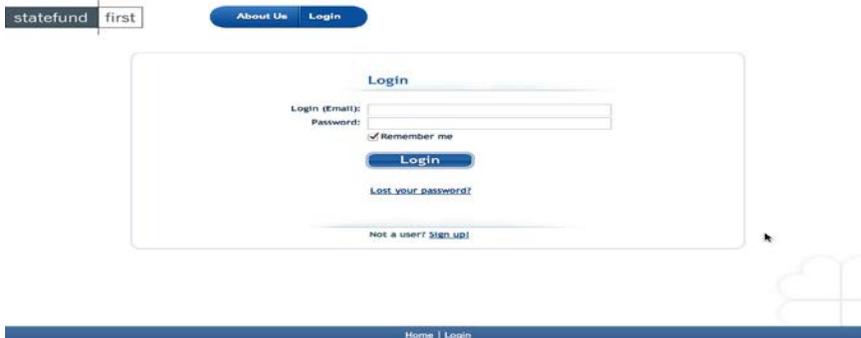


# Submission Process Instructions (The Appulate System)

These instructions are for agents already registered with Appulate. If you are not registered, see our Appulate – Agent Setup Instructions or go to <http://www.statefundfirst.com/#submissions> and click on the “New User? Register” button towards the bottom of the page on the right.

**To view instructions on how to key in submission information directly into the Appulate system, follow the instructions below.**

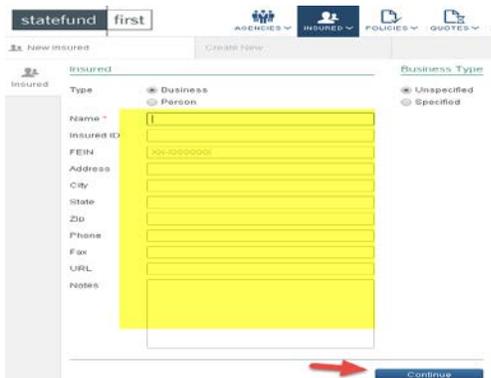
1. Go to <https://sff.appulate.com> and sign in using your Appulate Login and password.



2. Click on the Insured tab, All, then click “Add New” Button showing on the LEFT



3. Select Business, and enter the basic client information and click on “Continue”



4. Select Quote, enter the basic policy information and select Worker’s Comp and click on “Continue”

Test Test Create New

Options

Create

Quote Policy

Quote

Insurance Line \* [Select line] v

Effective Date \* 10/11/2015 [calendar]

Expiration Date \* 10/11/2016 [calendar]

Renewal

Expiring Premium \$ 0.00

Expiring Policy Number

Expiring Carrier

My Company

Underwriter Erica Little v

CSR [None] v

Continue

5. Under Selected Markets, make sure "State Fund First" is selected.

Insured Policy: Worker's Compensation [4/9/2014] Name

Summary Marketing Activity Log

SELECTED MARKETS	EST. PREMIUM	STATUS
<input checked="" type="checkbox"/> State Fund First	\$2,717	Received: 3/12/2014 8:11
<input checked="" type="checkbox"/> State Fund of California - XML	\$2,717	Not submitted yet
<input type="checkbox"/> ICW Group	\$2,443	Not submitted yet

QUESTIONNAIRE FORMS (5) LOSS RUNS (0) OTHER DOCUMENTS (0) NOTES

6. Enter the general application information into the fields shown. Tab to move between fields.

SELECTED MARKETS

EST. PREMIUM	STATUS	ACTION	QUOTE
\$2,717	Received: 3/12/2014 8:11 PM		

QUESTIONNAIRE FORMS (5) LOSS RUNS (0) OTHER DOCUMENTS (0) NOTES

FEIN: 606600149 (9 digit Federal Employer Identification Number)

Permanent California location?

Loc#	Street	City	State	Zip
1	474 ARROW HWY	COVINA	CA	91722

Edit information

Location number: 1

Street address: 474 ARROW HWY

City: COVINA

State: CA

Zip code: 91722

Current Payroll

Loc#	Class Code	Descr Code	Description	# FTEs	# PTEs	Payroll
1	9079	01	Restaurants / Taverns	1	2	27400

Edit information

Location Number corresponding to the locations listed in the Locations section:

Class Code:

Description Code:

Categories, Duties, Classifications:

Number of full time employees:

Number of part time employees:

Annual Payroll:

Do you have an Experience Modification Factor? \*

Rating Factors

State	Experience F
CA-WCRB	NCCI PA-PCRB

CA-WCRB NCCI PA-PCRB

Search:

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Code	Description
0005	Nurseries-propagation
0010	Orchards-citrus, deciduous
0034 (01)	Poultry Raising
0034 (02)	Sheep Raising/Hog Farms
0035	Florists—cultivating
0036	Dairy Farms
0038 (01)	Stock Farms
0038 (02)	Feed Yards

- To add a new location, enter payroll information or enter loss history, click on the blue “Add” button. This will display additional fields to complete. Once completed, select “Save”. To edit, click on the blue table with the pencil, it will open up the fields for you to edit the information.

Insurance History (5/5)  
Date Business Started: 05/25/2010 (mm/dd/yyyy)

Year	Carrier	Policy number	Premium	ExMod	Indemnity claims	Amount Paid	Indemnity Loss Paid
2013							
2012							
2011							
2010							

**Edit information** [Save] [Cancel]

Year:  (yyyy)

Did the insured have coverage this year?  Yes  No

[Save] [Cancel]

(Edit Icon)

If the insured has coverage, input all of the details by answering ‘Yes’ to the question ‘Did the insured have coverage this year?’

**WC Insurance History**

Year	Carrier	Policy number	Premium	ExMod	Indemnity claims	Amount
2013						
2012						
2011						
2010						

**Edit information**

Year:  (yyyy)

Did the insured have coverage this year?  Yes  No

Carrier:

Policy number:

Effective date:  (mm/dd/yyyy)

Expiration date:  (mm/dd/yyyy)

Premium:  \$

Experience modification:

Number of indemnity claims:

Number of Medical Claims:

Medical-Only Loss Paid:  \$

Amount paid:  \$

Indemnity Incurred Loss:  \$

Medical-Only Incurred Loss:  \$

Total incurred losses:  \$

Loss evaluation date:  (mm/dd/yyyy)

Indemnity Loss Paid:  \$

If they did not have coverage for that year, choose ‘No’ to answer the question and provide an explanation.

Insurance History (5/5)  
Date Business Started: 05/25/2010 (mm/dd/yyyy)

Year	Carrier	Policy number	Premium	ExMod	Indemnity claims	Amount Paid	Indemnity Loss Paid
2013							
2012							
2011							
2010							

**Edit information** [Save]

Year:  (yyyy)

Did the insured have coverage this year?  Yes  No

Explain:

[Save]

- Once you have completed entering all information & have saved it, select

[Continue »](#)

to get to

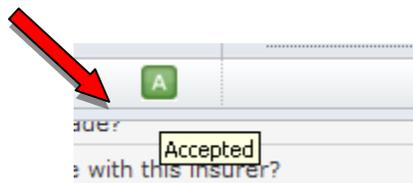
the next section.

9. This will take you to the “Underwriting” section as shown below. Each section has subcategories that can be clicked on to expand the fields. The number in ( ) will indicate how many questions have been completed of the total questions for each section.

10. Once you have completed each section, click  to go the next section. If you are prevented from going to the next section, check for questions marked with a red asterisk. These are required fields and must be completed to get to the next section.

11. Continue to click  to get to each section.
12. Contact Info – If you choose Corporation as the entity, the following page will require you to input the President, Secretary, & Treasurer in the “Contact Info” area. You will need to go click “Add New” from the right and choose the Contact Type (each of them) and then add in the corresponding person who is showing as the President, Secretary, & Treasurer.

13. Once all required fields are completed, you will see that the “A” at the top of the screen is now green. If you move your mouse over the “A”, it will show the submission as “Accepted”.



14. If you want to print the completed applications or any forms for your file, go to Forms on the left and choose the appropriate Acord form by selecting the checkbox to the left of the form name.

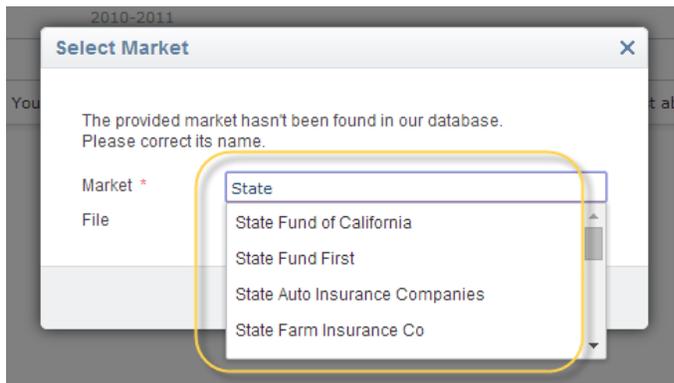
Select from the options below. You can email, merge, or send as PDF, or download as a ZIP file.

You can also send the form to your client so that they can complete the submission information by selecting the “Send Request to Complete”. It allows you to send them an email with a link to the submission. When they have completed it, you will receive an email.

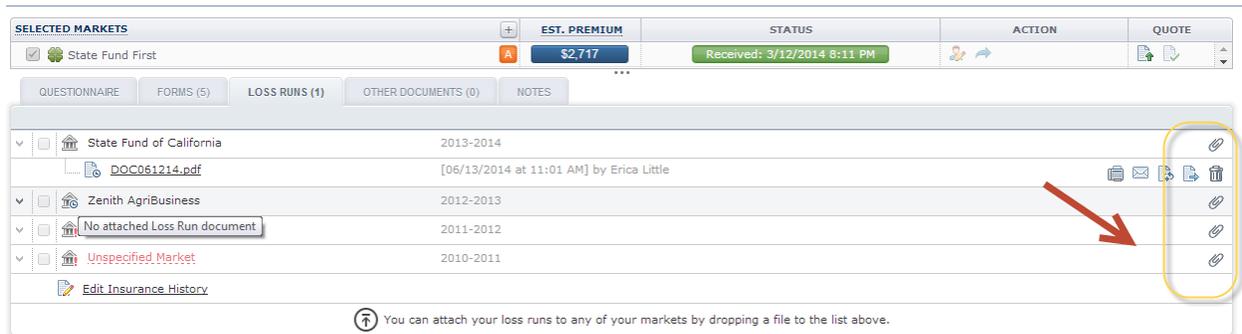
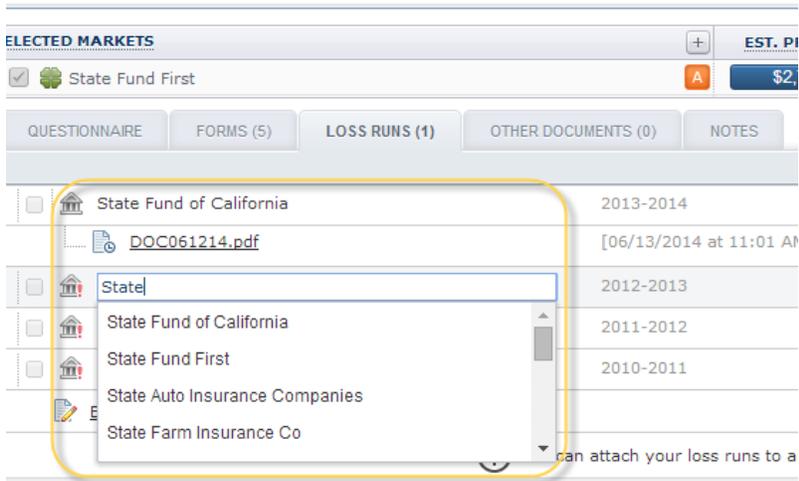
15. To add an attachment such as loss runs, click on the “Loss Runs” tab. Then click on the paperclip icon to attach your document. If the carrier’s name isn’t input correctly you will see “Market Not Found” and you will have to edit the company first before it will allow you to save. You will now be able to upload your document where you have them saved to on your computer. You can attach other documents like X-Mods, NOC, etc. to the “Other Documents” area.



Carrier Not Showing: It will display “Market Not Found”

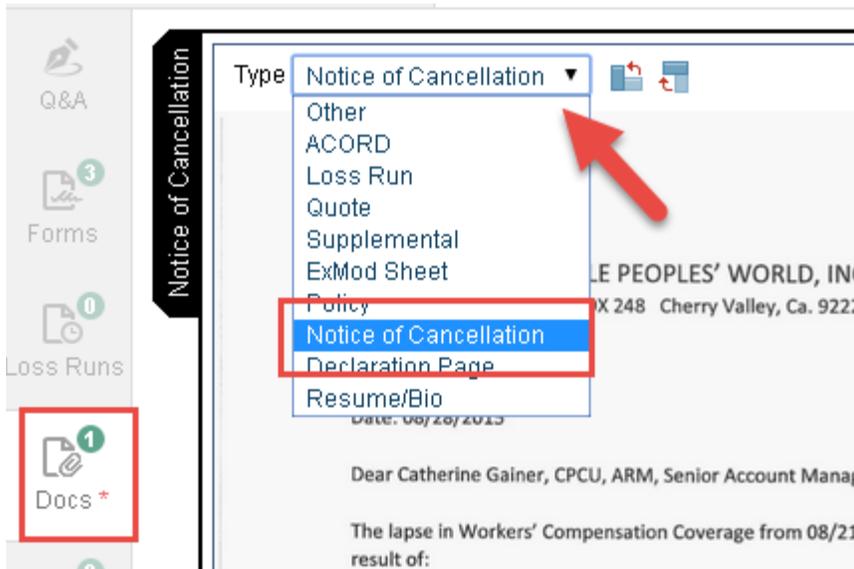


To Edit: click on the series of dots under the company name. When you start to edit the name, a drop down menu will appear. In the above example, the carrier is written as SCIF. This needs to be corrected by typing in and selecting State Fund of California.



**Please note: The State Fund requires loss runs and notices of cancellations to be included at submission.**

16. Notice of Cancellation or non-renewals are also required for a complete submission. Attach NOCs to the “Docs” section also located to the left under Loss Runs.



17. Submit to StateFund First, select “Submit” at the top under “Action” or from the “Questionnaire” tab, select “submit”. Do not click “Submit” a second time. After the submission has been submitted, the button changes to “Insured Decline” and you will cancel your request.

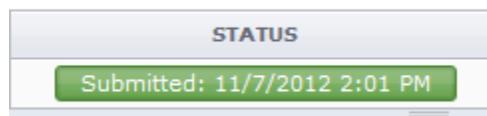
Insured Policy: Worker's Compensation [6/13/2014] Name Business type: Res

Summary Marketing Activity Log

SELECTED MARKETS	EST. PREMIUM	STATUS	ACTION
<input checked="" type="checkbox"/> State Fund First	\$2,717	Received: 3/12/2014 8:11 PM	
<input checked="" type="checkbox"/> State Fund of California - XML	\$2,717	Not submitted yet	
<input type="checkbox"/> ICW Group	\$2,443	Not submitted yet	

QUESTIONNAIRE FORMS (5) LOSS RUNS (1) OTHER DOCUMENTS (0) NOTES

18. You will see confirmation under status that the account was submitted.



That's it! Your submission has been sent to StateFund First. You will receive an email from StateFund First within 24 hours, confirming receipt and letting you know who your primary contact is.