUOTE ISSUE POLICY BILLING PLAN	IN PAYMENT PLAN AUDIT	
	BOUND (Give date and/or attach copy) AGENCY	Y BILL ANNUAL AT EXPIRATION	MONTHLY
	ASSIGNED RISK (Attach ACORD 133) DIRECT	FBILL SEMI-ANNUAL SEMI-ANNUAL	
		QUARTERLY % DOWN: QUARTERLY	
	LOCATIONS		
	LOC # FLOOR STREET, CITY, COUNTY, STATE, ZIP CODE		
	One Beacon Centre, Warwick, RI, 02880		R
	POLICY INFORMATION		
	PROPOSED EFF DATE PROPOSED EXP DATE (if applicable	PARTICIPATING ANNIVERSARY RATING DATE PARTICIPATING RETRO PLAN	i

- 2. Save the ACORD form or locate the ACORD form that you have on your local device.
- 3. Upload the ACORD in one of two ways:
  - Browse to the ACORD form to select it, and then click the Upload icon to import the form into the Quoting Center:



• Drag-n-drop the ACORD form into the area on the dashboard.

Note: The gray dotted-line box will turn green when you are in the right area to drop your file. Wait for the importing of the file to process:

Start from file upload Select ACORD® 130 Workers' Compensation Application Browse	Start from file upload Orccessing Document
OR	OR OR OR
ACORD® 130 ACORD® 130 ac old by here (2017-05) put	Vrag-n-arop your ACORD® 130 Workers' Compensation Application here
For Best Results: Download the latest version of an ACORD Form. This PDF version can be filled out electronically and then you can drag it here or browse to it to upload.	

4. In the Submission window, continue to enter information for the New Quote. The percentage complete depends on how much information was entered on the ACORD form. Note: As you enter information for the submission, the ACORD form will display on the lower half of the split screen to indicate where on the form the information relates:

Member of RI Hospitality As	sociation?: No 🗸							
* Temporary Employment Agency or Employe If unknown, please enter one of the following values								
* State Unemployment Id:	Establi New E	lished Empl Employer:	oyer: 00000000 00000000	)1 )2				
Risk Group:	Risk ID Exemp	pt Employe Policy:	r: 00000000 00000000	)3 )4				
		,,,,, L						
Additional Company								
Information:								
٢								
MOBILE			SOLE PROPRIETOR	CORP	ORATION	LLC	TRU	ST UNINCORPORATED
FAX (A/C. No):			PARTNERSHIP	SUBC	HAPTER	JOINT VENTURE	отн	ER:
E-MAIL ADDRESS:		CRED	DIT AU NAME:					iR:
CODE:	SUB CODE:	FEDE	RAL EMPLOYER ID N	UMBER	NCCI RISK ID	NUMBER	OTHER R	ATING BUREAU ID OR STATE REGISTRATION NUMBER
AGENCY CUSTOMER ID:	AGENCY CUSTOMER ID:							
STATUS OF SUBMISSION	BIL	LLING / AU	DIT INFORMAT	ION				
QUOTE ISSU	E POLICY BILL	LING PLAN	PAYMENT	LAN		AU	лт	

5. Expand the Risk Locations, Officers, Coverages, and other sections and enter the required information:

- ⊡- Risk Locations CANNOT BE PO BOX OR OUT OF STA	TE ADDRESS								
△Loc # * Name		* Address 1	1	Address 2	* Zip		* City	* State	
-1 TEST-Policyholder		test@testcompany.c	om		02842	-9999 🗞	Middletown	RI	<b>•</b> 4
	Name Date	of Birth * Title	* Ow	nership % * Co	verage Type	* Covered	DWC-11	Rec	0
→ Coverages →# * Location Per -1 [-1-TEST-Policyholder ∨]	od * Class 8810 🔍	Description Clerical office employees NOC	* Classification	* # Employees	* Exposure	Manual Rate	Manual Prem	Min Prem	© ¥
H-Bamarka									

6. In the General Information section, answer the questions by selecting the Yes or No radio buttons. If you know all the questions should be answered with No, select the top No radio button:

_ =	Gon	eral Information		
	Gen			
Se	lect I	No button to set all answers to No		
	#	* Question	Yes	RNO
+	1	Does the applicant own, operate or lease aircraft/watercraft?	0	۲
+	2	Do/have past present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous materials (e.g. landfills, wastes, fuel tanks, etc)?	0	۲
+	3	Any work performed underground or above 15 feet?	0	۲

7. If you do not want to Submit the quote, click **Save** to save it in Draft status. You must fill out the required information before you can Save. If not, a pop-up window will display a list of items that are required:

10% Complete	Message from webpage X
-Policy-	
→ Policy         Application Date:       05/08/2019         * Agency:       No Producer (01733)         * Effective:       05/10/2019 ()         * Employer Liability:       1000/1000/1000 ∨         * YRS In Bus:       4         * Have you had Worker's Comp Insurance for the last 6 consecusince business was established) and besines was established) and besines was established and besine was established and besines was established and besi	<ul> <li>The following items must be corrected in order to save:         <ul> <li>Description of Operations is required.</li> <li>Number of claims can't be all zeros.</li> <li>The applicant's Loss ratio question must be answered.</li> <li>State Unemployment Identifier is required.</li> <li>County is required.</li> <li>Applicant State is required.</li> <li>Applicant State is required.</li> <li>Applicant State is required.</li> <li>Applicant State is required.</li> <li>Applicant Tip Code is required.</li> <li>Applicant Tip Code is required.</li> <li>Applicant Tip State is required.</li> <li>Applicant Name is required.</li> <li>Applicant Name is required.</li> <li>Applicant Name is required.</li> <li>Risk Location State must equal RI. Risk Location State is required.</li> <li>Risk Location Street Address is required.</li> <li>Risk Location Tip is required.</li> <li>Risk Location Tip to de is required.</li> <li>Class Code Description not set. Either the Class Code value is invalid or the lookup has not completed. Class is required to save a coverage record.</li> <li>Payroll Exposure is required to save a coverage record.</li> <li>Number of Employees is required to save a coverage record.</li> </ul> </li> </ul>
* Is the applicant's Loss ratio over the last 3 years less than 70%?:	
USL&H:	С

8. When all required information has been entered, click **Save** in the top menu:

	Save	Submit	Refresh	Forms
	2	98% Complete		
Question applicant engaged in any other type of pusiness?				

9. Review your saved submission. Note that the ACORD form displays in the Documents panel:

BE Secu		<b>FT</b> ent			Save	Submit 👻
What's N	lew					100% Com
				-Quote Details		
				Quote #: 6215612		
				Status: Draft		
				Estimated Annual Premium: \$713		
				Deposit Premium Required: \$713		
				-Policy		N
				Application Date:	05/08/2019	3
Docume	nts			* Agency:	No Producer (017	33)
Name	Туре	Uploaded On	0	* Effective:	05/10/2019 📅	
ACORD				* Employer Liability:	1000/1000/1000	~
<u>130</u> (2017-	ACORD Form V	05/08/2019	×	* YRS In Bus:	4	
<u>05)</u>				* Have you had Worker's Comp Insura since business	nce for the last 6 s was established)	consecutive years (o and been loss free?

10. Click **Submit** to process the quote.

• If the submission meets the set criteria, and you are a contract agent, you will have the option to bind coverage, make a payment, or request a payment. See the Manage Submissions section for the actions available to you.

#### Start from a Quick Quote

Any Quick Quotes that you previously calculated will display on the dashboard for five (5) days. You can select any Quick Quote to start the New Quote process and enter more submission information:

Welcome to Beacon Mutual's Agency Quoting Center										
Create a New Submission										
Start from scratch	Start from file upload	Start from a previous Quick Quote								
New Quote	Select ACORD® 130 Workers' Compensation Application	Applicant Name Effective End Premium								
	Browse 👔	AB CeeDee 05/16/2019 05/16/2020 \$399 样								
Quick Quote	OR	EM Ench 05/16/2019 05/16/2020 \$399 样								
		OR <u>Geef Ehch</u> 05/16/2019 05/16/2020 \$336 样								

Perform the following steps to start from a quick quote.

10% Complete				
-Policy				
Application Date:	05/28/2019			
* Agency:	5			
* Effective:	mm/dd/yyyy 📅	* Expiration:	mm/dd/yyyy 📅	
* Employer Liability:	100/500/100 🗸			
* Existing Workers' Comp Insurance?:	No 🗸			
USL&H:		Voluntary Comp:	<u>-</u>	
Workers' Comp State:	RI	States Other Than RI:		
Additional Coverages:				
-Insured				
* Applicant Name: Dave's F	Rate		×	
* FEIN:			_	3

1. Click the Applicant Name to open the Submission window:

2. If the company has existing workers' compensation insurance, select Yes and then enter the Number of Years in business and whether or not the company was loss free:

10% Complete			
<ul> <li>Policy</li> <li>Application Date:</li> <li>You may be eligible for a Loss Free Credi if you currently have Workers' Comp Insurance. To qualify you must have no gaps in coverage and no losses.</li> <li>* Existing Workers' Comp Insurance?:</li> </ul>	05/28/2019 m/dd/yyyy (7 No Yes	* Expiration: mm/dd/yyyy 🗊	* Loss Free?: No ∨
	Year # 2018 - 2019 2017 - 2018 2016 - 2017 2015 - 2016 2014 - 2015	of Medical Claims # of Loss Time Claims 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
* Is the applicant's Loss ratio over the I	ast 3 years less t	than 70%?: 🗾 🗸	
USL&H:		Voluntary Comp: 🗂	
Workers' Comp State:	RI	States Other Than RI:	
Additional Coverages:			
-Insured	ate	0	

The Quick Quote information is entered for the submission. Note that the starting status with Quick Quote information is 20% complete.

3. Enter the New Quote details. For more information, see the details in the <u>Start from Scratch</u> section of this guide.

# **Panel Features**

The panel in the Submissions window of the Quoting Center is on the left side by default.

To move the panel to another location, click the panel icon in the top menu to move it to the left, right, top or bottom, or select None to close the panel.

The panel is divided into three sections: What's New, Documents, and Messages/Contact Us:



### What's New – Quote Activity

The What's New section of the panel displays a chronological history of activity for a submission:

What's	Νοιι			
Request	New	ote	05/14/2	2019
Docume	ents			
Name	Туре	Uploa	aded On	0

### **Documents – Downloading & Uploading**

**Download a Form:** Click the Forms menu option to open the Downloadable Forms drop-down menu. Select a form in the list, and then click **Download**. You will be prompted to browse to a location where your file will be saved:

<b>Quoting Center</b>	
Forms View ACORD	
Downloadable Forms	
<b></b>	
Download Cancel	
Downloadable Forms	
ACORD 130 (2017-05).pdf Designated Independent Contractor Form (DWC-11-IC).pdf Officer Exclusion Form (DWC-11).pdf	Downloadable Forms
Officer Inclusion Form (DWC-11C June 11F).pdf Officer Rescind Form (DWC-11R).pdf LF ANY Supplemental Application pdf	Officer Inclusion Form (DWC 11C June 11F).pdf
Temp Agency Supplemental Application.pdf titt Waiver of Subrogation Request Form-Blanket.pdf Waiver of Subrogation Request Form- Project Specific.pdf	Download Cancel

**Upload a document:** You can click the green plus (+) icon to browse to a document or you can Drag-n-drop a file into the Documents section of the panel.



**Note:** For any email sent and received from the Quoting Center that has a file attached, the file will automatically be uploaded to the Documents list. See the next <u>Messages – Sending & Receiving</u> section for details.

### Messages – Sending & Receiving

In the Quoting Center panel, emails can be sent by the agency user and the Beacon underwriter. Each email will be recorded in the Messages section of the panel.

#### To send a message:

1. Click the Messages letter icon to access your email application:

Messages/Contact Us	
1	
New Message	

2. In your email application, the To field will default to the underwriter:

To: "ABC-user <sup>k</sup> <agency_quoting@beaconmutual.com></agency_quoting@beaconmutual.com>
Bcc:
Subject: Beacon Quote #: 6215612 <bmicn2n61n0n1n3n3qo3on8nn58n3n7po6s967n0s6292757nbmic></bmicn2n61n0n1n3n3qo3on8nn58n3n7po6s967n0s6292757nbmic>

**Note:** The subject line should not be changed. It includes the Beacon Quote number as well as an encrypted key identifier (ID) in brackets. This ID is used to copy the email to the Quoting Center and display it in the Messages section of the panel.

#### **Respond to an email:**

- 1. If you receive an email to which you reply, make sure you do not change the subject line to ensure your response appears in the Messages section of the dashboard panel.
- 2. Attach any requested documents or forms to your email when requested.

Note: Any email attachment, when received by the Quoting Center, will load your attached file in the Documents section of the panel:

H	5	G	Ŷ		RE: Please prov	ide loss infor	mation for	past 3 years - [ID:13R103317438R5	
File	Mes	sage	Insert	Options	Format Text	Review	Help	Q Tell me what you want to do	
ت <b>ت</b> <u>S</u> end Hi Jim!	From       jdoe@insuranceagency.com         Im       < <u>BeaconAgentServices@beaconmutualexternal.com</u> >         Send       Im         Subject       RE: Please provide loss information for past 3 years - [ID:13R103317438R551117O91N4Q85135177558516025]         Hi Jim!         Please find loss runs attached								
Please	find loss	s runs a	attached						
John D Agent 401 21	oe Extraord 2 5555	linaire							
From: Joh To: Joh Subjec	n Doe < t: Please	jdoe@ e provid	insurance de loss info	agency.com> ormation for	past 3 years - [II	D:13R10331	7438R551	1117091N4Q85135177SS8516025]	

By keeping the subject line with the quote ID information, the email will appear in the Quoting Center panel:

What's New		Documents			Messages/Contact Us	
Policy Issued	5/10/2019	Name	Туре	Uploaded On	Z	
Document Updated	5/9/2019 5/8/2019	ACORD 130 (2017-05)	ACORD Form	05/08/2019	Beacon Quote #6215612	5/7/2019
Submission Quoted	5/7/2019	Loss Run Report	Loss Run	05/17/2019	Beacon Quote #6215612 Beacon Quote #6215612	5/7/2019
		Drag-n-drop a	dditional docume			

# Manage Quote Submissions

On the Quoting Center dashboard, scroll down below the Create New Submission section to view a list of previously save quote submissions in the Manage Submissions section.

Quote submissions in Manage Submissions are listed with a set status. Each status determines what actions can and need to be taken to further the quote process.

nage Submissions										
Filter by: Name	Quote #		mm <b>/</b> dd	Effective Dat	e Between 1 mm/dd/yyyy 🛱	1	Status	<b>~</b>	Fil Re	ter set
Applicant Name	Agency	Quote #	Effective	End	Status	Created By	Created On	Status Changed	Date	Action
TEST-Policyholder	No Producer	<u>6215612 - 00</u>	05/10/2019	05/10/2020	Closed	ş	05/08/2019	Go to Quote		×
RI-Sample-Test	No Producer	<u>6215747 - 00</u>	05/20/2019	05/20/2020	Awaiting Quote	C ;	05/14/2019	03/14/2015	.52 PIVI	≡

### **Action Menu Options**

For each submission in the list, click the Action menu. A pop-up menu with options will display. The Action options are based on the status of the quote:

mage Submissions									
Filter by: Name	Quote #	Effective mm/dd/yyyy 👮	Effective Date Between mm/dd/yyyy 🗊 and mm/dd/yyyy 🗊			Status	<b>~</b>	Fi Re	ilter eset
Applicant Name	Agency	Quote #	Effective	End	Status	Created By	Created O	n Status Changed Date	Action
Rhody's Best	My Insurance Age	ncy <u>6215794 - 00</u>	05/20/2019	05/20/2020	Quoted		05/16	Issue	1X
Ocean State Printing	My Insurance Age	ncy <u>6215793 - 00</u>	05/27/2019	05/25/2020	Draft		05/16	Bind	
								Pay Now	
								Request Payment	
								Close	
								Go to Quote	

To open a quote, click the Applicant Name or Quote # link, or select **Go To Quote** from the Actions menu.

**Note:** When you select to open a quote from the Manage Submissions list, the Quote opens in a new Submissions window and the dashboard remains open in the background:

BEACONNECT Secure Online Account Management			Quoting	g Cent	ter		
Manage Submissions	Drag-n-dra ACORD® Workers' Compense here For Best Results: Download the latest version PDF version can be filled ou can drag it here or browse t	op your 130 ition Application cof an ACORD Form. t electronically and th o it to upload.	DEVELOPMENT - New Sub × DEVELOPMENT - New Sub × File Edit View Favorites Tools Help Beacon Mutual v beacon v jackrabbit v	t/NewSubmission	V/NewSubmission.h	tml?quot_id=7 + r ions - R	C Search nchpad C Suggest
Filter by: Name Quote Applicant Name <u>TEST-Policyholder</u>	e # Agency No Producer	Eff mm/dd/yy Quote# Eff 6215612-00 05	What's New Documents Name Type Uploaded On  Messages/Contact Us	- Quote Estimate Deposit - Policy-	Details Quot Stat 2d Annual Premiu Premium Requir Application Date	e #: 6215612 us: Draft um: \$713 ed: \$713 : 05/08/2019	100% Complete

### Submit a Quote

In BEACONNECT, select the Quote > Agency Quoting to open the Quoting Center dashboard and scroll down to the Manage Submissions section.

1. For the quote that you would like to submit, click the Action menu in the far right column, and click the **Submit** option. You can also click the Applicant Name or the Quote # link to open the quote:

Quote - Manage	Users ▼ Informa	ation <del>▼</del> Help	•						
Filter by: Name	Quote #		mm <b>/</b> dd	Effective Date	Between mm/dd/yyyy 🗗		Status	i T	Filter Reset
Applicant Name <u>TEST-Policyholder</u> RI-Sample-Test	Agency No Producer No Producer	Quote # 6215612 - 00 6215747 - 00	Effective 05/10/2019 05/20/2019	End 05/10/2020 05/20/2020	Status Closed Awaiting Quote	Created By	Created On 05/08/2019 05/14/2019	Status Changed Date 05/13/2019 10:13 PM 05/14/2019 04:32 PM	Action
El Em	No Producer	<u>6215801 - 00</u>	05/30/2019	05/30/2020	Draft		05/16/2019	Submit Close Go to Quote	×

2. When the Submission window opens, click **Submit** in the top menu:



#### After Quote Submitted:

- Contract Agents:
  - If the quote meets certain criteria, and you are a contract agent, you have the option to bind coverage or issue a policy. See the <u>Bind Coverage and Issue a</u> <u>Policy</u> section.
  - If the quote does not meet the criteria, you will receive a message indicating that the underwriter will review the quote.
- Non-Contract Agents cannot bind coverage or issue a policy, however, the non-contract agent can <u>Pay Now</u> or <u>Request Payment</u>.

		Submit 🔻							
		omplete							
Thank you for your quote. It has been referred to									
underwriting for review. Coverage is not bound.									
		ок							

### **Pay Now or Request Payment**

Both contract and non-contract agency users can make a payment or request a payment for a quote.

**Non-Contract Agency:** After a quote has been submitted, it cannot be issued or bound by the underwriter until a payment has been processed. To process a payment:

- 1. In the Quoting Center dashboard, scroll down to the Manage Submissions section.
- 2. Select the **Pay Now** or the **Request Payment** option from the Action drop-down menu:

Pay Now	X	Pay Now	X
Request Payment	$\equiv$	Request Payment	≡
Close		Close	
Go to Quote		Go to Quote	

3. If you selected **Pay Now**, the New Pay window will open and you can make a payment by the agency or by the applicant. See to the <u>Payment Options</u> help page for more information.

Enter the submission information, including the Deposit Premium Required from the Quote Details section on the Submission page in the Quoting Center:

	https://www.paymentservicenetwo	ork.com/paymentpage.aspx?accid=RT25191	👻 🔒 Payment Service Network, Inc. [US] 🖒
🎟 Make a Paym	ent 🗙 📑		
	Beacon Mutual Insurance Co.	WELCOME TO OUR SECUR	E PAYMENT PORTAL.
	Payment	Information	
		*Receipt Email Address:	
		*Name as it appears on your quote/invoice:	
		*Billing Address:	
		*Billing City:	
		*State:	$\checkmark$
		*Zip:	
	New Payr	nent Methods	
			without VISA www.
		*Account Type:	Select Type 🔽
		*Billing Name:	

4. If you select **Request Payment**, the Quoting Center will generate an email to the applicant's email address with the quote number, the Deposit Amount to be paid, and the link to the New Policy page in BEACONNECT.

<u>To</u> :	1@gmail.com
Cc:	
Bcc:	
Subject:	Beacon Mutual Payment Request&body=Quote Number: 6217181 Applicant Name: PH-TEST Deposit Amount: \$278.00

**Note:** If an applicant email was not entered, the Quoting Center will prompt you to enter the email address for the appropriate contact for the policy. The submission status will change to Awaiting Payment. If an email address is not entered, the payment process will end.

**Contract Agency Users:** Contract agency users will be able to issue a policy without payment. The Actions drop-down menu will have the Issue and Bind options in addition to the payment options.

- 1. In the Quoting Center dashboard, scroll down to Manage Submissions.
- 2. Select the **Pay Now** or the **Request Payment** option from the Action drop-down menu:



The **Pay Now** and **Request Payment** steps are the same as for the non-contract user (see above). See the <u>Payment Options</u> help page for more information.

### Bind Coverage and Issue a Policy

**Important Note:** Only Contract Agents can bind and issue a policy if the quote meets certain criteria. If the quote was referred to an underwriter, the Bind and Issue action options will not be available for the submission.

Binding a submission locks the submission, however, the policy is not active until the submission has been issued.

From the Quoting Center dashboard and scroll down to the Manage Submissions section to view a list of quotes. To bind a submission, click the Action menu and then click **Bind**:

Status	Created By	Created	Created On Status Changed Date		Action	Status	Created By	Created (	On s	Status Changed Date	Action
Quoted	John Edge	05/16,		Issue Bind Pay Now Request Payment Close	×	Quoted Draft	John Edge	05/16, 05/16,	liss Bin Pa Re Clo	nd ay Now equest Payment ose	×
				Go to Quote				L	Go	o to Quote	

If you are ready to activate a policy, click **Issue** from the Action pull-down menu.

**Note:** If you have the Submission open, and you have the option to issue the policy, the Issue button will appear in the top Menu. Click **Issue**. You will be asked if you have obtained the applicant's signature:



If you select Yes, you will then be prompted to **Pay Now** or **Request Payment**:



See the <u>Pay Now or Request Payment</u> section for more information.

# What's Next – Saving the ACORD Form

### Agency Responsibility

Contract Agents are no longer are required to send a copy to Beacon Mutual. You must store ACORD application forms for your records.

If you are not a contract agent, you are required to send signed ACORD application form to Beacon Mutual as well as any Loss Run reports that are applicable.

From the Quoting Center dashboard, open your quote from the list in the Managing Submissions section. When the quote is open in the Submissions window, click View ACORD. You will be prompted to open or save the ACORD PDF file:

