## ACCOUNT \_\_\_\_\_ PRODUCER \_\_\_\_\_ LOB \_\_\_\_ SHM OR BRM QUOTE LOG \_\_\_\_\_ Co-Producer \_\_\_\_ Comm Split \_\_\_\_ NB / RW / RE Comm Rate \_\_\_\_

Prod	N/A	QCER					
			COMPLETED QUOTE SHEET OR KNOCK OUT QUESTIONS				
		N/A	REVIEW QUOTE WITH INSURED				
			MAKE SURE CLIENT IS CHANGED FROM PROSPECT TO CUSTOMER				
			AMS SETUP, PHONE, CONTACTS, PROFILE, SALUTATION, EMAIL, DEPT & DIVISION ETC, X-REF				
		N/A	Profile Ques: Golf: add emails of guests Holiday Lists: card, calendar, & gift				
			COMPLETED APP W/CORRECT MAILING/LOSS PAYEES/CERT/MORTGAGEES, SIGNATURES ETC				
			SIGNED WAIVER & OR SUPPLEMENTAL QUESTIONNAIRES COMPLETED, TERRORISM FORMS				
		N/A	SET SUSPENSES FOR TO RETURN OUTSTANDING WAIVERS OR SUPPLEMENTAL APPS				
			COST ESTIMATOR				
		N/A	ID CARDS, EPI AND OR BINDER IF NECESSARY (SET SUSPENSE FOR BINDER)				
			WELCOME ABOARD PACKAGE W/PRIVACY STATEMENT DELIVERED OR SUSPENSE SET TO BE <b>EMAILED</b>				
		N/A	DEPOSIT AND OR FINANCE AGREEMENT IF APPLICABLE, W/RECEIPT				
		N/A	PHOTOS ATTACHED OR INSPECTION ORDERED				
		N/A	DETAILED ACTIVITY				
CIRCLE		N/A	COVERAGE BOUND WITH CARRIER   UPLOADED   MAILED   FAXED   E-MAILED				
		N/A	LOSS RUNS				
N/A			SET 30 DAY SUSPENSE FOR NB, BINDERS, & INSPECTION				
N/A			SET FUTURE SUSPENSES FOR SURPLUS LINES RENEWAL PROCEDURE				
N/A			SET FUTURE SUSPENSE FOR LIFE, HEALTH & BUILDERS RISK POLICES				
N/A			SET FUTURE SUSPENSE FOR SHORT TERM POLICES TO RW OR SET AS EXPIRED				
CIRCLE		N/A AM BEST RATING OF CARRIER   A+   A   A-   B+   B OR LOWER WITH LETTER OF AUTHORIZATION					
N/A			SCAN FILE, SCAN APPS ETC SEPARATE FROM "REMAINDER OF WORKING FILE"				

\*\*\*\* QUALITY MANAGEMENT DEPT.

PRODUCER SIGN OFF \_\_\_\_\_

DONE		Done	
	AMS SETUP, NAME, ADDRESS, PHONE, EMAIL,		COMMISSION (REGULAR OR NEGOTIATED)
	CONTACTS, DIVISION, DEPARTMENT & SALUTATION ETC		
	REVIEW FOR SIGNED, APPS, WAIVER & COST ESTIMATOR		CO-PRODUCER COMMISSION SPLIT
	REVIEW SUSPENSE FOR INSPECTION, IF NOT ALREADY		RE-REVIEW FUTURE SUSPENSES TO MAKE SURE THEY ARE
	ATTACHED		THERE, IF APPLICABLE
	CHECK FOR PROPER DIVISIONS, DEPT ON POLICY LEVEL		Proof read nb letter
	REVIEW AGENCY CODE ON ISSUED POLICY		COMPLETE SUSPENSE
	REVIEW COVERAGE & PREMIUMS ON POLICY VS APPS &		ACTIVITY, ATTACH WITH COPY OF POLICY AND
	AMS (DOWNLOAD OR MANUAL INPUT)		COMPLETED QC SHEET
Transaction (NB, RW, RE)			REVIEW QUALITY OF PRESENTATION TO INSURED

QC SIGN OFF \_\_\_\_\_

QUALITY MANAGER SIGN OFF \_\_\_\_\_

## REMEMBER TO SUSPEND TO USER NAME, NOT BELOW QUALITY CONTROL

_	TEMPENDER TO SHOT END TO HE	ER TITILIE, TOT BEEGT	Quilliteoninol			
	0-3,500	Joanne	individual Life & health to QC:	A-L	Gaye	
	3,501 – 7,500	Melissa W		M-z	MEGAN	
	7,501 – 15,000	Karen				
	15,001 – 50,000	MELISSA	Personal Lines QC			
	50,001 – 100,000	Laura				
	101,000+	Donna	COMMERCIAL LINES QC		CATHY	

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