



Welcome Aegis Agent

HOME

START A QUOTE

START AN APPLICATION

SAVED WORK

POLICY INQUIRY

- Change Password
- Manage Users
- Submit Claim
- Logout

Producer: 001000-Aegis Security Insurance Company

Producer Address: 2407 Park Drive Harrisburg PA 17110

Quote Summary

Status	Count
Started	18
Rated	15
Deleted	3
Failed	1
Total:	37

Returned Applications

There are no returned applications for review.

Check For Updates

Application Summary

Status	Count
Started	4
Total:	4



Follow these simple steps in order to submit an online application, and if the risk meets the underwriting guidelines, you will receive instant approval!



Complete An Application

START A QUOTE

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SAVED WORK

Product To Quote

Product

Select

GO

Cancel



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POLICY INQUIRY

Policy

Unit 1

Eligibility

Applicant

Lienholder

Additional Insured

Underwriting Qualification

Is the manufactured home vacant or unoccupied?	<input type="radio"/> Yes <input type="radio"/> No
Is the manufactured home condemned?	<input type="radio"/> Yes <input type="radio"/> No
Is the manufactured home without utilities?	<input type="radio"/> Yes <input type="radio"/> No
Is the manufactured home under renovation / under construction?	<input type="radio"/> Yes <input type="radio"/> No
Is the manufactured home used as a commercial risk?	<input type="radio"/> Yes <input type="radio"/> No
Is there a kerosene heater in the manufactured home or on the premises?	<input type="radio"/> Yes <input type="radio"/> No
Does the manufactured home have any damage that has not been repaired?	<input type="radio"/> Yes <input type="radio"/> No
Are there any hazardous liability exposures on the premises or in the manufactured home? Note: If yes, the risk may be written without liability coverage. See help bubble for more information.	<input type="radio"/> Yes <input type="radio"/> No
Is there any business conducted on the premises or in the manufactured home?	<input type="radio"/> Yes <input type="radio"/> No
Is the manufactured home, attached structure or unattached structure equipped with a wood burning stove, coal burning stove or pellet burning stove? Note: Does not include fireplace or fireplace inserts - If yes, additional questions must be answered and if yes, rental and tenant occupancies are ineligible.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is there a swimming pool on the premises?	<input type="radio"/> Yes <input type="radio"/> No
Does the applicant own or board any animal that has bitten or caused injury?	<input type="radio"/> Yes <input type="radio"/> No

Next

The portal is designed to stop the application process if the applicant does not adhere to our Underwriting Qualifications.

See next slide for an example of this...



Welcome Aegis Agent

***Red Text* are reasons for ineligibility- refer to Underwriting Guidelines.**

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	Policy		Unit 1	
Eligibility	Applicant	Holder	Additional Insured	

Underwriting Qualification	
Is the manufactured home vacant or unoccupied?	<input checked="" type="radio"/> Yes <input type="radio"/> No
The risk is ineligible because the manufactured home is vacant or unoccupied. Please submit under the Dwelling Program.	
Is the manufactured home condemned?	<input checked="" type="radio"/> Yes <input type="radio"/> No
The risk is ineligible because the manufactured home is condemned - Refer to underwriting guidelines.	
Is the manufactured home without utilities?	<input checked="" type="radio"/> Yes <input type="radio"/> No
The risk is ineligible because the manufactured home is without utilities - Refer to underwriting guidelines.	
Is the manufactured home under renovation / under construction?	<input checked="" type="radio"/> Yes <input type="radio"/> No
The risk is ineligible because the manufactured home is under renovation / construction - Refer to underwriting guidelines.	
Is the manufactured home used as a commercial risk?	<input checked="" type="radio"/> Yes <input type="radio"/> No
The risk is ineligible because the manufactured home is used as a commercial risk - Refer to underwriting guidelines.	
Is there a kerosene heater in the manufactured home or on the premises?	<input checked="" type="radio"/> Yes <input type="radio"/> No
The risk is ineligible because there is a kerosene heater - Refer to underwriting guidelines.	
Does the manufactured home have any damage that has not been repaired?	<input checked="" type="radio"/> Yes <input type="radio"/> No
The risk is ineligible because the manufactured home has unrepaired damage - Refer to underwriting guidelines.	
Are there any hazardous liability exposures on the premises or in the manufactured home? Note: If yes, the risk may be written without liability coverage. See help bubble for more information.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is there any business conducted on the premises or in the manufactured home?	<input checked="" type="radio"/> Yes <input type="radio"/> No
The risk is ineligible because there is a business conducted on the premises or in the manufactured home - Refer to underwriting guidelines.	
Is the manufactured home, attached structure or unattached structure equipped with a wood burning stove, coal burning stove or pellet burning stove? Note: Does not include fireplace or fireplace inserts - If yes, additional questions must be answered and if yes, rental and tenant occupancies are ineligible.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is there a swimming pool on the premises?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does the applicant own or board any animal that has bitten or caused injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Back Next



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POLICY INQUIRY

Manufactured Home Application

START A QUOTE

START AN APPLICATION

SAVED WORK

POLICY INQUIRY

Policy



Eligibility


Applicant

Lienholder

Additional Insured

General Information

 Requested Effective Date  (MM/DD/YYYY)

 Description (optional)

About The Applicant

Last Name First Name Middle Suffix

Social Security Number

Date of Birth (MM/DD/YYYY)

Occupation

Employer Name

Years Employed

Primary Telephone

About The Co-Applicant

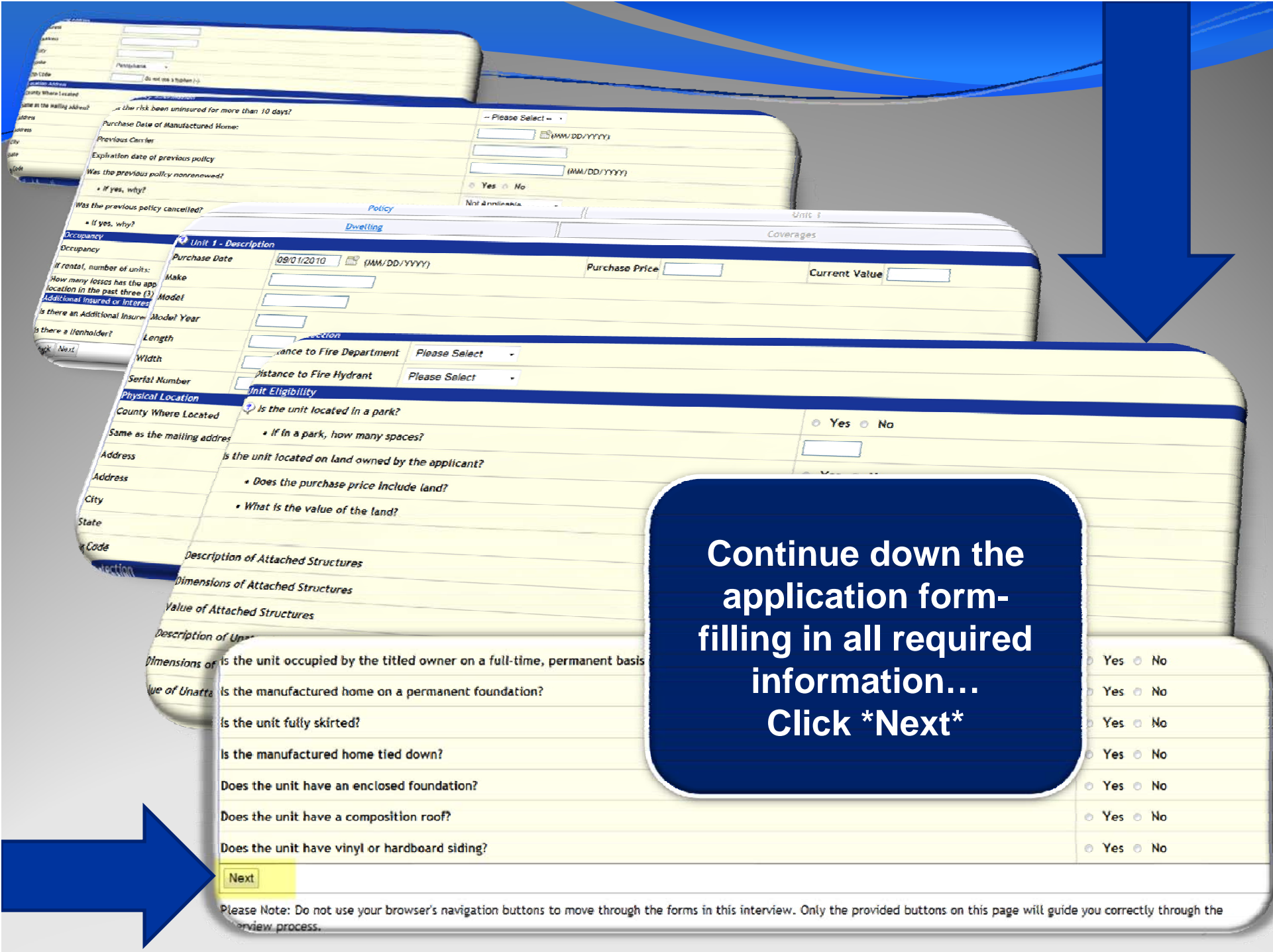
Last Name First Name Middle Suffix

Social Security Number

Date of Birth (MM/DD/YYYY)

This is the requested date of the policy- it cannot exceed 60 days after current date and it cannot occur more than 30 days before the current date. Refer to Question Mark Icon.

Leave this section blank if there is not a Co-Applicant or if you do not have all of the Co-Applicant's information (because all information is required on a Co-Applicant if one is named).



Continue down the application form-filling in all required information...
Click *Next*

Next

Please Note: Do not use your browser's navigation buttons to move through the forms in this interview. Only the provided buttons on this page will guide you correctly through the interview process.

Policy		Unit 1
Dwelling Fire		Coverages
Unit 1 Coverages		
Manufactured Home Limit	50000	
Unattached Structures Limit	5000	
Personal Property Limit	20000	
Liability	25000	If 300,000 is selected, two (2) photos, one of the front and one of the back of the risk, are required.
Medical Payments	500	
Deductible	500	
Optional Coverages		
Manufactured Home Replacement Cost		<input type="radio"/> Yes <input type="radio"/> No
Manufactured Home Full Repair Cost		<input type="radio"/> Yes <input checked="" type="radio"/> No
Personal Property Replacement Cost		<input checked="" type="radio"/> Yes <input type="radio"/> No
Satellite Dish / Antenna Coverage Limit		
Golf Cart - Property/Liability Coverage		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/> (If Yes - Enter Number of Carts)
Scheduled Personal Property		<input type="radio"/> Yes <input checked="" type="radio"/> No

Remember that each Question Mark Icon is there for more clarification, to make the application process easier for you...

Please read the following to the customer:

To provide you with an accurate quote, Aegis may collect information from consumer reporting agencies, such as driving records, claims, and credit history. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the report(s).

Check this box after reading the statement:

Optional Information

Alternative phone numbers

Home	<input type="text"/>
Work	<input type="text"/>
Mobile	<input type="text"/>
Other	<input type="text"/>

Emails

Email address1	<input type="text"/>
Email address2	<input type="text"/>

Agent comments

Comments

After you have read this statement, make sure you check this box.

Verify Application Submission

[START A QUOTE](#)

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[POLICY INQUIRY](#)

Please review the following information with the insured. If the premium is acceptable and you would like to submit this application, please press the **Continue to Payment** button. Following this page will be a form where you can input details about the insured's payment of premium. The final submission will occur after payment details are collected.

You now have completed filling out the application! You may choose your next step from the options at the bottom of the page.

		UNIT 1	UNIT 2	UNIT 3	TOTAL
COVERAGES	LIMIT/DEDUCTIBLE				
MANUFACTURED HOME	50,000	\$332			\$332
PERSONAL PROPERTY	20,000	Included			
UNATTACHED STRUCTURES	5,000	Included			
REPLACEMENT COST - DWELLING		\$20			\$20
REPL. COST - PERSONAL PROPERTY	20,000	\$40			\$40
PERSONAL LIABILITY	25,000	\$10			\$10
MEDICAL PAYMENTS	500	Included			
ADDITIONAL LIVING EXPENSE	5,000	Included			
DEDUCTIBLE	500	Included			
INFLATION GUARD		Included			
TOTAL PREMIUM					\$402

PAY IN FULL: 2 PAYMENTS: 4 PAYMENTS: 6 PAYMENTS: 8 PAYMENTS:

PAY IN FULL: \$402.00	2 PAYMENTS: \$207.00 Down	4 PAYMENTS: \$106.50 Down	6 PAYMENTS: \$102.48 Down	8 PAYMENTS: \$98.46 Down
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The Total Premium is inclusive of all discounts, surcharges, and fees. If you wish to change your coverage selections and request a new premium, use the **Edit Application** button. A **Done** button has been added to the application interview, which will return you directly to this page.

Please enter any comments you have for the reviewer of this submission:

Save to 'Saved Work'

Continue To Payment

Edit Application

Printable Summary

Cancel Application

Reason For Cancellation: -- Please Select --

★ NOTE: The application submission is not final until payment details are entered. ★



★ Submit Payment ★

START A QUOTE

START AN APPLICATION

SAVED WORK

POLICY INQUIRY

NOTE: The application submission is not final until payment details are entered.

How do you wish to pay for this application? The system can accept credit cards (Visa or MasterCard), electronic checks (drivers license information required) or a physical check may be mailed to the company (a remittance advice will print with the application).

If full payment is not being made, installment bill(s) will be mailed to the policyholder's mailing address. After you have completed this page and pressed the Submit Payment button, go to your Saved Work to generate the application and related forms for signatures.

Amount Being Paid: 8 Payments - \$98.46 Down

If full payment is not being made, installment bill(s) will be mailed to the policyholder's mailing address. After you have completed this page and pressed the Submit Payment button, go to your Saved Work to generate the application and related forms for signatures.

Amount Being Paid: 8 Payments - \$98.46 Down

Agency Bill

You are authorized for Agency billing. If you choose this option, then you are responsible for collecting payment from the insured.

Pay By Check or Money Order

Payor Name:

Check/MO #:

Check/MO Date: (MM/DD/YYYY)

The forms will include a remittance advice with mailing instructions.

Pay By Credit Card (MasterCard and Visa Only)

Credit card will be charged the amount selected above. If full payment is not being made, installment bill(s) will be mailed to the policyholder's mailing address.

Card Number:

Expiration Date: (MM) (YY)

Name On Card:

Card ID (CVV):

Pay By Electronic Check

Account Type:

Account Number:

Routing Number:

Bank Name:

Bank State:

Driver's License Number:

Driver's License State:

Billing Information (Please Verify)

Name:

Address:

Address:

City:

State:

Zip Code:

Phone:

e-Mail:

Fill in the e-Mail address if you want to send a receipt to the insured.

Name of the licensed producer signing the application:

Producer Name:

Producer Insurance License:

Submit Payment

Submit Payment

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POLICY INQUIRY

Submission Success

A copy of this page will be included in the printable documents that you can download by clicking on the Download Printable Application button.

Please mail photographs to:

Aegis Security Insurance Company
P.O. Box 3153
Harrisburg, PA 17105-3153

Control Number: 1236687
Amount To Pay: \$98.46
Policy Number: 2100265622

[Download Printable Application](#)



Congratulations!!! You have finished an online application! Once a payment type is selected & submitted, the policy becomes bound, and you are able to print out copies of your applicant's policy information documents (their application, I.D. card, etc.). We appreciate your business!


Aegis Security Insurance Company