## **Backing Out a Registered Transaction**

1. On your homepage, select the Policies tab and enter the policy number you are searching for.

	MWINS ACCESS INSURANCE SERVICES, LLC (0)	8107), STOCKBRIDGE.	[Change
Your search returned more than 500 results. Pleat	se narrow your search and try again.		
Policy Search			🎢 Create Ne
V Policy Search 2 My Unsubmitted	Returned Transactions     Returned Transactions	tions	
Policy Search Criteria			
Policy Search Criteria			
Policy Search Criteria	esults will be limited to the first 500 ma	ching records.	
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Policy Search Criteria Enter one or more search criteria below. The policy Number: 100 0 Only Policies with Unsubmitted Transactions	esults will be limited to the first 500 ma	Ching records. Name of Insured:  SLA Submission Number:	
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Policy Search Criteria Enter one or more search criteria below. The Policy Number: Doly Number: Only Policies with Unsubmitted Transactions Only Policies with Returned Transactions Search Previous Policy Numbers Effective Date: Dol	esults will be limited to the first 500 ma Only Policies with Alerts Only Policies with Open Tags	Iching records. Name of Insured: SLA Submission Number: Broker Reference Number: Broker Reference Date:	

2. Select the transaction from the search results. Click on the Edit icon.

[	You are logged in as BROKER	PAT, on behalf of [7050	)] AMWINS ACCESS INSUR	ANCE SERVICES, L	LC (0118107), STOC	CKBRIDGE.				0	hange Locatio
	Policy Det	ails									
	Policy Details										-
	Policy	y / Binder Number:	0100003596-4				Effective Da	te: 10/22/201	5		
	Previo	ous Policy Number:	0100003596-3				Expiration Da	te: 10/22/201	6		
		Policy Type:	Standard				SIC Typ	e: CONSTRUC	TION		
	Prim	nary Insured Name:	PEARSON PLUMBING &	HEATING INC			SIC Cor	de: [1700] SPE	CIAL TRAI	DE CONTRA	CTORS
		Insured Address:	91912			Exempt Com	mercial Purchas	er: NO			
			UNITED STATES								
											🖍 Edit
1	Transactions										_
	Transactions										
	Submission Number	Submission Type	Transaction Type	Status	Effective Date	Premium	Taxable Fees	Stamping Fee	Docs	Alerts	Open Tags
=>	2016-02-24/0029	SLIP BIF	Renewal	Registered	10/22/2015	\$3,500.00	\$125.00	\$7.25	0		0
	2016-06-27/0010	SLIP	Extension	Submitted	10/22/2016	\$0.00	\$0.00	\$0.00	1		
	H 4 1 F H	10 🔻 items p	er page							1-3	of 2 items
	Exclude Backouts Exclude Backouts	clude Returned					<b>*</b> (	Create Renewa	ı 🏸	Create Er	ndorsement

3. Click on the Edit button at the bottom of the screen.

Ag Summary       tag Summary       tetalis     Layering     Certificates     Multi-State     State       remaction Type:     * Effective Date:     * Invoice Date:     * Invoice Date:       * effective Date:     * Effective Date:     * Unity 2015     Image: Top 2015     Multiple Insurer: NO       SURER       SURER       OVERAGES       Converse Colspan="2">Converse Colspan="2"       OVERAGES       Converse Colspan="2"     * Premium:       State:       State:       OVERAGES       Converse Colspan="2"       Indudes in Fremium:       State:       State:       State:       State:       Converse Colspan="2"       OVERAGES       Converse Colspan="2"       State:       State:       State:       State:       State:       State:       State:       State:       State:    <	ssion Number: <u>2016-02-24/0029</u> action Type: Renewal	Submission Date: 0 Endorsement Num	02/24/2016 ber:	Submitted By: Registered By:	Jnknown CHRISTINE WIEME	RS	itatus: Register Registration Da	red ite: 03/18/2016
Layering         Certificates         Multi-State         9.1         GMP         9.20         Documents         Notes           transaction Type:         • Effective Date:         • Effective Date: <td>g Summary</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>+</td>	g Summary							+
*effective tate:         Epiration Date:         * invice Date:         * in	tails Layering Certificates	Multi-State SL	1 GAP SL2 Do	ocuments No	tes			
Renewal         19/32/2015         In 19/32/2015         In 19/32/2015         Multiple Insurer: NO MULTIPLE INSURATION NO INSURE IN	ansaction Type:		Effective Date:	Expiration Dat	e:	* Invoice Date:		
SURER SURER SURER INSALE INSURANCE COMPANY INSALE INSURANCE COMPANY INSALE INSURANCE COMPANY OVERAGES Coverage Code - Description OC ENERAL LIABILITY Coverage Code - Description Corose Premium: C33,500,00 Corose Pr	enewal	*	10/22/2015	10/22/2016	10	10/19/2015		Multiple Insurer: NO Multi-State: NO
SDURC R         NAC Number         NAC Number         Status           NIMEAL RINGE COMPANY         38500         Unitated           NIMEAL RINGE COMPANY         38500         Unitated           OVERAGES         ************************************	UDED				-			
INSALE INSURANCE COMPANY         3850         United           OVERAGES	urer Name				NAIC Number			Status
DVERAGES         Prem         ************************************	ISALE INSURANCE COMPANY				38920			Unlisted
Construction         Construction<	overage Code - Description	,						* Premium
Gross Premium: G	) GENERAL LIABILITY - GENERAL LIABILITY							\$3,500.00
See Name         Include in Premium (Subject to Tax)         Fee Amount Soluci FEE           NSECTION FEE         YES         \$125.00           SROKER FEE         NO         200.00           2THER FEES         NO         \$200.00           Taxable Premium (Including Fees):         \$3,3,250.00         \$3,250.00           Estimated CA, SI, State Tax (SH):         \$3,250.00         Estimated Stamping Fees:         \$3,250.00	ES .					Gros	s Premium:	\$3,500.00
VES         11500           NSPECTION FEE         NO           BROKER FEE         NO           OTHER FEES         NO           Taxable Premium (including Fee):         \$3,453.0           Estimated CA, SLatter Fac(3):         \$108.77           Estimated Stamping Fee:         \$7,25	e Name				Include in Premi (Subject to Tax)	m		Fee Amount
NSPECTION FEE NO State FEE State F	DLICY FEE				YES			\$125.00
ROCER FEE NO THER FEES NO THER FEES Total Fees: \$325.00 Taxable Premium (including Fees): \$3,423.00 Estimated CA.St. State Tax (3%): \$108.73 Estimated Stamping Fee: \$7.25	SPECTION FEE				NO			
NO         \$200.00           Total Fees:         \$320.00           Taxable Premium (including Fees):         \$3,425.00           Estimated CA, SL State Tax (3b):         \$108.75           Estimated Stamping Fee:         \$7,25	OKER FEE				NO			
Total Fees:         \$23.60           Taxable Premium (including Fees):         \$3.625.00           Estimated CA SI: State Tra (Si):         \$108.75           Estimated Stamping Fee:         \$7.25	THER FEES				NO			\$200.00
					Taxabl Esti	e Premium (Inclu nated CA SL Stat	Total Fees: ding Fees): e Tax (3%):	\$325.00 \$3,625.00 \$108.75
						Estimated Sta	mping Fee:	\$7.25

4. Make the correction and click the Save button at the bottom of the screen.

ransaction Details				
bmission Number: 2016-02-24/0029 Submission Date: 02/24/201 ansaction Type: Renewal Endorsement Number:	5 Submitted By: Unknown Registered By: <u>CHRISTINE WIEMERS</u>		Status: Registered Registration Date: 03/18/2016	
Tag Summary				+
Details Layering Certificates Multi-State SL1 GA	P SL2 Documents Notes			
* Transaction Type:     * Effectiv Renewal     v 10/22/2	Date:         Expiration Date:         * Invoi           115         III         10/22/2016         III         10/1	ce Da 9/201	s m Aultiple Insu	rer æ
	Open Ended (Leave 50.00)	blank	if Premium is	
INSURER				
* Insurer Name (NAIC #) - Status				
KINSALE INSURANCE COMPANY (38920) - Unlisted				•
COVERAGES				
* Coverage Code - Description			* Premium	
Coverage Code - Description     SOD GENERAL LIABILITY		•	* Premium \$3,500.00	×
Coverage Code     Secretary     Secreta		•	* Premium \$3,500.00 \$0.00	×
	Gr	• • oss Pr	* Premium \$3,500,00 \$0,00 emium: \$3,500,00	*
	G Gri Include in Premium (Subject to Tai)	• • oss Pr	* Premium 53,500.00 50.00 emium: \$3,500.00 Fee Amount	*
	Grin     Include in Premium (Subject to Tat)     Z	<ul> <li></li> <li></li></ul>	* Premium \$3,500.00 \$0.00 emium: \$3,500.00 Fee Amount \$25.00 \$125.00	× ×
	Grandude in Premium (Subject to Tad)	• • • •	* Premium     \$3,500.00     \$0.00 emium: \$3,500.00 Fee Amount     \$225.00     \$125.00     \$1275.00	×
	Grin     Sinclude in Premium (Subject to Tax)     Z      Z      C	• • • •	* Premium     \$3,500.00     \$0.00 emium: \$3,500.00 Fee Amount     \$125.00     \$125.00     \$125.00     \$175.00	× × × ×
	Gradude in Premium (Subject to Tax)     Zriclude in Premium (Subject to Tax)     Z     Z     D     C     C	sss Pr		× × × × ×
	Include in Premium (Subject to Tat)      Include in Premium (Subject to Tat)      Include in Premium (Include)      Taxable Premium (Include)      Taxable Premium (Include)      Estimated 5A State     Estimated 5A State			× × × × ×

5. When you save the correction, you will get the following message:



Enter the reason you are backing out the transaction and click the Backout and Replace button.

6. You will be returned to the policy details page to resubmit your corrected transaction. If there are any alerts, you will need to clear them before proceeding. Click on the Resume in Wizard button.

icy Details												
Policy / Binder Number: 0100003596-4					Effective Date: 10/22/2015							
Previous Policy Number: 0100003596-3						Expiration Dat	e: 10/22/2016					
Policy Type: Standard						SIC Typ	e: CONSTRUCT	ION				
P	rimary Insured N	ame: PEARSON PLUMBING 8	HEATING INC			SIC Cod	le: [1700] SPEC	IAL TRAD	E CONTRA	CTORS		
	Insured Add	UNITED STATES			Exempt Comme	rcial Purchase	HT: NO					
										Edit.		
										p core		
insactions										-		
Submission Numb	er Submission Ty	pe Transaction Type	Status	Effective Date	Premium	Taxable Fees	Stamping Fee	Docs	Alerts	Open Tags		
2016-02-24/0029	SLIP BIF	Renewal	Registered	10/22/2015	\$3,500.00	\$125.00	\$7.25	0		0		
		Packaut of Personal <sup>1</sup>	Unsubmitted	10/22/2015	(\$2 500.00)	(\$125.00)	(\$7.25)	0				
		Backout or Renewal	Unsubmitted	10/22/2015	(35,500.00)	(3125.00)	(37.25)	0				
		Kenewai	unsubmitted	10/22/2015	\$3,500.00	\$300.00	\$7.60	±	0			
2016-06-27/0010	SLIP	Extension	Submitted	10/22/2016	\$0.00	\$0.00	\$0.00	1				
4 1 Þ H	10 🔻 it	ems per page							1	of 4 itoms		
clude Backouts 🗹	Exclude Returne	1				₹ 0	reate Renewal	*	Create E	ndorsement		
xclude Backouts ansaction Det Tag Summar Details Laye Il submitted Renev	Exclude Returned ails y ring Certific vals must contain r associated docu	a ates Multi-State SI a Declaration Poge / Binder ments. You rong complete a	.1 GAP SL 'Cover Nate/Certi nd submit SL1, SL3	2 Documents ficate as well as a c	Notes ompleted SL1 Form	Some New Bo	ireate Renewal usiness Policies n ed forms as wel	nay also	Create El	+		
xclude Backouts Tag Summar Details Laye I submitted Rener GAP Form or otho coments from you Transaction	Exclude Returned ails y certific vals must contain rr associated docu rr computer. Plea Documents	a ates Multi-State Si a Declarations Page / Bioder memts. You may complete a se select from the following	.1 GAP SI Cover Note/Certij nd submit SL1, SL2 options.	2 Documents ficate as well as a co , and Gap Forms on	Notes ampleted 5L1 Form line or you can upl	Some New Bu	ireate Renewal usiness Policies r ed forms as wel	nay also l as othe	Create El require ar r supporti	+ sL2 Form		
clude Backouts & nsaction Det Tag Summar Details Laye GAP Form or oth CAP Form or oth Transaction File Name	Exclude Returner ails y y Certific contain automation r associated docu r computer. Plea	ates Multi-State Side a Declarations Page/Binder se select from the following Document Types	.1 GAP SL Cover Note/Certij nd submit SL1, SL options.	2 Documents ficate as well as a co , and Gap Forms on	Notes ampleted SLI Form line or you can upl	Some New Bo coord any requir	reate Renewal usiness Policies red forms as wel	nay also I as othe	Create El require ar r supporti	+		
clude Backouts & nsaction Det Tag Summar Details Laye I submitted Rener GAP Form of the CaP Form of the CaP Form of the Transaction File Name 2017 Celeric	Exclude Returner ails y v certific certific v computer. Plea Documents hradf	ates Multi-State Si a Declaration Page /Binder as eslect from the following Document Types Declarations Page or Bin	.1 GAP SI Cover Note / Certi Or automit S1, SL options.	2 Documents ficate as well as a co and Gap Forms on 1 Form, 512 Form	Notes ampleted 51, Form line or you can up! Upload Date * 08/11/2016	Some New Bo Some New Bo Dad any requir	reate Renewal siness Policies n ef forms as wel	nay also I as othe	Create El require ar r supporti	+ + + + + + + + + + + + + + + + + + +		
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xclude Backouts $\overrightarrow{R}$ Instaction Det Tag Summar Details Laye Il submitted Rener Caff Form of share Transaction Transaction Transaction Tele Name 2002 Celerit H 4 3 4 Upload a d Setect file	Exclude Returnes ails y ring Certific must must contain r associated door Consultation bacad text	a ates Multi-State Si a Declarations Page/Binder a Declarations Page or Bin Declarations Page or Bin No	.1 GAP SL Cover Note / Certi Cover Note / Certi options. der or Certificate. SL der or Certificate. SL ter. Files must be l	2 Documents frozte as well as a co 2, and Gap Forms on 1 Form, SL2 Form ess than 10MB in siz	Notes angleted SL1 Form line or you can up! Upload Date # 08/11/2016 e and in one of the	Some New B Some New B Dod any require Uploaded B BROKERPAT	siness Policies r ed forms as well y File Size 132 KS mats: TIFF, PDF,	nay also I as other PNG, PC	Create Er require ar supporti ages 1 - 1 of 1	to realize the second s		

7. Review the new revised summary at the top of the screen and if everything looks fine, click on the Submit to SLA button.

	ACCOUNT REFORTS ANALTICS 05			
ou are logged in as BROKERPAT, on behalf of [705	<li>io] AMWINS ACCESS INSURANCE SERVICES, LLC (0118107).</li>	, STOCKBRIDGE.		[Change Location]
Create Renewal Wiza	ırd			
Create Renewal Wizard				
1: Options 2: Policy Det	ails 3: Transaction Details	4: Documents	5: Verify and S	ubmit
Policy / Binder Number:	0100003596-4	Multi-State Policy:	NO	Change
Previous Policy Number:	0100003596-3	Multiple Insurers:	NO	Change
Policy Type:	Standard Change	Exempt Commercial Purchaser:	NO	Change
Primary Insured Name:	PEARSON PLUMBING & HEATING INC	SIC Type:	CONSTRUCTION	
Insured Address:	91912	SIC Code:	[1700] SPECIAL TRADE	E CONTRACTORS
	UNITED STATES	Insurer Name:	KINSALE INSURANCE O	OMPANY (38920) -
Transaction Type:	Renewal		Unlisted	
Effective Date:	10/22/2015	Total Premium:	\$3,800.00	
Expiration Date:	10/22/2016	Estimated CA SL State Tax:	\$114.00	
Invoice Date:	10/19/2015	Estimated Stamping Fee:	\$7.60	
insurer.	Unlisted	Document Summary:	One file included	
Coverage Codes:	500 GENERAL LIABILITY - GENERAL LIABILITY \$3.500.00			
eview the policy and transaction details fo	r accuracy.			
lease review the details shown above and en he SLA. If you need more time, you can click Indicates fields that are required for submis:	sure they accurately reflect the data you wish to su the Save for Later button to save your progress wit sion to the SLA.	ubmit. When satisfied, click the Submit to SLA hout submitting.	button below to subm	it this transaction to
< Back			Save for Later	🖾 Submit to SLA

8. If the filing is an old filing, you will need to complete the \*Late Filing Explanation field which will enable the Submit button.

ubmit to SLA						
lease review and er	nter any additional information for this submission	if necessary. When ready, press	the Submit butto	n to submit these	transactions to the	SLA for review.
Policy Number	Name of Insured	Transaction Type	Effective Date	\$ Premium	\$ Stamping Fee	\$ State Tax
0100003596-4	PEARSON PLUMBING & HEATING INC	Renewal	10/22/2015	\$3,800.00	\$7.60	\$114.00
0100003596-4	PEARSON PLUMBING & HEATING INC	Backout of Renewal	10/22/2015	(\$3,625.00)	(\$7.25)	(\$108.75)
Total Transactions	x 2			\$175.00	\$0.35	\$5.25
ubmission Notes:	uninger -	* Late Filing	Explanation:			

9. If the submission is successful, the transaction will be at the top of the Submission List page.