Quoting in Trident

Start Application

From the dashboard, click on the "New Quote" button to begin a new quote. This will bring you to the Start Application page.

Underwriting Agent Tools	Q Search for quotes, po	licies, names & addresses		+ New Quote	🤉 🖻 e
Action Required Recent Work				(1)	
Action Required	Insured Name	Elapsed Time I	eft Premium		
Photo Review Failed	TEST1 TEST1	7 months	⁵ 488	Provided photos contradict application data. Please, review and correct application data or provide new photos	~
Photo Review Failed	TEST1 TEST1	7 months	⁵ 488	Provided photos contradict application data. Please, review and correct application data or provide new photos	~
Photo Review Failed	TEST1 TEST1	7 months	⁵ 488	Provided photos contradict application data. Please, review and correct application data or provide new photos	ř
Primary Residence	SAM TEST	7 months	N/A	Please provide Proof of Primary Residence to complete your application	~
Primary Residence	REBEKAH REID	7 months	N/A	Please provide Proof of Primary Residence to complete your application	~
Primary Residence	MARY MARKS	7 months	N/A	Please provide Proof of Primary Residence to complete your application	~
Primary Residence	MARTIN MARTIAN	7 months	N/A	Please provide Proof of Primary Residence to complete your application	~
Primary Residence	MINNIE MOUSE	7 months	N/A	Please provide Proof of Primary Residence to complete your application	~

49° 98° 1	Fly Dry Flood Insurance Company Agent User Change Producer		Policy Sections Agent	
Insured Name Phone 2 Email	First name Last name Phone number Email address		Policy Sections Agent Contact Property Address Continue	4
City State Postal code	City State Postal code	Address Verification Please choose to keep the address a from the U.S. Postal Service. PROVIDED ADDRESS 412 Mountain Vista Way Kalispell, MT 59901	as entered or use the corrected address	
		CORRECTED ADDRESS 412 Mountain Vista Way Kalispell, MT 59901-7156	Cancel Confirm	

1. New Quote Button Takes user to the Start Application page.

2. Contact Information

Includes first and last name, phone number & email. *Use the agent's email if the policyholder does not have an email.

3. Property Address Includes address, city, state & zipcode.

4. Continue Button

Once the Contact Information and Property Address are completed, click "Continue" to proceed.

5. Address Verification

Verify the address is correct and select the address with the additional 4 digits added. Important: the property address cannot be changed once "Confirm" is clicked. A new quote must be started if the incorrect address has been entered and confirmed.

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Policy Builder

The policy builder includes all required information to issue a flood policy. It is a single-page, simplified process for ease of use when quoting and issuing a flood policy.

DLICY BI	UILDER		
Please provid	e all applicable information you have about the	property and the insured for the quote.	
AGENT	Company	FLY DRY FLOOD INSURANCE COMPANY Fly Dry Flood Insurance Company Agent User Change Producer	Policy Sections Agent Insured Prior Policy Property Address Flood Zone O Property Details
INSURED	Individual(s)	Samanthe Samson	Elevation Certificate Garage () Foundation
	Phone	(653) 241-1555 +	Alternate Phone O Coverage
	Email	sammys@yahoo.com	Ownership Building
ANOTHER	Include Another Insured		Mortgagee Information Billing Recipient
	Mailing address is different tha	n property address	

ROPERTY ADDRESS	Address	412 MOUNTAIN VISTA WAY	Policy Sections
	City	KALISPELL	Agent
			Insured Prior Policy
	State	мт (7)	Property Address
	Postal Code	59901-7156	Flood Zone
			Property Details
ATITITUDE &			Elevation Certificate
ONGITUDE	Latitiude	48.214274	Garage
	Longitude	-114.366239	Foundation Contents
			Coverage
	Please check the Latitude & Longitu		Ownership
		and longitude be provided for this property and recommends the coordinates be either near the front door or from the center of the structure. o maps.google.com and copying the coordinates into the search bar (i.e.: 41.87192546015379, -87.80383875582552). (To better pinpoint where the	Building
	structure is, you may want to use Go	ogle's satellite view).	Mortgagee Information
	Updating the Latitude and Longitud		Billing Recipient
	 Right click the area central to separated from the longitude Click the latitude and longitud Paste and edit the applicable 	: Latitude or Longitude fields, or they are inaccurate, then enter the property address when you land on Google Maps. the building or near the front door and both Latitude and Longitude will appear in a pop-up menu. NOTE: The latitude will be the first coordinate and by a comma with that being a negative number. (I.e.: 41.87192546015379, -87.80383875582552). le displayed to copy it to your clipboard. coordinates into the Latitude and Longitude fields making sure to enter all numbers before the comma and only first number into the Latitude field up until umber including the negative () sign into the Longitude field, if applicable.	

				Insured Prior Policy	
PROPERTY	Insured Structure	Single Family Main Dwelling	•	Property Address Flood Zone	
	Building Occupancy	Single Family Residence	•	Property Details	
	Primary Residence	80% or more residing	•	Elevation Certificate Garage	
	Building Type	Manufactured (Mobile) Home		 Foundation Contents 	
8)	Construction Date	10/10/2010		Coverage Ownership	
	Construction Source	Original Construction Date	•	Building Mortgagee Information	
	Construction Type	Frame	*	Billing Recipient	
		J Substantially Improved			
	Total Square Footage (sq feet)	1472			
	Estimated Building Replacement Cost		Elevation Certificate		Dele
ELEVATION	Estimated Building Replacement Cost	ELEVATION CERTIFICATE	Elevation Certificate		Dele
ELEVATION CERTIFICATE FOUNDATION	Estimated Building Replacement Cost	ELEVATION CERTIFICATE	Elevation Certificate a You're almost finished!	Agent Insured Prior Policy	Dele
		ELEVATION CERTIFICATE	Elevation Certificate	Insured	Dele
	Foundation Type	ELEVATION CERTIFICATE	Elevation Certificate a You're almost finished!	Insured Prior Policy Property Address	Dele
	Foundation Type Number of Floors Number of Elevators	ELEVATION CERTIFICATE Uploaded Edit EC Da Slab On Grade 1 Including enclosure, crewispace, or basement 0	a You're almost finished! 9	Insured Prior Policy Property Address Flood Zone Property Details Elevation Certificate	Dele
FOUNDATION	Foundation Type Number of Floors Number of Elevators	ELEVATION CERTIFICATE Uploaded Edit EC Date Edit EC Date I Including enclosure, crawispace, or basement 0 Including so the first floor (including External Compressor), Furnace, Hot Water Heater, Heat Pump (including External Compre	a You're almost finished! 9	Insured Prior Policy Property Address Flood Zone Property Details Elevation Certificate Garage Image Foundation Contents Coverage Ownership Building	Dele
FOUNDATION	Foundation Type Number of Floors Number of Elevators	ELEVATION CERTIFICATE Uploaded Edit EC Date Edit EC Date I Including enclosure, crawispace, or basement 0 Including so the first floor (including External Compressor), Furnace, Hot Water Heater, Heat Pump (including External Compre	a You're almost finished! 9	Insured Prior Policy Property Address Flood Zone Property Details Elevation Certificate Garage Insuration Contents Coverage Ownership	Dele

6. Policy Sections

Required sections are marked with a red exclamation point on the sidebar. ()

7. Latitude and Longitude

FEMA now requires the coordinates of the insured structure. The system pulls this information and instructions to verify the coordinates are found below.

8. Property Details Enter ALL required fields.

9. ECs, Foundation & Contents Elevation certificates are optional for RR2.0 policies. If an EC is submitted, existing photo requirements apply. Foundation type and contents location are required. The number of floors entered should **not** include a basement, enclosure, or crawlspace.

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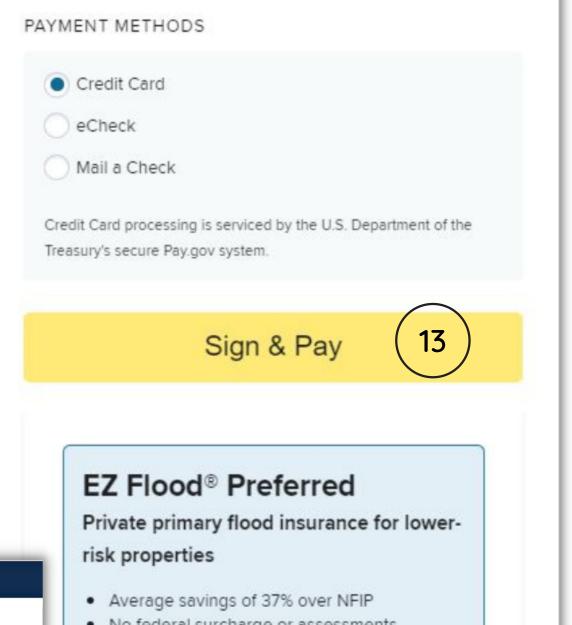
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shared with third parties.



COVERAGE	Number of Detached Structures	0		Quote	± 📝	ew Sections
		Not including this building at this address				
	Building Use	100% Residential	· ·	COVERAGE OPTION	-	
		Building has Additions or Extensions	\bigcap	Building & Conte		Contents
			(11	Building	Contents	Premium
				\$20,000	\$8,000	
OWNERSHIP	Building is a Rental Property		\smile	\$50,000	\$12,000	
					\$20,000	-
ABOUT THE	A Small Business			\$75,000	\$40,000	100
INSURED	A Non-Profit Entity			\$125,000	\$50,000	177-12 100-12
10)		nout the insured's consent or knowledge (Forced Placement of Policy)		~	\$60,000	
	Contract is parchasing this policy wa	lout the insured's consent of knowledge (Forced Placement of Porcy)		\$150,000	\$80,000	
				\$250,000	\$100,000	\$434
BUILDING	Under Construction					
				君 Customize Co	verage and Ded	uctible
LENDER INFORMATION	Include First Mortgagee			Waiting Period	Standard 30 day	wait 👻
	Include Second Mortgagee					
	Include Loss Payee					
	Include Disaster Agency					

Waiting Period	Standard 30 day wait	*	PAY
Effective Date	12/16/2021		
PREMIUM			
Total Premium	\$434	2)	
Previously Paid	\$0	シー	Cr
Premium Due	\$434 Details		Tre
Deductibles	\$2,000 / \$2,000	_	
Rate Type	Risk Rating 2.0	_	
Effective	12/16/2021	_	
Payment Due	11/25/2021		



10. Toggle Buttons

These are used to indicate optional fields. When applicable, slide the toggle button to the right and additional fields will populate.

11. The Quote

The quote can be downloaded by clicking the downward facing arrow. The quote's coverage and deductibles can be customized.

12. Premium Details

Waiting period, effective date, total premium and deductibles are presented.

13. Sign & Pay Button

Clicking this button **locks** in your effective date and begins processing the application.

14. Private Product

<<u>Cancel</u>

FEMAEL OODNESIE

	• Ren	lacement cost for all loss settlements	
Please provide the payment information below. Required fields a	an and a doubt an t	ple, easy quote (14	
gency Tracking ID	- Sim	bie, edsy quote	
J0000007162	Payment Method Plastic Card		
ayment Amount	Cardholder Name	t a Quote Now 🗹	
(15)	Penny Parker		
Cardholder Name	Card Type VISA		_
	Card Number		
	1111 Cardholder Billing Address		
	PERSON		
Cardholder Billing Address	Billing Address 2 412 Mountain Vista Way		
	City		
	Kalispell		
illing Address 2	Country United States		
	State/Province		
1	MT ZIP/Postal Code		
ity	59901		
	* I authorize a charge to my card account for the abore	ve amount in accordance with my card issu	
		ve amount in accordance with my card issu	
Country	Continue Continue Cancel	ve amount in accordance with my card issu	
Country Select Country		ve amount in accordance with my card issu	
Select Country	Continue Previous Cancel	ve amount in accordance with my card issu	
Select Country	Continue Previous Cancel	ve amount in accordance with my card issu	+ New Quote
Select Country State/Province	Continue Previous <u>Cancel</u>	ve amount in accordance with my card issu	+ New Quote
Select Country State/Province	Continue Previous Cancel Cancel Cancel Cancel Cancel Cancel Cancel Cancel Cancel Cancel Canc	ve amount in accordance with my card issu	+ New Quote
Select Country tate/Province	Continue Previous Cancel Agent Tools Q Search for quotes, policies, names & addresses CONCENTION Sally Simpson		+ New Quote
Select Country tate/Province	Agent Tools Q Search for quotes, policies, names & addresses	FLY DRY FL	OOD INSURANCE COMPANY
Select Country tate/Province	Agent Tools Q Search for quotes, policies, names & addresses PLICATION Sally Simpson	hin 24 hours).	OOD INSURANCE COMPANY ① Name Impson
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If the property is eligible a blue private product widget will appear allowing you to redirect to the private product platform.

15. Payment (example - credit card)

If paying by credit card, input credit card information and authorize the payment.

16. Processed ApplicationConfim the payment by clickingthe "Download PaymentConfirmation PDF" link.

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