Completing an Endorsement

1. Search for the policy in the Search bar which will take you to the Policy Details page. Click the "Endorse" icon in the top right-hand corner.

Agent Tools Q Search for quotes, pol	icies, names & addresses				+ New Quote 🖻 😫
7363121 Daniel Jones					Declaration Page Cancel Endorse
_{Status} Underwritten	Term Oct 24 2021 - Oct 24 2022			Premium \$851.00	Need to report a claim?
			Coverage Amount	Deductible	
Agent Trident10 Agent User		Building	\$150,000	\$2,000	T Hold Class
		Contents	\$60,000	\$2,000	
INSURED Insured Property address Daniel Jones 14 MEADOWLARK DR (890) 877-7889 KALISPELL, MT 59901-2817 DanielJ@aol.com					Declaration Page Cancel End
LENDER INFORMATION					
There is no lender associated with this policy.					

2. You will arrive at the Full Policy Endorsement page and enter the desired changes. Note: This screen is similar to the Policy Builder section.

3. Once you have entered the desired changes, click "Review Changes".

				Build	ling & Contents	Building Content	s
Please review	v and update the following information to ϵ	endorse this policy.			Building	Contents Pre	mium
			Rates	0	\$20,000	\$8,000	-
AGENT	Company	FLY DRY FLOOD INSURANCE COMPANY	nates		\$30,000	\$12 000	~
			COVERAGE	\bigcirc	\$50,000	Waiting Period	Standard 30 day wait
			Building &	0	\$75,000		
INSURED	Individual(s)	Daniel	В	0	\$100,000	Effective Date	10/24/2021
	2 ¹⁰ - 2 ²⁰ - 10	long	\$2	0	\$125,000		
		Jones	\$3	0	\$150,000	PREMIUM	4050
	Phone	(890) 877-7889 + Alternate Phone	\$5		\$200.000	Draviavsky Daid	\$952
	Fmail	Denial Read ann	\$1		\$250,000	Previously Paid	-\$851
		Danielj@aol.com	\$12		\$200,000	Describer Desc	\$101
ANOTHER INSURED	Include Another Insured		\$15	莊	Customize C	Premium Due	PICI Details
	Mailing address is differer	nt than property address	• \$20-,-		Dedu	Deductibles	ta 000 / ta 000
			\$250,0	000	\$100,000	Deddelibies	\$2,0007 \$2,000
				_		Rate Type	Risk Rating 2.0
						Re	view Changes

4. The previous version and desired changes will appear side-by-side. After verifying that the changes are correct, click "Sign & Submit" to process the endorsement.

VERAGE						PREMIUM Total Premium	\$952
	Building	150000		200000	PREMIUM Total Premiur		-\$851
	Contents	60000		80000	Previously Pa	Premium Due	\$101 Details
	Ĭ	orevious coverage	modi	fied coverage	Premium Du	Deductibles	\$2,000 / \$2,000
IER NGES					Deductibles	Rate Type	Risk Rating 2.0
	Fema Quote Id	93d9fb41-0240-46a0-9a50-e20)800cff98e	1324240f-1a1c-4a7a-80e6-81b61dfeb3d7	Rate Type	PAYMENT MET	THODS
	Fema Report Id	41e1e3bd-1ab1-4312-9f82-b7dd9	0c1c066e	99cbd4ff-68d3-4c49-ae08-dcb23207ad07	PAYMENT	Credit Ca	ırd
					• Credi	eCheck	
					eChe	Mail a Ch	leck
					Credit Card Departmer	Credit Card pro Department of	cessing is serviced by the U.S.
					eChe Mail a Credit Cara Departmen	Mail a Ch Credit Card pro Department of	eck cessing is serviced t the measury's securi

5a. If paying by credit card or eCheck, you will be directed to the pay.gov site.

Cancel FEMAFLOODNFSIE Please provide the payment information below. Required fields are marked with an * Agency Tracking ID U000006932 Payment Amount \$539.00 * Cardholder Name Daniel Jones

5.b If mailing a check, you will see a screen similar to the below:

14 Meadowlark Drive	
Billing Address 2	
* City	
Kalispell	

	Please print out your Payment Coupon and mail it i	n with your check to the
FLOOD INSURANCE CO.	address indicated on the coupon. Once payment is application will be reviewed within 24 hours an	s processed, your
THANK YOU FOR PURCHASING FLOOD INSURANCE THROUGH FLY DRY FLOOD INSURANCE COMPANY	Print Coupon or	PAYMENT METHODS
PAYMENT IS DUE BY NOV 2 2021		
PAYMENT MUST BE RECEIVED BY DUE DATE TO ENSURE COVERAGE If payment is received after due date the policy effective date is subject to change.	You may still use alternative payment options:	Credit Card
POLICY# INSURED NAME & ADDRESS INSURED PROPERTY ADDRESS AGENT NAME & ADDRESS 19480 Jones, Daniel 412 MOUNTAIN VISTA WAY TridentIO Agent User	PAYMENT METHODS	eCheck
412 MOUNTAIN VISTA WAY KALISPELL MT 555 Corporate Drive KALISPELL MT 59901-7156 59901-7156 Kalispell MT 59901-0000	Credit Card	Mail a Check
POLICY	eCheck	
COVERAGE 250000 100000	Credit Card processing is serviced by the	Allows you to process the payment using a mail i
DEDUCTIBLES 2000 2000	the Treasury's secure Pay.gov system.	wheels
PREMIUM \$418		check.
Please, include policy number on check and make payable to FLY DRY FLOOD INSURANCE COMPANY:	Pay by Credit	
Mail this Form with payment to FLY DRY FLOOD INSURANCE COMPANY FLY DRY FLOOD INSURANCE COMPANY		Sign & Submit
222 Coliporate of Kalispell Mill 23201		Sign & Submit

POWERED BY SNFS

6. After payment, the changes will appear on the right-hand side of the screen and you will have the option to "Download Payment Confirmation" as a PDF.



7. Click "Download Payment Confirmation PDF" to receive payment receipt.



