

Agent User Manual

for

**Mississippi Windstorm
Underwriting Association
(MWUA)**

and

**Mississippi Residential Property
Insurance Underwriting
Association
(MRPIUA)**

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Purpose

This document presents the processes conducted by the Mississippi Windstorm Underwriting Association (MWUA) and the Mississippi Residential Property Insurance Underwriting Association (MRPIUA) using Mississippi Plans Policy Management System (MPPMS). The content included in this *Agent User Manual* is provided to assist agents in the successful operation of MPPMS.

The document is designed to provide step-by-step instructions for tasks completed in MPPMS. Each task will be described in detail, and screenshots will be provided to demonstrate the proper navigation of MPPMS for each respective task.

Overview of the Agent User Manual

This *Agent User Manual* illustrates how to carry out tasks in MPPMS. The document is divided into the following key sections:

1. The *Purpose* section states the document's purpose.
2. The *Overview of the Agent User Manual* details the contents of this document.
3. The *Overview of MPPMS Functionality for Agents* provides a high-level overview of MPPMS functions.
4. The *System Navigation* section contains a list of keyboard notes, a picture and description of the toolbar, the treeview functionality, the field functionality, and the record functionality.
5. The *General System Functions* section contains step-by-step instructions with screenshots for completing common tasks in MPPMS.
6. The *Underwriting Functions* section contains step-by-step instructions with screenshots for completing common tasks in the Underwriting module of MPPMS.
7. The *Claim Functions* section contains step-by-step instructions with screenshots for completing common tasks in the Claim module of MPPMS.
8. The *Accessing Reports* section contains step-by-step instructions on how to access reports in MPPMS.
9. The *System* section contains information about the agent/agency.
10. The *Help* section contains tutorials that users may access for learning the basic instructions for using MPPMS.

Overview of MPPMS Functionality for Agents

The following functions are available to agents in MPPMS:

- Entering a quote
- Entering an application
- Viewing the application/policy summary
- Printing the application
- Entering a claim
- Printing the Initial Claim Notice
- Viewing the claim summary
- Accessing reports
- Review agent data
- Accessing tutorials

System Navigation

This section describes keyboard notes, toolbar, treeview, field functionality, and record functionality that are helpful in navigating MPPMS. The data shown in the pictures of this document are for format review purposes only.

Keyboard Notes

The following keyboard functions can be helpful while working in MPPMS.

Tab	Moves the cursor to the beginning of the next field.
Shift + Tab	Moves the cursor to the beginning of the previous field.
Ctrl + Tab	Moves the cursor to the beginning of the next field outside of the sub form.
Alt + Arrow Down	Show the contents of a dropdown box without using the mouse.
Arrow Right/Left	Allows the user to select option buttons without using the mouse.
Space Bar	Allows the user to check and uncheck checkboxes without using the mouse.
ESC	Allows the user to stop the update of a record or to break out of a function.

Custom Toolbar



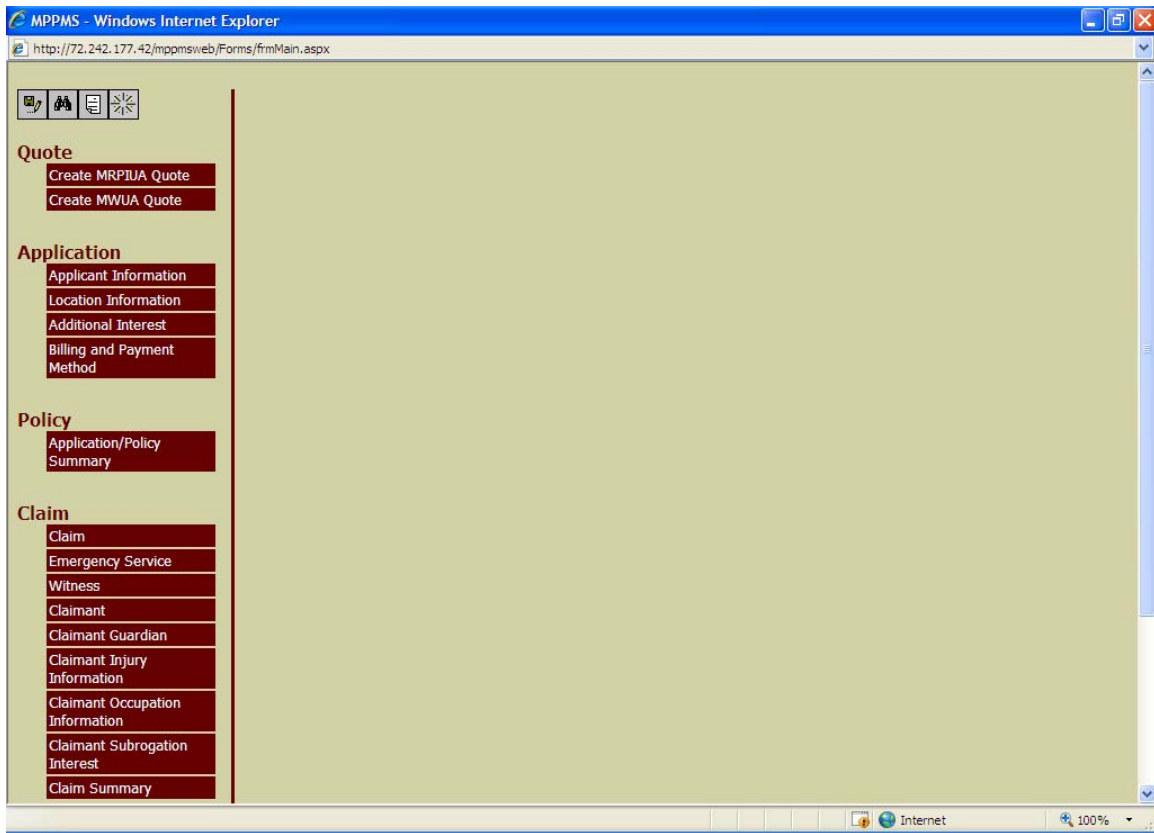
1 2 3 4

To assist the user, a custom toolbar is available from applicable screens and allows the user to navigate to MPPMS screens. When the user puts their cursor over a toolbar button, the purpose of the button will be displayed. The buttons on the toolbar, listed from left to right, perform the following functions:

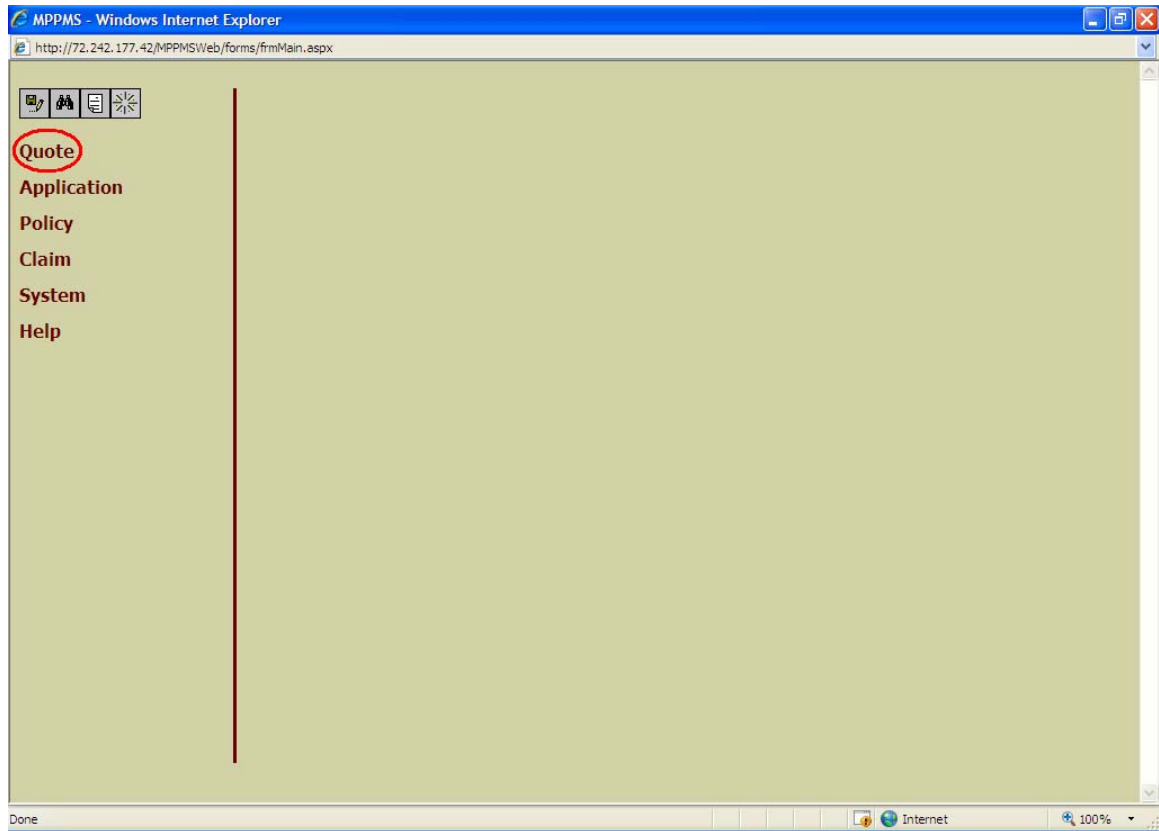
1. Save the current record
2. Open the *Policy Search* screen
3. Open the *Reports Menu* screen
4. Clear the current record

Treeview

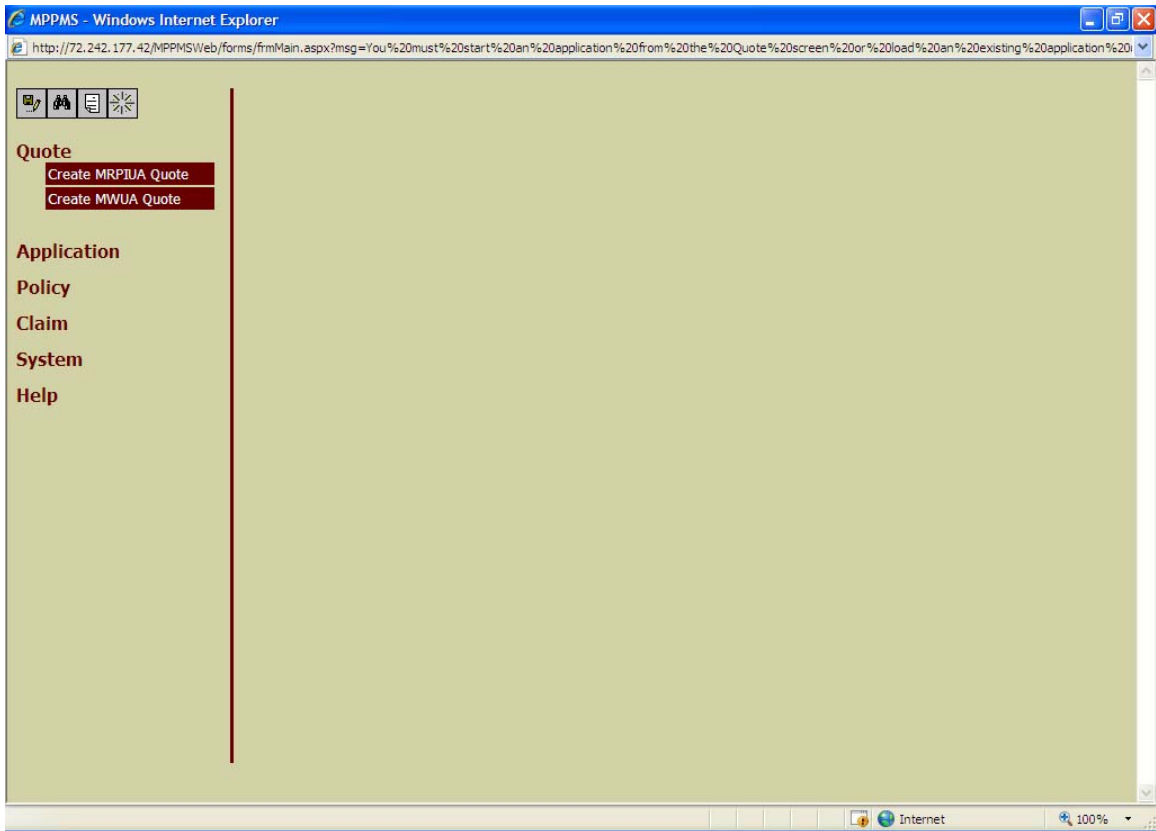
The security-authorized user will be allowed to access system screens from the treeview. The following is an example of the available screens under the treeview:



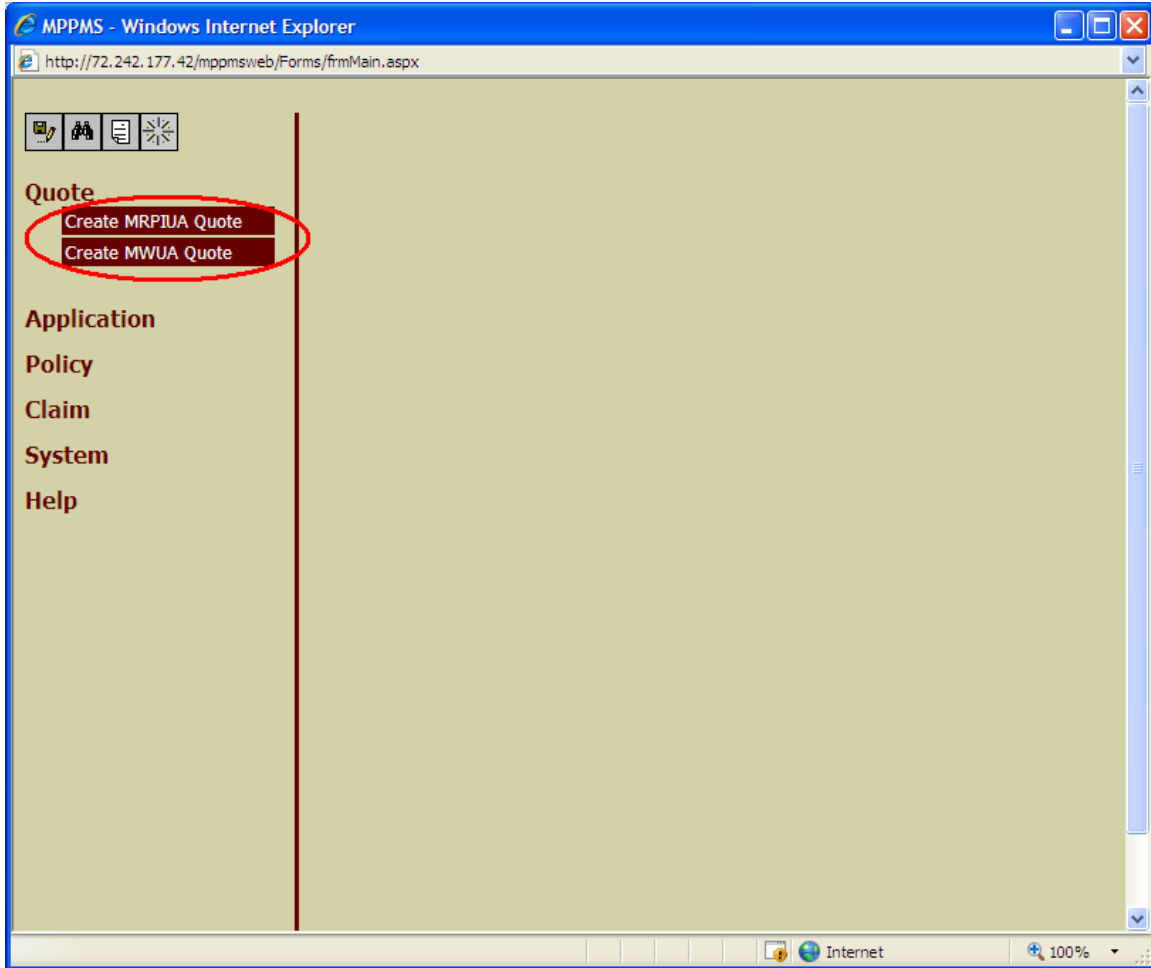
1. When the cursor is positioned over a module of MPPMS, the module link becomes visible.



2. Click the link to expand the module and show its available screens. (Clicking the link again will collapse the module.)



3. Click the screen link within the module to go to the screen.



Field Functionality

The following table explains the functionality of fields in MPPMS.

Field Color	Field Functionality	Definition
White	Optional field	Field can be filled out or left blank
Yellow	Required field	Information must be entered for field
Gray	Disabled field	Information cannot be input into field; data is read-only
Red Exclamation Point	Invalid data in field	Data entered is invalid in field; field is required and must be completed

The following screenshot gives examples of the field functionalities:

The screenshot displays the 'Applicant Information' form in a web browser. The form is divided into several sections: 'Current Application / Policy Information', 'Agent Information', 'Applicant's Information', and 'Emergency Insured Contact Information'. The 'Application number' field is grayed out and labeled 'Disabled field'. The 'Title / First name' field is yellow and labeled 'Required field'. The 'Middle name' field is yellow and labeled 'Optional field'. The 'Primary phone #' field is yellow and labeled 'Invalid data' with a red exclamation point. The 'Secondary phone #' field is grayed out. The 'Emergency Insured Contact Information' section is also visible.

Record Functionality

The following steps describe how to add, edit, cancel, and delete records in a list.

1. Click the *Add* link to clear all fields and allow entry of a new record.

Applicant Information - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmApplicantInfo.aspx

Quote
Create MWUA Quote

Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method

Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0994297 Insured name: []

Agent Information
Agency: MSRB Test
License #: 63254 Expiration date: 1/1/2110 Agent code: 800 5555
Phone - extension: (555) 555-5555 E-mail: []

Applicant's Information
Current applicants

Add	Cancel	Name
[]		

Use standard name format? ☒ Yes ☐ No Use street addr. format? ☒ Yes ☐ No
Title / First name: [] Bob Same address as: Loc #1 - 111 Test Ave
Middle name: [] Street # / Name / Type: 111 Test Ave
Last name / Suffix: Smith Mailing address 2: []
Applicant type: Primary Insured City / St / Zip: Biloxi MS 39532
Primary phone #: (342) 333-3333 Ext: []
Secondary phone #: [] Ext: []
Other phone #: [] Ext: []
E-mail address: []

Emergency Insured Contact Information
Address 1: 1752 Sycamore Street Primary phone #: (985) 243-2424 Ext: []
Address 2: [] Secondary phone #: [] Ext: []
City / St / Zip: Baton Rouge LA 70809
Continue

2. Fill out the applicable information and click the *Save* icon to submit the new record.

Applicant Information - Windows Internet Explorer

http://72.242.177.42/MPPMSWeb/forms/frmApplicantInfo.aspx

Quote
Create MWUA Quote

Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method

Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0994312 Insured name:

Agent Information
Agency: MSRB Test
License #: 63254 Expiration date: 1/1/2110 Agent code: 800 5555
Phone - extension: (555) 555-5555 E-mail:

Applicant's Information
Current applicants
Add Cancel Name

Use standard name format? ☒ Yes ☐ No Use street addr. format? ☒ Yes ☐ No
Title / First name: Bob Same address as:
Middle name: Mailing address 1: P. O. Box 5231
Last name / Suffix: Smith Mailing address 2:
City / St / Zip: Jackson MS 39296 5231
Applicant type: Primary Insured
Primary phone #: (601) 981-2915 Ext:
Secondary phone #: Ext:
Other phone #: Ext:
E-mail address:

Emergency Insured Contact Information
Address 1: 1752 Sycamore Primary phone #: (985) 243-2424 Ext:
Address 2: Secondary phone #: Ext:
City / St / Zip: Baton Rouge LA 70809
Continue

3. Click the *View* link to edit fields for the current record.

Applicant Information - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmApllicantInfo.aspx

Quote
Create MWUA Quote

Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method

Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0994297 Insured name:

Agent Information
Agency: MSRB Test
License #: 63254 Expiration date: 1/1/2110 Agent code: 800 5555
Phone - extension: (555) 555-5555 E-mail:

Applicant's Information
Current applicants

Add	Cancel	Name
View	Delete	Bob Smith

Use standard name format? ☒ Yes ☐ No Use street addr. format? ☒ Yes ☐ No

Title / First name: Middle name: Last name / Suffix: Smith Applicant type: Additional Insured

Same address as: Street # / Name / Type: 111 Test Ave Mailing address 2: City / St / Zip: Biloxi MS 39532 Primary phone #: (342) 333-3333 Ext: Secondary phone #: Ext: Other phone #: Ext: E-mail address:

Emergency Insured Contact Information
Address 1: 1752 Sycamore Street Primary phone #: (985) 243-2424 Ext: Address 2: City / St / Zip: Baton Rouge LA 70809 Secondary phone #: Ext:

Continue

- Click the *Cancel* link to terminate the addition of a new record and return to the current record.

Applicant Information - Windows Internet Explorer

http://72.242.177.42/MPPMSWeb/forms/fmApplicantInfo.aspx

Quote
Create MWUA Quote

Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method

Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0994297 Insured name:

Agent Information
Agency: MSRB Test
License #: 63254 Expiration date: 1/1/2110 Agent code: 800 5555
Phone - extension: (555) 555-5555 E-mail:

Applicant's Information
Current applicants
Add Cancel Name
View Delete Bob Smith

Use standard name format? ☒ Yes ☐ No Use street addr. format? ☒ Yes ☐ No
Title / First name: Middle name: Same address as: Street # / Name / Type: 111 Test Ave
Last name / Suffix: Smith Mailing address 2: City / St / Zip: Biloxi MS 39532
Applicant type: Additional Insured Primary phone #: (342) 333-3333 Ext: Secondary phone #: Ext: Other phone #: Ext: E-mail address:

Emergency Insured Contact Information
Address 1: 1752 Sycamore Street Primary phone #: (985) 243-2424 Ext: Address 2: Secondary phone #: Ext: City / St / Zip: Baton Rouge LA 70809
Continue

5. Click the *Delete* link to delete the current record.

The screenshot shows a web browser window titled 'Applicant Information - Windows Internet Explorer' with the URL 'http://72.242.177.42/MPPMSWeb/forms/frmApplicantInfo.aspx'. The page has a left sidebar with navigation links: 'Quote' (with a 'Create MWUA Quote' button), 'Application' (with links for 'Applicant Information', 'Location Information', 'Additional Interest', 'Billing and Payment Method'), 'Policy', 'Claim', 'System', and 'Help'. The main content area is titled 'Current Application / Policy Information' and contains several sections: 'Current Application' with fields for 'Application number' (0994297) and 'Insured name'; 'Agent Information' with fields for 'Agency' (MSRB Test), 'License #' (63254), 'Expiration date' (1/1/2110), 'Agent code' (800 5555), 'Phone - extension' (555 555-5555), and 'E-mail'; 'Applicant's Information' with a table of 'Current applicants' containing one entry 'Bob Smith' with 'Add', 'Cancel', and 'Delete' links (the 'Delete' link is circled in red); and 'Emergency Insured Contact Information' with fields for 'Address 1' (1752 Sycamore Street), 'Address 2', 'City / St / Zip' (Baton Rouge, LA, 70809), 'Primary phone #' (985) 243-2424, and 'Secondary phone #'. There are also radio buttons for 'Use standard name format?' and 'Use street addr. format?' and a 'Continue' button at the bottom right.

6. The following screen will confirm deletion. Click the *OK* button.

The screenshot shows a small dialog box titled 'Windows Internet Explorer' with a question mark icon. The text inside the dialog box asks 'Are you sure you want to delete this item?'. At the bottom of the dialog box are two buttons: 'OK' and 'Cancel'.

General System Functions

The following section details the steps required to perform common functions in MPPMS.

Getting Started

1. Contact MS Plans for a username and password. See *Logging In* for detailed instructions for requesting username and password.
2. Access to the Internet is required.
3. MPPMS was designed and tested to operate using Microsoft Internet Explorer (IE) Version 6.
4. Disable any pop-up blocking software. This may interfere with the normal operation of MPPMS.
5. Adobe Reader Version 7.0 is required for viewing and printing reports. (This software is available for free download at www.Adobe.com.)

Logging In

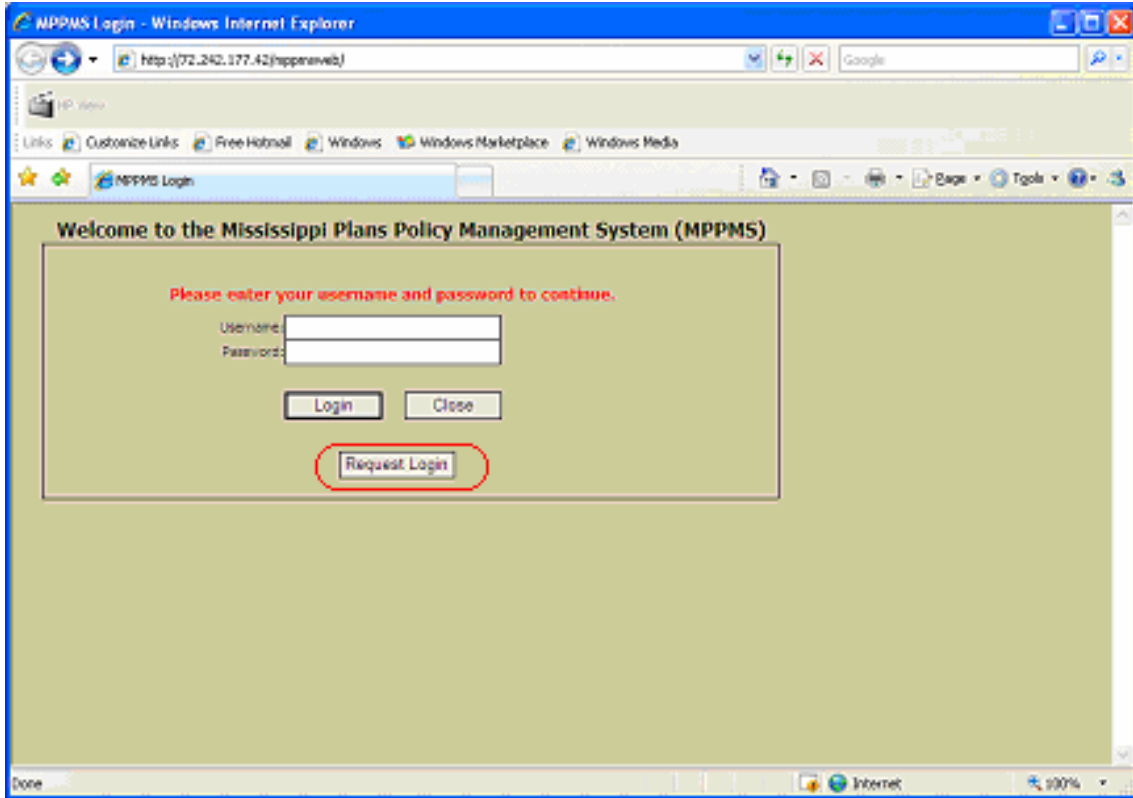
Requesting Username and Password

1. From the Mississippi Plans, Mississippi Residential Property Insurance Association (MRPIUA), or Mississippi Windstorm Underwriting Association (MWUA) websites, select the link for *Mississippi Plans Policy Management System*.

The following are the web addresses for these associations:

MRPIUA	http://www.msplans.com/mrpiua/
MWUA	http://www.msplans.com/mwua/

2. After you have reached the MPPMS login screen, select *Request Login*.



3. Please complete the brief form by entering your *First Name / Last Name*, *Agent Code* (four digit code assigned by MWUA or MRPIUA), *FEIN / SSN* (tax ID number), and *email address*. Then select *Request*.

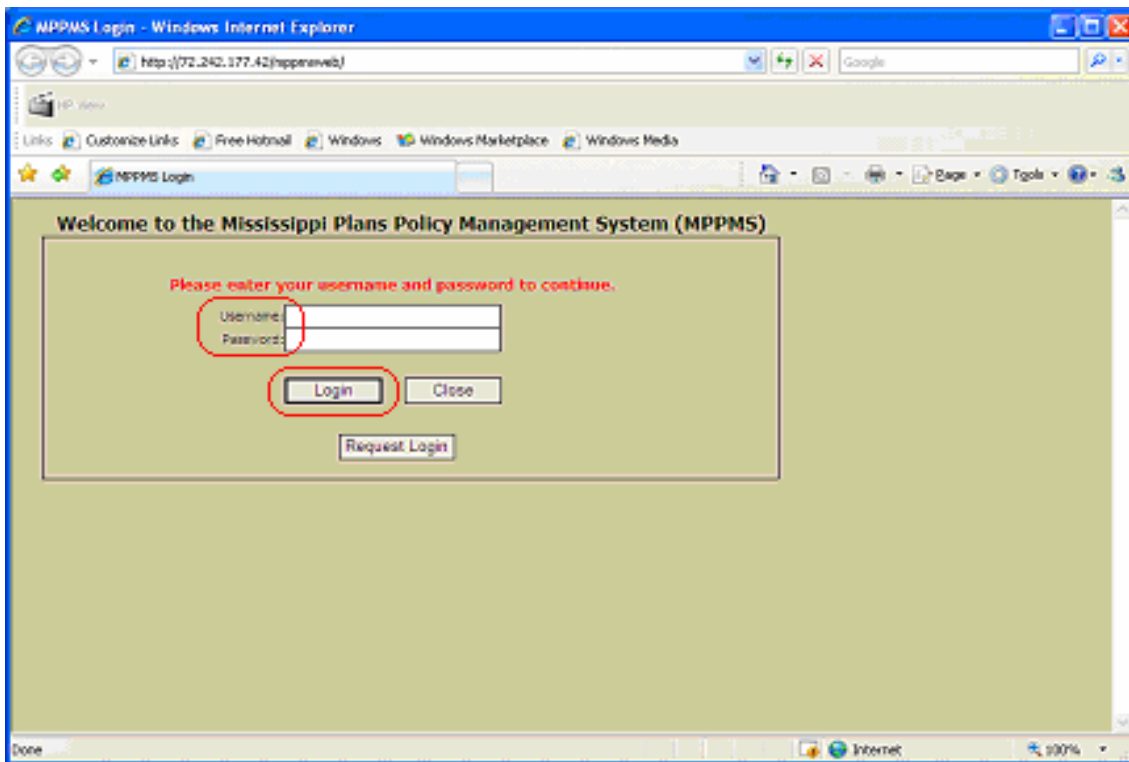
The screenshot shows a web browser window titled "Request Login - Windows Internet Explorer". The address bar displays the URL "http://72.242.177.42/mppmweb/firmLogin.aspx". The page content includes a header "Welcome to the Mississippi Plans Policy Management System (MPPMS)" and a red instruction: "Please enter the following information to receive an account." Below this is a form with five input fields: "First / Last name:", "Agent Code:", "FEIN/SSN:", "Email:", and "Confirm Email:". A red box highlights the first four fields. Below the form is a button labeled "Request", which is also highlighted with a red box. The browser's status bar at the bottom shows "Internet" and "900%".

First / Last name:	
Agent Code:	
FEIN/SSN:	
Email:	
Confirm Email:	

4. After your information has been received and processed by MS Plans, you will receive your Username and Password from MS Plans through email.

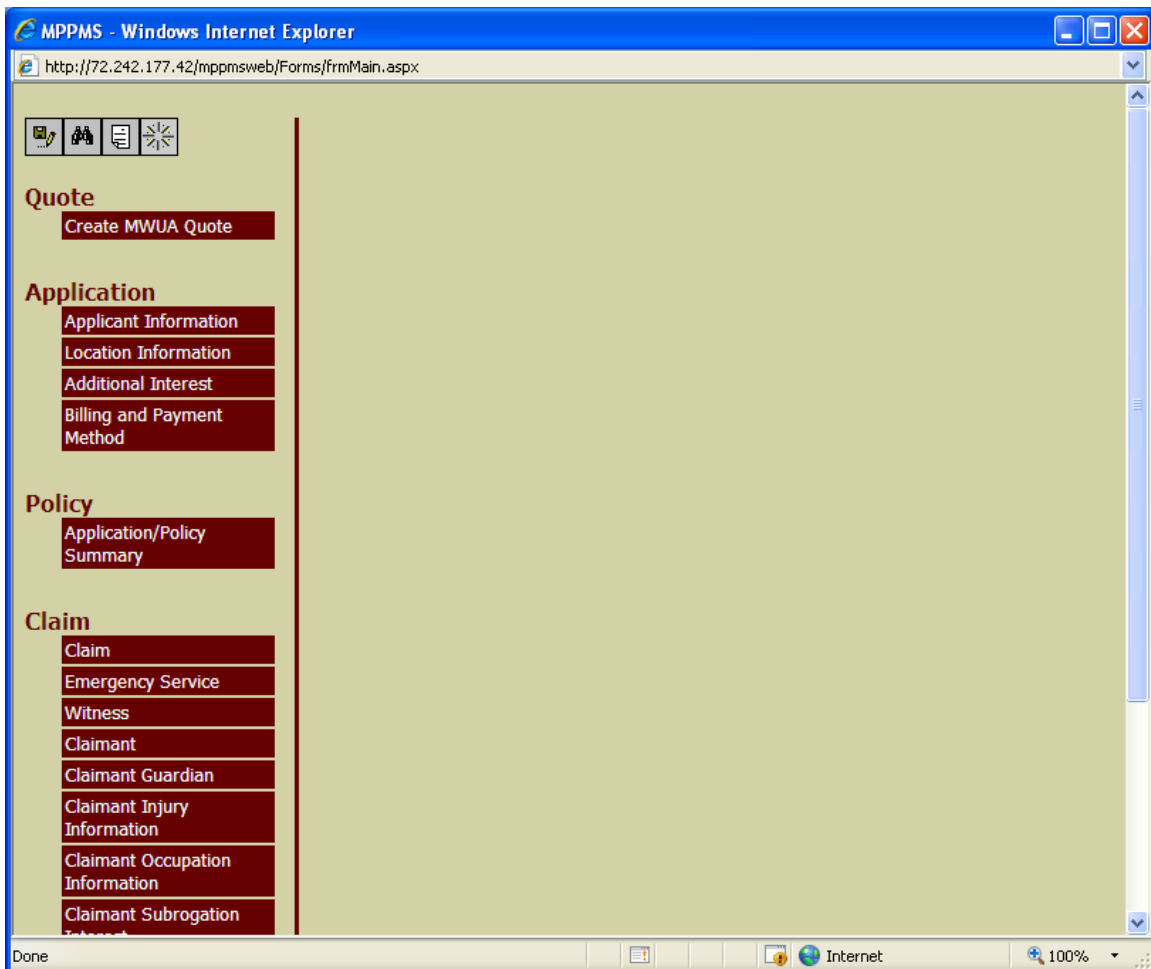
Login to MPPMS

1. Enter your *Username* and *Password* and select *Login*.




The screenshot shows a web browser window titled "MPPMS Login - Windows Internet Explorer". The address bar displays "http://[72.242.177.42]/mppmsweb/". The page content includes a header "Welcome to the Mississippi Plans Policy Management System (MPPMS)". Below this, a red instruction reads "Please enter your username and password to continue." There are two input fields: "Username:" and "Password:". The "Login" button is highlighted with a red circle. Other buttons visible are "Close" and "Request Login". The status bar at the bottom shows "Done" and "Internet" with a 100% zoom level.

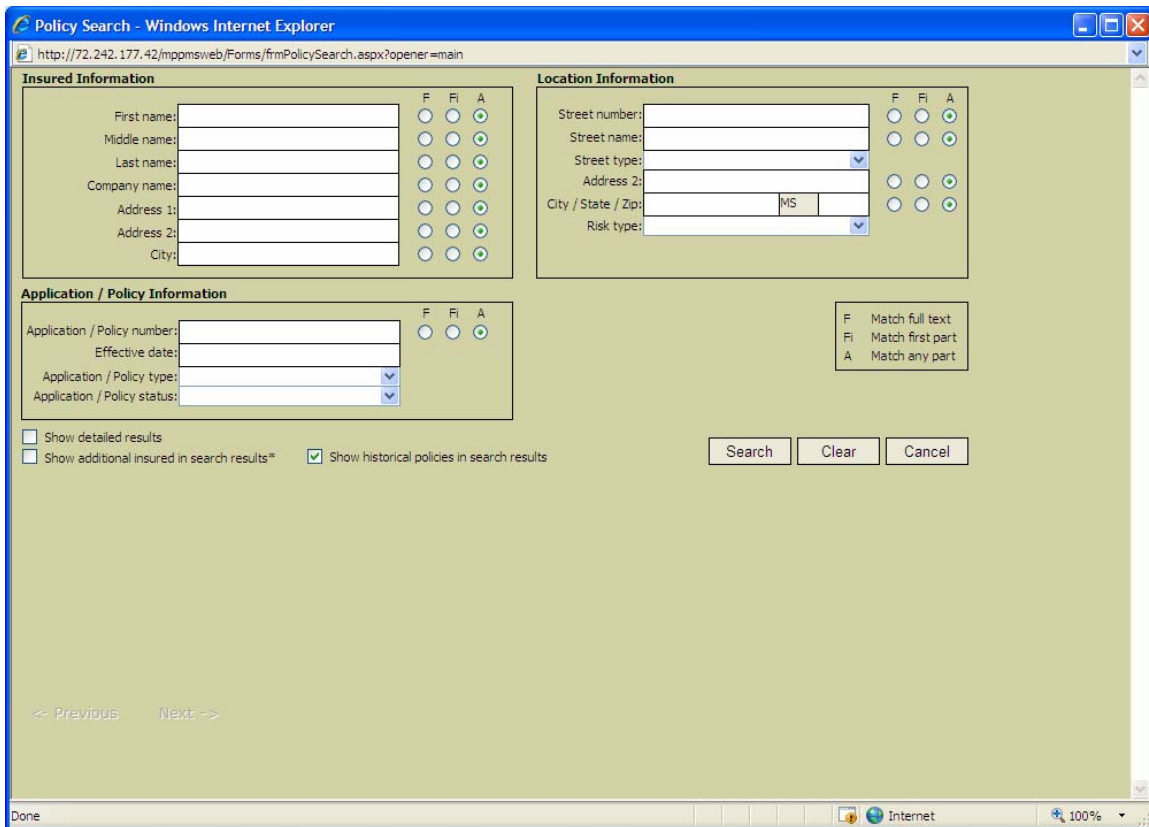
2. This will bring you to the Main Menu for MPPMS where you will be able to process a Quote, Application, View Policy Information, submit a Claim, review agent/agency information, and access tutorials.



Application/Policy Search

MPPMS allows users to search for and select a specific application or policy. The following steps describe how to search for a policy or application.

1. Click the *Application/Policy Search* icon  on the toolbar to open the *Application/Policy Search* screen.



Policy Search - Windows Internet Explorer
http://72.242.177.42/mppmsweb/Forms/fmPolicySearch.aspx?opener=main

Insured Information

First name:	<input type="text"/>	F	Fi	A
Middle name:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last name:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Company name:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address 1:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address 2:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Location Information

Street number:	<input type="text"/>	F	Fi	A
Street name:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street type:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address 2:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City / State / Zip:	<input type="text" value="MS"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk type:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Application / Policy Information

Application / Policy number:	<input type="text"/>	F	Fi	A
Effective date:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Application / Policy type:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Application / Policy status:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Show detailed results
☐ Show additional insured in search results*
☒ Show historical policies in search results

Done

2. Set search filters to perform full, first part, or any part search.

Note: The default is set to first part search for all fields on the screen. Fields are not case sensitive.

3. Enter search criteria and click the *Search* button.

Policy Search - Windows Internet Explorer
http://72.242.177.42/mppmsweb/Forms/fmPolicySearch.aspx?opener=main

Insured Information

First name: F ☐ Fi ☐ A ☒

Middle name: ☐ ☐ ☐ ☒

Last name: ☒ ☐ ☐ ☐

Company name: ☐ ☐ ☐ ☒

Address 1: ☐ ☐ ☐ ☒

Address 2: ☐ ☐ ☐ ☒

City: ☐ ☐ ☐ ☒

Location Information

Street number: F ☐ Fi ☐ A ☒

Street name: ☐ ☐ ☐ ☒

Street type: ☐ ☐ ☐ ☒

Address 2: ☐ ☐ ☐ ☒

City / State / Zip: ☐ ☐ ☐ ☒

Risk type: ☐ ☐ ☐ ☒

Application / Policy Information

Application / Policy number: F ☐ Fi ☐ A ☒

Effective date:

Application / Policy type:

Application / Policy status:

☐ Show detailed results
☐ Show additional insured in search results* ☒ Show historical policies in search results

☒ Match full text
☐ Match first part
☐ Match any part

1 record(s) returned.

Application / Policy Number	Effective Date	Insured Name	Insured Address 1	Insured City	Location Address 1
0994297	09/30/2007	Smith, Bob	111 Test Ave	Biloxi	111 Test Ave

< Previous Next >

4. Select the *Clear* button to remove search criteria and results.

The screenshot shows a web browser window titled "Policy Search - Windows Internet Explorer". The address bar displays the URL: `http://72.242.177.42/mppmsweb/Forms/frmPolicySearch.aspx?opener=main`.

The main content area is divided into three sections:

- Insured Information:** Contains input fields for First name, Middle name, Last name, Company name, Address 1, Address 2, and City. Each field has three radio buttons labeled F, FI, and A.
- Location Information:** Contains input fields for Street number, Street name, Street type (a dropdown menu), Address 2, City / State / Zip (with "MS" entered), and Risk type (a dropdown menu). Each field has three radio buttons labeled F, FI, and A.
- Application / Policy Information:** Contains input fields for Application / Policy number, Effective date, Application / Policy type (a dropdown menu), and Application / Policy status (a dropdown menu). It also has three radio buttons labeled F, FI, and A.

Below these sections, there are checkboxes for:

- ☐ Show detailed results
- ☐ Show additional insured in search results*
- ☒ Show historical policies in search results

At the bottom right, there are three buttons: "Search", "Clear" (circled in red), and "Cancel".

At the bottom left, there are navigation links: "< Previous" and "Next >".

The status bar at the bottom shows "Done", "Internet", and "100%".

5. Select the *Show detailed results* checkbox to display additional application/policy information in the results data grid. Use the scroll bar at the bottom of the screen to see all available fields.

Policy Search - Windows Internet Explorer
http://72.242.177.42/mppmsweb/Forms/frmPolicySearch.aspx?opener=main

Insured Information

First name: F ☐ Fi ☒ A
Middle name:
Last name:
Company name:
Address 1:
Address 2:
City:

Location Information

Street number: F ☐ Fi ☒ A
Street name:
Street type:
Address 2:
City / State / Zip: MS
Risk type:

Application / Policy Information

Application / Policy number: F ☐ Fi ☒ A
Effective date:
Application / Policy type:
Application / Policy status:

☐ Show detailed results
☐ Show additional insured in search results* ☒ Show historical policies in search results

F Match full text
Fi Match first part
A Match any part

Search Clear Cancel

< Previous Next >

Done Internet 100%

- Select the *Show additional insured in search results* checkbox to include additional insureds among a search. The additional insureds are designated in the field, **Insured Type*.

Policy Search - Windows Internet Explorer
http://72.242.177.42/mpmweb/Forms/fmPolicySearch.aspx?opener=main

Insured Information

First name: F ☐ Fi ☐ A ☒
Middle name:
Last name: ☐ ☐ ☒
Company name:
Address 1:
Address 2:
City:

Location Information

Street number: F ☐ Fi ☐ A ☒
Street name:
Street type:
Address 2:
City / State / Zip: MS
Risk type:

Application / Policy Information

Application / Policy number: F ☐ Fi ☐ A ☒
Effective date:
Application / Policy type:
Application / Policy status:

F Match full text
Fi Match first part
A Match any part

☐ Show detailed results
☒ Show additional insured in search results*
☒ Show historical policies in search results

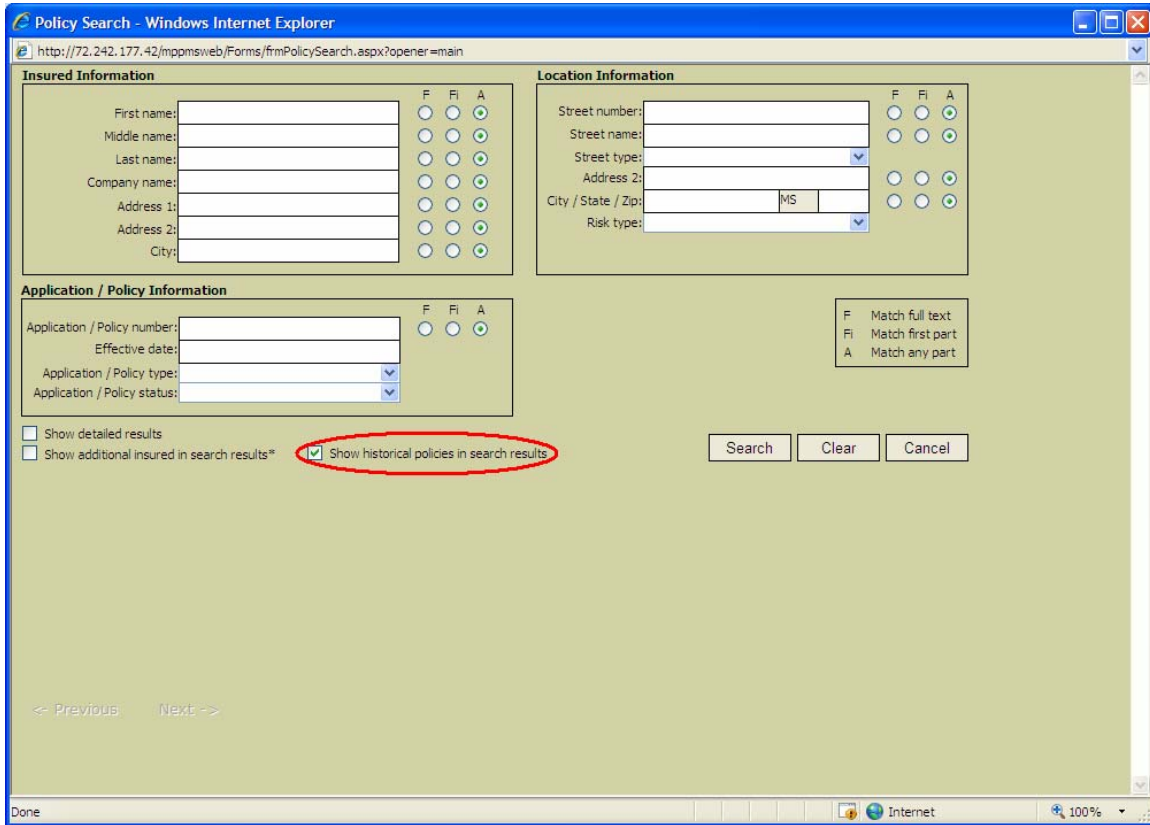
Search Clear Cancel

6 record(s) returned.

Application / Policy Number	Effective Date	Insured Name	*Insured Type	Insured Address 1	Insured City	Location Address 1	Location City	Location State	Location Zi
0994297	09/30/2007	Smith, Mary	Additional Insured	111 Test Ave	Biloxi	111 Test Ave	Biloxi	MS	39532
0994297	09/30/2007	Smith, Bob	Primary Insured	P. O. Box 5231	Jackson	111 Test Ave	Biloxi	MS	39532
0995203	10/24/2007	Smith, Mary	Additional Insured	101A First St	Biloxi	202 Second St	Biloxi	MS	39532
0995203	10/24/2007	Smith, Bob	Primary Insured	101A First St	Biloxi	202 Second St	Biloxi	MS	39532
0995203	10/24/2007	Smith, Mary	Additional Insured	101A First St	Biloxi	101A First St	Biloxi	MS	39532
0995203	10/24/2007	Smith, Bob	Primary Insured	101A First St	Biloxi	101A First St	Biloxi	MS	39532

< Previous Next >

8. Select the *Show historical policies in search results* checkbox to include historical policies in a search. This will include all mods for a policy.



Policy Search - Windows Internet Explorer

http://72.242.177.42/mpmsweb/Forms/fmPolicySearch.aspx?opener=main

Insured Information

First name: F Fi A
Middle name: F Fi A
Last name: F Fi A
Company name: F Fi A
Address 1: F Fi A
Address 2: F Fi A
City: F Fi A

Location Information

Street number: F Fi A
Street name: F Fi A
Street type: F Fi A
Address 2: F Fi A
City / State / Zip: MS F Fi A
Risk type: F Fi A

Application / Policy Information

Application / Policy number: F Fi A
Effective date: F Fi A
Application / Policy type: F Fi A
Application / Policy status: F Fi A

☐ Show detailed results
☐ Show additional insured in search results*
☒ Show historical policies in search results

Search Clear Cancel

<- Previous Next ->

Done

Internet 100%

Legend:
F Match full text
Fi Match first part
A Match any part

- To select an application or policy, select the desired policy by clicking the Application /Policy Number. The search screen will close and set the global policy to the policy selected.

Policy Search - Windows Internet Explorer

http://72.242.177.42/mpmmsweb/Forms/frmPolicySearch.aspx?opener=main

Insured Information

First name: F ☐ Fi ☒ A
Middle name:
Last name:
Company name:
Address 1:
Address 2:
City:

Location Information

Street number: F ☐ Fi ☒ A
Street name:
Street type:
Address 2:
City / State / Zip: MS
Risk type:

Application / Policy Information

Application / Policy number: F ☐ Fi ☒ A
Effective date:
Application / Policy type:
Application / Policy status:

F Match full text
Fi Match first part
A Match any part

☐ Show detailed results
☐ Show additional insured in search results* ☒ Show historical policies in search results

Search Clear Cancel

13 record(s) returned.

0987511	07/20/2007	Johnson, Mary	1322 Roselawn Cir	Biloxi	1322 Roselawn Cir	Biloxi	MS	3953
0987512	07/17/2007	Bull Frog, Jeremiah	1322 Hershey Ave	Biloxi	332 Oak Cir	Biloxi	MS	3953
0987512	07/17/2007	Bull Frog, Jeremiah	1322 Hershey Ave	Biloxi	1322 Hershey Ave	Biloxi	MS	3953
0987547	07/17/2007	Dunn, Rhonda	2134 upper Dr	pearl	332 Oak Cir	Biloxi	MS	3953
0987547	07/17/2007	Dunn, Rhonda	2134 upper Dr	pearl	1322 hershey Dr	Biloxi	MS	3953
0990031	08/15/2007	wilson, ed	115 main St	Biloxi	115 main St	Biloxi	MS	3953
0994297	09/30/2007	Smith, Bob	P. O. Box 5231	Jackson	111 Test Ave	Biloxi	MS	3953
0995203	10/24/2007	Smith, Bob	101A First St	Biloxi	202 Second St	Biloxi	MS	3953
0995203	10/24/2007	Smith, Bob	101A First St	Biloxi	101A First St	Biloxi	MS	3953
0995310	10/20/2007	Jefferson, Gene	101 10th St	Biloxi	101 10th St	Biloxi	MS	3953

< Previous Next >

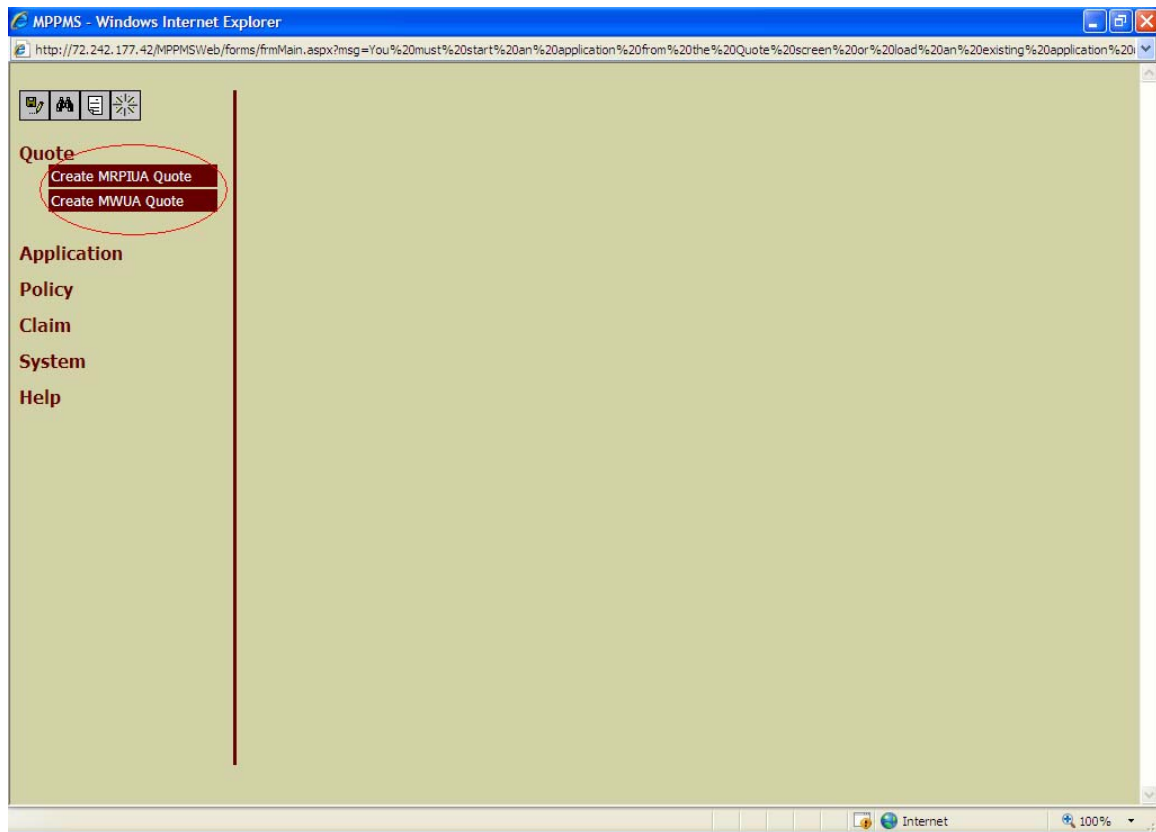
Underwriting Functions

The following section details the steps required to perform common functions in the Underwriting module of MPPMS.

Creating a Quote

In MPPMS, all applications for coverage begin with creating a quote. The following steps describe how to create a quote.

1. From the treeview click the *Quote* link.



2. The *Quote* screen will open. Insert the *Requested effective date*.
Note: The date entered cannot be earlier than the date of entry.

Create MWUA Quote - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmQuoteMWUA.aspx

Location and building addresses must be completed to continue with the application.

Requested effective date: [Redacted]

Policy type: [Dropdown]
Type of risk: [Dropdown]
Farm building covered? ☐ Yes ☐ No
Builders' risk? ☐ Yes ☐ No
Has construction started? ☐ Yes ☐ No
Owner or tenant occupancy: [Dropdown]
Location street number / Name / Type: [Text] [Text] [Dropdown]
Address 2: [Text]
City / St / Zip: [Dropdown] MS [Text] [Text]
County: [Dropdown]
Building street number / Name / Type: [Text] [Text] [Dropdown]
Address 2: [Text]
Zone: [Dropdown]
Building coverage: [Text]
Contents coverage: [Text]
Farm building coverage: [Text]
Farm contents coverage: [Text]
Special coverage type: [Dropdown]
Special building coverage: [Text]
Special contents coverage: [Text]
Construction type: [Dropdown] %: [Text]
Current construction types: [Text]
Current Locations: [Dropdown]

3. Select the desired policy type from the lookup list provided.

Create MWUA Quote - Windows Internet Explorer

http://72.242.177.42/MPPMSWeb/forms/frmQuoteMWUA.aspx

Quote
Create MWUA Quote

Application
Policy
Claim
System
Help

Location and building addresses must be completed to continue with the application

Requested effective date: 10/24/2007

Policy type: **Commercial**

Type of risk: Dwelling

Farm building covered? ☐ Yes ☐ No

Builders' risk? ☐ Yes ☐ No

Has construction started? ☐ Yes ☐ No

Owner or tenant occupancy:

Location street number / Name / Type:

Address 2:

City / St / Zip: MS

County:

Building street number / Name / Type:

Address 2:

Zone:

Building coverage:

Contents coverage:

Farm building coverage:

Farm contents coverage:

Special coverage type:

Special building coverage:

Special contents coverage:

Construction type: %:

Current construction types:

4. Select the desired type of risk from the lookup list provided. Complete all remaining applicable fields on the *Quote* screen.

Create MWUA Quote - Windows Internet Explorer

http://72.242.177.42/MPPMSWeb/forms/frmQuoteMWUA.aspx

Location and building addresses must be completed to continue with the application

Requested effective date: 10/24/2007

Policy type: Dwelling

Type of risk: Dwelling, Mobile Home, Special

Farm building covered: Dwelling

Builders' risk: Special

Has construction started? Yes No

Owner or tenant occupancy:

Location street number / Name / Type:

Address 2:

City / St / Zip: MS

County:

Building street number / Name / Type:

Address 2:

Zone:

Building coverage:

Contents coverage:

Farm building coverage:

Farm contents coverage:

Special coverage type:

Special building coverage:

Special contents coverage:

Construction type:

Current construction types:

Note: To generate a quote only and not proceed with application entry, only the zip code is required in the location and building address section. All address information must be completed to continue with the application.

Create MWUA Quote - Windows Internet Explorer

http://72.242.177.42/MPPMSWeb/forms/fmQuoteMWUA.aspx

Quote
Create MWUA Quote

Application
Policy
Claim
System
Help

Location and building addresses must be completed to continue with the application

Requested effective date: 10/24/2007

Policy type: Dwelling

Type of risk: Dwelling

Farm building covered? ☐ Yes ☒ No

Builders' risk? ☐ Yes ☒ No

Owner or tenant occupancy: Owner

Location street number / Name / Type: [] [] []

Address 2: []

City / St / Zip: Biloxi MS 39532

County: Harrison

Building street number / Name / Type: [] [] []

Address 2: []

Zone: 005 - North of I-10

Building coverage: 100000

Contents coverage: 25000

Construction type: Masonry %: 100

Current construction types: Add Cancel Type

View Delete Masonry

5. Select the *Generate Quote* button to display the quote information.

Create MWUA Quote - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frnQuoteMWUA.aspx

Construction type: Masonry %: 100

Current construction types:

Add	Cancel	Type
View	Delete	Masonry

Current Locations

Add	Location Number
View	1
View	2

Deductible: 2500

Named storm deductible: 2

Modular home? ☐ Yes ☒ No

IBHS certification date:

Fortified home credit:

Number of families: 1

Generate Quote

Current Buildings

Add	Cancel	Building Number
View	Delete	1
View	Delete	2

Inspection fee (current building): 30

Replacement cost fee (current building):

Premium (current building): 1523

Total due (current building): 1553

Total inspection fee: 90

Total Premium: 2693

Minimum due: 898

New Print Continue

Bldg ID: 1

6. To enter additional buildings to this location, click the *Add* button. Values in the Quote screen will clear and allow for the entry of additional buildings.

Create MWUA Quote - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmQuoteMWUA.aspx

Construction type: Masonry %: 100
Current construction types: Add Cancel Type
View Delete Masonry

Deductible: 2500
Named storm deductible: 2
Modular home? Yes No
IBHS certification date:
Fortified home credit:
Number of families: 1

Generate Quote

Inspection fee (current building): 90
Replacement cost fee (current building):
Premium (current building): 1523
Total due (current building): 1553
Total inspection fee: 90
Total Premium: 2693
Minimum due: 898

Current Locations
Add Location Number
View 1
View 2
Location # 1

Current Buildings
Add Cancel Building Number
View Delete 1
View Delete 2
Bldg ID 1

New Print Continue

7. Complete the applicable fields on the *Quote* screen and select the *Generate Quote* button to display the quote information. To remove a building from the *Quote*, click on the *Delete* button.

Create MWUA Quote - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmQuoteMWUA.aspx

Construction type: Masonry %: 100
Current construction types: Add Cancel Type
View Delete Masonry

Deductible: 2500
Named storm deductible: 2
Modular home? ☐ Yes ☒ No
IBHS certification date:
Fortified home credit:
Number of families: 1

Generate Quote

Inspection fee (current building): 30
Replacement cost fee (current building):
Premium (current building): 1523
Total due (current building): 1553
Total inspection fee: 90
Total Premium: 2693
Minimum due: 898

Current Locations
Add Location Number
View 1
View 2
Location # 1

Current Buildings
Add Cancel Building Number
View Delete 1
View Delete 2
Bldg ID: 1

New Print Continue

8. To add multiple locations to a policy, click the *Add* link in the *Locations* data grid. Values in the *Quote* screen will clear and allow for the entry of a new location. Complete Steps 2-4 of this section for each additional location. Click *Generate Quote* after entry of each location.

The screenshot displays the 'Create MWUA Quote' web application in Internet Explorer. The browser's address bar shows the URL: `http://72.242.177.42/MPMSWeb/forms/frmQuoteMWUA.aspx`.

The main content area is divided into several sections:

- Construction type:** A dropdown menu set to 'Masonry' with a percentage of 100.
- Current construction types:** A table with columns 'Add', 'Cancel', 'Type', and 'View'. It contains one row for 'Masonry'.
- Deductible:** A dropdown menu set to '2500'.
- Named storm deductible:** A dropdown menu set to '2'.
- Modular home?** Radio buttons for 'Yes' and 'No', with 'No' selected.
- IBHS certification date:** An empty text field.
- Fortified home credit:** A dropdown menu.
- Number of families:** A text field set to '1'.
- Generate Quote:** A button.
- Current Locations:** A table with columns 'Add', 'Cancel', 'Location Number', and 'View'. It contains two rows for '1' and '2'. The 'Add' link is circled in red.
- Current Buildings:** A table with columns 'Add', 'Cancel', 'Building Number', and 'View'. It contains two rows for '1' and '2'.
- Summary:** A series of text fields showing calculated values: 'Inspection fee (current building): 30', 'Replacement cost fee (current building):', 'Premium (current building): 1523', 'Total due (current building): 1553', 'Total inspection fee: 90', 'Total Premium: 2693', and 'Minimum due: 898'.
- Buttons:** 'New', 'Print', and 'Continue'.

The browser's status bar at the bottom shows 'Internet' and '100%' zoom.

9. To clear the fields on the screen and enter a new quote, select the *New* button.

Construction type: Masonry %: 100

Current construction types:

Add	Cancel	Type
View	Delete	Masonry

Current Locations

Add	Location Number
View	1
View	2

Deductible: 2500

Named storm deductible: 2

Modular home? ☐ Yes ☒ No

IBHS certification date:

Fortified home credit:

Number of families: 1

Generate Quote

Inspection fee (current building): 30

Replacement cost fee (current building):

Premium (current building): 1523

Total due (current building): 1553

Total inspection fee: 90

Total Premium: 2693

Minimum due: 898

Current Buildings

Add	Cancel	Building Number
View	Delete	1
View	Delete	2

Bldg ID: 1

New Print Continue

10. To open the Quote report as a .pdf document in Adobe Reader showing the quote information, select the *Print* button.

Create MWUA Quote - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmQuoteMWUA.aspx

Construction type: Masonry %: 100
Current construction types:

Add	Cancel	Type
View	Delete	Masonry

Deductible: 2500
Named storm deductible: 2
Modular home? ☐ Yes ☒ No
IBHS certification date:
Fortified home credit:
Number of families: 1

Generate Quote

Current Locations

Add	Cancel	Location Number
View	Delete	1
View	Delete	2

Location #1

Current Buildings

Add	Cancel	Building Number
View	Delete	1
View	Delete	2

Bldg ID: 1

Inspection fee (current building): 30
Replacement cost fee (current building):
Premium (current building): 1523
Total due (current building): 1553
Total inspection fee: 90
Total Premium: 2693
Minimum due: 898

New **Print** Continue

Example of the Quote Report

Mississippi Windstorm Underwriting Association Tentative Quote

Printed By: gmcgael

Print Date: 10/11/2007 11:26:32 AM

Requested Effective Date: 10/24/2007

Policy Type: Dwelling

Type of Risk: Dwelling

Farm building covered? Yes ☐ No ☒

Builder's risk? Yes ☐ No ☒

Has building started? Yes ☐ No ☒

Owner or tenant occupied: Owner

Location Number: 1

Location Address 1: 1600 Beach Rd

Location Address 2:

City, St Zip: Biloxi, MS 39532

County: Harrison

Building Number: 1

Building Address 1: 1600 Beach Rd

Building Address 2:

Zone: South of I-10

Building Coverage: \$150,000

Contents Coverage: \$75,000

Construction Type: ☐ Frame: ☐ Semi-Wind Resistant:

☒ Masonry: 100 % ☐ Wind Resistant:

Current Construction Type:

Exterior wall charge? Yes ☐ No ☒

Coinurance:

Replacement cost fee? Yes ☐ No ☒

Deductible: \$2,500

Modular home? Yes ☐ No ☒

Special Building Coverage Type:

Special Building Coverage:

Special Contents Coverage Type:

Special Contents Coverage:

TENTATIVE QUOTE

Inspection Fee (Current Building):	\$30
Replacement Cost Fee (Current Building):	
Premium (Current Building):	\$2,741
Total Due (Current Building):	\$2,771
Total Premium:	\$2,741
Minimum Due:	\$832

11. To move forward to the Application module of MPPMS, select the *Continue* button. In order to save a quote, users must click *Continue* and the *Applicant Information* screen must be completed. (See the *Entering Applicant Information* section of this document.)

Construct MWUA Quote - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmQuoteMWUA.aspx

Construction type: Masonry %: 100
Current construction types: Add Cancel Type View Delete Masonry

Deductible: 2500
Named storm deductible: 2
Modular home? Yes No
IBHS certification date:
Fortified home credit:
Number of families: 1

Generate Quote

Inspection fee (current building): 90
Replacement cost fee (current building):
Premium (current building): 1523
Total due (current building): 1553
Total inspection fee: 90
Total Premium: 2693
Minimum due: 898

Current Locations: Add Location Number View 1 View 2
Location #: 1

Current Buildings: Add Cancel Building Number View Delete 1 View Delete 2
Bldg ID: 1

New Print Continue

Note: All quote information is stored and automatically populated in the appropriate Application screens.

Entering an Application

The following sections describe the process of entering an application in MPPMS.

Entering Applicant Information

1. Complete the *Applicant Information* screen with the applicable information. Click the *Continue* button to go to the *Location Information* screen.

Applicant Information - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmApllicantInfo.aspx

Current Application / Policy Information

Application number: 0994297 Insured name: []

Agent Information

Agency: MSRB Test
License #: 63254 Expiration date: 1/1/2110 Agent code: 800 5555
Phone - extension: (555) 555-5555 E-mail: []

Applicant's Information

Current applicants

Add	Cancel	Name
[]		

Use standard name format? ☒ Yes ☐ No Use street addr. format? ☒ Yes ☐ No

Title / First name: [] Same address as: Loc #1 - 111 Test Ave
Middle name: [] Street # / Name / Type: 111 Test Ave
Last name / Suffix: Smith Mailing address 2: []
Applicant type: Primary Insured City / St / Zip: Bloxi MS 39532
Primary phone #: (342) 333-3333 Ext: []
Secondary phone #: [] Ext: []
Other phone #: [] Ext: []
E-mail address: []

Emergency Insured Contact Information

Address 1: 1752 Sycamore Street Primary phone #: (985) 243-2424 Ext: []
Address 2: [] Secondary phone #: [] Ext: []
City / St / Zip: Baton Rouge LA 70809 E-mail address: []

Continue

Entering Additional Applicant Information

Information regarding additional applicants is entered on the *Applicant Information* screen. Additional applicants may be entered using the *Add* link.

1. Click the *Add* link for entry of a new record.

Note: The primary insured's information is pulled forward and populated for the additional insured.

Applicant Information - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/fmApplicantInfo.aspx

Quote
Create MWUA Quote

Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method

Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0994297 Insured name:

Agent Information
Agency: MSRB Test
License #: 63254 Expiration date: 1/1/2110 Agent code: 800 5555
Phone - extension: (555) 555-5555 E-mail:

Applicant's Information
Current applicants
Add Cancel Name
New Delete Bob Smith

Use standard name format? ☒ Yes ☐ No Use street addr. format? ☒ Yes ☐ No
Title / First name: Mary Same address as: ☐
Middle name: Street # / Name / Type: 111 Test Ave
Last name / Suffix: Smith Mailing address 2:
Applicant type: Additional Insured City / St / Zip: Bloxi MS 39532
Primary phone #: (342) 333-3333 Ext:
Secondary phone #: Ext:
Other phone #: Ext:
E-mail address:

Emergency Insured Contact Information
Address 1: 1752 Sycamore Street Primary phone #: (985) 243-2424 Ext:
Address 2: Secondary phone #: Ext:
City / St / Zip: Baton Rouge LA 70809
Continue

- Enter the additional applicant information and click the *Save* icon. All of the applicant's information will appear in the *Applicant Information* section. There is no limit to the number of additional applicants that can be added. Click *Continue* to complete the *Location Information* screen.

Applicant Information - Windows Internet Explorer
 http://72.242.177.42/MPPMSWeb/forms/frmApllicantInfo.aspx

Quote
Application
 Applicant Information
 Location Information
 Additional Interest
 Billing and Payment Method

Policy
Claim
System
Help

Current Application / Policy Information
 Application number: 0994297 Insured name: Bob Smith

Agent Information
 Agency: MSRB Test
 License #: 63254 Expiration date: 1/1/2110 Agent code: 800 5555
 Phone - extension: (555) 555-5555 E-mail:

Applicant's Information
 Current applicants

Add	Cancel	Name
View	Delete	Bob Smith
View	Delete	Mary Smith

Use standard name format? ☒ Yes ☐ No Use street addr. format? ☒ Yes ☐ No

Title / First name: Bob
 Middle name:
 Last name / Suffix: Smith
 Applicant type: Primary Insured

Same address as:
 Street # / Name / Type: 111 Test Ave
 Mailing address 2:
 City / St / Zip: Biloxi MS 39532
 Primary phone #: (342) 333-3333 Ext:
 Secondary phone #: Ext:
 Other phone #: Ext:
 E-mail address:

Emergency Insured Contact Information
 Address 1: 1752 Sycamore Street Primary phone #: (985) 243-2424 Ext:
 Address 2: Secondary phone #: Ext:
 City / St / Zip: Baton Rouge LA 70809

Continue

Entering Location Information

1. Enter all applicable data into the *Location Information* screen. Click the *Continue* button to save all information and move to the next Application screen.

Location Information - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmPropertyInfo.aspx

Quote
Create MWUA Quote

Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method

Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0994297 Insured name: Bob Smith

Current Locations
Location Number: 1
View 1

Location Address Information
Street # / Name / Type: 111 Test Ave
Address 2:
City / State / Zip: Biloxi MS 39532
County: Harrison
Driving directions:

Additional Location Information
Location #: 1 Protection class:

Current Buildings for Selected Location
Building Number: 1 Building Description: Single family owner occupied dwelling
View 1

Building Address and Description
Street # / Name / Type: 111 Test Ave Bldg Desc: Single family owner occupied dwelling
Address 2:
Building identifier: 1 Building Vacant? ☐ Yes ☒ No
Distance property is from saltwater: >1,000 feet but less than 1 mi

Additional Building Information
Number of families: 1
Has applicant previously applied for coverage at this location? ☐ Yes ☒ No
Previous policy number:
Type of risk: Residence
Year built: 1988
Approved roof? ☒ Yes ☐ No
Year roof last replaced: 2005
Number of stories: 1
Number of apt/condo units:
Property rating file:
Current building value: 35000.00
Replacement cost value of building:
A.C.V. of contents:
Condominium association? ☐ Yes ☒ No

2. If multiple locations or buildings were entered on the *Quote* screen, the multiple buildings will display in the *Location* grid. Click on *View* by the location or building number, enter information for that location or building, and click the *Save* icon. Click on the next location number and repeat the process until building information has been completed for all locations.

Location Information - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/firmPropertyInfo.aspx

Quote
Create MWUA Quote

Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method

Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0995203 Insured name: Bob Smith

Current Locations

Location Number	View
1	View 1
2	View 2

Location Address Information
Street # / Name / Type: 101A First St
Address 2:
City / State / Zip: Biloxi MS 39532
County: Harrison
Driving directions:

Additional Location Information
Location #: 1 Protection class:

Current Buildings for Selected Location

Building Number	Building Description	View
1		View 1
2		View 2

Building Address and Description
Street # / Name / Type: 101A First St Bldg Desc: Single family owner occupied dwelling
Address 2:
Building identifier: 1 Building Vacant? Yes No
Distance property is from saltwater: <1,000 feet

Additional Building Information
Number of families: 1
Has applicant previously applied for coverage at this location? Yes No
Previous policy number:
Number of stories: 1
Number of apt/condo units:
Property rating file:

3. The system defaults the “*Building is built in substantial accordance with the local building code?*” to Yes. If this answer should be no, please select No.

Location Information - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/fmPropertyInfo.aspx

Policy number: Coverage amount: Coverage exp dt:

Person Inspector May Contact
Contact name: Contact phone: Ext:

Responding Fire Station Information
Nearest graded fire department / district:
Within 5 miles (by road) of a fire station? ☐ Yes ☒ No
Suburban classification? ☐ Yes ☒ No
Eligible for certified class 10 credit? ☐ Yes ☒ No
Distance from fire hydrant (in feet):
Building is built in substantial accordance with the local building code? ☒ Yes ☐ No

Current Building Rating Information
Outside graded area? ☐ Yes ☒ No
Building type:
Occupancy type:
Zone:
Number of families:
Construction type / %:

Construction Type	%
Frame	100

Current Building Coverages

Coverage Type	Coverage Limit
Building	15000
Other Structures	1500

Current Building Loss History
Current losses:

Add	Cancel	Loss Description

Type of loss:
Date of loss:
Amount of loss:

Add Additional Interests? ☒ Yes ☐ No

4. If there is an Additional Interest, mark the “*Add Additional Interests?*” as *Yes* and click on *Continue*.

Location Information - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmPropertyInfo.aspx

Policy number:
Coverage amount:
Coverage exp dt:

Policy number:
Coverage amount:
Coverage exp dt:

Person Inspector May Contact
Contact name: Contact phone: Ext:

Responding Fire Station Information
Nearest graded fire department / district:
Within 5 miles (by road) of a fire station? ☐ Yes ☒ No
Suburban classification? ☐ Yes ☒ No
Eligible for certified class 10 credit? ☐ Yes ☒ No
Distance from fire hydrant (in feet):
Building is built in substantial accordance with the local building code? ☒ Yes ☐ No

Current Building Rating Information
Outside graded area? ☐ Yes ☒ No
Building type:
Occupancy type:
Zone:
Number of families:
Construction type / %:

Construction Type / %
Frame / 100

Current Building Coverages

Coverage Type	Coverage Limit
Building	15000
Other Structures	1500


Current Building Loss History
Current losses:

Add	Cancel	Loss Description

Type of loss:
Date of loss:
Amount of loss:

Add Additional Interests? ☒ Yes ☐ No

Entering Additional Interests Information

1. Select the type of insurable interest. If the interest is a mortgagee, click the search icon  to choose the appropriate mortgagee.

Additional Interest - Windows Internet Explorer

http://72.242.177.42/MPPMSWeb/forms/fmAdditionalInterest.aspx

Current Application / Policy Information

Application number: 0994297 Insured name: Bob Smith

Current Additional Interest Information


Add	Cancel	Type	Name
-----	--------	------	------

Additional Interest Information

Insurable interest:

If 'Other', describe:

All buildings? ☐ Yes ☒ No

Name: 

Address 1:

Address 2:

City / St / Zip:

Phone:

E-mail:

Reference number:

Additional Interest Building Information

Dwelling	Description	Related
111 Test Ave -	Single family owner occupied dwelling	<input type="checkbox"/>

Continue

2. The *Mortgagee Search* screen will open. Enter search criteria and click the *Search* button. (This search screen has the same features and functions as other MPPMS search screens. See the *Application/Policy Search* section of this document for information on search functionality.)

Mortgagee Search Screen - Windows Internet Explorer
 http://72.242.177.42/MPPMSWeb/forms/frmVendorSearch.aspx?VendorType=Mortgagee

Search [Clear] [Cancel]

☐ Full
☐ First Part
☒ Any Part
 ☒ SSN
☐ FEIN
 ☐ Full
☐ First Part
☒ Any Part
 ☐ Full
☐ First Part
☒ Any Part
 ☐ Full
☐ First Part
☒ Any Part

Vendor Name: cap Tax Number: Phone: Address: City: State: Zip Code: Approved?

217 record(s) returned.

Vendor Name	Tax Number	Phone	Address	City	State	Zip Code	Approved?
Capital One Home Loans Llc	(000) 000-0000		Isaoo	Overland Park	Kansas	66213	True
Fairbanks Capital Corp.	(000) 000-0000		Po Box 7041	Pasadena	California	91109	True
Fairbanks Capital Corp.	(000) 000-0000		P.O. Box 7041	Pasadena	California	91109	True
Fairbanks Capital Corp.	(000) 000-0000		P O Box 551170	Jacksonville	Florida	32255	True
General Capital Corp	(000) 000-0000		P O Box 16204	Jackson	Mississippi	39236	True
Capital One Na Isaoo/Atima	(000) 000-0000		P O Box 57046	Irvine	California	92619	True
Capital Housing Inc	(000) 000-0000		4240 Reece Drive #43	Diberville	Mississippi	39540	True
Prime Lending A Plain Capital	(000) 000-0000		Company Isaoo	Dallas	Texas	75252	True
Sebring Capital Partners, Lp	(000) 000-0000		Isaoo/Atima	Carrollton	Texas	75007	True
Capital One, N.A.	(000) 000-0000		Isaoo	Irvine	California	92916	True
Capital One National Assoc	(000) 000-0000		Isaoo	Irvine	California	92619	True
Capital Onefinance Llc	(000) 000-0000		Po Box 57046	Irvine	California	92619	True
Capital One National Assn	(000) 000-0000		Isaoo/Atima	Irvine	California	92619	True
Plainscapital Mcafee Mtg Comp.	(000) 000-0000		Isaoo/Atima	Dallas	Texas	75252	True
Plains Capital	(000) 000-0000		Isaoo	Dallas	Texas	75252	True
Capital Housing Cor	(000) 000-0000		4457 Poppo Ferry Road	D'iberville	Mississippi	39540	True
Capital One National Assoc	(000) 000-0000		Isaoo/Atima	Irvine	California	92619	True
Capital Trust Mortgage	(000) 000-0000		232 B. Eisenhower Drive	Biloxi	Mississippi	39531	True
Capital One	(000) 000-0000		Po Box 4539	Houston	Texas	77210	True
Sebring Capital	(000) 000-0000		4000 International Parkway	Carrollton	Texas	75007	True
Fairbanks Capital Corporation	(000) 000-0000		Isaoo	Pasadena	California	91109	True
Capital Lending	(000) 000-0000		2020 Hickory Dickory Av Ste 104	Harrahan	Louisiana	70123	True

Page 1 of 5

3. To select a mortgagee, click on the appropriate name.

Note: To clear the search results and start a new search, click the *Clear* button. To cancel the search and return to the *Additional Interests* screen, click the *Cancel* button.

4. Information about the selected additional interest will populate in the screen. Enter any other appropriate information.

Additional Interest - Windows Internet Explorer

http://72.242.177.42/MPPMSWeb/forms/fmAdditionalInterest.aspx

Current Application / Policy Information

Application number: 0994297 Insured name: Bob Smith

Current Additional Interest Information

Add	Cancel	Type	Name
View	Delete	First Mortgagee	Capitol Trust Mortgage

Additional Interest Information

Insurable interest: First Mortgagee

If 'Other', describe:

All buildings? ☒ Yes ☐ No

Name: Capitol Trust Mortgage

Address 1: 232 B. Eisenhower Drive

Address 2:

City / St / Zip: Biloxi MS 39531

Phone: (000) 000-0000

E-mail:

Reference number: CTM 2654309802

Additional Interest Building Information

Dwelling	Description	Related
111 Test Ave -	Single family owner occupied dwelling	<input type="checkbox"/>

Continue

5. Mark the additional interest as *Related* to the appropriate dwelling and click the *Continue* button.

Note: If there are other additional interests, click on *Add* and complete the *Additional Interest* section following Steps 1-5 above.

Additional Interest - Windows Internet Explorer

http://72.242.177.42/MPPMSWeb/forms/frnAdditionalInterest.aspx

Quote

Application

- Applicant Information
- Location Information
- Additional Interest**
- Billing and Payment Method

Policy

Claim

System

Help

Current Application / Policy Information

Application number: 0994297 Insured name: Bob Smith

Current Additional Interest Information

Add	Cancel	Type	Name
-----	--------	------	------

Additional Interest Information

Insurable interest: [dropdown]
If 'Other', describe: [text]
All buildings? ☐ Yes ☒ No
Name: [text]
Address 1: [text]
Address 2: [text]
City / St / Zip: [text] [dropdown] [text]
Phone: [text]
E-mail: [text]
Reference number: [text]

Additional Interest Building Information

Dwelling	Description	Related
111 Test Ave -	Single family owner occupied dwelling	<input type="checkbox"/>

Continue

Entering Billing and Payment Method Information

1. Enter all applicable data into the *Billing and Payment Method* screen.
2. If the method of payment selected is Annual, the annual premium is displayed in the *Premium and Deposit* section.

Billing and Payment Method - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmpaymentinfo.aspx

Quote
Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method
Policy
Claim
System
Help

Current Application / Policy Information

Application number: 0994297 Insured name: Bob Smith

Bill To Options **Payment Method**
Bill to: Bob Smith - (Primary Insured) Method of payment: Annual

Bill To Information **Premium Finance Company Information**
Name: Bob Smith Company:
Address 1: 111 Test Ave Address 1:
Address 2: Address 2:
City / St / Zip: Biloxi MS 39532 City / St / Zip:
Phone: (342) 333-3333 Phone:
E-mail: E-mail:
Account number:

Refund Information
Mail refund type: Agent
Mail refund to: MSRB Test Gayle McGee
Refund type: Insured
Refund to: Bob Smith
Current refund payees
Add Cancel Name

Premium and Deposit
Total due: 226.00
Deposit/first payment: 226.00
Balance: 0.00

Submit

3. If the method of payment selected is Quarterly, the deposit premium and balance is displayed in the *Premium and Deposit* section and the payment due dates are shown in the *Payment Plan* section.

Billing and Payment Method - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmPaymentInfo.aspx

Quote
Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method
Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0994297 Insured name: Bob Smith

Bill To Options
Bill to: Bob Smith - (Primary Insured)

Payment Method
Method of payment: Quarterly

Bill To Information
Name: Bob Smith
Address 1: 111 Test Ave
Address 2:
City / St / Zip: Biloxi MS 39532
Phone: (342) 333-3333
E-mail:


Premium Finance Company Information
Company:
Address 1:
Address 2:
City / St / Zip:
Phone:
E-mail:
Account number:

Refund Information
Mail refund type: Agent
Mail refund to: MSRB Test Gayle McGee
Refund type: Insured
Refund to: Bob Smith
Current refund payees
Add/Cancel/Name

Premium and Deposit
Total due: 226.00
Deposit/first payment: 88.80
Balance: 137.20

Payment Plan
Second payment date: 12/29/2007
Third payment date: 03/28/2008
Fourth payment date: 06/26/2008

Submit

4. If the method of payment involves premium finance, select *Premium Finance* from the *Method of Payment* dropdown. Click the search icon  to select to the appropriate finance company.

Billing and Payment Method - Windows Internet Explorer
http://72.242.177.42/MPMSWeb/forms/firmPaymentInfo.aspx


Quote
Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method
Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0994297 Insured name: Bob Smith

Bill To Options
Bill to: Bob Smith - (Primary Insured)

Payment Method
Method of payment: Premium Finance

Bill To Information
Name: Bob Smith
Address 1: 111 Test Ave
Address 2:
City / St / Zip: Biloxi MS 39532
Phone: (342) 333-3333
E-mail:

Premium Finance Company Information
Company: 
Address 1:
Address 2:
City / St / Zip:
Phone:
E-mail:
Account number:

Refund Information
Mail refund type: Agent
Mail refund to: MSRB Test Gayle McGee
Refund type: Insured
Refund to: Bob Smith
Current refund payees
Add Cancel Name

Premium and Deposit
Total due: 226.00
Deposit/first payment: 226.00
Balance: 0.00

Submit

5. The *Premium Finance Company Search* screen will open. Enter search criteria and click the *Search* button. (This search screen has the same features and functions as other MPPMS search screens. See the *Application/Policy Search* section of this document for information on search functionality.)
6. To select a premium finance company, click on the appropriate name.

Premium Finance Company Search Screen - Windows Internet Explorer

http://72.242.177.42/MPPMSWeb/forms/frmVendorSearch.aspx?VendorType=Premium%20Finance%20Company

Search Clear Cancel

☐ Full
☐ First Part
☒ Any Part

☒ SSN
☐ FEIN

☐ Full
☐ First Part
☒ Any Part

☐ Full
☐ First Part
☒ Any Part

☐ Full
☐ First Part
☒ Any Part

Vendor Name Tax Number Phone Address City State Zip Code Approved?

31 record(s) returned.

Name	Tax Number	Phone	Address	City	State	Zip Code	Approved
Upac	00-0000000	(000) 000-0000	8245 Nieman Rd Suite 100	Kenexa	Kansas	66214	True
Upac	00-0000000	(000) 000-0000	8245 Nieman Rd Suite 100	Kenexa	Kansas	66214	True
Underwriters Group Services	00-0000000	(000) 000-0000	Inc	Ridgeland	Mississippi	39158	True
Premium Financing Specialists	00-0000000	(000) 000-0000	Of The South Inc	Tulsa	Oklahoma	74153	True
Prime Rate Premium Finance		(000) 000-0000	Po Box 100507	Florence	South Carolina	29501	True
Insura Source Premium Finance Corporation			P. O. Box 18349	Hattiesburg	Mississippi	39404	True
Southern National Financial Corp		(281) 493-1711	P. O. Box 820629	Houston	Texas	77282	True
Premium Financing Specialists of the South Inc			5800 E Skelly Drive	Tulsa	Oklahoma	74135	True
Distinct Advantage Premium Finance Co Inc			P O Box 611025	Miami	Florida	33261	True
Fiddle Inc			302 Rossie Smith Rd	Meridian	Mississippi	39301	True
Arizona Premium Finance Co Inc		(602) 992-9898	12406 N 32nd Street # 110	Phoenix	Arizona	85032	True
Gulf Finance			P O Box 11388	Montgomery	Alabama	36111	True
Premium Payment Plan		(518) 822-1000	P O Box 668	Hudson	New York	12534	True
AmGro Premium Financing		(800) 225-7286	P O Box 15089	Worcester	Massachusetts	01615	True
Gulf Finance		(334) 270-3090	P O Box 11388	Montgomery	Alabama	36111	True
Florida Parishes Bank		(866) 420-7858	P O Box 1939	Hammond	Louisiana	71717	True
Premium Financing		(800) 638-1923	Po Box 17327	Baltimore	Maryland	21297	True

Page 1 of 1

Internet 100%

Note: To clear the search results and start a new search, click the *Clear* button. To cancel the search and return to the *Premium and Payment Plan* screen, click the *Cancel* button.

7. The selected premium finance company's information will populate in the *Premium and Payment Plan* screen.

Billing and Payment Method - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmpaymentinfo.aspx

Quote
Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method
Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0994297 Insured name: Bob Smith

Bill To Options
Bill to: Bob Smith - (Primary Insured)

Payment Method
Method of payment: Premium Finance

Bill To Information
Name: Bob Smith
Address 1: 111 Test Ave
Address 2:
City / St / Zip: Biloxi MS 39532
Phone: (342) 333-3333
E-mail:

Premium Finance Company Information
Company: Insura Source Premium Finance Corp
Address 1: P. O. Box 18349
Address 2:
City / St / Zip: Hattiesburg MS 39404
Phone:
E-mail:
Account number: IS 234234

Refund Information
Mail refund type: Agent
Mail refund to: MSRB Test Gayle McGee
Refund type: Insured
Refund to: Bob Smith

Premium and Deposit
Total due: 226.00
Deposit/first payment: 226.00
Balance: 0.00

Current refund payees
Add Cancel Name

Submit

8. The *Refund Information* section allows the user to select to whom a refund is to be mailed and to whom the refund check should be made payable. If there are multiple payees to be included on the refund check, click on *Add* to insert the additional payees.

Billing and Payment Method - Windows Internet Explorer
http://72.242.177.42/MPMSWeb/forms/frmPaymentInfo.aspx

Quote
Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method
Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0994297 Insured name: Bob Smith

Bill To Options
Bill to: Bob Smith - (Primary Insured)

Payment Method
Method of payment: Quarterly

Bill To Information
Name: Bob Smith
Address 1: 111 Test Ave
Address 2:
City / St / Zip: Biloxi MS 39532
Phone: (342) 333-3333
E-mail:

Premium Finance Company Information
Company:
Address 1:
Address 2:
City / St / Zip:
Phone:
E-mail:
Account number:

Refund Information
Mail refund type: Agent
Mail refund to: MSRB Test Gayle McGee
Refund type: Insured
Refund to: Bob Smith

Current refund payees
Add Cancel Name
View Delete Bob Smith
View Delete Mary Smith

Premium and Deposit
Total due: 226.00
Deposit/first payment: 88.80
Balance: 137.20

Payment Plan
Second payment date: 12/29/2007
Third payment date: 03/28/2008
Fourth payment date: 06/26/2008

Submit

- Click the *Submit* button to save all information and complete the process of entering the application information.

Billing and Payment Method - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/frmpaymentinfo.aspx

Quote Application
Applicant Information
Location Information
Additional Interest
Billing and Payment Method
Policy
Claim
System
Help

Current Application / Policy Information
Application number: 0994297 Insured name: Bob Smith

Bill To Options
Bill to: Bob Smith - (Primary Insured)

Payment Method
Method of payment: Premium Finance

Bill To Information
Name: Bob Smith
Address 1: 111 Test Ave
Address 2:
City / St / Zip: Biloxi MS 39532
Phone: (342) 333-3333
E-mail:

Premium Finance Company Information
Company: Insure Source Premium Finance Corpor
Address 1: P. O. Box 18349
Address 2:
City / St / Zip: Hattiesburg MS 39404
Phone:
E-mail:
Account number: IS 234234

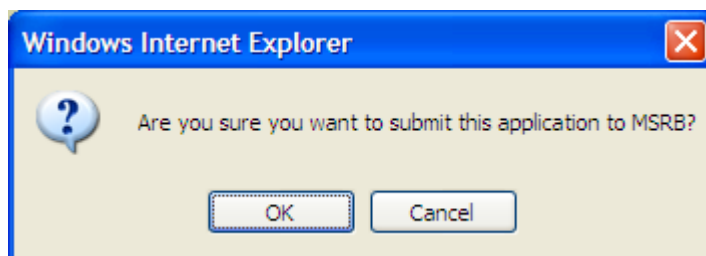
Refund Information
Mail refund type: Agent
Mail refund to: MSRB Test Gayle McGee
Refund type: Insured
Refund to: Bob Smith

Premium and Deposit
Total due: 226.00
Deposit/first payment: 226.00
Balance: 0.00

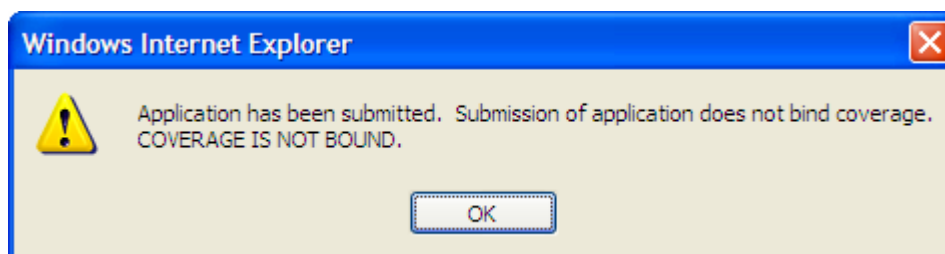
Current refund payees
Add Cancel Name

Submit

- The following screen will confirm submission of the application. Click the *OK* button to submit the application to MS Plans.

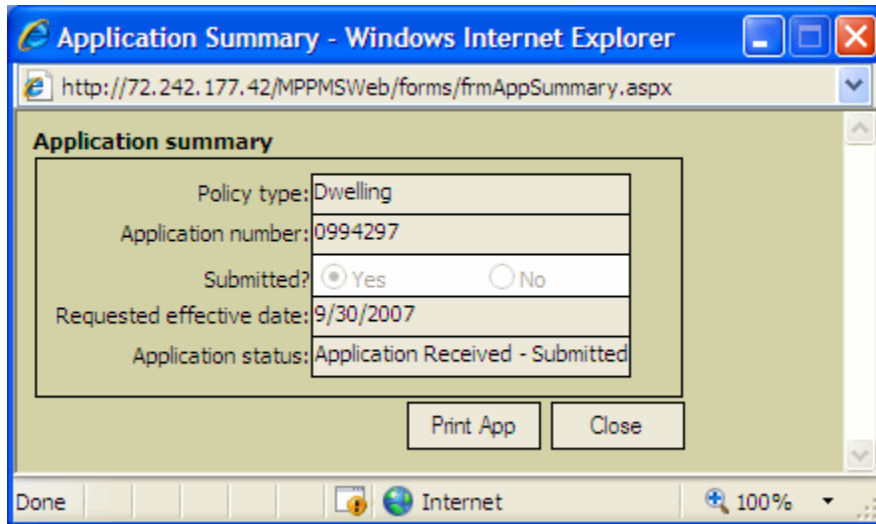


- The system will provide a disclaimer regarding coverage.



Submitting the Application

1. After completing the final application screen, the *Application Summary* screen will open.



The screenshot shows a web browser window titled "Application Summary - Windows Internet Explorer". The address bar displays the URL "http://72.242.177.42/MPPMSWeb/forms/fmAppSummary.aspx". The main content area is titled "Application summary" and contains a form with the following fields:

Policy type:	Dwelling
Application number:	0994297
Submitted?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Requested effective date:	9/30/2007
Application status:	Application Received - Submitted

Below the form are two buttons: "Print App" and "Close". The browser's status bar at the bottom shows "Done", "Internet", and "100%" zoom.

2. To open the application, click the *Print App* button. To close the screen, click the *Close* button.

- The application displays on the screen in an Adobe .pdf format. The report may be printed by clicking on the printer icon.

MISSISSIPPI WINDSTORM UNDERWRITING ASSOCIATION (MWUA) APPLICATION																			
MWUA No. 0994297 This Application must be typed or printed. 2685 Crane Ridge Drive, P.O. Box 5389 - Jackson, MS 39296-5389																			
THIS IS NOT A BINDER. NO INSURANCE HAS BEEN PLACED.																			
Producing Agent Name: MSRB Test Address 1: 5231 crane ridge Address 2: City, St Zip: Jackson, MS 39216 Phone: (555) 555-5555		Requested Effective Date: 09/30/2007 Date Constructed: 1988 Contact Person: Bob Smith Phone: (342) 333-3333																	
Applicant Name: Bob Smith Address 1: P. O. Box 5231 Address 2: City, St Zip: Jackson, MS 39296-5231 Phone: (601) 981-2915		Fire Insurance Provider: State Farm Amount: \$35,000.00 Expiration: 11/30/2007 Flood Insurance Provider: A.C.V. of Bldg.: Contents: Approved roof? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Roof strapped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Year Roof Last Replaced: 2005																	
Occupancy and Location Loc. Address 1: 111 Test Ave Loc. Address 2: City, St Zip: Biloxi, MS 39532 County: Harrison Bldg. Address 1: 111 Test Ave Bldg. Address 2: Occupancy Type: Residence		Building Construction (if mixed, indicate %) <input type="checkbox"/> Masonry <input type="checkbox"/> % <input checked="" type="checkbox"/> Frame 100 % <input type="checkbox"/> Wind <input type="checkbox"/> Semi-Wind <input type="checkbox"/> Resistive <input type="checkbox"/> Resistive Number of Stories: 1 Number of Apartments or Condos: Number of Families: 1 If commercial, provide file number where property is rated.																	
Mobile Home Details Model: ID #: Length (ft.): Make: Second ID #: Width (ft.): Distance property is from saltwater: >1,000 feet but less than 1 mile <input type="checkbox"/> Tenant <input checked="" type="checkbox"/> Owner Risk Type: Dwelling <input type="checkbox"/> Builder's Risk <input type="checkbox"/> Farm <input type="checkbox"/> Modular Home <input checked="" type="checkbox"/> North of I-10 <input type="checkbox"/> South of I-10 <input type="checkbox"/> Barrier Islands		Deductibles - Dwelling \$500, \$1000, \$2500 If the structure for which insurance is desired (or containing contents for which insurance is desired) was constructed on or after June 1, 1987, and is located in an area that has not adopted the standard building code, attach certificate (Form 4) from the local building inspector, contractor, engineer, or architect certifying that the structure is built in substantial accordance with the Standard Building Code, including the design-wind requirements therein.																	
Description of Building: Single family owner occupied dwelling Deductible: \$500 Current Bldg. Value: \$35,000.00		Actual Cash Value coverage will apply to commercial properties unless Replacement Cost Coverage is requested.																	
<table border="1"> <thead> <tr> <th>Coverage</th> <th>Rate</th> <th>Percent of Contents Applicable</th> <th>Amount of Insurance</th> <th>Premium Due</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td></td> <td>%</td> <td>\$15,000</td> <td>\$195</td> </tr> <tr> <td>Contents</td> <td></td> <td>%</td> <td></td> <td></td> </tr> </tbody> </table>		Coverage	Rate	Percent of Contents Applicable	Amount of Insurance	Premium Due	Building		%	\$15,000	\$195	Contents		%			Is this application for replacement cost? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Coverage	Rate	Percent of Contents Applicable	Amount of Insurance	Premium Due															
Building		%	\$15,000	\$195															
Contents		%																	
Additional Interest(s): If a mortgage, subject to the provisions of the mortgage clause attached hereto, loan, if any, on building form, shall be payable to said mortgagee. Interest Type: First Mortgagee Interest Name: Capitol Trust Mortgage Address 1: 232 B. Eisenhower Drive Address 2: City, St Zip: Biloxi, MS 39531		If yes, an additional non-refundable fee of \$50.00 for commercial properties (building/contents) is required. (Replacement Cost Endorsement 6009 (10-88) or 6010 (10-90) will apply.) Replacement Cost Value:																	
Annual Premium: \$195 Payment Method: <input checked="" type="checkbox"/> Quarterly Bill To: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Mortgagee Amount Due: 1 \$58.80 + 2 \$30.00 + 3 \$0.00 = 4 \$88.80 Total Annual Premium Plus Inspection Fee Plus Replacement Cost Amount Due 22% Insurance The amount due must be submitted with the application.		If scheduling is desired, type in "See Schedule Attached" in the Occupancy and Location box and the amount of insurance section of this application, and attach a completed Misc. No. 170-W form.																	

FORM C-6 (09-05)

Page 1 of 2

Note: The agent will need to print the application documents, sign appropriately, and submit to MS Plans along with the required monetary funds.

View the Application/Policy Summary

After an application number has been issued, the user may view the application/policy information. Follow the instructions located in the *Accessing Reports* section of this manual. The report displays on the screen in an Adobe .pdf format. The report may be printed by clicking on the printer icon.

Application / Policy Summary

Applicant Information		Agent Information			
Insured's Name: Bob Smith		Agency: MSRB Test			
Street Address: 101A First St		Agent Number: 5555			
Address 2:		Phone Number: (555) 555-5555			
City, St Zip: Biloxi, MS 39532					
Policy Information		Mortgage Company Information			
Policy Number: CPD 0995203 00		Company's Name:			
Policy Inception: 10/24/2007		Address 1:			
Policy Type: Dwelling		Address 2:			
Policy Status: Quoted		City, St Zip:			
		Loan Number:			
Effective Date: 10/24/2007		Bill To Information			
Expiration Date: 10/24/2008		Name:			
Insurance Plan: Mississippi Windstorm Underwriting Association		Address 1:			
		Address 2:			
		City, St Zip:			
Annual Premium & Fees: \$2,783.00		Phone Number:			
Balance Remaining: \$2,783.00		E-mail:			
Location Information					
Loc #	Dwg #	Location	Risk Type	Bldg Covd	Content Covd
1	1	101A First St Biloxi MS 39532	Dwelling	\$100,000.00	\$25,000.00
1	2	101A First St Biloxi MS 39532	Dwelling	\$20,000.00	\$0.00
2	1	202 Second St Biloxi MS 39532	Dwelling	\$75,000.00	\$0.00
Last Payment		Next Payment		Additional Interests	
Installment #:		Installment #:			
Check Amount:		Amount Due: \$2,783.00			
Check Number:		Date Due:			
Payment Date:					

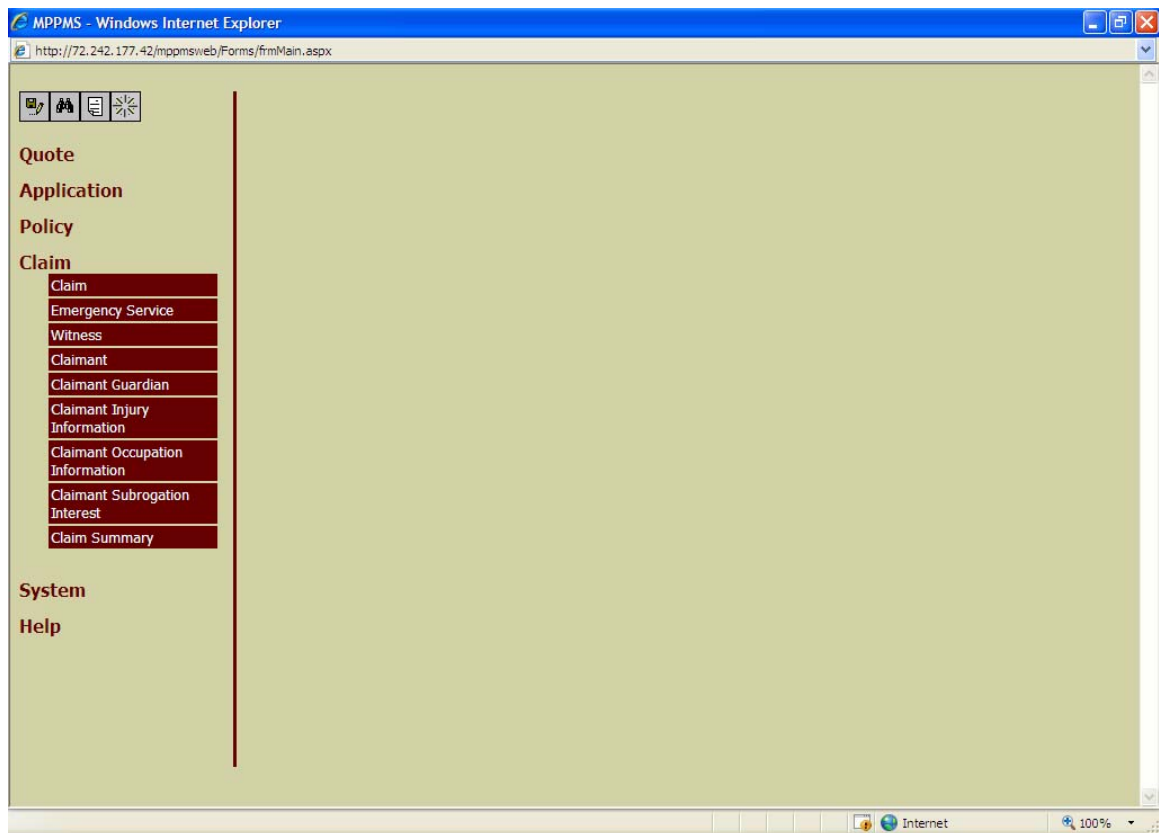
Claim Functions

The following section details the steps required to perform common functions in the Claim module of MPPMS.

Entering a Claim

The following sections describe how to enter a claim in *MPPMS*.

1. Specify a policy number. (See the *Application/Policy Search* section of this document.)
2. Use the treeview to open the *Claim* screens.



3. Enter the loss date and click *Continue*.

The screenshot shows a web browser window titled "Main Claim - Windows Internet Explorer" with the address bar displaying "http://72.242.177.42/MPPMSWeb/Forms/frmClaimMain.aspx". The main content area is divided into a left sidebar and a main form area. The sidebar contains a menu with the following items: Quote, Application, Policy, Claim, Claim, Emergency Service, Witness, Claimant, Claimant Guardian, Claimant Injury Information, Claimant Occupation Information, Claimant Subrogation Interest, and Claim Summary. The main form area is titled "Current Application / Policy Information" and contains the following fields: Policy number: CPD 0799618 01, Insured name: Ernie Causey, Claim Date, and Claim date: 07/01/2007. A "Continue" button is located at the bottom right of the form area.

Note: If a claim already exists on the policy, the following message will appear.

The screenshot shows a "Windows Internet Explorer" window with a yellow warning icon and the following text: "A claim already exists for policy CPD 0799618 01. Claim Number: 2007WI00186 Date of Loss: 7/1/2007". An "OK" button is located at the bottom center of the dialog box.

Completing the Claim Screen

1. The *Claim* screen must be completed before a claim can be submitted. All required fields must be completed. Click *Continue* to move to the *Loss Occurrence* and *Description of Loss* sections.

Note: The *Insured Contact Information* section is auto-filled from the policy.

The screenshot shows a web browser window titled "Main Claim - Windows Internet Explorer" with the address bar displaying "http://72.242.177.42/MPPMSWeb/Forms/fmClaimMain.aspx". The form is divided into several sections:

- Mortgagee Information:** Includes fields for Mortgagee, Loan number, and Phone number.
- Insured Contact Information:** Includes fields for Title / First name (Ernie), Middle name, Last name (Causey), Suffix, When to contact (Eve), Where to contact, Address 1 (5413 Gregory St), Address 2, City / St / Zip (Moss Point, MS, 39563), Home phone ((555) 555-5555), Cell phone, Pager, Business phone ((555) 555-5555), Ext., and E-mail address (unknown@unknown.com).
- Location of Occurrence:** Includes fields for Occurred on location property (5413 Gregory St), Occurred on building property (5413 Gregory St), Street # / Name / Type (5413 Gregory St), Address 2, City / St / Zip (Moss Point, MS, 39563), County (Jackson), and Remarks.
- Reporting Information:** Includes fields for Reported to (Terry Moss Patrick Shumake), Reported date (09/24/2007), Reported by (Insured), If other, First name, Middle name, Last name, and Suffix.

A "Continue" button is located at the bottom right of the form. The browser's status bar at the bottom shows "Done" and "Internet" with a 100% zoom level.

2. The *Loss Occurrence* and *Description of Loss* sections must be completed before the claim can be submitted. Click *Continue* to move to the *Select Insured and Coverages to Open* section.

Main Claim - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/Forms/fmClaimMain.aspx

Loss Occurrence

Cause of loss: Wind
Date of loss: 07/01/2007 Change Date
Time of loss:
3rd party claimant? ☐ Yes ☒ No
Repossessed? ☐ Yes ☒ No
Is there a witness to the loss? ☐ Yes ☒ No
Attorney representing insured? ☐ Yes ☒ No

Other property insurance available? ☐ Yes ☒ No
Carrier name:
Policy number:
Did emergency services respond to the claim? ☐ Yes ☒ No
Was there a flood loss at the same time as this loss? ☐ Yes ☒ No

Description of Loss

Roof damage due to wind storm

Potential subrogation? ☐ Yes ☒ No

Deductible

All Peril Deductible: 1000
Hurricane % deductible:
Dwelling deductible: 1000
Other structures deductible: 1000
Claim deductible: 1000

Continue

Note: If the answers to the following questions are *Yes*, the corresponding screens will open for completion.

- Is there a witness to the loss?
- Attorney representing insured?
- Did emergency services respond to the claim?
- Was there a flood loss at the same time as this loss?
- Potential subrogation?

Main Claim - Windows Internet Explorer
 http://72.242.177.42/MPPMS/Web/Forms/frmClaimMain.aspx

City / St / Zip: Moss Point MS 39562
 County: Jackson
 Remarks:

Middle name:
 Last name: Shumaker
 Suffix:

Loss Occurrence
 Cause of loss: Fire
 Date of loss: 07/01/2006 Change Date
 Time of loss:
 3rd party claimant? Yes No
 Repossessed? Yes No
 Is there a witness to the loss? Yes No
 Attorney representing insured? Yes No
 Other property insurance available? Yes No
 Carrier name:
 Policy number:
 Did emergency services respond to the claim? Yes No
 Was there a flood loss at the same time as this loss? Yes No

Description of Loss
 Heavy damage to dwelling caused by possible defective dishwasher.
 Potential subrogation? Yes No

Deductible
 All Peril Deductible: 500
 Hurricane % deductible:
 Dwelling deductible: 500
 Other structures deductible:
 Claim deductible: 500

Continue

Example 1, *Witness Contact Information* screen

Witness Contact - Windows Internet Explorer

http://72.242.177.42/MPPMSWeb/Forms/frnClaimWitnessContact.aspx

Quote
Application
Policy
Claim
Claim
Emergency Service
Witness
Claimant
Claimant Guardian
Claimant Injury Information
Claimant Occupation Information
Claimant Subrogation Interest
Claim Summary

System
Help

Claim Information

Policy number:	FPD 0567781.00	Claim #:	2006F100001
Policy type:	Dwelling	Loss type:	Fire
Insured:	Kimberly Cox	Date of loss:	7/1/2006

Witnesses

Add	Cancel	Witness First Name	Witness Last Name
---------------------	------------------------	---------------------------	--------------------------

Witness Information

Title:	<input type="text"/>		
First name:	Wanda	Business phone:	(225) 665-4545
Middle name:		Home phone:	(225) 985-3212
Last name:	Lovejoy	Cell phone:	
Suffix:		Pager:	
Address 1:	12345 Test Street		
Address 2:			
City / St / Zip:	Baton Rouge	LA	70809
E-mail address:	wlovejoy23452@yahoo.com		

Witness Remarks

Remarks: Wanda was a neighbor who was visiting at the residence when the fire started in the kitchen.

[Continue](#)

Example 2, *Emergency Service* screen

Emergency Service - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/Forms/frnClaimEmergencyService.aspx

Claim

- Claim
- Emergency Service**
- Witness
- Claimant
- Claimant Guardian
- Claimant Injury Information
- Claimant Occupation Information
- Claimant Subrogation Interest
- Claim Summary

System

Help

Add Cancel Emergency Service

Emergency Service Information

Department name:

Address 1:

Address 2:

City / St / Zip:

Phone:

Fax:

Fees:

Emergency Service Information Specific to this Claim

Report number:

Remarks:

Example 3, *Claimant Injury Information* screen

Claimant Injury - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/Forms/frnClaimClaimantInjury.aspx

Quote
Application
Policy
Claim
Claim
Emergency Service
Witness
Claimant
Claimant Guardian
Claimant Injury Information
Claimant Occupation Information
Claimant Subrogation Interest
Claim Summary

System
Help

Claim Information

Policy number:	FPD 0567781 00	Claim #:	2006F100001
Policy type:	Dwelling	Loss type:	Fire
Insured:	Kimberly Cox	Date of loss:	7/1/2006
		Claimant:	

Description of Injuries

Fatality: ☐ Yes ☒ No

Date of death:

Describe injury: Severe burns to face and arms.

Treatment Location List

Add Cancel Where Injury was Treated

Type of facility: Hospital

Where treated: St. Mary's Hospital

Continue

3. The *Select Insured and Coverages to Open* section must be completed before the claim can be submitted. Click *Continue* to move to the *Claimant* screen.

Open	Limits	Description of Damage	Approx. Damage Amount
Building? <input checked="" type="radio"/> Yes <input type="radio"/> No	80000.0000	Roof damage	5000
Contents? <input type="radio"/> Yes <input checked="" type="radio"/> No	30000.0000		
Special Building? <input type="radio"/> Yes <input checked="" type="radio"/> No	0		
Farm Building? <input type="radio"/> Yes <input checked="" type="radio"/> No	0		
Special Contents? <input type="radio"/> Yes <input checked="" type="radio"/> No	0		
Farm Contents? <input type="radio"/> Yes <input checked="" type="radio"/> No	0		
Liability? <input type="radio"/> Yes <input checked="" type="radio"/> No	0		
Medical Payments? <input type="radio"/> Yes <input checked="" type="radio"/> No	0		
Other? <input type="radio"/> Yes <input checked="" type="radio"/> No	0		

Note: Coverage displayed in red indicate that a coverage question exists. The coverage may still be opened by clicking *Yes* for the selected coverage.

Entering Claimant Information

1. Enter information about the claimant and click *Continue*. Any information changed on this screen will not affect the policy information on file. If policy information needs to be updated, please contact MS Plans to update the policy file.

First Party Claimant - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/Forms/frmClaimClaimant.aspx

Quote
Application
Policy
Claim
Claim
Emergency Service
Witness
Claimant
Claimant Guardian
Claimant Injury Information
Claimant Occupation Information
Claimant Subrogation Interest
Claim Summary
System
Help

Claim Information
Policy number: CPD 0799618 01
Claim #: 2007W100186
Policy type: Dwelling
Loss type: Wind
Insured: Ernie Causey
Date of loss: 7/1/2007

First Party Claimant Contact Information
Title:
First name: Ernie
Middle name:
Last name: Causey
Suffix:
Business name:
Date of birth:
Sex:
Address 1: 5413 Gregory St
Address 2:
City / St / Zip: Moss Point MS 39563
Business phone: (601) 981-2915
E-mail address:
Home phone:
Cell phone:
Pager:
Claimant married? ☒ Yes ☐ No
Spouse first name: Mary
Spouse last name: Causey

Attorney representing first party claimant? ☐ Yes ☒ No
Is insured trying to make a liability claim? ☐ Yes ☒ No

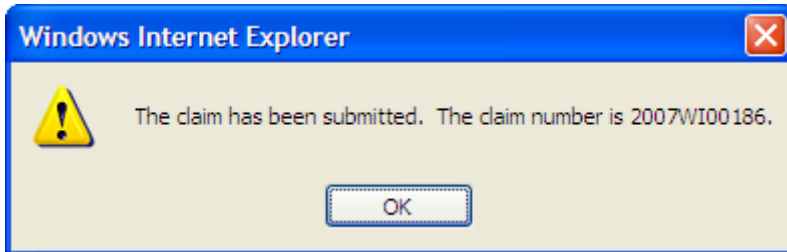
Continue

Note: If the answers to the following questions are *Yes*, screens will open for completion:

- Attorney representing first party claimant?
- Is insured trying to make a liability claim?

Submitting a Claim

1. After all required information has been entered, the claim is submitted to MS Plans and a claim number is issued. A verification notification is displayed as shown below. Click *OK* to continue.



- The *Initial Claim Notice* displays on the screen in an Adobe .pdf format. The report may be printed by clicking on the printer icon.

Mississippi Windstorm Underwriting Association	
Initial Claim Notice	
Claim Number: 2007W100186	Policy Type: Dwelling
Policy Number: CPD 0799618 01	Policy Effective Dates: 12/23/2006 to 12/23/2007
Location #: 1 Building #: 1	Service Provider: MSRB
AGENT INFORMATION	
Agent Name: Terry Moss	
Agent Number: 0466	Phone Number: (000) 000-0000
MORTGAGEE INFORMATION	
Mortgagee Name:	
Loan Number:	Phone Number:
INSURED INFORMATION	
Insured Policy Information	
Name: Emile Canney	Primary Phone: (555) 555-5555
Address: 5413 Gregory St	Secondary Phone: (555) 555-5555
City, St, Zip: Moss Point, MS 39563	E-mail: unknown@unknown.com
Insured Contact Information	
Name: Emile Canney	Primary Phone: (555) 555-5555
Address: 5413 Gregory St	Cell Phone:
City, St, Zip: Moss Point, MS 39563	Pager:
When to Contact: Eve	Secondary Phone: (555) 555-5555
Where to Contact:	E-mail: unknown@unknown.com
Additional Insured Information	
Name:	Primary Phone:
Address:	Secondary Phone:
City, St, Zip:	E-mail:
LOCATION OF OCCURRENCE	
Occurred on dwelling property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	County: Jackson
Street Address: 5413 Gregory St	City, St, Zip: Moss Point, MS 39563
Remarks:	
REPORTING INFORMATION	
Reported To: Patrick Shumaker	Reported Date: 09/24/2007
Reported By: <input type="checkbox"/> Agent <input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Interest <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Mortgagee	
Reported By Name:	<input type="checkbox"/> Other
LOSS OCCURRENCE	
Cause of Loss: Wind	Other property insurance available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of Loss: 07/01/2007	Carrier Name:
Time of Loss:	Policy Number:
Insured represented by attorney? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is there a third party claimant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is property repossessed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is there a witness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



MS-C-0072

Page 1 of 5

View the Claim Summary

After a claim number has been issued, the user may view the claim summary information. Follow the instructions located in the *Accessing Reports* section of this manual. The *Basic Claim Information Report* displays on the screen in an Adobe .pdf format. The report may be printed by clicking on the printer icon.

Basic Claim Information Report

Insured Information

First Name: Kimberly	Address 1: 9474 Dunn Road
Last Name:	Address 2:
Company Name:	City, St. Zip: Moss Point, MS 39562
Company Contact:	Phone: (555) 555-5555

Policy Information

Policy Number: FPD 0567781 00	Policy Type: Dwelling
Effective / Expiration: 06/30/2006 / 07/29/2006	Policy Status: Cancelled Other

Loc #	Dwg #	Location	Risk Type	Bldg Covg	Content Covg
1	1	249000 Highway 613 Moss Point, MS 39562	Dwelling	\$110,000.00	\$0.00

Agent Information

Agency: Terry	Agent #: 1512
Agent Name:	Phone: (000) 000-0000

Adjuster Information

Firm:	Adjuster:
	Phone:

Claim Information


Claim Number: 2006FI00001	Cause of Loss: Fire
Date of Loss: 7/1/2006 12:00:00 AM	Claim Status: Open
Deductible: 500	
Description of Loss: Heavy damage to dwelling caused by possible defective dishwasher.	
Location of Claim: Highway 613 Moss Point, MS 39562	

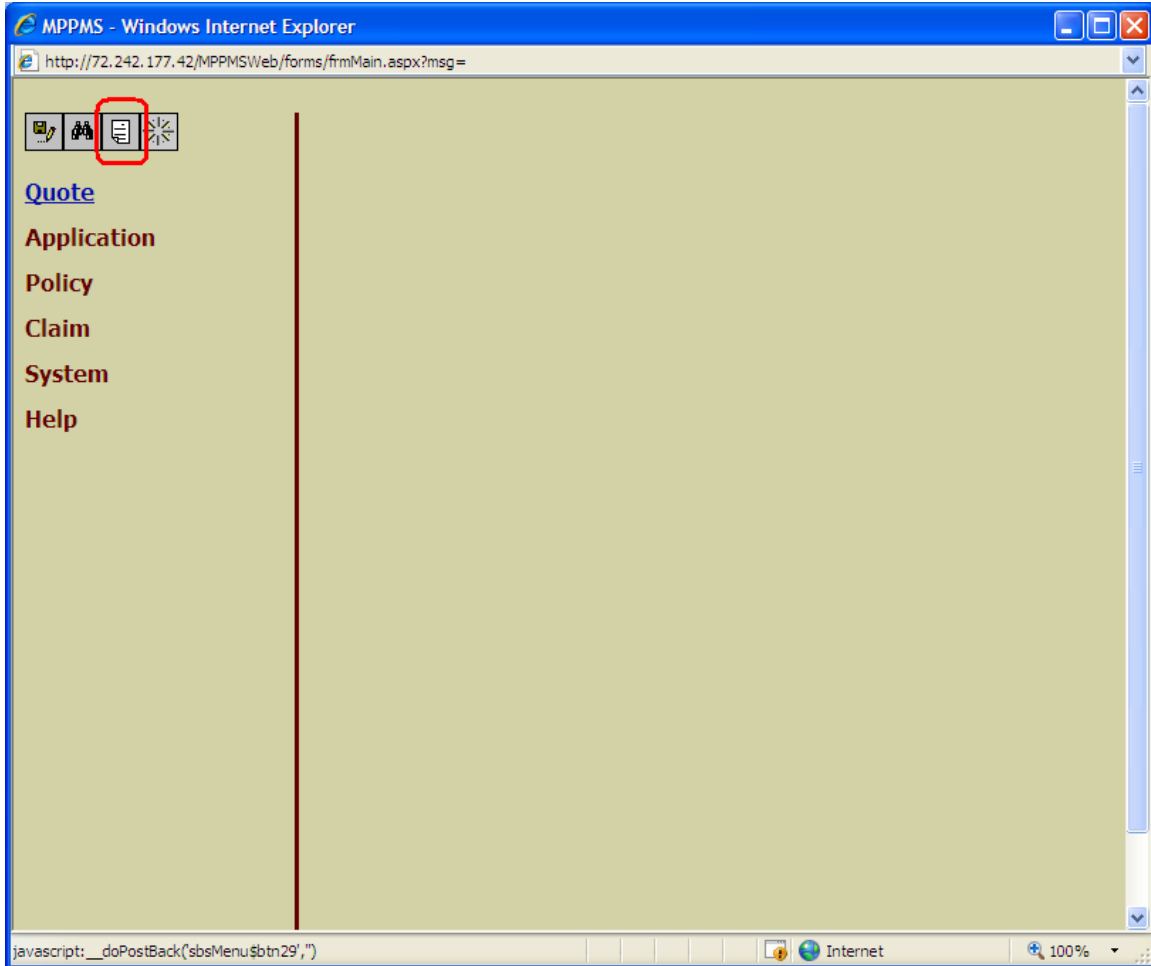
Vendor Assignments

--

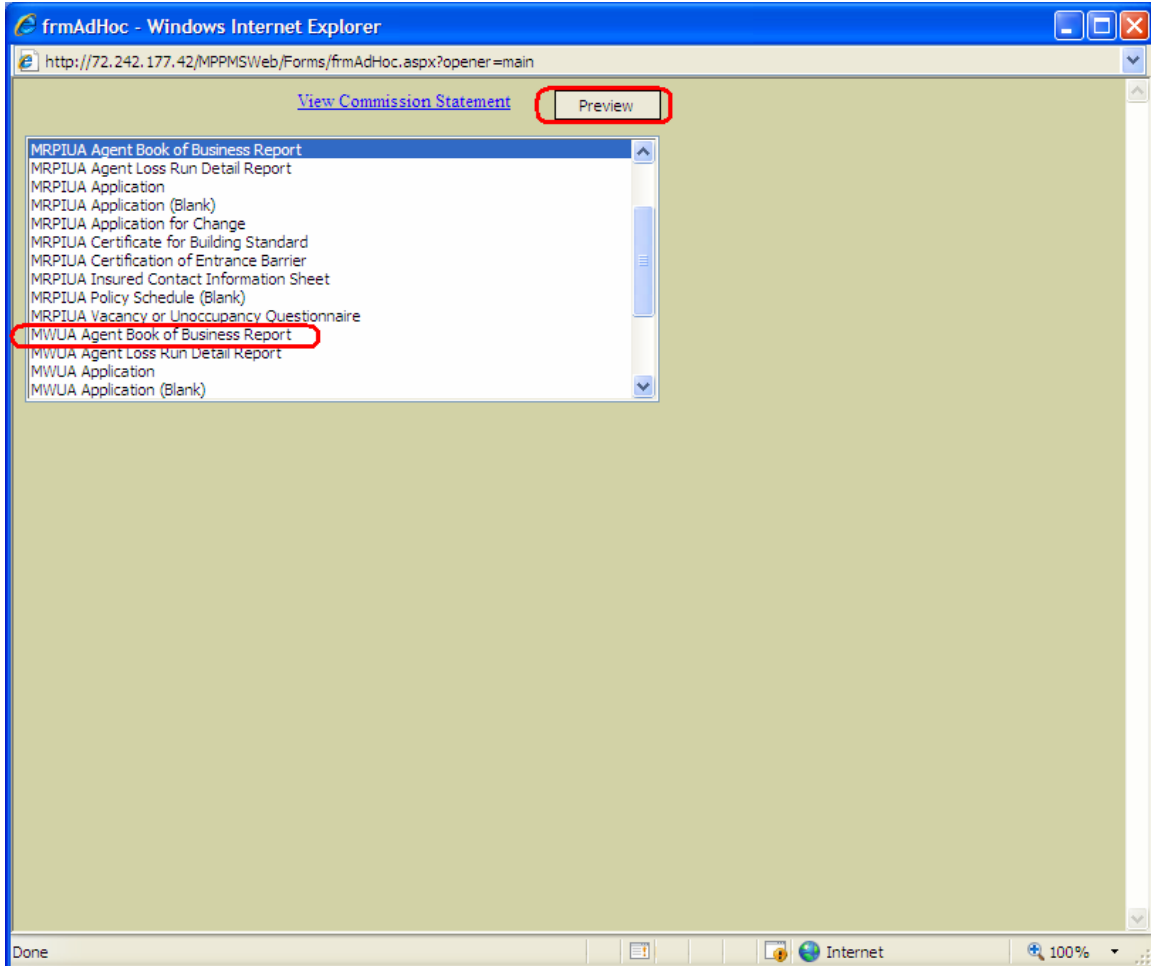
Accessing Reports

The following section details the steps required to access reports in MPPMS.

1. On the toolbar, select the *Reports* icon .



2. From the list of all available reports, select the report that you wish to open.



3. If the report requires a policy number, the system will prompt you for the policy number. After entering or selecting the policy number, click on *View Report* to run the report.

Note: To run a report without data, click on the *View report without data*. A policy number is not required to run the report without data.

http://72.242.177.42/MPPMSWeb/Forms/frmPFRM.aspx?RptID=192&RptDisplay=Application%20/%20Policy%20Summary

Select Policy: CPD 0995203 00

☐ View report without data

View Report

4. The report displays on the screen in an Adobe .pdf format. The report may be printed by clicking on the printer icon.

**Mississippi Residential Property Insurance Underwriting Association
MRPIUA's Agent Book of Business Report**

Agent Number: _____
 Agent Name: _____
 For the Period: 01/01/2007 to 09/30/2007
 Date of Report: 10/10/2007

Policy Number	Insured's Name	Effective	Expiration	Written Premium
FPD 0565696 01	Kenny	03/29/2007	03/29/2007	\$1,134.00
FPM 0565454 01	Travis	03/29/2007	03/29/2007	\$500.00
FPD 0565912 01	Caroline	04/18/2007	04/18/2007	\$246.00
FPM 0565926 01	Eric	04/18/2007	04/18/2007	\$150.00
FPM 0565928 01	Eric	04/18/2007	04/18/2007	\$150.00
FPM 0565923 01	Eric	04/18/2007	04/18/2007	\$182.00
FPM 0565927 01	Eric	04/18/2007	04/18/2007	\$150.00
FPD 0566087 01	Shirley	04/27/2007	04/27/2007	\$687.00
FPD 0566344 01	Cody	05/05/2007	05/05/2007	\$679.00
FPD 0566560 01	Clarence	05/11/2007	05/11/2007	\$150.00
Policy Count	10			\$4,028.00

System

The following section details agent information on file in MPPMS. This is a read-only screen and the agent can only view this information. If changes are to be made, the agent must contact MS Plans.

Agent Maintenance - Windows Internet Explorer
http://72.242.177.42/MPPMSWeb/forms/fmAgentMaintenance.aspx

Quote
Application
Policy
Claim
System
Agent Maintenance
Help

Agent Information

Plan: Mississippi Residential Property Insurance Underwriting Association

Type: ☒ Agency ☐ Agent

Address 1: 1719 Old Mobile Hwy

Address 2:

City:

County:

First name: Terry Moss

Middle name:

Last name:

Suffix:

FEIN / SSN: FEIN

Tax ID num: 64-0924519

Agent license num: Unknown

Expiration date of license: 01/01/1900

Agent code: 812 1512

State / Zip / Ext: MS 39567

Phone / Ext: (000) 000-0000

Cell phone / Ext:

Fax:

E-mail:

Update

Help

The following section details the tutorials available on-line in MPPMS. The tutorials are designed to assist the user with using the web screens for quotes, submitting applications and claims. The agent may select any tutorial for review. To access a tutorial, click *View* next to the title of the tutorial desired.

