

Introductory Guide to SLIP Enhanced

California's Electronic Filing System

Prepared by the SLA Education and Compliance Department June 16, 2016

Contents

Introduction	1
Getting Started	2
About the Policy Wizards	4
Create New Business Policy Wizard	5
Options Screen	5
Policy Options	5
Policy Details	7
Transaction Details	8
Documents Tab	10
Online SL1 Form	13
Online SL2 Form	15
Document Page with Completed Online Forms	19
Verify and Submit	20
Policy Options	22
Multi-State Policy Option	22
Layering Tab	24
Create Renewal Wizard	26
Searching for Prior Policy	27
Create a Renewal from Scratch	35
Create Endorsement/Cancellation Wizard	44
Create an Endorsement/Cancellation from Scratch	51
Bulk Submission / Import Wizard	60
Deleting/Editing or Backing Out Transactions	63
Deleting an Unsubmitted Transaction	63
Editing a Submitted Transaction	64
Backing Out a Registered Transaction	67
Editing a Registered Transaction	68
Backing Out a Registered Transaction from a Tag Response	69
Quick Info Table	73
My Unsubmitted Transactions/Total Unsubmitted Transactions	73
My Open Tags/Total Open Tags/Informational Tags	76
Transactions Pending Review/Returned Transactions/Invalid Bulk Submission	78
Reports Tab	82

Analytics Tab	83
Master User Role/Users Tab	84
Frequently Asked Questions	86



Introduction

The Surplus Line Association of California's (SLA) electronic filing system has been enhanced. The system was developed to assist users in complying with the state's surplus line filing requirements, and a first step towards a paperless environment. The new features provide further assistance in regulatory compliance.

For new SLIP users, this guide will introduce you to the various features in SLIP. The wizards provide step by step instructions on how to create a new policy, link a renewal to its prior policy, create a renewal from scratch, link an endorsement to its initiating policy, or create an endorsement from scratch.

Users also have the ability to respond to tags, review their transaction histories, pay their broker account balance and generate reports.

For experienced multi-state SLIP users, it is important to remember that each state has its own insurance laws and regulations. The SLIP system in California focuses on assisting filers in compliance with California rules and regulations.

Key Advantages to Using SLIP:

- Promotes a paperless environment
- Reduces tags and increases compliance with California surplus line filing regulations
- Ability to upload batches up to 100MB in TIFF, PDF, PNG, PDF/A, or JPG/JPEG
- Ability to make online payments via credit card or ACH, and set up automatic payments
- Ability to view all previously submitted (historical) data
- Access to detailed reports to review, analyze, and verify submitted data
- Color coded messages:

Green = Success (policy successfully saved, submitted)

Yellow = Warning (returned items, missing required documents)

- Red = Error (trouble saving information, unexpected error, crash)
- Pink = Alert (possibility of getting a tag)

New Features

For experienced SLIP users there are some new features in this version of SLIP:

- Transactions do not need to be submitted in a batch.
- Transactions can no longer be submitted with alerts.
- Payments will be applied to the oldest outstanding balance.
- Some terminology will be different, such as account statement instead of invoice, registered transaction instead of processed transaction, backout instead of ORO.

Getting Started

SLIP website: https://slip.slacal.org/

	Login Screen
	Surplus Lines Information Portal
The SLA of California recomm	nends using a supported browser before continuing to access SLIP, in order to avoid any potential compatibility issues.
Click <u>here</u> to view the SLIP re	equirements list.
	User Name: Password: Diagon Forgot Password? By logging in, you acknowledge acceptance of the <u>SLIP Terms and</u> <u>Conditions</u> supplied to you with your user login credentials. Are you a CDI user? <u>Click Here.</u> Are you an SLA employee? <u>Click Here.</u>

For first time SLIP master users, please contact the SLA for your user name and password. You will be required to change your password after the first login. Master users can create users for their brokerages.

Users Filing for Multiple Locations Screen

Surplus Lines Information Portal				
HOME				HELP
You are logged in as PATB	RK. Please select a location to continue.			
Available Broker	rage Locations			<u>cı</u>
+	Broker Name	E	froker License	Location
SLA Broker Number	Broker Name 🔺		Broker License Number	Location
8466	SURPLUS INSURANCE BROKER	1	OA111111	SAN FRANCISCO
	TEST BROKER		0A70625	
8465				

If your brokerage has multiple branches, the locations screen allows you to access the different branches without logging out. You can change locations by:

- 1) Entering values in one or more fields at the top of the grid, or
- 2) Clicking on a link under the Location column.

Homepage

	Home Page	
Surplus L		
HOME	POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS	HELP SETTINGS LOGOUT
You are	logged in as PAT1, on behalf of [10002] PM & ASSOCIATES (TEST1234), SAN FRANCISCO.	[Change Location]
Welc	ome, Patricia McAuley!	🔀 Contact SLA
Policy Ac	tions	- \$ Pay Stamping Fee
(+)	Create New Policy 0	
	Create a new policy, upload documents, and complete online forms through the SLIP Create New Policy Wizard.	(j) Quick Info
	Create Renewal 0	My Unsubmitted Transactions <u>1</u>
	Report a Renewal for an existing policy or create a renewal from scratch through the SLIP Create Renewal Wizard.	Total Unsubmitted Transactions <u>1</u>
	Create Endorsement 🥹	My Unsubmitted Transactions with Alerts <u>1</u>
<u>A</u> =	Report Endorsements, Cancellations, Audits, and Extensions for existing policies or create Endorsements from scratch through the SLIP Create Endorsement Wizard.	Total Unsubmitted Transactions with Alerts <u>1</u>
		My Open Tags <u>1</u>
Bulk Data	Entry	Total Open Tags <u>1</u>
	DIE an VML Dulla Outamination / June and Minand A	Total Informational Tags <u>0</u>
Ŧ,	BIF OF XINL BUIK SUDMISSION / IMPORT WIZARD	Transactions Pending Review 0
	Submission Wizard.	Returned Transactions <u>0</u>
		Invalid Bulk Submissions

Tabs

At the top of the home page welcome screen there are tabs to access different areas of SLIP, such as policies, submissions, tags, accounts, reports, analytics, users and contacts.

Wizards

The middle section of the screen contains wizards to guide you through the steps of creating a new business policy, a renewal, and an endorsement/cancellation. There are wizards to walk you through submitting in bulk.

Quick Info Table

The Quick Info table provides an immediate reference to the number of unsubmitted transactions, transactions with alerts, open and informational tags and transactions pending review or returned for your account. Selecting the number hyperlink next to each item will navigate to the corresponding screen page.

About the Policy Wizards

The policy wizards provide a step by step guide to create a new business policy, a renewal, and an endorsement/cancellation. Creating a new business policy, a renewal, and an endorsement/cancellation follow a similar process.

To create a new business policy, the process is as follows:

- Select the type of policy in the Policy Options screen. This will determine what sections of SLIP need to be displayed. (For example: if master policy is chosen, the certificates section will be enabled so you can enter the certificate information.)
- Enter the policy details; the required fields are identified by an asterisk.
- Enter the policy period, invoice date, insurer, coverage, premium and fees (if applicable) on the transaction details.
- Complete the online SL-1and SL-2form or upload the forms.
- Upload a copy of the policy declaration page, binder, or cover note and a list of multiple insurers, if applicable.
- Correct all alerts.
- Submit to the SLA.

To create a renewal, search for the prior policy on the search screen and select from the results:

- Select the type of policy in the Policy Options screen.
- In the policy details, the insured name and insured address zip code will populate from the previous policy.
- If the prior policy was registered, the insurer and coverage will populate in the transaction details. If information differs from the initiating policy, click the Edit button at the bottom of the screen to update information. Complete the policy period, invoice date, premium and fees (if applicable).
- Complete the online SL-1 and SL-2 form or upload the forms.
- Upload a copy of the renewal policy declaration page, binder, or cover note and a list of multiple insurers, if applicable.
- Correct all alerts.
- Submit to the SLA.

To create an endorsement/cancellation, search for the initiating policy and select from the results:

- Select the type of policy in the Policy Options screen.
- In the policy details, the insured name and insured address zip code will populate from the previous policy.
- If the prior policy was registered, the insurer and coverage will populate in the transaction details. If information differs from the initiating policy, click the Edit button at the bottom of the screen to update information. Complete the endorsement effective date, invoice date, premium and fees (if applicable).
- Upload a copy of the endorsement.
- Correct all alerts.
- Submit to the SLA.

If you are unable to find the prior policy for the renewal or the initiating policy for the

endorsement/cancellation, you can click on the <u>Create a Renewal from Scratch</u> or <u>Create an Endorsement</u> <u>from Scratch</u> links on the Policy Search Criteria screen. (Please note that this may trigger a tag.)

Create New Business Policy Wizard

		Options Scre	en		
Surplus Lines Information Portal	TAGS ACCOUNT REPOR	TS ANALYTICS USERS	CONTACTS	HELP	SETTINGS LOGOUT
You are logged in as PATBRK, on behalf of	f [8486] TEST (TEST), SAN FRANCISCO.				[Change Location]
Create New Polic	cy Wizard				
Create New Policy Wizard					
Step 1: Options					
Enter the policy number and indicat	e special conditions.				
Begin by providing the new policy nur	mber. If that policy number alread	ly exists in SLIP, you will be ab	e to navigate to that policy	to add new transactions. If any sp	ecial conditions apply
to this policy, please indicate them b	y checking one or more of the opti	ions below. If none of the cond	itions apply, leave only "Star	dard Policy" selected and click Ne	xt.
ABC-100					
#DC 100)				
Options					
Standard Policy	\bigcirc	Master Policy			
	1	This is a single policy that prov	ides coverage to eligible emp	loyees or members on a group bas	iis.
Multi-State Policy					
Multiple Insurers	e risk is located in more than one s	state.			
This is a single policy where th	e risk is covered by more than one	Insurer.			
Exempt Commercial F	Purchaser / Commercial	Insured			
This policy has an exempt com	mercial purchaser / commercial in	sured, which must meet the qu	alifications as set forth by th	e NRRA.	
Refer to <u>SLA CA Bulletin 1230</u> f	for more information.				
					Next >
·					

Policy Options

- Enter the policy/binder number. The asterisk indicates this is a required field.
- The Standard Policy radio button is selected as a default for all new policies. If the policy is a master policy, select the Master Policy radio button.
- If the policy also contains one of the other conditions listed, check the applicable box. For example, if you select the Multiple Insurers checkbox, the layering tab will be visible and the system will guide you through the fields to complete.
- After you have made your selection, click on the Next button to create your new policy details.

Option Descriptions

- A master policy is a single contract issued on a group basis with certificates of insurance issued to the policyholders.
- A multi-state policy covers a risk that resides in more than one state.

- An exempt commercial purchaser/commercial insured (ECP/CI) is an insured that meets three requirements and the policy is exempt from a diligent search. The three requirements are:
- 1. Employs or retains a qualified risk manager¹
- 2. Paid an aggregate nationwide property and casualty premium of at least \$100,000 in the immediately preceding 12 months.
- 3. Meets **one** of the following:
 - Possesses a net worth in excess of \$20 million
 - Generates annual revenues over \$50 million
 - Employs more than 500 full time employees per individual insured, or is a member of an affiliated group employing more than 1,000 employees in the aggregate
 - Is a non-profit or public entity generating annual budget over \$30 million
 - Is a municipality with a population in excess of 50,000 persons

¹ Bulletin 1230 states that under the NRRA a qualified risk manager must meet three requirements: 1) Must be an employee of, or a third party consultant retained by, a commercial policy holder, **and** 2) Provides skilled services in loss prevention, loss reduction, or risk and insurance coverage analysis, and purchase of insurance, **and** 3) A bachelor's degree or higher from an accredited college or university in risk management, business administration, finance, economics, or any other field determined by a state insurance commissioner or other state regulatory official or entity to demonstrate minimum competence in risk management; **and** three years of experience in risk financing, claims administration, loss prevention, risk and insurance analysis, or purchasing commercial lines of insurance, **or** holds one of the designations below:

CPCU or ARM or CRM or RF or any other designation, certification, or license determined by a state insurance commissioner or other state regulatory official or entity to demonstrate minimum competence in risk management, **or** has seven years of experience in risk financing, claims administration, loss prevention, risk and insurance coverage analysis, or purchasing commercial lines of insurance; and any one of the following designations: CPCU or ARM or CRM or RF or any other designation, certification, or license determined by a state insurance commissioner or other state insurance regulatory official or entity to demonstrate minimum competence in risk management, **or** has at least ten years of experience in risk financing, claims administration, loss prevention, risk and insurance coverage analysis, or purchasing commercial lines of insurance, **or** has a graduate degree from an accredited college or university in risk management, business administration, finance, economics, or any other field determined by a state insurance commissioner or other state regulatory official or entity to demonstrate minimum competence in risk management.

New Policy Details Screen

HOME POLICIES SUBMISSIONS TAGS ACCOUNT	REPORTS ANALYTICS US	ERS CONTACTS	HELP SETTINGS LOGO
You are logged in as PATBRK, on behalf of [8486] TEST (TEST), SAN FR	ANCISCO.		[Change Locatio
Transaction created successfully for Policy Number abc-100.			
Create New Policy Wizard			
Create New Policy Wizard			
1: Options 2: Policy Details	3: Transaction Details	4: Documents	5: Verify and Submit
Policy / Binder Number: ABC-100		Multi-State Policy: NO	Change
Policy Type: Standard	Change	Multiple Insurers: NO	Change
Enter the details for this new Policy.		Secondary Insured Name:	
insured Address Line 1:		Not required for submission. Enter only if k	nown.
Insured Address Line 2:		SELECT SIC code: •	×
city: State:	* zip:	Drilinu Notas- Arid Doliny Notas	
Country:		Policy Notes: ADD Policy Notes	
UNITED STATES	•		
* Indicates fields that are required for submission to the SLA.			
< Back			Save for Later Next >

Policy Details

Enter the insured information in the policy details section. If the insured is a person, enter the last name first, then first name (for example: SMITH JOHN). This makes it easier for future searches of the policy because last names are less common and the results will be easier to sort through.

The asterisk * identifies required fields, such as primary insured name and the zip code of the insured's address.

The SIC type and SIC Code are strictly optional fields.

If there are notes you would like to add to this specific transaction, select the Add Policy Notes hyperlink. This displays the Policy Notes field.

Click Next to continue to the transaction details.

Transaction	Details	Screen
-------------	---------	--------

~					
Transaction saved	d successfully for Policy Number ABC-100.				
Create	New Policy Wizard				
Create New Po	olicy Wizard				
1: Options	2: Policy Details	3: Transaction Details	4: Documents	5: Verify and Submit	
	Policy / Binder Number: ABC-100		Multi-State Polic	y: NO	Ch
	Policy Type: Standard	Change	Multiple Insurer	rs: NO	Ch
			Exempt Commercial Purchase	er: NO	Ch
Provide the transac	tion type and details.				
Please provide the s	pecific details for this transaction below	ι.			
• Transaction Tv	nde:	* Effective Date:	Expiration Date: * Invoice Da	ate:	
New Business	•				
			Open Ended		
			(Leave blan \$0.00)	k If Premium is	
INSURER					
* Insurer Name (NAI)	C #) - Status				
Select the insure	er				
Select the insure Note: Carriers appear please ensure you ha	er aring on the drapdown list are only those ave determined that the carrier has met	on the LASLI and/or on the NAIC the California eligibility requirer.	IID Quarterly Listing of Alien Insurers. If the nents under Insurance Code Section 1765.1.	carrier does not appear on the dropd	own li
Select the insure Note: Carriers appear please ensure you he COVERAGES	er aring on the drapdown list are only those ave determined that the carrier has met	e on the LASLI and/or on the NAIC the California eligibility requirer	-IID Quarterly Listing of Alien Insurers. If the nents under Insurance Code Section 1765.1.	carrier does not appear on the dropd	own li
Select the insure Note: Carriers appen please ensure you he COVERAGES * Coverage Code - D	er aring on the drapdown list are only those ave determined that the carrier has met escription	e on the LASLI and/or on the NAIC the California eligibility requirer	-IID Quarterly Listing of Alien Insurers. If the nents under Insurance Code Section 1765.1.	carrier does not appear on the dropd	own li
Select the insure Note: Carriers appea please ensure you hi COVERAGES * Coverage Code - D Select Coverage	er aring on the drapdown list are only those ave determined that the carrier has met escription e Code	e on the LASLI and/or on the NAIC the California eligibility requirer	-IID Quarterly Listing of Alien Insurers. If the nents under Insurance Code Section 1765.1.	carrier does not appear on the dropda * Premium \$0.00	own li
Select the insure Note: Carriers appen please ensure you ha COVERAGES * Coverage Code - D Select Coverage	er aring on the dropdown list are only those ave determined that the carrier has met escription e Code	e on the LASLI and/or on the NAIC the California eligibility requirer	-IID Quarterly Listing of Alien Insurers. If the nents under Insurance Code Section 1765.1. • • • • Gross F	carrier does not appear on the dropda * Premium \$0.00 Premium: \$0.00	own li
Select the insure Note: Carriers appen please ensure you he COVERAGES * Coverage Code - D Select Coverage FEES Fee Name	er aring on the drapdown list are only thase ave determined that the carrier has met escription e Code	e on the LASLI and/or on the NAIC the California eligibility requiren	-IID Quarterly Listing of Alien Insurers. If the nents under Insurance Code Section 1765.1. Gross F Include in Premium (Subject to Tax)	carrier does not appear on the dropda * Premium \$0.00 Premium: \$0.00 Fee Amount	own li
Select the insure Note: Carriers appen please ensure you hi COVERAGES * Coverage Code - D Select Coverage FEES Fee Name POLICY FEE	er aring on the drapdown list are only those ave determined that the carrier has met escription e Code	e on the LASLI and/or on the NAIC the California eligibility requirer	IID Quarterly Listing of Alien Insurers. If the nents under Insurance Code Section 1765.1. Gross F Include in Premium (Subject to Tax)	carrier does not appear on the dropda * Premium S0.00 Premium: \$0.00 Fee Amount \$0.00	own li
Select the insure Note: Carriers appen please ensure you hi COVERAGES * Coverage Code - D Select Coverage FEES Fee Name POLICY FEE INSPECTION FEE	er aring on the drapdown list are only those ave determined that the carrier has met escription e Code	e on the LASLI and I or on the NAIC the California eligibility requirer	-IID Quarterly Listing of Alien Insurers. If the nents under Insurance Code Section 1765.1. Gross F Include in Premium (Subject to Tax)	carrier does not appear on the dropda	t
Select the insure Note: Carriers appear please ensure you hi COVERAGES * Coverage Code - D Select Coverage FEES Fee Name POLICY FEE INSPECTION FEE BROKER FEE	er aring on the drapdown list are only thas ave determined that the carrier has met escription e Code	e on the LASLI and/or on the NAIC the California eligibility requirer	IID Quarterly Listing of Alien Insurers. If the nents under Insurance Code Section 1765. 1. Gross F Include in Premium (Subject to Tax) Include in Premium	carrier does not appear on the dropda * Premium S0.00 Premium: S0.00 Fee Amount S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S	t t
Select the insure Note: Carriers appen please ensure you hi COVERAGES * Coverage Code - D Select Coverage FEES Fee Name POLICY FEE INSPECTION FEE BROKER FEE OTHER FEES	er aring on the drapdown list are only those ave determined that the carrier has met escription e Code	e on the LASLI and/or on the NAIC the California eligibility requirer	IID Quarterly Listing of Alien Insurers. If the nents under Insurance Code Section 1765.1. Gross F Include in Premium (Subject to Tax) Include in Premium (carrier does not appear on the dropda	t i i i i i i i i i i i i i

Transaction Details

Enter the transaction effective date, expiration date and invoice date. If the transaction is open ended (without an expiration date), select the Open Ended checkbox and the expiration date field will be disabled.

If the policy is written with one insurer, select the insurer from the drop-down. *If the insurer does not appear on the drop-down, you can type in the insurer name.*

Coverages & Fees

In the Coverages section, enter the coverage description. If there is more than one coverage, once you type in a coverage description another row will display.

Enter the premium amount(s).

For policies that contain taxable fees, check the box next to the applicable fee and enter the fee amount. The system calculates the state tax and stamping fee based on the premium and checked fees entered. You can verify the stamping fee calculation matches the stamping fee that was charged to the insured at the bottom of the screen.

Bottom of Transaction	Details Screen		
COVERAGES			
* Coverage Code - Description		* Premium	
Select Coverage Code	•	\$0.00	
	Gross Pre	emium: \$0.00	
FEES			
Fee Name	Include in Premium (Subject to Tax) 🚯	Fee Amount	
POLICY FEE		\$0.00	×
INSPECTION FEE		\$0.00	×
BROKER FEE		\$0.00	×
OTHER FEES		\$0.00	×
* Indicates fields that are required for submission to the SLA.	 Tota Taxable Premium (Including Estimated CA SL State Ta Estimated Stamping 	l Fees: \$0.00 Fees): \$0.00 x (3%): \$0.00 g Fee: \$0.00	
S Back		Save for Later	ext >

Click the Next button to go to the Documents page.

Documents Tab

You upload your files under the documents tab. You can also complete the online forms or upload the forms.

			Docum	ents Page				
SLIP Surplia Lines Information Pontal								CO ARUNITZA A TO
	NISSIONS TAGS	ACCOUNT	EPORTS ANALYTICS	USERS CONTACTS			HEL	P SETTINGS LO
You are logged in as PATBRK, o	n behalf of [8486] Ti	EST (TEST), SAN FRAN	cisco.					[Change Loca
Transaction saved success	sfully for Policy Num	ber ABC TEST.						
Create New	v Policy Wi	zard						
Create New Policy	Wizard							
1: Options	2: Policy Det	ails	3: Transaction Detail	5	4: Documents		5: Verify an	d Submit
Policy	Binder Number:	ABC TEST			Multi-Sta	te Policy: NO		<u>Cha</u>
	Policy Type:	Standard	Change		Multiple	Insurers: NO		Cha
Prima	ry Insured Name:	CA		Exemp	Commercial P	Purchaser: NO		Cha
	insured Address.	UNITED STATES			Total	Premium: \$0.00		
т	ransaction Type:	New Business		Est	imated CA SL S	State Tax: \$0.00		
	Effective Date:	05/23/2016			Estimated Starr	ping Fee: \$0.00		
	Expiration Date:	05/23/2017						
	Invoice Date:	05/23/2016						
Upload supporting docume All submitted New Business Form or GAP Form or other documents from your comp	ntation for this Ne Policies must cont associated docume uter. Please select	ew Business transac ain a Declarations P ents. You may comp from the following	tion. Page/Binder/Cover Note/Co lete and submit SL1, SL2, o options.	ertificate as well as a ca Ind Gap Forms online or	mpleted SL1 Fo you can upload	orm. Some New Bu any required for	isiness Policies ms as well as a	may also require an ther supporting
Transaction Docu	ments							
File Name 🔻	Do	cument Types			Upload Date	Uploaded By	File Size	Pages
H 4 0 F H								No items to display
Upload a Docun	nent							
			Note: Files must be less	than 10MB in size and in	n one of the fol	lowing formats: 1	IFF. PDF. PNG	PDF/A, or JPG/JPF(
Select file					, ,		, .,	
Online SL Form	5							
🖍 Complete SL1 F	Form	🖍 Complete	e SL2 Form	🖍 Complete GAP F	orm			
< Back							🗵 Save f	or Later Next

California requires that the policy declaration page/certificate/binder accompany the policy on all new business submissions. To attach the required documents in SLIP, select the file.

Uploading Documents

After you have selected a file, the document type(s) checklist displays. Check the box(es) next to the types of documents you will be uploading <u>before</u> clicking the Upload button. Remember that the upload will only be successful if the documents are less than 10MB in size and in a TIFF, PDF, PNG, PDF/A, or JPG/JPEG format.

You can select more than one checkbox for each uploaded document if the uploaded document is associated with more than one the document types. For example, if the pdf contains the declaration page, syndicate list, SL1 and SL2 forms, you would select the pdf and check the boxes for declaration page, syndicate list, SL1 and SL2 form.

Surplus Lines Information Portal						1	
OME POLICIES	SUBMISSIONS TA	IGS ACCOUNT F	REPORTS ANALYTICS USERS	CONTACTS		HE	ELP SETTINGS LOG
ou are logged in as PATI	BRK, on behalf of [8486] TEST (TEST), SAN FRAM	NCISCO.				[Change Locat
Transaction saved s	uccessfully for Policy N	lumber ABC TEST.					
Create N	New Policy V	Wizard					
Create New Pol	icy Wizard						
1: Options	2: Policy I	Details	3: Transaction Details	4: Documents	5	5: Verify a	nd Submit
Po	olicy / Binder Numbe	r: ABC TEST		Multi-St	ate Policy: NO		Chan
	Policy Type	e: Standard	Change	Multiple	e Insurers: NO		Chan
F	Primary Insured Name	e:		Exempt Commercial F	Purchaser: NO		Chan
	Insured Addres	UNITED STATES		Insu	Premium: \$0.00)	
	Transation Tra	e: New Business		Estimated CA SL	State Tax: \$0.00	,)	
	Transaction Type						
	Effective Date	e: 05/23/2016		Estimated Star	nping Fee: \$0.00)	
	Effective Date Expiration Date	e: 05/23/2016 e: 05/23/2017		Estimated Star	nping Fee: \$0.00)	
Jpload supporting do	Effective Date Expiration Date Invoice Date Coverage Code cumentation for this siness Policies must co	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transactions for a Declarations for a Declarations for a declarations for a declaration of the declarations for a declaration of the declaration	ction. Pagel Binder I Cover Note / Certificatu	Estimated Stan	nping Fee: \$0.00) usiness Policie:	s may also require an S
Jpload supporting do All submitted New Bus Form or GAP Form or d documents from your Transaction D	Effective Data Expiration Data Invoice Data Coverage Code cumentation for this siness Policies must of other associated docu computer. Please sele Documents	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transac ontain a Declarations I ments. You may comp ect from the following	ction. Page/Binder/Cover Note/Certificati Nete and submit SL1, SL2, and Gap is aptions.	Estimated Stan as well as a completed SL1 Fr Forms online or you can uploac	nping Fee: \$0.00 orm. Same New Bu I any required for) usiness Policie: ms as well as (s may also require an S other supporting
Jpload supporting do All submitted New Bus form or GAP Form or toccuments from your Transaction D File Name *	Transaction Type Effective Data Expiration Data Invoice Data Coverage Code cumentation for this siness Policies must or computer. Please self cocuments	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transact ontain a Declarations I ments. You may comp ext from the following Document Types	ction. Page/Binder/Cover Note/Certificati lete and submit SL1, SL2, and Gap is a options.	Estimated Stan	nping Fee: \$0.00) ms as well as (File Size	s may also require an S ather supporting Pages
Jpload supporting do Ill submitted New Bus form or I dAF Form or I Gocuments from your Transaction D File Name * * 0 *	Hansacton Typ Effective Dat Expiration Dat Invoice Dat Coverage Code cumentation for this siness Policies must of course that account of the course of the coverage Code computer. Please sele	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transactions / A memts. You may comp ect from the following Document Types	ction. Page (Binder / Cover Note / Certificate lete and submit \$11, \$12, and Gap is aptions.	Estimated Stan	nping Fee: \$0.00 orm. Some New Bu d any required for Uploaded By) usiness Policie: ms as well as (File Size	s may also require an S other supporting Pages No items to display
Jpload supporting do All submitted New Bus form or GAP Form or toccuments from your Transaction D File Name ¥ ¥ 4 0 ► Upload a Do	Hainsactori Type Effective Date Expiration Date Invoice Date Coverage Code cumentation for this siness Policies must or ther associated docc computer. Please self biocuments	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transact ontain a Declarations f uments. You may comp ect from the following Document Types	ction. Page/Binder/Cover Note/Certificat lete and submit SL1, SL2, and Gap i a options.	Estimated Stan e as well as a completed SL1 Fr Forms online or you can upload	nping Fee: \$0.00 orm. Same New Bu d any required for Uploaded By) ms as well as (File Size	s may also require an s other supporting Pages No items to display
Jpload supporting do MI submitted New Bus Form or GAP Form or Transaction D File Name T N 4 0 0 Upload a Do Select file	Hamaculon Type Effective Dat Expiration Dat Invoice Dat Coverage Code coursentation for this iness Policies must oc computer. Please sele bocuments	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transaction of the second of the secon	ction. Page/Binder / Cover Note / Certificati Nete and submit SL 1, SL 2, and Gap 1 aptions.	Estimated Stan	nping Fee: \$0.00) usiness Policie: mz as well as a File Size	s may also require an S other supporting Pages No items to display
Upload supporting do Ull submitted New Bus form or GAP Form or r Consense from your File Name V New O V Upload a Do Select file 21 O1192016 23	Hainsaudin Typ Effective Dat Expiration Dat Invoice Dat Coverage Code cumentation for this iness Policies must of course associated occ computer. Please sele bocuments	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transact ontain a Declarations I memts. You may comp ect from the following Document Types	ction. Page/Binder/Cover Note/Certificatu lete and submit \$1, \$12, and Gap is options.	Estimated Stan	nping Fee: \$0.00) usiness Policie: ms as well as (File Size	s may also require an 9 other supporting Pages No items to display
Jpload supporting do All submitted New Bus form or GAP Form or or Transaction D File Name • • • • • • Upload a Do Select file ;• • 01192016 23	Hansacton Type Effective Dat Expiration Dat Invoice Dat Coverage Code coverage Covera	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transac ontain a Declarations for aments. You may comp ect from the following Document Types	ction. Page/Binder/Cover Note/Certification lete and submit SL1, SL2, and Gap is a options.	Estimated Stan	nping Fee: \$0.00) usiness Policies ms as well as of File Size	s may also require an S other supporting Pages No No items to display
Jpload supporting do All submitted New Bus form or GAP Form or r Transaction D File Name • • • • • • • Upload a Do Select file ;• • 01192016 23	In an action Type Effective Dat Expiration Dat Invoice Dat Coverage Code coursentation for this inters Policies must oc computer. Please self bocuments Interpret Company Interpret Company Inte	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transac ontain a Declarations for aments. You may comp ect from the following Document Types Binder or Certificate	ction. Page/Binder/Cover Note/Certificate lete and submit SL1, SL2, and Gap is aptions.	Estimated Stan	nping Fee: \$0.00) usiness Policies ms as well as a File Size	s may also require an S other supporting Pages No items to display X
Jpload supporting do All submitted New Bus form or GAP Form or Transaction D File Name • Upload a Do Select file if 01192016 23	In ansaction Type Effective Dat Expiration Dat Invoice Dat Coverage Code coursentation for this iness Policies must co computer. Please self bocuments incomputer. Please self bocuments cument 	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transactions <i>I</i> ments. You may comp ect from the following Document Types Binder or Certificate ent	ction. Page/Binder / Cover Note / Certificat lete and submit SL 1, SL2, and Gap i aptions.	Estimated Stan	pping Fee: \$0.00 orm. Some New Bk d any required for Uploaded By) ms as well as (File Size ther Documer	s may also require an S other supporting Pages No items to display X to tems to display
Jpload supporting do Ill submitted New Bus form or I GAF Form or I Transaction D File Name * Vpload a Do Select file it 01192016 23 Document Typ	In ansaction Type Effective Dat Expiration Dat. Invoice Dat Coverage Code comentation for this iness Policies must co- computer. Piesse self inter associated doc. computer. Piesse self comments Inter associated doc. Inter associated doc. I	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transact ontain a Declarations <i>I</i> memts. You may comp ect from the following Document Types Binder or Certificate ent	ction. Page/Binder / Cover Note / Certification Nete and submit SL 1, SL2, and Gap is aptions.	Estimated Stan	nping Fee: \$0.00) Instances Policies Instances Policies File Size	s may also require an S other supporting Pages No items to display X x x x x x x x x x x x x x x x x x x x
Jpload supporting do III submitted New Bus form or GAP Form or I Transaction D File Name * Upload a Do Select file 27 01192016 23 Document Typ	Hainsactori Type Effective Dat Expiration Dat Invoice Dat Coverage Code comentation for this siness Policies must of computer. Pieces sele computer. Pieces sele computer. Solutions and POF Pieces Solutions Page or Endorsement Docum Syndicate List O	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transact ontain a Declarations <i>I</i> memts. You may comp ect from the following Document Types Binder or Certificate ent	ction. Page/Binder/Cover Note/Certification lete and submit SL1, SL2, and Gap is applied in the submit SL1 state of the submit SL1 state of the submit SL1 form SL1 Form SL2 Form	Estimated Stan	nping Fee: \$0.00) International sector of the	s may also require an S other supporting Pages No items to display X ht Type
Jpload supporting do All submitted New Bus form or GAP Form or r Transaction D File Name V Upload a Do Select file it 01192016 23 Document Typ	Hainsacton Type Effective Dat Expiration Dat Invoice Dat Coverage Code cumentation for this inness Policies must oc computer. Please sele bocuments Cument PDF Pe(s): Declarations Page or Endorsement Docum Syndicate List © Coversheet Invoice Statement	e: 05/23/2016 e: 05/23/2017 e: 05/23/2016 s: New Business transact ontain a Declarations f aments. You may comp ect from the following Document Types Binder or Certificate ent	ction. Page/Binder/Cover Note/Certification lete and submit SL1, SL2, and Gap is a options. Certificate to M Multi-State - Pro- SL1 Form SL2 Form GAP Form	Estimated Stan	nping Fee: \$0.00	usiness Policie: ms as well as (File Size ther Documer	s may also require an 9 other supporting Pages No items to display × nt Type

Click the Upload button to upload the document(s).

		Documen	ts Page						
SLIP Bryba Lines information Points		PORTS ANALYTICS U		TS			HELP	SETTIN	GS LOG
You are logged in as PATERK, on behalf of [84	486] TEST (TEST), SAN FRANCI!	sco.						[<u>Ch</u>	ange Locati
File 01192016 23.PDF uploaded.									
Create New Policy	Wizard								
	TT La C								
Create New Policy Wizard									
5 alerts have been identified for this	transaction. All alerts must b	e resolved before submission to	o the SLA. <u>Click her</u>	e to review.					
1: Options 2: Policy	y Details	3: Transaction Details	2	4: Document	ts		5: Verify and	Submit	
Policy / Binder Numl	ber: ABC TEST			Multi-S	tate Policy:	NO			Chans
Policy Ty	ype: Standard	Change		Multip	le Insurers:	NO			<u>Chan</u>
Primary Insured Na	me:		Exer	npt Commercial	Purchaser:	NO			Chan
Insured Addr	UNITED STATES			Tota	al Premium:	\$0.00			
Transaction Ty	ype: New Business			Estimated CA SL	State Tax:	\$0.00			
Effective D	ate: 05/23/2016			Estimated Sta	mping Fee:	\$0.00			
Expiration D	ate: 05/23/2017								
Invoice D	ate: 05/23/2016								
Coverage Co	des:								
Upload supporting documentation for th	his New Business transactio	on.							
All submitted New Business Policies must	t contain a Declarations Pag	e/Binder/Cover Note/Certif	ficate as well as a	completed SL1 F	Form. Some I	lew Busir	ness Policies n	nay also rea	quire an S
Form or GAP Form or other associated do documents from your computer. Please s	ocuments. You may complet	te and submit SL1, SL2, and (Gap Forms online	or you can uploa	ad any requir	ed forms	as well as ot	her support	ing
documents from your computer. I rease s	elect from the following op								
Transaction Documents									
File Name 🔻	Doeument Types			Upload Date	Uploaded By	File	Size	Pages	
01192016 23.PDF	Declarations Page or Binder	r or Certificate		05/23/2016	PATBRK	4,5	72 KB		×
H 4 1 F H								1 - 1 of 1	l items
Upload a Document									
Upload a Document		Note: Files must be less tha	n 10MB in size and	l in one of the fo	ollowing form	nats: TIFI	F, PDF, PNG,	PDF/A, or J	IPG/JPEG.
Upload a Document Select file Online SL Forms		Note: Files must be less tha	n 10MB in size and	l in one of the fo	ollowing form	nats: TIFI	F, PDF, PNG, I	PDF/A, or J	IPG/JPEG.
Upload a Document Select file Online SL Forms Complete SL1 Form	✓ Complete 5	Note: Files must be less tha	in 10MB in size and	d in one of the fo	iollowing form	nats: TIFI	F, PDF, PNG, I	PDF/A, or J	IPG/JPEG.

The Transaction Documents section lists the uploaded file(s) and document types you have checked off for this attachment. If there is a missing document type(s) that is included in the attachment, click on the Edit icon next to the file name and the document type list will display again.

If the SL1, SL2 and/or GAP form were not checked on the Document Type(s) list, the Complete SL1 Form, Complete SL2 Form and Complete GAP Form buttons are enabled. Click on the corresponding button and begin completing the online form.

(Note: Original copies of the signed forms must still be maintained by your brokerage per Section 2190.3 of the California Code of Regulations.)

Online SL1 Form

SLI Form Perce vector and (for five orginane above. Perce vector above. Perce ve	2.1 Form First Andrews Add-100 Party / Endor Number: Add-100 Dear started and of (ref low applicable) Balance of the difference insurance of the differ	<form></form>			Online SL1 F	orm					
Price weeks and give iso optices below: Price Weeks and give and give below: Price Weeks	Peter street one of the fore opposed balance Provide of the fore opposed balance Provide opposed	<form></form>	iL1 Form								
Accessed and the local planets with a second and the second an	<form></form>	<form></form>						I			
L Definition of the loss options below: Action Acti	<pre>line result in the result is and result in the result</pre>	<form></form>						Policy / Sinder N	mber:		
	Access series are of the kind appendent beine. Access series are of the kind appendent beine. The following information, accessprend by a copy of the dedications gaps or exclinence or binder, is adamticated for an insurance deverage or nuk links of the delignet series region (3L-3 form), is adamticate or excession or gams of the delignet series region (3L-3 form), is adamticate or excession or gams or	<form></form>						and a second second		SC-100	
Area sained and of the deglinal balant. The Nationage photomatices, seemagenized by a ency of the declarations page or extificate or binder, we are fully executed only of the diligent search report (UL-1 Form), is submitted for an insurance convergent or ink integer or extincted on the search report (UL-1 Form), is submitted for an insurance convergent or ink integer or extincted on the search report (UL-1 Form), is submitted for an insurance convergent or ink integer or extincted on the search report (UL-1 Form), is submitted for an insurance convergent or ink integer or extincted on the search report (UL-1 Form), is submitted for an insurance convergent or ink integer or extincted on the search report (UL-1 Form), is submitted for an insurance convergent or ink integer or extincted on the search report (UL-1 Form), is submitted for an insurance convergent or ink integer or extincted on the search report (UL-1 Form), is submitted for an insurance convergent or ink integer or extincted on the search report (UL-1 Form), is submitted for the search report (UL-1 Form), is	Area rate or with the numbers. 19 the home mutures, exceengenels by a capy of the decisent tena page or extinctes or home, is a barbutiste for an insurance capergo or with liked on the outwork of the dispersion insurance. Cape Section 1732(): 19 the outwork on, exceengenels by a capy of the decisent tena page or extinctes or home, or do 6 killy cancels decige it and under the insurance cape of the dispersion insurance. Cape Section 1732(): 10 the outwork on, exceengenels by a capy of the discretion page or extinctes or home, or do 6 killy cancels decige it and under the insurance cape of the dispersion insurance. Cape Section 1732(): 10 the outwork on, exceengenels by a capy of the discretion page or extinctes or home, or do 6 killy cancels decige it and under the insurance cape of the dispersion insurance. Cape Section 1732(): 10 the outwork on, exceengenels by a capy of the discretion page of the Dispersion 10 the dispersion insurance. Cape Section 1732(): 10 the dispersion on the surgital like tenders: 10 the dispersion on the surgital like tenders: 10 the outboard of DISDEX.	<form></form>						California Pro	mium: \$	5,000.00	
Alease and col or yink the options bears. The following Momastine, assemption by a day of the declarations gaps or excitinate or binder, is admitted for an insurance deverage or nik listed on the summer. California disponents of insurance based setup of the disponents of insurance based setup of the disponents of insurance based. The following Momastine, assemption by a day of the declarations gaps or excitinate or binder, and a fully exceeded stop of the disponents environ. California disponents of insurance based based in the summer. California disponents of insurance based based in the disponents of insurance based based in the disponent insurance. Instructions does does does does does does does doe	Aleast and on of the longitude aleast. The Bioleasting Information, assemption between Conductions aggs or excluded or binder, is submitted for an insurance concepts or this listed on the current Daliformia The Bioleasting Information, assemption by a cody of the declarations aggs or excluded or binder, and a fully asseuted only of the diligent search region (B-1 Fem), is submitted in searches between Vibility.	<form></form>									
The following whomation, accompanies by a carry of the declaration page or excitingtic or binder, in submitted for an insurance deverage or mit intex on the surface listic or binder, and a fully executed expy of the diagont accord report (SL-2 Form), is submitted in according whomation, accompanies by a day of the declaration page or excitingtic or binder, and a fully executed expy of the diagont accord report (SL-2 Form), is submitted in according whomation, according to the diagont accord report (SL-2 Form), is submitted in according whomation, according to the diagont accord report (SL-2 Form), is submitted in according whomation, according to the diagont accord report (SL-2 Form), is submitted in according whomation, according to the subject of the diagont according to the diagont according to the subject of the diagont according to the subject of the sub	The following homation, escengencied by a carry of the declaration age or eachifulte or binder, is admitted for an insurance enverage or nik liked on the current California according with waiting, escengencied by a carry of the declaration age or eachifulte or binder, and a fully esculated only of the diignit eachingent (d). I from), is admitted to according with California functions. Cale Section 175(1): there for any one Cale Section 15(1): there for any one Cale Section 15(1	<form></form>	Please select one of the two options below.								
The following information, scenargered by a capy of the deductions page or certificate or binder, and a fully executed copy of the different seach report [3, -1 Form], is submitted in secondaries with Cellfornia Insurance Code Section 1753(2)	The following information, second particle by a capy of the declaration are provided and yof the digent each regard (L. 2 form), is submitted to according to the digent each regard (L. 2 form), is submitted to according to the digent each regard (L. 2 form), is submitted to according to the digent each regard (L. 2 form), is submitted to the function of the digent each regard (L. 2 form), is submitted to the function of the digent each regard (L. 2 form), is submitted to the function of the digent each regard (L. 2 form), is submitted to the function of the digent each regard (L. 2 form), is submitted to the function of the digent each regard (L. 2 form), is submitted to the function of the digent each regard (L. 2 form), is submitted to the function of the digent each regard (L. 2 form), is submitted to the function of the digent each regard (L. 2 form), is submitted to the function of the digent each regard (L. 2 form), is submitted to the regard (L. 2 form) (L. 2 for digent form), is submitted to the regard (L. 2 form) (L. 2 for digent ergent erge	<form></form>	The following information, accompanied by a co Department of insurance Export List. (California	apy of the declarations page or o a insurance Code Section 1763.1)	crtificate or binder, is s) :	ubmitted	for an insurance	coverage or risk	listed on the	current Cal	Ifernia
technology and an and a second second a	teresteremen which California Transactor Incred Sord Transactor Incred Transactor Incred Sord Transactor Incred Sord Transactor Incred Transacto	<form></form>	The following information, accompanied by a st	and the declarations are a	antificate es binder en	a fully as		the division second	the second (C)	7 Formal in	a desilied in
Inert Sord Treasetr	<pre>Inter location of Rawsell</pre>	<form></form>	accordance with California Insurance Code Sect	ion 1763(a). :							
Intert Soud Transition	Inter Eard Transition	<pre>int wind treater:</pre>									
1. MET LAND LEST NAME OF SERIES hereby aubmits that her/her is: (A) a duly literand surplus line broker, literane number SERIERS ADD LEST SERIES ; er, (A) a duly literand surplus line broker, literane number SERIES NUMBER ; er, (C) DESMITIZATION LICENES NUMBER : and, that he inhe or said engentastenel literaner was engaged by the insured, or the insured to broker, reamed herin, is obtain insurence against certain risk as described in this reget. 2. SIZE DESCRIPTION (A) Name of insured SURFLIS LINE ASSOCIATION OF CALIFORNIA (B) Address of insured SURFLIS LINE ASSOCIATION OF CALIFORNIA 94111 (C) Description of Risk E.G., Lauroponut, Liquos stope - NOT TIPE of CONERADE Same as above (C) Description of Risk E.G., Lauroponut, Liquos stope - NOT TIPE of CONERADE Same as above (D) Lesstion of Risk E.G., Lauroponut, Liquos stope - NOT TIPE of CONERADE Same as above (D) Lesstion of Risk E.G., Lauroponut, Liquos stope - NOT TIPE of CONERADE Same as above Virieus lesstione (D) Lesstion of Risk E.G., Lauroponut, Liquos stope - NOT TIPE of CONERADE Same as above Virieus lesstione (D) Lesstion of Risk E.G., Lauroponut, Liquos stope - NOT TIPE of CONERADE Virieus lesstione Virieus lesstione (D) Lesstion of Risk Same as above Virieus lessti	<pre>1. PEST AND LIST NAME OF SERIES. hereby submits that he has is: (A) a day iterased surplus line intense of NAME OF DECLIPION INVERS. ; er, (B) a transactor on the aurplus line intense of NAME OF DECLIPION I LISTICE NAMESS. ; er, (C) DECLINIZITION LICENSE NAMESS. ; en, (C) DECLINIZITION LICENSE NAMESS. ; en, that here here and expendentiational intenses was aregued by the intervet, or the intervetses better, names here, to obtain intervence against contain with as decribed in the regert.</pre> 2. FINC DESCRIPTION (A) Issue of insured (B) defress of insured (C) DECENTION USED VAMESS. ; section of CLINIDENIA (B) defress of insured (C) DECENTION (C) DECENTION (C) DECENTION (C) DECENTION INFORMATION OF CLINIDENIA (C) DECENTION OF CLINIDENIA (C) DECENTION INFORMATION OF CLINIDENIA (C) DECENTION (C) DECENTION (C) DECENTION INFORMATION OF CLINIDENIA (C) DECENTION OF TRANS (C) D	<form></form>	Insert Soved Transactor	. 0							
(4) a duly literated surplus line broker, literate number SEDICE/JOZNI LICENSE NUMBER ; er, (5) a transactor on the surplus line literate of NAME OF ORGANIZATION , (c) RELAINIZATION LICENSE NUMBER : a dub he he he or said organizational license was engaged by the insured, or the insured as broker, sened herm, is obtain insurance against certain risk as described in this negot. 2. <u>NEX DESCRIPTON</u> (4) Name of Insured : SURPLUS LINE ASSOCIATION OF CLAPPORNA (5) dedress of Insured : STREET AND NUMBER : 	(4) e duiy licened wrylus inc broker, licenes number SECKEN.JGENT LICENES NUMBER ; r, (4) e darsaacter on the wrylus linc licenes of NUME OF ORGANIZATION ; (5) GREANIZATION LICENES NUMBER : ind, that he link er and ergenesational licence was engaged by the insured, er the insured as the tree, neere form, is obtain insurence against certain risk as described in the regert. 7. ZEC DESCRITTON (4) Nome of insured : SURFLIS LINE ASSOCIATION OF CLAIPONIA (5) Address of insured : SURFLIS LINE ASSOCIATION OF CLAIPONIA (6) Address of insured : SURFLIS LINE ASSOCIATION OF CLAIPONIA (6) Address of insured : SURFLIS LINE ASSOCIATION OF CLAIPONIA (7) CLAIPONIA : SURFLIS LINE ASSOCIATION OF CLAIPONIA (6) Address of insured : SURFLIS LINE ASSOCIATION OF CLAIPONIA (7) CLAIPONIA : SURFLIS LINE ASSOCIATION OF CLAIPONIA (6) Address of insured : SURFLIS LINE ASSOCIATION OF CLAIPONIA (7) CLAIPONIA, Liquox STORE - NOT TIVE OF COVERAGE : (7) CLAIPONIA, Liquox STORE - NOT TIVE OF COVERAGE : (7) CLAIPONIA, LIQUOX STORE - NOT TIVE OF COVERAGE : (7) CLAIPONIA : SURFLIS LINE : (8) SUBJECT LINE : (9) Licestien of Risk : (<form></form>	1. FIRST AND LAST NAME OF SROKER	hereby sub	bmits that he/she is:						
(d) a transactor on the surgiual line license of NAME OF ORGANIZATION (c) ORGANIZATION LICENSE NULLEENSE braker, named horin, to obtain imarunae againat contain rink as described in this report. 2. <u>NAKE DESCRIPTION (a) Name of Imarea SURPLUS LINE SUSCILITION OF CALLFORNIA (b) Address of imarea STREET AND NUMBER ADDRESS LINE 2 (c) Description of Rink (c), Location (c), Locat</u>	(s) a transactor on the anglua line license of (s) a transactor on the anglua line license of NLME CP OPGLAINZITON (c) DEGNITZITON LICENSE NUMBER : and, that he help or and engentsettenel licensee was engaged by the insured, or the insured as the transactor ageints certain risk as described in this regert. 2. JEX DESCRIPTION (a) Nume of Insured SURPLUS LINE ASSOCIATION OF CLUPORNIA (a) Address of Insured STREET AND NUMBER ettiti (a) Address of Insured STREET AND NUMBER ettiti (c) Description of Risk E.G., LaundROIMAT, Liquos STORE - NOT TIVE OF COVERAGE Street and NUMBER (c) Description of Risk STREET AND NUMBER ettiti Street and NUMBER (c) Description of Risk STREET AND NUMBER ettities Street and NUMBER (c) Description of Risk STREET AND NUMBER ettities Street and DUM (c) Description of Risk STREET AND NUMBER ettities Veriona beatters (c) Description of Risk Street and NUMBER ettities ettities (c) Description Street and NUMBER ettities ettities (c) Description Street Streets ettities ettities (c) Descripties <td><form></form></td> <td>(A) a duly licensed surgius line (</td> <td>broker, license number SRDKE</td> <td>R/AGENT LICENSE NUME</td> <td>62</td> <td></td> <td>; er,</td> <td></td> <td></td> <td></td>	<form></form>	(A) a duly licensed surgius line (broker, license number SRDKE	R/AGENT LICENSE NUME	62		; er,			
() DESCRIPTION LIENCE NUMBER () DESCRIPTION () DESCRIPTION () None of Insured () Address of Insured () Description of Risk () Description of Risk () E.G., LOUROROMAT, LIQUOR STORE - NOT TYPE OF COVERACE () Location of Risk () Location of Risk () Location of Risk () Street LAND NUMBER () Location of Risk () Light List of Coverage Cade () Light Call PORNA () Light Call of Coverage Cade () Light Call of Ca	<pre>interference in the interference in the interference in the interference inter</pre>	<form></form>	(5) a transactor on the surplus	line license of NAME OF DRGAN							
(c) DREAMEDATION LICENEE MANAGER SUBSCIENTION (d) None of Insured SUBSCIENTION (d) None of Insured SUBSCIENTION (d) None of Insured SUBSCIENTION OF CALIFORNIA (d) Address of Insured SUBSCIENTION OF CALIFORNIA (d) Address of Insured SUBSCIENTION (c) Description of Rak E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Description of Rak E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Description of Rak STREET AND NUMBER (c) Description of Rak STREET AND NUMBER (c) Description of Rak STREET AND NUMBER (c) Description of Rak STREET AND NUMBER (c) Description of Rak (c) Description (c) Descri	(c) Description of Risk STREET AND NUMBER (d) Location of Risk STREET AND NUMBER (d) Location of Risk STREET AND NUMBER (d) Location of Risk (c) Description of Risk (c) Location	(c) DXXMLTNING() LCROST NUMBER	(
2. EISK DESCRIPTION (4) Nume of Insured SURPLUS LINE ASSOCILITION OF CLUPORNA (5) Address of Insured STREET AND NUMBER (1) Operangition of Risk CLUPORNA Pailit (1) Description of Risk E.G., LAUNORONAT, LIQUOR STORE - NOT TYPE OF COVERAGE Same as above (1) Description of Risk STREET AND NUMBER Same as above (10) Lecestion of Risk STREET AND NUMBER Same as above (10) Lecestion of Risk STREET AND NUMBER Same as above (11) Lecestion of Risk STREET AND NUMBER Same as above (12) Consergation of Risk STREET AND NUMBER Same as above (12) Lecestion of Risk STREET AND NUMBER Same as above (12) Lecestion of Risk STREET AND NUMBER Same as above (12) LINFOD STATES Vericus locations Vericus locations (12) LINFOD STATES vericus Streeters vericus locations (2) Expert List of Coverage Code Vericus Streeters vericus locations (3) Select Coverage Code Vericus Streeters vericus locations (4) PHONIDUAL PROJECOS WITH LARGE SCHEDULES WHERE THE THYTOTAL INSURED VALLESAME IN INCESS OF \$SSD MILLION - FIRE AR vericus vericus Streeters <td>2. REX DESCRIPTION (a) Name of Insured SURPLUS LINE ASSOCIATION OF CALIFORNIA (b) Address of Insured STREET AND NUMBER (c) Address of Insured STREET AND NUMBER (c) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Location of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Location of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Location of Risk STREET AND NUMBER (c) Location of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Location of Risk STREET AND NUMBER (c) LOCATION OF RESLINE Z GTT (c) LLIFORNIA * ZIP CODE (c) NUMTED STATES * (c) Report List of Coverage Code * (c) NUDMIDIAL INDUINEDS WITH LARGE SCHEDALES WHERE THE TRYTOTAL INSURED VALUESARE IN EXCESS OF SSIO MILLION - FIRE B.R.* (s) INDUINDIAL INDUINEDS WITH LARGE SCHEDALES WHERE THE TRYTOTAL INSURED VALUESARE IN EXCESS OF SSIO MILLION - FIRE B.R.* (s) Induintional Resulteries WITHER THE TRYTOTAL INSURED VALUESARE IN EXCESS OF SSIO MILLION - FIRE B.R* <td>2. SECCEPTION 9. Sectement 9. Sectement</td><td>(C) ORGANIZATION LICENSE N broker, named herin, to obtain</td><td>UNSER</td><td>: end, that hc/si</td><td>sc or sold (</td><td>organizational II</td><td>consoc was onge</td><td>god by the in</td><td>sured, or th</td><td>e insuredsis</td></td>	2. REX DESCRIPTION (a) Name of Insured SURPLUS LINE ASSOCIATION OF CALIFORNIA (b) Address of Insured STREET AND NUMBER (c) Address of Insured STREET AND NUMBER (c) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Location of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Location of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Location of Risk STREET AND NUMBER (c) Location of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (c) Location of Risk STREET AND NUMBER (c) LOCATION OF RESLINE Z GTT (c) LLIFORNIA * ZIP CODE (c) NUMTED STATES * (c) Report List of Coverage Code * (c) NUDMIDIAL INDUINEDS WITH LARGE SCHEDALES WHERE THE TRYTOTAL INSURED VALUESARE IN EXCESS OF SSIO MILLION - FIRE B.R.* (s) INDUINDIAL INDUINEDS WITH LARGE SCHEDALES WHERE THE TRYTOTAL INSURED VALUESARE IN EXCESS OF SSIO MILLION - FIRE B.R.* (s) Induintional Resulteries WITHER THE TRYTOTAL INSURED VALUESARE IN EXCESS OF SSIO MILLION - FIRE B.R* <td>2. SECCEPTION 9. Sectement 9. Sectement</td> <td>(C) ORGANIZATION LICENSE N broker, named herin, to obtain</td> <td>UNSER</td> <td>: end, that hc/si</td> <td>sc or sold (</td> <td>organizational II</td> <td>consoc was onge</td> <td>god by the in</td> <td>sured, or th</td> <td>e insuredsis</td>	2. SECCEPTION 9. Sectement	(C) ORGANIZATION LICENSE N broker, named herin, to obtain	UNSER	: end, that hc/si	sc or sold (organizational II	consoc was onge	god by the in	sured, or th	e insuredsis
2. <u>EXE DECRIPTION</u> (A) Name of Insured (B) Address of Insured (B) Address of Insured (B) Address of Insured (C) Address of Insured (C) Description of Risk (E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (C) Description of Risk (C.) Description (C.) Description of Risk (C.) Description (2. <u>EXE CERCEPTION</u> (A) Name of Insured (B) Address of Insured (B) Address of Insured (B) Address of Insured (C) Address of Insured (C) Description of Risk (C) Description of Risk (C) Description of Risk (C) Lection of Risk (C) Le	2. FUICE CONTENTS (1) Hence of Hence (•							
(I) Address of insured STREET AND NUMBER (B) Address of insured STREET AND NUMBER ADDRESS LINE 2 CITY CALIFORNIA V 94111 UNITED STATES V (C) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk STREET AND NUMBER ADDRESS UNE 2 CITY CALIFORNIA V 21P CODE UNITED STATES V (C) Location of Risk STREET AND NUMBER ADDRESS UNE 2 CITY CALIFORNIA V 21P CODE (C) Expert List or Coverage Code (C) Expert List or Coverage Code STREET SCHEDULES WHENE THE TRYTOTAL INSURED VALUESARIE IN EXCESS OF \$500 MILLION - FIRE & V Select Coverage Code (C) Sale Code (C) Sale Code (C) Expert List or Coverage Code	(c) Notice Nation	<pre>(i) defermed in the rest is a financial in the second in the second is a second in the rest in the second is a second is</pre>	2. <u>RISK DESCRIPTION</u>								
(5) Address of Imuned STREET AND NUMBER ADDRESS LIKE I CHTY CALIFORNIA * \$4111 UNITED STATES (C) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk STREET AND NUMBER ADDRESS LIKE I CHTY CALIFORNIA * IP CODE (C) Location of Risk (D) Location of Risk STREET AND NUMBER ADDRESS LIKE I CHTY CALIFORNIA * IP CODE (C) Export List or Coverage Code (C) Export List or Coverage Code Select Coverage Code (S)	(8) Address of Insured STREET AND NUMBER ADDRESS LINE 2 CITY CALIFORNIA P 94111 UNITED STATES (C) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk STREET AND NUMBER ADDRESS LINE 2 CITY CALIFORNIA STREET AND NUMBER ADDRESS LINE 2 CITY CALIFORNIA CALIFORNIA CAL	<pre>(i) decrease of insured is streamer and wavesex is an experimental streamer base of the formation of the insure is a formation</pre>		SURPLUS LINE ASSOCIATION O	JF CALIFORNIA						
address Line 2 CITY CALIFORNIA ¥ \$4111 UNITED STATES ¥ (C) Description of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (E) Expert List of Coverage Code E.G., LAUNOROMAT, LIQUOR S	Image:	ADDERSES LINE 1 IT IN IN IN <	(5) Address of Insured	STREET AND NUMBER							
CITY CLUPORNA 94111 UNITED STATES • (C) Description of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk STREET AND NUMBER ADDRESS LINE 2 • CITY CLUPORNA * UNITED STATES • (E) Location of Risk STREET AND NUMBER ADDRESS LINE 2 • CITY CLUPORNA * UNITED STATES •	CITY CLIFORNIA P4111 UNITED STATES • (2) Description of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (3) Location of Risk STREET AND NUMBER aDDRESS LINE 2 • (1) Location of Risk STREET AND NUMBER aDDRESS LINE 2 • UNITED STATES • (2) Expert List or Coverage Code (2) Expert List or Coverage Code • Select Coverage Code •	Image: Control Delete Section (Control Delete Section (Control Delete Sect		ADDRESS LINE 2							
(C) Description of Risk (C) Description of Risk (C) Location of	(C) Description of Risk (C) Description of Risk (D) Location of Risk STREET AND MUNISER SDORESS LINE 2 GTTY CALIFORNIA * ZIP CODE UNITED STATES * (C) Export List or Coverage Code (C) Export List or Coverage Code Select Coverage Code = Obscription Select Coverage Code = (C) State S	I united statused in the data duration for the field of the field o		CITY	CALIFORNIA	•	94111				
(C) Description of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (C) Location of Risk STREET AND NUMBER (C) Location of Risk	UNITED STATES * (C) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (D) Location of Risk STREET AND NUMBER (D) Location of Risk Street Sume as above (E) Export List or Coverage Code (D) (D) Export List or Coverage Code (D) (E) Export List or Coverage Code (D) (S) Export List or Coverage Code (D) Select Coverage Code (D) <td><pre>vince states (vince (vince states (vince (v</pre></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	<pre>vince states (vince (vince states (vince (v</pre>									
(2) Description of Risk E.G., LAUNOROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE (0) Location of Risk STREET AND NUMBER (0) Location of Ri	(C) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE. (D) Location of Risk STREET AND NUMBER aDDRESS LINE 2 CITY CALIFORNIA * ZIF CODE UNITED STATES * (C) Expert List or Coverage Code (C) Expert List or Coverage Code Coverage Code - Description solution - File & * Select Coverage Code (C) Select Coverage Code	(c) Description of Nation (c), Lupiced Strate - Not Title OF COVENUE (c) Series a story (c) Version Secietion (c) Series (c) Seri		UNITED STATES				•			
(D) Location of Risk STREET AND NUMBER ADDRESS LINE 2 CITY CALIFORNIA * ZIP CODE UNITED STATES * (E) Export List or Coverage Code (E) Export List or Coverage Code (E) Export List or Coverage Code Select Coverage Code - Description 400 INDIMULAL INSUREDS WITH LARGE SCHEDULES WHERE THE TIN(TOTAL INSURED VALUES/ARE IN EXCESS OF \$500 MILLION - FIRE & * * Select Coverage Code * * *	(D) Location of Risk STREET AND NUMBER aDDRESS LINE 2 CITY CALIFORNIA * ZIP CODE UNITED STATES * (C) Expert List or Coverage Code (C) Expert List or Coverage Code Coverage Code - Description expert List or Coverage Code Select Coverage Code * (C) * ((i) Leaster of Risk (i) Leaster of Risk (c) Leaster of Risk (c) Leaster of Risk (c) Expert List of Coverage Cade (c) Expert List of Coverage Cade (c) Expert List of Coverage Cade (c) Expert List of Cade Coverage Cade (c) Expert Cade Cade Cade Cade Cade Cade Cade Cade	(C) Description of Risk	E.G., LAUNDROMAT, LIQUOR	STORE - NOT TYPE OF C	OVERAGE					
(D) Location of Risk STREET AND NUMBER aDDRESS LINE 2 CITY CLAUPORNIA V ZIP CODE UNITED STATES V (E) Export List or Coverage Code (E) Export List or Coverage Code Coverage Code - Description 400 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TIN/TOTAL INSURED VALUESARE IN EXCESS OF \$500 MILLION - FIRE & A V X Select Coverage Code V X	(0) Location of Risk STREET AND NUMBER ADDRESS LINE 2 CITY CALIFORNIA V ZIP CODE UNITED STATES V (2) Export List or Coverage Code (2) Export List or Coverage Code Select Coverage Code - Description Select Coverage Code V Vertous locations V Vertous locations Vertous locations Vertou	(i) Leasting of Risk I) Leasting of Risk (i) Leasting of Risk I addresses Line II (i) Leasting of Risk I addresses Line II (i) Risk of Converged Code I addresses Code III Converged Code (i) Risk of Converged Code I addresses Code CodeCodeCodeCodeCodeCodeCodeCodeCodeCode								Some as a	ibove
aDDRESS LINE 2 CITY CALIFORNIA UNITED STATES (E) Export List or Coverage Code Coverage Code - Description #00 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TIV(TOTAL INSURED VALUES)ARE IN EXCESS OF \$500 MILLION - FIRE & A • * Select Coverage Code	ADDRESS LINE Z CITY CALIFORNIA UNITED STATES UNITED STATES (5) Export List or Coverage Code Coverage Code - Description 400 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TRY[TOTAL INSURED VALUES/ARE IN EXCESS OF \$500 MILLION - FIRE 6x • × Select Coverage Code	Internet of the service of the se	(D) Location of Risk	STREET AND NUMBER					C	Various lo	ocations
LADDRESS LINE 2 CITY CAUFORNIA V ZIF CODE UNITED STATES V (E) Export List or Enverage Code (E) Export List or Enverage Code Converage Code - Description 400 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TIN(TOTAL INSURED VALUES)ARE IN EXCESS OF \$500 MILLION - FIRE & A V X Select Converage Code V X	LADORESS LINE 2 CITY CALIFORNIA V ZIP CODE UNITED STATES V (2) Export List or Coverage Code (2) Export List or Coverage Code Coverage Code - Description export List or Coverage Code Select Coverage Code Select Coverage Code	ADDECESS LUNE I Image: Ima									J
CITY CAUFORNIA ¥ ZIF CODE UNITED STATES ¥ (E) Export List or Coverage Code ¥ Coverage Code - Description ¥ 400 INDIMUUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TIN(TOTAL INSURED VALUES)ARE IN EXCESS OF \$500 MILLION - FIRE & A ¥ ¥ Select Coverage Code ¥ ¥	CITY CALIFORNIA * ZIP CODE UNITED STATES * (E) Expert List or Coverage Code * Coverage Code - Description * 400 INDIVIDUAL INSUREOS WITH LARGE SCHEDULES WHERE THE TRYTOTAL INSURED VALUES/ARE IN EXCESS OF \$500 MILLION - FIBE BAR * * Select Coverage Code * *	CTT CLLFGRMA (c) Expert List or Coverage Code Coverage Code (c) Expert List or Coverage Code Coverage Code (c) Expert List or Coverage Code Coverage Code (c) Expert List or Coverage Code Select Coverage Code (c) Expert List or Coverage Code Select Coverage Code (c) Expert List or Coverage Code Select Coverage Code (c) Expert List or Coverage Code Select Coverage Code (c) Expert List or Coverage Code Select Coverage Code (c) Experimental Insure(1) Underwriting This Policy with % of Premum. (Include an attachment if additional space is needed, or statch a line site) if Cap premium apple cises include Code Form Attachment, for Buttapie Insure(1) Line or Policy beach. C Attachee: Multipie Insure(1) Underwriting This Policy with % of Premum. (Include an attachment if additional space is needed, or statch a line site) if Cap premume apple cises include Code Form Attachee Code Section 1785.1. Code Set Expert Section Code Code (c) Expertment Syndicate List Underwriting This Policy with % of Premum. (Include an attachment if additional space is needed, or statch a line site) if Cap premume apple attachee Multipie Insure(1) Code Code Section 1785.1. Code Set Expert Section Code (c) Expecting Code Set Expert Section Code (c) Expecting Code Expert Section Code Section 1785.1. Set Expert Section Code Section 1785.1. (c) Expert Section Code Section 1785.1. Set Expert Section Code Section 1785.1. (c) Expert Section Code Secti		ADDRESS LINE 2					<u> </u>		
UNITED STATES * (E) Export Lat or Coverage Code * Coverage Code - Description * G00 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TIN(TOTAL INSURED VALUES)ARE IN EXCESS OF \$500 MILLION - FIRE & A * * Select Coverage Code * *	UNITED STATES * (2) Export List or Coverage Code (2) Export List or Coverage Code Coverage Code - Description (2) Export List or Coverage Code Gool INDIVIDUAL INSUREOS WITH LARGE SCHEDULES WHERE THE TRY[TOTAL INSURED VALUES/ARE IN EXCESS OF \$500 MILLION - FIBE BA • * Select Coverage Code • *	UNITED STATES (c) Expert Lut or Coverage Code Coverage Code - Description Coverage Code Select Coverage Code Coverage Code (c) Expert Lut or Coverage Code C) EXPERIMENT EXPERIMENT (c) Experiment Coverage Code C) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Coverage Code (c) Experiment Code Coverage Code (c) Expe		слту	CALIFORNIA	•	ZIP CODE				
(E) Export List or Coverage Code Coverage Code - Description 400 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TIN(TOTAL INSURED VALUES)ARE IN EXCESS OF \$500 MILLION - FIRE & A Select Coverage Code	(E) Expert Link or Coverage Code Coverage Code - Description 400 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TRY[TOTAL INSURED VALUES,ARE IN EXCESS OF \$500 MILLION - TIRE & A v Select Coverage Code V	(1) Expert List or Coverage Code Coverage Code - Decomption Image: Code -		UNITED STATES				•			
(E) Experie Lust er Coverage Code	(c) Experie Luis er Coverage Code Coverage Code - Description 400 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TIN(TOTAL INSURED VALUES)ARE IN EXCESS OF \$500 MILLION - FIRE & A Select Coverage Code V	(c) Expert Luk er Ceverage Code									
Coverage Code - Description 400 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TIN(TOTAL INSURED VALUES)ARE IN EXCESS OF \$500 MILLION - FIRE & A v X Select Coverage Code V X	Coverage Code - Description 400 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TRY[TOTAL INSURED VALUES/ARE IN EXCESS OF \$500 MILLION - FIRE & A Select Coverage Code		(E) Export List or Coverage Cod	e							
409 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TW/TOTAL INSURED VALUES/ARE IN EXCESS OF \$500 MILLION - FIRE & A Select Coverage Code	400 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TIN(TOTAL INSURED VALUES)ARE IN EXCESS OF \$500 MILLION - TIRE IS A V Select Coverage Code V	A process of soon Mallach - Header & A e e e e e e e e e e e e e e e e e e	Coverage Code - Description								
Select Coverage Code 🔹 🗶	Select Coverage Code	Select Coverage Code Select Coverage Code Select Coverage Code Second Code Code Code Code Code Code Code Cod	409 INDIVIDUAL INSUREDS	WITH LARGE SCHEDULES WHERE	THE TIV(TOTAL INSURE	D VALUES)	ARE IN EXCESS 0	DF \$500 MILLION	- THE & A	· ×	_
		S. <u>PLACENENT DESCRIPTION</u> List Nonadmitted insurer(s) Underwriting This Policy with S of Premium. (include an attachment if additional space is needed, or attach a line silp.) If Gep provision applies please include GAP Form Attachment. For Huitipic Insurer, please upload Syndicate List/Huitipic Insurer List on the Associated Documents acrees. See Attaches: Multipic Insurer/Syndicate List Uploaded. Note: Carriers appearing on the drop-down list are only these on the LASU and/or on the NAIC-IID Quarterly Listing of Alien Insurers. If the carrier does not appear on the drop-down list, please ensure you have determined that the carrier has met the California eligibility requirements under Insurence Code Section 1765.1. Separature of Person Named on Line 1 But OD_VMYV_B Dete of Signature Sty checking this field and providing a signature date, I am electronically signing this form and agrees that all the information contained herein is accurate to the best of my knowledge. Stil (Revixed January 16, 1997) Cancel Save Form	Select Coverage Code							×	
		S. PLACEMENT DESCRIPTION List Non-admitted insurer(s) Underwriting This Policy with S of Premium. (Include an attachment if additional space is needed, or attach a line slip.) If Gap provision applies please include GAP form Attachment. Per Huitiple Insurer, glease uplices Syndicate List Huitiple Insurer List on the Associated Decuments servers. See Attached: Multiple Insurer/Syndicate List Uplicated. Note: Carriers appearing on the drop-down list are only these on the LASU and/or on the NAIC-HD Quarterly Listing of Alien Insurers. If the carrier does not appear on the drop-down list, please casure you have determined that the carrier has met the California eligibility requirements under Insures. If the carrier does not appear on the drop-down list, please casure you have determined that the carrier has met the California eligibility requirements under Insures. If the carrier does not appear on the drop-down list, please casure you have determined that the carrier has met the California eligibility requirements under Insures. If the carrier does not appear on the drop-down list, please casure you have determined that the carrier has met the California eligibility requirements under Insures. If the carrier does not appear on the drop-down list, please casure you have determined to Line 1 Signature of Person Named on Line 1 Carrier Signature determined that form and agree that all the Information contained herein ha accurate to the best of my knowledge. Still (Revised January 16, 1997) Carrier Signature Sove Form									
List Hanadmitted Insurer(s) Underwriting This Policy with \$ of Premium. (Include an attachment if additional space is needed, or attach a line slip.) If Gap provision app	List wondomisted insurer(s) Underwriting This Policy with S of Premium, (include an astachment If additional space is needed, or attach a line slip.) If Gap provision applic	See Attached: Multiple Insurer/Syndicate Link Uploaded. Note: Carriers appearing on the drop-down list are only these on the LASU and/or on the NAIC-IID Quarterly Listing of Alion Insurers. If the carrier does not appear on the drop-down list, please ensure you have determined that the carrier has met the California edigibility requirements under Insurance Code Section 1765.1. Signature of Person Named on Line 1 By checking this field and providing a signature date, I am electronically signing this form and agree that all the information contained herein is accurate to the best of my knowledge. 3(1) (Revised January 16, 1997) Cancel Save Form	picese include G&P Form Attach	hment. For Hultiple Insurers, plea	tase upload Syndicate Lit	it/Multiple	c Insurer List on	the Associated D	ocumenta ser	een.	
List Nonedmitted insurer(s) Underwriting This Policy with % of Premium. (include an attachment if additional space is needed, or attach a line slip.) If Gap provision app piesse include GAP Perm Attachment. Per Huitiple Insurers, piesse upload Syndicate List/Huitiple Insurer List on the Associated Documents server.	Las tensomisso insurenzi underviring ins venezivito s el viremum, include en esseniment il additiona aposi la neceso, of essenia incluto, il uso provision appli picase include GAP Form Attachment. For Huitipic Insurers, picase upload Syndicate List/Huitipic Insurer List on the Associated Documenta serven.	Note: Carriers appearing on the drop-down list are only thate on the LASU and/or on the NAIC-IID Quarterly Listing of Allen Insurers. If the carrier does not appear on the drop-down list, please ensure you have determined that the carrier has met the California eligibility requirements under insurance Code Section 1783.1.	See Attached: Multiple Insurer/	Syndicate List Upleaded.							
List Nonedmitted insurer(s) Underwriting This Policy with % of Premium. (include an attachment if additional space is needed, or attach a line slip.) If Gap provision app please include GAP Perm Attachment. Per Nultiple Insurers, please upload Syndicate List/Nultiple Insurer List on the Associated Documents screen. See Attached: Multiple Insurer/Syndicate List Uploaded.	Las Hendomissio indurenzi underwrang i'na veney with s ei vremum, Unclude en essenwinen in boardene speer a nedece, er essen a ine sig, i'r deg prevision opgin piesse include GAP ferm Attachment. Fer Huitigie induren, piesse upioad Syndieste Las/Huitigie indurer Las on the Associated Decuments sereen. See Attached: Huitigie induren/Syndieste List Upioaded.	Signature of Person Named on Line 1 Date of Signature By checking this field and providing a signature date, I am electronically signing this form and agree that all the information contained herein is accurate to the best of my knowledge. SL1 (Revised January 16, 1997)	Note: Carriers appearing on the drop-down Hat, picese ensure y	ou have determined that the car	n the LASU and/or on th rrier has met the Califor	ie NAIC-IID nie cligibi	Quarterly Listin Lity requirement	ig of Alich Insure a under Insurance	ra. If the can code Sectio	nier does not in 1765.1.	appear on the
List Nonedmitted insurer(s) Underwriting This Policy with 'S of Premium. (include an attachment i' additional space is needed, or attach a line slip.) i'r Gop provision app piesae include G&P Form Attachment. For Huitiple Insurers, piesae upload Syndicate List./Huitiple Insurer List on the Associated Documents sereon. See Attached: Wuitiple Insurer/Syndicate List Uploaded. Note: Carriers appearing on the drop-down list are only these on the LASU and/or on the NAIC-IID Quarterly Listing of Allen Insurers. If the carrier docs not appear on th drop-down list, piesae ensure you have determined that the carrier has met the California cligibility requirements under insurens. Code Section 1785.1.	Las reasonnesses insurenzy underwinning into peopy with a or version, include an estabornin a basisteria anderes, or assess a interainy, in using provision appropriate please include GAP form Attachment. For Huiltiple Insurers, please upleas Syndicate Last/Huiltiple Insurer Las on the Associated Decuments screen. See Attached: Multiple Insurer/Syndicate List Upleaded. Note: Carriers appearing on the drop-down list are only these on the LASU and/or on the MAIC-IID Quarterly Listing of Alien Insurers. If the carrier does not appear on the drop-down Hist, please creater you have determined that the carrier has met the California cligibility requirements under Insurence Code Section 1785.1.	Signature of Person Named on Line 1 Date of Signature By checking this field and providing a signature date, I am electronically signing this form and agree that all the information contained herein is accurate to the best of my knowledge. 31.1 (Revised January 16, 1997)									
List Nonedmitted insurer(s) Underwriting This Policy with % of Premium. (include an attachment if additional space is needed, or attach a line slip.) If Gap provision app please include GAP Form Attachment. For Huitiple Insurers, please uplead Syndicate List/Huitiple Insurer List on the Associated Documents acreen. See Attached: Multiple Insurer/Syndicate List Upleaded. Note: Carriers appearing on the drop-down list are only these on the LASU and/or on the NAIC-IID Quarterly Listing of Allen Insurers. If the earrier docs not appear on the drop-down list, please ensure you have determined that the carrier has met the California cligibility requirements under Insurance Code Section 1785.1.	Las replanetado indurenzaj underwining ind peoplemin e in versionum, lineude an estadonica is decides, andezes, of estado e in estago, in use provision appli please include GBP from istancent. For Nulliple Insurenz, please upliced Sundicate Las/Uniliple Insuren Las on the Lasociated Decuments screen. See Attached: Multiple Insuren/Syndicate List Uplicated. Note: Carriers appearing on the drop-down list are only these on the LASU and/or on the MAIC-HD Quarterly Listing of Allen Insuren. If the carrier does not appear on the drop-down list, please ensure you have determined that the carrier has met the California eligibility requirements under Insurance Code Section 1765.1.	Signature of Period Names on One 1 By checking this field and providing a signature date, I am electronically signing this form and agree that all the information contained herein is accurate to the best of my knowledge. 3.1 (Revised January 16, 1997) Cancel Save Form		and the second section of the second section of the second second second second second second second second sec			NH/DD/YYYY	H			
List Nonedmitted insurer(s) Underwriting This Policy with 'S of Premium. (include an attachment if additional space is needed, or attach a line slip.) If Gap provision app picase include GAP Perm Attachment. Per Huitipic Insurers, picase upload Syndicate List./Huitipic Insurer List on the Associated Documents sereen. See Attached: Multipic Insurer/Syndicate List Uploaded. Note: Carriers appearing on the drop-down list are only these on the LASU and/or on the NAIC-IID Quarterly Listing of Allen Insurers. If the carrier docs not appear on the drop-down list, picase ensure you have determined that the carrier has met the California cligibility requirements under Insurence Code Section 1783.1.	Las readomated indurenții underwining ind people kini e in remulum, include an attachmen in dealisea indezea, di attach e in e sing, in use prevision appropriate	knowledge. 5L1 (Revised January 16, 1997)	Sign	signature date, i em electronic	·	nd epres *	that all the infor	metion containe	d herein is :	occurate to	the best of m
List Nanadmitted insurer(s) Underwriting This Policy with 'S of Premium. (include an attachment if additional space is needed, or attach a line slip.) If Gap provision app piezae include GAP Perm Attachment. Per Huitiple Insurers, piezae uplead Syndicate List/Huitiple Insurer List on the Associated Documents serees. See Attached: Multiple Insurer/Syndicate List Upleaded. Note: Carriers appearing on the drop-down list are only these on the LASU and/or on the NAIC-HD Quarterly Listing of Allen Insurers. If the carrier does not appear on the drop-down list, piezae ensure you have determined that the carrier has met the California cligibility requirements under insurence Code Section 1783.1. Signature of Person Named on Line 1 Date of Signature	Las readomized insurenzy underwriting in a policy with a or internution, Unclude an acceptioned in a basis a policy of a state in a line stop, in using provision appropriate appropriate for a state of the stop of the stop of the stop of the stop of a state of the stop of a state of the stop of a state of the stop	SLI (Revised January 18, 1997) Cancel Save Form	knowledge.								a sea se mj
Lits Nonedmitted insurer(s) Underwriting This Policy with % of Premium. (include an attachment if additional space is needed, or attach a line slip.) If Gap provision app piezae include GAP Form Attachment. For Multiple Insurers, piezae upload Syndicate List/Multiple Insurer List on the Associated Documents series. See Attached: Multiple Insurer/Syndicate List Uploaded. Note: Carriers appearing on the drop-down list are only thate on the LASU and/or on the NAIC-ID Quarterly Usting of Allen Insurers. If the carrier does not appear on the drop-down list, piezae ensure you have determined that the carrier has met the California cligibility requirements under Insurence Code Section 1785.1. 	Las nearements insurent) underwinning into policy with risk of intermulation, (include an externion in basicle in address a species in the energy of extern a time sing), in dep provision appropriate appropriate for a species of the energy of extern a series of the energy of external series of the energy of external series of the energy of external series of the external series of the energy of external series of the external series	Cancel Save Form	SL1 (Revised January 16, 1997)								
List Nondmitted Insurer(s) Underwriting This Policy with 's of Premium. (include an attachment if additional space is needed, or attach a line slip.) If Geg provision app picase include G&P Form Attachment. For Hultiple Insurer, picase uplead Syndicate List/Hultiple Insurer List on the Associated Documents acros. See Attached: Multiple Insurer/Syndicate List Upleaded. Note: Carriers appearing on the drop-down list are only these on the LASU and/or on the NAIC-ID Quarterly Listing of Alien Insurers. If the carrier does not appear on the drop-down list, picase ensure you have determined that the carrier has met the California eligibility regularments under Insurence Code Section 1785.1. 	Las relationed induced induced in the second into a second in the second in the second in the second induced induced in the second induced induce	Cancel Save Form									
List Nonedmitted Insurer(s) Underwriting This Policy with 's of Premium. (include an attachment if additional space is needed, or attach a line slip.) If Gap provision spa piezae include GAP Form Attachment. For Huitiple Insurer, piezae upload Syndicate List/Huitiple Insurer List on the Associated Documents sereen. See Attached: Multiple Insurer/Syndicate List Uploaded. Note: Carrier appearing on the drop-down list are only these on the LASUI and/or on the NAIC-ID Quarterly Listing of Alien Insurers. If the carrier does not appear on the drop-down list, piezae ensure you have determined that the carrier has met the California cligibility requirements under Insurens. If the carrier does not appear on the drop-down list, piezae ensure you have determined that the carrier has met the California cligibility requirements under Insurance Code Section 1785.1. Sensature of Person Named on Line 1 But of Signature of Synthecking this field and providing a signature date, I am electronically signing this form and agree that all the information contained herein is accurate to the best of m knowledge. 24.1 (Revised January 16, 1997)	Las nearantized insurenții underwininți înd peoprintin a programme, înclude an ezzennen il zabritoria și aceacă, of ezzen a neazea, ezzen a neazea, ezzen	Cancel Save Form									
List Nonedmitted insurer(s) Underwriting This Policy with S of Premium. (include an attachment if additional space is needed, or attach a line slip.) If Gap provision app please include GAP Perm Attachment. For Nultiple Insurers, please uplead Syndicate List/Nultiple Insurer List on the Associated Documents series. See Attached: Multiple Insurer/Syndicate List Upleaded. Note: Carriers appearing on the drop-down list are only these on the LASU and/or on the NAIC-ID Quarterly Listing of Allen Insurers. If the carrier does not appear on the drop-down list, please ensure you have determined that the carrier has met the California cligibility requirements under Insurance Code Section 1785.1. 	List released induction in decision of the story with a line story with a line story in the story in the story with a line story in the story with a line story in the story with a line story in the s										

Section 1

When you select the <u>Complete SL1 Form</u> button, you have the option of entering the broker's first and last name or selecting a transactor from a drop-down list of transactors created by your master user. If you select a transactor from the drop-down list, the broker's name and license number or organization name and license number will populate the corresponding fields.

Section 2

The information entered on the policy details screen will be transferred over to the corresponding fields on this form. You will need to enter any information not entered in the policy entry screen, such as the description of risk and location of risk.

If the location of risk is the same as the insured's address, check the Same as Above box. However, if the insured address is a P O Box, do not check the Same as Above checkbox. The location of risk must be a physical location.

If there is more than one location of risk, check the Various Locations box.

Section 3

The information for coverage and insurer will be carried forward from the policy details screen.

Once the form has been completed, you will need to complete **both** the Date of Signature field and check the box under the Signature line. The SLA analyst will **only** be notified that the form has been electronically signed if the date of signature and check box has been completed in SLIP.

The alert badge will notify you of alerts. The user can save the information but must correct the alerts before submitting the transaction to the SLA.

Click the Save Form button to save the information. You will then be returned to the Documents screen.

Online SL2 Form

	Online SL2 Form (Section 1 through 3)			
Form				
	SL2 - Diligent Search Report			
ert Saved Transactor	0			
FIRST AND LAST NAME OF BROKER	. hereby submits that he/she is:			
(A) Duly licensed under Calif	ornia Department of Insurance license number BROKER/AGENT LICENSE NUMBER	; or,		
(B) Duly licensed and author	ized to act as an endorsee on the organizational license of NAME OF ORGANIZATION		,	
California Department of Ins	urance license number ORGANIZATION LICENSE NUMBER : and			
(C) that he/she or said organ	nizational licensee was engaged by the insured named herein, or the insured's broker, to obtain insurance as d	escribed	in this rep	ort; and
(D) is the licensee who perfo	rmed or supervised this diligent search.			
(A) Name of Insured	TESTING POLICY			
(B) Address of Insured	STREET AND NUMBER			
	ADDRESS LINE 2			
	CITY CALIFORNIA V 94111			
	UNITED STATES			
(C) Description of Risk				
	E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE	□ sa	ame as abo	ove
(D) Location of Risk	STREET AND NUMBER	□ Va	arious loca	tions
	ADDRESS LINE 2			
	CITY CALIFORNIA V ZIP CODE			
(E) Type of Coverage				
Coverage Code - Descriptio	n 			
500 GENERAL LIABILITY -	GENERAL LIABILLI Y	•	×	
Select Coverage Code		•	×	
Private Passenger Automobile Liability I (A) Does the insured qualify	nsurance is identified on line 2(E), complete the following: as a "Good Driver" under Section 1861.025 of the California Insurance Code?			
(e) one more quarty				
(B) Does the coverage that y	ou have placed include, in whole or in part, the limits of coverage provided under the California Automobile A	Assigned F	Risk Plan ((CAARP)?
	O YES O NO			

Section 1

If you have selected the <u>Complete SL2 Form</u> button, you have the option of entering the broker/agent's first and last name or selecting a transactor from a drop-down list of transactors created by your master user. If

you select a transactor from the drop-down list, the broker/agent's license number or organization name and license number will populate the corresponding fields.

Section 2

The information entered on the SL1 form will be transferred over to the corresponding fields on this form.

Sections 3

This section only needs to be completed if the coverage pertains to private passenger automobile liability.

(C) If YES, has this risk been subm	ritted to and found to be incligible by CAARPT
	O YES O NO
(A) If Health Insurance is identifie	of on line $I(\xi)$, does the insured gualify as a "Small Employer" under Section 10700(x) of the California insurance Code?
	O YES O NO
If this insurance was placed pursu Liability Risk Referation Act of 197	ant to Section 135 et seq. of the California insurance Code governing transactions with risk purchasing groups authorized by the Federal Managements the following:
(A) Provide the name and address	of the purchasing arous of which the insured is a member
RISK PURCHASING GROUP NAME	
	•
RISK PURCHASING GROUP STREE	ET AND NUMBER
(A) Describe the diligent efforts m	nade to place this coverage with admitted insurers and describe how the search was performed (places add additional pages if necessar
(5) If search was performed by so	meene other than the person named on line 1, please provide full name of that individual:
NAME OF INDIVIDUAL	
(A) Was the risk described in Sect	tion 2 submitted by you or by someone under your supervision to at least (3) insurers that are admitted in California and who actually w
the type of insurance described o	n lines 2(C) and 2(E)?
	I YES OND
(5) If YES, picese complete ALL so	ections of the following table: if NO, skin to Section 5:
Admitted Company:	SELECT ¥
Company Representative:	PIRST AND LAST NAME AREA CODE PHONE NUMBER O Employee O Agent
or Declination Website:	DECLINATION WEESITE
Declination Date:	MALATATY II
Declination Code:	SELECT
Declination Code:	SELECT ¥
Declination Code:	SELECT ¥
Declination Code:	
Declination Code:	SELECT X
Declination Code:	SELECT
Admitted Company:	SELECT
Declination Code: Admitted Company: Company Representative: or Declination Website:	
Declination Code: Admitted Company: Company Representative: or Declination Website: Declination Date:	
Declination Code: Admitted Company: Company Representative: or Declination Website: Declination Date: Declination Code:	
Declination Code: Admitted Company: Company Representative: or Declination Website: Declination Date: Declination Code:	
Declination Code: Admitted Company: Company Representative: or Declination Website: Declination Date: Declination Code:	SELECT
Declination Code: Admitted Company: Company Representative: or Declination Website: Declination Date: Declination Code:	
Declination Code: Admitted Company: Company Representative: or Declination Website: Declination Date: Declination Code: Admitted Company:	
Declination Code:	
Declination Code: Admitted Company: Company Representative: or Declination Date: Declination Date: Declination Code: Admitted Company: Company Representative: or Declination Website: Declination Date: Declination Code:	

Online SL-2 Form (Sections 3 through 7(B))

Section 4

This section only need to be completed if the coverage pertains to health insurance for a small employer as defined under section 10700(x) of the California Insurance Code http://www.leginfo.ca.gov/cgi-bin/displaycode?section=ins&group=10001-11000&file=10700-10701

Section 5

If the policy was placed with a risk purchasing group (RPG), enter the name and address of the RPG. You will need to determine if the RPG was registered with California, and if the insurer writing the risk was authorized under the RPG.

Section 6(A)

Enter the diligent search effort to place the risk with an admitted carrier.

Section 6(B)

If someone other than the person named on line 1 performed the diligent search, the first and last name of the individual(s) should be entered here.

Section 7(A) and (B)

If 7(A) is answered **yes** because the risk was submitted to at least three admitted carriers, you will need to complete section 7(B). The Yes button is selected by default and section 7(B) is enabled. Complete the fields for each admitted insurer.

Section 8(A) through (C)

If 7(B) is answered **no** because the risk was not submitted to at least three admitted carriers, section 7(B) will be disabled and section 8(A) is enabled. Depending on how you answer 8(A), either section 8(B) or 8(C) will be enabled.

	Online SL-2 Form (Sections 8 through Date of Signature)
8.	If 7(A) was answered NO, complete the following:
	(A) Did you determine that fewer than 3 admitted insurers actually write the type of insurance described on lines 2(C) and 2(E)?
	© YES ◎ NO
	(B) If NO, please explain in detail why the risk was solvietted to less than three admitted income can California that write this type of insurance.
	(C) If YES, please describe how you made this determination.
	ne unesigned increase hereby certifies that this report is true and correct, and that this risk is not being placed with a honadmitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.
	MM/DD/YYYY fill
	Signature of Person Named on Line 1 Date of Signature
E	3y checking this field and providing a signature date, I am electronically signing this form and agree that all the information contained herein is accurate to the best of my
know	Aedge.
SL2 (Revi	ised 06/2004)
	Cancel Save Form
	Calcer

Once the form has been completed, you will need to complete **both** the Date of Signature field and check the box under the Signature line. The SLA analyst will only be notified that the form has been electronically signed if the date of signature and check box has been completed in SLIP.

The alert badge will notify you of alerts. The user can save the information but must correct the alerts before submitting the transaction to the SLA.

Click the Save Form button to save the information. You will then be returned to the Documents screen.

Document Page with Completed Online Forms

_			Beed	ments i age with oo	mpicted						
1	SL2 Form saved.									×	
Ð	Create N	New Policy W	izard								
С	reate New Pol	icy Wizard									
	1: Options	2: Policy De	tails	3: Transaction Details		4: Documen	ts	5: Verif	y and Submit		
	P	olicy / Binder Number:	ABC123			Multi-S	tate Policy:	NO		Change	
		Policy Type:	Standard	Change		Multip	le Insurers:	NO		Change	
	1	Primary Insured Name:	TEST		Exer	mpt Commercial	Purchaser:	NO		Change	
		Insured Address:	CA 94100			Ins	urer Name:	ELIGIBLE INSURE	R		
-		Transaction Tuno:	UNITED STATES			Tota	al Premium:	\$500.00			
	Estimated CA SL State Tax: \$15.00										
		Expiration Date:	06/08/2017			Loundled Sta	mping ree:	21.00			
		Invoice Date:	06/07/2016								
		Coverage Codes:	400 SINGLE FAMILY D	WELLING/DUPLEX -							
Ug Al Fo do	pload supporting do I submitted New Bu orm or GAP Form or ocuments from your	cumentation for this N siness Policies must com other associated docum computer. Please select	ew Business transacti tain a Declarations Pa ents. You may comple t from the following o	on. ge/Binder/Cover Note/Certificat te and submit SL1, SL2, and Gap ptions.	e as well as a Forms online	or you can uplo	Form. Some I ad any requir	New Business Poli red forms as well	icies may also re as other suppor	equire an SL2 rting	
	Transaction D	ocuments									
	File Name ¥	De	ocument Types			Upload Date	Uploaded B	y File Size	Pages		
	Online	SL	1 Form							×	
	Online	SL	2 Form							×	
	01192016 23.0	PDF De	eclarations Page or Binde	r or Certificate		06/08/2016	PATBRK	4,572 KB	205	×	
	H 4 1 F	н							1 - 3 of	3 items	
	Upload a Do	cument									
	-			Note: Files must be less than 10	WB in size an	d in one of the f	ollowing for	mats: TIFF, PDF, I	PNG, PDF/A. or	JPG/JPEG.	
	select file						3,947				
	Online SL Fo	orms									
	✓ Edit SL1 F	orm	✓ Edit SL2 F	orm 🖍 C	omplete GA	P Form					
	< Back							🗵 Sa	we for Later	Next >	

Documents Page with Completed SL Forms

If you selected to complete the SL1 and SL2 forms online, the transaction documents section will list the online forms.

If you wish to edit either form, click on the Edit SL Form button, make the necessary changes and save the form.

Click the Next button to view the summary page.

Verify and Submit

Summary Screen

					Hat
	TAGS ACCOUNT F	REPORTS ANALYTICS USERS	CONTACTS	HELP	ETTINGS LOGOUT
ou are logged in as PATBRK, on behalf o	[8466] SURPLUS INSURANCE B	ROKER (OA111111), SAN FRANCISCO.			[Change Location]
Transaction saved successfully for P	Nicy Number ABC123.				×
Create New Poli	y Wizard				
Create New Policy Wizard 1: Options 2: Po	licy Details	3: Transaction Details	4: Documents	5: Verify and Submit	
Policy / Binder N	umber: ABC123		Multi-State Policy:	NO	Change
Polic	y Type: Standard	Change	Multiple Insurers:	NO	Change
Primary Insured	Name: TEST		Exempt Commercial Purchaser:	NO	Change
Insured A	ddress: CA 94100		Insurer Name:	ELIGIBLE INSURER	
	UNITED STATES		Total Premium:	\$500.00	
Iransactio	1 Type: New Business		Estimated CA SL State Tax:	\$15.00	
Effectiv	p Date: 06/08/2016		Estimated Stamping Fee:	\$1.00	
Expiratio	o Date: 06/08/201/		Document Summary:	3 files included	
Coverage	Codes: 400 SINGLE FAMILY FIRE & ALLIED LINE	DWELLING/DUPLEX -			
Review the policy and transaction d	stails for accuracy				
lease review the details shown abov he SLA. If you need more time, you o Indicates fields that are required fo	and ensure they accurately an click the Save for Later b submission to the SLA.	/ reflect the data you wish to submi sutton to save your progress without	it. When satisfied, click the Submit to SLA t submitting.	button below to submit this	transaction to
< Back				☑ Save for Later	Submit to SLA

Review the policy information. If the information is correct and there are no alerts displayed, click on the Submit to SLA button. If there are alerts, a pink banner will display at the top of the screen with a link to the list of alerts. In addition, each section will have alert badges displaying the number of alerts in each section. The Submit to SLA button is disabled until all the alerts have been corrected.

Summary Screen with Alerts

	<u>k</u>				
OME POLICIES SUBMISSIONS TAG	ACCOUNT REPORTS	ANALYTICS USERS	CONTACTS	HELP	
ou are logged in as PATBRK, on behalf of [8466] S	URPLUS INSURANCE BROKER (OA1	11111), SAN FRANCISCO.			[Change Location]
Transaction saved successfully for Policy Nur	nber 101-101.				×
Create New Policy W	izard				
4 alerts have been identified for this trans 1: Options 2: Policy Def	action. All alerts must be resolved	d before submission to the nsaction Details	SLA. <u>Click here to review.</u>	3 5: Verify and Subn	nit
Policy / Binder Number:	101-101		Multi-State Policy	: NO	Change
Policy Type:	Standard	Change	Multiple Insurers	: NO	Change
Primary Insured Name:	BROKER TESTER		Exempt Commercial Purchaser	: NO	Change
Insured Address:	CA 94111		Insurer Name	ELIGIBLE INSURER	
	UNITED STATES		Total Premium	: \$100.00	
Transaction Type:	New Business		Estimated CA SL State Tax	: \$3.00	
Effective Date:	01/11/2016		Estimated Stamping Fee	: \$0.20	
Expiration Date:	01/11/2017		Document Summary	: 0 files included	
Coverage Codes:	450 INLAND MARINE - INLAND / \$100.00	MARINE			
Review the policy and transaction details fo	r accuracy.				
lease review the details shown above and er he SLA. If you need more time, you can click	sure they accurately reflect the the Save for Later button to sa	e data you wish to submi we your progress without	t. When satisfied, click the Submit to SL	A button below to submit t	his transaction to
Indicates fields that are required for submis	sion to the SLA.				

Submit to SLA Page

Submit to SLA						×
Please review and enter any additiona	al information for this submission if necess	sary. When ready, press	the Submit button	to submit these tr	ansactions to the	SLA for review.
ABC123	TEST	New Business	06/08/2016	\$500.00	\$1.00	\$15.00
Broker Reference Number:		Broker Refe	mence Date:			
					Cancel	Submit

You can choose to enter the broker reference number and date and any notes that pertain to the transactions contained in this submission.

If the effective date of the transaction or any one transaction within the submission is past 60 days, the Late Filing with Explanation box will display and you must enter the reason for the late filing before submission to the SLA. The Submit button is disabled until a reason for the late filing is provided.

Submit to SLA							×
Please review and enter any addition	al information for this submission if neces	sary. 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	
101-101	BROKER TESTER	New Business	03/01/2016	\$100.00	\$0.20	\$3.00	
Broker Reference Number: Submission Notes:		Broker Refe	g Explanation:				
					Cancel	🖾 Submit	

Submit to SLA Page with Late Filing Explanation Box

Policy Options

Depending on what option is selected, certain tabs will be enabled in the wizard process.

	Options Page	
HOME POLICIES SUBMISSIONS TAGS ACCOUNT	NT REPORTS ANALYTICS USERS CONTA	CTS HELP SETTINGS LOGOUT
You are logged in as PATBRK, on behalf of [8486] TEST (TEST), S	AN FRANCISCO.	[Change Location]
Transaction saved successfully for Policy Number ABC TEST		×
Create New Policy Wizard		
Create New Policy Wizard		
9 5 alerts have been identified for this transaction. All ale	rts must be resolved before submission to the SLA. <u>Click h</u>	ere to review.
1: Options 2: Policy Details	2 3: Transaction Details	4: Documents 5: Verify and Submit
Begin by providing the new policy number. If that policy n to this policy, please indicate them by checking one or mo • Policy / Binder Number: ABC TEST	umber already exists in SLIP, you will be able to navig re of the aptions below. If none of the conditions app	ste to that policy to add new transactions. If any special conditions apply iy, leave only "Standard Policy" selected and click Next.
Options		
Standard Policy	Master Policy This is a single policy that provides cover	age to eligible employees or members on a group basis.
Multi-State Policy		
This is a single policy where the risk is located in m	ore than one state.	
This is a single policy where the risk is covered by m	nore than one insurer.	
Exempt Commercial Purchaser / Cor	nmercial Insured	
This policy has an exempt commercial purchaser / o Refer to <u>SLA CA Bulletin 1230</u> for more information.	xommercial insured, which must meet the qualification	is as set forth by the NRRA.
		Next >

Multi-State Policy Option

When you select the multi-state policy option, the multi-state tab is enabled.

Transaction Details Page

SLIP					
HOME POLICIES	SUBMISSIONS TAGS ACCOUNT	T REPORTS ANALYTICS L	USERS CONTACTS		HELP SETTINGS LOGO
You are logged in as PAT	BRK, on behalf of [3486] TEST (TEST), Si	IN FRANCISCO.			[Change Locatio
Transaction saved :	successfully for Policy Number 45C TEST	-			
Create I	New Policy Wizard				
Create New Po	licy Wizard				
. 3 elerts have be	en identified for this transaction. All ele	rts must be resolved before submission	to the SLS. <u>Click here to review.</u>		
1: Options	2: Policy Details	3: Transaction Details	4: Muiti-State	5: Documents	6: Verify and Submit
P	olicy / Binder Number: ABC TEST		Mult	State Policy: YES	Change
	Policy Type: Standard	Change	Mult	tple Insurers: NO	Change
			Exempt Commercia	al Purchaser: NO	Change
Provide the transacti	ion type and details.				

Multi-state Screen

	SSIONS TAGS	ACCOUNT	REPORTS ANALYTICS	USERS CON	ITACTS		HELP SET	TTINGS LOGOL
You are logged in as PATSRK, on I	bchaif of (3486) TEST	r (test), san p	RANCISCO.					[Change Location
Transaction saved successfu	ally for Policy Numbe	r ABC TEST.						:
Create New	Policy Wiz	ard						
Create New Policy W	izard							
Create New Policy w								
(!) 3 elerts have been identi	fied for this transact	tion. All sicrts (must be resolved before submissio	in to the SLA. <u>Cite</u>	sk here to review			
1: Options 2	: Policy Details	3	Transaction Details	4: Multi-	State	5: Documents	6: Verify and	Submit
Policy / E	Inder Number: As Policy Type: St	BC TEST andard	Change		M	ulti-State Policy: YES Aultiple Insurers: NO		Change Change
Primary	Insured Name: SU	JRPLUS LINE A	SSOCIATION OF CALIFORNIA		Exempt Comm	erclal Purchaser: NO		Change
Tee	Ul practice Turner	NITED STATES				Total Premium: \$0.00		
	Effective Date: 05	5/23/2016			Estimated Estimate	CA SL State Tax: \$0.00 ed Stamping Fee: \$0.00		
E	Invoice Date: 05	5/23/2017 5/23/2016						
0	overage Codes: 50 \$0	10 GENERAL LI 1.00	ABILITY - GENERAL LIABILITY					
Provide the state allocations	for this Multi-Stat	e policy.						
Enter the allocations for each	state / territory u	sing the text	baxes belaw.				O by Person	
* Total Premium for all States a	and US Territories:						* California Per	rcentage of Risk:
\$		ノ				(x
State Allocations						0 /	Multi-State Tota	al: \$2.00
				Frankum		Tinte		
State	Premium		State	Provincial I			Premium	
ALASAMA	Premium \$	0.00	State KANSAS	s	0.00	оно	\$	0.00
ALASAMA ALASKA	\$ \$	0.00	State Kansas Kentucky	s s	0.00		S S	0.00
State ALASAMA ALASKA AMERICAN SANDA	Premium \$ \$ \$	0.00	State Kansas KENTUCKY LOUSIANA	s s s	0.00 0.00 0.00		S S S	0.00
Seete ALASAMA ALASKA AMERICAN SANDA ARIZONA	Premium \$ \$ \$ \$ \$	0.00	State KENSUSS KENSUSKY LOUSIANA MAINE	\$ \$ \$ \$	0.00		\$ \$ \$ \$ \$	0.00
Sade Alissina Alissina American Sanga Arizona Arizona Arizona	Premlum S S S S S	0.00	State KENTUDIKY LOUSIANA MAINE MARDHALL ISLANDS	\$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	DHID DHID DREGON PALAU PENNGYLVANIA	S S S	0.00
Sade ALASKA ALASKA AMERICAN SANDA ARIZONA ARKANSAS CALIFORNIA	Premium S S S S S S S S	0.00	Sate KENTUCKY LOUSIANA MARKAALI ISLANDS MARKAALI ISLANDS	\$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	DHID DHID DKLAHDMA DREEDN POLISU PENKSTUJANA PUERTD RICO	S S S S S	0.00
Sade ALISSIMA ALISKA AMERICAN SAMDA ARIZONA ARIZONA ARIZONA COLURIORINA COLURIOD	Premium S S S S S S S S S	0.00 0.00 0.00 0.00 0.00 0.00	State KENTUCKY LOUSIANA HAINE MARSHALL ISLANOS MLARTLAND MASSACHUSETTS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00	DHID DREAMONA DREEDN PALAU PENNSYLVANIA PUERTO RICO RHODE GLAND	S S S S S S S	0.00 0.00 0.00 0.00 0.00 0.00
State ALISSANA ALISSANA ARERICAN SANDA AREZONA AREANSAS CALIFORNIA COLORADO COMMONIVEALTH OF THE NORTHERN MARAMA	Premium S S S S S S S S S S	00.0 00.0 00.0 00.0 00.0 00.0 00.0	State KANSAS KENTUDKY LOUSIANA MARSHALL ISLANDS MARSHALL ISLANDS MARSHALLISLAND MASSIACHUSETTS MICHIGAN	\$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	DHID DREGON PALAU PENNSYLVANA PUERTO RICO RHODE ISLAND SOUTH CAROLINA	Premum \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00
Sate ALASAMA ALASAMA ALASAMA ALASAMA AMERICAN SAMOA ARIZONA ARIZONA ARIZONA ARIZONA ARIZONA ARIZONA COLORADO COMMONIVEALTH OF THE NORTHERN MARIANA ISLANDS CONVECTUUT	Premium	80.0 80.0 80.0 80.0 80.0 80.0 80.0 80.0	Seete KAINGAS KENTUCKY LOUSIANA MAINE MARPHALL ISLANDS MARTHAND MASSACHUSETTS MICHIGAN MINNESDTA	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	DHID DHID DREDHIMA DREDN PALAU PUERTO RICO RHODE ISLAND SOUTH CARDLINA SOUTH CARDLINA	Premum \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
State ALISSIMA ALISSIMA ALISSIMA ALISSIMA AMERICIN SANDA ARIZONA ARIZONA ARIZONA CALIFORNA COLDRADO CONNECTICUT DELAWARE	Premium	0.0 00.0 00.0 00.0 00.0 00.0 00.0 00.0	State KENTUCKY LOUSIANA NAINE NARSHALL ISLANDS NARYLAND NARSHALL ISLANDS NARYLAND NARSHALLISLANDS NARYLAND NUCHIGAN NUCHIGAN NUNNESDTA NISSISSIPRI	S S S S S S S S S S S S S S	00.0 00.0 00.0 00.0 00.0 00.0 0.00 0.0	DHID DRLAHDMA DREEDN PRLAU PRINGYLVANIA PUERTO RICO RHODE ISLAND SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA	Premum \$	0.00 00.0 00.0 00.0 00.0 00.0 00.0 00.
State ALISSAMA ALISSAMA ALISSA ARERICAN SANDA AREDITA AREANSAS CALIFORNIA COLORADO COMMENTERN MARAMA ISLANDS CONNECTICUT DELAWARE DISTRICT OF COLUMBIA	Premium	00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	State KANSAS KENTUCKY LOUSIANA NAINE NAARHAALI ISLANDS NAARHAAND NASSACHUSETTS NICHISAN NINNESDTA NISSISIPPI NISSUURI	S S S S S S S S S S S S S S S S S S S S S S S S	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	DHD DREEDN DREEDN PALAU PENNSTLVANA PUERTD RICO RHDDE ISLAND SOUTH CARDLINA SOUTH CARDLINA SOUTH CARDLINA SOUTH CARDLINA	Premum \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Seate ALISSAMA ALISSAMA ANERICAN SANDA ARIZONA ARIZONA ARIANAS CALIFORNIA COLORADO COMMENTERN MARIANA ISLANDS COMMENTICUT DELIWARE DISTRICT OF COLUMBIA FEDERATED STATES OF	Premium	00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	State KLINGLS KENTUCKY LOUSILINA NUINE MARDHALL ISLANDS MARSLAND MARSLAND MASSACHUSETTS MUCHIGAN MUNNESOTA MUSSESIPPI MUSSESIPPI MUSSELIRI MUNNESOTA	S S S S S S S S S S S S S S S S S S S S S S S S S S	00.0 0.00 0.00 0.00 0.00 0.00 0.00 0.0	DHID DHID DREAMDMA DREEDN PENNETLVANIA PUERTD RICO RHODE ISLAND SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA U.S. MINDR OUTLYING	Premum \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Seate ALISSAMA ALISSAMA ALISSAMA AREFICEN SANDA ARIZONA ARIZONA ARIZONA ARIZONA COLORADO COLO	Premium	000 000 000 000 000 000 000 000 000 00	Sete KUNGUS KENTUCKY LOUSIUNA MUINE MARPHALL ISLANDS MUIRTEAND MUISTIGAN MUIRTEGAN MUIRTEGAN MUIRTEGAN MUISTIGAN MUISTIGAN MUIRTEGAN	S S S S S S S S S S S S S S S S S S S S S S S S S S	00.0 00.0 0.00 0.00 0.00 0.00 0.00 0.0	DHID DHID DREEDN PELHDMA DREEDN PULSTUANIA PUERTD RICO RHODE ISLAND SOUTH CARDLINA SOUTH CARDLINA SOUTH CARDLINA TENNESSEE TEXAS U.S. WINDR OUTLYING ISLANDS U.S. WINDR OUTLYING	Premum \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Seate ALISEAMA ALISEAMA ALISEAMA AREDICAN SAINDA AREDINA AREANA CONCRADIN COMPACTINA COLORADO COMMENTERIN MARIANA ISLANDS CONRECTICUT DELAWARE DISTRICT OF COLUMBIA FEDERATED STATES OF MICRONESIA FLORIDA GEORGIA	Premium	00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	State KLINSUS KENTUCKY LOUSIANA NAINE NAINE NAISELLISLANDS NAISELCHUSETTS NICHIGAN NINNESDTA NIGSIGSIPPI	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	DHID DREAMMA DRECON PALAU PRINSYLVANA PUERTO RECO RHODE ISLANO SOUTH CARQUINA SOUTH CARQUINA SOUTH CARQUINA SOUTH CARQUINA SOUTH SUANDS U.S. VIRGIN BLANDS U.S. VIRGIN BLANDS U.S. VIRGIN BLANDS	Premum \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Seate ALISSAMA ALISSA AMERICAN SANGA ARIZONA ARIZONA ARIANSAS CALIFORNIA COLORADO COMMENTERN MARIANA ISLANGS CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FEDERATED STATES OF MICRONESIA FLORIDA GEORGIA GUIAM	Premium	00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	State KANSAS KENTUCKY LOUSIANA MAINE MARSHALL ISLANDS MARSHALLISLANDS MARSHALL	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	DHID OHID OKLAHOMA OREGON PALAU PENKSTUVANIA PUERTO RICO RHODE ISLAND SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA TENNESSEE TEXAS U.S. MINOR OUTLYING ISLANDS U.S. VIRGIN ISLANDS U.S. VIRGIN ISLANDS UTAH	Premum \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Sease	Premium	00.0 00.0	State KLINGLS KENTUCKY LOUSILINA NUINE NULSLANDS NULSLANDS NULSLAND NULSSLAPPI NUNESOTA NUSSUIR NUNESOTA NESSUSPI NUSSUIR NUNESOTA	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	DHID DHID DREEDN PENISTLVANIA PUERTD RICO RHODE BLAND SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA TENIESSEE TEXAS U.S. WINDR OUTLYING ISLANDS U.S. WINDR OUTLYING ISLANDS U.S. WINDR OUTLYING ISLANDS U.S. WINDR OUTLYING ISLANDS U.S. WINDR OUTLYING ISLANDS U.S. WINDR OUTLYING ISLANDS U.S. WINDR OUTLYING ISLANDS	Premum S	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
SLADE ALLASAMA ALLASAMA ALLASAMA ARERICAN SANDA ARIZONA ARIZONA ARIZONA ARIZONA ARIZONA COLUBRIA COLUBRIA COLUBRIA COLUBRIA COLUBRIA COLUBRIA COLUBRIA COLUBRIA COLUBRIA COLUBRIA COLUBRIA COLUBRIA COLUBRIA CONVECTIOUT DELLAWARE DISTRICT OF COLUMBIA FEDERATED STATES OF MICRONESIA FLORIDA GEORGIA CEDREIA CULAR	Premium	00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	Sete KLINGLS KENTUCKY LOUSILINA KLINE KLARUA KLINE KLARUA KLINE KLARUA KLINE K	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	00.0 00.0 0.00 0.00 0.00 0.00 0.00 0.0	DHD DHD DKLAHDMA DREEDN PRALAU PUERTO RICO RHODE ISLAND SOUTH CARDLINA SOUTH CARDLINA SOUTH CARDLINA SOUTH CARDLINA SOUTH CARDLINA SOUTH CARDLINA US. MINOR OUTLYING ISLANDS U.S. MINOR OUTLYING ISLANDS U.T.M. VERMONT VIRGINIA WASHINGTON	Premum S	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
State ALI-SEAMA ALI-SEAMA ALI-SEAMA ALI-SEAMA AREDICIAN SEAMA AREZONA AREZONA AREZONA AREZONA COLORADOO COMMONIVEEALTIN OF THE NORTHERN MATAMAA ISLANDS CONNECTICUT DELLAWARE DISTRICT OF COLUMBIA FEDERATED STATES OF MICRONESIA FLORIDA GEORGIA GUIDAN HAWAII IDAMO ILLINDIS	Premium	30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0 30.0	State KLINSUS KENTUCKY LOUSIANA NAINE NAINE NAINE NAISEICHUSETTS NICHISAN NENTANA NESSISIPPI NISSISIPPI NISSISIPPI NISSISIPPI NISSISSIPPI NISSISSIPI	S S	00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	DHID DHID DREEDN RELANDA DREEDN RELAU RELAU RELAU RELAND SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA U.S. VIRCIN ISLANDS U.S. VIRCIN ISLANDS UTAM VERNONT VIRCINIA WEST VIRCINIA	Premum \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
State ALJSANA ALJSANA ALJSANA ALJSANA ALSKA AMERICAN SANGA ARIZONA ARIZONA ARIZONA ARIZONA COLORADOO COMMENTEDIN MAZIANA ISLANGS CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FEDERATED STATES OF MICROMESIA FLORIGA GEORGIA GEORGIA GUAM HAWAII IDAHO FLURIS	Premium	00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	Sete KANSAS KENTUCKY LOUSIANA MAINE MARSHALL ISLANDS MARSHALL ISLANDS MARSHALLISLANDS MARSHALLISLANDS MARSHALLISLANDS MARSHALLISLANDS MARSHALLISLANDS MARSHALLISLANDS MUNNESOTA MUNNESOTA MUNNESOTA MUNNESOTA NEWHARSHAL NESRASKA NEWHARSHAL NEWJERSEY NEW JERSEY NEW MERICO NEW YORK	S S	00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	DHD DHD DREGON PALAU PENIGTUVANIA PUERTO RICO RHDDE ISLAND SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA U.S. VIRGIN ISLANDS U.S. VIRGIN ISLANDS UTAH VERMONT VIRGINIA WISCHVEN	Premum \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
SADE SADE	Premium	00.0 00.0	Sete KANSAS KENTUDIY LUDUSIANA NAINE NAIRE NAIRELI ISLANDS NAIRTLAND NAISSACHUSETTS NUCHIGAN NUNNESOTA NUNNESOTA NUSSOURI NESRASKA NEVADA NESRASKA NEVADA	S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	00.0 00.0 00.0 00.0 00.0 00.0 00.0 00.	DHID DHID DREEDN PENISTLVANIA PENISTLVANIA PUERTD RICO RHODE BLAND SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA SOUTH CARDUNA TENNESSEE U.S. MINDR OUTLYING ISLANDS U.S. VIRGIN BLANDS UTAH VERMONT VIRGINIA WISCONSIN WISCONSIN	Premum S	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0

The required fields on the multi state page are the total premium for all states and US territories and California percentage of risks.

Layering Tab

When you select the Multiple Insurers option, the layering tab is enabled.

		Options Screen	
Surplu	Luces Information Portal	T REPORTS ANALYTICS USERS CONTACTS	ELP SETTINGS LOGO
You ar	e logged in as PATBRK, on behalf of [8466] SURPLUS INSUR	ANCE BROKER (0A111111), SAN FRANCISCO.	[Change Locatio
₽	Create New Policy Wizard		
Cre	ate New Policy Wizard		
	Step 1: Options		
Ento	the policy number and indicate special conditions		
Begir to th	by providing the new policy number. If that policy number, if that policy number, please indicate them by checking one or more	umber already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any re of the antians below. If none of the conditions apply, leave only "Standard Policy" selected and click	special conditions apply Next.
Begin to th AB	by providing the new policy number. If that policy nu s policy, please indicate them by checking one or mor Policy / Binder Number: C-Test	umber already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any re of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click	special conditions apply Next.
Begin to th B AB	by providing the new policy number. If that policy ne is policy, please indicate them by checking one or mor Policy / Binder Number: C-Test	umber already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any re of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click	special conditions apply Next.
Begin to th AB Opti	by providing the new policy number. If that policy ne is policy, please indicate them by checking one or mor Policy / Binder Number: C-Test ons Standard Policy	Imber already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any re of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Master Policy This is a single policy that provides coverage to eligible employees or members on a group 1	special conditions apply Next.
Begir to th B AB Opti	by providing the new policy number. If that policy n is policy, please indicate them by checking one or mor Policy / Binder Number: -Test ons Standard Policy Multi-State Policy	Imber already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any re of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Master Policy This is a single policy that provides coverage to eligible employees or members on a group to the second seco	special conditions apply Next.
Begin to th AB(Opti	by providing the new policy number. If that policy ne is policy, please indicate them by checking one or mor Policy / Binder Number: -Test ons Standard Policy Multi-State Policy This is a sigle policy where the risk is located in mor	umber already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any re of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Master Policy This is a single policy that provides coverage to eligible employees or members on a group I wre than one state.	special conditions apply Next.
Begir to th ABC Opti	by providing the new policy number. If that policy ne is policy, please indicate them by checking one or mor Policy / Binder Number: -Test ons Standard Policy Multi-State Policy This is a single policy where the risk is located in mo Multiple Insurers This is a content of the the data and the the second base	Imber already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any re of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Master Policy This is a single policy that provides coverage to eligible employees or members on a group to wre than one state.	special conditions apply Next.
Begin to the second sec	by providing the new policy number. If that policy ns is policy, please indicate them by checking one or mor Policy / Binder Number: C-Test ONS Standard Policy Multi-State Policy This is a single policy where the risk is located in mo Multiple Insurers This is a single policy where the risk is covered by m Freemat Commercial Purchasser / Con	Imber already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any re of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Master Policy This is a single policy that provides coverage to eligible employees or members on a group 1 ore than one state.	special conditions apply Next.
Begin to the second sec	by providing the new policy number. If that policy ns is policy, please indicate them by checking one or mor Policy / Binder Number: C-Test ons Standard Policy Multi-State Policy This is a single policy where the risk is located in mo Multiple Insurers This is a single policy where the risk is located by m Exempt Commercial Purchaser / Con This policy has an exempt commercial purchase / c	Imber already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any re of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Master Policy This is a single policy that provides coverage to eligible employees or members on a group to ore than one state.	special conditions apply Next.
Begin to the second sec	by providing the new policy number. If that policy ne is policy, please indicate them by checking one or more Policy / Binder Number: C-Test ONS Standard Policy Multi-State Policy This is a single policy where the risk is located in more Multiple Insurers This is a single policy where the risk is covered by m Exempt Commercial Purchaser / Con This policy has an exempt commercial purchaser / con Refer to <u>SLA CA Bulletin 1230</u> for more information.	Imber already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any re of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Master Policy This is a single policy that provides coverage to eligible employees or members on a group to wre than one state.	special conditions apply Next.

If you had selected the Multiple Insurer box in the Options tab, the Layering tab will be visible to the user.

Policy Details Screen

HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS HELP SETTINGS LOGOUT You are logged in as PATBRK, on behalf of [8486] TEST (TEST), SAN FRANCISCO. [Change Location] Image: Contract of the second se					A A A A A A A A A A A A A A A A A A A
You are logged in as PATBRK, on behalf of [8486] TEST (TEST), SAN FRANCISCO. [Change Location] Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard I: Options 2: Policy Details 3: Transaction Details 4: Layering Documents 6: Verify and Submit Policy / Binder Number: ABC TEST 2. Multi-State Policy: NO Change Policy Type: Standard Change Multiple Insurers: YES Change	HOME POLICIES SUBMISSIONS TAGS	ACCOUNT REPORTS ANALYTICS	USERS CONTACTS	HELP	SETTINGS LOGOUT
Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy Wizard Image: Create New Policy No Image: Create New Policy Wizard Image: Create New Policy No Image: Create New Policy Binder Number: ABC TEST 2 Image: Multiple Insurers: YES Image: Policy Type: Standard Image: Change Image: Formet Commence: NO Image: Change	You are logged in as PATBRK, on behalf of [8486] TE	ST (TEST), SAN FRANCISCO.			[Change Location]
Create New Policy Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Layering Documents 6: Verify and Submit Policy / Binder Number: ABC TEST 2 Multi-State Policy: NO Change Policy Type: Standard Change Multiple Insurers: YES Change	Transaction saved successfully for Policy Numb	er ABC TEST 2.			×
Create New Policy Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Layering 9 Documents 6: Verify and Submit Policy / Binder Number: ABC TEST 2 Multi-State Policy: NO Change Policy Type: Standard Change Multiple Insurers: YES Change	Create New Policy Wiz	zard			
1: Options 2: Policy Details 3: Transaction Details 4: Layering Documents 6: Verify and Submit Policy / Binder Number: ABC TEST 2 Multi-State Policy: NO Change Policy Type: Standard Change Multiple Insurers: YES Change	Create New Policy Wizard				
Policy / Binder Number: ABC TEST 2 Multi-State Policy: NO Change Policy Type: Standard Change Multiple Insurers: YES Change	1: Options 2: Policy Details	3: Transaction Details	4: Layering	Documents 6: Verify a	nd Submit
Policy Type: Standard Change Multiple Insurers: YES Change	Policy / Binder Number: /	ABC TEST 2	Mu	Ilti-State Policy: NO	Change
Exampt Commercial Durchasory NO	Policy Type: S	itandard <u>Change</u>	M	ultiple Insurers: YES	Change
			Exempt Comme	rcial Purchaser: NO	Change

Layering Screen					
BUTCHE INFORMATION FORME	S ACCOUNT REPORTS ANALYTICS	USERS CONTACTS	HELP SETTINGS LOGOUT		
You are logged in as PATBRK, on behalf of [8486]	TEST (TEST), SAN FRANCISCO.		[Change Location]		
Transaction saved successfully for Policy Nur	nber ABC-100.		×		
Create New Policy W	izard				
1: Options 2: Policy Detail	s 3: Transaction Details	4: Layering 5: Dicume	nts 6: Verify and Submit		
Policy / Binder Number:	ABC-100	Multi-State Policy	NO Change		
Policy Type:	Standard Change	Multiple Insurers	: YES Change		
Primary Insured Name:	SURPLUS LINE ASSOCIATION OF CALIFORNIA	Exempt Commercial Purchaser	: NO <u>Change</u>		
Insured Address:	CA 94111	SIC Type	: SERVICES		
Transaction Type:	New Business	SIC Code	E [8600] MEMBERSHIP ORGANIZATIONS		
Effective Date:	05/20/2016	Total Premium	: \$5,000.00		
Expiration Date:	05/20/2017	Estimated CA SL State Tax	: \$150.00		
Invoice Date:	05/25/2016	Estimated Stamping Fee	: \$10.00		
Coverage Codes: Provide the Syndicate List describing the In	409 INDIVIDUAL INSUREDS WITH LARGE SCHEDULES WHERE THE TIV(TOTAL INSURED VALUES)ARE IN EXCESS OF 5500 MILLION - FIRE & ALLIED LINES \$5,000.00 surer layering for this policy below.				
Syndicate List Transactions with multiple Insurers require	e the submission of a syndicate list. Please uploa	d the syndicate list with the controls below or	from the Documents Step.		
File Name Docum	ent Types	Upload Date Upload	ed By File Size Pages		
Upload a document Select file	Note: Files must be less t	han 10MB in size and in one of the following fo	rmats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG.		
Optional Feature: If desired, you can provid	e the detailed layering information below.				
Insurer Layering (Optional)	- -		+		
* Indicates fields that are required for submis	sion to the SLA.				
< Back			Save for Later Next >		

You can upload the multiple insurer/syndicate list on this page. If you choose, you can enter each insurer and their respective percentage of participation and upload the multiple insurer/syndicate list.

Create Renewal Wizard

Surplus L	Inter Information Partal		
HOME	POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS	HELP SETTINGS L	OGOUT
You are	logged in as PAT1, on behalf of [10002] PM & ASSOCIATES (TEST1234), SAN FRANCISCO.	[Change Lo	cation]
Welc	ome, Patricia McAuley!	🔀 Contact SLA	
Policy Ac	tions	\$ Pay Stamping Fee	
+	Create New Policy ③ Create a new policy, upload documents, and complete online forms through the SLIP Create New Policy Wizard.	(i) Quick Info	
O	Create Renewal 0	My Unsubmitted Transactions	<u>1</u>
	Report a Renewal for an existing policy or create a renewal from scratch through the SLIP Create Renewal Wizard.	Total Unsubmitted Transactions	<u>1</u>
	Create Endorsement @	My Unsubmitted Transactions with Alerts	<u>1</u>
	Report Endorsements, Cancellations, Audits, and Extensions for existing policies or create Endorsements from scratch through the SLIP Create Endorsement Wizard.	Total Unsubmitted Transactions with Alerts	<u>1</u>
		My Open Tags	<u>1</u>
Bulk Data	Entry	Total Open Tags	<u>1</u>
	BIF or XML Bulk Submission / Import Wizard	Total Informational Tags	<u>0</u>
Ŷ,	Upload policy data in bulk for direct submission to the SLA or for further review in SLIP through the SLIP Bulk	Transactions Pending Review	<u>0</u>
	Submission Wizard.	Returned Transactions	<u>0</u>
		Invalid Bulk Submissions	<u>0</u>

Home Page

To create a renewal, select the Renewal link on the home page. The link will bring you to a search screen to find the prior initiating transaction.

Searching for Prior Policy

	Policy S	earch Page		
				SCATIONOUS T
HOME POLICIES SUBMISSIONS TAGS	ACCOUNT REPORTS ANALYTICS	USERS CONTACTS	HELI	P SETTINGS LOGOUT
You are logged in as PATBRK, on behalf of [8486] TES	(TEST), SAN FRANCISCO.			[Change Location]
O Create Renewal Wizar	ł			
Create Renewal Wizard				
Policy Search				
Search for the existing policy you wish to ren	?w.			
Policy Number:	Name of Insured:		Effective Date:	
			to 🛅	
			Cle	ear Q Search

Search for the prior policy by entering information in any or all of the fields by policy number, name of insured, and/or effective date. For individual names, search by last name because the SLA enters last name first name. For businesses with DBAs, search by the dba because the SLA enters the DBA name.

Search Results Screen									
Surplus Lines information			REPORTS ANALYTICS	USERS	CONTACTS			HELP SE	TTINGS LOCOUT
You are logged in a	s PATBRK, on behalf of [8486] T	TEST (TEST), SAN FR	ANCISCO.						[Change Location]
Creat	e Renewal Wiza	rd							
Create Rend Policy Sea Search for the Policy Numbe abc test	ewal Wizard	enew.	Name of Insured:			Effective Date	to	E Clear	II Q. Search
Policy Sea	arch Results								
Polic	cy / Binder Number 🔺	Name of Insured				Policy Type	Effective Date	Expiration Date	Transaction Count
	TEST	SURPLUS LINE ASS	OCIATION OF CALIFORNIA			s	05/23/2016	05/23/2017	1
ABC TEST 2 S 1									
	► ► 10 ▼ iten	ns per page						1 - 2	of 2 items
If the original This will creat	policy is not found in the sys te a new policy for the Renev	stem, you can <u>clici</u> val under the curre	k here to Create a Renewa ent location.	l from Scro	ntch.			🎢 Crea	te Renewal

Based on the information entered in the search criteria, the search results display at the bottom. If the prior policy is listed, click on the checkbox next to the policy number to enable the Create Renewal button at the bottom of the screen. *(If the prior policy is not listed you will need to click on the Create a Renewal from Scratch link.)*

Policy Options

Options Page

C Super	Lines Information Portal					
HOME	POLICIES	UBMISSIONS TAGS ACCO	UNT REPORTS ANALYTICS	USERS CONTACTS		HELP SETTINGS LOGOUT
You are	logged in as PATBR	K, on behalf of [8486] TEST (TEST),	SAN FRANCISCO.			[Change Location]
$\bigoplus_{m=1}^{\mathbb{Z}}$	Create Re	enewal Wizard				
Crea	ate Renewal \	Wizard				
1	: Options	2: Policy Details	3: Transaction Details	4: Multi-State	5: Documents	6: Verify and Submit
Enter	the policy numbe	r and indicate special condition	ns.			
Begin to thi	by providing the n s policy, please ind Policy / Binder Nur	new policy number. If that policy dicate them by checking one or r nber:	r number already exists in SLIP, you w nore of the options below. If none of	ill be able to navigate to that the conditions apply, leave or	policy to add new transaction nly "Standard Policy" selected	ons. If any special conditions apply I and click Next.
ABC	TEST					
Optio	ons					
۲	Standard Po	licy	Master Policy This is a single policy	that provides coverage to eligi	ble employees or members o	n a group basis.
	Multi-State	Policy				
	This is a single po	licy where the risk is located in	more than one state.			
	This is a single or	urers	more than one insurer			
	Exempt Con	mercial Purchaser / C	ommercial Insured			
	This policy has an	exempt commercial purchaser	/ commercial insured, which must me	et the qualifications as set for	th by the NRRA.	
	Refer to <u>SLA CA E</u>	Bulletin 1230 for more information	m.			
						Next >

The Standard Policy button is selected by default for all transactions. If the renewal policy you are creating is a master policy, click on the radio button for master policy. If the renewal is a multi-state policy, multiple insurer policy, and/or the insured qualifies as an exempt commercial purchaser (commercial insured), mark the applicable checkbox. Specific tabs and fields are enabled based on your selection. For example, if you select master policy, the system will display the certificates tab where you can enter the information for certificates to the master policy.

Click on the Next button to move to the Policy Details screen.

Option Descriptions

- A master policy is a single contract issued on a group basis with certificates of insurance issued to the policyholders.
- A multi-state policy covers a risk that resides in more than one state.
- An exempt commercial purchaser/commercial insured (ECP/CI) is an insured that meets three requirements and the policy is exempt from a diligent search. The three requirements are:
 - 1. Employs or retains a qualified risk manager²

² Bulletin 1230 states that under the NRRA a qualified risk manager must meet three requirements: 1) Must be an employee of, or a third party consultant retained by, a commercial policy holder, **and** 2) Provides skilled services in loss prevention, loss reduction, or risk and insurance coverage analysis, and purchase of insurance, **and** 3) A bachelor's degree or higher from an accredited college or university in risk management, business administration, finance, economics, or any other field determined by a state insurance commissioner or other state regulatory official or entity to

- 2. Paid an aggregate nationwide property and casualty premium of at least \$100,000 in the immediately preceding 12 months.
- 3. Meets one of the following:
 - Possesses a net worth in excess of \$20 million
 - Generates annual revenues over \$50 million
 - Employs more than 500 full time employees per individual insured, or is a member of an affiliated group employing more than 1,000 employees in the aggregate
 - Is a non-profit or public entity generating annual budget over \$30 million
 - Is a municipality with a population in excess of 50,000 persons

Policy Details

The system will carry forward the data from the prior policy, such as primary insured name and zip code. If the information on the renewal has not changed, click on the Next button. Users may also search for a policy and select it, then change the renewal policy number. This will also copy over the select information. This feature is useful when the renewal is related to the new business but has a unique policy number.



Policy Details Page

demonstrate minimum competence in risk management; **and** three years of experience in risk financing, claims administration, loss prevention, risk and insurance analysis, or purchasing commercial lines of insurance, **or** holds one of the designations below:

CPCU or ARM or CRM or RF or any other designation, certification, or license determined by a state insurance commissioner or other state regulatory official or entity to demonstrate minimum competence in risk management, **or** has seven years of experience in risk financing, claims administration, loss prevention, risk and insurance coverage analysis, or purchasing commercial lines of insurance; and any one of the following designations: CPCU or ARM or CRM or RF or any other designation, certification, or license determined by a state insurance commissioner or other state insurance regulatory official or entity to demonstrate minimum competence in risk management, **or** has at least ten years of experience in risk financing, claims administration, loss prevention, risk and insurance coverage analysis, or purchasing commercial lines of insurance, **or** has a graduate degree from an accredited college or university in risk management, business administration, finance, economics, or any other field determined by a state insurance commissioner or other state regulatory official or entity to demonstrate minimum competence in risk management.

Click on the Next button to go to the Transaction Details screen. *Transaction Details*

Transaction Details	Screen		
HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CO			LOCOUT
You are logged in as PATSRK, on behalf of (\$488) TEST (TEST), SAN PRANCISCO.		[Change i	Location]
Transaction seved successfully for Policy Number 165 165.			×
Create Renewal Wizard			
Create Renewal Wizard			
() 6 sierts have been identified for this transaction. All sierts must be resolved before submission to the SLA. g	Click here to review.		
1: Options 2: Policy Details 2: Transaction Details	4: Documents	S: Verify and Submit	
Policy / Binder Number: ABC ABC Policy Type: Standard Change	Multi-State Policy: Multiple Insurers: Exempt Commercial Purchaser:	NO 00 NO 00	Change Change Change
Provide the transaction type and details.			
Please provide the specific details for this transaction below.		$\overline{}$	
	Institut Date: Involve Date:	E Aramium Is	
INSURER Insure (NAIC #) - Statux			
Note: Carriers appearing on the drapdown list are only those on the LASU and/or on the NAIC-IID Quartern please ensure you have determined that the carrier has met the California eligibility requirements under l	rly Listing of Allen insurers, if the car I insurance Code Section 1763.1.	rler does not appear on the drapdown	itet,
* Coverage Code - Description		* Premium	
400 SINGLE FAMILY DWELLING DUPLES – FIRE & ALLIED LINES	•	\$0.00	
FEES	Gross Prev	mlum: \$0.00	_
Fee Name Incl	clude in Premium (Subject to Tas) 🧕	Fee Amount	
POLICY FLE	D	\$0.00	×
REPECTION FEE	D	\$0.00	×
BROKER FEE	D	\$0.00	×
OTHER FEES		\$0.00	×
* Indicates fields that are regulaed for submission to the SLA.	Total Taxable Premium (including Estimated CA SL State Tax Estimated Stamping	Fees: \$0.00 Fees): \$0.00 (3%): \$0.00 g Fee: \$0.00	
< Back		Save for Later Nex	a >

If the initiating policy was **registered**, the insurer and coverage description will be carried forward from the initiating transaction. If the initiating policy was not registered, you will need to enter the insurer and coverage.

Complete the effective and expiration date and invoice date fields. If the policy is open-ended, check the Open-Ended checkbox and the expiration date field is disabled.

Enter the premium amount.

If your transaction contains fees, enter the fee amount. If the fee is taxable, check the box next to the fee amount to include the fee in the stamping fee calculation.

Click on the Next button to continue to the Documents tab.

Editing Information Carried Over From Initiating Policy

If the information has changed from the registered transaction, there will be an Edit button at the bottom of the screen to enable the fields and allow the user to make the changes.

Tag Number Tag Type Tag S No records found. Image: Second Secon	Print Selected Tags Print Selected Tags Invoice Date: 04/29/2016	No items to display Image: Constraint of the selected to selected to select the select of the sel
No records found. Image: Control Show Open Tags Image: Control Show Open Tags Details Layering Certificates Multi-State SL1 GAP SL2 Documents Notes Transaction Type: * Effective Date: Expiration Date: Ob/23/2016 Ob/23/2016 Ob/23/2016 Ob/23/2017 Open Ended: NO NAIC Number TEST INSURER NO 2 COVERAGES * Coverage Code - Description 400 SINGLE FAMILY DWELLING/DUPLEX - FIRE & ALLIED LINES EES Fee Name POLICY FEE NO INSPECTION FEE	 Print Selected Tags Invoice Date: 04/29/2016 	No items to display
Image: State of the	 Print Selected Tags Invoice Date: 04/29/2016 	No items to display
	 Print Selected Tags * Invoice Date: 04/29/2016 	☑ Respond to Selected Tags
Details Layering Certificates Multi-State SL1 GAP SL2 Documents Notes Transaction Type: Renewal Copyright Control of the second	* Invoice Date: 04/29/2016	
Transaction Type: Renewal 06/23/2016 06/23/2016 06/23/2017 Open Ended: NO NSURER Insurer Name NAIC Number TEST INSURER NO 2 NAIC Number COVERAGES * Coverage Code - Description COVERAGES * Coverage Code - Description Fee Name Fee Name POLICY FEE Insure Code - Description * Coverage Code - Description Fee Name Include in Precision POLICY FEE NO INSURCE NO INSURCE NO	* Invoice Date: 04/29/2016	
Renewal 06/23/2016 D6/23/2017 Open Ended: NO NSURER Insurer Name NAIC Number TEST INSURER NO 2 COVERAGES * Coverage Code - Description 400 SINGLE FAMILY DWELLING/DUPLEX - FIRE & ALLIED LINES Fee Name POLICY FEE NO INSPECTION FEE NO	04/29/2016	
Open Ended: NO Insurer Name NAIC Number TEST INSURER NO 2 NAIC Number COVERAGES COVERAGES * Coverage Code - Description 400 SINGLE FAMILY DWELLING/DUPLEX - FIRE & ALLIED LINES EES Fee Name Include in Pret (Subject to Tax POLICY FEE POLICY FEE NO INSPECTION FEE NO		Multiple Insurer: NO
TEST INSURER NO 2	·	Status
TEST INSURER NO 2 COVERAGES * Coverage Code - Description 400 SINGLE FAMILY DWELLING/DUPLEX - FIRE & ALLIED LINES FEES Fee Name POLICY FEE NO NO	r	Status
OVERAGES * Coverage Code - Description 400 SINGLE FAMILY DWELLING/DUPLEX - FIRE & ALLIED LINES EES Fee Name Include in Prec SUBJECT To Tai POLICY FEE NO INSPECTION FEE		
* Coverage Code - Description 400 SINGLE FAMILY DWELLING/DUPLEX - FIRE & ALLIED LINES EES Fee Name Include in Pret (Subject to Tat POLICY FEE NO		
400 SINGLE FAMILY DWELLING/DUPLEX - FIRE & ALLIED LINES EES POLICY FEE NO INSPECTION FEE NO		* Premiur
Fee Name Include in Prec (Subject to Tal NO POLICY FEE NO INSPECTION FEE NO		\$2,600.0
Fee Name Include in Prei (Subject to Tax POLICY FEE NO INSPECTION FEE NO	Gross Pren	nium: \$2,600.00
POLICY FEE NO INSPECTION FEE NO	mium x)	Fee Amount
INSPECTION FEE NO		\$0.00
		\$0.00
BROKER FEE NO		\$0.00
OTHER FEES NO		\$0.00
Taxa Es	Total	Fees: \$0.00 'ees): \$2,600.00 (3%): \$78.00 Fee: \$5.20

Transaction Details Screen with Edit Button

Save the renewal to your account if you are not ready to submit the transaction to the SLA or you can save the changes and continue with the wizard to the documents page. The Documents tab allows you to upload required documents and complete the online forms.

Documents Tab

		Document	ts Screen		
					CANOLOGIC TT.
DME POLICIES SUBMISSIONS T	AGS ACCOUNT F	REPORTS ANALYTICS U	JSERS CONTACTS	HE	LP SETTINGS LOGO
u are logged in as PATBRK, on behalf of [848	6] TEST (TEST), SAN FRAM	VCISCO.			[Change Locatio
Transaction saved successfully for Policy	Number ABC ABC.				
Create Renewal Wi	zard				
Create Renewal Wizard					
1: Options 2: Policy	Details	3: Transaction Details	4: Documents	5: Verify and	Submit
Policy / Binder Numb	er: ABC ABC		Multi-State Policy	r: NO	Change
Policy Typ	be: Standard	Change	Multiple Insurers	5: NO	Change
Primary Insured Nan	ne: TEST ENVIRONMEN	т	Exempt Commercial Purchase	r: NO	Chang
Insured Addre	ss: CA 94111		Insurer Name	E: TEST INSURER	
T	UNITED STATES		Total Premium	n: \$0.00	
I ransaction Typ	be: Renewal		Estimated CA SL State Tax	c: \$0.00	
Effective Da	te: 05/23/2017		Estimated Stamping Fee	e: \$0.00	
Expiration Da	te: 05/23/2018				
Coverage Cod	es: 500 GENERAL LIAB \$0.00	LITY - GENERAL LIABILITY			
pload supporting documentation for thi Il submitted Renewals must contain a De AP Form or other associated documents. our computer. Please select from the fol Transaction Documents	s Renewal transaction clarations Page/Binder You may complete and lawing options.	/Cover Note/Certificate as we submit SL1, SL2, and Gap For	tli as a completed SL1 Form. Some New Busin ms online or you can upload any required for	ess Policies may also re ms as well as other sup	equire an SL2 Form or porting documents fro
File Name 🔻	Document Types		Upload Date Upload	led By File Size	Pages
H 4 0 F H					No items to display
Upload a Document					
Select file Online SL Forms		Note: Files must be less th	an 10MB in size and in one of the following fo	ormats: TIFF, PDF, PNG	, PDF/A, or JPG/JPEG.
Complete SL1 Form	🖍 Complet	te SL2 Form	Complete GAP Form		
< Back				Save	for Later Next >

Adding and Uploading Documents

Select the file to be uploaded and the document type checklist will display below the selected file. After checking the associated forms, click the Upload button. You can associate more than one document to a pdf.

Document Type Checklist						
Document Type(s):						
Declara	ations Page or Binder or Certificate	Certificate to Master Policy	Other Document Type			
Endors	ement Document	🗌 Multi-State - Premium by State 🚯				
Syndica	ate List 🟮	SL1 Form				
Covers	heet	SL2 Form	·			
Invoice	Statement	GAP Form	Upload 🖉 Cancel			
Borden	eau 🟮	Multiple				

If you are uploading the SL forms, check the appropriate checkbox(es). **Remember that the upload will only be successful if the documents are less than 10MB in size and in a TIFF, PDF, PNG, PDF/A or JPG/JPEG format**.

The Transaction Documents section provides you with a list of documents uploaded with this transaction. To add document type(s), click on the Edit icon and the document type list will display again for additions/deletions.

If the SL checkboxes are not checked, the Complete SL1 Form, Complete SL2 Form or Complete GAP Form buttons are enabled. You will need to complete the required forms before submission to the SLA. *(Note: original copies of the signed forms must still be maintained by your brokerage per Section 2190.3 of the California Code of Regulations.)*

As PATEINS, ON DEMAIL OF [EMES] TEST (TEST), SAM FRANCISCO.	You are togged in as PATRING, on Denait or Jensey TEST (TEST), SAN FRANCISCO. Change Loc Image: Decimate of the structure of the s	You are togged in as PATRING, on Dehalt or [seed] TEST (TEST), SAN FRANCISCO. Change Loc Image: Delivery Provided in the second of t	You are togged in as PATRING, on Dehalt or (parked) TEST (TEST), SAN FRANCISCO. Change Loc Image: Decision of the state	You are togged in as PATRING, on Dehalt or [seed] TEST (TEST), SAN FRANCISCO. Change Loc Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Policy / Binder Number: ABC ABC Multi-State Policy: NO Policy Type: Standard Change Primary Insured Name: TEST ENVIRONMENT Insurer Name: TEST INSURER Insured Adness: CA 94111 Image: Delivery File 111520ER Image: Delivery File 2000 Estimated CA SL State Tax: 50.00 Estimated CA SL State Tax: 50.00 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewalts must contain a Declared Cover Note (Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or other associated documents. You may complete and submits SL1, SL2, and Gop Forms online or you can upload any required forms as well as other supporting documents for your completer. Reage select from the following aptions.	You are togged in as PATRING, on Dehalt or [seed] TEST (TEST), SAN FRANCISCO. Change Loc Image: Inservent and the second seco	You are togged in as PATRIXE, on Dehalt or [seed] TEST (TEST), SAN FRANCISCO. Change LOC Image: Description of the second of the sec	You are togged in as PATRING, on Dehalt or [seed] TEST (TEST), SAN FRANCISCO. Change Loc Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Image: Delivery File 11152015 18.pdf uploaded. Policy / Binder Number: ABC ABC Multi-State Policy: NO Change Primary Insured Name: TEST ENVIRONMENT Image: Delivery File 11152017 11152 11152017 Image: Delivery File 11152017 11152 11152017 Image: Delivery File 2000 Estimated CA SL State Tax: 50.00 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewalts must contain a Decloration. Dege/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form on one or option advants. Four any complete and submit SLI, SL2, and Gap Forms online or you can upload on y required forms as well as other supporting documents for this Sterements form on one option sociated documents. Folicis may objeter deal submit SLI, SL2, and Gap Forms online or you can	You are togged in as PATRING, on Dehails of Lesting Loss Change Loss Image: Loss of Lings of L	You are togged in as PATRING, on Dehalt or [seed] TEST (TEST), SAN FRANCISCO. Change Loc Image: Instruction of the second sec	You are togged in as PATRING, on Dehalt or [seed] TEST (TEST), SAN FRANCISCO. Change Loc Image: Instruction of the second sec	You are togged in as PATRING, on Dehalt or [seed] TEST (TEST), SAN FRANCISCO. Change Loc Image: Instruction of the second state of the second stat	You are togged in as PATRING, on Denait or (parked) TEST (TEST), SAN FRANCISCO. Change Loc Image: Decision of the state
ate Renewal Wizard s 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit s 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Prinary Insured Name: TEST ENVIRONMENT Multi-Bitstate Policy: N0 Change Insured Address: CA 94111 UNITED STATES N0 Change Transaction Type: Renewal Estimated CA SI. State Tax: S0: 00 Estimated CA SI. State Tax: S0: 00 Estimated CA SI. State Tax: S0: 00 Expiration Date: 05/23/2017 Estimated Stamping Fee: S0: 00 Estimated Stamping Fee: S0: 00 rting documentation for this Renewal transaction. Renewals must contain a Declorations Page/Binder/Cover Note/Certificate as well as a completed SI. 1 Form. Some New Business Policies may also require an SI2 Form or hor as swell as other supporting documents for. r. Pices estect from the following options. SI. 5 Size Pages Size Policy Bay Size Form 05/23/2016 PATBIK 177 K8 X Size Policy Bay Size Form 05/23/2016 PATBIK 177 K8 X Size Policy Bay Size Porm 05/23/2016	File 11192015 38.2pdf uplaaded. Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Policy / Binder Numee: ABC ABC Policy / Binder Number: ABC ABC Policy / Binder Number: ABC ABC Policy / Binder Numee: ABC ABC Policy /	Primary Incurred Name 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVRONMENT Insured Address: CA 94111 Insured Address: Change Insured Address: CA 94111 UNITED STATES Insurer Name: TEST INSURER UNITED STATES UNITED STATES Insurer Name: TEST INSURER UNITED STATES Estimated CA SI. State Tax: S0.00 Explication Date: 05/23/2017 Estimated CA SI. State Tax: S0.00 Explication Date: 05/23/2018 Estimated CA SI. State Tax: S0.00 Upload supporting documentation for this Renewal transaction. Estimated Stamping Fee: S0.00 Upload supporting documentation on colorations Poge/Binder/Cover Note/Certificate as well as a completed Si.1 Form. Some New Business Policies may also require an Si.2 Form or GAP Form or other associated Bournents. You yo complete and submit Si.1, Si.2, and Gap Forms on you can uplaced any required forms as we	File 11152015 38.2pdf uplaaded. Create Renewal Wizard 1: Options 2: Policy Details 2: Policy Type: Standard 4: Documents 5: Verify and Submit 4: Documents 7: Policy Type: Standard 7: Policy Type: Policy Ty	File 11152015 38.2pdf uplaaëde. Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit 5: Veri	Yelle 11192015 38.pdf uplaaded. Create Renewal Wizard 1: Options 2: Policy Details 7: Option 2: Policy Details 7: Option 2: Policy Details 7: Option 7: Policy / Binder Number: ABC ABC 7: Policy / Binder Number: ABC ABC 7: Policy / Dinder Number: ABC ABC ABC ABC ABC ABC 7: Policy / Dinder Number: ABC	File 11152015 38.2pdf uplaaded. Create Renewal Wizard 1: Options 2: Policy Details 7: Options 7:	File 11152015 38.2pdf uplaaëde. Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit	Yelle 11152015 38.pdf uplaaded. Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Policy Type: Standard Policy Type: Renewal Insured Name: TEST ElviNRONNENT Insured Name: TEST INSURER UNITED STATES Total Premium: S0.00 Expiration Date: 05/13/2017 Coverage Code: 05/00 EDERAL LIABILITY - GENERAL LIABILITY S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents for your computer. Please select form the following appring follower mode to prove the following appring followere form the following approximation fore this Renewal transaction.	Prior Create Renewal Wizard Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: EST ENVRONMENT Multiple Insurer: N0 Change Primary Insured Name: EST ENVRONMENT Insured Address: CA 94111 Insurer Name: TST INSURER UHTED STATES Total Premium: 50.00 Estimated CA 5I. State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Uplaad supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an 5L2 Form or 5QAP Form or you computer. Please select from the following options.	Prior Create Renewal Wizard Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: EST ENVRONMENT Multi-State Policy: N0 Change Primary Insured Name: EST ENVRONMENT Insured Address: Change Multi-State Policy: N0 Change Primary Insured Name: EST ENVRONMENT Insured Address: Change Multi-State Policy: N0 Change Transaction Type: Renewal Exempt Commercial Purchaser: N0 Change Total Premium: 50.00 Estimated CA St. State Tax: 50.00 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Poge/Binder/Cover Note/Certificate as well as a completed \$1:1 Form. Some New Business Policies may also require an \$12 Form or goar on upload any required forms as well as other supporting documents. You may complete and submit \$1:1, \$12, and Gap Forms on ine or you can uplaad any required forms as well as other supporting documents for your computer. Please select from the following options.	Prior Create Renewal Wizard Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: EST ENVIRONMENT Multiple Insurer: N0 Change Primary Insured Name: EST ENVIRONMENT Insured Address: C4 9111 Insured Name: EST INSURER UNITED STATES Total Premium: 50.00 Estimated CA SL State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed \$L! Form. Some New Business Policies may also require an SL2 Form or gafer form or solution and prepare and supporting documents for your computer. Please select from the following options.	File 11132015 38.2pdf uplaaëde. Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Policy / Binder Number: TEST EN/IRONWENT Insure Address: CA 94111 Usure Address: CA 94111 Usure State 50.00 Transaction Type: Renewal Extinated CAS State Tax So.00 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals mut contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form on their associated documents, fro your computer. Please select from the following option.
ate Renewal Wizard s 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit solicy / Binder Number: ABC ABC Multi-State Policy: N0 Change Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST EN/IRONNENT Multi-State Policy: N0 Change Insured Addres: CA 94111 Multi-State Policy: N0 Change Primary Insured Name: TEST EN/IRONNENT Insurer Name: TEST INSURER Insured Addres: CA 94111 Unitro 517125 Total Premium: 50.00 Transaction Type: Renewal Estimated CA SL State Tax: 50.00 Estimated Stamping Fee: 50.00 Exempt Commentation for this Renewal transaction. Estimated Stamping Fee: 50.00 State Tax: 50.00 rting documentation for this Renewal transaction. Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$LT Form. Same New Business Policies may also require an \$L2 Form or there associated documents. You may complete and submit \$L1, \$L2, and Gap Forms anline or you can upload any required forms as well as other supporting documents fr *. Please select from the following option: State Tax: 50, 50 Pate State	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Primary Insured Name: TEST EN/IRONNENT Insured Addres: CA 94111 Insured Addres: CA 94111 Insured Name: TEST EN/IRONNENT Insured Addres: CA 94111 Insured Name: TEST EN/IRONNENT Insured Addres: CA 94111 Insured Name: TEST BI/IRONNENT Exempt Commercial Purchaser: NO Cha Primary Insured Addres: CA 94111 Insured Name: TEST BI/IRONNENT Insured Addres: CA 94111 Insured Name: TEST BI/IRONNENT Insured Addres: CA 94111 Insured Name: TEST BI/IRONNENT Exempt Commercial Purchaser: NO Cha Primary Insured Addres: CA 94111 Insured Name: TEST BI/IRONNENT Insured Addres: CA 94113 Insured Addres: S0 0.0 Extinated CA 95.17607 Insured CA 95.17607 Insured CA 95.17607 Insured CA 95.17607 Insured Addres: S0 0.0 Extinated Stamping Fee: \$0.00 Insured Addres: S0 0 CENERAL LIABILITY - GENERAL LIABILITY Coverage Code: \$50372017 Insure	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Primary Insured Name: TEST EN/IRONNENT Insured Addres: ICA 94111 Insured Insured Instituted I	Create Renewal Wizard Create Renewal	Create Renewal Wizard Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Policy / Binder Number: ABC ABC Policy / Binder Number: ABC ABC Primary Insured Name: TEST EN/IRONNENT Insured Address: CA 94111 Insured Address: CA 94111 Insured Address: CA 94111 Insured Name: TEST EN/IRONNENT Insured Name: TEST EN/IRONNEN	Create Renewal Wizard Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Policy Type: Standard Policy Type: Standard Primary Insured Name: TEST ENRONMENT Insured Address: CA 94111 Unsured Addres	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Policy / Binder Number: ABC ABC Policy / Binder Number: ABC ABC Primary Insured Name: TEST EN/IRONMENT Exempt Commercial Purchaser: NO Chan Primary Insured Name: TEST EN/IRONMENT Insured Name: TEST EN/IRONMENT Exempt Commercial Purchaser: NO Chan Exempt Commercial Purchaser: NO Chan Exempt Commercial St. State Tax 5: Verify and Submit Exempt Commercial Purchaser: NO Chan Exempt Commercial Purchaser: NO Exempt Commercial Purchaser Exempt Commercial Purchaser: NO Exempt Comme	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Primary Insured Mame: TEST EN/IRONNENT Insured Address: CA 94111 Insured Address: CA 94112 Insured Address: CA 94111 Insured Address: CA 94111 Insured Address: CA 94111 Insured Address: CA 94111 Insured Address: CA 94112 Insured Address: CA 94111 Insured Address: CA 94112 Insured I	Create Renewal Wizard Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Policy / Binder State Policy: N0 Change Primary Insured Name: TEST BINRONMENT Insured Address: CA 94111 Unsured Address: CA	Create Renewal Wizard Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Policy Type: Standard Policy / Binder Number: ABC ABC Policy Type: Standard Policy / Binder Number: ABC ABC Policy Type: Standard Policy / Binder Number: ABC ABC Policy Type: Standard Policy / Binder Number: ABC ABC Policy Type: Standard Policy / Binder Number: ABC ABC Policy / Bind	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Primary Insured Name: TEST EN/IRONMENT EST EN/IRONMENT Insured Address: CA 94111 Insurer Name: TEST EN/IRONMENT Insured Address: CA 94111 Insurer Name: TEST EN/IRONMENT Insured Address: CA 94111 Insurer Name: TEST EN/IRONMENT Estimated CA 5. State Tax EST INSURR UNITED STATES Estimated CA 5. State Tax 5: Verify and Submit EST INSURR UNITED STATES Estimated CA 5. State Tax 5: 0:00 Estimated CA 5. State Tax 5: 0:00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Finder / Cover Note / Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require an \$1.2 Form or govern upland any required forms as well as other supporting documents for your computer. Please select from the following options.	Create Renewal Wizard Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Policy Type: Standard Policy / Binder Number: ABC ABC Policy Type: Standard Policy / Binder Number: ABC ABC Policy Type: Standard Policy / Binder Number: ABC ABC Policy Type: Standard Policy / Binder Number: ABC ABC Policy Type: Standard Policy / Binder Number: ABC ABC Policy Policy / Binder Number: ABC ABC Policy	Create Renewal Wizard Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details Policy / Binder Number: ABC ABC Primary Insured Name: TEST EN/RENMENT Insured Addres: CA 94111 Insured Addres: CA 94111 Insured Name: TEST EN/RENMENT Exempt Commercial Purchaser: N0 Chan Primary Insured Name: TEST EN/RENMENT Insured Name: TEST INSURER Utility State Policy: N0 Chan Primary Insured Name: TEST EN/RENMENT Insured Addres: CA 94111 Utility State Policy: N0 Chan Exempt Commercial Purchaser: S0.00 Exploration Date: 05/23/2017 Exploration Date: 05/23/2017 Coverage Code: 500 GENERAL LLABILITY S0.00 Upload supporting documentation of this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Some New Susiness Policies may also require an \$1.2 Form or GAP Form or other associated documents. You may complete and submit \$1.1, \$1.2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please setel (The on the following pations.
Account State S: Verify and Submit s 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVRONMENT Multi-State Policy: N0 Change Primary Insured Name: TEST ENVRONMENT Insurer Name: TEST ENVRONMENT Change Insured Address: CA 94111 Insurer Name: TEST INSURER Change UNITED STATES Total Premium: 50.00 Estimated CA SL State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Estimated Stamping Fee: 50.00 Invoice Date: 05/23/2018 Estimated Stamping Fee: 50.00 Estimated Stamping Fee: 50.00 rther associated documents: You yoonpicte and abmit St.1, St.2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr Press estect from the following options. ther associated documents: St.1 Form, St.2 Form 05/23/2016 PATBIC 177 KB X St.1 St.2 Form 05/23/2016 PATBIC 177 KB X <	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Change Multi-State Policy: NO Change Primary Insured Name: TEST EMNRONMENT Multiple Insurers: NO Change Insured Address: CA 94111 UNITED STATES Multiple Insurers: NO Change Transaction Type: Renewal Estimated CA St. State Tax: S0.00 Estimated CA St. State Tax: S0.00 Estimated Stamping Fee: S0.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: S0.00 Estimated Stamping Fee: S0.00 Uplead supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed St.1 Form. Some New Business Policies may also require an St.2 Form or Syour computer. Please select from the following options. Transaction Documents St.1, St.2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options. Transaction Documents Etimate Documents St.1, St.2, and Gap Forms on you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TST ENVIRONMENT Multiple Insurers: N0 Change Primary Insured Name: TST ENVIRONMENT Insured Address: CA 94111 Insurer Name: TST INSURER UNITED STATES Total Premium: 50.00 Estimated CA 51. State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 United State: 50.01/2017 Estimated Stamping Fee: 50.00 Uplead supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require an \$1.2 Form or gal/Porm or shore sare sacciated and submit \$1.1, \$1.2, and Gap Forms online or you can upland any required forms as well as other supporting documents. You may complete and submit \$1.1, \$1.2, and Gap Forms on you can upland any required forms as well as ther supporting documents for your computer. Please select from the following options. Transaction Documents State may complete and submit \$1.1, \$1.2, and Gap Forms on you can upland any required forms as well as other suporting documents for your computer. Please sel	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: NO Change Primary Insured Name: TEST ENVRONMENT Multi-State Policy: NO Change Primary Insured Name: TEST ENVRONMENT Insurer Name: TEST INSURER UNITED STATES Total Premium: 50.00 Change Exempt Commercial Purchaser: NO Change Insurer Name: TEST INSURER Insurer Name: TEST INSURER UNITED STATES Total Premium: 50.00 Estimated CA SL State Tax: 50.00 Expiration Date: 05/23/2017 Estimated CA SL State Tax: 50.00 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require on SL2 Form or SUP rans on the policy string documents for your computer, Pieses select from the following options.	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVRONMENT Multi-State Policy: N0 Change Primary Insured Name: TEST ENVRONMENT Insurer Name: TEST INSURER Change UNITED STATES Multi-State Policy: N0 Change Change Primary Insured Name: TEST ENVRONMENT Insurer Name: TEST INSURER Change UNITED STATES Transaction Type: Renewal Exempt Commercial Purchaser: N0 Change Expiration Date: 05/23/2017 Estimated CA SL State Tax: S0.00 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or solar associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can uplaced any required forms as well as other supporting documents for your computer. Pieses exiect from the following options.	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multi-State Policy: N0 Change Insured Address: C.4 94111 Multi-State Policy: N0 Change Insured Address: C.4 94111 Multi-State Policy: N0 Change Exempt Commercial Purchaser: N0 Change Exempt Commercial Purchaser: N0 Change Exempt Commercial Purchaser: N0 Change Exempt Commercial Purchaser: N0 Change Exempt Commercial Purchaser: N0 Change Exempt Commercial Purchaser: N0 Change Exempt Commercial Purchaser: N0 Change Exempt Commercial Purchaser: N0 Change Exempt Commercial Purchaser: N0 Change Exempt Commercial Purchaser: N0 Change Exempt Commercial Purchaser: S0.00	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVRONMENT Multi-State Policy: N0 Change Primary Insured Name: TEST ENVRONMENT Insured Address: CA 94111 Insurer Name: TEST INSURER UNITED STATES Total Premium: 50.00 Estimated CA SL State Tax: 50.00 Expiration Date: 05/23/2017 Estimated CA SL State Tax: 50.00 Expiration Date: 50.00 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form on SU2 Form on you can upload any required forms as well as other supporting documents. You may complete and submit SL1, SL2, and Cap Forms online or you can upload any required forms as well as other supporting documents. You may complete and submit SL1, SL2, and Cap Forms online or you can upload any required forms as well as other supporting documents. You may complete and submit SL1, SL2, and Cap Forms online or you can upload any required forms as well as other supporting documents. You may complete and submit SL1, SL2, and Cap Form sonline or you can upload any r	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVRONMENT Multi-State Policy: N0 Change Primary Insured Name: TEST ENVRONMENT Insurer Name: TEST INSURER Change UNITED STATES Multi-State Policy: N0 Change Change Primary Insured Name: TEST ENVRONMENT Insurer Name: TEST INSURER Change UNITED STATES Transaction Type: Renewal Exempt Commercial Purchaser: N0 Change Expiration Date: 05/23/2017 Estimated CA SL State Tax: S0.00 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or other associated accuments, for amy complete and submit SLI, SL2, and Gap Forms online or you can uplaced any required forms as well as other supporting documents.	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multi-State Policy: N0 Change Primary Insured Address: CA 94111 Multi-State Policy: N0 Change Insured Address: CA 94111 Multi-State Policy: N0 Change Insured Address: CA 94111 Multi-State Policy: N0 Change Exempt Commercial Purchaser: N0 Change Exempt Commercial Purchaser: N0 Change Insured Address: CO-272/2017 Estimated CA 5t, State Tax: 50.00 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed St.1 Form. Some New Business Policies may also require an Si.2 Form or GAP Form or other associated documents. Tou may complete and submit St.1, St.2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Plese select from the following application.	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurers: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurers: N0 Change Insured Address: CA 94111 UNITED STATES Multiple Insurers: N0 Change Transaction Type: Renewal Estimated CA SL State Tax: S0.00 Estimated CA SL State Tax: S0.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: S0.00 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Elinder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or GAP Form or other associated documents. You may complete and submit \$L1, \$L2, and Gap Forms on ine or you can upload any required forms as well as other supporting documents for your computer. Pieses select from the following options.	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurers: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurers: N0 Change Insured Address: CA 4111 UNITED STATES Multiple Insurers: N0 Change Transaction Type: Renewal Estimated CA SL State Tax: S0.00 Estimated CA SL State Tax: S0.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: S0.00 Estimated Stamping Fee: S0.00 Uplead supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Filinder/Couer Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or GAP Form or other associated documents. You may complete and submit \$L1, \$L2, and Gap Forms on illine or you can uplaad any required forms as well as other supporting documents for your computer. Pieses select from the following options.	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurers: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurers: N0 Change Insured Address: CA 94111 UNITED STATES Multiple Insurer Name: TST INSURER Insurer Address: CA 94111 UNITED STATES Total Premium: S0.00 Exempt Commercial Processor S0/21/2/017 Estimated CA SL State Tax: S0.00 Expiration Date: 05/21/2/018 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAPF Form or sonter associated documents. You may complete and submit SL1, SL2, and Gap Forms antine or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Create Renewal Wizard 1: Options 2: Policy Details 3: Transaction Details 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENMONMENT Multiple Insurers: N0 Change Primary Insured Name: TEST ENMONMENT Multiple Insurers: N0 Change Insured Address: CA 44111 Multiple Insurers: N0 Change Insured Address: CA 44111 Multiple Insurers: N0 Change Insurer Name: Total Premium: 50.00 Estimated CA 5I. State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed 51.1 Form. Some New Business Policies may also require an 51.2 Form or GAP Form or other associated documents. You may compute and submit 51.1, 52.2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your can upload for the biologing appring.
Is 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST EN/RONMENT Multiple Insurers: N0 Change Primary Insured Name: TEST EN/RONMENT Exempt Commercial Purchase: N0 Change Insured Addres: CA 94111 Insurer Name: TEST IN/RONMENT Change Insured Addres: CA 94111 Insurer Name: TEST IN/RONMENT Change Exempt Commercial Purchase: N0 Change Change Transaction Type: Renewal Estimated CA SL State Tax: S0.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: S0.00 Expiration Date: 05/23/2018 Estimated Stamping Fee: S0.00 Invoice Date: 05/31/2017 Coverage Code:: S00 CENERAL LIABILITY - GENERAL LIABILITY So.00 Estimated Stamping Fee: S0.00 Estimated Stamping Fee: S0.00 rting documentation for this Renewal transaction. Renewal: Ac ac completed SL1 Form. Some New Budness Policies may also require on SL2 Form or ther associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr <	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Advess: CA 94111 Multi-State Policy: N0 Change Primary Insured Advess: CA 94111 Insurer Advess: N0 Change Insured Advess: CA 94111 Insurer Name: TEST ENRONMENT Insurer Name: N0 Change Insured Advess: CA 94111 Insurer Name: TEST ENRONMENT Insurer Name: N0 Change Insured Advess: CA 94111 Insurer Name: TEST ENRORM Change Extempt Commercial Purchaser: N0 Change Insured Advess: CA 94111 Insurer Name: TEST ENRORM Extempt Commercial Purchaser: N0 Change Insure Name: Estimated CA SL State Tax: S0.00 Estimated CA SL State Tax: S0.00 Estimated Stamping Fee: S0.00 Estimated Stamping Fee: S0.00 S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/ Binder / Cover Note / Certificate as well as a completed SL 1 For	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Pulleti-State Policy: No Change Primary Insured Ame: TEST ENRRONMENT Multi-State Policy: No Change Primary Insured Ame: TEST ENRRONMENT Insurer Name: NO Change UNTED STATES UNTED STATES Total Premium: S0.00 Cestimated State S0.00 Exempt Commercial Purchase: 50.00 Estimated Sta State Tax: S0.00 Estimated State S0.00 Uplead supporting documentation for this Renewal transaction. All submitted Renewals and submit S1, S12, and Gap Forms online or you can upload any required forms as well as other supporting documents. You may complete and submit S1, S12, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options. Transaction Documents State Tax: State Tax: State Tax: Multiple Insurer State Tax: State Tax: State Tax: State Tax: Uplead supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed St.1 Form. Some New Business Policies may also require an St.2 Form or four your computer. Pleas	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST EN/RONMENT Multi-State Policy: N0 Change Primary Insured Address: CA 94111 Insured Address: N0 Change Insured Address: CA 94111 Insurer Name: TST EN/RONMENT Total Premium: 50.00 Expiration Date: 05/21/2017 Estimated CA SL State Tax: 50.00 Estimated CA SL State Tax: 50.00 Expiration Date: 05/21/2018 Estimated CA SL State Tax: 50.00 Estimated CA SL State Tax: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must conclaration Page/Binder/Cover Note/Certificate as well as a completed SL Form. Some New Business Policies may also require an SL2 Form or GAP Forms online or you can upload any required forms as well as other supporting documents. For must complete documents. To may complete and submit SL1, SL2, and Gap Forms online or you can upland any required forms as well as other supporting documents for your computer. Pieses select from the following options.	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST EH/IRONMENT Multi-State Policy: N0 Change Primary Insured Address: CA 94111 Insured Address: N0 Change Insured Address: CA 94111 Insurer Name: TST EN/IRONMENT Total Premium: 50.00 Externated CA State Tax: 50.721/2017 Estimated CA State Tax: 50.00 Estimated CA State Tax: 50.00 Expiration Date: 05/321/2017 Estimated CA State Tax: 50.00 Estimated CA State Tax: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declaration Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies: may also require on SL2 Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your completer. Prese select from the following options.	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurers: N0 Change Insured Address: CA 94111 UNITED STATES Multiple Insurers: N0 Change Transaction Type: Renewal Estimated CA SL State Tax: S0.00 Estimated CA SL State Tax: S0.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: S0.00 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder /Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other mascideed documents. Tou may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your can uplot on the following options.	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Advess: CA 94111 Multi-State Policy: N0 Change Primary Insured Advess: CA 94111 Insurer Name: N0 Change UNITED STATES Insurer Name: Total Premium: 50.00 Change Extempt Commercial Purchaser: N0 Change Change Insured Advess: CA 94111 Insurer Name: Total Premium: 50.00 Experiation Date: 05/23/2018 Estimated ASI. State Tax: 50.00 Invoice Date: 05/31/2017 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must conclarations Age/ Binder /Cover Note /Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or Super sascellar documents: SL1, SL2, and Cap Form sonline or you can upload any required forms as well as other supporting as well as other supporting as well as other supporting former tax well as other supporting forms and well as other supporting former tax well as other supporting former tax well as other supporting former tax well as other supporting formere tax well as other supporting fore tax supporting fore	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Address: CA 94111 Multi-State Policy: N0 Change Primary Insured Address: CA 94111 Insured Address: N0 Change Insured Address: CA 94111 Insurer Name: TST INVERR Change Insured Address: CA 94111 Insurer Name: TST INVERR Change Extempt Commercial Purchaser: N0 Change Change Estimated CA SL State Tax: S0.00 Estimated Stamping Fee: S0.00 Estimated Stamping Fee: S0.00 Estimated Ca submit State Policies: S0.00 Estimated Ca submit State Policies: State Tax:	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Policy / Dirity Type: Standard Change Multi-State Policy: N0 Change Primary Insured Name: TEST EN/IRONMENT Exempt Commercial Purchaser: N0 Change Insured Address: CA 94111 Insurer Name: TEST IN/IRONMENT Change Insured Address: CA 94111 Insurer Name: TEST IN/IRONMENT Change Insured Address: CA 94111 Insurer Name: TEST IN/IRON Change Transaction Type: Renewal Estimated CA SL State Tax: S0.00 Estimated Stamping Fee: S0.00 Upland supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. Tou may complete and submit SL1, SL2, and Gap Forms online or you can uplaced any required forms as well as other supporting documents for your can uplace form the following appring.	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Insurer Name: N0 Change Insured Address: CA 94111 UNITED STATES Insurer Name: TO Class Transaction Type: Renewal Estimated CA SL State Tax: S0.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Poge/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or sparse online or you can uplaad any required forms as well as other supporting documents. For upporting documents, for your computer. Please select from the following options.	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Policy / Binder Number: Stata Address: Change Multi-State Policy: N0 Change Primary Insured Name: TEST ENVRONMENT UNITED STATES Multi-State Policy: N0 Change Insurer Name: Transaction Type: Renewal Exempt Commercial Purchaser: N0 Change Expiration Date: 0/12/2017 Estimated ASI. State Tax: 0.0 Estimated SI. SI. State Tax: 0.0 Expiration Date: 0/12/2018 Estimated SI. SI. State Tax: 0.0 Estimated Stamping Fee: 50.00 Uplad supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations: Page/Binder/Cover Note/Certificate as well as a completed SI.1 Form. Some New Business Policies may also require an SI.2 Form or source propure. Please select from the following options.	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Policy / Binder Number: EST ENVIRONMENT Multi-State Policy: N0 Change Primary Insured Anddress: CA 9411 UNITED STATES Multi-State Policy: N0 Change Insured Address: CA 9411 UNITED STATES Insurer Name: TEST INSURER Change Insured Name: Transaction Type: Renewal Estimated CA SL State Tax: N0 Change Expiration Date: 05/23/2017 Estimated CA SL State Tax: S0.00 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Poge/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Forms on them associated and submit SL1, SL2, and Gap Forms on ine or you can upload any required forms as well as other supporting documents, for your computer. Pieses select from the following options.	1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Policy / Binder Number: ABC ABC Change Multi-State Policy: N0 Change Primary Insured Name: TEST EN/IRONMENT Change Multi-State Policy: N0 Change Insured Address: CA 94111 Insurer Name: TEST INSURER Change Multi-State Policy: N0 Change Transaction Type: Renewal Estimated CA SL State Tax: S0.00 Estimated Stamping Fee: S0.00 Uplead supporting documentation for this Renewal transaction. S0.00 Estimated SL Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can uplaced any required forms as well as other supporting documents for your can uplace form the following options.
Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVRRONMENT N0 Change Multiple Insurers: N0 Change Primary Insured Name: TEST ENVRRONMENT Exempt Commercial Purchaser: N0 Change Insured Address: CA 94111 Insurer Name: TEST INSURER Change UNITED STATES Total Premium: 50.00 Estimated CA SL State Tax: 50.00 Expiration Date: 05/23/2017 Estimated State Policy: 0.00 Estimated State Policy: 0.00 Immose Date: 05/23/2018 Estimated State Tax: 50.00 Estimated State Policy: 0.00 It is accompleted document. Solo GENERAL LIABILITY - GENERAL LIABILITY: Solo GENERAL LIABILITY: Solo GENERAL LIABILITY: Solo GENERAL Commercial Barrow on Solo Commercial Promotions Poger Binder / Cover Note / Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form on their associated documents: You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr. there associated documents: Types Upload Bate Uploaded By File Size Pages SL1 Form. SL2 Form SL1 Form.	Policy / Binder Number: ABC ABC Multis-State Policy: NO Change Policy / Binder Number: ABC ABC Multis-State Policy: NO Change Primary Insured Name: TEST EMNRONMENT Multiple Insurers: NO Change Primary Insured Name: TEST EMNRONMENT Exempt Commercial Purchaser: NO Change Insured Address: CA 94111 UNITED STATES Insurer Name: TEST INSURER Transaction Type: Renewal Estimated CA SL State Tax: S0.00 Estimated CA SL State Tax: S0.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: S0.00 Estimated Stamping Fee: S0.00 Uplead supporting documentation for this Renewal transaction. All submitted Renewals documents. You may complete and submit SL1, SL2, and Gap Forms online or you can uplead any required forms as well as their supporting documents for your computer. Please select from the following options. Transaction Documents Document Tupes Uplead Bate Uplead Bate Uplead Bate Tele State Tele State If is Name * Document Tupes Document Tupes Document Tupes Pages Pages	Policy / Binder Number: ABC ABC Policy / Binder Number: ABC ABC Policy / Diversion Change Primary Insured Name: TEST ENVIRONMENT Insured Address: CA 94111 UNITED STATES Insurer Name: Transaction Type: Renewal Expiration Date: 05/23/2017 Expiration Date: 05/23/2018 Invice Date: 05/23/2018 Estimated CA SL State Tax: 50.00 Uplead supporting documentation for this Renewal transaction. Estimated Stamping Fee: 50.00 Uplead supporting documentation for this Renewal transaction. All submitted Renewals documents. You may complete and submit SL1, SL2, and Gap Forms online or you can uplead any required forms as well as other supporting documents for your any complete. Transaction Documents. Not State State Tax: Supporting documents for may complete and submit SL1, SL2, and Gap Forms on you can upland any required forms as well as ther supporting documents for your computer. Please select from the following options.	Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TST ENVRONMENT Multiple Insurers: N0 Change Primary Insured Name: TST ENVRONMENT Exempt Commercial Purchaser: N0 Change UNITED STATES UNITED STATES Total Premium: S0.00 Change Expiration Date: 05/23/2017 Estimated CA SL State Tax: S0.00 Estimated CA SL State Tax: S0.00 Invoice Date: 05/23/2017 Estimated Stamping Fee: S0.00 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must conclarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require on SL2 Form or sourcomputer. Pieses select from the following options.	Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TST ENVRONMENT Multiple Insurers: N0 Change Primary Insured Name: TST ENVRONMENT Exempt Commercial Purchaser: N0 Change UNITED STATES UNITED STATES Change Multiple Insurers: N0 Change UNITED STATES UNITED STATES Total Premium: S0.00 Change Change Expiration Date: 05/23/2017 Estimated CA SL State Tax: S0.00 Change Change<	Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurers: N0 Change Primary Insured Address: CA 94111 UNITED STATES Busurer Name: TEST INSURER UNITED STATES Total Premium: S0.00 Change Effective Date: 05/23/2017 Estimated CA SL State Tax: S0.00 S0.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: S0.00 S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder / Cover Note / Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may compilete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fry our computer. Please select from the following options.	Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurer: N0 Change Primary Insured Address: CA 94111 Insurer Atame: TO Change UNITED STATES N0 Change Change Multiple Insurer: N0 Change UNITED STATES UNITED STATES Total Premium: 50.00 Change Change Expiration Date: 05/23/2017 Estimated CA SL State Tax: 50.00 Change Change Immose Date: 05/23/2017 Estimated Stamping Fee: 50.00 Change	Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TST ENVRONMENT Multiple Insurers: N0 Change Primary Insured Name: TST ENVRONMENT Exempt Commercial Purchaser: N0 Change UNITED STATES UNITED STATES Insurer Name: TEST INSURER Change UNITED STATES Total Premium: 50.00 Estimated CA SL State Tax: 50.00 Expiration Date: 05/23/2017 Estimated CA SL State Tax: 50.00 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. Sono Sono State Tax: Sono Upload supporting documentation or other associated documents. You may complete and submit 5L1, 5L2, and Cap Forms online or you can upload any required forms as well as other supporting documents for sone well as other supporting documents for this Renewal transaction.	Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurers: N0 Change Primary Insured Name: TEST ENVIRONMENT Exempt Commercial Purchaser: N0 Change Insured Address: CA 94111 UNITED STATES Busurer Name: TEST INSURE R Change Transaction Type: Renewal Extimated CA St. State Tax: 50.00 Change Expiration Date: 05/23/2017 Estimated CA St. State Tax: 50.00 S0.00 Expiration Date: 05/31/2017 Estimated Stamping Fee: 50.00 S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. Tou may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr	Policy / Binder Number: ABC ABC Policy / Binder Number: ABC ABC Policy Type: Standard Change Multi-State Policy: N0 Primary Insured Name: TEST ENVIRONMENT Insured Address: CA 94111 Insured Name: TST INSURER UNITED STATES Total Premium: 50.00 Expiration Date: 05/23/2017 Estimated CA SL State Tax: 50.00 Expiration Date: 05/23/2018 Estimated Stamping Fee: 50.00 Uplead supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Elinder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or source or you can upload any required forms as well as other supporting documents. For unay complete and submit \$L1, \$L2, and Gap Forms on inter or you can upload any required forms as well as other supporting documents. For unay complete and submit \$L1, \$L2, and Gap Forms on inter or you can upload any required forms as well as other supporting documents. For unay complete and submit \$L1, \$L2, and Gap Forms on inter or you can upload any required forms as well as other supporting documents. For unay complete and submit \$L1, \$L2, and Gap Forms on inter or you can upload any required forms as well as other supporting documents. For unay complete and submit \$L1, \$L2, and Gap Forms on inter or you can upload any required forms as well as other supporting documents. For an another supporting documents. For an another supporting d	Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurer: N0 Change Primary Insured Address: CA 94111 Insurer Name: TEST ENVIRONMENT Exempt Commercial Purchase: N0 Change Insured Address: CA 94111 UNITED STATES Dott Change Multiple Insurer Name: TEST INSURER UNITED STATES Total Premium: 50.00 Estimated CA SL State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Uplead supporting documentation for this Renewal transaction. Estimated Stamping Fee: 50.00 Uplead supporting document.tion row group Coller Ral LLABILITY - SONO Coller Ral LLABILITY - SONO Coller Ral LLABILITY - SONO Coller Rad LLABILITY - SONO Coller Rad LLABILITY - SONO State Tax: 50.00 Uplead supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Elinder/Couer Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or GAP Form or other associated documents. You may complete and submit \$L1, \$L2, and Gap Forms online or you can uplaad any required forms as well as other supporting documents for your computer. Pieses select from the following options.	Policy / Binder Number: ABC ABC Policy / Binder Number: ABC ABC Policy Type: Standard Change Multi-State Policy: N0 Primary Insured Name: TEST ENVIRONMENT Insured Address: CA 94111 Insurer Name: TST INSURER UNITED STATES Total Premium: 50.00 Expiration Date: 05/23/2017 Estimated CS State Tax: 50.00 Expiration Date: 05/23/2018 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Elinder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or sparse antine or you can upload any required forms as well as other supporting documents. For your computer. Please select from the following options.	Policy / Binder Number: ABC ABC Multi-State Policy: N0 Change Primary Insured Name: TEST ENVIRONMENT Multiple Insurers: N0 Change Primary Insured Name: TEST ENVIRONMENT Exempt Commercial Purchaser: N0 Change Insured Address: CA 494111 UNITED STATES Exempt Commercial Purchaser: TEST INSURER UNITED STATES Total Premium: \$0.00 Change Expiration Date: 05/23/2017 Estimated CA SL State Tax: \$0.00 Estimated Stamping Fee: \$0.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: \$0.00 Estimated Stamping Fee: \$0.00 Upload supporting documentation for this Renewal transaction. Multiple Insure Name: Page / Binder / Cover Note / Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require an \$1.2 Form or other associated documents. You may compute and submit \$1.1, \$1.2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your can uplear form the following apring.
Policy Type: Standard Change Primary Insured Name: TEST EM/IRONNENT Exempt Commercial Purchase: No Change Insured Address: CA 94111 Insured Address: CA 94111 Insured Address: CA 94111 UNITED STATES Total Premium: 50.00 Estimated CA 51. State Tax: 50.00 Expiration Date: 05/23/2017 Estimated CA 51. State Tax: 50.00 Expiration Date: 05/23/2018 Estimated Stamping Fee: 50.00 Invoice Date: 05/23/2018 Estimated Stamping Fee: 50.00	Policy Type: Standard Change Multiple Insurers: NO Change Primary Insured Name: TEST EM/RIGNMENT Exempt Commercial Purchaser: NO Change Insured Address: CA 94111 UNITED STATES Exempt Commercial Purchaser: NO Change Transaction Type: Renewal Estimated CA SL State Tax: SO.00 Estimated CA SL State Tax: SO.00 Expiration Date: 05/22/2017 Estimated Stamping Fee: SO.00 Imvice Date: 05/22/2018 Estimated Stamping Fee: SO.00 Upload supporting documentation for this Renewal transaction. SO.00 Estimated Stamping Fee: SO.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals output on some completer of SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or short social add comments. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as their supporting documents for your computer. Please select from the following options. Transaction Documents Transaction Documents Document Tupes Upload Date Upload State File State Pages	Primary Insured Name: TEST EMMRONNENT Change Multiple Insurers: NO Change Primary Insured Name: TEST EMMRONNENT Exempt Commercial Purchase: NO Change Insured Address: CA 94111 UNITED STATES Exempt Commercial Purchase: NO Change Transaction Type: Renewal State Tax:	Primary Insured Name: TEST ENVIRONMENT Change Multiple Insurers: NO Change Primary Insured Name: TEST ENVIRONMENT Exempt Commercial Purchaser: NO Change Insured Address: C.44111 UNITED STATES Exempt Commercial Purchaser: NO Change Transaction Type: Renewal Estimated CA St. State Tax: SO.00 Estimated CA St. State Tax: SO.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: SO.00 Coverage Codes: 500 GENERAL LLABULTY - GENERAL LLABULTY Estimated Stamping Fee: SO.00 Upload supporting documentation for this Renewal transaction. All subnitted Renewals must contain a Declarations. Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your can upload any required forms as well as other supporting documents for your completer. Please select from the following options.	Primary Insured Name: TEST ENVIRONMENT Change Multiple Insurers: NO Change Primary Insured Name: TEST ENVIRONMENT Exempt Commercial Purchaser: NO Change Insured Address: C.44111 UNITED STATES Insurer Name: TEST INSURER UNITED STATES Total Premium: 50.00 Estimated CA St. State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY - SONO Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or GAP Form or other associated documents. You may complete and submit \$L1, \$L2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your can upload any required forms as well as other supporting documents for your can upload any required forms as well as other supporting documents for your can upload any required forms as well as other supporting documents for your can upload any required forms as well as other supporting documents for your can upload any required forms as well as other supporting documents for your can upload any required forms as well as other supporting documents for your can upload any required forms as well as other supporting documents for your can upload any required forms as well as other supporting documents for your can upload any required forms as well as other supporting documents f	Image: Primary Insured Name: TEST ENVIRONMENT Change Multiple Insurers: NO Change Primary Insured Name: TEST ENVIRONMENT Exempt Commercial Purchaser: NO Change Insured Address: CA 94111 UNITED STATES Exempt Commercial Purchaser: Total Premium: S0.00 Transaction Type: Renewal Estimated CA SL State Tax: S0.00 Expiration Date: 05/32/2017 Estimated Stamping Fee: S0.00 Expiration Date: 05/31/2017 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may compilete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr	Image: Primary Insured Name: TEST ENVIRONMENT Primary Insured Name: TEST ENVIRONMENT Insured Address: CA 94111 UNITED STATES Exempt Commercial Purchase: Primary Insured Name: 0 Cha Insured Address: CA 94111 UNITED STATES Total Premium: Extinated CA 5L State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Unitoble State: 05/23/2018 Invoice Date: 05/23/2018 Unitoble State: 05/23/2018 Unitoble State: 05.00 Upload supporting documentation for this Renewal transaction. Sono State Tax: All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form on or other associated documents: Yun y complete and submit SL1, SL2, and Cap Forms online or you can upload any required forms as well as other supporting documents for the supporting documents for more start associated documents. You may complete and submit SL1, SL2, and Cap Forms online or you can upload any required forms as well as other supporting documents for the supporting	Image: Primary Insured Name: TEST ENVIRONMENT Change Multiple Insurers: NO Change Primary Insured Name: TEST ENVIRONMENT Exempt Commercial Purchaser: NO Change Insured Address: C.44111 UNITED STATES Insurer Name: TEST INSURER UNITED STATES Total Premium: 50.00 Expiration Date: 05/31/2017 Estimated CAS St. State Tax: 50.00 Expiration Date: 05/31/2017 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for	Image: Primary Insured Name: TEST ENVIRONMENT Change Multiple Insurers: NO Change Primary Insured Name: TEST ENVIRONMENT Exempt Commercial Purchaser: NO Change Insured Address: CA 94111 UNITED STATES Exempt Commercial Purchaser: NO Change Transaction Type: Renewal Extimated CA SL State Tax: SO.00 Extimated CA SL State Tax: SO.00 Expiration Date: 05/32/2017 Estimated Stamping Fee: SO.00 Coverage Codes: SO.00 Estimated Stamping Fee: SO.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. Tou may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr	Primary Insured Name: TEST ENVIRONMENT Change Multiple Insurers: NO Change Primary Insured Name: TEST ENVIRONMENT Exempt Commercial Purchaser: NO Change Insured Address: CA 94111 Insurer Name: TEST INSURER Change UNITED STATES Insurer Name: Total Premium: S0.00 Effective Date: 05/23/2017 Estimated CA SL State Tax: S0.00 Expiration Date: 05/23/2018 Estimated Stamping Fee: S0.00	Primary Insured Name: TEST ENVIRONMENT Change Multiple Insurers: NO Change Primary Insured Name: TEST ENVIRONMENT Exempt Commercial Purchase: NO Change Insured Address: CA 94111 UNITED STATES Exempt Commercial Purchase: NO Change Transaction Type: Renewal State Tax:	Primary Insured Name: TEST ENVIRONMENT Change Multiple Insurers: NO Change Primary Insured Name: TEST ENVIRONMENT Exempt Commercial Purchaser: NO Change Insured Address: CA 94111 UNITED STATES Exempt Commercial Purchaser: NO Change Transaction Type: Renewal Estimated CA SL State Tax: S0.00 Estimated Stamping Fee: S0.00 Expiration Date: 05/21/2018 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. Estimated Stamping Fee: S0.00	Image: Primary Insured Name: TEST ENVIRONMENT Change Multiple Insurers: NO Change Primary Insured Name: TEST ENVIRONMENT Exempt Commercial Purchaser: NO Change Insured Address: C494111 UNITED STATES Exempt Commercial Purchaser: NO Change Transaction Type: Renewal Estimated CAS State Tax: SO.00 Estimated CAS State Tax: SO.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: SO.00 Coverage Code: SO GE/ERAL LUABILITY - GENERAL LUABILITY - SO:00 Estimated Stamping Fee: SO.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed St.1 Form. Some New Business Policies may also require an St.2 Form or GAP Form or other associated documents. You may complete and submit St.1, St.2, and Gap Forms online or you can uplaced any required forms as well as other supporting documents for your can uplace forms the following approximation.
Primary Insured Name: TEST ENR/NOMENT Exempt Commercial Precision: 10 Chail Insured Address: C.4.94111 UNITED STATES Total Premium: 50.00 Transaction Type: Renewal Estimated CA SL State Tax: 50.00 S0.00 Effective Date: 05/73/2017 S0.00 Estimated Stamping Fee: 50.00 Invoice Date: 05/73/2017 S0.00 Estimated Stamping Fee: 50.00 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY S0.00 Estimated Stamping Fee: 50.00 ring documentation for this Renewal transaction. S0.00 Estimated Stamping Fee: 50.00 Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form on there associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr. ense exelect from the following options. SL1 Form. SL2 Form SL3/2016 PATBRK 17 K8 ¥ SL3 Estimated SL2 PEF Declarations Page or Binder or Cartificate Sr(23/2016) PATBRK 17 K8 ¥	Primary insured Name: TEST ENRONMENT Exempt Commercial Purchaser: N0 Cha Insured Address: C49111 UNITED STATES Insurer Name: TEST INSURER UNITED STATES Total Premiur: S0.00 Effective Date: 05/23/2018 Estimated CA SL State Tax: S0.00 Invoice Date: 05/31/2017 Estimated Stamping Fee: S0.00 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY S0.00 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr your computer. Please select from the following options. Transaction Documents File Name * Document Tupes	Primary insured Name: TEST ENRONMENT Insured Address: CAM Insure Name: Test INSURE Insure Name: Test INSURE Insure Name: Com Insure Name: <	Primary Insured Name: TEST ENROWMENT Exempt Commercial Purchaser: NO Chail Insured Address: C49H11 Insurer Name: TEST INSURER Insurer Name: TEST INSURER UNITED STATES Insurer Name: TEST INSURER Insurer Name: TEST INSURER OTransaction Type: Renewal Estimated CA SL State Tax: S0.00 Expiration Date: 05/31/2017 Estimated Stamping Fee: S0.00 Invoice Date: 05/31/2017 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Pieces elect from the following aptions.	Primary Insured Name: TEST ENROWMENT Exempt Commercial Purchaser: NO Chai Insured Address: C49111 Insurer Name: TEST INSURER Insurer Name: TEST INSURER UNITED STATES Insurer Name: TEST INSURER Insurer Name: TEST INSURER Effective Date: 05/23/2017 Estimated CA SL State Tax: 50.00 Excerpt Commercial Purchaser: NO Chai Estimated CA SL State Tax: 50.00 Invoice Date: 05/23/2017 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals mut contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Same New Business Policies may also require an SL2 Form or GAP Form on other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Primary Insured Name: TEST ENROWENT Exempt Commercial Purchaser: N0 Chain Insured Address: C. 494111 UNITED STATES Total Premium: 50:00 Transaction Type: Renewal Estimated CA SL State Tax: 50:00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50:00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50:00 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY - SONO Estimated Stamping Fee: 50:00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents from the following options.	Primary Insured Name: TEST ENROWMENT Exempt Commercial Purchaser: NO Chai Insured Address: CA 94111 Insurer Name: TEST INSURER Insurer Name: TEST INSURER UNITED STATES Insurer Name: TEST INSURER Insurer Name: TEST INSURER Extempt Commercial Purchaser: NO Chai Chai Transaction Type: Renewal Total Premium: 50.00 Estimated CA SL State Tax: 50.00 Exterpiration Date: 05/31/2017 Estimated Stamping Fee: 50.00 So.00 Invoice Date: 05/31/2017 Estimated Stamping Fee: 50.00 So.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or or or or other associated documents: Yu umay complete and submit SLI, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for this Renewals submits SLI, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for this Renewals submits SLI SUBMERT	Primary insured Name: TEST EV/RONMENT Exempt Commercial Purchaser: NO Chai Insured Address: C4 94111 Insurer Name: TEST INSURER Insurer Name: TEST INSURER UNITED STATES Insurer Name: TEST INSURER Insurer Name: TEST INSURER Effective Date: 05/23/2018 Estimated CA SL State Tax: 50.00 Invoice Date: 05/31/2017 Estimated Stamping Fee: 50.00 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY - SOLO - SOLO Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals mut contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for this Renewals	Primary Insured Name: TEST ENROWENT Exempt Commercial Purchaser: N0 Chain Insured Address: C4 94111 UNITED STATES Insurer Name: TEST INSURER UNITED STATES Insurer Name: TEST INSURER OE Externation Type: Renewal Estimated CA SL State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY S0:00 Source State Stamping Fee: 50.00	Primary Insured Name: TEST ENRONMENT Exempt Commercial Purchaser: NO Chan Insured Address: C.4.94111 UNITED STATES Total Premium: 50.00 Transaction Type: Renewal Estimated CA St. State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Expiration Date: 05/31/2017 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed \$L1 Form. Same New Business Policies may also require an \$L2 Form or gather sampled coursents. You any complete and submit \$L1, \$L2, and Gap Forms anline or you can upload any required forms as well as their supporting documents for your computer. Please select from the following options.	Primary Insured Name: TEST ENROWENT Exempt Commercial Purchaser: NO Chail Insured Address: CA 94111 Insurer Name: TEST INSURER UNITED STATES Insurer Name: TEST INSURER Expiration Date: 05/23/2017 Estimated CA 5L State Tax: 50.00 Expiration Date: 05/23/2018 Estimated Stamping Fee: 50.00 Invoice Date: 05/31/2017 Estimated Stamping Fee: 50.00	Primary Insured Name: TEST ENRONMENT Exempt Commercial Purchaser: NO Chan Insured Address: C.4.94111 UNITED STATES Total Premium: 50.00 Transaction Type: Renewal Estimated CA St. State Tax: 50.00 Expiration Date: 05/73/2017 Estimated Stamping Fee: 50.00 Expiration Date: 05/73/2017 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed \$L! Form. Same New Business Policies may also require an \$L2 Form or goar computer. Pieses select from the following options.	Primary Insured Name: TEST ENROWENT Exempt Commercial Purchaser: N0 Chain Insured Address: C. 649111 UNITED STATES Insurer Name: TEST INSURER UNITED STATES Total Premium: 50.00 Extinated CA SL State Tax: 50.00 Expiration Date: 05/32/2018 Invoice Date: 05/31/2017 Coverage Code: 500 GENERAL LLABILITY - GENERAL LLABILITY S0.00 Estimated Stamping Fee: Upload supporting documentation for this Renewal transaction. a completed SL1 Form. Some New Susiness Policies may also require an SL2 Form or GAP Form or other associated documents, You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.
Insured Adness: CA 94111 UITED STATES Transaction Type: Renewal Effective Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY So.00 Estimated Stamping Fee: 50.00 Estimated Stamping Fee: 50.00 Find documentation for this Renewal transaction. Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Same New Business Policies may also require an \$1.2 Form or there associated documents. You may complete and submit \$1.1, \$1.2, and Gap Forms anline or you can upload any required forms as well as other supporting documents fr . Please select from the following options. Ston Documents Stin Documents Sti Form. \$1.2 Form Sti Porm. \$1.2 Form Sti		Insure Adness: CA 94111 Insure Rame: IEST INSURE Insure Rame: IEST INSURE Insure Rame: IEST INSURE Insure Rame: IEST INSURE Transaction Type: Renewal Estimated CA SL State Tax: 50.00 Estimated CA SL State Tax: 50.00 Estimated Stamping Fee: 50.00 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or Suporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or suporting documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr your computer. Please select from the following options. Transaction Documents	Insure Address: CA 94111 Insurer Name: EST INSURX Insurer Name: EST INSURX Insurer Name: EST INSURX Insurer Name: EST INSURX Transaction Type: Renewal Estimated CA SL State Tax: 50.00 Estimated CA SL State Tax: 50.00 Estimated CA SL State Tax: 50.00 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Insure Address: CA 94111 Insurer Name: EST INSURX Insurer Name: EST INSURX Insurer Name: EST INSURX Insurer Name: EST INSURX Transaction Type: Renewal Estimated CA SL State Tax: 50.00 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your complete. Flexes select from the following aptions.	Insured Address: CA 94111 Insurer Name: ES1 INORER UINTED STATES Total Premiur: S0.00 Transaction Type: Renewal Estimated CA 5L State Tax: S0.00 Effective Date: 05/23/2017 Estimated Stamping Fee: S0.00 Expiration Date: 05/23/2018 Estimated Stamping Fee: S0.00 Invoice Date: 05/23/2017 Estimated Stamping Fee: S0.00 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY S0.00 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Folicies may also require an SL2 Form or GAP Form or other desolities of this Renewal study of computer forms on upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Insurer Admess: CA 94111 Insurer Name: IESI INSURX Insurer Name: IESI INSURX Insurer Name: IESI INSURX Insurer Name: IESI INSURX Tranaction Type: Renewal Estimated CA SL State Tax: 50.00 Expiration Date: 05/31/2017 Invoice Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or SL2 Form or other associated documents: You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for	Insure Address: CA 94111 Insurer Name: Its/ Insurer Name:	Insured Address: CA 94111 Insurer Name: EST INSURE UITED STATES Total Premiur: S0.00 Transaction Type: Renewal Estimated CA 5L State Tax: S0.00 Effective Date: 05/31/2017 Estimated Stamping Fee: S0.00 Expiration Date: 05/31/2017 Estimated Stamping Fee: S0.00 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY S0.00 Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr	Insure Adness: CA 94111 Insurer Name: EST INSURX UPUTED STATES Total Premium: 50.00 Transaction Type: Renewal S0.00 Expiration Date: 05/23/2017 Estimated CA SL State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY S0.00 Upload supporting documentation for this Renewal transaction. S0.00 All submitted Renewals must contain a Declarations Page Binder / Cover Note / Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or SAP Form or them saccided beforwards under state and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents. For your computer. Please select from the following options.	Insurer Admess: CA 94111 Insurer Name: ESI INSURA Insurer Name: ESI INSURA Insurer Name: ESI INSURA Transaction Type: Renewal Transaction Type: Renewal Estimated CA SL State Tax: 50.00 Estimated State of 5/372017 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or SAP Form or you complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Insure Adness: CA 94111 Insurer Name: EST INSURX UPLOSE Insurer Name: EST INSURX Transaction Type: Renewal Expiration Date: 05/23/2017 Expiration Date: 05/23/2017 Expiration Date: 05/23/2017 Expiration Date: 05/31/2017 Coverage Codes: 500 GENERAL LLABILITY - GENERAL LLABILITY - GENERAL LLABILITY - Some New Susiness Policies may also require an 512 Form or GAP Form or them sanctide document. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Insured Address: CA 94111 Insurer Name: EST INSURA UITED STATES Total Premiur: S0.00 Transaction Type: Renewal Estimated CA 5L State Tax: S0.00 Expiration Date: 05/21/2017 Estimated Stamping Fee: S0.00 Expiration Date: 05/21/2017 Estimated Stamping Fee: S0.00 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY Estimated Stamping Fee: S0.00 Upload supporting documentation for this Renewal transaction. S0.00 Upload supporting documentation a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Susiness Policies may also require an \$L2 Form or other associated documents. You may complete and submit \$L1, \$L2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.
Transaction Type: Renewal Effective Date: 05/23/2017 Expiration Date: 05/23/2017 Expiration Date: 05/23/2017 Expiration Date: 05/23/2017 Invoice Date: 05/23/2017 Coverage Codes: 500 CENERAL LIABILITY - GENERAL LIABILITY Solo Coverage Codes: 500 CENERAL LIABILITY - GENERAL LIABILITY Solo Coverage Codes: 500 CENERAL LIABILITY - GENERAL LIABILITY Solo Coverage Codes: 500 CENERAL LIABILITY - GENERAL LIABILITY Solo Coverage Codes: 500 CENERAL LIABILITY - GENERAL LIABILITY Solo Coverage Codes: 500 CENERAL LIABILITY - GENERAL LIABILITY Solo Coverage Codes: 500 CENERAL LIABILITY - GENERAL LIABILITY Solo Coverage Codes: 500 CENERAL LIABILITY - GENERAL LIABILITY Solo Coverage Codes: 500 CENERAL LIABILITY - GENERAL LIABILITY Solo Coverage Codes: 500 CENERAL LIABILITY - GENERAL LIABILITY Solo Coverage Codes: Solo Coverage Codes: Solo Coverage Codes: Solo Coverage Codes: Solo Coverage Codes: Solo Coverage Cov	Transaction Type: Renewal Estimated CASI State Tax: 50:00 Effective Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/33/2017 Estimated Stamping Fee: 50:00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or Super associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options. Transaction Documents File Name * Document Tupes	Transaction Type: Renewal Estimated CAS Usate Tax: 50.00 Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Estimated CAS Usate Tax: 50.00 Estimated CAS Usate Tax: 50.00 Upload supporting documentation for this Renewal transaction. Estimated Starping Fee: 50.00 Upload supporting documentation a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SLI, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options. Transaction Documents	Transaction Type: Renewal Estimated CASI State Tax: 50.00 Expiration Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Estimated CASI State Tax: 50.00 Upload supporting documentation for this Renewal transaction. Estimated Starping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declorations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Piesse select from the following options.	Transaction Type: Renewal Estimated CAS Usate Tax: 50.00 Effective Date: 05/12/2017 Expiration Date: 05/12/2018 Invoice Date: 05/12/2018 Sold Supporting documentation for this Renewal transaction. Estimated SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following aptions.	Transaction Type: Renewal Image: Constraint of the constraint of theconstraint of theconstraint of the constraint of theconstraint of	Transaction Type: Renewal Transaction Type: Renewal Estimated CAS Usate 105:21/2017 Estimated CAS Usate 105:21/2017 Expiration Date: 05/21/2018 Invoice Date: 05/21/2018 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY Vpload supporting documentation for this Renewal transaction. All submitted Renevals must conclarations Page/Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require on \$1.2 Form on or uter associated documents. You may complete and submit \$1.1, \$1.2, and Gap Forms online or you can upload any required forms as well as other supporting documents for	Transaction Type: Renewal Estimated CA SL State Tax: 50.00 Effective Date: 05/23/2017 Expiration Date: 05/23/2017 Invoice Date: 05/32/2018 Invoice Date: 05/32/2017 Estimated CA SL State Tax: 50.00 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declorations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for	Transaction Type: Renewal Image: Constraint of the second s	Transaction Type: Renewal Transaction Type: Renewal Estimated CAS: State Tax: State Tax: State Tax: Expiration Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/33/2017 Coverage Codes: 50.00 GENERAL LIABILITY - GENERAL LIABILITY Coverage Codes: 50.00 GENERAL LIABILITY - GENERAL LIABILITY Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations: Page/Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require an \$1.2 Form or GAP Form or them associated documents. You may complete and submit \$1.1, \$1.2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Pieses select from the following options.	Transaction Type: Renewal Transaction Type: Renewal Estimated CA: Unitarian Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/33/2017 Estimated Stamping Fee: \$0.00 Upload supporting documentation for this Renewal transaction. Estimated Stamping Fee: \$0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page /Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require an \$1.2 Form or 6AP Form or other associated documents. You may complete and submit \$1.1, \$1.2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Transaction Type: Renewal Transaction Type: Renewal Effective Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/33/2017 Estimated CAS: State Tax: Strong Date: 05/23/2018 Invoice Date: 05/33/2017 Coverage Codes: 50:00 GENERAL LIABILITY - GENERAL LIABILITY Strong Date: 05/23/2018 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations: Page/Binder/Cover Note/Certificate as well as a completed \$11 Form. Some New Business Policies may also require an \$12 Form or GAP Form or other associated documents. You may complete and submit \$11, \$12, and Gap Forms online or you can upload any required forms as well as other supporting documents. for your computer. Please select from the following options.	Transaction Type: Renewal Estimated CA SL State Tax: 50.00 Expiration Date: 05/31/2017 Invoice Date: 05/31/2017 Coverage Codes: 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or other associated documents. You may complete and submit \$L1, \$L2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Piese select from the following options.
Effective Date: 05/23/2017 Expiration Date: 05/23/2018 Invice Date: 05/23/2018 Strong Date: 05/23/2017 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50:00 rting documentation for this Renewal transaction. Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or ther associated documents. You may complete and aubmit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for . Please select from the following options. stion Documents Upload Date Uploaded By File Size Pages units * Document Types Upload Date Uploaded By File Size Pages USIS L8 adf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 KB X USIS 22.00E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4572 KB	Effective Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/23/2018 Strong Date: 05/23/2018 Invoice Date: 05/23/2018 Upload supporting documentation for this Renewal transaction. Strong Date: All submitted Renewals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require an \$1.2 Form or \$2.7 orn or \$2.7	Effective Date: 05/23/2017 Expiration Date: 05/23/2018 Invice Date: 05/23/2018 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or short sasciated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options. Transaction Documents	Effective Date: 05/23/2017 Expiration Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY S0:00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Pager Binder / Cover Note / Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or Call Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as vetil as other supporting documents for your computer. Please select from the following options.	Effective Date: 05/23/2017 Expiration Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Codes: 50 GENERAL LIABILITY S0:00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or SLAF Form or other associated documents. You may complete an aubmit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Effective Date: 05/23/2017 Expiration Date: 05/23/2017 Invoice Date: 05/23/2017 Coverage Codes: 000 GENERAL LIABILITY S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. Tou may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr your computer. Please select from the following options.	Effective Date: 05/23/2017 Expiration Date: 05/23/2017 Estimated Stamping Fee: 50.00 Expiration Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form on CAP Form or other associated documents. You may complete and submit SL1, SL2, and Cap Forms online or you can upload any required forms as well as other supporting documents fr	Effective Date: 05/23/2017 Expiration Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Codes: 50 GENERAL LIABILITY Coverage Codes: 50 GENERAL LIABILITY S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or SLP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for	Effective Date: 05/23/2017 Expiration Date: 05/23/2017 Coverage Codes: 05/23/2018 Invoice Date: 05/23/2017 Coverage Codes: 05/00 CHERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr your computer. Pieses select from the following options.	Effective Date: 05/23/2017 Expiration Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/23/2018 Coverage Codes: 05/32/2017 Coverage Codes: 050 GENERAL LIABILITY - GENERAL LIABILITY 50:00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require an \$1.2 Form or GAP Form or them saccided documents. You any complete and submit \$1.1, \$1.2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Pieses select from the following options.	Effective Date: 05/23/2017 Expiration Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Codes: 050 GENERAL LIABILITY S0 00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require an \$1.2 Form or GAP Form or them associated coursents. You any complete and submit \$1.1, \$1.2, and Gap Forms on line or you can upload any required forms as well as their supporting documents for your computer. Pieses select from the following options.	Effective Date: 05/23/2017 Expiration Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/23/2018 Coverage Codes: 05/32/2017 Coverage Codes: 05/32/2017 Coverage Codes: 05/32/2017 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page Elinder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or GAP Form or them saccided documents. You any complete and submit \$L1, \$L2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following aptions.	Effective Date: 05/23/2017 Expiration Date: 05/23/2018 Invoice Date: 05/23/2017 Coverage Codes: 050 OENERAL LIABILITY - GENERAL LIABILITY 50.00 S0.00
Expiration Date: 09/23/2018 Invoice Date: 09/23/2018 Coverage Code:: 50.00 rting documentation for this Renewal transaction. Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or ther associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can uplaad any required forms as well as other supporting documents fr. Please select from the following options. Stil Form. Support Pages None Upload Date Uploaded By File Size Pages OS1322016 SL1 Form. SL2 Form OS/23/2016 PATBRK 177 K8 X	Expiration Date: 05/23/2018 Invoice Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Poge/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fry your computer. Please select from the following options. Transaction Documents File Name Document Tupes Upload Date Upload Date Uploaded By File Size Pages	Expiration Date: 05/23/2018 Invoice Date: 05/23/2018 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY Sound Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr your computer. Please select from the following aptions. Transaction Documents	Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY Solo Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr your computer. Please select from the following options.	Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Codes: 50 GENERAL LIABILITY - GENERAL LIABILITY Coverage Codes: 50 GENERAL LIABILITY - GENERAL LIABILITY Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Poge/Binder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or GAP Form or other associated documents. You may complete and submit \$L1, \$L2, and Gap Forms anline or you can upload any required forms as well as other supporting documents fr your computer. Please select from the following options.	Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Codes: 50:00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for	Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.0 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr	Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Code:: 05/00 CBHERAL LIABILITY - GENERAL LIABILITY S0.00 S0.00	Expiration Date: 05/21/2018 Invoice Date: 05/21/2017 Coverage Codes: 50:00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations: Page Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require an \$1.2 Form or GAP Form or other associated documents. You any complete and submit \$1.1, \$1.2, and Gap Forms anline or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Expiration Date: 05/21/2018 Invoice Date: 05/21/2017 Coverage Codes: 050 GHERAL LIABILITY - GENERAL LIABILITY Source Date: 05/31/2017 Upload supporting documentation for this Renewal transaction. 100 GHERAL LIABILITY - GENERAL LIABILITY All submitted Renevals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or GAP Form or other associated documents. You may complete and submit \$L1, \$L2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Expiration Date: 05/21/2018 Invoice Date: 05/21/2017 Coverage Codes: 50:00 Upload supporting documentation for this Renewal transaction. 141 submitted Renevals: must contain a Declarations: Page Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require an \$1.2 Form or GAP Form or other associated documents. You may complete and submit \$1.1, \$1.2, and Gap Forms anline or you can upload any required forms as well as other supporting documents. For your computer. Please select from the following aptions.	Expiration Date: 05/23/2018 Invoice Date: 05/31/2017 Coverage Codes: 05/31/2017 So.00 So.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.
Invoice Date: 05/31/2017 Coverage Code: 500 GBI/ERAL LIABILITY - GENERAL LIABILITY is good is good rting documentation for this Renewal transaction. Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or ther associated documents. You may complete and submit \$L1, \$L2, and Gap Forms online or you can upload any required forms as well as other supporting documents for , Please select from the following options. tion Documents Sti Form. Sti Form ame * Document Types Upload Date Uploaded By File Size Pages Sti Form. SL2 Form Sti Form. SL2 Form 05/23/2016 PATBRK 177 KB X Sti 6222DE Declarations Page or Binder or Cartificate 05/23/2016 PATBRK 4.572 KB X	Invoice Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Pagel Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fry your computer. Please select from the following options. Transaction Documents File Name Document Tupes Upload Date Uploaded By File Size Pages	Invoice Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or GAP Form or other associated documents. You may complete and submit \$L1, \$L2, and Gap Forms online or you can upload any required forms as well as other supporting documents fre your computer. Please select from the following options. Transaction Documents	Invoice Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50:00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Invoice Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50:00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Invoice Date: 05/31/2017 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY 50:00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr your computer. Please select from the following options.	Invoice Date: 05/31/2017 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY Veload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Poge/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for	Invoice Date: 05/31/2017 Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for	Invoice Date: 05/31/2017 Coverage Code: 500 GEVERAL LIABILITY - GENERAL LIABILITY 50:00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following aptions.	Invoice Date: 05/31/2017 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY Solo GENERAL LIABILITY Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or their associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Invoice Date: 05/31/2017 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY S0.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Invoice Date: 05/31/2017 Coverage Code: 500 GENERAL LIABILITY - GENERAL LIABILITY Solo GENERAL LIABILITY Solo GENERAL LIABILITY Solo Generation of this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or then associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Invoice Date: 05/31/2017 Coverage Codes: 500 GEVERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.
Coverage Code:: 50.0 GENERAL LIABILITY - GENERAL LIABILITY 50.0 strain Strain rting documentation for this Renewal transaction. Renewals mut contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed \$LT Form. Some New Business Policies may also require an \$LZ Form or ther associated documents. You may complete and submit \$L1, \$L2, and Gap Forms online or you can upload any required forms as well as other supporting documents for . Please select from the following options. tion Documents same * Document Types Upload Date Uploaded By SLI Form. SL2 Form 05/23/2016 PATBRK 177 KB SLI Form. SL2 Form 05/23/2016 Declarations Page or Binder or Certificate 05/23/2016	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Decienations Pagel Binder/Cover Nate/Certificate as well as a completed 5L1 Form. Some New Business Policies may also require an 5L2 Form or GAP Form or other associated documents. You may complete and submit 5L1, 5L2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr your computer. Rease select from the following aptions. Transaction Documents File Name Document Tupes Upload Date Uploaded By File Size Pages	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options. Transaction Documents	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following aptions.	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following aptions.	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fri your computer. Please select from the following options.	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms anline or you can upload any required forms as well as other supporting documents for	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Pagel Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed SL1 Form. Same New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fri your computer. Please select from the following options.	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated accuments. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY 50.00 Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed 5L1 Form. Some New Business Policies may also require an 5L2 Form or GAP Form or other associated documents. You may complete and submit 5L1, 5L2, and Gap Forms online or you can upload any required forms as well as ther supporting documents for your computer. Pieses select from the following options.
tring documentation for this Renewal transaction. Renewals must contain a Declarations Page / Binder / Cover Note / Certificate as well as a completed \$L1 Form. Some New Business Policies may also require an \$L2 Form or ther associated documents. You may complete and submit \$L1, \$L2, and Gap Forms anline or you can upload any required forms as well as other supporting documents for . Please select from the following options. tion Documents ame ▼ Document Types Upload Date Uploaded By File Size Pages Dis 18.pdf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 K8 ★ 1016 22.2015 Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8	Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following aptions. Transaction Documents File Name Document Tupes Upload Date Uploaded By File Size Pages	Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr your computer. Please select from the following options. Transaction Documents	Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Poge/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fro your computer. Please select from the following options.	Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Poge/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Upload supporting documentation for this Renewal transaction. All submitted Renewols must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fru your computer. Please select from the following aptions.	Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed 5L1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr	Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Poge/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fr	Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Poge/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fru your computer. Please select from the following options.	Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Upload supporting documentation for this Renewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed 5L1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Upload supporting documentation for this Renewal transaction. All submitted Renevols must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Upload supporting documentation for this Renewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following aptions.
Tarting occumentation for this Kentewal transaction. Renevals must contain 0 Declarations Page Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or ther associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for . Prese select from the following aptions. tion Documents Upload Date Uploaded By File Size Pages D15 18 adf SL1 Form. SL2 Form Declarations Page or Binder or Certificate	Upload supporting documentation for this Kentewal transaction. All submitted Reenvols must contain a Declorations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or SAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following aptions. Transaction Documents File Name Document Tupes Upload Date Uploaded By File Size Pages	Upload supporting documentation for this Kenewal transaction. All submitted Reevals must contain a Declorations Page/Binder/Cover Note/Certificate as well as a completed \$1.1 Form. Some New Business Policies may also require an \$1.2 Form or GAP Form or other associated documents. You may complete and submit \$1.1, \$1.2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options. Transaction Documents	Upload supporting documentation for this Netwew transaction. All submitted Renewals must contain a Declarations Roge/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fro your computer. Please select from the following aptions:	Upload supporting documentation for this Network transaction. All submitted Renvels mut contain a Declarations Rege/Bioder/Cover Note/Certificate as well as a completed 5L1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fro your computer. Please select from the following aptions.	Upload supporting documentation for this Nenewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fru your computer. Please select from the following aptions.	Upload supporting documentation for this Netewai transaction. All submitted Renevals must contain a Declarations Roge/Binder/Cover Note/Certificate as well as a completed 5L1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms and ine or you can upload any required forms as well as other supporting documents fr	Upload supporting documentation for this Netwark transaction. All submitted Renevals must contain a Declarations Roge/Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fro	upioaa supporting aocumentation for this Kenewai transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require on SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fri your computer. Please select from the following options.	Upload supporting documentation for this Netewal transaction. All submitted Renewals must contain a Declarations Rege/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or before associated documents: You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following aptions.	Upload supporting documentation for this Netewal transaction. All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or before associated documents: You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Upload supporting documentation for this Netewal transaction. All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or before associated documents: You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	Upload supporting documentation for this venewal transaction. All submitted Renewals must contain a Declarations Page Ibinder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fri your computer. Please select from the following options.
Remewals must contain a Declarations Page Binder (Cover Note / Certificate as well as a completed \$1.1 Form. Some New Susiness Policies may also require an \$1.2 Form or there associated bounnents. You can upload any required forms as well as other supporting documents from the following options. tion Documents Upload Case Uploaded By File Size Pages ame * Document Types Upload Date Uploaded By File Size Pages 2015 18 pdf S11 Form. S12 Form 05/23/2016 PATBRK 177 KB X 2016 23 200E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 KB X	All submitted Renevols must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed SJ. Form. Some New Business Policies may also require and SJ2 Form or GAP Form or other associated accuments. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options. Transaction Documents Transaction Documents East of the state of	All submitted Renevals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed SLT Form. Same New Business Policies may also require an SL2 Form or GAP Form or other associated accuments. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options. Transaction Documents	All submitted Renewals must contain a Declarations Pagel Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fro your computer. Please select from the following options.	All submitted Renewals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fro your computer. Please select from the following aptions.	All submitted Renewals must contain a Declarations Pagel Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fru your computer. Please select from the following aptions.	All submitted Renevals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for	All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents from the function of the support of the supp	All submitted Renevals must contain a Declarations Page Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require on SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fre your computer. Please select from the following options.	All submitted Renewols must contain a Declarations Pagel Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents, You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following aptions.	All submitted Renewols must contain a Declarations Pagel Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents, You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following aptions.	All submitted Renewols must contain a Declarations Pagel Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents, You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents for your computer. Please select from the following options.	All submitted Renewals must contain a Declarations Pagel Binder/Cover Note/Certificate as well as a completed SLI Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents fru your computer. Please select from the following aptions.
r. Please select from the following options. tion Documents ame ▼ Document Types Upload Date Uploaded By File Size Pages 2015 18.odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB	your computer. Please select from the following options. Transaction Documents File Name Document Tupes Upload Date Uploaded By File Size Pages	your computer. Please select from the following options. Transaction Documents	your computer. Please select from the following aptions.	your computer. Please select from the following aptions.	your computer. Please select from the following aptions.			your computer. Please select from the following options.	your computer. Please select from the following options.	your computer. Please select from the following options.	your computer. Please select from the following options.	your computer. Please select from the following options.
tion Documents ame * Document Types Upload Date Uploaded By File Size Pages 2015 18 odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X 2016 23 PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X	Transaction Documents File Name Document Tupes Upload Date Uploaded By File Size Pages	Transaction Documents				your computer. Please select from the following options.	your computer. riease select from the following options.					
Upload Date Upload Date Uploaded By File Size Pages 2015 18.pdf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 KB X 2016 23.202F Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name Document Tupes Upload Date Uploaded By File Size Pages	Transaction Documents	Transaction Decomposite	T	Transition Documents	Transition Documents		Transition Documents	Transition Descented	Transative Deservation	Transaction Deservate	Transition Documents
iame * Document Types Upload Date Uploaded By File Size Pages 2015 18.pdf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 KB X 2016 22.202F Dedarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name Document Types Upload Date Uploaded By File Size Pages		I ransaction Documents	I ransaction Documents		Liransaction Locuments		L ransaction Liocuments	Transaction Documents	I ransaction Documents	I ransaction Documents	
2015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X 2016 23 EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X		File Name V Document Types Upload Date Uploaded By File Size Pages					Transaction Documents					
CXX22_L628201 DsL2 rorm, suc rorm US/25/2010 PATERX 1// KB X CXX25_L628201 Declarations Page or Binder or Certificate 05/23/2016 PATERX 4.572 KB X			File Name ▼ Document Types Upload Date Uploaded By File Size Pages	File Name Document Types Upload Date Uploaded By File Size Pages	File Name Document Types Upload Date Uploaded By File Size Pages	File Name	Transaction Documents File Name * Document Types Upload Date Uploaded By File Size Pages	File Name Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name Document Types Upload Date Uploaded By File Size Pages
2016 23.20E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 🗶			File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name ▼ Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	Transaction Documents File Name ▼ Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name ▼ Document Types Upload Date Uploaded By File Size Pages	File Name ▼ Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Upload Bate Pages	File Name * Document Types Upload Date Uploaded By File Size Pages
		▶ 11192015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB ★	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ✓ 1115201518.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X	Transaction Documents File Name * Document Types Upload Date Upload date Pages 11152015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X	File Name * Occument Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SLL Form. SL2 Form 05/23/2016 PATBRK 177 KB X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ✓ 11192015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ✓ 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ✓ 1115201518.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X
1 - 2 of 2 items	Image: Contract of the second secon	Image: 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X Image: 11192016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SLI Form. SL2 Form 05/23/2016 PATBRK 177 KB X * 01192015 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 KB X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X 01192016 23 EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages 11132015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X 01132016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 K8 X	File Name × Document Types Upload Date Uploaded By File Size Pages 11192015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X 01192016 23 EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 KB X	Transaction Documents File Name ▼ Document Types Upload Date Uploaded By File Size Pages ✓ 11192015 18.odf SL1 Form. 05/23/2016 PATBRK 177 KB X ✓ 01192016 23.80E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23 PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11132015 18.odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01132016 23.80E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 K8 X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11132015 18.odf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 K8 X * 01132016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 K8 X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11132015 18.odf SL1 Form. 05/23/2016 PATBRK 177 K8 X * 01132016 23.80E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 K8 X	File Name * Document Types Upload Date Uploaded By File Size Pages 11132015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X 01132016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 K8 X
	Image: Control Contro Control Contron Control Control Control Control Control Control C	Ills2015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X Ills2015 23.PDF Dedarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X Intervention 1 Intervention 1.2 of 2 items 1.2 of 2 items 1.2 of 2 items	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01192016 23.20DF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01192016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4572 K8 X M 1 H 1 H 1 2 of 2 items	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.pdf SLL Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016.23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X M 1 H * * * * *	File Name * Document Types Upload Date Uploaded By File Size Pages * 11152015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 0122016 23.800F Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X	Transaction Documents File Name ▼ Document Types Upload Date Upload Bate Uploaded By File Size Pages ✓ 11152015 18 odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X ✓ 01152016 23 EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X M 1 H H 1.2 of 2 items 1.2 of 2 items 1.2 of 2 items	File Name ▼ Document Types Upload Date Uploaded By File Size Pages * 11152015 18.odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01132016 23.BDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name ▼ Document Types Upload Date Upload Date Uploaded By File Size Pages 11152015 18.0df SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X 01152016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4572 KB X M 1 H T T T T T T T T T T T T X X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ▲ 11192015 18 odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X ▲ 01192016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4572 K8 X M 1 H 1.2 of 2 items 1.2 of 2 items	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01152016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X M 1 H ************************************	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X M 1 H * * * * *
	Image: Constraint Constraint <thc< td=""><td>Ills2015 18.edf SL1 Form, SL2 Form Op/23/2016 PATBRK 177 K8 X Ills2016 23.EDF Dedarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X Immediate Immediate 1 - 2 of 2 terms 1 - 2 of 2 terms</td><td>File Name • Document Types Upload Date Uploade By File Size Pages 11192015 18.pdf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X 01192015 23.50E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 K8 X N 1 N 1 - 2 of 2 items</td><td>File Name • Document Types Upload Date Uploaded By File Size Pages • 11122015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K.B X • 01122016 23.EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 K.B X • 1 • • • • • •</td><td>File Name ▼ Document Types Upload Date Uploaded By File Size Pages 11152015 18 ddf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB ¥ 01152016 23 2DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 KB ¥ H 1 H H 1 - 2 of 2 items 1 - 2 of 2 items</td><td>File Name • Document Types Upload Date Uploade By File Size Pages • 11122015 18.odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X • 01132016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X • 1 •</td><td>File Name × Document Types Upload Date Uploaded By File Size Pages 11132015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 ¥ 01132016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 ¥ If I > I I I 1 - 2 of 2 items</td><td>File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01152016 23 PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 KB X * 4 1 H </td><td>File Name ▼ Document Types Upload Date Uploaded By File Size Pages * 11132015 18.odf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 K8 X * 01132016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X # 1 H - - - - - - 2 1 - 2 of 2 items</td><td>File Name ▼ Document Types Upload Date Uploaded By File Size Pages 11132015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X 01132016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X IM 1 M 1 - 2 of 2 terms</td><td>File Name * Document Types Upload Date Uploaded By File Size Pages * 11132015 18.edf SL1 Form. 05/23/2016 PATBRK 177 K8 X * 01132016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X # 1 # -</td><td>File Name ▼ Document Types Upload Date Uploaded By File Size Pages 11152015 18 odf SL1 Form. 05/23/2016 PATBRK 177 KB X 01152016 23 2DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H H 1 - 2 of 2 items 1 - 2 of 2 items</td></thc<>	Ills2015 18.edf SL1 Form, SL2 Form Op/23/2016 PATBRK 177 K8 X Ills2016 23.EDF Dedarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X Immediate Immediate 1 - 2 of 2 terms 1 - 2 of 2 terms	File Name • Document Types Upload Date Uploade By File Size Pages 11192015 18.pdf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X 01192015 23.50E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 K8 X N 1 N 1 - 2 of 2 items	File Name • Document Types Upload Date Uploaded By File Size Pages • 11122015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K.B X • 01122016 23.EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 K.B X • 1 • • • • • •	File Name ▼ Document Types Upload Date Uploaded By File Size Pages 11152015 18 ddf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB ¥ 01152016 23 2DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 KB ¥ H 1 H H 1 - 2 of 2 items 1 - 2 of 2 items	File Name • Document Types Upload Date Uploade By File Size Pages • 11122015 18.odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X • 01132016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X • 1 •	File Name × Document Types Upload Date Uploaded By File Size Pages 11132015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 ¥ 01132016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 ¥ If I > I I I 1 - 2 of 2 items	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01152016 23 PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 KB X * 4 1 H	File Name ▼ Document Types Upload Date Uploaded By File Size Pages * 11132015 18.odf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 K8 X * 01132016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X # 1 H - - - - - - 2 1 - 2 of 2 items	File Name ▼ Document Types Upload Date Uploaded By File Size Pages 11132015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X 01132016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X IM 1 M 1 - 2 of 2 terms	File Name * Document Types Upload Date Uploaded By File Size Pages * 11132015 18.edf SL1 Form. 05/23/2016 PATBRK 177 K8 X * 01132016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X # 1 # -	File Name ▼ Document Types Upload Date Uploaded By File Size Pages 11152015 18 odf SL1 Form. 05/23/2016 PATBRK 177 KB X 01152016 23 2DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H H 1 - 2 of 2 items 1 - 2 of 2 items
a Document	Interviewe in the second se	Image: 1000 to 10000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to	File Name * Document Types Upload Date Uploaded By File Size Pages * 11152015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01152016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X H 1 H 1 - 1 - 2 of 2 items	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.odf SLI Form. SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H 1 - 1 - 2 of 2 items	File Name * Document Types Upload Date Uploaded By File Size Pages * 11152015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01152016 23.EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X H 1 H 1 - 2 of 2 items	File Name ▼ Document Types Upload Date Upload Date Uploaded By File Size Pages ✓ 11152015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X ✓ 01152016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X H 1 H 1 - 1 - 0.72 / 2 items	Transaction Documents File Name * Document Types Upload Date Uploaded By File Size Pages 11152015 18.pdf SLL Form, SL2 Form 05/23/2016 PATBRK 177 KB X 11152015 23.5DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4572 KB X H 1 H 1 1 1 2 of 2 items	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11192015 18.6df SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01192016 22.8DF Declarations Page or Binder or Cartificate 05/23/2016 PATBRK 4.572 K8 X H 1 H 1 - 0.12 of 2 items	File Name * Document Types Upload Date Uploaded By File Size Pages * 11152015 18.pdf SLL Form, SL2 Form 05/23/2016 PATBRK 177 KB * * * 01152016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB * * 1 + + - 1 - 2 of 2 items	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SLL Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H Image: State Sta	File Name * Document Types Upload Date Uploaded By File Size Pages * 11152015 18.pdf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 ¥ * 01152016 73.PDF Dedarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 ¥ H 1 H H 1 - 2 of 2 items	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SLI Form. SL2 Form 05/23/2016 PATBRK 177 K8 X * 01182016 23.EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X H 1 H 1 - 2 of 2 items
a Document	Interview Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB Image: State of the sta	Ills2015 18.odf SL1 Form, SL2 Form O5/23/2016 PATBRK 177 KB X Ills2016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.edf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.FDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H Image: State of the state o	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H 1 - 2 of 2 items	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152016 23.80£ S11 Form, S12 Form 05/23/2016 PATBRK 177 K8 X * 01152016 23.80£ Dedarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X * 1 * * 1 - 1 2 of 2 items	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.edf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H 1 - 2 of 2 items Upload a Document	Transaction Documents File Name ▼ Document Types Upload Date Uploaded By File Size Pages ▲ 11152015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 ¥ ▲ 01152016 28.505 Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 ¥ H 1 H 1 - 1 - 2 of 2 items Upload a Document Upload a Document Upload a Document Upload a Document	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H 1 - 2 of 2 items Upload a Document	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18.pdf SLL Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01152016 23.505 Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X H 1 H Image: State of the state of	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01132016 23 EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X H 1 H Image: The Size of 2 items 1 - 2 of 2 items	File Name ▼ Document Types Upload Date Upload Date Uploaded By File Size Pages ▲ 11152015 18.edf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 ¥ ▲ 01152016 23.EDE Dedarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 ¥ H 1 H Image: State of the state of	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18 edf S11 Form, S12 Form 05/23/2016 PATBRK 177 K8 X * 01152016 23 EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X * 4 1 * * 1 - 2 of 2 items
a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JFG/JFEG	Image: State of the state	Image: Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18.odf SLI Form. SL2 Form 05/23/2016 PATBRK 177 KB X * 01152016 23.0DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H IIII - 2 of 2 items Upload a Document Select File Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, NG, PDF/A, or JPG/JPEG	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SLL Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X If # 1 H * 1 - 2 of 2 items Upload a Document Note: Files must be less than TOMB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18.odf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 KB X * 01152016 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X # 1 * # 1 - 2 of 2 items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name ▼ Document Types Upload Date Upload Date Uploaded By File Size Pages 11152015 18 edf SLI Form, SL2 Form 05/23/2016 ArtBRK 177 K8 X Discuss 21 EDF Dedarations Page or Binder or Certificate 05/23/2016 ArtBRK 177 K8 X 1 - 2 of 2 items	Transaction Documents File Name ▼ Document Types Upload Date Upload Date Uploaded By File Size Pages 11152015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X 11152016 23.EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X Im + 1 Im 1 - 2 of 2 Items 1 - 2 of 2 Items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name * Document Types Upload Date Uploaded By File Size Pages * 11152015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01152016 23.BDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X * 1 + + 1 - 2 of 2 items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEGD	File Name ▼ Document Types Upload Date Upload Date Uploaded By File Size Pages ▲ 11132015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X ▲ 0152016 23.EDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X ■ ● ■ ● 1 - 2 of 2 Items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name * Document Types Upload Date Upload date Uploaded By File Size Pages * 11152015 18.pdf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 0152016 23.EDE Dedurations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X * 4 * * 1 - 2 of 2 Items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name ▼ Document Types Upload Date Upload Date Uploaded By File Size Pages 11152015 18.odf 511 Form, S12 Form 05/23/2016 PATBRK 177 K8 X 11152015 18.odf 511 Form, S12 Form 05/23/2016 PATBRK 177 K8 X 11152016 23.EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X Im + 1 Im 1 2 of 2 items 1<-2 of 2 items	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152016 32.80£ SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01152016 32.80£ Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X # 1 + + 1 - 2 of 2 items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG
a Document Note: Files must be less than 10M8 in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JFG/JPEG	Improve Lesses Declarations Page or Binder or Certificate 05/23/2016 PATBRIX 4.572 KB Image: Select file Image: Select file Image: Select file 1 - 2 of 2 items	Ill S2015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X Image: State of the sta	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ✓ 11152015 18.edf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X ✓ 01152016 23.EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X H 4 1 H 1 - 2 of 2 items Upload a Document Select file Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01152016 23.BDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X If if if is 1 If if is 1 If is 1 <t< td=""><td>File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18.pdf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01152016 23.20E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X * 1 + # 1 - 2 of 2 items Upload a Document Select file Note: Files must be less than 10M8 in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG</td><td>File Name • Document Types Upload Date Upload Date Uploaded By File Size Pages • 11132015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X • 01132016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X • • • • • • • • • • <</td><td>Transaction Documents File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 22.EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H 1 2.072 (terms) 1.2 of 2 (terms) Upload a Document Select file Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG</td><td>File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11132015 18.odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01132016 23.202F Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X # 4 * * 1 - 2 of 2 Items Upload a Document Select file Note: Files must be less than 10M8 in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG</td><td>File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.8df SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.6DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H 1 - 1 - 2 of 2 items Upload a Document Select file Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG</td><td>File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.EDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 4 H * 1 - 2 of 2 items Upload a Document Select file Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG</td><td>File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11192015 18.pdf SLL Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 3 H </td><td>File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18.odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01152016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X # 1 + # 1 - 2 of 2 items Upload a Document Select file Note: Files must be less than 10M8 in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG</td></t<>	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18.pdf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01152016 23.20E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X * 1 + # 1 - 2 of 2 items Upload a Document Select file Note: Files must be less than 10M8 in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name • Document Types Upload Date Upload Date Uploaded By File Size Pages • 11132015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X • 01132016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X • • • • • • • • • • <	Transaction Documents File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 22.EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H 1 2.072 (terms) 1.2 of 2 (terms) Upload a Document Select file Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11132015 18.odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01132016 23.202F Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X # 4 * * 1 - 2 of 2 Items Upload a Document Select file Note: Files must be less than 10M8 in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.8df SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.6DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 1 H 1 - 1 - 2 of 2 items Upload a Document Select file Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.EDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 4 H * 1 - 2 of 2 items Upload a Document Select file Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11192015 18.pdf SLL Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X H 3 H	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18.odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01152016 23.PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X # 1 + # 1 - 2 of 2 items Upload a Document Select file Note: Files must be less than 10M8 in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG
a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, POF, PNG, PDF/A, or JPG/JPE	Image: Second	Ill32015 18.edf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 KB X Ill32016 23.EDE Dedurations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X Immediate Immediate Immediate 05/23/2016 PATBRK 4.572 KB X Upload a Document Immediate Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPE Select file Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPE	File Name * Document Types Upload Date Upload Date Upload Date Uploaded By File Size Pages * 11192015 18 edf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23 EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X * 01192016 23 EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X * • • • • • • • Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPE Select file Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPE	File Name * Document Types Upload Date Upload Bate Uploaded By File Size Pages / 11132015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X / 01132016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X If is a start of the st	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 113201518.edf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 KB * * 011202016.23.80E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB * # 1 H 1 - H 1 - 2 of 2 items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPE	File Name * Document Types Upload Date Uploaded By File Size Pages 11132015 18.adf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X 11132016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X Image: State of the state of	Transaction Documents File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.adf SLI Form. SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 22.8DF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X #<1	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages * 11152015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 * * 01122016 23.20DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 * # 1 + * 1 - 2 of 2 items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PDG, PDF/A, or JPG/JPE	File Name * Document Types Upload Date Uploaded By File Size Pages * 11132015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 * * 01132016 23.50.5 Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 * # 1 # * 1 - 2 of 2 items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, FDF, PNG, PDF/A, or JPG/JPE	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB * * 01192016 23.50E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB * # 1 # # 1 - 2 of 2 items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, FDF, PNG, PDF/A, or JPG/JPE	File Name * Document Types Upload Date Uploaded By File Size Pages * 11132015 18.pdf SLI Form. SL2 Form 05/23/2016 PATBRK 177 K8 * * 01132016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 * # 1 # * 1 - 2 of 2 items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPE	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages / 11132015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KS X / 01122016 22.80F Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K3 X H 1 H 1 - 2 of 2 items Upload a Document Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPE
1 - 2 of 2 it	1110001E 10 w/d Cl1 Example Cl2 Example Cl2 Example Cl2 Example Cl2 Example Cl2 Example Cl2 Example Cl2 Example Cl2 Example	Prie tvame * Document Types Opioado Date Opioado date Pages	Els Neuro a Desensat Terra	The Name of Description Trans			Transaction Documents		The Newson Torrest Understanding Control Dates	The Name and Description and D	Els News P. Deserved Terrer	
1 • H 1 · 2 of 2 items	ALEXAL DECAME AND A CONTROL CONTROL CONTROL CONTROL OF CONTROL CO	Illigolis 18 odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X Olliscold 22 POE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01132016 23 PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X	File Name • Document Types Upload Date Uploaded By File Size Pages 1119201518.odf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 KB X 01192016.23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages 11122015 18.odf S11 Form. S12 Form 05/23/2016 PATBRK 177 KB X 01192016 21.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages 11192015 18 odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X 01192016 23 EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X	Instruction Documents File Name * Document Types Upload Date Uploaded By File Size Pages 1119201518.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X 01192016.22.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 X * 01192016 23 EDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 0119206 23 PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4,572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.odf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 015216 22.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name • Document Types Upload Date Uploaded By File Size Pages • 1119201518.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X • 01192016.23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages 11122015 18.odf S11 Form. S12 Form 05/23/2016 PATBRK 177 KB X 01132016 21.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X
1 • H 1 - 2 of 2 items		Image: 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X Image: 11192015 23.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11132015 18.odf SLL Form. SL2 Form 05/23/2016 PATBRK 177 K8 X * 01132016 72.5DF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 K8 X * 01192016 73.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages 11152015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 127 K8 X 11152016 52.8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.edf SL1 Form 05/23/2016 PATBRK 177 KB X * 01192016 23.8DF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages * 11152015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 127 K8 X * 01192016 23.80E Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ✓ 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KS X ✓ 01192016 73.80f Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X * 01192016 73.80f Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name * Document Types Upload Date Upload Date Uploaded By File Size Pages / 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KS X / 01192016 73.80F Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages / 11192015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X / 01192016 23 8DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X
4.0.40 in the second sec		▶ 11192015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB ★	File Name * Document Types Upload Date Uploaded By File Size Pages / 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATRIK 177 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.pdf SL1 Form, SL2 Form 05/23/2016 PATRIK 177 KB *	File Name ▼ Document Types Upload Date Uploaded By File Size Pages 11192015 18.edf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB ¥	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.pdf SL1 Form, SL2 Form 05/23/2016 PATBRIK 177 KB *	File Name * Document Types Upload Date Uploaded By File Size Pages * 1115201518.pdf 511.Form, 512.Form 05/23/2016 PATBRIK 177.KB *	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.pdf SL1 Form, SL2 Form 05/23/2016 PATRRK 177 KB *	File Name * Document Types Upload Date Uploaded By File Size Pages * 1115201518.pdf SLL Form, SL2 Form 05/(23/2016) PATBRIK 177 KB *	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.pdf SLL Form, SL2 Form 05/23/2016 PATRIK 177 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 1115201518.pdf SLL Form, SL2 Form 05/(23/2016) PATBRK 177 KB *	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.edf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB *
		▶ 11192015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRIK 177 KB ★	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.sdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ▶ 11192015 18 odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB ★	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X	Transaction Documents File Name ▼ Document Types Upload Date Uploaded By File Size Pages 1115201518.pdf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB *	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 pdf SLI Form. SL2 Form 05/23/2016 PATBRK 177 KB *	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 pdf SLL Form. SL2 Form 05/23/2016 PATBRX 177 KB X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ▲ 11192015 18 pdf SLI Form. SL2 Form 05/23/2016 PATBRK 177 KB ¥	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ▶ 11152015 18 odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB ★
		▶ 11192015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB ★	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ▲ 11192015 18 pdf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 KB ¥	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ▲ 11152015 18.sdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB ¥	File Name ▼ Document Types Upload Date Uploaded By File Size Pages 11192015 18 pdf SL1 Form. SL2 Form 05/23/2016 PATBRK 177 KB X	Transaction Documents File Name * Document Types Upload Date Uploaded By File Size Pages 11192015 18 odf SL1 Form, SL2 Form 05/23/2016 PATBRK 127 K8 X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 *	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.edf SLI Form, SL2 Form 05/23/2016 PATBRK 177 KB *	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.edf SL1 Form, SL2 Form 05/23/2016 PATBRK 127 K8 *	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ▲ 11152015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB ★
		▶ 11132015 18.odf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB ★	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB *	File Name * Document Types Upload Date Uploaded By File Size Pages / 1119201518.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 pdf SLL Form, SL2 Form 05/23/2016 PATBRK 177 KB X	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ▶ 11132015 18.edf SL1 Form, SL2 Form 05/23/2016 PATBRK 127 K8 ¥	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB *	File Name ▼ Document Types Upload Date Uploaded By File Size Pages ✓ 11152015 18.edf SL1 Form, SL2 Form 05/23/2016 PATBRK 127 K8 ¥	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.pdf SLL Form, SL2 Form 05/23/2016 PATBRK 177 KB *	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB *	File Name * Document Types Upload Date Uploaded By File Size Pages * 1119201518.pdf SLL Form, SL2 Form 05/(23/2016) PATBRK 177 KB *	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 pdf SLL Form. SL2 Form 05/23/2016 PATBRK 177 KB X
VELORATION Page of billinger of Certificate V3/23/2020 PRIBAN 4,3/2 KB		✓ 11192015 18 ndf Sil Form Si2 Form 05/23/2016 PAT88¥ 177 ¥8 ¥	File Name * Document Types Upload Date Uploaded By File Size Pages 1119001518.ndf SL1 Enrm SL2 Enrm 05/23/2016 DATBR/ 177 VS V	File Name * Document Types Upload Date Uploaded By File Size Pages 1119001518.ndf SL1 Enrors SL2 Enrors 05/23/2016 DATR8/: 177 VS V	File Name * Document Types Upload Date Uploaded By File Size Pages 11192015 18 mH S11 Enrm S12 Enrm 05/23/2016 DATBBY 137 VA W	File Name * Document Types Upload Date Uploaded By File Size Pages 1119001518.ndf S11 Enrm S12 Enrm 05/23/2016 DATBR/ 177 VS V	File Name * Document Types Upload Date Uploaded By File Size Pages 11102015 18 mif 51 Eerm \$12 Eerm 05/72/2016 04/78 Eer 177 VS V	File Name * Document Types Upload Date Uploaded By File Size Pages 1119001518.ndf SJ1 Enrm SJ2 Enrm D5/23/2016 D4T89/ 177 VS V	File Name * Document Types Upload Date Uploaded By File Size Pages * 11192015 18 meF 51 Ferm \$12 Ferm 05/72/2016 04/78 Ref 177 VS •	File Name * Document Types Upload Date Uploaded By File Size Pages 1110001518.mdf S1 Form S1 Form 05/72/2016 DATRSV 177 VS V	File Name * Document Types Upload Date Uploaded By File Size Pages 11102015 18 meF 51 Form 52 Form 05/72/2016 04/78 RV 177 VS 44	File Name * Document Types Upload Date Uploaded By File Size Pages 1119201518 ndf S11 Enrm S12 Enrm 05/23/2016 DATBBY 177 Vs W
2016 23.9DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB 🗶	11102015 18 odf S11 Earm S12 Earm S12 Earm		File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name ▼ Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages
2016 23 PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB	★ 11192015 19 odf 512 Entre 512 Ent		File Name ¥ Document Types Upload Date Uploaded By File Size Pages	File Name ▼ Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	Transaction Documents File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages
2016 23.9DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	▲ 11192015 19 odf SL1 Earm SL2 Earm		File Name * Document Types Upload Date Uploaded By File Size Pages	File Name	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages
2016 23.9DE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	▲ 11102015 18 odf SL1 Earm SL2 Earm SL2 Earm		File Name ¥ Document Types Upload Date Uploaded By File Size Pages	File Name	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name ▼ Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages
2016 23 PDE Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	▲ 11192015 19 odf 511 Earm 512 Earm 512 Earm		File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name	File Name	Transaction Documents File Name * Document Types Upload Date Uploaded By File Size Pages	File Name ▼ Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name * Document Types Upload Date Uploaded By File Size Pages	File Name
iame ▼ Document Types Upload Date Uploade By File Size Pages 2015 18 pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 K8 ★ 2016 23 PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 K8 ★	File Name Document Types Upload Date Uploaded By File Size Pages		Transaction Documents	I ransaction Documents	I Pansaction Documents	Liransaction Documents			Transaction Documents	Transaction Documents	Transaction Documents	I ransaction Documents
iame ▼ Document Types Upload Date Uploade By File Size Pages 2015 18.pdf SL1 Form, SL2 Form 05/23/2016 PATBRK 177 KB X 2016 22.PDF Declarations Page or Binder or Certificate 05/23/2016 PATBRK 4.572 KB X	File Name Document Types Upload Date Uploaded By File Size Pages		Transaction Documents	Transaction Documents	Transaction Documents	Transaction Documents		Transaction Documents	Transaction Documents	Transaction Documents	Transaction Documents	Transaction Documents

When the policy is complete and there are no alerts, click the Save for Later button to save the transaction to your SLIP account or you can click on the Next button to prepare submitting the transaction to the SLA. The Save for Later button allows the user to resolve alerts at a later time before submission because users can no longer submit transactions to the SLA with alerts.
Submitting Transaction to SLA

		Verify and S	Submit Pag	je		
Explana Lines information Partial		ORTS ANALYTICS	USERS CONT/	KTS	REL	P SETTINGS LOGOUT
You are logged in as PATBRK, on behalf of [8486]	TEST (TEST), SAN FRANCIS	co.				[Change Location]
Transaction saved successfully for Policy N	imber ABC ABC.					8
Create Renewal Wiz	ard					
Create Renewal Wizard						
1: Options 2: Policy D	etails	3: Transaction Details		4: Documents	5: Verify and S	ubmit
Policy / Binder Number	: ABC ABC			Multi-State Policy:	NO	Change
Policy Type	: Standard	Change		Multiple Insurers:	NO	Change
Primary Insured Name	: TEST ENVIRONMENT		Ex	empt Commercial Purchaser:	NO	Change
Insured Address	: CA 94111			Insurer Name:	TEST INSURER	
	UNITED STATES			Total Premium:	\$0.00	
Transaction Type	: Renewal			Estimated CA SL State Tax:	\$0.00	
Effective Date	: 05/23/2017			Estimated Stamping Fee:	\$0.00	
Expiration Date	: 05/23/2018			Document Summary:	2 files included	
Invoice Date Coverage Code	: 05/31/2017 : 500 GENERAL LIABILITY	(- GENERAL LIABILITY				
Review the policy and transaction details Please review the details shown above and the SLA. If you need more time, you can clic	or accuracy.	flect the data you wish to on to save your progress v	o submit. When sa	tisfied, click the Submit to SLA 3.	button below to subm	it this transaction to
* Indicates fields that are required for subm	ssion to the SLA.				遼 Save for Later	Submit to SLA

After you click the Submit to SLA button, the Submit to SLA modal displays. The SLIP user can enter his/her broker reference number along with any notes they wish to submit to the analyst for the transactions submitted in this submission. If a transaction is late, the late filing explanation field displays and the Submit button is disabled. The user must provide the reason for the late filing before submitting the transaction to the SLA.

Submit to SLA Modal											
Submit to SLA							×				
Please review and enter any addition	onal information for this submission if necess	ary. When ready, press t	the Submit button	to submit these tr	ansactions to the S	LA for review.	_				
Policy Number	Name of Insured	Transaction Type	Effective Date	\$ Premium	\$ Stamping Fee	\$ State Tax					
TEST-101	SECOND TEST CASE	New Business	06/26/2016	\$6,000.00	\$12.00	\$180.00					
Broker Reference Number:		Broker Refe	mence Date:								
					Cancel	Submit	t				

Create a Renewal from Scratch

If the search results do not show a prior policy, you can create a renewal from scratch.

(*Please note:* this may generate a tag for no record of prior policy if the prior policy is not found. If you were not the broker responsible for the prior policy, add a note to the analyst on the Policy Details page.)

To create a renewal policy from scratch, return to the Create Renewal Wizard screen and click on the <u>Create</u> <u>a Renewal from Scratch</u> link.

Policy Search Screen for Renewals									
HUME PULICIES SUDMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CUNTACTS			HELP SE	THNGS LOGOUT					
You are logged in as PATBRK, on behalf of [8486] TEST (TEST), SAN FRANCISCO.				[Change Location]					
👰 Create Renewal Wizard									
Create Renewal Wizard									
Policy Search									
Search for the existing policy you wish to renew.									
Policy Number: Name of Insured:	Effective Date:								
abc abc		to	(1					
			Clear	Q Search					
Policy Search Results									
Policy / Binder Number * Name of Insured	Policy Type	Effective Date	Expiration Date	Transaction Count					
No records found. Please modify your search criteria and	d try again.								
H 4 0 F H 10 T items per page			No item	s to display					
If the original policy is not found in the system, you can <u>click here to Create a Renewal from Scratch.</u> This will create a new policy for the Renewal under the current location.	>		🎢 Crea	te Renewal					

Creating a renewal from scratch begins with the same process as creating a new business policy by selecting any special conditions that apply to this transaction on the Options page.

Policy Options

		Options Scre	en		
Burgius Lines Information Portal	DNS TAGS ACCOUNT REPO	RTS ANALYTICS USERS			
You are logged in as PATBRK, on beha	alf of [8486] TEST (TEST), SAN FRANCISCO	D.			[Change Location]
Create Renewa	al Wizard				
Create Renewal Wizard					
Step 1: Options					
Enter the policy number and ind	dicate special conditions.				
Begin by providing the new policy to this policy, please indicate the * Policy / Binder Number: Options	γ number. If that policy number alrea em by checking ane or mare of the op	dy exists in SLIP, you will be abl tions below. If none of the condi	t o navigate to that policy to a tions apply, leave only "Standar	dd new transactions. If any specia d Policy" selected and click Next.	I conditions apply
Standard Policy	0	Master Policy This is a single policy that provi	les coverage to eligible employe	es or members on a group basis.	
Multi-State Policy					
This is a single policy when	re the risk is located in more than one	e state.			
This is a single policy wher	re the risk is covered by more than on	e Insurer.			
Exempt Commerci	ial Purchaser / Commercia	Insured			
This policy has an exempt	commercial purchaser / commercial i	insured, which must meet the qu	lifications as set forth by the N	RRA.	
Refer to SLA CA Bulletin 12	230 for more information.				
					Next >

The Standard Policy button is selected by default for all transactions. If the renewal policy you are creating is a master policy, click on the radio button for master policy. If the renewal is a multi-state policy, multiple insurer policy, and/or the insured qualifies as an exempt commercial purchaser (commercial insured), mark the applicable checkbox(es). Specific tabs and fields are enabled based on your selection. For example, if you select master policy, the system will display the certificates tab where you can enter the information for certificates to the master policy.

Option Descriptions

- A master policy is a single contract issued on a group basis with certificates of insurance issued to the policyholders.
- $\circ~$ A multi-state policy covers a risk that resides in more than one state.
- An exempt commercial purchaser/commercial insured (ECP/CI) is an insured that meets three requirements and the policy is exempt from a diligent search. The three requirements are:

- 4. Employs or retains a qualified risk manager³
- 5. Paid an aggregate nationwide property and casualty premium of at least \$100,000 in the immediately preceding 12 months.
- 6. Meets **one** of the following:
 - Possesses a net worth in excess of \$20 million
 - Generates annual revenues over \$50 million
 - Employs more than 500 full time employees per individual insured, or is a member of an affiliated group employing more than 1,000 employees in the aggregate
 - Is a non-profit or public entity generating annual budget over \$30 million
 - Is a municipality with a population in excess of 50,000 persons

After you have made your selection, click on the Next button to create your Renewal policy from scratch.

³ Bulletin 1230 states that under the NRRA a qualified risk manager must meet three requirements: 1) Must be an employee of, or a third party consultant retained by, a commercial policy holder, **and** 2) Provides skilled services in loss prevention, loss reduction, or risk and insurance coverage analysis, and purchase of insurance, **and** 3) A bachelor's degree or higher from an accredited college or university in risk management, business administration, finance, economics, or any other field determined by a state insurance commissioner or other state regulatory official or entity to demonstrate minimum competence in risk management; **and** three years of experience in risk financing, claims administration, loss prevention, risk and insurance analysis, or purchasing commercial lines of insurance, **or** holds one of the designations below:

CPCU or ARM or CRM or RF or any other designation, certification, or license determined by a state insurance commissioner or other state regulatory official or entity to demonstrate minimum competence in risk management, **or** has seven years of experience in risk financing, claims administration, loss prevention, risk and insurance coverage analysis, or purchasing commercial lines of insurance; and any one of the following designations: CPCU or ARM or CRM or RF or any other designation, certification, or license determined by a state insurance commissioner or other state insurance regulatory official or entity to demonstrate minimum competence in risk management, **or** has at least ten years of experience in risk financing, claims administration, loss prevention, risk and insurance coverage analysis, or purchasing commercial lines of insurance, **or** has a graduate degree from an accredited college or university in risk management, business administration, finance, economics, or any other field determined by a state insurance commissioner or other state regulatory official or entity to demonstrate minimum competence in risk management.

Before proceeding, the system will generate a message that warns you that this transaction may create a tag if it is not linked to an initiating transaction.

Standalone Transaction Message



Select the OK button to continue.

Policy Details

	Policy Details	
Surgica Line information Portal	LYTICS USERS CONTACTS	HELP SETTINGS LOGOUT
You are logged in as PATBRK, on behalf of [8486] TEST (TEST), SAN FRANCISCO.		[Change Location]
Create Renewal Wizard		
Create Renewal Wizard		
1: Options 2: Policy Details 3: Transa	tion Details 4: Documents	5: Verify and Submit
Policy / Binder Number: ABC ABC	Multi-State Policy	r: NO Change
Policy Type: Standard	Change Multiple Insurers	s: NO <u>Change</u>
Enter the details for this new Policy.	Secondary Insured Name:	
Insured Address Line 1:	Not required for submission. Enter on	ly if known.
	SIC LYPE.	
Insured Address Line 2:	SELECT	•
City: State: * 7in:	SELECT	•
Country:	Policy Notes: Add Policy Notes	
UNITED STATES	•	
* Indicates fields that are required for submission to the SLA.		
< Back		Save for Later Next >

Complete the required fields with the asterisks: the primary insured name and zip code of the insured's address in the policy details section. If you were not the broker responsible for the initiating policy, click on the Add Policy Notes hyperlink to notify the SLA. Click the Next button.

Transaction Details

Transaction Deta	ils Screen			
				a de la compañía de la
HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS	CONTACTS		HELP SETTINGS	LOGOUT
You are logged in as PATERK, on behalf of [5486] TEST (TEST), SAN FRANCISCO.			[Chen	c Location]
Transaction saved successfully for Policy Number ASC ASC.				×
Create Renewal Wizard				
Create Renewal Wizard				
() 6 sierts have been identified for this transaction. All sierts must be resolved before submission to the	SLA. <u>Click here to review.</u>			
1: Options 2: Policy Details 3: Transaction Details	4: Docum	ants	5: Verify and Submit	
Policy / Binder Number: ABC ABC	Multi-S	tate Policy: N	5	Change
Policy Type: Standard Change	Muitip Exempt Commercial	le Insurers: NO Purchaser: NO)	Change
Provide the transaction type and details.				
Please provide the specific details for this transaction by low.				
* Transaction Type: Effective Date:	Expiration Date:	Involce Date:	_	
Renewal	Ξ		Π	
	Ipen Ended	Leave blank If Ph 0.00)	mium is	
* Insurer Nerre (NAIC #) - Status				
Select the insurer				
Note: Carriers appearing on the arapaown list are only those on the LASU and/or on the NAIC-IIU Q please ensure you have determined that the carrier has met the California eligibility requirements	arterly Listing of Allen Insure under Insurance Code Section	rs. If the carrie 1765.1.	r abes not appear on the aropao	wn llist,
COVERAGES			* Premium	
Salart Courses a Cada			tom	
Since coverage code			\$0.00	
	•	Gross Premi	um: \$0.00	
PEES [mediane	Inches in Descriptor Robiecto		Eng Amount	
POLICY FEE	anciare in Premium (Subject I		50.00	×
INSPECTION FEE			\$0.00	×
BROKER FEE			\$0.00	x
OTHER (FES	-		5000	×
MEETINGS Flaved			1000	
	O Taxable Premiu	Total Fe	xes: \$0.00 xs): \$0.00	
é indiction fielde ibais ana ana dead for e domining to the PLA	Estimated CA Estima	SL State Tax (3 ted Stamping P	ny: \$0.00 iee: \$0.00	
monaves made that are required for sources of the SLA.				
< Back			Save for Later	ext >

Complete the effective and expiration date and invoice date fields. If the policy is open-ended, check the Open-Ended checkbox and the expiration date field is disabled.

Insurer

If the insurer is a single insurer you can select the insurer from the drop down menu. If the insurer is not listed, type in the insurer name.

If you selected the multiple insurers options on the Option screen, the layering tab would be enabled. You could either enter the layering information and upload the multiple insurer document, or just upload the multiple insurer document.

Coverages & Fees

You can select the coverage code from the drop down menu. If you have more than one coverage, the system generates a new row once you entered a coverage on the first row.

Enter the premium amount.

If your transaction contains fees, enter the fee amount. If the fee is taxable, check the box next to the fee amount to include the fee in the stamping fee calculation.

When you have completed this screen, click the Next button to upload your source documents.

Documents Tab

Documents Screen

Surplus Lines Information Portal								55,44000	
HOME POLICIES S		S ACCOUNT RE	PORTS ANALYTICS	USERS CONTACT	12		н	ELP SETTING	1
You are logged in as PATBR	K, on behalf of [8486] T	rest (test), san franc	ISCO.					[Char	ige Loo
Transaction saved suc	cessfully for Policy Nur	nber ABC ABC.							
Ereate Re	enewal Wiza	ard							
Create Renewal	Wizard								_
1: Options	2: Policy Det	tails	3: Transaction Details		4: Documents		5: Verify and	l Submit	
Pol	cy / Binder Number:	ABC ABC			Multi-Sta	te Policy: NO			Ch
	Policy Type:	Standard	Change		Multiple	Insurers: NO			Ch
Pri	mary Insured Name:	TEST ENVIRONMENT		Exem	pt Commercial P	urchaser: NO			Ch
	Insured Address:	CA 94111			Insur	er Name: TEST	INSURER		
	Transaction Type:	UNITED STATES			Total I	Premium: \$0.00)		
	Effortive Date:	Renewal		E	stimated CA SL S	tate Tax: \$0.00)		
	Expiration Date:	05/23/2017			Estimated Stam	ping Fee: \$0.00)		
	Invoice Date:	05/31/2017							
	Coverage Codes:	500 GENERAL LIABILI \$0.00	TY - GENERAL LIABILITY						
Upload supporting docu All submitted Renewals GAP Form or other assor your computer. Please s Transaction Do	imentation for this R must contain a Decla ciated documents. You elect from the follow cuments	enewal transaction. rations Page/Binder/C u may complete and si ring options.	Cover Nate/Certificate as ubmit SL1, SL2, and Gap F	well as a completed Si 'orms online or you cai	L1 Form. Some Ne n upload any requ	w Business Polici iired forms as we	ies may also ı ell as other sı	require an SL2 F pporting docun	orm c ients ;
File Name 🔻	D	ocument Types			Upload Date	Uploaded By	File Size	Pages	
H 4 0 F 1	н							No items to di	splay
Upload a Doc	ument		Note: Files must be less	than 10MB in size and	in one of the foll	lowing formats:	TIFF, PDF, PN	G, PDF/A, or JP	G/JP
Online SL For	ms								
		/ Complete	SI 2 Form	Complete GAP	Form				

Adding and Uploading Documents

Once the user selects a file, the document type(s) checklist displays. Check the appropriate box(es) for the associated documents contained in the selected file. If you uploaded electronic versions of the SL forms, check the applicable checkbox(es).

Document Type(s) List								
Document Type(s):								
Declarations Page or Binder or Certificate	Certificate to Master Policy	Other Document Type						
Endorsement Document	Multi-State - Premium by State 0							
Syndicate List 🟮	SL1 Form							
Coversheet	SL2 Form							
Invoice Statement	GAP Form	Upload 🔗 Cancel						
🗌 Bordereau 🚯	Multiple							

Click the Upload button.

Remember that the upload will only be successful if the documents are less than 10MB in size and in a TIFF, PDF, PNG, PDF/A or JPG/JPEG format.

The Transaction Documents section provides you with a list of documents uploaded with this transaction. To add documents, click on the Edit icon and the document type list will display again for changes.

	Document	s Screen				
SLIP Burgina Lines information Portal	TAGS ACCOUNT REPORTS ANALYTICS U		н		55 LOG	Ю ТUO
You are logged in as PATBRK, on behalf of [844	36] TEST (TEST), SAN FRANCISCO.			[Cha	inge Locat	tion]
File 11192015 18.pdf uploaded.						×
Create Renewal Wi	izard					
Create Renewal Wizard						
1: Options 2: Policy	Details 3: Transaction Details	4: Documents	5: Verify and	Submit		
Policy / Binder Numb	er: ABC ABC	Multi-State Poli	icy: NO		Chans	ge
Policy Ty Primary Insured Nat	pe: Standard Change	Multiple Insure	ers: NO		Chang	ge co
Insured Addre	ess: CA 94111	Insurer Nar	me: TEST INSURER		C. B.	<u>s</u> =
	UNITED STATES	Total Premiu	ım: \$0.00			
Transaction Ty	pe: Renewal	Estimated CA SL State T	ax: \$0.00			
Expiration D	/te: 05/23/2017	Estimated Stamping F	ee: \$0.00			
Invoice Dr	ate: 05/31/2017					
Coverage Cod	Jes: 500 GENERAL LIABILITY - GENERAL LIABILITY					
	\$0.00					
Upload supporting documentation for th	is Renewal transaction.					
All submitted Renewals must contain a De GAP Form or other associated documents. your computer. Please select from the fo	eclarations Page/Binder/Cover Note/Certificate as wel . You may complete and submit SL1, SL2, and Gap Forn llowing options.	Il as a completed SL1 Form. Some New Busi ns online or you can upload any required fo	iness Policies may also re orms as well as other sup	equire an SL2 I oporting docum	Form or nents fro	m
Transaction Documents						
File Name 🔻	Document Types	Upload Date Upload	ed By File Size	Pages		
✓ <u>11192015 18.pdf</u>	SL1 Form, SL2 Form	05/23/2016 PATBRK	177 КВ		×	
✓ 01192016 23.PDF	Declarations Page or Binder or Certificate	05/23/2016 PATBRK	4,572 KB		×	
H < 1 > H				1 - 2 of 2	items	Π
Upload a Document						
	Note: Files much be less the		formates TIES DOS DNK			
Select file	Note: Pites must be less tha	in tomb in size and in one of the following	Jormais: HEF, FDF, FNG	1, FUFTA, OF J	-O/JFEO.	
Opling SL Forms						
Online SE Pornis						
Complete SL1 Form	Complete SL2 Form	Complete GAP Form				
< Back			🗵 Save	for Later	Nex >	7

If you did not upload the SL forms, the Complete SL1 Form, Complete SL2 Form and Complete GAP Form buttons are enabled. Complete the required forms and Save Form. *(Note: original copies of the signed forms must still be maintained by your brokerage per Section 2190.3 of the California Code of Regulations.)*

When the policy is complete and there are no alerts, click the Save for Later button to save the transaction to your SLIP account or you can click on the Next button to prepare submitting the transaction to the SLA. The Save for Later button also allows the user to resolve alerts at a later time before submission because users can no longer submit transactions to the SLA with alerts.

Submitting Transaction to SLA

Verify and Submit Pa	age
----------------------	-----

		<u>N</u>				
IOME POLICIES SUBMIS	SIONS TAGS	ACCOUNT RE	PORTS ANALYTICS	USERS CONTACTS	HELP	SETTINGS LOGOUT
ou are logged in as PATBRK, on b	ehalf of [8486] T	EST (TEST), SAN FRANC	ISCO.			[Change Location]
Transaction saved successful	ly for Policy Num	ber ABC ABC.				×
Create Renewal Wiza	val wiza rd	ra				
1: Options	Z: Policy Deta	ails	3: Transaction Details	4: Documents	5: Verify and Subm	nt
Policy / Bi	nder Number:	ABC ABC		Multi-State Policy:	NO	Change
	Policy Type:	Standard	Change	Multiple Insurers:	NO	Change
Primary I	nsured Name:	TEST ENVIRONMENT		Exempt Commercial Purchaser:	NO	Change
Ins	ured Address:	CA 94111		Insurer Name:	TEST INSURER	
Tran	saction Type:	Renewal		Total Premium:	\$0.00	
E	iffective Date:	05/23/2017		Estimated CA SL State Tax:	\$0.00	
Ex	piration Date:	05/23/2018		Estimated Stamping Fee:	\$0.00	
	Invoice Date:	05/31/2017		Document Summary.	2 mes included	
Co	verage Codes:	500 GENERAL LIABILI \$0.00	TY - GENERAL LIABILITY			
leview the policy and transac	ction details for	r accuracy.				
lease review the details show he SLA. If you need more time Indicates fields that are requ	n above and en: e, you can click ired for submiss	sure they accurately r the Save for Later bu rion to the SLA.	eflect the data you wish to tton to save your progress w	submit. When satisfied, click the Submit to SL4 vithout submitting.	button below to submit th	nis transaction to
< Back					Save for Later	Submit to SLA

After you click the Submit to SLA button, the Submit to SLA modal displays. The SLIP user can enter his/her broker reference number along with any notes they wish to submit to the analyst for the transactions submitted in this submission. If a transaction is late, the late filing explanation field displays. The user must provide the reason for the late filing before submitting the transaction to the SLA.

Submit to SLA Modal											
Submit to SLA						>	<				
Please review and enter any addit	tional information for this submission if necess	sary. When ready, press	the Submit button	to submit these t	transactions to the	LA for review.	_				
Policy Number	Name of Insured	Transaction Type Effective Date		\$ Premium	\$ Stamping Fee	\$ State Tax					
TEST-101	SECOND TEST CASE	New Business	06/26/2016	6,000.00	\$12.00	\$180.00	1				
Broker Reference Number: Submission Notes:		Broker Ref	Erence Date:								
					Cancel	🖾 Submit					

Create Endorsement/Cancellation Wizard

Home Page

HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS	HELP SETTINGS	
Welcome, Patricia McAuley!	Contact SLA	
Policy Actions	\$ Pay Stamping Fee	
Create a new policy, upload documents, and complete online forms through the SLIP Create New Policy Wizard.	(i) Quick Info	
Create Renewal () Report a Renewal for an existing policy or create a renewal from scratch through the SLIP Create Renewal Wizard.	My Unsubmitted Transactions Total Unsubmitted Transactions	
Report Endorsements, Cancellations, Audits, and Extensions for existing policies or create Endorsements from scratch through the SLIP Create Endorsement Wizard.	My Unsubmitted Transactions with Alerts Total Unsubmitted Transactions with Alerts	
Bulk Data Entry	Total Open Tags	
BIF or XML Bulk Submission / Import Wizard Import Wizard Upload policy data in bulk for direct submission to the SLA or for further review in SLIP through the SLIP Bulk Submission Wizard.	Total Informational Tags Transactions Pending Review Returned Transactions	
	Invalid Bulk Submissions	

To create an endorsement/cancellation, select the Create Endorsement link on the home page. The link will bring you to a search screen to find the initiating new or renewal transaction.

Endorsement Search

Endorsement Search Screen

OME POLICIES SUBMISSIONS TA	GS ACCOUNT REPORTS ANALYTICS USERS	CONTACTS HELP SETTINGS LOGOU
ou are logged in as PATBRK, on behalf of [8486] TEST (TEST), SAN FRANCISCO.	[Change Location
Create Endorsement Wizard Policy Search		
Search for the existing policy for this en Policy Number:	dorsement. Name of Insured:	Effective Date:
		Clear Q Search

If searching by individual names, enter the last name first, then first name because the SLA enters the name in that order. For businesses with DBAs, the SLA enters the DBA name.

Search ResultsScreen

arplus Lines In	Vormation Partal						65 AA	MILLION THE
ME		GS ACCOUNT	REPORTS ANALYTICS	USERS CONTACTS			HELP SE	
u are logg	ed in as PATBRK, on behalf of [8486]	TEST (TEST), SAN	FRANCISCO.					[Change Locatio
Cr	reate Endorsement	Wizard						
	- •							
reate	Endorsement Wizard							
- II	e 1							
	/ Search							
Policy	Jearen							
roncy	Jearen							
Search f	for the existing policy for this end	dorsement.						
Search f	for the existing policy for this end	dorsement.	Name of Insured:		Effective Date:			
Search f Policy N abc al	for the existing policy for this end number: bc	dorsement.	Name of Insured:		Effective Date:	to to	0	Ĩ
Search f Policy N abc al	for the existing policy for this end number: bc	dorsement.	Name of Insured:		Effective Date:	To to	0	Ĩ
Search f Policy N abc al	for the existing policy for this end number:	dorsement.	Name of Insured:		Effective Date:	to 🗐	Clear) Q Search
Search f Policy N abc al	for the existing policy for this end number:	dorsement.	Name of Insured:		Effective Date:	to 🔛	Clear	Q Search
Search f Policy N abc al	for the existing policy for this end number: bc	dorsement.	Name of Insured:		Effective Date:	to	Clear	III
Search J Policy N abc al	r Search Results	dorsement.	Name of Insured:		Effective Date:	to 🗐	Clear	III Q. Search
Search f Policy N abc al	for the existing policy for this end number: bc / Search Results Policy / Binder Number *	dorsement.	Name of Insured:		Effective Date:	to Effective Date	Clear Expiration Date	Q Search Transaction Count
Search J Policy N abc al	for the existing policy for this end tumber: bc / Search Results Policy / Binder Number * ABC ABC	dorsement.	Name of Insured:		Effective Date:	I to	Clear Expiration Date	C. Search Transaction Count 2
Search f Policy N abc al Policy	Search Results Policy / Binder Number * ABCABC	Jorsement.	Name of Insured:		Effective Date: Policy Type S	to Effective Date	Clear	Transaction Count 2 1 of 1 items
Search f Policy N abc al	for the existing policy for this end tumber: bc ✓ Search Results Policy / Binder Number ▲ ABC ABC ↓ ↓ ↓ 10 ▼ ite	dorsement.	Name of Insured:		Effective Date: Policy Type S	Effective Date	Clear Expiration Date 1	Transaction Count 2 1 of 1 items

If there is only one initiating transaction in the search results, the system preselects it and you can click on the Create Endorsement button.

Options Screen

	Options Page		
HOME POLICIES SUBMISSIONS TAGS ACCOUNT	REPORTS ANALYTICS USERS COL	NTACTS	HELP SETTINGS LOGOUT
You are logged in as PATBRK, on behalf of [8486] TEST (TEST), SAN FRA	ANCISCO.		[Change Location]
Create Endorsement Wizard			
Create Endorsement Wizard			
1: Options 2: Policy Details	3: Transaction Details	4: Documents	5: Verify and Submit
Enter the policy number and indicate special conditions.			
Begin by providing the new policy number. If that policy numbe to this policy, please indicate them by checking one or more of • * Policy / Binder Number: ABC ABC Options	r olready exists in SLIP, you will be able to n the options below. If none of the conditions	avigate to that policy to add nev apply, leave only "Standard Polic	v transactions. If any special conditions apply y' selected and click Next.
Standard Policy	Master Policy This is a single policy that provides c	overage to eligible employees or i	members on a group basis.
Multi-State Policy			
This is a single policy where the risk is located in more th	nan one state.		
Multiple Insurers			
This is a single policy where the risk is covered by more t	han one Insurer.		
Exempt Commercial Purchaser / Comme	arcial Insured		
Inis poucy has an exempt commercial purchaser / comm Refer to SLA CA Bulletin 1230 for more information	ercial insured, which must meet the qualifica	itions as set forth by the NKRA.	
Refer to <u>SCA CA builteuri 1230</u> for more information.			
			Next >

If there are special conditions associated with this endorsement, select the applicable conditions and click Next.

Policy Details Screen

SLIP Burgha Lines information Portal					
HOME POLICIES SU	IBMISSIONS TAGS ACCOUNT	REPORTS ANALYTICS US	SERS CONTACTS	HELP SE	
You are logged in as PATBRK	C, on behalf of [8486] TEST (TEST), SAN FRA	NCISCO.			[Change Location
Transaction saved succ	cessfully for Policy Number ABC ABC.				
Create En	dorsement Wizard				
Create Endorsem	ent Wizard				
1: Options	2: Policy Details	3: Transaction Details	4: Documents	5: Verify and Submit	
Polic	y / Binder Number: ABC ABC		Multi-State Policy:	NO	Chang
	Policy Type: Standard	Change	Multiple Insurers:	NO	Chang
Enter the details for this * Primary Insured Nar TEST ENVIRONMENT	s new Policy.		Secondary Insured Name:		
Insured Address Line 1:			Not required for submission. Enter only i	f known.	
			SIC Type: 0		
Insured Address Line 2:			SELECT		•
City	State:	z zin:	SELECT		•
		94111	Policy Notes: Add Policy Notes		
Country:			· · · · · · · · · · · · · · · · · · ·		
UNITED STATES		•			
* Indicates fields that are	e required for submission to the SLA.				
< Back				Save for Late	er Next >

Policy Details

When the endorsement is linked to an initiating transaction, the required fields of primary insured name and zip code of the insured's address are carried forward in the Policy Details screen.

Click the Next button to go to the Transaction Details page.

Transaction Details Screen

SLIP, SIN		44	e A
Apple Line Mender Pure			
NOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS U	SERS CONTACTS	HELP SETTIN	as Locour
fou are legged in as PATSRK, on behalf of [5455] TEST (TEST), SAN PRANCISCO.		<u>(</u> 2)	ange Location)
Transaction saved successfully for Policy Number ASC ASC.			
Create Endorsement Wizard			
Create Endorsement Wizard			
	to Description	C. Vedbard School	
1: Options Z: Policy Details St Transferror Details	4: Documents	s: verity and submit	
Policy / Binder Number: ABC ABC Policy Type: Standard Change	Multi-State Policy: Multiple Insurers:	ND	Change Change
	Exempt Commercial Purchaser:	NO	Change
Insurer Name (NAIC #) - Status test insurer bits: Carriers appearing on the dropdown list are only those on the LASU and/or on the NAIC-I lease ensure you have determined that the carrier has met the California eligibility requirems	ID Quarterly Listing of Allen Insurers. If the ca ents under Insurance Code Section 1765.1.	rrfer does not appear on the drap	v down list,
* Covercade S		* Premiu	m
500 GENERAL LIABILITY - GENERAL LIABILITY	Ŧ	500	×
Select Coverage Code	•	\$0.07]
FES .	🖯 Gross Pre	mlum: \$0.00	,
fee Name	Include in Premium (Subject to Tax)	Fee Amou	nt
NOLICY FEE		\$0.0	x
NSPECTION FEE		\$0.0	x 0
3ROKER FEE		\$0.0	• ×
OTHER FEES		\$0.0	• ×
indicates fields that are required for submission to the SLA.	Tota Tota Tota Totable Premium (including Estimated CA SL State Ta Estimated Stample	l Fees: \$0.00 (Fees): \$0.00 x (3%): \$0.00 g Fee: \$0.00)))
< Back		Save for Later	Next >

Transaction Details

If the initiating transaction has been registered by the SLA, the insurer and coverage information will be transferred over. Complete the required endorsement effective date and invoice date field and premium.

Click on the Next button.

Documents

		Docume	nts Page				
HOME POLICIES SUBMISSIONS TAC Vou are logged in as PATERIX, on behalf of [6466]	SS ACCOUNT R	EPORTS ANALYTICS	USERS CONTACT	5		HE	P SETTINGS LOCOUT
Create Endorsement	Wizard						×
Create Endorsement Wizard							
1: Options 2: Policy De	tails	3: Transaction Details		4: Documents		5: Verify and !	Submit
Policy / Binder Number	: ABC ABC			Multi-Sta	te Policy: NO		Change
Policy Type	: Standard	Change		Multiple	Insurers: NO		Change
Primary Insured Name	: TEST ENVIRONMENT	r LLC	Exemp	ot Commercial P	urchaser: NO		Change
Insured Address	: CA 94111			Insur	er Name: TEST	NSURER	
Transaction Type	Endorsement			Total I	Premium: \$5,00	0.00	
Effective Date	05/23/2016		E	stimated CA SL S	tate Tax: \$150.0	00	
Expiration Date	:			Estimated Stam	ping Fee: \$10.0)	
Invoice Date	: 05/23/2016						
Coverage Codes	: 500 GENERAL LIABI \$5,000.00	LITY - GENERAL LIABILITY					
Upload supporting documentation for this I All submitted Endorsements must contain ar extensions that exceed 90 days in the aggreg	Endorsement transac n Endorsement docum gate during any 12 ma	tion. ent. Some Endorsement typ nth period. Refer to <u>SLA Bu</u>	es may require other o Illetin 1141.	associated docum	ients. Note: SL1 a	nd SL2 Forms	are only required for
Transaction Documents							
File Name 🔻 🛛	Ocument Types			Upload Date	Uploaded By	File Size	Pages
H 4 0 + H							No items to display
Upload a Document							
Select file		Note: Files must be less i	than 10MB in size and	in one of the foll	lowing formats: T	IFF, PDF, PNG	, PDF/A, or JPG/JPEG.
Online SL Forms							
Complete SL1 Form	🖍 Complete	e SL2 Form	🖍 Complete GAP	Form			
< Back						Save f	or Later Next >

Select a file. The document type checklist will display. Check the document types to be attached to the transaction and click the Upload button.

Document Type(s) Checklist	
	Ê.

Document Type(s) Checklist						
Document Type(s):						
Declarations Page or Binder or Certificate	Certificate to Master Policy	Other Document Type				
Endorsement Document	Multi-State - Premium by State 0					
Syndicate List 0	SL1 Form					
Coversheet	SL2 Form					
Invoice Statement	GAP Form	Upload 🖉 Cancel				
Bordereau	Multiple					

The uploaded document(s) will be shown under the Transaction Documents section.

		Documer	nts Tab					
Surplue Lines Information Points	JEMISSIONS TAGS ACCOU	NT REPORTS ANALYTICS U	SERS CONTACTS			Г Н		s Logout
ou are logged in as PATBR	K, on behalf of [8486] TEST (TEST), S	SAN FRANCISCO.					[Char	nge Location]
A								
Create Er	ndorsement Wizard	I						~
Create Endorsem	ent Wizard							
1: Options	2: Policy Details	3: Transaction Details	4:	Documents		5: Verify and	l Submit	
Poli	cy / Binder Number: ABC ABC			Multi-State	Policy: NO)		Change
	Policy Type: Standard	Change		Multiple I	nsurers: NO)		Change
Pri	mary Insured Name: TEST ENVIR	RONMENT LLC	Exempt	Commercial Pu	rchaser: NO)		Change
	Insured Address: CA 94111			Insure	r Name: TE	ST INSURER		
	UNITED ST/	ATES		Total Pr	remium: \$5	,000.00		
	Transaction Type: Endorseme	nt	Esti	mated CA SL St	ate Tax: \$1	50.00		
	Effective Date: 05/23/2010	6	Es	stimated Stamp	ing Fee: \$1	0.00		
	Expiration Date:							
	Coverage Codes: 500 GENER	» AL LIABILITY - GENERAL LIABILITY						
Upload supporting docu	mentation for this Endorsement	transaction.						
All submitted Endorsem extensions that exceed !	ents must contain an Endorsemen 10 days in the aggregate during ai	t document. Some Endorsement types ny 12 month period. Refer to <u>SLA Bulle</u>	may require other ass a <u>tin 1141.</u>	ociated docume	nts. Note: Si	L1 and SL2 Form	s are only requi	red for
Transaction Do	cuments							
File Name 🔻	Document Type	5	Uple	oad Date U	ploaded By	File Size	Pages	
01192016 23.PD	E Endorsement D	ocument	05/2	23/2016 PA	ATBRK	4,572 KB		×
H 4 1 F 1	4						1 - 1 of 1	items
Upload a Doc	ument							
Select file		Note: Files must be less the	an 10MB in size and in a	one of the follo	wing format	s: TIFF, PDF, PN	G, PDF/A, or JP	G/JPEG.
Complete SL	.1 Form	Complete SL2 Form	Complete GAP For	rm				
< Back						명 Save	for Later	Next >

If you need to add or change any document types, click the Edit icon and the document type list will display.

You can disregard the SL and GAP form buttons unless your endorsement is an extension endorsement that exceeds 90 days in the aggregate in a rolling twelve month period.

Click the Next button.

Submitting Transaction to the SLA

	١	erify and Submi	t Page		
SUPPORT INTERNAL SUBMISSIONS TAGS		ANALYTICS USERS	CONTACTS	HELP	
You are logged in as PATBRK, on behalf of [8486] T	EST (TEST), SAN FRANCISCO.				[Change Location]
Transaction saved successfully for Policy Nur	ber ABC ABC				¥
	and mare Mare.				0
💬 Create Endorsement	Wizard				
102					
Create Endorsement Wizard					
1: Options 2: Policy Det	ails 3: Tran	isaction Details	4: Documents	5: Verify and Su	bmit
Policy / Binder Number:	ABC ABC		Multi-State Policy:	NO	Change
Policy Type:	Standard	Change	Multiple Insurers:	NO	Change
Primary Insured Name:	TEST ENVIRONMENT LLC		Exempt Commercial Purchaser:	NO	Change
Insured Address:	CA 94111		Insurer Name:	TEST INSURER	
Townships Towns	UNITED STATES		Total Premium:	\$5,000.00	
Effective Date:	Endorsement		Estimated CA SL State Tax:	\$150.00	
Effective Date:	0572372016		Estimated Stamping Fee:	\$10.00	
Expiration Date:	05/23/2016		Document Summary:	One file included	
Coverage Codes:	500 GENERAL LIABILITY - GENE \$5.000.00	RAL LIABILITY			
Review the policy and transaction details fo	r accuracy.				
Please review the details shown above and en the SLA. If you need more time, you can click * Indicates fields that are required for submiss	sure they accurately reflect the the Save for Later button to sa sion to the SLA.	e data you wish to submit. ve your progress without s	When satisfied, click the Submit to SLA ubmitting.	button below to submi	t this transaction to
< Back			[Save for Later	Submit to SLA

If there are no alerts, your endorsement is now ready to submit to the SLA. Review the information for correctness and click on the Submit to SLA.

Submit to SLA						, ,	×
Please review and enter any addi	tional information for this submission if nece	ssary. When ready, press	the Submit button	to submit these to	ransactions to the	SLA for review.	
Policy Number	Name of Insured	Transaction Type	Effective Date	\$ Premium	\$ Stamping Fee	\$ State Tax	
<u>101-101</u>	BROKER TESTER	Endorsement	03/23/2016	\$25.00	\$0.05	\$0.75	
Submission Notes:		Broker Refe	mence Date:				
							J
					Cancel	Submit]

Enter any notes to the SLA analyst and click on the Submit button.

Create an Endorsement/Cancellation from Scratch

If the search results do not show an initiating policy, you can create an endorsement from scratch. (*Please note: this may generate a tag for no record of initiating policy if the initiating policy is not found. If you took over the account on a broker of record, please make a note to the SLA analyst.*)

To create an endorsement from scratch, return to the Create Endorsement/Cancellation Wizard screen and click on the *Create an Endorsement from Scratch* link.

OME POLICIES SUBMISSIONS TAG	ACCOUNT REPORTS ANALYTICS	USERS CONTACTS			HELP SE	TTINGS LOGOL
ou are logged in as PATBRK, on behalf of [8466] 9	URPLUS INSURANCE BROKER (OA111111), .					[Change Location
Create Endorsement	Wizard					
Create Endorsement Wizard						
Policy Search						
Search for the existing policy for this endo Policy Number: test0123	Name of Insured:		Effective Date:	to 🗍	Ē	
					Clear	Q Search
Policy Search Results						
Policy / Binder Number 🔺	Name of Insured		Policy Type	Effective Date	Expiration Date	Transaction Count
	No records found. Please modif	y your search criteria and t	ry again.			
I4 ◀ 0 ► ► 10 ▼ iten	ns per page				No item	is to display
If the original policy is not found in the sy. This will create a new policy for the Endor	stem you can <u>click here to Create an Endors</u> sement under the current location.	ement from Scratch.	>		🎢 Create E	ndorsement

Policy Search Screen for Endorsement/Cancellation

Policy Options Screen for Endorsement/Cancellation

NUME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS HELP SETTINGS IC You are logged in as PATERX, on behalf of [8464] SURPLUS INSURANCE BROKER (0A11111), . IC IC <th>Surplue Lines Information Portal</th> <th></th> <th></th> <th></th> <th></th> <th>CANONAN THE</th>	Surplue Lines Information Portal					CANONAN THE
You are logged in as PATERK, on behalf of [8466] SURPLUS INSURANCE BROKER (0A11111), . Change Los Image: Los Create Endorsement Wizard Create Endorsement Wizard Step 1: Options Enter the policy number and indicate special conditions. Begin by providing the new policy number. If that policy number already exists in SUP, you will be able to navigate to that policy to add new transactions. If any special conditions apply to below, please indicate them by checking one or more of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Next. Image: Policy / Binder Number: Master Policy Options Master Policy Image: Policy where the risk is located in more than one state. Multile Insurers Image: Nultiple Insurers This is a single policy where the risk is covered by more than one Insurer. Exempt Commercial Purchaser / Commercial Insured This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA.	HOME POLICIES	SUBMISSIONS TAGS ACCOUNT R	EPORTS ANALYTICS USERS	CONTACTS	HEL	P SETTINGS LOGOUT
Create Endorsement Wizard Create Endorsement Wizard Step 1: Options Enter the policy number and indicate special conditions. Begin by providing the new policy number. If that policy number already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any special conditions apply to this policy, please indicate them by checking one or more of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Next. • Policy / Binder Number: Determine The selection of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Next. • Policy / Binder Number: Determine The selection of the selection of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Next. • Policy / Binder Number: Determine The selection of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Next. • This is a single policy where the risk is located in more than one state. Multiple Insurers This is a single policy where the risk is covered by more than one Insurer. Exempt Commercial Purchaser / Commercial Insured This policy has an exempt commercial purchaser / commercial Insured This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA. Refer to SLA CA Bulletin 1220 for more information.	You are logged in as PATE	RK, on behalf of [8466] SURPLUS INSURANCE BR	OKER (OA11111), .			[Change Location]
Create Endorsement Wizard Step 1: Options Enter the policy number and indicate special conditions. Begin by providing the new policy number. If that policy number already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any special conditions apply to this policy, please indicate them by checking one or more of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Next. • Policy / Binder Number: • Options • Multi-State Policy • This is a single policy where the risk is located in more than one state. • Multiple Insurers • This is a single policy where the risk is covered by more than one Insurer. • Exempt Commercial Purchaser / Commercial Insured • This policy has an exempt commercial purchaser / commercial Insured, which must meet the quali	🛨 Create E	ndorsement Wizard				
Step 1: Options Enter the policy number and indicate special conditions. Begin by providing the new policy number. If that policy number already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any special conditions apply to this policy, please indicate them by checking one or more of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Next. • Policy / Binder Number: • Options • Standard Policy • Multi-State Policy • This is a single policy where the risk is located in more than one state. • Multiple Insurers • This is a single policy where the risk is covered by more than one Insurer. • Exempt Commercial Purchaser / Commercial Insured • This policy has an exempt commercial purchaser / commercial insured, which must meet t	Create Endorse	nent Wizard				
Enter the policy number and indicate special conditions. Begin by providing the new policy number. If that policy number already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any special conditions apply to this policy, please indicate them by checking one or more of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Next. • Policy / Binder Number: Options Standard Policy Master Policy This is a single policy where the risk is located in more than one state. Multi-State Policy This is a single policy where the risk is covered by more than one Insurer. Exempt Commercial Purchaser / Commercial Insured This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA. Refer to SLA CA Bulletin 1220 for more information.	Step 1: Options					
Begin by providing the new policy number. If that policy number already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any special conditions apply to this policy, please indicate them by checking one or more of the options below. If none of the conditions apply, leave only "standard Policy" selected and click Next. • Policy / Binder Number: • Policy / Binder Number: • Options • Standard Policy • Multi-State Policy • Multi-State Policy • This is a single policy where the risk is located in more than one state. • Multiple Insurers • This is a single policy where the risk is covered by more than one Insurer. • Exempt Commercial Purchaser / Commercial Insured • This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA. Refer to SLA CA Bulletin 1230 for more information.	Enter the policy num	er and indicate special conditions.				
Options • Standard Policy • Master Policy This is a single policy that provides coverage to eligible employees or members on a group basis. Multi-State Policy This is a single policy where the risk is located in more than one state. Multiple Insurers This is a single policy where the risk is covered by more than one Insurer. Exempt Commercial Purchaser / Commercial Insured This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA. Refer to SLA CA Bulletin 1230 for more information.	Begin by providing the to this policy, please i	new policy number. If that policy number a ndicate them by checking one or more of th umber:	Ilready exists in SLIP, you will be at e options below. If none of the com	le to navigate to that polic litions apply, leave only "St	/ to add new transactions. If any s andard Policy" selected and click N	pecial conditions apply lext.
Options Image: Standard Policy Master Policy This is a single policy that provides coverage to eligible employees or members on a group basis. Image: Multi-State Policy This is a single policy where the risk is located in more than one state. Multiple Insurers This is a single policy where the risk is covered by more than one Insurer. Image: Exempt Commercial Purchaser / Commercial Insured This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA. Refer to SLA CA Bulletin 1230 for more information.						
 Standard Policy Master Policy This is a single policy that provides coverage to eligible employees or members on a group basis. Multi-State Policy This is a single policy where the risk is located in more than one state. Multiple Insurers This is a single policy where the risk is covered by more than one Insurer. Exempt Commercial Purchaser / Commercial Insured This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA. Refer to <u>SLA CA Bulletin 1230</u> for more information. 	Options					
Multi-State Policy This is a single policy where the risk is located in more than one state. Multiple Insurers This is a single policy where the risk is covered by more than one Insurer. Exempt Commercial Purchaser / Commercial Insured This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA. Refer to <u>SLA CA Bulletin 1230</u> for more information.	• Standard P	olicy (Master Policy This is a single policy that prov	ides coverage to eligible en	ployees or members on a group ba	asis.
This is a single policy where the risk is located in more than one state. Multiple Insurers This is a single policy where the risk is covered by more than one Insurer. Exempt Commercial Purchaser / Commercial Insured This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA. Refer to <u>SLA CA Bulletin 1230</u> for more information.	Multi-State	Policy				
Multiple Insurers This is a single policy where the risk is covered by more than one Insurer. Exempt Commercial Purchaser / Commercial Insured This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA. Refer to <u>SLA CA Bulletin 1230</u> for more information.	This is a single	olicy where the risk is located in more than	one state.			
This is a single policy where the risk is covered by more than one Insurer. Exempt Commercial Purchaser / Commercial Insured This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA. Refer to <u>SLA CA Bulletin 1230</u> for more information.	Multiple In	urers				
This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA. Refer to <u>SLA CA Bulletin 1230</u> for more information.	This is a single	olicy where the risk is covered by more tha	n one Insurer.			
Refer to <u>SLA CA Bulletin 1230</u> for more information.	This policy has	an exempt commercial purchaser / commercial	cial insured which must most the a	alifications as set forth by	the NRRA	
	Refer to <u>SLA CA</u>	Bulletin 1230 for more information.	and mored, which must meet the q	anneacions as sec for the by	uno muodi.	
Novt						Next

Policy Options

The Standard Policy button is selected as the default for all transactions. If the endorsement you are creating belongs to a master policy, select the master policy radio button. In addition, if the endorsement belongs to a multi-state policy, a multiple insurer policy, or the insured qualifies as an exempt commercial purchaser (commercial insured), mark one or more of the associated checkboxes. Selecting a particular option will enable certain tabs to display. For example, if you select master policy, the system will display the certificates tab where you can enter the certificate information

Option Definitions

- A master policy is a single contract issued on a group basis with certificates of insurance issued to the policyholders.
- A multi-state policy covers a risk that resides in more than one state.
- An exempt commercial purchaser/commercial insured (ECP/CI) is an insured that meets three requirements and the policy is exempt from a diligent search. The three requirements are:

- 1. Employs or retains a qualified risk manager⁴
- 2. Paid an aggregate nationwide property and casualty premium of at least \$100,000 in the immediately preceding 12 months.
- 3. Meets one of the following:
 - Possesses a net worth in excess of \$20 million, or
 - Generates annual revenues over \$50 million, or
 - Employs more than 500 full time employees per individual insured, or is a member of an affiliated group employing more than 1,000 employees in the aggregate, **or**
 - Is a non-profit or public entity generating annual budget over \$30 million, or
 - Is a municipality with a population in excess of 50,000 persons

After you have made your selection, click on the Next button to create your endorsement/cancellation policy from scratch.

⁴ Bulletin 1230 states that a qualified risk manager must meet three requirements: 1) Must be an employee of, or a third party consultant retained by, a commercial policy holder, **and** 2) Provides skilled services in loss prevention, loss reduction, or risk and insurance coverage analysis, and purchase of insurance, **and** 3) A bachelor's degree or higher from an accredited college or university in risk management, business administration, finance, economics, or any other field determined by a state insurance commissioner or other state regulatory official or entity to demonstrate minimum competence in risk management; **and** three years of experience in risk financing, claims administration, loss prevention, risk and insurance analysis, or purchasing commercial lines of insurance, **or** holds one of the designations below:

CPCU or ARM or CRM or RF or any other designation, certification, or license determined by a state insurance commissioner or other state regulatory official or entity to demonstrate minimum competence in risk management, **or** has seven years of experience in risk financing, claims administration, loss prevention, risk and insurance coverage analysis, or purchasing commercial lines of insurance; and any one of the following designations: CPCU or ARM or CRM or RF or any other designation, certification, or license determined by a state insurance commissioner or other state insurance regulatory official or entity to demonstrate minimum competence in risk management, **or** has at least ten years of experience in risk financing, claims administration, loss prevention, risk and insurance coverage analysis, or purchasing commercial lines of insurance, **or** has a graduate degree from an accredited college or university in risk management, business administration, finance, economics, or any other field determined by a state insurance commissioner or other state regulatory official or entity to demonstrate minimum competence in risk management.

After clicking the Next button, the system will generate a warning that this transaction is not linked to an initiating transaction (which might generate a tag). Click OK to go to the Policy Details page.

Standalone Transaction Message



Toney Details Gereen for Er	
SUPPLIE Lines Information Partal SUPPLIES HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS US You are logged in as PATBRK, on behalf of [8466] SURPLUS INSURANCE BROKER (0A111111), . Image: Create Endorsement Wizard	SERS CONTACTS HELP SETTINGS LOGOUT [Change Location]
Create Endorsement Wizard 1: Options 2: Policy Details 3: Transaction Details	4: Documents 5: Verify and Submit
Policy / Binder Number: TEST ABC	Multi-State Policy: NO Change
Policy Type: Standard Change	Multiple Insurers: NO Change
	Exempt Commercial Purchaser: NO Change
Enter the details for this new Policy.	Secondary Insured Name:
Insured Address Line 1:	Not required for submission. Enter only if known.
	SIC Type: 1
	SELECT 🔻
Insured Address Line 2:	SIC Code: 0
	··· SELECT ···
City: State: * Zip:	Policy Notes: Add Policy Notes
country.	
UNITED STATES V	
* Indicates fields that are required for submission to the SLA.	
< Back	Image: Save for Later Next

Policy Details Screen for Endorsement/Cancellation

Policy Details

The user must complete the required fields identified by an asterisk: primary insured name and zip code of the insured's address. Click the Next button.

Transaction Details

Transaction De	tails Page		
HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USER	SCONTACTS	HELP SETTINGS	LOGOUT
You are logged in as PATSRK, on behalf of [5466] SURPLUS INSURANCE SROKER (DA11111), .		[Chang	e Location)
Transaction saved successfully for Policy Number TEST ASE.			×
Create Endorsement Wizard			
Create Endorsement Wizard			
1: Options 2: Policy Details 3: Transaction Details	4: Documents	5: Verify and Submit	
Policy / Binder Number: TEST ABC	Multi-State Policy: Multiple Insuress:	ND ND	Change
roncy type, standard clarge	Exempt Commercial Purchaser:	ND	Change
Provide the transaction type and details.			
Please provide the specific details for this transaction below.		_	
Transaction Type: "Effective Date: Exp Endorsement	ofration Date: * Invoice Date		
Caderaement Number:	Open Ended (Leave blank)	[Premium	
	(and)		
INSURER			
* Insurer Nerve (NAIC #) - Status			
Select the insurer			•
Note: Carriers appearing on the dropdown list are only those on the LASU and/or on the NAIC-IID Q	uarterly Listing of Alien Insurers. If the co	rrier does not appear on the dropdo	wn list,
please ensure you have determined that the carrier has met the California eligibility requirements	under Insurance Code Section 1765.1.		
COVERAGES			
* Coverage Code - Description		* Premium	
Select Coverage Code	×	\$0.00	
	Gross Pro	amlum: \$0.00	
FEES			
Fee Name	Include in Premium (Subject to Tax)	Fee Amount	
POLICY FEE		\$0.00	×
INSPECTION FEE		\$0.00	×
BROKER FEE		\$0.00	×
OTHER FEES		\$0.00	×
* Indicates fields that are required for submission to the SLA.	Tota Taxable Premium (including Estimated CA SL State Ta Estimated Stample	al Fees: \$0.00 (Fees): \$0.00 x (3%): \$0.00 ng Fee: \$0.00	
< Back		Save for Later	ext >

The required fields are the endorsement effective date and invoice date. Enter the endorsement effective date and the invoice date. Because the endorsement was not linked to a registered transaction, you must also enter the insurer name, coverage and premium.

Insurer

If the policy is written with one insurer, select the insurer from the drop-down. If the insurer does not appear on the drop-down, you can type in the insurer name in the field.

Coverages & Fees

You can select the coverage code from the drop down menu. The system will generate a new row once you entered a coverage on the first row.

Enter the premium amount.

If your transaction contains fees, you can enter the fee amount. If the fee is taxable, check the box next to the fee amount to include the fee in the stamping fee calculation.

When you have completed this screen, click the Next button to upload your source documents.

Documents

Documents T	Tab Screen for	Endorsement/	Cancellation
-------------	----------------	--------------	--------------

	HOME POLICIES SUBMISSIONS TAGS		PORTS ANALYTICS USERS	CONTACTS		HEL	
l	You are logged in as PATBRK, on behalf of [8466] Si	URPLUS INSURANCE BRI	OKER (OA111111), .				[Change Location]
	Transaction saved successfully for Policy Num	ber TEST-ABC. Wizard					×
I	Create Endorsement Wizard						
	1: Options 2: Policy Det	ails	3: Transaction Details	4: Documents		5: Verify and	l Submit
	Policy / Binder Number:	TEST-ABC		Multi-State	Policy: NO		Change
	Policy Type:	Standard	Change	Multiple I	nsurers: NO		Change
	Primary Insured Name:	TEST ABC		Exempt Commercial Pu	rchaser: NO		Change
	Insured Address:	CA		Insure	r Name: ELIGI	BLE INSURER	
	T	UNITED STATES		Total Pr	remium: \$5,00	0.00	
	Transaction Type:	Endorsement		Estimated CA SL St	ate Tax: \$150	.00	
	Effective Date:	0372872016		Estimated Stamp	ing Fee: \$10.0	0	
	Invoice Date:	05/27/2016					
	Upload supporting documentation for this Er All submitted Endorsements must contain an l extensions that exceed 90 days in the aggrega Transaction Documents	ndorsement transact Endorsement docume te during any 12 mor	ion. nt. Some Endorsement types may i ith period. Refer to <u>SLA Bulletin 1</u>	equire other associated docume 141.	nts. Note: SL1	and SL2 Forms a	re only required for
	Eile Name 🖲 🛛	cumont Tumor		Linkard Data	Liploydad Pu	File Size	Daare
	File Name + Do	cument Types		Upload Date	Uploaded By	File Size	Pages
	Upload a Document Select file it 01192016 23.PDF						×
	Document Type(s):						
	 □ Declarations Page or Bi □ Endorsement Document □ Syndicate List □ Coversheet □ Invoice Statement □ Bordereau 	nder or Certificate t	Certificate to Mu Multi-State - Pre SL1 Form SL2 Form GAP Form Multiple	uster Policy mium by State		ther Document	Type
	< Back					Save fo	or Later Next >

Select the file you want to upload and check the box next to the type of documents you will be uploading. Remember that the upload will only be successful if the documents are less than 10MB in size and in a TIFF, PDF, PNG, PDF/A, or JPG/JPEG format.

The Upload button will enable. Click on the Upload button to upload your document.

The Transaction Documents section will list the document(s) that have been uploaded.

If you wish to add additional documents to the uploaded document, click on the Edit icon to display the Document Type(s) checklist.

When the transaction is complete and there are no alerts, click the Save for Later button to save the transaction to your SLIP account or you can click on the Next button to prepare submitting the transaction to the SLA. The Save for Later button also allows the user to resolve alerts at a later time before submission because users can no longer submit transactions to the SLA with alerts.

		Uploaded Docu	uments				
						SU ALIVA	
ou are logged in as PATE	RK, on behalf of [8466] TEST (TEST),	SAN FRANCISCO.	CONTACTS		D.		hange Locati
Create E	ndorsement Wizard	d					
Create Endorser	ment Wizard						
1: Options	2: Policy Details	3: Transaction Details	4: Document	5	5: Verify at	id Submit	
Po	licy / Binder Number: ABC ABC		Multi-	State Policy: N	0		Chans
	Policy Type: Standard	Change	Multi	ple Insurers: N	0		Chan
Pi	rimary Insured Name: TEST ENVI	ROHWENT LLC	Exempt Commercia	I Purchaser: N	0		Chan
	Insured Address: CA 94111		In	surer Name: TI	EST INSURER		
	UNITED ST.	ATES	Tot	tal Premium: \$	5,000.00		
	Effective Date: 05/22/201	F/R	Estimated CA S	L State Tax: S	150.00		
	Exercise Date: 05/25/201	6	Estimated St	amping Fee: S	0.00		
	Expiration bate: 05/23/201	ik.					
pload supporting doc	Coverage Codes: 500 GENER 55,000.00 sumentation for this Endorsement ments must contain on Endorsemen	IAL LIABILITY - GENERAL LIABILITY t transaction. nt document. Some Endorsement types may re	quire other associated do	uments. Note: 5	L1 and SL2 For	ns are only req	wired for
Transaction D	90 days in the aggregate during a occuments Document Type	ny 12 month period. Refer to <u>SLA Bulletin 134</u> es	L Upload Date	Uploaded By	File Sca	Pager	
			44,45,464,4	A. 74A.V	1 1 1 1 1 1	100405	-
H + 1 +	H	ocumens .	09/23/2010	PAIDAL	9,572 55	1 - 1 of	1 items
Upload a Doo Select file Online SL For	sument	Note: Files must be less than 10M5 Complete SL2 Form	in size and in one of the plete GAP Form	following formo	ts: TIRF, PDF, P	NG, POF/A, or	JPG/JPEG.
< Back					🗵 Sav	e for Later	Next >

verity and Submit Pac	ade	Pa	ıbmit	į	and	ifv	/er	۷
-----------------------	-----	----	-------	---	-----	-----	-----	---

HOME POLICIES SUBMISSIONS TAG	S ACCOUNT REPORTS ANALYTIC	CS USERS CONTACTS	HELP SETTINGS LOGOUT
You are logged in as PATBRK, on behalf of [8486] 1	(EST (TEST), SAN FRANCISCO.		[Change Location]
Transaction saved successfully for Policy Nur	nber ABC ABC.		×
Create Endorsement	Wizard		
1: Options 2: Policy Det	ails 3: Transaction Del	tails 4: Documents	5: Verify and Submit
Policy / Binder Number:	ABC ABC	Multi-State Policy:	NO Change
Policy Type:	Standard Char	Multiple Insurers:	NO Change
Primary Insured Name:	TEST ENVIRONMENT LLC	Exempt Commercial Purchaser:	NO Change
Insured Address:	CA 94111	Insurer Name:	TEST INSURER
	UNITED STATES	Total Premium:	\$5,000.00
Transaction Type:	Endorsement	Estimated CA SL State Tax:	\$150.00
Effective Date:	05/23/2016	Estimated Stamping Fee:	\$10.00
Expiration Date:		Document Summary:	One file included
Coverage Codes:	05/23/2016 500 GENERAL LIABILITY - GENERAL LIABILI \$5,000.00	ТҮ	
Review the policy and transaction details for Please review the details shown above and er	r accuracy. Isure they accurately reflect the data you v	wish to submit. When satisfied, click the Submit to SLA	button below to submit this transaction to
* Indicates fields that are required for submis	the save for Later button to save your pro-	gress without SUDMITTING.	
< Back			☑ Save for Later ☑ Submit to SLA

If there are no alerts, your endorsement is now ready to submit to the SLA. Review the endorsement and if it is correct click on the Submit to SLA button.

	Sut	omission Modal					
Submit to SLA							×
Please review and enter any additiona Policy Number	al information for this submission if necess Name of Insured	ary. When ready, press	the Submit button	to submit these tr \$ Premium	ansactions to the S	SLA for review. \$ State Tax	٦
<u>101-101</u>	BROKER TESTER	Endorsement	03/23/2016	\$25.00	\$0.05	\$0.75	
3roker Reference Number: Submission Notes:		Broker Refe	rence Date:				
					Cancel	Submit	

On the Submission Modal you can add notes to the SLA analyst and click on Submit.

Bulk Submission / Import Wizard

Home Page		
Supla Lines Information Partal		
HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS	HELP SETTINGS	LOGO
You are logged in as PAT1, on behalf of [10002] PM & ASSOCIATES (TEST1234), SAN FRANCISCO.	[Change L	ocatio
Welcome, Patricia McAuley!	🔀 Contact SLA	
Policy Actions	\$ Pay Stamping Fee	
Create New Policy Create a new policy, upload documents, and complete online forms through the SLIP Create New Policy Wizard.	(j) Quick Info	
Create Renewal 0	My Unsubmitted Transactions	
Report a Renewal for an existing policy or create a renewal from scratch through the SLIP Create Renewal Wizard.	Total Unsubmitted Transactions	
Create Endorsement @	My Unsubmitted Transactions with Alerts	
Report Endorsements, Cancellations, Audits, and Extensions for existing policies or create Endorsements from scratch through the SLIP Create Endorsement Wizard	Total Unsubmitted Transactions with Alerts	
scratch through the stir- create choorsement wizard.	My Open Tags	
	Total Open Tags	
Bulk Data Entry		
Sulk Data Entry	Total Informational Tags	
Bulk Data Entry BIF or XML Bulk Submission / Import Wizard Import Wizard	Total Informational Tags Transactions Pending Review	
BIF or XML Bulk Submission / Import Wizard Import Wiz	Total Informational Tags Transactions Pending Review Returned Transactions	

To upload data in bulk directly to the SLA, select the Bulk Submission/Import Wizard link.

Bulk Submission Options

	HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS HELP SETTINGS LOG You are logged in as PATBRK, on behalf of [8466] SURPLUS INSURANCE BROKER (0A111111), SAN FRANCISCO. IChange Locat IChange Locat	DUT
	Dulk Submission / Import Wizard	
	Bulk Submission / Import Wizard Step 1: Submission Type Selection	
	Submit to the SLA	
	 Select this option to upload bulk policy data into SLIP for direct submission to the SLA. This method requires a ZIP archive that contains the bulk policy data in a single XML file alor with any additional related documents. For details on the XML format and requirements, review the Bulk Upload procedures. 	١g
	Upload Bulk Image Files (BIF) and Submit to SLA Select this option to upload a group of document images into SLIP for submission to the SLA. This method does not have the benefit of "early warning" alerts that are used for user review prior to submission, but are still reviewed, processed and filed by the Data Analysis Department at the SLA.	
L	Upload XML Data into SLIP Select this option to upload policy data in bulk into SLIP. This method requires a ZIP archive that contains the bulk policy data in a single XML file along with any additional related documents. You will have the ability to examine these policies and check for errors before submitting them to the SLA.	
	Next >	

There are three options to submit in bulk. For assistance with the XML upload contact our Tech support at support@slacal.org



To upload a group of document images, select the second option and click Next.

Selecting File for BIF Upload

HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS	HELP SETTINGS LOGOUT
You are logged in as PATBRK, on behalf of [8466] SURPLUS INSURANCE BROKER (0A11111), SAN FRANCISCO.	[Change Location]
Dulk Submission / Import Wizard	
Bulk Submission / Import Wizard	
Step 1: Submission Type Selection 2: File Selection	3: Submit to SLA
Upload documents for this submission using the controls below. Files must be in one of the following formats: TIFF, PDF, PM	NG, PDF/A, or JPG/JPEG
*A submission coversheet is mandatory with your SLA filing. Please refer to the example on the SLA website: Submission Cov	versheet
Upload Documents:	
File Name	Туре
01192016 23.PDF	Entire Submission Submission Cover Sheet Coversheet
Select files	Declarations Page or Binder or Certificate Endorsement Document GAP Form
< Back	Invoice Statement Multiple Other
	SL1 Form SL2 Form Submission Cover Sheet
Copyright © 2005 - 2016 Surplus Lines Information Portal	Syndicate List Transaction Document(s) Bordereau Certificate to Master Policy Multi-State - Premium by State

Click the Select Files...button and the type dropdown list displays. The default for the type is Entire Submission but you can also select another type from the list.

Click Next.

	Submit to S	LA	
SLIP Burgius Lines Information Partial HOME POLICIES SUBJECTIONS TAGS ACCOUNT			
You are logged in as PATBRK, on behalf of [8466] SURPLUS INSURANCE	BROKER (OA111111), SAN FRANCISCO.		[Change Location]
🗊 Bulk Submission / Import Wizar	d		
Bulk Submission / Import Wizard			
Step 1: Submission Type Selection	2: File Selection	3: Submit to SL	A
Please enter any additional information for this submission if	necessary. When ready, press the Subm	it button to send this submission to the SLA	for review.
Broker Reference Number:	Bro	oker Reference Date:	
Late Filing Explanation:			
Submission Notes:			
< Back			Submit >

You can choose to enter information in any of the fields. Click the Submit button.

				Submis	sion List		
Surplus Lines	IP I I I I I I I I I I I I I I I I I I						ar Tan
HOME F		SIONS TAGS A	CCOUNT REPORTS	ANALYTICS	USERS CONTACTS	HELP	S LOGOUT
You are logg	ed in as PATBRK, on b	ehalf of [8466] SURPLU	JS INSURANCE BROKER (OA1	111111), SAN FRANC	ISCO.	[Char	nge Location]
Submi	sion 2016-06-17/0001	has been received. On	nce the submission has finis	hed processing, the	imported transactions will be submitted to the SLA fo	r review.	×
O. Si	Ibmission Li	ist				🕀 New Bulk	Submission
Submissio	on Date Range: 06/ now My Submissions now Pending Review	17/2014 🗐 to Sour	ce:		Broker Reference Date: Broker Reference Number:		Filter Clear
SLA Submis Date	ion SLA Submission	Source	Submission Status	Broker Reference Date	Broker Reference Number	Total Premium	Transaction Count
Q 06/17/2	016 2016-06-17/000	01 SLIP BIF	New			\$0.00	(
06/09/2	016 2016-06-09/000	01 SLIP	Submitted			\$0.00	1
Q 06/03/2	016 2016-06-03/000	07 SLIP	Submitted			\$11,000.00	2
Q 06/03/2	016 2016-06-03/000	04 SLIP	Submitted			(\$2,600.00)	1
Q 06/03/2	016 2016-06-03/000	03 SLIP	Submitted			\$0.00	0
Q 05/24/2	016 2016-05-24/002	28 SLIP	Submitted			(\$31,000.00)	1
H 4 1	▶ н 10	 items per page 				1 - 6	of 6 items

The SLIP BIF upload will appear on your submissions list.

Deleting/Editing or Backing Out Transactions

Depending on the status of the transaction, the SLIP user can delete, edit or back out an existing entry.

Deleting an Unsubmitted Transaction

To delete an unsubmitted transaction, select the transaction from your list of unsubmitted transactions. Click on the policy number hyperlink and scroll to the bottom of the Transaction Details page. Click on the Delete button to remove the transaction from your list.

		Transact	on Details 5	creen				
· · · · · · · · · · · · · · · · · · ·	Renewal	Unsubmitted	06/09/2015	\$500.00	\$0.00	\$1.00	0 4	
2016-05-24/0001 SLIP	Renewal	1 Registered	06/23/2016	\$2,600,00	\$0.00	\$5.20	1	
2016-06-03/0004 SLIP	Backout of Renewal	¹ Submitted	06/23/2016	(\$2,600.00)	\$0.00	(\$5.20)	- 0	
• • 1 ► ► 10 ▼ iter	ns per page)	(()	1 -	4 of 4 item
Exclude Backouts 🗆 Exclude Returned					🎢 Crea	te Renewal	🎢 Create E	Indorseme
ansaction Details								
4 alerts have been identified for this t	ransaction. All alerts must i	be resolved before sub	mission to the SLA.	Click here to review.				
/								
Details Layering Certifica	ates Multi-State	SL1 GAP	1 SL2	Documents N	lotes			
Transaction Type:		* Effective Date:	Expiration	Date:	* Invoice Date:			
Renewal	•	06/09/2015	06/09/2	016	06/14/2016		Multiple Insu	rer: NO
			Open End	ed: NO			Multi-State:	TES
surer Name				NAIC Number				Status
NSURANCE CARRIER								010100
OVERAGES								
Coverage Code - Description								* Premiu
03 INDIVIDUAL HEALTH INSURANCE - AC	CIDENT/DISABILITY							\$500.0
					Gros	c Dromium:		\$500.00
EES					0105	s Premium.		\$500.00
				Include in Drem				
Fee Name				(Subject to Tax))		Fe	e Amount
POLICY FEE				NO				\$0.00
NSPECTION FEE				NO				\$0.00
BROKER FEE				NO				\$0.00
OTHER FEES				NO				\$0.00
				Taxab	le Premium (Inclu	Total Fees: ding Fees):		\$0.00 \$500.00
				Est	Estimated Stat	mping Fee:		\$1.00

Editing a Submitted Transaction

To edit a transaction with a submission status of 'Submitted", you can select the number hyperlink next to Transactions Pending Review on the Quick Info section of the home page.

SLIP Home Page	
You are logged in as PAT1, on behalf of [10002] PM & ASSOCIATES (TEST1234), SAN FRANCISCO.	[Change Location]
Welcome, Patricia McAuley!	Contact SLA
Policy Actions	\$ Pay Stamping Fee
Create New Policy	t dy Stamping ree
Create a new policy, upload documents, and complete online forms through the SLIP Create New Policy Wizard.	(j) Quick Info
Create Renewal 0	My Unsubmitted Transactions 1
Report a Renewal for an existing policy or create a renewal from scratch through the SLIP Create Renewal Wizard.	Total Unsubmitted Transactions 1
Create Endorsement 9	My Unsubmitted Transactions with Alerts
Report Endorsements, Cancellations, Audits, and Extensions for existing policies or create Endorsements from	Total Unsubmitted Transactions with Alerts <u>1</u>
scratch through the SLIP Create Endorsement Wizard.	My Open Tags <u>1</u>
Dulk Data Entry	Total Open Tags <u>1</u>
	rotal Informational Tags 2
BIF or XML Bulk Submission / Import Wizard 0	Transactions Pending Review 0
Upload policy data in bulk for direct submission to the SLA or for further review in SLIP through the SLIP Bulk Submission Wizard.	Returned Transactions 0
	Invalid Bulk Submissions 0

Click on the View icon (magnifying glass) of the submission you wish to amend.

Submission List Page

SLIP Burgina Lines information Portal									
HOME POLICIES SUBMISSIONS	TAGS ACCOUNT	REPORTS AN	NALYTICS	USERS CONT	ACTS		HELP	SETTINGS	LOGOUT
You are logged in as PATBRK, on behalf of [8	466] SURPLUS INSURANCI	E BROKER (OA11111	1), .					[Chang	e Location]
Submission List							Œ	New Bulk Si	ubmission
Submission Date Range: 06/03/2014	to	1		Broker I	Reference Date:	0	1		Filter
Only Show My Submissions	Source:	~		Broker I	Reference Number:				Clear
✓ Only Show Pending Review									
SLA Submission Number Source	ce Submissio	n Status	Broker Reference Date	Broker Reference N	umber		Tot	al Premium	Transaction Count
Q 05 24/2016 2016-05-24/0028 SLIP	Submitted	I					C	\$31,000.00)	1
- 1 → H 10 • iten	ns per page	111						1 - 1 c	of 1 items

Submission List with Submitted Transactions

							M	
HOME POLICIES SUBMISSIONS TAGS ACCO	UNT REPORTS A	NALYTICS	USERS CONT	TACTS		HELI	SETTINGS	LOGOUT
You are logged in as PATBRK, on behalf of [8466] SURPLUS INS	SURANCE BROKER (OA11111	11), .					[Chang	ge Location]
Submission List						Œ	New Bulk S	ubmission
Submission Date Range: 06/03/2014 III to			Broker Broker	Reference Date	:			Filter Clear
SLA Submission Date SLA Submission Number Source Su	bmission Status	Broker Reference Date	Broker Reference	Number		т	otal Premium	Transaction Count
Q 05/24/2016 2016-05-24/0028 SLIP Su	bmitted						(\$31,000.00)	1
Submission Details							1.1	or ritems
SLA Submission Number: 2016-05-24/0028	BH		Broker F	Reference Numb	er:			
ubmission Type: SLIP	rm .		DION	Total Premiu	m: (\$31,000.00)			
Submission Status: Submitted				Transaction Cou	nt: 1			
Submitted Transactions:								
Policy Number 🔻	Insured Name			Endorsement Number	Transaction Type	Total Premium Including Taxable Fees	Effective Date	# Docs
TESTING-123	TEST CASE NO 3				Renewal	(\$31,000.00)	05/31/2016	1
H 4 1 Þ H							1 - 1 of	1 items

Click on the policy number hyperlink. This will take you to the transaction details screen.

Submission Number Submission Type	Transaction Type	Status	Effective Date	Premium	Taxable Fees	Stamping Fee	Docs	Alerts	Open Tags
2018-05-24/0028 SUP	Renewal	Submitted	05/31/2016	(\$31,000.00)	\$0.00	(\$62.00)	1		
H 4 1 F H 10 Y Item	ns per page							1+1	of 1 items
Exclude Backouts 🗹 Exclude Returned					*	Create Renewa	a 🌾	Create Er	dorsement
ransaction Details									-
bmission Number: <u>2016-05-24/0028</u> ansaction Type: Renewal	Submission Date: 05 Endorsement Numbe	/24/2016 #:	Submitte Assigned	d By: <u>Patricia Mc</u> To: <u>Sherri Thibea</u>	AULEY UX	Status: Subr Registration	nitted Date:		
Details Layering Certificates	Multi-State SL1	GAP SL	2 Documents	Notes					
Transaction Type:	* E	fective Date:	Expirati	on Date:	* Invoice D	late:			
Renewal	* 0	5/31/2016	(iii) 05/13/	2017	05/21/20	o15 🗐	Mult	iple Insuri i-State: N	er: NO D
			Open En	ded: NO			- Halt	rotate. It	<i>.</i>
INSURER									
Insurer Name				NAIC Numb	æ				Status
ELIGIBLE INSURER									
COVERAGES									,
* Coverage Code - Description									* Premium
500 GENERAL LIABILITY - GENERAL LIABILITY	Y								\$31,000.00)
FEES						Gross Premium	c	(\$31,	000.00)
Fee Name				Include in P (Subject to	remium Tax)			Fee	Amount
POLICY FEE				NO					\$0.00
INSPECTION FEE				NO					\$0.00
BROKER FEE				NO					\$0.00
OTHER FEES				NO					\$0.00
				Та	xable Premium I Estimated CA SL	Total Fees Including Fees) State Tax (3%)	:	(\$31,	\$0.00 000.00)
					East in the	d stamping Eoo		_	
					Estimate	d Justiping ree	_ /		\$62.00)

Transaction Details

Click on the Edit button. The transaction details screen is enabled to accept the changes. (Note: the Edit button is hidden and the Cancel and Save button are visible.) Click the Save button to save the changes.

Transaction Details Screen Enabled

mission Number: <u>2016-05-24/0028</u> nsaction Type: Renewal	Submission Date: 05 Endorsement Numb	5/24/2016 er:	Sub Ass	mitted By: <u>PATRICL</u> igned To: <u>SHERRI Tr</u>	A MCAULEY HIBEAUX		Status: Submi Registration (tted Date:	
Details Layering Certificates	Multi-State SL1	GAP SL2	Docume	nts Notes					
* Transaction Type: Renewal	* E	Effective Date: 05/31/2016		piration Date: 05/13/2017 III Open Ended		* Invoice Date 05/21/2015 (Leave blank if 50.00)	Premium is	□ Multiple Insur □ Multiple-State	ər
* Insurer Name (NAIC #) - Status									
ELIGIBLE INSURER									•
COVERAGES									
COVERAGES Coverage Code - Description 500 GENERAL LIABILITY - GENERAL L	LIABILITY					•		* Premium (\$31,000.00)	×
COVERAGES COVERAGES Coverage Code - Description Soo GENERAL LIABILITY - GENERAL L Select Coverage Code	LABILITY					•		* Premium (\$31,000.00) \$0.00	×
COVERAGES *Coverage Code - Description 500 GENERAL LIABILITY - GENERAL Li Select Coverage Code FEES	JABILITY					Gross Prer		* Premium (\$31,000.00) \$0.00 (\$31,000.00)	*
COVERAGES COVERAGES Coverage Code - Description SOD GENERAL LIABILITY - GENERAL Li Select Coverage Code FEES Fee Name	JABILITY			Include in Premiu	m (Subject t	Gross Prer		* Premium (\$31,000,00) \$0,00 (\$31,000,00) Fee Amount	×
COVERAGES COVERAGES Coverage Code - Description Stop GENERAL LIABILITY - GENERAL Li Select Coverage Code FEES Fee Name ROLICY FEE	JABILITY			Include in Premiu	m (Subject to	Gross Pref	nium:	* Premium (\$31,000,00) \$0.00 (\$31,000,00) Fee Amount \$0.00	× ×
COVERAGES COVERAGES Coverage Code - Description Stop GENERAL LIABILITY - GENERAL Li Select Coverage Code FEES Fee Name POUCY FEE NXIPECTION FEE	LABOLITY			Include in Premiu	m (Subject t	Gross Prer		* Premium (\$31,000,00) \$0.00 (\$31,000,00) Fee Amount \$0.00 \$0.00	× × ×
COVERAGES COVERAGES Coverage Code - Description SoD GENERAL LIABILITY - GENERAL L Select Coverage Code FEES Fee Name ROLICY FEE NXPRCTION FEE BROKER FEE	LABILITY			Include in Premiu	m (Subject s	Gross Pref		* Premium (\$31.000.00) (\$31,000.00) (\$31,000.00) Fee Amount \$0.00 \$0.00	× × × ×
COVERAGES	LABILITY			JacLude in Premiu	m (Subject t	Gross Pref Gross Pref	nium:	* Premium (\$31,000,00) (\$31,000,00) (\$31,000,00) Fee Amount \$0.00 \$0.00 \$0.00	×
COVERAGES COVERAGES Coverage Code - Description Sol GENERAL LIABILITY - GENERAL L Select Coverage Code FEES FR Name ROLEY FEE ROLEY FEE ROLEY FEE ROLER FEE OTHER FEES	LIBRL Y			Include in Premiu O Taxal O Es	m (Subject t	Gross Pret G	Fees: (3%): {5***	* Premium (\$110000) (\$1,0000) (\$1,0000) (\$1,0000) (\$000) (\$0000) (\$10000) (\$100000) (\$100000) (\$100000) (\$10000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$100000) (\$1000000) (\$1000000) (\$100000) (\$100000) (\$100000) (\$100000) (\$100000) (\$100000) (\$100000) (\$100000) (\$100000) (\$100000) (\$100000) (\$100000) (\$100000) (\$100000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$1000000) (\$10000000) (\$10000000) (\$10000000) (\$100000000000000) (\$1000000000000000000000000000000000000	× × × × × ×

Saved Edited Submitted Policy

Submission Number Submission Type	Transaction Type	Status	Effective Date	Premium	Taxable Fees	Stamping Fee	Docs	Alerts	Open Tags
2016-05-24/0028 SLIP	Renewal	Submitted	05/31/2016	(\$31,000.00)	\$0.00	(\$62.00)	1		
н н 1 н н 10 т item	s per page							1+1	of 1 items
Exclude Backouts 🗹 Exclude Returned					7	Create Renew	al 🌾	Create En	dorsement
Transaction Details									_
ubmission Number: <u>2016-05-24/0028</u> ransaction Type: Renewal	Submission Date: 05/3 Endorsement Number	:4/2016 :	Submitte Assigned	d by: <u>Patricia MC</u> To: <u>Sherri Thibe</u> a	AULEY AUX	Status: Sub Registratio	mitted n Date:		
Details Layering Certificates	Multi-State SL1	GAP SL	2 Documents	Notes					
* Transaction Type:	* Eff	ective Date:	Expiratio	on Date:	* Invoice I	Date:			
Renewal	¥ 05	/31/2016	05/13/	2017	05/21/2	015	Mu	Itiple Insure	er: NO
			Open En	ded: NO				ter beater. In	-
INCLIDED									
INSORER									
Insurer Name				NAIC Numb	per				Status
ELIGIBLE INSURER									
COVERAGES									
* Guerrana Cada - Description									* Dromium
Coverage code - Description	·								* Premium
SUD GENERAL LIABILITY - GENERAL LIABILITY								(\$51,000.00)
						Gross Premiun	1:	(\$31,	000.00)
FEES									
Fee Name				Include in P (Subject to	remium Tax)			Fee	Amount
POLICY FEE				NO					\$0.00
INSPECTION FEE				NO					\$0.00
BROKER FEE				NO					\$0.00
OTHER FEES				NO					\$0.00
				Та	xable Premium	Total Fee Including Fees	s:):	(\$31,	\$0.00 000.00)
					Estimated CA Si Estimate	d Stamping Fee	/- 20	()	\$62.00)

You can see your changes in the Transactions section of the screen. When the analyst is ready to work on the transaction, only the amended transaction will be visible to the SLA.

Backing Out a Registered Transaction

To back out a registered transaction, select the Policy Search tab and enter the policy number of the transaction to be corrected. Select the transaction from the search results and click on the edit icon. Click on the Backout button.

Transactions List

- Barpie	SLIP as Lines Information Pontal	SĹY	<u></u>									
HOME You ar	POLICIES SU	on behalf of [8466] s	S ACCOUNT REF	ORTS ANALYT	ncs us	ERS C	CONTACTS			HEL	P SETT	INGS LO
	Policy Det	ails										
Pol	icy Details											
100	icy becans											
	Policy	/ Binder Number:	TESTABC					Effective Da	te: 06/23/2016			
		Policy Type:	Standard					Expiration Da	te: 06/23/2017			
	Prim	ary Insured Name:	TEST CASE NO. 1					SIC Ty	pe: SERVICES			
		Insured Address:	CA 94578 UNITED STATES					SIC Co	de: [8700] ENG SERVICES	INEERING	& MANAG	EMENT
							Exempt Com	nercial Purchas	er: NO			
Tra	Insactions											✓ Ed
	Submission Number	Submission Type	Transaction Type	Status	Effective	Date	Premium	Taxable Fees	Stamping Fee	Docs	Alerts	Open T
1			Endorsement	Unsubmitted			\$0.00	\$0.00	\$0.00	0	2	
1	2016-05-24/0001	SLIP	Renewal	Registered	06/23/20	16	\$2,600.00	\$0.00	\$5.20	1	-	
н	4 1 н н	10 • items	per page								1 -	2 of 2 item
ПБ	xclude Backouts 🗹 Ex	clude Returned						2	Create Renewa	. 🌾	Create E	indorseme

Details Screen

Transaction Type: Renewal	Submission Date: 05/24/2016 Endorsement Number:	Submitted By: PATRI Registered By: PAT N		Status: Registered Registration Date: 05/24/2016
Tag Summary				
To respond to tags, select one or mo regardless of Policy Type or Transact	re tags below and click the Respond to Selecte tion Type.	ed Tags button. You may respo	nd to one or more non-Infor	mational Tags at the same time,
Tag Number	Tag Type		Tag Status	Due Date
□ <u>374012822</u>	DEC21 - RENEWAL HAS NO RECORD OF PRIOR	R POLICY	Open (Unanswered)	06/23/2016
374012823	SL10 - MISSING SL1 FORM		Open (Unanswered)	08/22/2016
□ <u>374012824</u>	SL11 - MISSING SL2 FORM		Open (Unanswered)	08/22/2016
H 4 1 F H 10 Y	items per page			1 - 3 of 3 item
☑ Only Show Open Tags			🗟 Print Selected T	Tags 🛛 🖾 Respond to Selected Ta
Details Layering Certificat	tes Multi-State SL1 GAP SL2	2 Documents Notes		
* Transaction Type:	* Effective Date:	Expiration Date:	* Invoice Date:	Multiple Insuran: NO
Renewal	▼ 06/23/2016	⊞ 06/23/2017	04/29/2016	Multi-State: NO
INSURER Insurer Name		NAIC	Number	Statu
TEST INSURER NO 2				
COVERAGES				
* Coverage Code - Description				* Pren
400 SINGLE FAMILY DWELLING/DUPLEX	- FIRE & ALLIED LINES			\$2,60
			Gros	s Premium: \$2,600.0
FEES				
FEES Fee Name		Inclu (Subj	de in Premium ject to Tax)	Fee Amour
FEES Fee Name POLICY FEE		Inclu (Subj	de in Premium iect to Tax)	Fee Amour \$0.0
FEES Fee Name POLICY FEE INSPECTION FEE		Inclu (Subj NO	de in Premium ect to Tax)	Fee Amour 50.0 \$0.0
FEES Fee Name POLICY FEE INSPECTION FEE BROKER FEE		Inclu (Sub) NO NO	de in Premium lect to Tax)	Fee Amour 50.0 50.0 50.0
FEES Policy FEE INSPECTION FEE BROKER FEE OTHER FEES		Indu (Sub) NO NO NO	de in Premium eect to Tax)	Fee Amou 50.0 50.0 50.0 50.0 50.0
FEES Fee Name POLICY FEE INSPECTION FEE BROKER FEE OTHER FEE		Indu (Sub NO NO NO	de in Premium ect to Tax) Taxable Premium (notu- Estimated CA SI Stat Estimated Sta	Fee Amou \$0.0

If there are tags associated with the transaction, they must be responded to before continuing.

You will need to provide the reason for the backout before clicking the Backout button.

Backout Transaction Modal							
Backout Transaction	×						
Backing out this transaction will lock this transaction and add a new "backout" transaction. Neither this transaction nor the backout will be editable.							
Please enter a reason for this backout below:	_						
Cancel 🖉 Backo	ut						

After you back out the transaction, the green banner notifies you of the successful creation of the backout transaction

	Successiul Day	K Out Notification	
HOME POLICIES SUBMISSIONS TAGS	ACCOUNT REPORTS ANALYTICS	USERS CONTACTS	HELP SETTINGS LOGOUT
You are logged in as PATBRK, on behalf of [8466] SI	JRPLUS INSURANCE BROKER (0A111111), .		[Change Location]
Transaction 10809985 backed out, backout transaction 10809985 backed out.	ansaction 10810145 created.		×
Policy Details Policy Details			-
Policy / Binder Number:	TESTABC	Effective Date	: 06/23/2016
Policy Type:	Standard	Expiration Date	: 06/23/2017
Primary Insured Name:	TEST CASE NO. 1	SIC Type	:: SERVICES
Insured Address:	CA 94578 UNITED STATES	SIC Cod	E [8700] ENGINEERING & MANAGEMENT SERVICES
		Exempt Commercial Purchase	n NO

Editing a Registered Transaction

If the transaction has a status of 'registered' and the broker needs to edit data submitted in error, such as the effective date or insurer, they can edit the transaction by clicking the Edit button at the bottom of the Transaction Details screen. Saving any edits to the transaction notifies the broker the original transaction will be backed out and replaced with a new transaction. The broker will need to provide a reason for the backout.

Note: The replacement transaction is not automatically submitted. The broker should continue making any edits and then submit the replacement transaction to the SLA for review.

Backing Out a Registered Transaction from a Tag Response

Click on From My Open Tags hyperlink on the home page:

egai	spond to tag dless of Poli	gs, select one or more tags below and o cy Type or Transaction Type.	lick the Respond	to Selected Tags bu	itton. You may resp	ond to one or	r more non-Inf	ormational To	ags at the same	time,
	Tag Number	Тад Туре	Policy Number	Insured Name	Transaction Type	Effective Date	Tag Status	Due Date	Submission Number	Submission Date
	373729181	SEC7 - LLOYD'S SYNDICATE NUMBERS	P14UL01003	SEMPRA ENERGY	New Business	06/26/2014	Open (Inadequate)	11/03/2014	2014-09- 22/4094	09/22/201
	<u>373716460</u>	DEC16 - EXTENSION ENDORSEMENT	DP5014213P	SEMPRA ENERGY	Extension	06/26/2014	Open (Inadequate)	12/15/2014	2014-08- 18/4064	08/18/201
	<u>373721844</u>	DEC16 - EXTENSION ENDORSEMENT	272476-13FL	SEMPRA ENERGY	Extension	06/26/2014	Open (Inadequate)	12/23/2014	2014-09- 08/4006	09/08/201
	<u>373721970</u>	DEC16 - EXTENSION ENDORSEMENT	FP5016713P	SEMPRA ENERGY	Extension	06/26/2014	Open (Inadequate)	12/23/2014	2014-09- 08/4006	09/08/201
	373717965	SL12 - INCOMPLETE SL1 FORM	292504-13DO	SEMPRA ENERGY	Extension	06/26/2014	Open (Inadequate)	12/25/2014	2014-08- 29/4086	08/29/201
	<u>373814847</u>	DEC5 - POLICY/CERTIFICATE TERM MISSING	<u>17096928</u>	SUTTER HEALTH	New Business	03/01/2015	Open (Inadequate)	04/26/2015	2015-03- 13/4158	03/13/201
	<u>373922889</u>	SEC5 - UNKNOWN SECURITY	<u>F567037</u>	LINEAGE LOGISTICS HOLDINGS LLC	New Business	06/01/2015	Open (Inadequate)	11/25/2015	<u>2015-09-</u> <u>28/4011</u>	09/28/201
	<u>373935646</u>	DEC13 - NO SPECIFIC WORDING	EEL488484305	URS	Offset/Adjustment	09/01/2013	Open (Inadequate)	12/17/2015	2015-11- 02/4020	11/02/201
	373903424	DEC16 - EXTENSION ENDORSEMENT	026159827	KIEWIT INFRASTRUCTURE WEST COMPANY	Extension	08/10/2015	Open (Inadequate)	12/28/2015	<u>2015-09-</u> 04/4092	09/04/201
	373903426	DEC16 - EXTENSION ENDORSEMENT	24-MG-14- A11892	EDISON INTERNATIONAL	Extension	05/31/2015	Open (Inadequate)	12/28/2015	2015-09- 04/4092	09/04/201

Select the policy number hyperlink.

	The togged in as brokekPAT	r, on behalf of [22] /	MARSH USA INC. (043715	3), SAN FRANCISC	.0.						Chan
	Policy Detai	ils									
Po	licy Details										
	Policy /	Binder Number:	292504-13DO				Effective D	ate: 06/26/201	3		
	Previous	s Policy Number:	292130-12D0				Expiration D	ate: 10/11/201	4		
		Policy Type:	Standard				SIC Ty	pe: TRANSPOR	TATION, (COMMUNIC	ATIO
	Primary	y Insured Name:	SEMPRA ENERGY					ELECTRIC			
Insured Address:		101 ASH STREET, HQ-03A				SIC Co	de: [4900] ELE SERVICES	 [4900] ELECTRIC, GAS, & SANITARY SERVICES 			
			SAN DIEGO, CA 92101-	3017							
			SAN DIEGO, CA 92101- UNITED STATES	3017		Exempt Com	mercial Purcha	ser: YES			
			SAN DIEGO, CA 92101- UNITED STATES	3017		Exempt Com	mercial Purcha	ser: YES			
Tra	ansactions		SAN DIEGO, CA 92101- UNITED STATES	3017		Exempt Com	ımercial Purcha	ser: YES			
Tra	Ansactions Submission Number S	iubmission Type	SAN DIEGO, CA 92101- UNITED STATES	Status	Effective Date	Exempt Com	Imercial Purcha	ser: YES Stamping Fee	Docs	Alerts	
Tra	Submission Number S 2013-08-09/4043 S	iubmission Type iLIP	SAN DIEGO, CA 92101- UNITED STATES	Status Registered	Effective Date 06/26/2013	Exempt Com	Imercial Purcha Taxable Fees \$0.00	Stamping Fee \$220.00	Docs 2	Alerts	
Tra	Submission Number S 2013-08-09/4043 S 2014-08-29/4066 S	iubmission Type iLIP	SAN DIEGO, CA 92101- UNITED STATES	Status Registered Registered	Effective Date 06/26/2013 06/26/2014	Exempt Com	Taxable Fees \$0.00 \$0.00	Stamping Fee \$220.00 \$64.46	Docs 2 2	Alerts	

Click on Edit icon of tagged transaction.
bmission Number: <u>2014-08-29/4086</u> ansaction Type: Extension	Submission D Endorsement	ate: 08/29/2014 : Number: 5	Submitted E Registered I	y: <u>YVONNE</u> ly: LOURDE	FOSTER	5 I	itatus: Re Registrati	egistered on Date: 09.	/26/2014	
							-			
rag Summary										
To respond to tags, select one or mor regardless of Policy Type or Transacti	re tags below and clic ion Type.	k the Respond to Selected	Tags button. You m	ay respond	d to one o	or more non-Infor	mationa	i Tags at th	e same time,	
Tag Number	Tag Type				Tag Stat	us		Due Date		
□ <u>373717965</u>	SL12 - INCOMPLETE	SL1 FORM			Open (in	nadequate)		12/25/2014		
н н 1 н н 10 т	items per page								1 - 1 of 1 it	tems
Only Show Open Tags						Print Selected T	ags	Resport	nd to Selected	Tags
				_						
Details Layering Certificate	es Multi-State	SL1 GAP SL2	Documents	Notes						
Transaction Type:		* Effective Date:	Expiration	Date:		* Invoice Date:		Mul	Itiple Insurer: 1	NO
Extension	٣	06/26/2014	III 10/11/20	14	(06/30/2014		E Mul	lti-State: NO	
ndorsement Number: 5										
NSURER										
NSURER Insurer Name				NAIC N	iumber				St	tatus
NSURER Insurer Name ENERGY INSURANCE MUTUAL LIMITED				NAIC N AA-316	lumber 50013				St	tatus ASLI
NSURER Insurer Name ENERGY INSURANCE MUTUAL LIMETED				NAIC N AA-316	iumber 50013				St L	tatus ASLI
NSURER Insurer Name ENERGY INSURANCE MUTUAL LIMITED COVERAGES * Coverage Code - Description				NAIC N AA-316	lumber 50013				St L	tatus ASLI Iremium
NSURER Insurer Name ENERGY INSURANCE MUTUAL LIMITED COVERAGES *Coverage Code - Description SSI DIRECTORS AND OFFICERS - PROFES	SSIONAL LIABILITY/ERRC	DRS & OMISSION		NAIC N AA-316	iumber 50013				5t L * P; \$32	tatus ASLI Iremium 2.229.00
NSURER Insure Name ENERGY DISURANCE MUTUAL LIMITED COVERAGES * Coverage Code - Description SSI DIRECTORS AND OFFICERS - PROFES	SSIONAL LIABILITY/ERRC	DR5 & OMISSION		NAIC N AA-316	lumber 50013	Gree	Premi	i0.	5t L * P \$32	tatus ASLI tremium 2,229.00
NSURER Insurer Name ENREROY DISURANCE MUTUAL LIMITED :COVERAGES * Coverage Code - Description SSI DIRECTORS AND OFFICERS - PROFES FEES	SSIONAL LIABILITY/ERRC	DRS & OMISSION		NAIC N AA-316	iumber 50013	Gros	s Premiu	IIII:	St L * P \$32 \$32,22	tatus ASLI tremium 2,229.00 9,00
NSURER Insure Name ENERGY INSURANCE MUTUAL LINTED COVERAGES * Coverage Code - Description SS DRECTORS AND OFFICERS - PROFES EES Fee Name	SSIONAL LIABILITY/ERRC	DRS & OMESSION		AA-316	lumber 50013 e in Premik et to Tax)	Groz	s Premiu	IIII:	55 L \$32 \$32,22 Fee Amo	tatus ASLI tremium 2,229.00 9,00
NSURER Insurer Name ENERGY INSURANCE MUTUAL LIMITED COVERAGES * Coverage Code - Description SSL DIRECTORS AND OFFICERS - PROFES FEES Fee Name POLICY FEE	SSIONAL LIABILITY/ERRC	DRS & OMESSION		NAIC N AA-316	iumber 50013 e in Premiu ct to Tax)	Gros	s Premiu	im:	51 L \$32 \$32,22 Fee Amo	tatus ASLI remium 2.229.00 9.00 ount
NSURER Insurer Name ENREROY DISURANCE MUTUAL LIMITED ICOVERAGES * Coverage Code - Description SSI DIRECTORS AND OFFICERS - PROFES FEES Fee Name POLICY FEE INSPECTION FEE	SSIONAL LIABILITY/ERRC	DRS & OMESSION		NAIC N AA-316 Include (Subjec NO NO	lumber 50013 e in Premiu et to Tax)	Gros	s Premiu	ım:	51 L \$32 \$32,22 Fee Amo	tatus ASLI remium 2.229.00 9.00 ount
Insurer Name Insurer Name COVERAGES COVERAGES Fee Name Poulcy Re Noverspace Code - Description Stil Directions AND OFFICERS - PROFES FEES Fee Name Poulcy Re BROKER RE BROKER FEE	SSIONAL LIABLITY/ERRC	285 & OMESSION		NAIC N AA-316 Include (Subjec NO NO NO	iumber 50013 e in Premiu et to Tax)	Gros	s Premiu	im:	51 L \$33 \$32,22 Fee Amo	tatus ASLI tremium 2.229.00 9.00
INSURER Insurer Name ENERGY INSURANCE MUTUAL LIMITED COVERAGES *Coverage Code-Description SSL DIRECTORS AND OFFICERS - PROFES FEE FEE FEE FEE FEE FEE FEE FEE FEE	SIONAL LABILITY/ERRC	DRS & OMESSION		NAIC N AA-316 Include (Subjec NO NO NO NO	tumber 50013	Gros	s Premiu	im:	51 L \$32 \$32,22 Fee Amo	tatus ASLI tremium 2.229.00 9.00 ount

Under Tag Summary, select the tag and Respond to Selected Tag. After submitting tag response to the SLA, the system returns you to the details screen. Select the form tag that was tagged.

iert Saved	Transactor	· 0	
		hereby submits that he/she is:	
	(A) a duly licensed surplus lin	e broker, license number ; or	r.
	(R) a transition on the surplu		
	(b) a transactor on the surpto	sume ricerse of march osa inc.	
	(C) broker, named herin, to obta	: and, that he/she or said organizational licensee was in insurance against certain risk as described in this report.	engaged by the insured, or the insureds's
RISK DESC	RIPTION (A) Name of Insured		
	(A) Hallie of Hoares	SEMPRA ENERGY	
	(B) Address of Insured	101 ASH STREET, HQ-03A	
		SAN DIEGO CALIFORNIA 92101-3017	
		UNITED STATES	Ŧ
	(C) Description of Risk		
			Same as above
	(D) Location of Risk		Various locations
		UNITED STATES	¥
	(E) Export List or Coverage Co	ide	
PLACEMEN	T DESCRIPTION		
	List Nonadmitted Insurer(s) U please include GAP Form Atta	nderwriting This Policy with % of Premium (Include an attachment if additional space is needed, chment. For Multiple Insurers, please upload Syndicate List/Multiple Insurer List on the Associat	, or attach a line slip.) If Gap provision applies, ted Documents screen.
	New York Street		Descent of Description
	No records found.		Percent of Premium
	Note: Carriers appearing on t	he drop-down list are only those on the LASLI and/or on the NAIC-IID Quarterly Listing of Alien In	nsurers. If the carrier does not appear on the
	drop-down list, please ensure	you have determined that the carrier has met the California eligibility requirements under insu	rance Code Section 1765.1.
		MM/DD/YYYY (III)	
	Si	gnature of Person Named on Line 1 Date of Signature	
By c knowled	hecking this field and providing ge.	a signature date, 1 am electronically signing this form and agree that all the information con	tained herein is accurate to the best of my
(Revised	January 16, 1997)		
			G Print

Click the Edit button, complete the form and click Save.



Enter the reason you are editing the registered transaction and click on Backout and Replace.

Transactions									-
		· · · · · · · · · · · · · · · · · · ·	for the	211 - C - D - C	Desi e	Toold Free	Received and Received	0	
	noer submation type	Transaction type	Status	Children Calles	Frienden op	Tablecole Fields	Stamping Fee	Deck Ad	Upen lags
 2013-08-00/404 2014-08-00/404 	5 5LP	Estamina 1	Registered	06/26/2013	\$110,000,00	50.00	\$64.46	4	0
/ 2014-00-201400	6 54P	Extension	Pagasered	0072024	\$34,229100	\$0.00	304.40	-	0
1		Beckout of Edension	Unsubmitted	06/26/2014	(\$32,229.00)	\$0.00	(\$64.46)	D	
1		Extension	Unsubmitted	06/26/2014	\$32,229.00	\$0.00	\$54.45	2	1
H 4 1 H	H 10 * Items pe	r page							1 - 4 of 4 Items
Diclude Backors	Exclude Returned					20.0	Treate Receival	28 Cres	te Endorsement
	\sim								
Transaction De	etails								
U One alert has b	seen identified for this transa	iction, all elerts must be	resolved before	submission to the SLA.	Click here to revis	<u>w.</u>			
Tag Summar	у								-
To respond to tag regardless of Polls	s, select one or more tags i cy Type or Transaction Typ	below and cifck the Re e.	spond to Select	ted Togs button. You	may respond to a	ne or more non-	Informational To	ags at the som	e time,
Tag Number	Tag	Тури			Tag	Status	D	a Date	
No records found.									
H K 0 F	H 10 * items	per page						No fte	oms to display
The second second						A new room		Descend 11	alastad Tam
Ed Unity Show Op	en rags					₩ Minit Select	wu rags	wespond to :	senected rags
Details Laye	ring Certificates	Multi-State SL1	GAP SL	2 Document	s Notes				
SL1 Form									
						Policy / Sinder	Number: 2925	94-1300	
						California R	fremium: \$0.00	,	
		511-00	onfidential	Report of Surplu	is Line Place	ment			
				inceptite of parpin					
Please select o	me of the two options below.								
O The following (information, accompanied by	a copy of the declaration	ins page or certif	ficate or binder, is subr	nitted for an insurs	nee eeverage or r	tak listed on the o	urrent Celiforn	
Department of	Insurance Export List. (Calife	ornia Insurance Code See	ttion 1763.1) :						
0.00000000				Contra an biladay, and a l		of the diversity			
accordance wit	th California Insurance Code 1	Section 1763(a). :							
Insert Seved Tr	enablion	. 0							
1. ISAIAH JOI	8		hereby submit	a that he/she is:					
	(A) a duly licensed surplus (ine broker, license num	ber			; er,			
	(5) a transactor on the surp	ius line license of HAR	SH USA INC.			•			
	(C) 0421920			: and, that he/she a	r sold organization	el licensee was en	goged by the insu	red, or the inst	reto
11	broker, named herin, to ob	tein insurance against cr	ortain risk as dos	cribed in this report.					
2. RISK DESCRI	PTION								
	(A) Name of Insured	SEMPRA ENERGY							
11	(5) Address of Insured						- -		
11		101 ASH STREET,	mg-052						
							1		
11				,			- -		
11		SAN DIEGO		CALIFORNIA	92101-301	,			
11		UNITED STATES							
	(C) Description of State						-		
	the second second second	ENERGY PROVIDE	2						
							ы П	Same as above	.
	(D) Location of Risk	101 ASH STREET,	HQ-034				1		
							ñ		
		SAN DIEGO		CALIFORNIA	92101-301	,			
		UNITED STATES							
	(E) Export List or Coverage	Cede							
11	Coverage Code - Descripti	on A							
	A NUMBER OF A DESCRIPTION OF	SENERAL LIABILITY \$0.00							

Clear any alerts and create endorsement.

Follow the Wizard steps and recreate the endorsement.

HOME POLICIES SUBMISSIONS TAG	S ACCOUNT REPO	RTS ANALYTICS	USERS	ONTACTS	HELP SETTINGS	LOGOUT
You are logged in as BROKERPAT, on behalf of [22	MARSH USA INC. (0437153)	I, SAN FRANCISCO.			[Change	e Location]
Transaction saved successfully for Policy Nur	nber 292504-13DO.					
Create Endorsement	Wizard					
Create Endorsement Wizard						
2 alerts have been identified for this tran	saction. All alerts must be r	esolved before submissi	on to the SLA.	Llick here to review.		
1: Options 2: Policy De	tails 3	: Transaction Details		4: Documents	5: Verify and Submit	
Policy / Binder Number:	292504-13DO			Multi-State Policy:	NO	Change
Previous Policy Number:	292130-12DO			Multiple Insurers:	NO	Change
Policy Type:	Standard	Change		Exempt Commercial Purchaser:	YES	Change
Primary Insured Name:	SEMPRA ENERGY			SIC Type:	TRANSPORTATION, COMMUNICATION	5,
Insured Address:	101 ASH STREET, HQ-03 SAN DIEGO, CA 92101-30 UNITED STATES	A 017		SIC Code:	ELECTRIC [4900] ELECTRIC, GAS, & SANITARY SERVICES	
Transaction Type:	Endorsement			Insurer Name:	ENERGY INSURANCE MUTUAL LIMITED) (AA-
Effective Date:					3160013) - LASLI	
Expiration Date:				Total Premium:	\$0.00	
Invoice Date:				Estimated CA SL State Tax:	\$0.00	
Insurer:	ENERGY INSURANCE MU	TUAL LIMITED (AA-		Estimated Stamping Fee:	\$0.00	
Coverage Codes:	551 DIRECTORS AND OFF PROFESSIONAL LIABILITY OMISSION \$0.00	FICERS - //ERRORS &		Document summary:	U files included	
Review the policy and transaction details for	r accuracy.					
Please review the details shown above and en the SLA. If you need more time, you can click * Indicates fields that are required for submis	sure they accurately refl the Save for Later butto sion to the SLA.	ect the data you wish n to save your progress	to submit. Wh s without subn	en satisfied, click the Submit to SLA nitting.	button below to submit this transacti	on to
< Back					Save for Later Submit	to SLA

Quick Info Table

	Home Page	
Surplus	Due Hormaton Portal	HELP SETTINCS LOGOUT
You are	logged in as PAT1, on behalf of [10002] PM & ASSOCIATES (TEST1234), SAN FRANCISCO.	[Change Location]
Welc	come, Patricia McAuley!	Contact SLA
$\overline{+}$	Create New Policy ③ Create a new policy, upload documents, and complete online forms through the SLIP Create New Policy Wizard.	() Quick Info
Q	<u>Create Renewal</u> @ Report a Renewal for an existing policy or create a renewal from scratch through the SLIP Create Renewal Wizard.	My Unsubmitted Transactions <u>1</u> Total Unsubmitted Transactions <u>1</u>
	Create Endorsement @ Report Endorsements, Cancellations, Audits, and Extensions for existing policies or create Endorsements from scratch through the SLIP Create Endorsement Wizard.	My Unsubmitted Transactions with Alerts 1 Total Unsubmitted Transactions with Alerts 1 Hu Oran Tarr 1
Bulk Dat	a Entry	Total Open Tags <u>1</u> Total Informational Tags 0
•	BIF or XML Bulk Submission / Import Wizard Upload policy data in bulk for direct submission to the SLA or for further review in SLIP through the SLIP Bulk Submission Wizard.	Transactions Pending Review 0 Returned Transactions 0
		Invalid Bulk Submissions

There are ten categories under the Quick Info table. The number in each category represents the number of transactions in that category and the hyperlink navigates to the specific page related to the category.

Clicking on the number hyperlink next to My Unsubmitted Transactions takes the user to the My Unsubmitted Transactions tab. From this screen, the user can quickly view all the transactions he/she created but have not submitted to the SLA for review.

My Unsubmitted Transactions/Total Unsubmitted Transactions

The My Unsubmitted Transactions hyperlink navigates to a list of transactions created by the logged in user but not yet submitted to the SLA.

S									<u>riai</u>	
HOME	POLI	CIES SUBMISSIONS T/	AGS ACCOUNT REPORTS AN	IALYTICS USER	S CONTACT	5		HELP	SETTING	s I
You are le	igged i	n as PATBRK, on behalf of [846	6] SURPLUS INSURANCE BROKER (OA11111	1), .					[Cha	inge Lo
9 I	Poli	cy Search							🎢 Create	New
My The t	Unsu	ubmitted Transaction	عد s k in progress that has not yet been sub	mitted to the SLA ;	for review.					
		Policy Number	Insured Name	Transaction Type	Effective Date	Endorsement Number	Premium	Last Updated On ▼	Alerts	Do
	*	TEST-ABC	TEST ABC	Endorsement	05/26/2016		\$5,000.00	05/26/2016	1	
	*	TEST ABC	TEST ABC	Endorsement	05/25/2016		\$6,200.00	05/25/2016	2	
	*	TEST-101	SECOND TEST CASE	New Business	06/26/2016		\$6,000.00	05/24/2016	0	
		TEST123	TESTING INSTITUTE	New Business	01/04/2016		\$2,725.00	05/24/2016	2	
	*	1001400								

My Unsubmitted Transactions Screen

_	Policy Search	ch Screen
	You are logged in as PATBRK, on behalf of [8466] SURPLUS INSURANCE BROKER (0A11111), .	Change Location
	Policy Search	🎢 Create New Policy
	Q Policy Search My Unsubmitted Transactions Returned Transactions	
	Policy Search Criteria Enter one or more search criteria below. The results will be limited to the first 500 matching Policy Number: Only Policies with Unsubmitted Transactions Only Policies with Alerts Only Policies with Alerta Transactions Search Previous Policy Numbers Effective Date: The totext and the policies with Open Tags The totext and the policies with Open Tags	g records. Name of Insured: SLA Submission Number: Broker Reference Number: Broker Reference Date:
	Submission Date:	Clear Q Search

Selecting the Policy Search tab, allows the user to search for any policy that was processed by the SLA for your brokerage and for any policies created for your location. There are many parameters the user can search by.

Returned Transactions Screen

SLIP Burglus Lines Information Portal	S											
HOME POLICIES SU	JEMISSION	S TAGS ACCOUN	T REPORTS	ANALYTICS	USERS CO	NTACTS				HELP	SETTINGS	LOGOUT
You are logged in as PATER	K, on behalf	of [8466] SURPLUS INSURA	NCE BROKER (OA11	1111), .							[Chan	ge Location]
Policy Sea	arch										Create N	New Policy
Q Policy Search	์ 🖻 Myเ	Insubmitted Transactio	ons 🛛 🤁 Retu	rned Transactio	ons							
My Returned Tr	ransactio	ons										-
The transactions lister	d below we	re returned by the SLA.	Please make any i	necessary updat	es and resubmi	it these transad	tion when read	y.				
Policy Number		Insured Name	Transaction Type	Effective Date	Endorsement Number	Premium	Last Updated On T	Alerts	Docs	Return Reason		
No records found.		_										
	H 10	 items per page 								No	items to dis	play
									⊠ Res	ubmit Selec	ted Transac	tions

If there are any returned transactions from the SLA they will be listed on this screen. The user has the capability of correcting and resubmitting the transactions by selecting the transaction and clicking on the enabled Resubmit Transactions button.

Selecting the Total Unsubmitted Transactions hyperlink takes the user to the Policy Search tab with a list of all unsubmitted transactions for your brokerage. The My Unsubmitted Transactions and Returned Transactions tabs are also viewable so the user can navigate to different tabs.

My Unsubmitted Transactions with Alerts/Total Unsubmitted Transactions with Alerts

	My Unsubmitted Transactions										
- Burplu	5l	Informa									
HOME		POLI		GS ACCOUNT REPORTS ANA	LYTICS USERS	CONTACTS			HELP	SETTINGS	LOGOUT
You ar	re log	ged ir	n as PATBRK, on behalf of [8466]	SURPLUS INSURANCE BROKER (OA11111)	, -					[Char	ige Location]
9) Р С. Ро	oli Nicy	cy Search	itted Transactions 9 Returned	Transactions				:	🎢 Create	New Policy
M TI	l y U he tra	nsu	bmitted Transaction	s in progress that has not yet been subm	iitted to the SLA fo	r review.					-
			Policy Number	Insured Name	Transaction Type	Effective Date	Endorsement Number	Premium	Last Updated On ▼	Alerts	Docs
1		7	TEST-ABC	TEST ABC	Endorsement	05/26/2016		\$5,000.00	05/26/2016	1	1
[7	TEST ABC	TEST ABC	Endorsement	05/25/2016		\$6,200.00	05/25/2016	2	0
[7	TEST123	TESTING INSTITUTE	New Business	01/04/2016		\$2,725.00	05/24/2016	3	1
	н	•	1 ► Ħ 10 ▼ ite	ems per page						1 - 3 of 3 i	tems
									Submit Selec	ted Transa	ctions

Clicking on the number hyperlink next to My Unsubmitted Transactions with Alerts takes the user to the My Unsubmitted Transactions tab and displays all the transactions created by the logged in user that have alerts and cannot be submitted to the SLA until the alerts are corrected.

The tabs for policy search and returned transactions are also viewable.

Clicking on the number hyperlink next to Total Unsubmitted Transactions with Alerts takes you to the policy search tab, filtered to policies that contain transactions with alerts.

My Open Tags/Total Open Tags/Informational Tags

					I	My Open ⁻	Гags					
sur HOM	S Plue L In AE	POLICIES			EPORTS ANA	LYTICS USER	S CONTAC	тя				
You	are lo	ogged in as P/	ATBRK, on behalf of [8466] SI	JRPLUS INSURANCE B	ROKER (OA111111)	, -						[Change Location]
8	3 1	Му Оре	en Tags									
	Q 1	Tag Search	S My Open Tags	 Information 	al Tags							
	My (To re regar	Open Tag spond to tag rdless of Poli	gs gs, select one or more tags icy Type or Transaction Tyj	below and click th	e Respond to Sele	ected Tags buttor	ı. You may rest	oond to one o	r more non-Infi	ormational To	ags at the same t	ime,
		Tag Number	Tag Type		Policy Number	Insured Name	Transaction Type	Effective Date	Tag Status	Due Date	Submission Number	Submission Date
		374012822	DEC21 - RENEWAL HAS NO POLICY	RECORD OF PRIOR	TESTABC	TEST CASE NO. 1	Renewal	06/23/2016	Open (Unanswered)	06/23/2016	2016-05- 24/0001	05/24/2016
		<u>374012823</u>	SL10 - MISSING SL1 FORM		TESTABC	TEST CASE NO. 1	Renewal	06/23/2016	Open (Unanswered)	08/22/2016	2016-05- 24/0001	05/24/2016
		<u>374012824</u>	SL11 - MISSING SL2 FORM		TESTABC	TEST CASE NO. 1	Renewal	06/23/2016	Open (Unanswered)	08/22/2016	2016-05- 24/0001	05/24/2016
	н	a 1)	► H 10 T item	s per page							1 - 3	of 3 items
								ē	Print Selected	Tags 🛛 🖾	Respond to Se	lected Tags

The Quick Info table shows the number of open tags for you under My Open Tags, the number of open tags for the brokerage under Total Open Tags, and the number of informational tags that need viewing. Click on the hyperlink next to My Open Tags and it will display the list of tags from transactions submitted by the logged in user that require attention. If you click on the number under Total Informational Tags, it will show a list of informational tags that need to be viewed before the tags are closed.

If the user has selected a hyperlink from the home page and wants to view unviewed informational tags without returning to the home page, the user can click on the Informational Tags tab to easily navigate to the corresponding screen. The tab that you are viewing will be the highlighted one.

mornation rags screen	
	CANDER TH.
HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS HEL	P SETTINGS LOGOUT
You are logged in as PATERK, on behalf of [8466] SURPLUS INSURANCE BROKER (0A11111), .	[Change Location]
😵 Informational Tags	
Q Tag Search O My Open Tag	
Informational Tags	
The following Informational Togs have been identified by the SLA. Select the Tog Types to review below to see the Tog Text and the details of the associated su	ubmissions.
Show Only My Tags	
Тад Туре *	Tag Count
No records found.	
H 4 0 F H 10 T items per page	No items to display
Print Selected Tags Rev	view Selected Tags

Information Tags Scree

Tag Search Screen

SLIP Burglas Lines Information Partial		
HOME POLICIES SUBMISSIONS TAGS ACCOUNT	T REPORTS ANALYTICS USERS CONTACTS	HELP SETTINGS LOGOUT
You are logged in as PATBRK, on behalf of [8466] SURPLUS INSURA	NCE BROKER (OA111111), .	[Change Location]
C Tag Search C Tag Search C My Open Tags & Inform Tag Search Criteria	national Tags	
Enter one or more search criteria below. Note: If you are	looking for historical data, please expand the date range of the re	quest.
Tag Number:	Policy Number:	
Note: If Tag Number is provided, all other search criteria	2 will be ignored.	
Tag Status:	Insured Name:	
Upen Tag Type:	SLA Submission Number:	
Submission Date:		
		Clear Q Search

Navigating to the tag search through the tabs differs from choosing the number hyperlink next to Total Open Tags because the screen does not display the tag information on the tag results grid.

Transactions Pending Review/Returned Transactions/Invalid Bulk Submission

Submissions List									
s									
но	ME POLIC	ES SUBMISSIO	NS TAGS A	CCOUNT REPORTS	ANALYTICS	USERS CONTACTS		HELP SETTINGS	LOGOUT
Yo	You are logged in as PATBRK, on behalf of [8466] SURPLUS INSURANCE BROKER (0A11111), .								ge Location]
Ę	Subn	nission List	2					E New Bulk S	ubmission
Submission Date Range: 05/26/2014 to Filter Only Show My Submissions Source: Broker Reference Number: Clear Clear							Filter Clear		
	SLA Submission Date	SLA Submission Number	Source	Submission Status	Broker Reference Date	Broker Reference Number		Total Premium	Transaction Count
q	05/24/2016	2016-05-24/0028	SLIP	Submitted				\$31,000.00	1
н	H + 1 + H 10 * items per page 1-1 of 1 items								

Selecting the number hyperlink for transactions pending review, the submissions list displays all transactions submitted to the SLA but not yet registered.

	Returned Transactions											
5		S										Tan-
HOM	E POLICIES SU	IBMISSIO	NS TAGS ACCOUN	T REPORTS	ANALYTICS	USERS CO	NTACTS				HELP SETTINGS	LOGOUT
You a	You are logged in as PATBRK, on behalf of [8466] SURPLUS INSURANCE BROKER (OA111111), .											
9	Policy Sea	arch									🎢 Create Ne	w Policy
	Q. Policy Search	ମ୍ମ My	Unsubmitted Transacti	ons 🛛 🤁 Retu	rned Transactio	ons						
N	Ay Returned Tra	ansacti	ions									-
Τ	he transactions listed	d below w	ere returned by the SLA.	Please make any i	necessary updat	es and resubmi	it these transac	tion when read	y.			
	Policy Number		Insured Name	Transaction Type	Effective Date	Endorsement Number	Premium	Last Updated On ▼	Alerts	Docs	Return Reason	
	No records found.											
	No items to display									ay		
C Resubmit Selected Transactions										ons		

Selecting the number hyperlink for returned transactions provide a list of transactions the SLA has returned to the user because of an issue with the transaction.

Account Tab (Permissions Based)

Broker	Account	Screen
--------	---------	--------

Surplus Lines Information Partial	AGS ACCOUNT REPORTS ANALYTICS USERS CONTAG	CTS	HELP ST					
You are logged in as PATBRK, on behalf of [8460] SURPLUS INSURANCE BROKER (OA111111), .			[Change Location]				
Image: Second and Second Statements prior to the May 2016 Statement are temporarily unavailable. Current Balance Due: \$1,200.00 Automatic payment is OFF Configure Automatic Payment Please contact the SLA at support@slacal.org for prior Statements.								
Post Date: Image: Confirmation Number: Filter Transaction Type: Image: Confirmation Number: Clear Include Returned Checks Include Rejected Payments Image: Clear								
Post Date Transaction Type	Description		Credit	Debit				
05/01/2016 Adjustment Adjustment				\$1,200.00				
H 4 1 F H 10 T items per page 1 - 1 of 1 items								

Selecting the Account tab at the top of the home page allows you to search for your account statements, review your broker account balance, and/or pay your stamping fees through SLIP.

Users can choose payment by credit card or e-check/ACH,

For an initial user, you must review and check the payment agreement before proceeding to the payment screen.

Payment Screen

	·, · · · · ·						
HOME POLICIES SUBMISSIONS TAGS	ACCOUNT REPORTS ANALYTICS USERS CONTAC	TS	HELP SETTINGS LOGOUT				
You are logged in as PATBRK, on behalf of [8466] SUR	PLUS INSURANCE BROKER (OA111111), .		[Change Location]				
Pay Stamping Fee							
Payment Amounts							
The outstanding balance for the current location those locations as well.	n is shown below. Please indicate the amount you wish to pay. If	you have associations with other location	ns, you can include amounts for				
Location		Outstanding Balance	Amount to Pay				
[8466] SURPLUS INSURANCE BROKER (OA111111 -	ACTIVE)	\$1,200.00	\$ 1200.00				
Pay Other Locations		1	Fotal Amount to Pay: \$1,200.00				
Payment Method							
Choose your desired payment method: O Credit	Card Oe-Check / ACH						
For credit card payments, please enter the cred	it card number, expiration date, and security code below.						
Credit Card Number:							
Expiration Date:	mm/yyyy						
Security Code:							
A payment confirmation will be sent to your email address. You can also specify additional recipients for the confirmation email. TO: pmcauley@slacal.org CC: (Please separate multiple email addresses with a comma.) You can also enter a memo for this payment if desired (4000 character max):							
			Next				

Select the payment method. Depending on the payment method selected, required fields will be enabled. Complete the required fields and click on the Next button.

Payment to SLA

HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS Tou are logged in as PATERIX, on behalf of [6466] SURPLUS INSURANCE BROKER (0A11111), .	USERS CONTACTS		HELP SETTINGS LOGOUT				
Payment Amount Summary Your payment will be papiled to the outstanding balances shown below.							
Location		Outstanding Balance	Amount to Pay				
[8466] SURPLUS INSURANCE BROKER (OA111111 - ACTIVE)		\$1,200.00	\$1200.00				
Total Amount to Pay: \$1,200.00 Payment Summary Please verify the payment information you entered below. Your payment will be applied once you hit the Submit Payment button. Note: e-Check payments can take up to three (2) business days for processing.							
Total Amount To Pay:	\$1,200.00						
Credit Card Information:	xxxx-xxxx-xxxx-4808						
To:	pmcauley@slacal.org						
CC:							
Memo:							
	N	lote: Your payment will be processe <u>Review On</u>	d over the next 3-5 business days. Line Payment Terms & Conditions.				
< Back			Submit Payment 🗹				

Review the payment summary and select the Submit Payment button to send the payment to the SLA. A confirmation notification will be generated to inform the user that the payment has successfully been transferred.

EVENE DUCE Vor Policie SUBMISSION Tass ACCOUNT Reports ANALYTICS Users Outlands Outlands Submission Tass Account Reports And And And And And Account Reports And And And And And Account And And <tr< th=""><th colspan="8">Confirmation Message</th></tr<>	Confirmation Message							
HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS HELP SETTINGS You are logged in as PATBRK, on behalf of [646] SURPLUS INSURANCE BROKER (0A11111), . [Change [Change [Change Vou are logged in as PATBRK, on behalf of [646] SURPLUS INSURANCE BROKER (0A11111), . [Change [Change [Change Vour payment has been successfully submitted (Conf. Number 7PE684738U518031L). Check your inbox for a payment submission confirmation email. [Change If is screen shows the list of financial transactions for this account. You can expand each item to see more details. To resolve any outstanding balance remaining, hit the "Pay Stamping Fee" button to make a payment to OFF Configure Automatic Payment is OFF Configure Automatic Payment is OFF Post Date: Image: Confirmation Number: Transaction Type: Confirmation Number: Clear Post Date: Include Rejected Payments Confirmation Number: to the size of the size of the confirmation #PE684738U518031L Size000 Size000 Post Date * Transaction Type Description Confirmation #PE684738U518031L Size000 Size000 Post Date * Transaction Type Credit Card: Confirmation #PE684738U518031L Size0000 Size000 Size000	SLIP Burpha Lines Information Portal							
You are logged in as PATERK, on behalf of [6466] SURPLUS INSURANCE BROKER (0.A11111), . [Change Image: Contract of the state of the successfully submitted (Conf. Number 7PE684738J518031L). Check your inbox for a payment submission confirmation email. Image: Current Balance Due: Automatic payment has been successfully submitted (Conf. Number 7PE684738J518031L). Check your inbox for a payment submission confirmation email. Image: Current Balance Due: This screen shows the list of financial transactions for this account. You can expand each item to see more details. To resolve any outstanding balance remaining, hit the "Pay Stamping Fee" button to make a payment to the SLA. Current Balance Due: Broker Statements prior to the May 2016 Statement are temporarily unavailable. Pay Stamping Fee Please contact the SLA at <u>support@slacel.org for prior Statements</u> . Pay Stamping Fee Post Date: Image: Confirmation Number: Clear Transaction Type: Confirmation Number: Clear Include Returned Checks Include Rejected Payments Stato: Post Date * Transaction Type Description Stato:	HOME POLICIES	SUBMISSIONS TA	GS ACCOUNT REPORTS ANALYTICS USERS C	ONTACTS	HELP SI	ETTINGS LOGOUT		
Your payment has been successfully submitted (Conf. Number 7PE68473BJ518031L). Check your inbox for a payment submission confirmation email. Image: Statement and the state of	You are logged in as PATE	RK, on behalf of [8466	SURPLUS INSURANCE BROKER (OA111111), .			[Change Location]		
Broker Account Current Balance Due: This screen shows the list of financial transactions for this account. You can expand each item to see more details. To resolve any outstanding balance remaining, hit the "Pay Stamping Fee" button to make a payment to the SLA. Automatic payment is OFF Configure Automatic P Pay Stamping Fee Balance Due: Automatic payment is OFF Configure Automatic P Pay Stamping Fee Balance Due: Pay Stamping Fee Balance Due: Pay Stamping Fee Balance Due: Pay Stamping Fee Post Date: Image: Description Post Date: Configure Automation P Post Date: Include Returned Checks Include Rejected Payments Cedit Card: Confirmation Number: Clear Include Returned Checks Include Rejected Payments S1200.00 S1200.00 S1200.00 Image: Image: Image: Description S1200.00 S1200.00 S1200.00 Image: Image: Image: Image: S1200.00	Your payment has b	een successfully submi	tted (Conf. Number 7PE68473BJ518031L). Check your inbox for a pay	ment submission confirmation email.		×		
This screen shows the list of financial transactions for this account. You can expand each item to see more details. To resolve any outstanding balance remaining, hit the "Pay Stamping Fee" button to make a payment to the SLA. Broker Statements prior to the May 2016 Statement are temporarily unavailable. Please contact the SLA at <u>support@slacal.org</u> for prior Statements. Post Date: Post Date: Post D	Broker A	ccount		Current Balance Due:		\$0.00		
details. To resolve any outstanding balance remaining, hit the "Pay Stamping Fee" button to make a payment to the SLA. Broker Statements prior to the May 2016 Statement ore temporarily unavailable. Please contact the SLA at <u>support@stacel.org</u> for prior Statements. Post Date: to Amount: to Teilter Transaction Type: Confirmation Number: Clear Include Returned Checks Include Rejected Payments Post Date * Transaction Type Description Credit Card: Confirmation #7PE68473BJS18031L S120000 > 06/01/2016 Adjustment Adjustment * 06/01/2016 Adjustment Adjustment	This screen shows the list of financial transactions for this account. You can exoand each item to see more Automatic payment is OFF Configure Automatic Payment							
Broker Statements prior to the May 2016 Statement are temporarily unavailable. Please contact the SLA at support@slacel.org for prior Statements. Post Date: Image: Confirmation Number: Include Returned Checks Include Rejected Payments Post Date * Transaction Type Description Credit > 06/01/2016 Payment > 06/01/2016 Adjustment > 06/01/2016 Adjustment > 01 • 10 • items per page 1 • 2 of	details. To resolve any ou to the SLA.	itstanding balance re	maining, hit the "Pay Stamping Fee" button to make a payment	Pay Sta	amping Fee			
Post Date: Image: Confirmation Number: Filter Transaction Type: Image: Confirmation Number: Clear Include Returned Checks Include Rejected Payments Clear Post Date * Transaction Type Description Credit Debit 0 6/01/2016 Payment Credit Card: Confirmation #7PE684738J518031L S1 200.00 > 06/01/2016 Adjustment Adjustment 1 Im < 1	Broker Statements prior Please contact the SLA c	to the Ma y 2016 St It <u>support@slacal.or</u>	atement are temporarily unavailable. 'g for prior Statements.					
Confirmation Number: Clear Include Returned Checks Include Rejected Payments Clear Post Date * Transaction Type Description Credit Debit 0 0/01/2016 Payment Credit Card: Confirmation #7PE684738J518031L Stand Stand Debit 0 0/01/2016 Adjustment Adjustment Adjustment T1 - 2 of	Post Date:	1 to	I Amount:	to		Filter		
Include Returned Checks Include Rejected Payments Post Date * Transaction Type Description Credit Debit • 06/01/2016 Payment Credit Card: Confirmation #7PE684738J518031L 51200.00 • 06/01/2016 Adjustment Adjustment 1 • 1 • 10 • (tems per page 1 - 2 of	Transaction Type:		Confirmation Number:			Clear		
Post Date * Transaction Type Description Credit Debit > 06/01/2016 Payment Credit Card: Confirmation #7PE684738J518031L \$1200.00 \$1200.00 > 06/01/2016 Adjustment Adjustment Adjustment 1 - 2 of H 1 H 10 • items per page 1 - 2 of	Include Returned Checks Include Rejected Payments							
b 06/01/2016 Payment Credit Card: Confirmation #7PE684738J518031L \$1200.00 b 06/01/2016 Adjustment Adjustment 1 H 1 H 10 items per page 1 - 2 of	Post Date 🔻	Transaction Type	Description		Credit	Debit		
b 06/01/2016 Adjustment Adjustment Adjustment IM 4 1 H 10 • tems per page 1 - 2 of	06/01/2016	Payment	Credit Card: Confirmation #7PE68473BJ518031L		\$1,200.00			
H 4 1 + H 10 T items per page 1 - 2 of	06/01/2016	Adjustment	Adjustment			\$1,200.00		
	H 4 1 F H	10 🔻 items p	er page			1 - 2 of 2 items		

Reports Tab

Selecting Reports Screen									
HOME POLICIES SUBMISSIONS TAGS ACCOUNT	T REPORTS ANALYTICS USERS CO	NTACTS	HELP SETTINGS LOGOUT						
You are logged in as PATERK, on behalf of [8466] SURPLUS INSURA	INCE BROKER (OA11111), .		[Change Location]						
Reports									
Reports	• Available Reports								
Broker Statement Detailed Policy Activity	The reports that you have access to are li specific report you would like to run to vi	isted in the display on the left. Select a r iew the required parameters and any add	eport area and then choose the litional information.						
Premium Amount by Insurer									
Submission Coversheet									
Tag Summary									

SLIP offers several reports to assist you in identifying tagged transactions, submitted transactions, breakdown of premium by insurer for your annual statement, etc. The search criteria for each report will be determined by the report selection. The screen shot below is the search criteria for the Broker Statement report.

HOME POLICIES SUBMISSIONS TAGS ACCOUNT	REPORTS ANALYTICS USERS CONTACTS	HELP SETTINGS LOGOUT
You are logged in as PATBRK, on behalf of [8466] SURPLUS INSURAN	ICE BROKER (OA11111), .	[Change Location]
Reports		
Reports	Broker Statement	
Broker Statement	This report provides a summary of the Broker's Account with the SLA stamping fees accrued during the month.	including all payments, refunds, adjustments, and
Detailed Policy Activity		
Premium Amount by Insurer		
Submission Coversheet	Statement Month: Statement Year:	
Tag Summary	Please select Please select	
	Note: Broker Statements prior to the May 2016 Statement are te Please contact the SLA at <u>support@slacal.org</u> for prior Statemen	emporarily unavailable. ts. Generate Rept rt PDF -

You can also choose your report format. The choices from the drop-down menu are PDF, Excel, and Word.

Analytics Tab

Analytics Screen							
SLIP SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS HE	LP SETTINGS LOGOUT						
You are logged in as PATERK, on behalf of [8466] SURPLUS INSURANCE BROKER (OA111111), .	[Change Location]						
Analytics							
Analytics							
The Analytics tab allows you to view Monthly, Quarterly, and Yearly statistics on Premium, Tags, and Stamping Fees. Expand the Premium, Tags, or Stamping Fees panel below Month, Quarter, or Year for the designated Broker Location. Note: Premium and Tag statistics are based on date of submission to the SLA. Statistics for Stamping Fees are based on the SLA invoice date.	r to view detailed data by						
Quarter							
Premium - \$0.00	+						
Tags - 0	+						
Stamping Fees * - \$0.00	+						
* Stamping Fees do not include the current month.							

The Analytics tab allows users to view their statistics for premium, tags and stamping fees by month, quarter, or year at a glance.

Master User Role/Users Tab

Users Screen									
SLIP Britika Lines Information Pointed									
HOME POLICIES S	UBMISSIONS TAGS ACCOUNT REPORTS	ANALYTICS USERS CONTACTS		HELF					
You are logged in as PATBP	RK, on behalf of [8466] SURPLUS INSURANCE BROKER (0)	A11111), .			[Change Location]				
<u>अ</u> ि User List			🖍 Edi	t My Settings	① Create New User				
Location Users									
Click the User ID to view	w or edit a location user.								
User ID	Name 🔺	Email Address	Туре	Phone Number					
PATBRK	MCAULEY, PATRICIA	pmcauley@slacal.org	Master	415-434-4900					
H 4 1 F H 10 T items per page 1 - 1 of 1 items									

The Users tab lists the created users in your SLIP account.

The SLA must create the master user for each location. The master user then creates new users, their user names, initial passwords, and permissions by selecting the Create New User button.

Based on permissions, each user can edit certain areas of their profile by clicking on the Edit My Settings button. The logged in user can also access their profile by clicking on the Settings tab.

The master user sets up the associated brokers and eligible insurers that appear on the drop down menus for their brokerage account.

Edit	User	Scr	een
------	------	-----	-----

				M		
HOME POLICIES SUBMISSIONS TAGS ACC	OUNT REPORTS ANALYTICS	USERS CONTACTS	HELF	SETTINGS LOGOUT		
You are legged in as PATSRK, on behalf of (\$466) SURPLUS	NSURANCE BROKER (DA111111), .			[Change Location]		
Edit User						
My User Details						
Profile		Permissions				
* User Name:	* User Name:		Create / Edit Policy Data			
PATBRK		View Tags				
Broker License Number:		Respond to Tags				
		Submit to SLA				
* First Name:	* First Name:		View Account			
PATRICIA	PATRICIA		Pay Amount (Logged In location only) Rev Amount (Amount Amount (Amount Amount Amount Amount (Amount Amount Amoun			
* Last Name:	* Last Name:		View Reports			
MCAULEY		View My Settings				
* Phone Number:	Phone Extension:	Maintain Profile and E	mail Notification Settings			
415-434-4900		Maintain insurers				
* Email Address:		Maintain Transactors	-			
pmcauley@slacal.org		View Location Contacts	5			
Date Last Accessed: 05/26/2016	13:20 PM	Request Location Cont	act Changes			
AMS Token: 35e0d806-85	64-413a-8d25-cc8ef17daeec					
Regenerate AWS Token	Change Password]				
Associated Brokers						
First the arrow on the left to view contact informatio	for your Marter Lineric)					
Artise Boder Mumber	Rocker Name &		Lizana Morthar	City.		
► ☑ 8466	SURPLUS INSURANCE BROKER		QA111111			
► ■ 8465	TEST BROKER		0A70625			
H K 1 F H 10 * Items per page				1 - 2 of 2 items		
Email Notifications						
Email notification preferences apply for all of your ass	oclated broker locations. If you would	d like to receive paper tags in addition	to the electronic copies, please cor	tact the SLA.		
Receive Email. Tag Notifications: 0		O All Tag Notifications	Only My Tag Noth	fications		
Receive Emeil. Submission Notifications: ()		O All Submission Notifications	Only My Submissi	on Notifications		
Eligible Insurers						
Select the insurers that will be available in the insure	selection dropdowns when editing tr	ansaction data.				
Available insurers:		Selected Insurer	2:			
ACCEPTANCE CASUALT INSURANCE COMPANY (10349 ACCE DUROPEAN GROUP LIMITED (AA-110810) - LASLI ACE SEGUROS, S.A. (AA-1730007) - Eligible	- Lesu	*				
ADMIRAL INSURANCE COMPANY (24356) - LASU ADRIATIC INSURANCE COMPANY (34356) - LASU ALS EUROPE LIMITED (AA-1130541) - Elimine		*				
AIG SPECIALTY INSURANCE COMPANY (26833) - LASLI AIX SPECIALTY INSURANCE COMPANY (12833) - LASLI	~	2				
ALLIANZ GLOBAL CORPORATE & SPECIALTY SE (AA-13-	enuzi - Listi	~				
Transactors						
Click the Broker/Agent Name hyperlink to edit a trans	actor. Delete a transactor by clicking	the \mathcal{K} in the appropriate row below.	Add a new transactor by clicking the	e Add New Transactor		
Renker/Loant Name & P-1-14-	rt Linema Norther	Ornanization Name	Omeningtion License Mumber			
anderstradius Lense - Gupter/Ağe	n soverde fastisjer	Arganization reality	orgenization Licentie relimber	Add New Transactor		

Frequently Asked Questions

- Q: I submitted a transaction, but uploaded the wrong declaration page. Can I go back and attach it?
- A: If the transaction is not under review by the SLA, you can make corrections.
- Q. Can I submit more than one document on the same pdf to upload?
- A. Yes. Be sure to check all the document types that are included in the pdf.
- Q: I am the master user of one location and need to be added as the master user of a new location. What do I need to do?
- A: Contact <u>support@slacal.org</u> to be added as the master user of the new location.
- Q: Do I need to enter the SIC code?
- A: No. The SIC field is optional.
- Q. Is a backout the same as an ORO?
- A. A backout can be used in place of an ORO for a registered transaction.
- Q. What is the difference between the Add Policy Notes in the Policy Details section and the Policy Submission Notes field?
- A. The notes you add to the Add Policy Notes field is specific to that policy. The notes entered in the Policy Submission Notes field will apply to all the transactions that were submitted under the one submission.
- Q. Can I still submit an endorsement that we took over on a Broker of Record?
- A. Yes, but you will have to create the endorsement from scratch.
- Q. For bulk submissions, will the PDF format still be acceptable?
- A. Yes.