Forms Experts Program

Domain Name: Auto Insurance Application

Document Control Information

Document Information

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| Document Name | Forms Experts Output\_Forms Auto Insurance Application |
| Document Author | Ankita Reshu |
| Document Version | 1.0 |
| Date Released | 08/28/2013 |

Document Edit History

| Version | Date | Additions/Modifications | Prepared/Revised by |
| --- | --- | --- | --- |
| 1.0 | 08/28/2013 | Initial version | Ankita Reshu |
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1. Functional Domain

The form considered here is Auto Insurance Application.

2. Business Justification

This document consists of various sections in which values are entered through PAS by the AAA Agent based on the information the Applicant has supplied to the Agent.The information supplied by the Applicant will be used by the company to rate the policy and decide whether or not the policy be issued to the Applicant. Even at a later stage after policy is bound, there may be rescission or increase in premium if some information was misrepresented by the Applicant.

The Auto Insurance Application form is divided into the following sections page wise:

* 1st page
* Header
* Insured Information
* Agency Information
* Policy Information
* Driver, Family Member, and Resident Information
* Driving & Claim History
* Footer
* 2nd page
* Motor Vehicle Information
* Prior Carrier Information
* Policy Discount & Surcharge Information
* Footer

* 3rd page
* Underwriting Information
* Coverages, Premiums and Payment Plan Information
* Footer
* 4th page
* Printed only if policy has 4-6 vehicles
* Same info as Page 3 for the corresponding vehicles 4-6
* Footer
* 5th page
* Printed only if policy has 7-9 vehicles
* Same info as Page 3 for the corresponding vehicles 7-9
* Footer
* 6th page
* State Specific Notices
* Applicant's Statement; Company practices
* Footer

The header section calls out the branded company and underwritten by company name information.

Coverages,Premiums and Payment Plan Information is displayed for every vehicle on the policy with upto three vehicles on a page starting from page 3. A new page is added for every three vehicles. Total Vehicle Premium and the Total Policy Premium are also displayed in this section. The body of the form also calls out the payment plan options. The form number, Applicant name and page number are displayed on the footer.

At the end of the document there are signature lines for the Applicant, Parent/Legal Guardian (when NI is less than 18 years of age) and Producing Agent. When the Applicant goes through this Application and after verifying all the sections signs on the form, the policy is said to be bound or purchased. Hence we say that the Functional Area is “New Business”.

3. List of forms covered under the domain

| Form No. | State initials | Form Name |
| --- | --- | --- |
| AA11ID | ID | Idaho Auto Insurance Application |
| AA11DC | DC | District of Columbia Auto Insurance Application |
| AA11KY | KY | Kentucky Auto Insurance Application |
| AA11CT | CT | Connecticut Auto Insurance Application |
| AA11DC | DC | Delaware Auto Insurance Application |
| AA11NY | NY | New York Auto Insurance Application |
| AA11NJ | NJ | New Jersey Auto Insurance Application |
| AA11MD | MD | Maryland Auto Insurance Application |
| AA11PA | PA | Pennsylvania Auto Insurance Application |
| AA11WY | WY | Wyoming Auto Insurance Application |
| AA11MT | MT | Montana Auto Insurance Application |

4. Analysis of Business Requirements

## Common Requirements

| Form No. | Form Name | Form Description and its Business Use |
| --- | --- | --- |
| AA11\_ | Auto Insurance Application | @ Bind   * It explains all the available coverages with their limits of liability and premium in details * The Applicant gets a good idea about the discounts, surcharges and payment plan * The important sections are as listed below: * Header details, company address and phone number-based on forms specifications look up. * Insured, Agency and Policy information * Driver, Family member and Resident Information * Driving &Claim history * Motor Vehicle, Prior Carrier Information * Policy, Vehicle ,Driver discount and Surcharge information * Coverages, limits, Premium and Payment Plan Information * Underwriting Information * Applicant’s statement;Company practices section with Signature lines to be signed after understanding all terms mentioned in this section * Policy number, Applicant name and Footer number * Up to three vehicles may print on each page * Form number should include the state identifier. |

## State-specific Requirements (if any)

| Form No. | State initials | Form Name | Form Description / State specific deltas |
| --- | --- | --- | --- |
| AA11ID | ID | Idaho Auto Insurance Application | DELTA   1. License # format 2. Coverages 3. State Specific Notice 4. Policy Number format 5. Form Number |
| AA11DC | DC | District of Columbia Auto Insurance Application | DELTA   1. Relationship to Applicant 2. Marital Status 3. License # format 4. Policy Discount – No AAA motorcycle 5. Coverages 6. State Specific Notice 7. Policy Number format 8. Form Number |
| AA11KY | KY | Kentucky Auto Insurance Application | DELTA   1. Drivers who have rejected No- Fault (DR#) 2. State specific text above driver,family member and residet information 3. License # format 4. Military Defensive Driver Discount 5. Coverages 6. City tax, County tax, State tax (Kentucky Municipal premium taxes) 7. State Specific Notice 8. Form Number 9. Policy Number format |
| AA11CT | CT | Connecticut Auto Insurance Application | DELTA   1. License # format 2. Coverages 3. Form Number 4. Policy Number format |
| AA11DE | DE | Delaware Auto Insurance Application | DELTA  Marital Status   1. License # format 2. Driver discount – Travelink Car pool discount 3. Policy Discount – No AAA motorcycle 4. Coverages 5. State Specific Notice 6. Form Number 7. Policy Number format |
| AA11NY | NY | New York Auto Insurance Application | DELTA   1. Coverages 2. License # format 3. Form Number 4. Policy Number format 5. MVLE Fee (NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE) 6. Addition of Tier 7. Non-Owner policy not allowed in NY 8. SR22 not applicable for NY 9. Label for Driver discount and surcahrges 10. State specific text above driver,family member and residet information 11. Conviction date state 12. Label for Vehicle Surcharges 13. Policy discount – No AAA motorcycle 14. Specific requirements for display of "Total Premiums" |
| AA11NJ | NJ | New Jersey Auto Insurance Application | DELTA   1. State specific text above driver,family member and residet information 2. License # format 3. Conviction date state 4. [Limitation on Lawsuit] or [No Limitation on Lawsuit] 5. Coverages 6. Form Number 7. Policy Number format 8. PLIGA Fee (Property-Liability Insurance Guaranty Association (PLIGA)) 9. State Specific Notice |
| AA11MD | MD | Maryland Auto Insurance Application | DELTA   1. License # format 2. Coverages 3. State Specific Notice 4. Form Number 5. Policy Number format |
| AA11PA | PA | Pennsylvania Auto Insurance Application | DELTA   1. SR 22 N/A 2. License # format 3. State specific text above driver,family member and residet information 4. Conviction date state 5. Coverages 6. State Specific Notice 7. Form Number 8. Policy Number format 9. Coverages 10. Form Number 11. Policy Number format |
| AA11WY | WY | Wyoming Auto Insurance Application | DELTA   1. License # format 2. Coverages 3. Form Number 4. Policy Number format |
| AA11MT | MT | Montana Auto Insurance Application | DELTA   1. License # format 2. State Specific notice above driver, family member and resident information section 3. Coverages 4. State Specific Notice 5. Form Number 6. Policy Number format |

## Related Change Requests (if any)

| CR No. | CR Name | States Impacted | CR Description and its Business Use |
| --- | --- | --- | --- |
| CR 0463 | Resolve ADB issues | KY,DC,ID,CL | * ADB premium is to display in the veh 1 column for all drivers (if applicable) * Subtotal "All Vehicles" and "Total Vehicle Premium:" amounts must include ADB Premium |
| CR 0429 | DE App/Dec/Quote - Property Protection Coverage | DE | * Property Protection Coverage was updated to remove the premium $ display and instead say “INCL” (similar to Funeral Expense) on each document App,Dec and Quote. It will be included with PIP as opposed to being a separate coverage which it was initially thought to be. |
| CR0450 | Changes to text and requirements for NY Forms: Quote, Application, Declarations and Rating Information | NY | * As per the DOI instructions the references to Vehicle Loan/Lease,SR-22, Advance Shopping Discount, Unacceptable Risk Surcharge, and rescission for NSF of initial payment have to be removed from the NY forms.   The following changes have been made to the form AA11NY:   * + Remove ‘Vehicle Loan/Lease Protection’ under the ‘Coverages’ column displayed below ‘Towing and Labor’   + Remove ‘SR22 FEE(s)’ displayed below ‘NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE’ Remove |

5. Key Understanding of Design requirements, (form wise)

### System/UI Impact

| Page | Yes/No | Page Section |
| --- | --- | --- |
| Forms | | No | N/A | |
|  | |
| Documents | | Yes | Required to Bind Section  Default button selected is “Not Signed”  Document Always Available for Printing section  Default button is “Yes” | |
|  | |
| GODD | | Yes | Present in “Quote consolidated view” and “Policy consolidated view” | |
|  | |
| Related UW Rule/Task | | Yes | UW Rule 200040/Task 200040T related if Document value is “Not Signed” in “Required to Bind” section of ‘Documents Page’ | |
|  | |

### Impacted Stories

| Type | Story # |
| --- | --- |
| Form Content & Triggers | 880-080DC - Form Content and Triggers -Application for Auto Insurance |
| Documents Page | 880-830DC -Consolidated Form Stories - Documents Page   * 880-020DC - Documents Page - Field Validation - Documents available for printing section * 880-021DC - Documents Page - Field Validation - Documents required for bind section * 880-030DC - Documents Page - Continue Button Rules * 880-029DC - Tasks and Override Rules   580-028DC - Override Rules - Documents Page |
| GODD Page | 880-840DC Consolidated Form Stories - GODD Page   * 880-220DC - Documents appearing on GODD page * 880-221DC - Available documents-Business rules   880-100DC - Documents for the GODD Page - Application for auto Insurance |
| Forms Page | N/A |
| RFI | 880-860DC Consolidated Form Stories – RFI  880-060DC RFI - Application for Auto Insurance |
| Packet/Print Story | N/A |

### Signature Rules(if any)

* This is the only form where Voice signature is also applicable
* Signature of Parent/Legal Guardian is required only when Named Insured is less than 18 years of age
* Signature line for Producing Agent always remains blank and is not validated.

### Document Content and Applicable Triggers

* Always generated at Bind
  + 1. **Key pointers to keep in mind**
* The main deltas are license number format, coverages, application number, form number for each state, incident ,date, state specific notices.
* Label name on form template and application specification document should be in sync.
* Coverages vary from state to state. Please refer to the application specification document for exact deltas for each state.
* Auto Product Lookup should be referenced for the limits of liability of coverages, Relation to Applicant, Marital status fields.
* While creating VCs, all the information related to a delta coverage should be called out.
* Separate VCs should be written for coverages that are displayed on the application form based on a specific condition selected on the UI. Preconditions of this VC should be detailed enough providing all steps required to set the condition on UI

1. **Reference to Documents**

| Document Name | Document Description |
| --- | --- |
| [**https://ekmaaa.exigenservices.com/EKMWiki/index.php/880-080CL\_Document\_-\_(State)\_Application\_for\_Auto\_Insurance**](https://ekmaaa.exigenservices.com/EKMWiki/index.php/880-080CL_Document_-_(State)_Application_for_Auto_Insurance) | EKM link for CL documents |
| <https://ekmaaa.exigenservices.com/EKMWiki/index.php/Common_Library_Product> | EKM link for Auto Product Lookup for all states |

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