



# AIUA

315 E Laurel Ave, Suite 216D  
Foley, Alabama 36535  
Phone (251) 943-4029  
Fax (251) 943-4030  
[www.aiua.org](http://www.aiua.org)  
[producer@aiua.org](mailto:producer@aiua.org)

## New Agency Application

W. E. Buckley

Thank you for your interest in the Alabama Insurance Underwriting Association. The requirements shown below must be satisfied in order to become an AIUA authorized agency.

### **Agency must submit the following documents to AIUA:**

1. Completed Agency/Producer Information Form
2. Signed Producer's Access Agreement
3. Form W-9 - Request for Taxpayer Identification Number and Certification
4. Copy of company's and ALL producer(s)' current license(s) with the State of Alabama Department of Insurance
5. Copy of current Errors & Omissions Insurance Declarations page - carrier must have a Best's Financial Strength Rating of 'A-' or better and a per claim limit of \$1 million or better
6. **\$500 application fee + \$100 fee per producer** (non-refundable; paid by check to the address listed above)
7. Signed acknowledgement form from the AIUA Resource Guide (one for each producer)

Application processing time is approximately one week. Failure to include all of the application requirements may result in the delay or refusal of your application. Once your application is approved and processed by AIUA you will be provided login credentials and authorization for the AIUA website.

Once authorized, you will be required to renew your agency's authorization with AIUA each year. AIUA will send an annual renewal packet approximately 60 days prior to the renewal date. Renewal date will be determined by the original inception date of the Producer's Access Agreement (i.e. if your agency's agreement became effective on June 7, 2020, your agency's renewal date will be June 7, 2021.) At each annual renewal agents will be expected to provide all required documents, including a renewal fee of \$100 per producer.

Again, we thank you for your interest in the Alabama Insurance Underwriting Association.

\*AIUA will not conduct business with any agencies/producers located in the states of Florida or Mississippi.



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**Agency/Producer Information**

W. E. Bucklev

**AGENCY CONTACT INFORMATION:**

Name of Agency: \_\_\_\_\_

Exclusive Affiliate Company (*if applicable*): \_\_\_\_\_

Owner/Principal: \_\_\_\_\_

Owner/Principal Email Address: \_\_\_\_\_

Company/Main Producer License: \_\_\_\_\_ Expiration: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address for agency: \_\_\_\_\_

**AFFILIATED CARRIER LICENSED TO WRITE PROPERTY INSURANCE IN ALABAMA:**

Admitted Carrier Name \_\_\_\_\_

Affiliated since (*year*) \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

**Name(s) of ALL Licensed Producers within your Agency & AL License Number:**  
*\$100 fee per producer (in addition to the \$500 application fee)*

Name \_\_\_\_\_

License # \_\_\_\_\_ Exp \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

License # \_\_\_\_\_ Exp \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

License # \_\_\_\_\_ Exp \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

License # \_\_\_\_\_ Exp \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

License # \_\_\_\_\_ Exp \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

License # \_\_\_\_\_ Exp \_\_\_\_\_

Email \_\_\_\_\_

**ALABAMA INSURANCE UNDERWRITING ASSOCIATION  
PRODUCER'S ACCESS AGREEMENT**

This Agreement made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), by and between Alabama Insurance Underwriting Association ("AIUA") an Association created pursuant to Regulation 52 of the Insurance Regulations of the State of Alabama and Acts of Alabama Act No. 2008-392 (codified Ala. Code 27-1-24 (1975)), and \_\_\_\_\_ ("Producer").

WITNESS THAT:

In consideration of the mutual covenants and agreements herein contained, the parties hereto agree as follows:

**A. APPOINTMENT**

1. AIUA hereby grants Producer authority to submit applications for insurance on certain properties that meet the insurability standards and limits prescribed by the AIUA Plan of Operation, AIUA Rules and Procedures for Submitting Applications, and the AIUA Dwelling Policy Program Manual and receive policies with respect hereto.
2. Where the AIUA E-Commerce system is applicable, and as determined by the AIUA, AIUA shall assign to Producer a user-name and password offering it access to the AIUA E-Commerce web site -including a location database and other files necessary for determining if a property is insurable. Producer agrees that the password shall be kept confidential in accordance with the provisions of Paragraph F of this Agreement.
3. Where the AIUA E-Commerce system is applicable, and as determined by the AIUA, Producer shall submit applications for insurance utilizing the E-Commerce web site program, and shall, upon compliance with the provisions thereof, receive an AIUA "E-Commerce Binder" evidencing the binding of the risk.
4. Where E-Commerce is not available, Producer shall submit applications for insurance utilizing forms and methods as prescribed by the AIUA Plan of Operation, AIUA Rules and Procedures for Submitting Applications, AIUA Dwelling Policy Program Manual, and other written directives as may be furnished to Producer by AIUA from time to time.
5. Nothing in this Agreement shall create, nor shall it be deemed to constitute, a contract of employment, a relationship of master / servant or principal / agent, a partnership, or a joint venture between Producer and the AIUA.

**B. COMPLIANCE WITH UNDERWRITING GUIDELINES**

1. Producer shall comply with the underwriting guidelines (including eligibility criteria and limits of liability) set forth in the AIUA Plan of Operation, AIUA Rules

**ALABAMA INSURANCE UNDERWRITING ASSOCIATION INSURANCE  
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and Procedures for Submitting Applications, and the AIUA Dwelling Policy Program Manual, receipt of which is hereby acknowledged by Producer, and other written directives as may be furnished to Producer by AIUA from time to time including, without limitation, the AIUA E-Commerce criteria. The underwriting guidelines may be revised by AIUA at any time upon providing prior notice to the Producer.

2. For purposes of this Agreement and all transactions conducted hereunder, Producer is, and at all times shall be deemed to be, the broker, agent, and authorized representative of the applicant, NOT the agent, representative, or employee of AIUA.
  
6. Producer shall have no authority to bind AIUA on any risk. Policies shall be issued by the AIUA pursuant to the AIUA Rules and Procedures for Submitting Applications and the AIUA Plan of Operation, and where the AIUA E-Commerce program is available, binders shall be issued by AIUA pursuant to its E-Commerce system.

**C. WARRANTIES, REPRESENTATIONS AND COVENANTS**

Producer warrants, represents, and covenants:

7. that Producer has and will maintain during the term of this Agreement all licenses necessary to conduct the business described in this Agreement, and will provide proof of such licensure to AIUA upon request. In the event that any such license expires or terminates, for any reason, the Producer shall immediately notify AIUA and this Agreement shall be immediately terminated.
  
8. that Producer shall successfully complete AIUA E-Commerce training within 90 days of this appointment.
  
9. that Producer is and will remain during the term of this Agreement a representative, in good standing, of one or more admitted carriers licensed to write property insurance in the State of Alabama, and Producer shall provide proof of such status to AIUA on request.
  
10. that Producer shall operate at all times in compliance with this Agreement, with all applicable Rules and Procedures of the AIUA, and with all applicable laws and regulations. The Producer agrees that it is its responsibility to know and comply with the laws and regulations applicable to this Agreement and the business contemplated hereunder.
  
11. that Producer will not represent, in advertising or otherwise, that it has binding authority on behalf of AIUA.

**ALABAMA INSURANCE UNDERWRITING ASSOCIATION INSURANCE  
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**D. PREMIUM PAYMENTS, RULES AND PROCEDURES**

12. Premium payments and the rules and procedures to be followed in using AIUA facilities are governed by the provisions with respect thereto set forth in the AIUA Plan of Operation and the AIUA Rules and Procedures for Submitting Applications.

13. AIUA may revise the premium payments and/or rules and procedures at any time providing prior notice to the Producer.

**E. INDEMNIFICATION**

Producer agrees to indemnify and hold AIUA harmless from any claims, demands, suits, fines, penalties, or damages of any kind or nature (collectively "claims") which arise from or relate to Producer's acts or omissions in conducting the business described in this Agreement. AIUA agrees to indemnify and hold Producer harmless from any claims to the extent that those claims are attributable solely to the acts or omissions of AIUA in the performance of its business. For purposes of this Indemnity provision, the acts or omissions of a "Producer" and of "AIUA" includes each of the parties' employees, agents, servants, and contractors. Notice and demand for indemnification shall be provided in the manner required under Paragraph H., herein. Indemnitee shall not settle or compromise in any manner any claim for which indemnity is sought without the advance consultation and consent of indemnitor, and indemnitor shall not be required to provide indemnification for any claim settled or compromised, in whole or in part, without indemnitor's approval.

**F. CONFIDENTIALITY**

Producer agrees never to disclose to or use with any other party, any technical, commercial, operations, legal or other information of a confidential nature obtained from AIUA through or in relation to this Agreement, except for such information, if any, which has been a matter of public record.

**G. ERRORS AND OMISSIONS**

Producer shall maintain in force at all times during the term of this Agreement an errors and omissions insurance policy issued through an insurer possessing a rating of "A-" or higher by recognized rating organizations, and with minimum limits of \$1 million per occurrence, in a form acceptable to AIUA. Producer will provide proof of the insurance required by this paragraph to AIUA on request.

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**H. NOTICES**

All notices, requests and other communication hereunder must be in writing sent by mail (using any method that provides proof of delivery) fax with conformation of successful transmission, overnight nationally recognized courier (by overnight delivery service), email to hand-delivered to the address below:

(A) If to AIUA:  
Alabama Insurance Underwriting Association Attn: Manager  
315 East Laurel Avenue, Suite 216D Foley, AL 36535

(B) If to Producer:

\_\_\_\_\_  
\_\_\_\_\_

Addresses may be changed by notice to all parties, in writing, signed by the addressee.

**I. GOVERNING LAW**

This Agreement shall be deemed to be made in, and in all respects shall be interpreted, construed and governed by and in accordance with the laws of the State of Alabama.

**J. NON-ASSIGNABILITY**

Except as required by law, the rights and obligations set forth in this Agreement may not be assigned, in whole or in part, without prior written approval of the parties.

**K. FEES**

Producer shall pay an application fee of \$500 for a NEW Producer Agreement, plus an additional fee of \$100 per authorized producer named in the Producer Agreement. A fee of \$100 per authorized producer shall be paid for a RENEWAL Producer Agreement. Applicable Fees are non-refundable and due and payable upon submission of the Producer Application Package to the AIUA and at each subsequent anniversary until such time that the Agreement is terminated by either party.

**L. PRODUCER COMPENSATION**

Producer shall receive compensation for applications accepted on policies issued by the AIUA as provided in Section X of the AIUA Plan of Operation and Section II of the Rules and Procedures for Submitting Applications, as in effect on the date the compensation becomes payable.

**ALABAMA INSURANCE UNDERWRITING ASSOCIATION INSURANCE  
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**M. TERMINATION OF AGREEMENT**

14. Either party hereto will have the right at any time to terminate this Agreement by written notice sent in accordance with Paragraph H hereof specifying the effective date of termination, which shall not be less than 15 days thereafter.
15. This Agreement may be terminated immediately at AIUA's option in the event ( i ) that the Producer has not acted in compliance with the underwriting guidelines and/or rules and procedures of AIUA; or ( ii ) that the Producer has violated any of the warranties, representations and covenants set forth in Paragraph C of this Agreement, or ( iii ) that the Producer has failed to comply with the provisions of Paragraph G of this Agreement.
16. Any termination of this Agreement shall not affect the rights and obligations of the parties hereto as to transactions, acts or things done by either party prior to the effective date of termination.

**N. OWNERSHIP OF EXPIRATIONS**

During the term of this Agreement, AIUA shall have the right and authority to use policyholder information for any purpose recognized and permitted under the Privacy Policy of the Alabama Insurance Underwriting Association. Upon termination of this Agreement, Producer's records pertaining to the business transacted hereunder and Producer's use and control of expirations referable to policies solicited by Producer shall be deemed the property of Producer, unless (a) Producer fails to promptly account for and pay over any amounts due to be paid to AIUA, or (b) Producer has violated the terms of this Agreement, in which event all such records, information, and expirations shall become the property of AIUA, for use and disposition in AIUA's sole discretion. After termination of this Agreement, and regardless of how ownership of expirations is vested, AIUA shall have the right and authority to maintain its own separate records pertaining to the business transacted hereunder for statistical purposes, for purposes of managing any claim exposure relating to said business, or for any other purpose required by applicable law or regulation.

**O. APPEALS**

Any dispute or controversy arising under or relating to this Agreement shall be subject to and resolved under the Appeals provisions of the AIUA Plan of Operation.

**P. AMENDMENT**

This Producer Access Agreement may be amended in the sole discretion of AIUA by providing such amendment to Producer in a writing, duly executed by the Secretary and Manager of AIUA, 30 days prior to its effective date, in the manner required by Paragraph H., above.



**ALABAMA INSURANCE UNDERWRITING ASSOCIATION INSURANCE  
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**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement by their duly authorized representative effective as of the date first shown above.

**AIUA Representative**

Witness: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Producer**

Witness: \_\_\_\_\_

Agency: \_\_\_\_\_

Owner/Principal: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



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[www.aiua.org](http://www.aiua.org)

Agency Name: \_\_\_\_\_

Agency #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

DIRECT DEPOSIT AUTHORIZATION FORM

**SIGN HERE TO DECLINE CONSENT:**

I do NOT authorize AIUA to direct deposit commissions via automated clearing house. Please continue mailing a check.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

**AUTHORIZATION:**

I hereby authorize Alabama Insurance Underwriting Association to initiate credit entries for Agency Commission Payments to my account with the financial institution I have listed below. I have enclosed an actual or copied voided check or documentation showing that I am the holder of the savings or debit account.

I understand direct deposit will continue until Alabama Insurance Underwriting Association terminates it for any reason or until AIUA receives written notice of termination from me in such a time and manner as to afford the Association a reasonable opportunity to act on such request.

\*Sign below to consent to ACH direct deposits of commissions:

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

Bank Name: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Checking Account

Savings Account

Debit Account

**-AND-** Attach Voided Check or Account Documentation here.

Email address for commission statements/deposit notice:

\_\_\_\_\_



## AIUA Resource Guide

Effective July 1, 2023 this AIUA Resource Guide is replacing the existing AIUA Producer Authorization Exam. It should be used as a reference guide and referred to as needed *prior* to contacting AIUA. In order to become an AIUA Authorized Producer you will be required to read this guide and the additional documents found on the AIUA website as directed. Please sign and return the acknowledgement form once completed.

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Other pertinent documents such as the AIUA Rules and Procedures for Submitting Applications and the AIUA Plan of Operations can be found by clicking [here](#) or under 'About AIUA' at [www.aiua.org](http://www.aiua.org).

# AIUA E-Commerce User's Guide

Welcome to AIUA E-Commerce! These instructions will guide you through the process of filling out and submitting a new application through AIUA's E-Commerce system. Upon completion of an application, you'll immediately receive email confirmation.

## Requirements

The following equipment/items/information will be necessary to submit a new business application:

- An E-Commerce username and password (provided to you by AIUA)
- Computer Software Requirements;
  - Microsoft Windows 10 or 11.
  - Microsoft Edge, Chrome or Firefox;
- Relevant policy-related information typically required to submit a new AIUA application.
- These documents in *electronic format* (PDF, Word, jpg, or tiff file type). File size is capped at 5 MB:
  - Flood Insurance Application/Policy Declaration if property in flood hazard zones 'A', or 'V'.
  - Fire Insurance application/Policy Declaration
  - Photos (minimum of 2, max of 4, max 5MB size each) (PDF, Word, jpg, or tiff).  
\* Note \* Larger file size, high resolution photos *are not* necessary and will result longer e-app upload times. Low and standard resolutions photos are more appropriate for AIUA needs and will expedite the e-app submission process.
  - Marshall & Swift/Boech (MSB) (or other type) valuation or recent appraisal. There is an option in the MSB tool to download valuation in PDF format.
  - Notice One Acknowledgement (signed by applicant)
  - DOI Policy Outline (signed by applicant)
  - Wind Mitigation Discount Certification Form (as applicable);
    - IRC 2006 certification
    - IBHS Fortified for Safe Living Standards certification
    - Fortified standards retrofit certification
- Last 4 digits of Applicant's Social Security Number (used for legal validation)
  - The last 4 digits of the applicant's SSN, in conjunction with annotated agreement to the 3 legal acknowledgements are used to validate submission of an E-App.
    - Legal Acknowledgement- signed by both applicant and producer
    - Notice 1- signed by applicant
    - ACH Acknowledgement- signed by whoever's account is being debited through ACH (if premium is being paid through debit of bank account)

You must have signed copies of these documents prior to submission of the application. These signed documents should be maintained in the applicant's file within the agency for the life of the policy. Completion and availability of E-Commerce documentation is subject to audit by AIUA personnel. E-Commerce documentation can be downloaded or printed from the AIUA web site at- <https://aiua.org/agent-forms>

- Necessary information from payee’s voided check being used to make payment via ACH;
    - Bank routing number
    - Account number
    - Name on account
- \*\* Only applicant’s personal bank accounts and local agency bank accounts can be debited through the ACH transaction process. Mortgagee escrow, credit card, line-of-credit, home equity, and other commercial company checks must be mailed to AIUA for standard processing**

Or

- Information from credit or debit card (includes a surcharge)
  - Card number
  - Card expiration date
  - 3 (or 4) digit CVC code

**New policy submission**

To begin please go to AIUA’s website and login with your provided credentials - [www.aiua.org](http://www.aiua.org)  
 Click on ‘Submit an App’ icon and then select Residential or Commercial to determine eligibility and select values pertaining to the coverage and property. If you’re applying for a Mortgage Closing Binder, make sure to click the checkbox for “Mortgage Closing Binder for New Purchase with a Transfer of Ownership?”.

After clicking ‘Continue’ you will be presented with a Premium Quote based on the deductible you selected. After reviewing quote information, you have the options to “Save Quote for later”, “Print Quote, and “Continue Application”. *Please do not provide mortgage/title companies with a quote in lieu of an invoice generated from the application.*

After clicking “Continue Application” you will be presented with a Prescreening page listing several questions relating to the policy. Select ‘Yes’ or ‘No’ as applicable. *Please note – if you falsify, forge, or knowingly provide inaccurate information in order to submit the application Underwriting will deny the application. Your agency will be issued a warning which can result in termination of the agency’s Producer Access Agreement.*

During the “Apply” step you’ll fill in all relevant information as applicable. Whenever possible, information will automatically be filled in based on your selections on the rate calculator. These “pre-filled” fields are not editable. There are 8 specific screens to be filled out;

- |              |  |
|--------------|--|
| 1. Agent     | 5. Flood Insurance                               |
| 2. Applicant | 6. Fire Insurance                                |
| 3. Property  | 7. Mortgagee/Loss History/Present-Prior Coverage |
| 4. Coverage  | 8. Documentation/Acknowledgements                |

\*\*Be aware that you can tab between fields/tabs if preferred.

\*Note\* that e-application's in-work can be saved and completed later. Click the 'Save for Later' button at the bottom right-hand corner of the application. After being saved, the application can be retrieved by selecting "Producer Access", "Saved Quotes & Applications" toward the top of the AIUA website pages.

### **Final Review & Payment**

Review the application by clicking through the tabs listed to the left of the "Apply" section. Verify that all required fields are filled in correctly. Feel free to edit/change information as needed. Click the 'Submit' button to proceed to the payment option screen.

\*Note\* Validation of e-app data takes place after 'Submit' button is pressed. Any discrepancies will be highlighted in red. Correct any missing items and return to the last screen (tab). Again, click the 'Submit' button.

You will be presented with three payment options:

- **Automated Clearing House (ACH) Payment**
- **Invoice Option (for escrow)**
- **Credit Card (includes a surcharge)**

Select the appropriate payment option.

\*Note\* that the processing fee has been automatically added to the policy premium:

\$35 for residential

\$65 for commercial

**Selecting 'Automated Clearing House (ACH) Payment'** will take you to the ACH payment screen.

Filling-in and submitting bank account related data will result in an immediate debit of funds from the submitted banking account. Reminder that ACH payments can only be drafted on personal and small agency company accounts. The following types of checks are *not* electronically negotiable and should not be used to initiate an ACH transaction:

- Mortgagee (escrow) and other commercial entity checks
- 'Line of credit', 'home equity' checks
- Credit card checks

Type in and verify the appropriate banking account information. These values cannot be changed after clicking the 'Make a Payment' button so please *double and triple check* this information. Failure to submit this data correctly will result in an ACH charge back which creates a hassle for you, AIUA and the applicant.

**Selecting 'Invoice Option'**, you will be presented with an on-screen 'Invoice' to email or print and mail to the mortgagee. In addition, the option to pay online via the Bill Payment Portal will be available upon submission for 30 days and displayed as a "Manual Invoice".

**Selecting 'Credit Card Option'**, you will enter the card number, expiration date, and CVC code. Notice that the appropriate surcharge will be automatically included in the total charge. You will be required to click the 'checkbox' indicating you waive the right to dispute this credit/debit card transaction and agree to the

additional processor fees as indicated.

After completing a payment option, you will be presented with either an 'Evidence of Insurance', 'Mortgage Closing Binder' or 'Invoice' depending on your payment selection.

Click 'Print' to print a copy of the document for your records.

Click 'Print this Application' to print a copy of the application including information you filled out.

Click 'Close' when printing is complete.

Within a few minutes, a duplicate copy of the 'Evidence of Insurance', 'Mortgage Closing Binder' or 'Invoice' will be delivered to your email address. If you don't receive it, check any 'Spam' email delivery folders. As a precaution identify any mail received from aiua.org in your mail filter settings as 'safe'.

You've successfully submitted an AIUA E-Commerce application! To fill out another application, click the 'Fill out another application?' button.

\*NOTE: Do not make multiple submissions for the same policy or mortgage closing binder. If you need changes made after you've submitted the application, please contact AIUA directly and we will issue a revised declarations page or revised binder.

It is AIUA's intent that the submission & payment processes are efficient. Please make us aware of any suggestions or improvements you may have. Point of contact for E-Commerce application submissions is:

Chuck Woods  
[chuck@aiua.org](mailto:chuck@aiua.org)  
251-201-7228



# Bill Payment Portal

**AIUA Authorized Agents and Producers** may submit premium payment(s) with ACH or a credit/debit card on behalf of an insured for any open invoices. This includes Renewals, Endorsements, Additional Premiums Owed, and New Business Applications submitted with the 'Invoice Option'.

From the AIUA homepage, scroll down to "Bill Payment" the middle icon on the second row. You'll need to log in using your provided credentials, choose your name from the drop-down list, and then you'll be able to see/search all open invoices available to pay. Please contact Customer Service ([cs@aiua.org](mailto:cs@aiua.org)) or the Accounting Department ([accounting@aiua.org](mailto:accounting@aiua.org)) if you need to make a payment and do not see an invoice available online.

- Open invoices will remain on the portal for the following timeframes: Renewals until 5 business days past the expiration date of the policy, Endorsements 60 days, Additional Premiums Owed 30 days, New Business Applications 30 days, Manual Invoices 5 days.
- ACH does not require an additional fee, where a credit or debit card payment will incur approximately a 3% processing fee that is automatically calculated and added to the total amount due.
- Once payment has been made, the option to print a receipt for the customer is available.
- New business applications and mortgage closing binders now have more payment opportunities! A card or ACH payment can be made at the time of e-commerce submission; or if the invoice option is chosen, a 30-day manual invoice will be generated in the Bill Payment Portal so the producer may take payment at a later date.
- If a policy is marked escrowed (to be paid by the mortgagee), that renewal invoice will not be listed as an option to pay online. However, if the insured wishes to self-pay a manual invoice can be generated at the request of the producer.
- If a payment has already been made that invoice will not be listed as an option to pay online.
- For Renewal invoices: all deductible options available are listed. It defaults to the current selection. If the insured desires a different deductible, you may change it at this point.  
\*Note\* the insured will still need to sign the renewal offer (or a change request form) confirming this adjustment.

\*Note\* Insureds will be directed to their servicing agent if they contact AIUA to make a payment.

# Acknowledgement Form

Please complete, sign & return this form to [producer@aiua.org](mailto:producer@aiua.org).

AIUA Agent Number: \_\_\_\_\_  
(if New Agency Application can leave blank)

Agency Name: \_\_\_\_\_

Producer Name: \_\_\_\_\_

I understand that by signing this acknowledgement form I have been provided and read this AIUA Resource Guide AND the additional resources found on [www.aiua.org](http://www.aiua.org).

Henceforth, I will refer to this guide as needed for future use prior to contacting AIUA. Should I contact AIUA with a question that can be answered within this guide, available online at [www.aiua.org](http://www.aiua.org), or in the Agent Portal my agency may be issued a warning that could result in termination of the Producer's Access Agreement.

Furthermore, if I provide my AIUA assigned credentials to an unauthorized user the agency will be subject to additional warnings that may result in termination of the Producer's Access Agreement.

Signed \_\_\_\_\_

Date \_\_\_\_\_