



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 Login/Register” button towards the top right of the page.

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

To upload a submission from your Agency Management System, see our Appulate – Submission Instructions – SFF Agent – Upload.

1. Go to <https://statefundfirst.appulate.com/accounting/loginpage.aspx> and sign in using your Appulate Login and password.

2. Click on the Insured tab, All, then click “Create new Insured” Button on the left.

Agency	Insured Name	State	Date
101-0001	State Fund	CA	09/10/2019 11:08 AM
101-0002	State Fund	CA	09/10/2019 11:08 AM
101-0003	State Fund	CA	09/10/2019 11:08 AM
101-0004	State Fund	CA	09/10/2019 11:08 AM
101-0005	State Fund	CA	09/10/2019 11:08 AM
101-0006	State Fund	CA	09/10/2019 11:08 AM
101-0007	State Fund	CA	09/10/2019 11:08 AM
101-0008	State Fund	CA	09/10/2019 11:08 AM
101-0009	State Fund	CA	09/10/2019 11:08 AM
101-0010	State Fund	CA	09/10/2019 11:08 AM
101-0011	State Fund	CA	09/10/2019 11:08 AM
101-0012	State Fund	CA	09/10/2019 11:08 AM
101-0013	State Fund	CA	09/10/2019 11:08 AM
101-0014	State Fund	CA	09/10/2019 11:08 AM
101-0015	State Fund	CA	09/10/2019 11:08 AM
101-0016	State Fund	CA	09/10/2019 11:08 AM
101-0017	State Fund	CA	09/10/2019 11:08 AM
101-0018	State Fund	CA	09/10/2019 11:08 AM
101-0019	State Fund	CA	09/10/2019 11:08 AM
101-0020	State Fund	CA	09/10/2019 11:08 AM

3. Enter the basic client information and click on “Create”.

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ABC Company Create new request for quote or policy

Insured

Type **Business** For business specific lines, like BOP, GL, work comp, etc.
☐ Person For personal lines, like homeowners, personal auto, etc.

Name * **ABC Company**

DBA Name

NAICS codes [Select codes]

Advanced search

FEIN **55-112223**

Mailing address **123 Main St**

City **Milpitas**

State **CA**

Zip **95035**

Phone **888-555-1234**

Fax 800-800-0000 optional Ext.

URL

Notes

Type your note here

Create

- Request for Quote should be defaulted as well as Worker's Comp, select the potential future effective date or enter the established renewal date. Then click "Create".

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ABC Company Create new request for quote or policy

Create

Request for Quote

Insurance Line/Product * **Workers Compensation**

Effective Date **08/15/2022**

Expiration Date **August 2023**

Submitter

Expiring Premium

Expiring Policy Number

Expiring Carrier

My Company

Producer **Agent Agent**

CSR **[Name]**

Continue Cancel

- Selected Markets "State Fund First" should be selected. Click on "Start Quote" to begin. You will complete the 4 sections (Subject, Underwriting, Coverage History, & Policy).

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ABC Company Create new request for quote or policy

Start Quote

Market name **Statefund First** **Est. Premium: \$ Status** **Contact** **Action**

Subject Underwriting Coverage History Policy

FEIN **55-112223** (Right Federal Employer Identification Number)

Locations

Loc#	Street	City	State	Zip
1	123 Main St	Milpitas	CA	95035

Payroll and Rating

Loc#	State	Class code	Class code	Description	# FTEs	# FTEs	Est payroll
1	CA						

Rating Factors

State **Experience or recent modification**

Detailed description of operations

Next

- Enter the general information into the fields shown in the Subject section. Tab to move between fields.

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ABC Company Create new request for quote or policy

Start Quote

Market name **Statefund First** **Est. Premium: \$ Status** **Contact** **Action**

Subject Underwriting Coverage History Policy

FEIN **55-112223** (Right Federal Employer Identification Number)

Locations

Loc#	Street	City	State	Zip
1	123 Main St	Milpitas	CA	95035

Payroll and Rating

Loc#	State	Class code	Class code	Description	# FTEs	# FTEs	Est payroll
1	CA						

Rating Factors

State **Experience or recent modification**

Detailed description of operations

Next

- To add more locations, enter payroll and rating information, click on the blue “New Record” to open that area. This will display additional fields to complete.

The screenshot shows the 'Statefund First' application form. The 'Locations' section is active, displaying a table with columns: Location, Street, City, State, and Zip. A red arrow points to the 'New Record' button in the 'Locations' table. The 'Payroll and Rating' section is also visible, with fields for Location number, State, Class code, Description, # FTEs, # PTEs, and Est payroll.

- Once you have completed entering information, select Tab to get to the next section to enter the payroll and rating.

The screenshot shows the 'Statefund First' application form with the 'Payroll and Rating' section expanded. The 'Locations' section is collapsed. The 'Payroll and Rating' section contains fields for Location number, State, Class code, Description, # FTEs, # PTEs, and Est payroll. A 'Next' button is visible at the bottom.

System has a built in classification finder connected to the WCIRB to input the correct class code. Enter class code, # of both FT and PT employees (even if its 0), and the annual payroll. Click Next, once you have answered all questions marked with a ***RED Asterisk**.

The screenshot shows the 'Statefund First' application form with the 'Payroll and Rating' section expanded. The 'Class code' dropdown menu is open, showing a list of class codes. The 'Locations' section is collapsed. The 'Payroll and Rating' section contains fields for Location number, State, Class code, Description, # FTEs, # PTEs, and Est payroll. A 'Next' button is visible at the bottom.

9. Answer the questions in the Underwriting section, click Next to move to the Coverage History section. *Rate may differ based on the client response to the Employee questions, if they have been operating without coverage.*.

10. Complete Coverage history and attach Loss Runs for employers with prior WC history for the past 4 years (Loss Runs Tab shows on the left panel). If they have not had coverage for any years during the past 4, please indicate a reason for no coverage for that year(s). Enter details for payroll history, Click Next to move to the final section, Policy.

11. Complete Policy Section by filling in the Insured, Contact and Policy Info sections.

12. Click on the drop down arrow, to open fields to enter data. Click “Add New” to create.

13. For a Corp, Contact Info should reflect a primary person of Contact along with the 3 titles needed for a Corp (Pres, Sec & Treasurer). Complete the Policy Info section based on the correct titles for each entity. *Titles may vary* Refer to Ownership Info from the Secretary of State. When you have completed the Insured Info, move to Contact Info and complete the info. Then move to the Policy Info.

14. Enter in the location from the options in the drop down menu. Select include or exclude, ownership % (totaling 100%) and answer the two questions about the payroll in the Policy Info section to complete it.

15. All Info has been completed and there are no red asterisks. Now you may click Request for Quote to submit. The below page will populate, Click Show Required Questions only. Answer the questions.*If your client does need to answer specific questions related to that submission, please answer accordingly. Specialty Quotes will be reviewed by an underwriter after submitting and all accounts over \$25K. *(Specialty supplemental are on our website <https://www.statefundfirst.com/submit-business/>)

statefund first

Agent Agent
First Sub Agency

Back

State Fund of California

Business Information

What is the business name? ABC Company

Enter DBA (Doing Business as, if applicable) ABC Company

FEDIN 55-1112223 (A digit Federal Employer Identification Number)

SSN

Address

Street 123 Main St

City Milpitas

State CA

Zip code 95035

Office phone 888-555-1234

Email

Group Association

Policy Start Date

Est. Premium: \$419 Request Quote

16. The questions below will appear, please respond. The estimated premium will show to you, Click Request Quote to proceed. It will then show it was submitted to us for review.

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Agent Agent
First Sub Agency

Submitted

Your request has been sent to StateFund First. An Underwriter will review your submission, and you'll be notified about the results by email.

Don't show this again Close

Market name StateFund First

State Fund of California

Subject Underwriting Coverage History Policy

Insured

Insured's name ABC Company

DBA name ABC Company

Insured's Mailing Address

Street 123 Main St

City Milpitas

State CA

Zip code 95035

Insured's Email address

Insured's phone number 888-555-1234

Entity Corporation

Group Association

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.

17. Once all the information is complete, you can attach loss runs (left panel) and submit. All other documents can be attached to the docs section.

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Agent Agent
First Sub Agency

ABC Company Workers' Compensation 09/12/2022 Request in Progress

Smart Q&A

Forms

Loss Runs

Docs

Notes

Activity

Options

Market name StateFund First

State Fund of California

Subject Underwriting Coverage History Policy

Insured

Insured's name ABC Company

DBA name ABC Company

Insured's Mailing Address

Street 123 Main St

City Milpitas

State CA

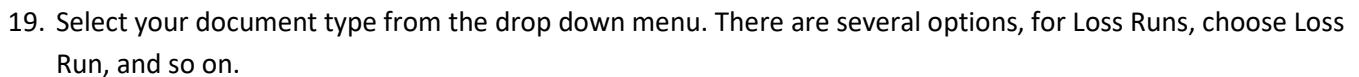
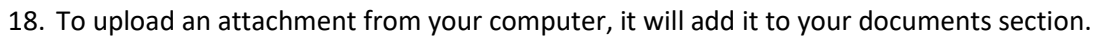
Zip code 95035

Insured's Email address

Insured's phone number 888-555-1234

Entity Corporation

Group Association



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