

# Let's Get Started

## TRAINING MANUAL

For agent/broker distribution only



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 GREATAMERICAN  
INSURANCE COMPANY

As the Accident & Health insurance division of Great American Insurance Company, we're committed to making the insurance process easy for everyone. To do this, we have taken a modern digital approach so we can get you what you need when you need it. We're making it fast and convenient to do business with us.

Great American Insurance Company, lead insurer of Great American Insurance Group, has protected Americans for more than 150 years and is rated "A+" (Superior) by AM Best.\* You can count on us to uphold the strong reputation of Great American Insurance Company and to continue to put the needs of our brokers and insureds first.

## How we can help you do more for your clients



Speed  
We know your time is valuable. That's why we've made our process as fast as possible. Get most quotes in just a few minutes and be on your way to bigger things.



Ease  
Less questions to answer. Less forms to fill out. Less paperwork to keep track of. We've simplified it all so you spend less time on A&H and more time on R&R. Plus, digital 24/7 convenience. So easy.



Service  
We know it's the most important thing we do and we know we have to do it right. That's why we're dedicated to providing exceptional service. Reach REAL people by phone or email. We're here to help.





# Getting Started

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Ready for an easier way of working? Welcome to your self-service portal for your Accident & Health insurance needs. We are excited to have you on board. **Please note:** We are always working to improve the features of our portal. We also have resources available for you at [gaig.com/AH](http://gaig.com/AH).

You can contact us at **1-800-475-2691** or by reaching out the following departments:

**Claims:** ClaimsTeam@getpomi.com

**Underwriting:** Underwriting@getpomi.com

**Broker Relations/Sales:** BrokerRelations@getpomi.com

## 1. Your Account

If you are already appointed with us, your account has automatically been created and will be shared with you via email after training. If you do not receive this email (please check your spam folder) or need additional information regarding your account, please contact us at [contact@getpomi.com](mailto:contact@getpomi.com). Information will be sent via email after you have completed training.

### Get Appointed

If you need to get appointed or make changes to your appointment, please visit [gaig.com/AH](http://gaig.com/AH) and fill out the form.

### Log in

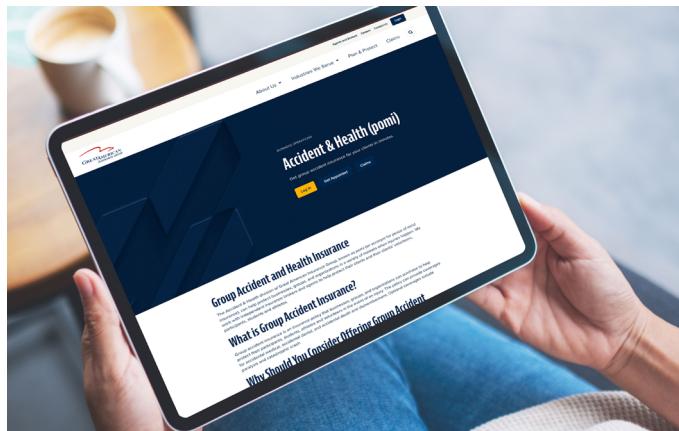
Using your account username and password, log in at [portal.getpomi.com](http://portal.getpomi.com). Here you can quote and bind Participant Accident policies, view upcoming renewals, and more.

**NOTE:** Currently, our portal supports Participant Accident policies for the following business categories: non-profits, daycares/pre-schools, summer/overnight/day camps, sports teams and leagues, after school activities, K12 school base and cat policies. If you need a quote for any other business class, please visit [gaig.com/AH](http://gaig.com/AH) and fill out the quote form.

# Getting Started (continued)

## **2. Gaig.com/AH**

Check out our website and learn about all of our Accident & Health policies and the businesses we service. Fill out the quote form for custom policies for businesses like K-12 schools, health clubs, gyms, collegiate, amateur, and more. Help your insureds with the claims process. Plus, review other helpful resources like downloadable marketing materials and forms or even schedule time to speak with us.



## **3. Contact Us**

We pride ourselves on providing exceptional service. We're here to make your jobs easier. Feel free to contact us.

**Main Office:** 300 E. Main Street, Suite 314 Charlottesville, VA 22902  
Phone: 1-800-475-2691

**General Inquiries:** [contact@getpomi.com](mailto:contact@getpomi.com)

**Tech Support:** [support@getpomi.com](mailto:support@getpomi.com)

**Broker Relations:** [brokerrelations@getpomi.com](mailto:brokerrelations@getpomi.com)

**Claims:** [claimsteam@getpomi.com](mailto:claimsteam@getpomi.com)

**Underwriting:** [underwriting@getpomi.com](mailto:underwriting@getpomi.com)

**Marketing & Communications:** [news@getpomi.com](mailto:news@getpomi.com)

# Your Account

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Use your account at [portal.getpomi.com](http://portal.getpomi.com) to get started.

Remember, for now, this portal only manages Participant Accident policies for the following business types:

- Non-profit organizations
- Daycares/Preschools
- Summer/Overnight/Day camps
- After School activities
- K-12 Schools
- Sports Teams and Leagues

To obtain information on A&H policies for other types of businesses,  
please use the Get a Quote form found on [gaig.com/AH](http://gaig.com/AH).

**Tools on [portal.getpomi.com](http://portal.getpomi.com):**

1. Dashboard view of all your Participant Accident pomi policies:
2. Quote and bind in just a few minutes
3. Amend an existing policy with endorsement workflow
4. Cancel policies
5. Renew policies



# Your Dashboard

When you first log-on, you will see your dashboard. This displays your most recent transactions. Think of it as an “at a glance” view. You are able to use the search tool to bring up specific policies you want more detailed information on. You can search by policy number or insured name. You can also filter the results by status: Active, Cancelled, Quoted, or Renewal Needed.

**NOTE:** Policies for New York must be referred.

Dashboard    New quote    Retrieve quotes and policies    Failed auto renewals    Contact us

Here's a look at all of your group accident business.

Get a quote

QUOTE NUMBER	POLICY NUMBER	GROUP NAME	DBA NAME	STATUS
				Please select

Active Transactions

Quote Number	Policy Number	Group Name	State	Status	Effective	Expiration
QG00SR	US34948 - 12/31- 8:55	KY	QuickQuote	12/31/2024	12/31/2025	
QH02KF	Noughton test 13	FL	Quoted	1/1/2025	1/3/2026	
SL1A42	Regression -Test126	IN	Quoted	1/3/2025	1/3/2026	
ASMP2J	Rogg-140	CA	Quoted	1/3/2025	1/3/2026	
RTUWAL	MTA - Sprint 42 - DEV	KY	Quoted	1/3/2025	1/3/2026	

Issued Policies

Quote Number	Policy Number	Group Name	State	Status	Effective	Expiration
RNG0OV	BSR MZ20093 - 00	US349428 - 12/31- 7:55	KY	IssueComplete	12/31/2024	12/31/2025
NH9D03	BSR MZ20091 - 00	US349428 - 12/30 - 7:29	KY	IssueComplete	12/31/2024	12/31/2025
9SPS94	KTT MC053316 - 01	Test Regression-142	TX	IssueComplete	1/3/2025	1/3/2026
N11SD2	BSR MH08409 - 00	UW questions authority test 13	KY	IssueComplete	4/10/2024	4/10/2025
07QH2C	BSR MH08408 - 00	UW questions authority test 13	KY	IssueComplete	4/10/2024	4/10/2025

Pending Renewals

Quote Number	Policy Number	Group Name	State	Status	Effective	Expiration
UEZ05K	NE - Short-Term (extension) test 4b	KY	Expired	1/1/2025	1/1/2026	

# New Business

Once logged in, select Get a Quote and enter client information in the required fields. When complete, select Continue. The Quote screen will provide three options for coverage. Select the desired plan.

Client Information

GROUP/ORGANIZATION NAME

DBA (PLEASE ADD LOWER CASE "DBA" BEFORE THE NAME)

ADDRESS

CITY  STATE  ZIP CODE

PLEASE ENTER UP TO TEN AFFILIATE (OPTIONAL)

IS THIS A TEST POLICY?  
 No  Yes

Risk Information

RISK CATEGORY

RISK CLASS

TOTAL NUMBER OF PARTICIPANTS  
 You must enter a number

(PLEASE ENTER AVERAGE ACTIVITY DURATION FOR RISK CLASS. (CLICK ON "?" TO ACCESS HELP.)

DO YOU WISH TO INCLUDE COVERAGE FOR A SECOND CLASS OF PARTICIPANTS?  
 No  Yes

HAVE THERE BEEN ANY LOSSES IN EXCESS OF \$500 IN THE PAST 3 YEARS?  
 Yes  No

QUOTE NUMBER: JUXF5K  
 QUOTE FOR: kelly test

Description of Covered Persons:  
 Class 1 All registered Camp participants of the Policyholder.

Description of Covered Activities:  
 Class 1 While participating in scheduled, sponsored and supervised activities of the Policyholder.

Coverage Options Available

Plan 1	Plan 2	Plan 3	
\$445.00	\$465.00	\$480.00	
Scope of Coverage	Excess	Excess	
Accidental Death Benefit	\$10,000	\$10,000	
Accidental Dismemberment Benefit	\$10,000	\$10,000	
Paralysis	\$0	\$0	NA
Aggregate Limit of Indemnity	\$250,000	\$250,000	\$250,000
Accident Medical Expense Benefit	\$25,000	\$50,000	\$100,000
Dental Maximum	\$500 Per Covered Accident	\$500 Per Covered Accident	\$500 Per Covered Accident
Inductible	\$0	\$0	\$0
Accident Medical Incurral Period	90 Days	90 Days	90 Days

# New Business (continued)

Now, you can download or email the quote(s) to share with your clients. If you need to make changes you can, then hit Update. If you're ready to bind the policy, select the preferred bill type (agent or direct bill), then select Bind Quote.

This screenshot shows a user interface for selecting a bill type. At the top, there are three buttons: "Download Quote (All Options)", "Email Quote Letter (Option Selected)" (which is highlighted with a blue border), and "Download Quote (Option Selected)". Below this is a "Bill Type Selection" section containing two buttons: "AGENCY BILL" and "DIRECT BILL" (which is also highlighted with a blue border). At the bottom, there are four buttons: "Copy/re-quote", "Notes", "Update", and "Bind Quote".

The following page will provide a summary of your quote and detail your selection coverage and billing details. Review and then hit Continue or Back to make changes.

This screenshot shows a quote summary page. At the top right, there are links for "Sign Out", "Dashboard", "New quote", "Retrieve quotes and policies", "Failed auto renewals", and "Contact us". The main content area is divided into sections: "QUOTE INFORMATION", "POLICY INFORMATION", and "CLIENT INFORMATION". Under "QUOTE INFORMATION", the quote number is JUXFSK, the quote date is 12/31/2024, and the quote status is QuickQuote. Under "POLICY INFORMATION", the program selection is Participant Accident, the effective date is 2/1/2025, and the expiration date is 2/1/2026. Under "CLIENT INFORMATION", the group/organization name is kelly test, the DBA is null, and the insured address is 300 E Main Street, Charlottesville, VA 22901. At the bottom, a message says "Please verify information is correct and hit continuo." followed by four buttons: "Back", "Copy/re-quote", "Notes", "Update", and "Continue" (which is highlighted with a blue border).



# New Business (continued)

Then you will see the Confirmation page. Congrats, your policy has been issued! From here, you will be able to download the Policy Pack, Policy Certificate and Agency Bill Invoice if applicable. An email will also be sent to your email address on file to confirm the new business policy has been issued. The email will contain a copy of the policy, certificate or invoice based off the state and billing choice. **Note:** Not all states get the certificate.

Congratulations, kelly test is now covered!

Your Policy **BSR MJ29951 - 00**

POLICY INFORMATION		SCHEDULE OF BENEFITS	MAXIMUM BENEFIT AMOUNT
Policy Number	BSR MJ29951 - 00	Scope of Coverage	Excess
Policy Effective Date	2/1/2025	Accidental Death Benefit	\$10,000
Policy Expiration Date	2/1/2026	Accidental Dismemberment Benefit	\$10,000
Described Location	300 E Main Street Charlottesville, VA 22911	Paralysis	NA
Billing Account Number	862829040	Aggregate Limit of Intemity	\$250,000
		Accident Medical Expense Benefit	\$100,000
		Dental Maximum	\$500 Per Covered Accident
		Deductible	\$0
		Accident Medical Incurral Period	90 Days
		Coinurance	100%
		Maximum Benefit Period	52 Weeks
		Travel To/From Sponsored Activities	No
		Total Premium	\$480.00

[Policy Pack BSR MJ29951 - 00](#)  
[Claim Manual BSR MJ29951 - 00](#)  
[My Billing Quick Card BSR MJ29951 - 00](#)

# Policy Updates



Once logged in, search the dashboard for the policy number or name of insured. Once found, select View to access the full policy information.

A screenshot of the pomi dashboard. At the top, there's a search bar with fields for "QUOTE NUMBER" (empty), "POLICY NUMBER" (MJJ62573), "GROUP NAME" (empty), "DBA NAME" (empty), and "STATUS" (Please select). Below the search bar is a "Find" button. The main area is titled "Policies" and shows three policy records in a table format. Each record includes a "View" and "Notes" button, and an "Upload documents" button. The columns are: Quote Number, Policy Number, Group Name, dba name, State, Status, Effective Date, Change Date, Created On, End Date, Renewal?, Premium, Agent, and Transaction Type.

Quote Number	Policy Number	Group Name	dba name	State	Status	Effective	Change Date	Created On	End Date	Renewal?	Premium	Agent	Transaction Type
INS220811T	2CSFN	BSR MJJ62573 - 00	Test Policy	dba name	OH	Future Dated Cancellation	3/6/2025	3/14/2025	March 6, 2025	Yes	\$1130.00	Ruth - Baker - Test Account	End
	YJB55C	BSR MJJ62573 - 00	Test Policy	dba name	OH	Issued	3/6/2025	3/14/2025	March 6, 2025	Yes	\$1130.00	Ruth - Baker - Test Account	End
	3EQSXH	BSR MJJ62573 - 00	Test Policy	dba name	OH	Issued	3/6/2025		March 6, 2025	No	\$905.00	Ruth - Baker - Test	New Business

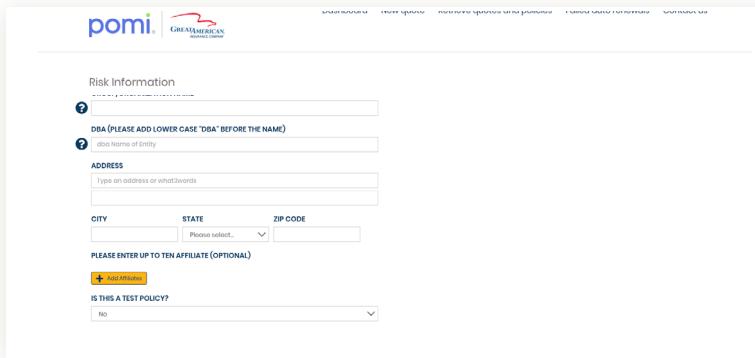
From this screen, you will be able to select from several actions. You can Cancel Policy, Renew Policy, Adjust Policy, Copy/Re-quote, View Documents, see Referral History and emails, Upload Documents or add Notes. The copy/re-quote option allows you to copy this account to a new quote and pulls all the information over. You can then adjust accordingly.

A screenshot of the pomi policy details page for policy number MJJ62573-00. The top navigation bar includes "Dashboard", "New quote", "Retrieve quotes and policies", "Contact us", and "Sign Out". The main content area is divided into sections: "POLICY INFORMATION", "SCHEDULE OF BENEFITS", and "MAXIMUM BENEFIT AMOUNT".

POLICY INFORMATION		SCHEDULE OF BENEFITS	MAXIMUM BENEFIT AMOUNT
Policy Number	BSR MJJ62573 - 00	Scope of Coverage	Excess
Program Selection	Participant Accident	Accidental Death Benefit	\$10,000
Policy Effective Date	3/6/2025	Accidental Dismemberment Benefit	\$10,000
Policy Expiration Date	6/1/2026	Paralysis	NA
Policy Cancelled Date		Aggregate Limit of Indemnity	\$250,000
Status	Sale Complete	Accident Medical Expense Benefit	\$100,000
Lapsed Reason		Dental Maximum	\$500 Per Covered Accident
Not Taken Up Reason		Deductible	\$0
Reinstated Reason		Accident Medical Incurral Period	90 Days
Quote ID	YJB55C	Coinurance	100%
CLIENT INFORMATION		Maximum Benefit Period	52 Weeks
Group/Organization Name	Test Policy dba name	Travel To/From Sponsored Activities	Yes
Insured Address	123 Main Street Cincinnati, OH 45898		

# Adjustments

Once logged in, search the dashboard for the policy number or name of insured. Once found select View on the last record to access the full policy information. Select Adjust Policy. Enter the effective date of change and change/update the desired information, such as address, changes to the insured name, affiliate location additions/deletions, exposure changes and/or benefit adjustments. Select Continue. The Quote screen will provide three options for coverage. If needed, you can email or download the quote options. It will default to the plan you originally selected on New Business but can be changed if desired. You can also choose to add a note if needed.



**Risk Information**

DBA (PLEASE ADD LOWER CASE "DBA" BEFORE THE NAME)

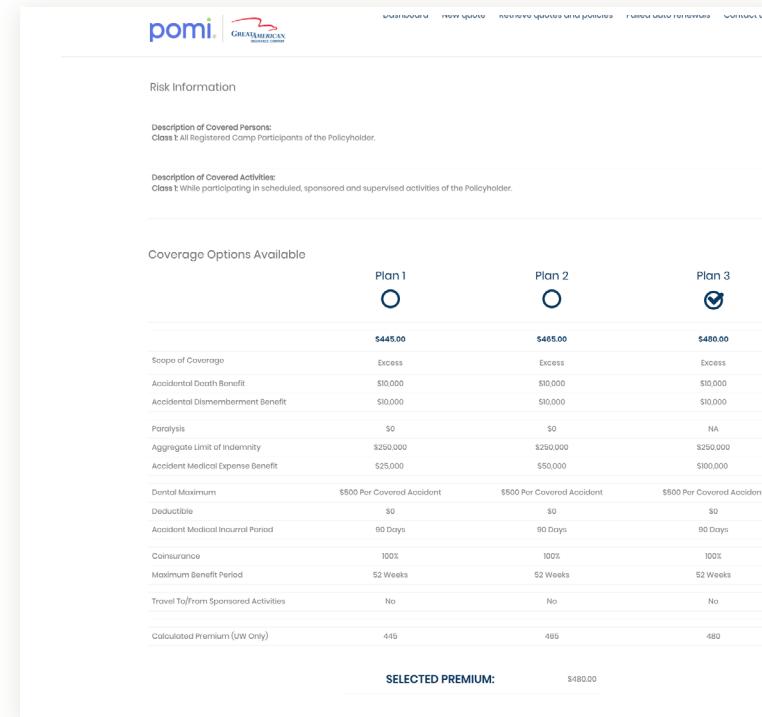
dbi Name of Entity

ADDRESS  
  
 Type an address or what/where

CITY STATE ZIP CODE  
    
 Photos selected...

PLEASE ENTER UP TO TEN AFFILIATE (OPTIONAL)

IS THIS A TEST POLICY?  
 NO  YES



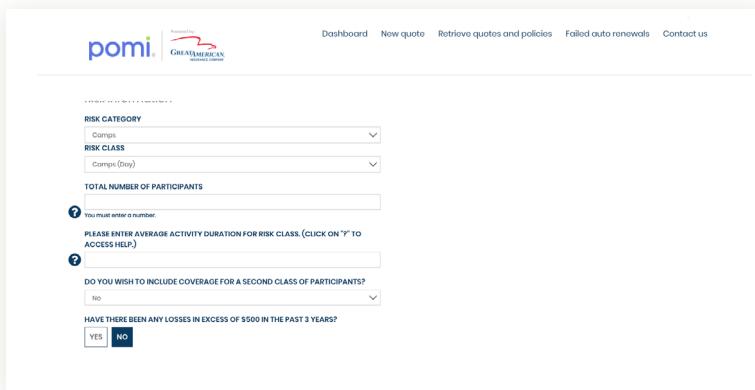
**Risk Information**

Description of Covered Persons:  
 Class 1: All Registered Comp Participants of the Policyholder.

Description of Covered Activities:  
 Class 1: While participating in scheduled, sponsored and supervised activities of the Policyholder.

**Coverage Options Available**

	Plan 1	Plan 2	Plan 3
<b>\$445.00</b>	<b>\$465.00</b>	<b>\$480.00</b>	
Scope of Coverage	Excess	Excess	Excess
Accidental Death Benefit	\$10,000	\$10,000	\$10,000
Accidental Dismemberment Benefit	\$10,000	\$10,000	\$10,000
Paralysis	\$0	\$0	NA
Aggregate Limit of Indemnity	\$250,000	\$250,000	\$250,000
Accident Medical Expense Benefit	\$25,000	\$50,000	\$100,000
Dental Maximum	\$500 Per Covered Accident	\$500 Per Covered Accident	\$500 Per Covered Accident
Deductible	\$0	\$0	\$0
Accident Medical Incurred Period	90 Days	90 Days	90 Days
Coinurance	100%	100%	100%
Maximum Benefit Period	52 Weeks	52 Weeks	52 Weeks
Travel To/From Sponsored Activities	No	No	No
Calculated Premium (lw Only)	445	465	480
<b>SELECTED PREMIUM:</b>	\$480.00		



**RISK INFORMATION**

RISK CATEGORY  
 Comps

RISK CLASS  
 Comps (Any)

TOTAL NUMBER OF PARTICIPANTS

You must enter a number.

PLEASE ENTER AVERAGE ACTIVITY DURATION FOR RISK CLASS. (CLICK ON "?" TO ACCESS HELP.)

DO YOU WISH TO INCLUDE COVERAGE FOR A SECOND CLASS OF PARTICIPANTS?  
 NO  YES

HAVE THERE BEEN ANY LOSSES IN EXCESS OF \$500 IN THE PAST 3 YEARS?  
 YES  NO

# Adjustments (continued)

After updating the information on your policy, select Bind Quote to finalize changes. The following page will provide a summary of your quote and detail your selection coverage and billing details.

Review and then hit Continue.

Premium Adjustment

Original Premium	\$905.00
Updated Full Term Premium	\$130.00
Endorsement Premium Change	\$204.00

Quote Adjustments

INCLUDE COVERAGE FOR TRAVEL TO AND FROM SPONSORED ACTIVITIES?

Yes

DO YOU WISH TO ADJUST YOUR COMMISSION?

No

DO YOU WISH TO ADJUST YOUR BENEFITS FOR CLASS 2? (UPDATES WILL DISPLAY ABOVE, IN THE PLAN ON THE FAR RIGHT.)

No

Download Quote (Option Selected)

Back

Notes

Update

Bind Quote

Once on the Confirmation Page, you will be able to download the Agency Bill Invoice if applicable and Amendatory Rider Endorsement. An email will also be sent to your email address on file to confirm the endorsement policy has been issued.

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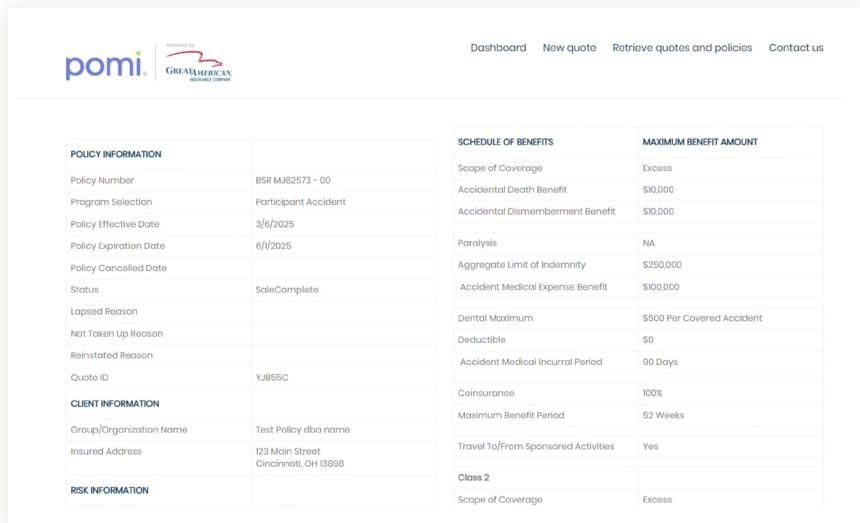
Dashboard New quote Retrieve quotes and policies Contact us

Congratulations,  
Test Policy dba name is now updated!  
Your Policy BSR MJ62573 - 00

POLICY INFORMATION	SCHEDULE OF BENEFITS	MAXIMUM BENEFIT AMOUNT
Policy Number	Scope of Coverage	Excess
Policy Effective Date	Accidental Death Benefit	\$10,000
Policy Expiration Date	Accidental Dismemberment Benefit	\$10,000
Described Location	Paralysis	NA
Policy Change Effective Date	Aggregate Limit of Indemnity	\$250,000
Policy Change Premium:	Accident Medical Expense Benefit	\$10,000
	Dental Maximum	\$500 Per Covered Accident
	Deductible	\$0
	Accident Medical Incural Period	90 Days
	Coinsurance	100%
	Maximum Benefit Period	52 Weeks

# Cancellations

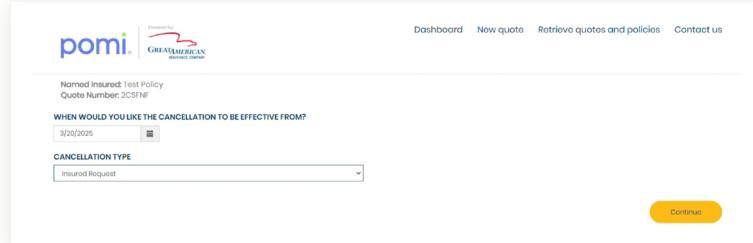
Once logged in, search the dashboard for the policy number or name of insured. Once found, then select View to access the full policy information.



The screenshot shows the pomi insurance dashboard with the following policy details:

POLICY INFORMATION		SCHEDULE OF BENEFITS	MAXIMUM BENEFIT AMOUNT
Policy Number	BSR MJ02573 - 00	Scope of Coverage	Excess
Program Selection	Participant Accident	Accidental Death Benefit	\$10,000
Policy Effective Date	3/6/2025	Accidental Dismemberment Benefit	\$10,000
Policy Expiration Date	6/1/2025	Paralysis	NA
Policy Cancelled Date		Aggregate Limit of Indemnity	\$250,000
Status	SaleComplete	Accident Medical Expense Benefit	\$100,000
Lapsed Reason		Dental Maximum	\$500 Per Covered Accident
Not Taken Up Reason		Deductible	\$0
Reinstated Reason		Accident Medical Incural Period	90 Days
Quote ID	YJB85C	Coinurance	100%
CLIENT INFORMATION		Maximum Benefit Period	52 Weeks
Group/Organization Name	Test Policy dba name	Travel To/From Sponsored Activities	Yes
Insured Address	123 Main Street Cincinnati, OH 13898	Class 2	
RISK INFORMATION		Scope of Coverage	Excess

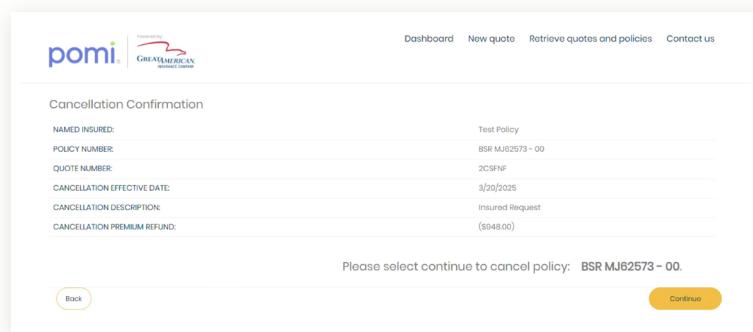
From this screen, select Cancel Policy. Enter the Cancel Effective Date and select the cancellation type from the drop-down menu. If you choose Underwriting Reasons – Other, you will be asked to complete an additional field. Select Continue.



The screenshot shows the cancellation selection screen with the following fields:

- Named Insured: Test Policy
- Quote Number: 2CSFN
- When would you like the cancellation to be effective from? (Date: 3/20/2025)
- Cancellation Type: Insured Request
- Continue button

You will be asked to confirm the cancellation on the next screen. If you wish to cancel the policy, select Continue again.



The screenshot shows the cancellation confirmation screen with the following details:

- NAMED INSURED: Test Policy
- POLICY NUMBER: BSR MJ02573 - 00
- QUOTE NUMBER: 2CSFN
- CANCELLATION EFFECTIVE DATE: 3/20/2025
- CANCELLATION DESCRIPTION: Insured Request (\$948.00)
- Please select continue to cancel policy: BSR MJ02573 - 00.
- Back button
- Continue button

An email will also be sent to your email address on file to confirm the cancellation.



## Re-instatements

To reinstate coverage, please contact Specialty Accounting either by phone or email 1-800-847-4357, option 3 or [MyBilling@graig.com](mailto:MyBilling@graig.com).

## Renewals

Renewals are automated so no action is required on your part. Any policies not issued automatically will be handled by our team members. An email will also be sent to your email address on file to confirm the renewal policy has been issued.

## Payments

For agency billed policies, you will receive an invoice along with policy documents and instructions for payment. For direct billed policies, your clients will receive a bill directly from GAIG billing system.

Log on to the portal if you need to view policy documents at any time. You will also have the policy documents emailed to you.

# Questions

If you have any questions or issues along the way, we're here for you. Just contact us and we'll help you through it.

## Contact

**Main Office:** 300 E. Main Street, Suite 314 Charlottesville, VA 22902

Phone: 1-800-475-2691

**General Inquiries:** [contact@getpomi.com](mailto:contact@getpomi.com)

**Tech Support:** [support@getpomi.com](mailto:support@getpomi.com)

**Broker Relations:** [brokerrelations@getpomi.com](mailto:brokerrelations@getpomi.com)

**Claims:** [claimsteam@getpomi.com](mailto:claimsteam@getpomi.com)

**Underwriting:** [underwriting@getpomi.com](mailto:underwriting@getpomi.com)

**Marketing & Communications:** [news@getpomi.com](mailto:news@getpomi.com)



\*AM Best rating affirmed 12/15/2023.

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