



Users Guide

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ePPS INTRODUCTION

The ePPS system was designed to quote and issue Compulsory Insurance business for Guardian Insurance Company. This document is created as a user guide and will provide basic explanation on how to navigate the system thru the different screens and options. The main purpose of ePPS is to provide our sales task force with a tool able to quote compulsory insurance in an application build with a user friendly interface. ePPS is easy to navigate and will store the information in one single database.

COMPUTER REQUIREMENTS

The system will need an internet connection and a browser installation. It was tested using Microsoft Explorer version 11 or above and Chrome version 55 or above. The URL to access the system is:

<https://epps-test.guardianinsurance.com>

ePPS WELCOME

Each user will be provided with an authentication login account, to access the system. The user and password will be provided during the training session.



Sign In

Username

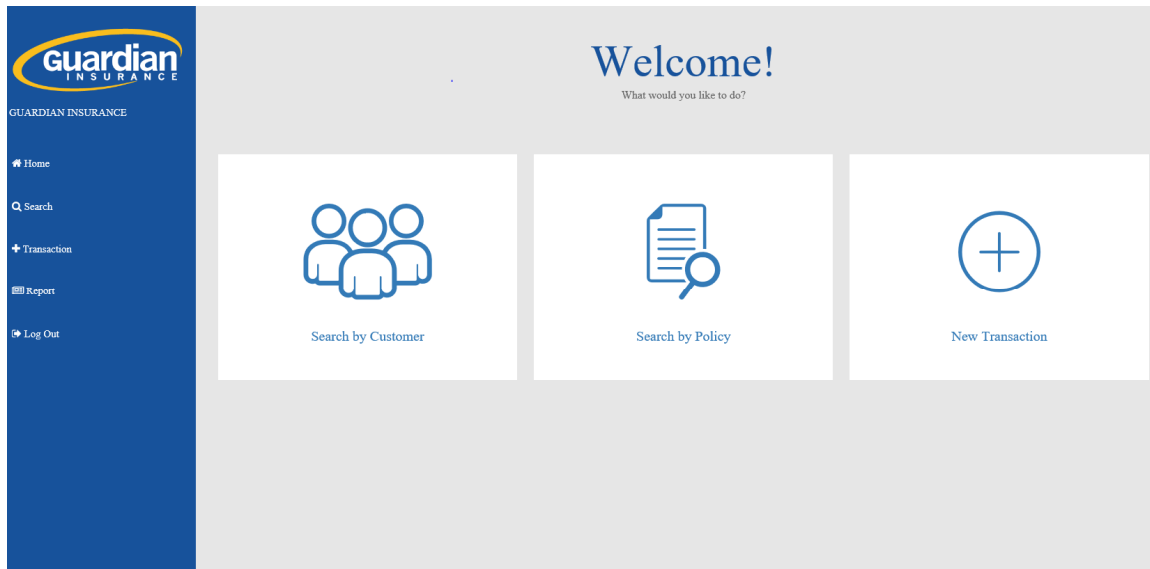
Password

SIGN IN



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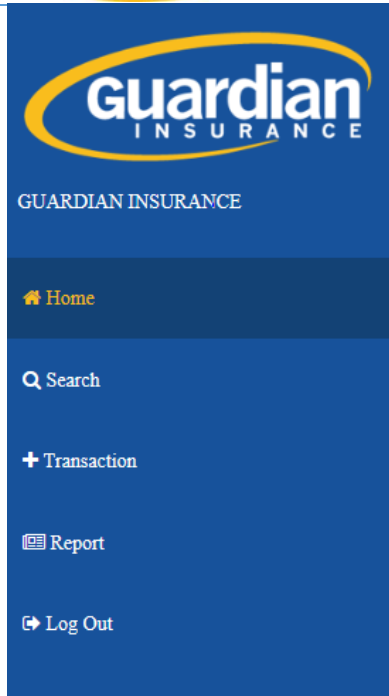
Once the user and password is entered and validated, you can access ePPS Home screen. From this screen you can select which option to work with.



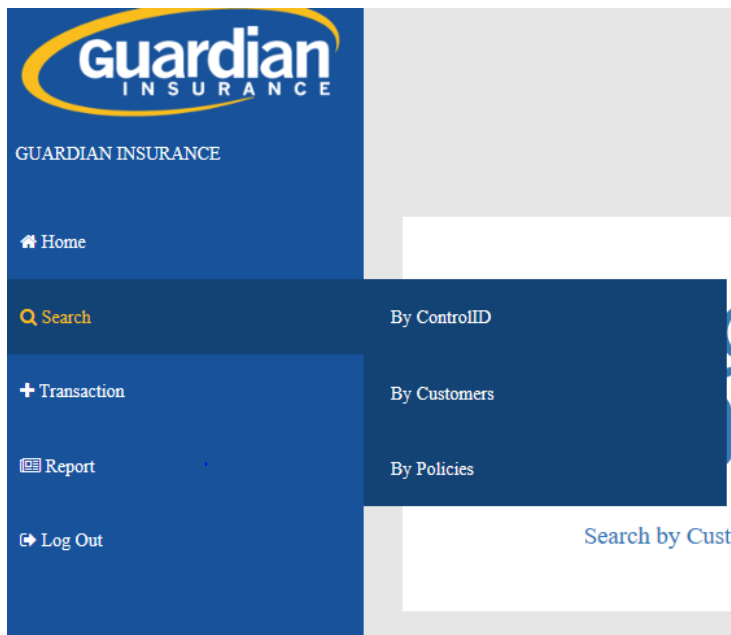
The WELCOME screen contains the fast path icons to access Customers Information, Policy Information or create a New Transaction, which in other words, is to start a New Quote.

Also the Welcome screen contains a left panel menu to navigate across the system.

The left panel Menu contains the following options:



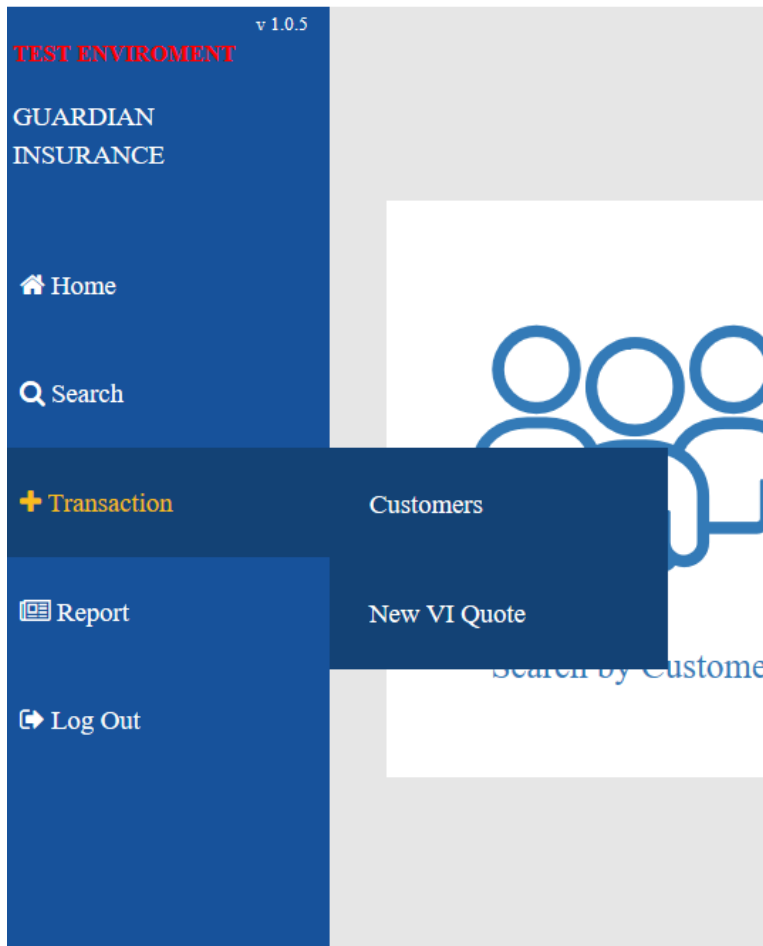
HOME : takes you back to the Welcome Screen



The “**SEARCH**” Option allows the user to select a field to search for by:

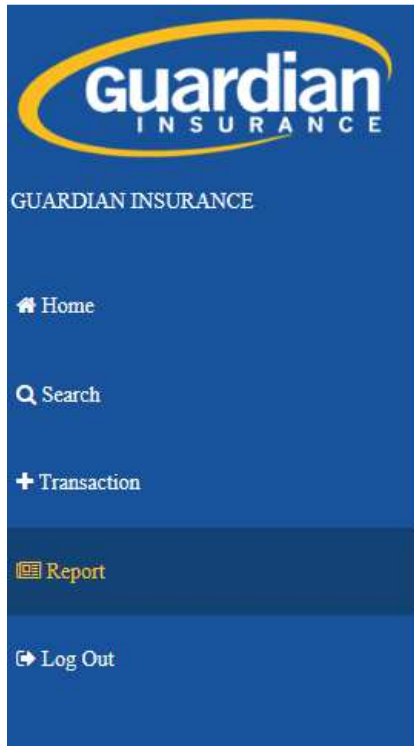
1. Control ID, which is the Quote Number.
2. Customer, entering the customer information.
3. Policy or line of business.

The **“Transaction Option”** allows the user to create a new transaction, it could be a new customer or a new quote for a new customer.





The **“Report Option”** allows the user to create different kinds of reports, which will be discussed in the Report Section.



The Report option, will lead the user to the Reports screen.

HOW TO START WORKING WITH ePPS

The best way to start working with ePPS is searching for our customer. The user will select **“Search By Customer”** in the left panel, or from the Home Screen will select **“Search By Customer”** button.

Immediately the Search Screen appears:



GUARDIAN INSURANCE

[Home](#)
[Search](#)
[Transaction](#)
[Report](#)
[Log Out](#)

Search Customer

Search By:

Client No

CLIENT NUMBER

First Name

FIRST NAME

Last Name

LAST NAME

Phone

() - -

License

LICENSE

Date of Birth

/ /

SEARCH

CLEAR

Total Cases:

When pressing the Search button, the system will display a list of all the customers pertaining to that user from his/her specific agency or branch.

Search By:

SEARCH FIELDS

Client No

CLIENT NUMBER

First Name

FIRST NAME

Last Name

LAST NAME

Phone

() - -

License

LICENSE

Date of Birth

/ /

SEARCH

CLEAR

Total Cases: 19

12 Pages of data

Please note the number of pages of the list at the bottom of the screen. You can move from page 1 to page 2 to any page by clicking the page number.



To search for a specific customer, a minimum of three fields have to be filled in order to get a successful result. Then press the SEARCH button.

The screenshot shows the 'Search Customer' page of the Guardian Insurance system. On the left is a blue sidebar with the Guardian Insurance logo and navigation links: Home, Search, Transaction, Report, and Log Out. The main content area has a header 'Search Customer'. Below the header, there is a search form with a 'Search By:' label and a message: 'A minimum of 3 fields must be entered for the search.' The form contains several input fields: 'Client No' (CLIENT NUMBER), 'First Name' (JOHNNY), 'Last Name' (BLASE), 'Phone' (with a placeholder '() - - - -'), 'License' (LICENSE), and 'Date of Birth' (11/28/1999). To the right of the form are two blue buttons: 'SEARCH' and 'CLEAR'. At the bottom left of the main area, it says 'Total Cases:'.

A basic customer screen will be displayed showing basic customer information.

The screenshot shows the 'Customer' page of the Guardian Insurance system. On the left is the same blue sidebar as in the previous screenshot. The main content area has a header 'Customer'. Below the header, there are four blue buttons: 'ADD CUSTOMER', 'EXIT', 'New Auto VI', and 'NEW APPLICATION'. Below these buttons, it says 'Individual Client: 100636'. The main section is titled 'CUSTOMER INFORMATION' and contains a form with the following fields: 'First Name' (JOHNNY), 'Last Name' (BLASE), 'Gender' (Male), 'Birthdate' (11/28/1999), 'Age' (17), 'License' (CT12345), 'Home Phone' (with a placeholder '() - - - -'), 'Work Phone' (with a placeholder '() - - - -'), 'Cellular' (840) 555-5555, and 'Company' (empty).

ADD CUSTOMER

This button allows us to add a new and different customer to our database.




New Auto VI ▾

This button shows the line of business we are working with. For now it's only Auto VI.

NEW APPLICATION

If you select New Application, the system will display the New Quote screen, to start working a new quote with this customer.

To search for a customer for whom the user had previously prepare a quote, application or issued a policy , a minimum of three fields have to be filled and again press the SEARCH button. This time a complete customer screen will be displayed, with more information and more options.


GUARDIAN INSURANCE

[Home](#)
[Search](#)
[Transaction](#)
[Report](#)
[Log Out](#)

Search Customer

Search By:

Client No

CLIENT NUMBER

First Name

FIRST NAME

Last Name

JAMES

Phone

(340) 555-5555

License

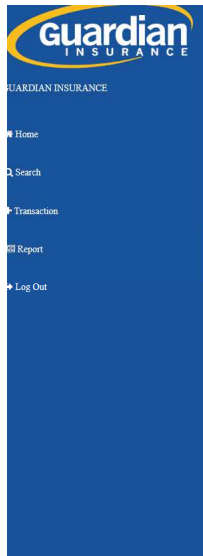
LICENSE

Date of Birth

__/__/__

SEARCH

CLEAR



Customer

[ACTIVITY](#)[ADD CUSTOMER](#)[MODIFY](#)[EXIT](#)[New Auto VI](#)[NEW APPLICATION](#)

Individual Client: 10063

CUSTOMER INFORMATION

First Name

JOHN

Last Name

JAMES

Gender

Male

Birth Date

10/25/1965

Age

51

Marital Status

Married

License

CI12345

Home Phone

(303) 555-5555

Work Phone

(303) 555-5555

Cellular

(303) 555-5555

E-mail

JAMES@GIC.COM

Originated At

CENTRAL OFFICE

Agent Assigned

GUARDIAN INSURANCE - ST. THOMAS OFFICE

Company

CUSTOMER ADDRESS

Postal Address

*Address1

PO BOX 9109

**Address2

City

ST. THOMAS

State

VI

Zip Code

00801

☐ Same as postal

Physical Address

Address1

9716 EST. THOMAS

Address2

City

ST. THOMAS

State

VI

Zip Code

00802

COMMENTS

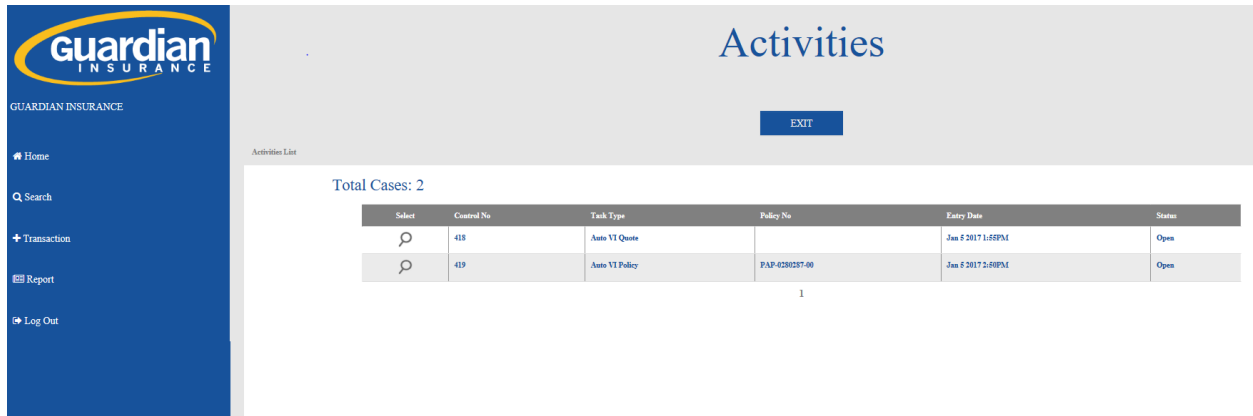
This customer screen contains the same functionalities of the basic screen and more. For instance,

The Activity Button, leads you to all the quotes and policies issued to this customer by the agency.

The Modify button, let you modify any field in the screen that was entered incorrectly or has to be modified.

10

When you press the **“Activity”** option the screen shown below is displayed.





Activities

EXIT

Activities List

Total Cases: 2

Select	Control No	Task Type	Policy No	Entry Date	Status
	418	Auto VI Quote		Jun 5 2017 1:55PM	Open
	419	Auto VI Policy	PLAP-0280287-00	Jun 5 2017 2:00PM	Open

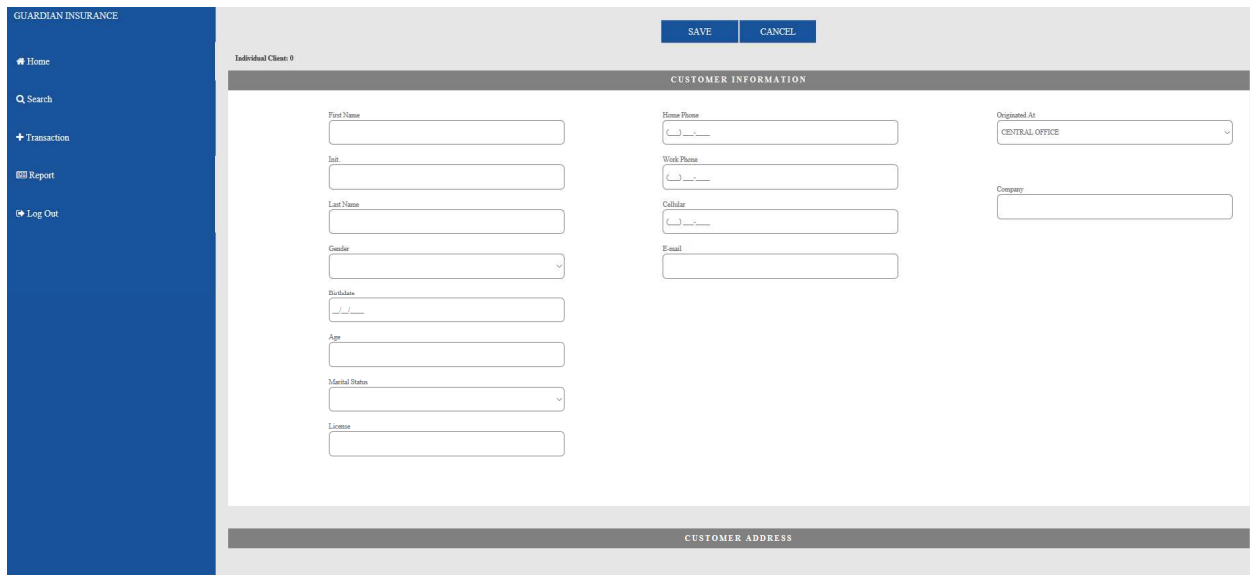
1

In this screen is where you can access a quote information or the policy information for this customer.

HOW TO ENTER A NEW CUSTOMER

Customer information will be stored in the system at all times. It is important to enter all the fields of information available in order to create a complete record of the customer.

A new customer will be entered by pressing **“Transaction”** at the left panel menu, and selecting **“Customer”**. The following screen will appear.



CUSTOMER ADDRESS			
<p><small>*Address 1 (City, Cantão, Rua, Bairro, Cep) (OBRIGATORIO) **Address 2 (Rua, Número, Complemento, Bairro, Cep) (Opcional)</small></p> <p>Postal Address</p> <p>*Address1</p> <input type="text"/> <p>**Address2</p> <input type="text"/> <p>City</p> <input type="text"/> <p>State</p> <p>PR</p> <p>Zip Code</p> <input type="text"/>	<p><small>Nome do postal</small></p>	<p>Physical Address</p> <p>Address1</p> <input type="text"/> <p>Address2</p> <input type="text"/> <p>City</p> <input type="text"/> <p>State</p> <input type="text"/> <p>Zip Code</p> <input type="text"/>	

SAVE	Saves the customer information entered, so it can become available immediately.
-------------	---



NEW QUOTE

As mentioned earlier, there are 2 ways to access the new transaction screen; through the New Transaction button in the Welcome Screen or using the left panel menu, and hovering across the word transaction and selecting New VI Quote.



New Transaction



The new quote screen follows:



First of all, the screens contains 4 sections that are defined with gray bars: **Client Information, Vehicle Information, Limits and Deductibles and Additional Coverages**. The information appears when pressing the bar of each section.

Client Information:

The user can start entering the customer information. Fields that are labeled in **RED** are **Required Fields** and **MUST** be entered. If the user fails to enter a required field, the system will display an error.

Fields that have a data box symbol, contains predefined values for that field. The user must select a value from the list provided.



Note this screen contains at the upper left side an Auto Quote Control : 0. This field will be updated with the Quote number after saving the quote.

Below there is an important check box :

☐ Is Business Auto Quote

This box has to be checked for Commercial Policies and also for Motorcycles and Scooters.

Also the right column of the screen contains important questions that must be answered before proceeding working with the quote.

Status Quote

☐ Company

For Commercial Business the check box for company must be checked, and the Company Name must be entered in the field provided.

Any additional drivers?

☐ Yes ☒ No

If there are additional drivers, check the YES box, so the drivers information can be entered.

Has Applicant's or any other Operator's license been suspended or revoked?

☐ Yes ☒ No

Has applicant or any operator been cited or fined for any motor vehicle moving violation?

☐ Yes ☒ No

Did it involve an accident?

☐ Yes ☒ No

Any accidents or losses within last 3 years?

☐ Yes ☒ No

How many years with no claims?

☐ 1 year ☐ 2 years ☒ 3 years or more

All the questions must be revised and answered.

Additional Driver:

Any additional drivers?

☒ Yes ☐ No



DRIVERS INFORMATION

Name	Gender
<input type="text"/>	<input type="text" value="v"/>
Last Name	Marital Status
<input type="text"/>	<input type="text" value="v"/>
Date of Birth	
<input type="text" value="___/___/___"/>	
Age	
<input type="text"/>	

ADD DRIVER

CANCEL

In this screen the user must enter the drivers information, then click the “**ADD DRIVER**” button. The system will store this information in the quote.

VEHICLE INFORMATION

LIMITS & DEDUCTIBLES

ADDITIONAL COVERAGES

If you click in the “**Vehicle Information**” gray bar; the fields regarding this section will be displayed. Again fields that are labeled in **RED** are required fields and must be entered, in order to go on with the process. In this screen you will be selecting the vehicle year, vehicle make, vehicle model, island, vehicle use, insured value (if applies) and VIN number. License plate and Loss payee must be entered if the data is available. (See screenshot below).



VEHICLE INFORMATION

Is this a Motorcycle / Scooter?

☐ Yes

☒ No

Vehicle Year

Vehicle Make

Vehicle Model

Island

Vehicle Use

Insured Value

VIN #

License Plate#

Loss Payee

Our next section is “**Limits & Deductibles**” that corresponds to that vehicle just entered. Click on the “**Limits and Deductibles**” gray bar and the information will be displayed. The user can select if the vehicle will include Medical Payment Coverage.

LIMITS & DEDUCTIBLES

BI Limit

\$10,000/\$20,000



PD Limit

\$10,000

Comp & Coll Deductible

\$250/\$500



MP Limit

☒ Yes

☐ No

\$1,000/\$5,000

Our last section belongs to “**Additional Coverages**”. Click on the gray bar to open it and then select



between the available additional coverages. Among them are Accidental Death & Dismemberment, Rental Reimbursement and Uninsured Motorist.

ADDITIONAL COVERAGES

Accidental Death & Dismemberment
☐Yes ☒No

Rental Reimbursement
☐Yes ☒No

Uninsured Motorists
☐Yes ☒No

ADD VEHICLE CANCEL

Total Premium
\$.00

SAVE QUOTE

Once the vehicle information is entered, the user can Add the vehicle by pressing the Add Vehicle Button.

ADD VEHICLE	Add the vehicle to the quote. After pressing this button, premium is calculated and you can proceed to add another vehicle or save the quote.
SAVE QUOTE	This button will save the quote, an Auto Quote control number will be assigned for future references. This number will be displayed at the top left corner of the screen.



After saving the quote, a list of the vehicles entered for this quote will be displayed at the bottom of the screen. Also, new icons will appear for new options. For instance, a PREVIEW button will generate a PDF of the policy quote.

Modify	Vehicle Year	Vehicle Make	Vehicle Model	VIN	License Plate #	Comprehensive	Collision	BI	PD	MP	Motorist	AD-D	Rental Reim.	Total Premium	Delete
<input type="checkbox"/>	2015	AUDI	A8	YUUKJH67890OIU78		\$990.00	\$1,485.00	\$138.00	\$139.00	\$38.00	\$80.00	\$25.00	\$0.00	\$2,895.00	<input type="checkbox"/>

Total Premium

\$ 2,058.00

QUOTE PREVIEW



PO Box 9109
St. Thomas, USVI 00801
Phone: (340) 776-8050
Fax: (340) 774-8830

AUTO QUOTE													
QUOTE NUMBER: 463			Producer: GUARDIAN INSURANCE - ST. THOMAS OFFICE						1/18/2017				
INSURED INFORMATION													
Insured			IVAN RODRIGUEZ				Entry Date		01/18/2017				
			Email				IRODRIGUEZ@GMAIL.COM						
DRIVER(S) INFORMATION													
Driver	Name	Birthdate	Age	Marital Status	Gender	Phone							
1	IVAN RODRIGUEZ	11/30/1971	45	Married	Male	(340) 888-6666							
AUTO INFORMATION													
Vehicle	Make	Model	Year	VIN	Value	Territory							
1	AUDI	A8	2015	YUUKJH67890OIU78	\$45,000	St. Thomas							
DEDUCTIBLES													
Vehicle	Comprehensive	Collision	Bodily Injury	Property Damage	Medical	AD&D							
1	\$1,000	\$1,500	\$10,000/\$20,000	\$10,000	\$1,000/\$5,000	\$5,000							
PREMIUM/BREAKDOWN													
Vehicle	Coll.	Comp.	BI	PD	Medical	Motorist	AD&D	Rental Reim.	Taxi Loss	Traffic Violation Surcharge	Under Age Surcharge	Other Surcharges	Total Premium
1	\$1,485	\$990	\$138	\$139	\$38	\$80	\$25	\$0	\$0	\$0	\$0	\$0	\$2,895
PREMIUM												\$2,895	
CHARGE												\$0	
Discounts												\$837	
TOTAL												\$2,058	
Prepared By													GUARDIAN INSURANCE



MODIFY QUOTE

Before accepting a quote, the user should verify it and if any change is needed, it has to be modified.

So we search for the quote (Control Id), and when the quote is displayed in the screen, we have different options that we can work with. For instance,

Auto VI

MODIFY QUOTEACCEPT QUOTESAVE QUOTEPREVIEWEXIT

Auto Quote Control ID: 463

CLIENT INFORMATION

☐ Is Business Auto Quote

First Name

Init

Last Name

Marital Status

Driver's Licence #

Gender

Date of Birth

Email Address

Home/Mobile

Alternate Phone Number

Status Quote

☐ Company

Any additional drivers?

☐ Yes ☒ No

Has Applicant's or any other Operator's license been suspended or revoked?

☐ Yes ☒ No

Has applicant or any operator been cited or fined for any motor vehicle moving violation?

☐ Yes ☒ No

Did it involve an accident?

☐ Yes ☒ No

Any accidents or losses within last 3 years?

☐ Yes ☒ No

How many years with no claims?

☐ 1 year ☐ 2 years ☒ 3 years or more

MODIFY QUOTE

When pressing this button, any field in the client information can be updated.

If the user wants to update any field or coverage regarding any vehicle entered, please follow these steps:

1. Search for the quote
2. Press the “**Modify**” quote option
3. Scroll the screen to select a vehicle and check on the “**Modify Box**” of that vehicle we want to modify. When the Modify mode is ON, the borders turn **RED**.



Modify	Vehicle Year	Vehicle Make	Vehicle Model	VIN	License Plate #	Comprehensive	Collision	BI	PD	BP	Medical	AD-D	Rental Reim.	Total Premium
<input type="checkbox"/>	2015	AUDI	A8	YUUKJH67890IU78		\$990.00	\$1,485.00	\$138.00	\$139.00	\$38.00	\$80.00	\$25.00	\$0.00	\$2,895.00

Total Premium
\$ 2,895.00

Then you can “**Open the Vehicle Information Section**” of that Vehicle and update the information. You can open any section pertaining to that vehicle and update it as well. Note that in the screen below the **Modify Mode is ON**.

VEHICLE INFORMATION

MODIFY MODE: ON
Is this a Motorcycle / Scooter?

☐ Yes ☒ No

Vehicle Year

2015

Vehicle Make

AUDI

Vehicle Model

A8

Island

ST. THOMAS

Vehicle Use

PRIVATE

Insured Value

45000

VIN #

YUUKJH67890IU78

License Plate#

Loss Payee

Once you finish updating the vehicle information you can Save the work in **TWO STEPS**:

Save Vehicle

First SAVE the Vehicle Information that has been updated.

SAVE QUOTE

SECOND STEP is to SAVE the Quote.

If the information entered in the quote is completed, we can move forward and “**Accept the Quote**”.

ACCEPT QUOTE

The next step after the quote is accepted is to complete the application information.



APPLICATION INFORMATION

The user starts completing the application information by entering the insured mailing and physical address. The fields will be displayed in the Client Information section. See the screenshot below.

Please note that between the mailing address and the physical address there is a checkbox that must be checked if both addresses are the same:

☒ Same as Mailing

☐ Business Auto Quote

First Name IVAN	Gender MALE	Status Application <input type="checkbox"/> Company
Init 	Date of Birth 11/30/1971	Any additional drivers? <input type="radio"/> Yes <input checked="" type="radio"/> No
Last Name RODRIGUEZ	Email Address IRODRIGUEZ@GMAIL.COM	Has Applicant's or any other Operator's license been suspended or revoked? <input type="radio"/> Yes <input checked="" type="radio"/> No
Marital Status MARRIED	Home Mobile (340) 888-6666	Has applicant or any operator been cited or fined for any motor vehicle moving violation? <input type="radio"/> Yes <input checked="" type="radio"/> No
Driver's License # 8523698	Alternate Phone Number (area) area-xxxx	Did it involve an accident? <input type="radio"/> Yes <input checked="" type="radio"/> No
		Any accidents or losses within last 3 years? <input type="radio"/> Yes <input checked="" type="radio"/> No
		How many years with no claims? <input type="radio"/> 1 year <input type="radio"/> 2 years <input checked="" type="radio"/> 3 years or more

Mailing Address	<input type="checkbox"/> Same as Mailing	Physical Address
Address		Physical Address
Address #2		Physical Address #2
City ST. THOMAS State VI		City ST. THOMAS State VI
ZIP Code		ZIP Code

For the Application there's also a new section "Application Information". The user must verify the effective date of the policy. Backdates will not be accepted.

APPLICATION INFORMATION	
Effective Date 01/18/2017	Policy Number PAP 00
Expiration Date 01/18/2018	Agent GUARDIAN INSURANCE - ST. THOMAS OFFICE



Also note that the Policy Number field is empty. This field will be updated once the Dec Page is issued.

After entering the insured address and effective date, the application has to be SAVE and a PDF will be generated. This can be accomplished by pressing the **SAVE APPLICATION** and **PRINT APPLICATION** options.



The Guardian Building
P.O. Box 9109
St. Thomas, U.S. Virgin Islands 00801
Telephone (340) 776-8050 • Facsimile (340) 774-8830

Application For Insurance

Name of Applicant		Mailing Address		Residence Address	
IVAN RODRIGUEZ		9716 ESTATE THOMAS STE 200 ST. THOMAS, VI 00802		9716 ESTATE THOMAS STE 200 ST. THOMAS, VI 00802	
Policy Effective: 01/18/2017 Policy Expiration: 01/18/2018 At 12:01 AM		Work Phone:		Email: IRODRIGUEZ@GMAIL.COM Cell Phone: (340) 888-6666	
Vehicle Description and VIN		Limits: BI Per Pers/BI Per Acc/PD Per Acc		Ded: Comp/Coll	Value
Additional Interest/Loss Payee(if any)		Additional Coverages			Premium
2015 - AUDI - A8	YU1KJH678900IU78	\$10,000/\$20,000/\$10,000 Uninsured Motorist/Accidental Death & Dismemberment		Ded: \$1,000/\$1,500	\$45,000 \$2,895
Premium Including Schedule of Vehicles				Total Discounts	Total Premium
				\$2,895	(\$837) \$2,058.00
ANSWER EACH OF THE FOLLOWING QUESTIONS					
1. A. Has applicant or any operator been cited or fined for any motor vehicle moving violation? If "Yes", Give Full Details				YES	NO
B. Did it involve an accident? If "Yes", Give Full Details					X
2. Has applicant's or any other operator's license been suspended or revoked? If "Yes", Give Full Details					X
ADDITIONAL COVERAGES ("X" MEANS INCLUDED)					
<input type="checkbox"/> Rental Reimbursement Coverage: (Insured only) This coverage will provide Rental Cost Reimbursement that you incur in the event of damage or loss to a "Covered Vehicle" that is not drivable. This coverage will pay \$40 per day for a maximum of 30 days not to exceed \$1,200 for rental expenses incurred by the insured. Additional cost: \$75 per vehicle					
<input checked="" type="checkbox"/> Uninsured Motorist Coverage: This covers an insured involved in a collision with a driver who does not have liability insurance. The limits are \$10,000/20,000 per person per accident for Bodily Injury. No Physical Damage. Additional Cost: \$80 per vehicle.					
DEPRECIATION ("X" MEANS UNDERSTOOD AND AGREED)					
<input checked="" type="checkbox"/> You have purchased an insurance policy that insures your vehicle for its Actual Cash Value (defined as Replacement Cost less Depreciation). This means that at the time of loss your claimed loss will be evaluated on the basis of the cost of new parts, less reasonable depreciation, and less deductible.					
EXCLUSION OF DRIVERS UNDER TWENTY-SIX YEARS OF AGE					
This endorsement, effective 01/18/2017 forms a part of the attached Application for Insurance issued to by Guardian Insurance Company, Inc. It is agreed that the insurance afforded by this policy shall not apply with respect to any claim or loss arising from accidents which occur while any automobile is being operated by any person who has not attained the age of twenty-six years. It is agreed, however, that this exclusion shall not apply to the following persons, who are expressly covered under this policy:					
Driver Name			Date Of Birth		
READ BEFORE SIGNING					

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

THE INFORMATION GIVEN IN THIS APPLICATION FOR INSURANCE IS THE BASIS UPON WHICH THE COMPANY WILL ISSUE THE POLICY, AND WILL BE AN INTEGRAL PART OF THE POLICY AS A WARRANTY TO THE EXTENT THAT IF ANY OF THE QUESTIONS ARE ANSWERED FRAUDULENTLY, OR IN SUCH A WAY AS TO CONCEAL OR MISREPRESENT ANY MATERIAL FACT THEREOF, THE ENTIRE POLICY SHALL BE VOID IN ALL ITS PARTS. THE INSURANCE AFFORDED HEREIN DOES NOT COVER ANY ACCIDENTS OR CLAIMS THAT OCCURRED ON OR BEFORE THE SIGNING OF THIS DOCUMENT.

I HEREBY WARRANT THAT I AM A DULY AUTHORIZED MOTOR VEHICLE OPERATOR AND THAT THE ABOVE DECLARED STATEMENTS ARE TRUE AND THAT I HAVE NOT WITHHELD ANY INFORMATION REQUIRED IN THIS APPLICATION.



ISSUE POLICY

It is important to understand that the application can be modified before issuing the policy.

Once the policy is issued, the system will not allow any modifications to that record.

In the same screen, once the Application is saved and printed the ISSUE POLICY option is displayed.

Auto VI

MODIFY APPLICATIONISSUE POLICYPRINT APPLICATIONEXIT

Auto Quote Control ID: 463

CLIENT INFORMATION

☐ In Business Auto Quote

First Name

IVAN

Init

Last Name

RODRIGUEZ

Marital Status

MARRIED

Driver's Licence #

8523698

Gender

MALE

Date of Birth

11/30/1971

Email Address

RODRIGUEZ@GMAIL.COM

Home Mobile

(340) 888-6666

Alternate Phone Number

(###) ###-####

Status Application

☐ Company

Any additional drivers?

☒ Yes ☐ No

Has Applicant's or any other Operator's license been suspended or revoked?

☐ Yes ☒ No

Has applicant or any operator been cited or fined for any motor vehicle moving violation?

☐ Yes ☒ No

Did it involve an accident?

☐ Yes ☒ No

Any accidents or losses within last 3 years?

☐ Yes ☒ No

How many years with no claims?

☐ 1 year ☒ 2 years ☐ 3 years or more

Mailing Address

Address

9716 ESTATE THOMAS

☒ Same as Mailing

Physical Address

Physical Address

9716 ESTATE THOMAS

ISSUE POLICY

This option will generate a Declaration Page for the policy. Also a policy number will be assigned and the insured data will be send to PPS among all the vehicles and coverages information.



POLICY INFORMATION

Effective Date
01/18/2017

Expiration Date
01/18/2018

Policy Number
PAP 0280295 00

Agent
GUARDIAN INSURANCE - ST. THOMAS OFFICE

The ISSUE POLICY Option will be replaced with a **“PREVIEW”** button, to be able to create the Dec page in PDF Format.

Auto VI

SAVE POLICY

PREVIEW

REPRINT APPLICATION

EXIT

Auto Quote Control ID: 464

CLIENT INFORMATION

☐ Is Business Auto Quote

First Name

IVAN

Init

Last Name

RODRIGUEZ

Marital Status

MARRIED

Driver's Licence #

8523698

Gender

MALE

Date of Birth

11/30/1971

Email Address

IRRODRIGUEZ@GMAIL.COM

Home/Mobile

(340) 888-6666

Alternate Phone Number

(###) ###-####

Status Policy

☐ Company

Any additional drivers?

☒ Yes ☐ No

Has Applicant's or any other Operator's license been suspended or revoked?

☐ Yes ☒ No

Has applicant or any operator been cited or fined for any motor vehicle moving violation?

☐ Yes ☒ No

Did it involve an accident?

☐ Yes ☒ No

Any accidents or losses within last 3 years?

☐ Yes ☒ No

How many years with no claims?

☐ 1 year ☐ 2 years ☒ 3 years or more



The Guardian Building
P.O. Box 9109
St. Thomas, U.S. Virgin Islands 00801
Telephone (340) 776-8050 • Facsimile (340) 774-8830

Personal Auto Policy Declarations

Policy No.: PAP-0280295-00

Mailing Address	Physical Address	Customer:	Broker:
IVAN RODRIGUEZ 9716 ESTATE THOMAS STE 200 ST. THOMAS, VI 00802	9716 ESTATE THOMAS STE 200 ST. THOMAS, VI 00802	100662	GUARDIAN INSURANCE - ST. THOMAS OFFICE
Policy Period From 1/18/2017 To: 1/18/2018 at 12:01 a.m.			

Description of Auto(s) or Trailer(s)

AUTO	YEAR / MAKE / MODEL	VIN	SYMBOL	AGE
1	2015 / AUDI / A8	YUUKJH67890OIU78	PVT	2
The Auto(s) or Trailer(s) described in this policy is principally garaged at the above address unless otherwise stated.				

Coverage is provided where a premium and a limit are shown for the coverage.

Coverages	A. Liability			B. Medical Payments		C. Uninsured Motorist		D. Damage to your Auto		Total Premium Per Auto
	Bodily Injury		Property Damage					Collision Loss	Other Than Collision	
Limit of	each	each	each	each	each	each	each	Actual Cash Value minus		
Liability	person	accident	accident	person	accident	person	accident	Deductible	Deductible	
1 Limits	\$10,000	\$20,000	\$10,000	\$1,000	\$5,000	\$10,000	\$20,000	\$1,500	\$1,000	
Premium	\$138		\$139	\$38		\$80		\$1,485	\$990	\$2,870
Total Premium Auto		Other Coverages		Total Surcharges		Total Discounts		Total Premium		
\$2,870		\$25		\$0		(\$837)		\$2,058		

Endorsements made part of this Policy at this time of issue :
A117, GIC3, GIC17, GIC21, GIC30, PP03260886, Under26excl, GIC12, A4555, GIC20, GIC25, UIP248

Vehicle Number	Loss Payee Name
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Countersigned: January 18 2017


By

Marcus Westhoff
Authorized Signature

THIS DECLARATION PAGE WITH PERSONAL AUTO POLICY PROVISIONS OR POLICY JACKET AND PERSONAL AUTO POLICY FORM, TOGETHER WITH ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.




US VIRGIN ISLANDS AUTOMOBILE INSURANCE IDENTIFICATION CARD		
Company Number 100662	Insurance Company Name Guardian Insurance Company	ISSUE DATE 1/18/2017
Policy/Binder No. PAP-0280295-00	Effective Date 1/18/2017	Expiration Date 1/18/2018
Year 2015	Make/Model AUDI / A8	Vehicle Identification Number YUJKJH67890OIU78
Agency/Company GUARDIAN INSURANCE - ST. THOMAS OFFICE P. O. BOX 9109 St. Thomas VI, 00802		
Principal Insured IVAN RODRIGUEZ 9716 ESTATE THOMAS STE 200 ST. THOMAS VI, 00802		YUJKJH67890OIU78
COPY FOR THE DEPARTMENT OF MOTOR VEHICLES SEE IMPORTANT NOTICE ON THE REVERSE SIDE Fold Here		
THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND		
In case of accident : Report all accidents to your Agent or to Guardian Insurance Company as soon as possible. Obtain the following information 1. Name, telephone number, and address of each driver, passenger and witness 2. Name of Insurance Company and Policy number for each vehicle involved		

US VIRGIN ISLANDS AUTOMOBILE INSURANCE IDENTIFICATION CARD		
Company Number 100662	Insurance Company Name Guardian Insurance Company	ISSUE DATE 1/18/2017
Policy/Binder No. PAP-0280295-00	Effective Date 1/18/2017	Expiration Date 1/18/2018
Year 2015	Make/Model AUDI / A8	Vehicle Identification Number YUJKJH67890OIU78
Agency/Company GUARDIAN INSURANCE - ST. THOMAS OFFICE P. O. BOX 9109 St. Thomas VI, 00802		
Principal Insured IVAN RODRIGUEZ 9716 ESTATE THOMAS STE 200 ST. THOMAS VI, 00802		YUJKJH67890OIU78
COPY FOR THE INSURED'S VEHICLE - KEEP THIS COPY IN THE VEHICLE AT ALL TIMES SEE IMPORTANT NOTICE ON THE REVERSE SIDE Fold Here		
THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND		
WHAT TO DO AFTER A CAR ACCIDENT. Safe First. <ul style="list-style-type: none">Stay calm and call the police.Check for any injuries, request immediate medical assistance if required.Turn on your hazard light.Leave the vehicles where they came to rest. Do not move them unless instructed by a police officer.DO NOT argue with others involved , admit fault or discuss the accident with anyone except the attending police officer and your claims response representative. Collect Information. <ul style="list-style-type: none">Obtain names, addresses, phone number of driver, passenger and witnesses.Exchange insurance coverage information.Obtain name and badge number of the responding officer and ask for your report number and when and where you can obtain a copy of the accident report. CALL OUR CLAIMS DEPARTMENT as soon as you can, even from the scene, 340-776-8050. Have your registration and driver's license available. Once your claim report has been filed, you will receive a QUICK REFERENCE GUIDE (QRG) from Guardian Insurance Company which will give you details about how your claim will be processed. Be sure to ask about our quick check program to see if you qualify for a "Quick Check!"		

REPORTS

The user can generate different reports. The data included in the reports belong to the agency assigned to that user.

Just select **"Reports"** from the left panel Menu:



TEST ENVIRONMENT v 1.0.1

GUARDIAN INSURANCE

- Home
- Search
- Transaction
- Report
- Log Out

Reports

PRINT
EXIT

Report List

Line of Business
▼

Auto VI
▼

☒ Account Current Statement
☐ Renewals Report

☐ Policy Premium Written

Report Filter

Date Type
▼

Effective Date
▼

Date From
▼

📅

To
▼

📅

Agent
▼

GUARDIAN INSURANCE - ST. THOMAS OI
▼

Policy Type
▼

From this screen, the user will be able to select from three different reports, by filling the data in the screen to select by:

1. Line of Business
2. Entry date or
3. Effective date



Reports

[PRINT](#)[EXIT](#)

Line of Business

Auto VI

☐ Account Current Statement ☐ Renewals Report☒ Policy Premium Written

Report Filter

Date Type

Effective Date

Date From

11/01/2016

To

12/31/2016

Agent:

GUARDIAN INSURANCE - ST. THOMAS OI

Policy Type:

When selecting the PRINT option the report will be generated.

GUARDIAN INSURANCE - ST. THOMAS OFFICE		Policy Premium		1/18/2017		Page 1 of 1
P. O. BOX 9109 St. Thomas, VI 00802 (340) 776-8050		Effective Date: 11/01/2016		Guardian Insurance Company Inc.		
Insured Name	Policy	Customer No	Eff Date	LOB/Chg	Tran	Premium
GUARDIAN INSURANCE - ST. THOMAS OFFICE						
SECURITY STARS	BAP-0067714-00	100572	11/29/2016	AUTO	NBS	1,980.00
RAUL L RUIZ	PAP-0280269-00	100563	11/1/2016	AUTO	NBS	1,690.00
ERICK GONZALEZ	PAP-0280272-00	100596	12/20/2016	AUTO	NBS	4,415.00
TEST A AUTO	PAP-0280274-00	100601	12/21/2016	AUTO	NBS	854.00
ERICK GONZALEZ	PAP-0280276-00	100596	12/22/2016	AUTO	NBS	4,415.00
ERICK GONZALEZ	PAP-0280277-00	100596	12/22/2016	AUTO	NBS	4,415.00
ERICK GONZALEZ	PAP-0280278-00	100596	12/22/2016	AUTO	NBS	4,415.00
ERICK GONZALEZ	PAP-0280281-00	100596	12/29/2016	AUTO	NBS	4,415.00
						\$26,599.00
Total:						\$26,599.00

This report can be Export into an Excel, Word or PDF file format.