

QUICK REFERENCE GUIDE



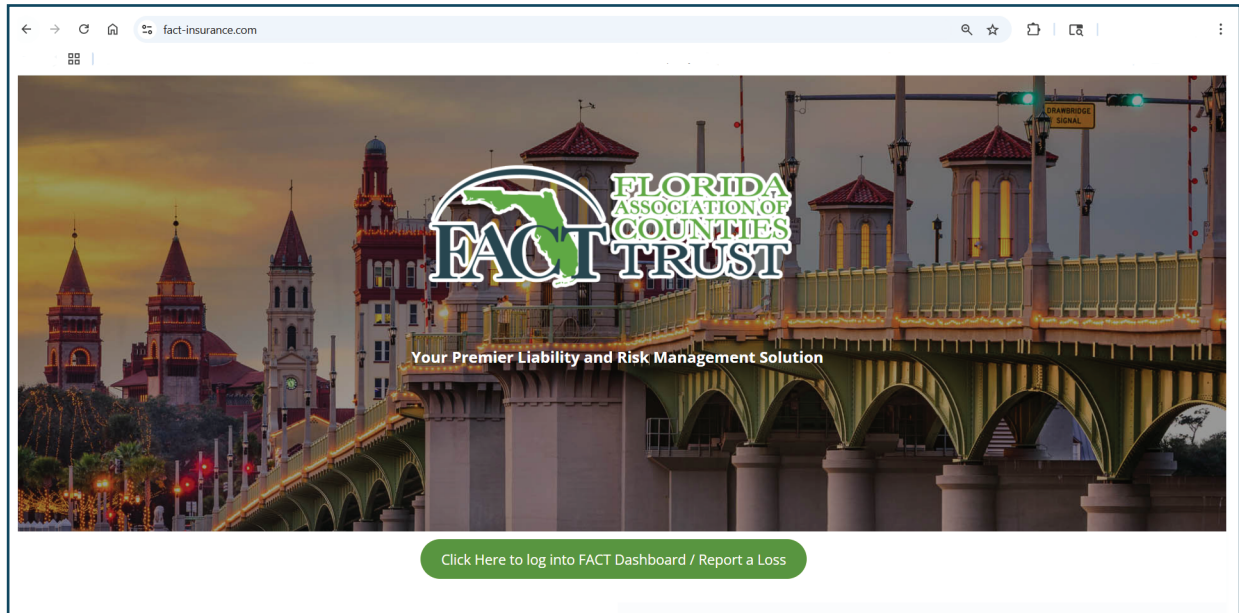
Member Portal

POWERED BY ORIGAMI

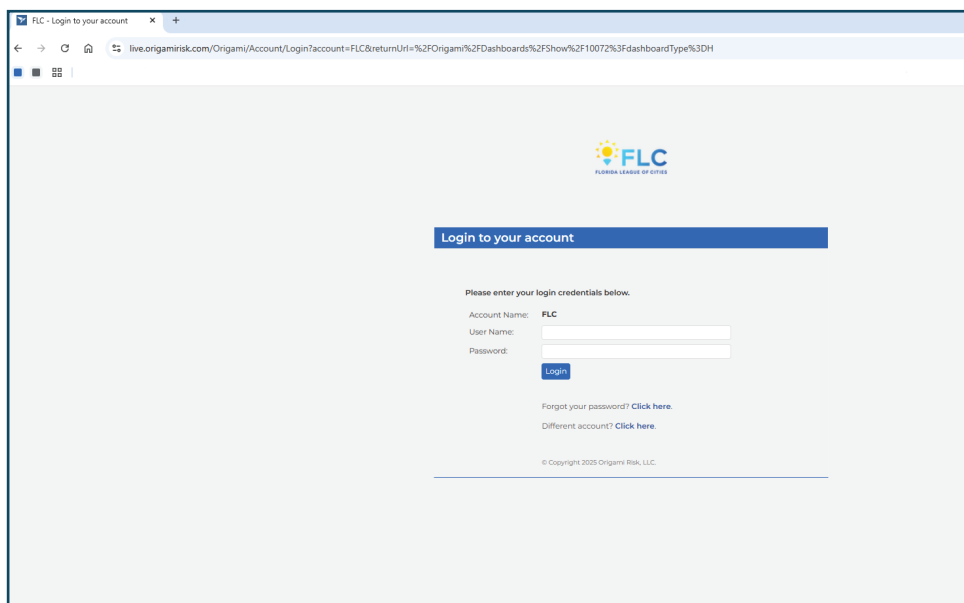
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Logging In



On the FACT homepage, click the log in button to get redirected to the Origami login page.



This is the screen you will see after clicking the dashboard button on the FACT page.



Login to your account

Please enter your login credentials below.

Account Name: **FLC**

User Name:

Password:

Login

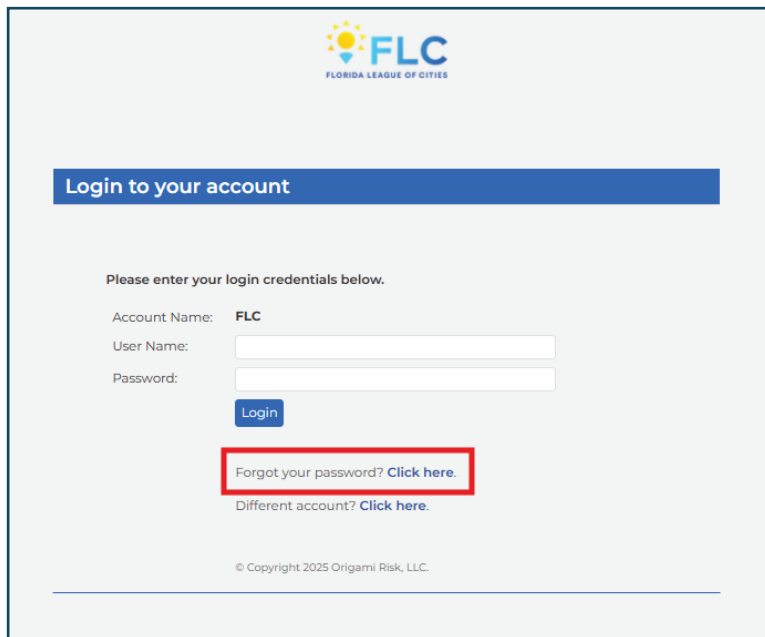
Forgot your password? [Click here.](#)

Different account? [Click here.](#)

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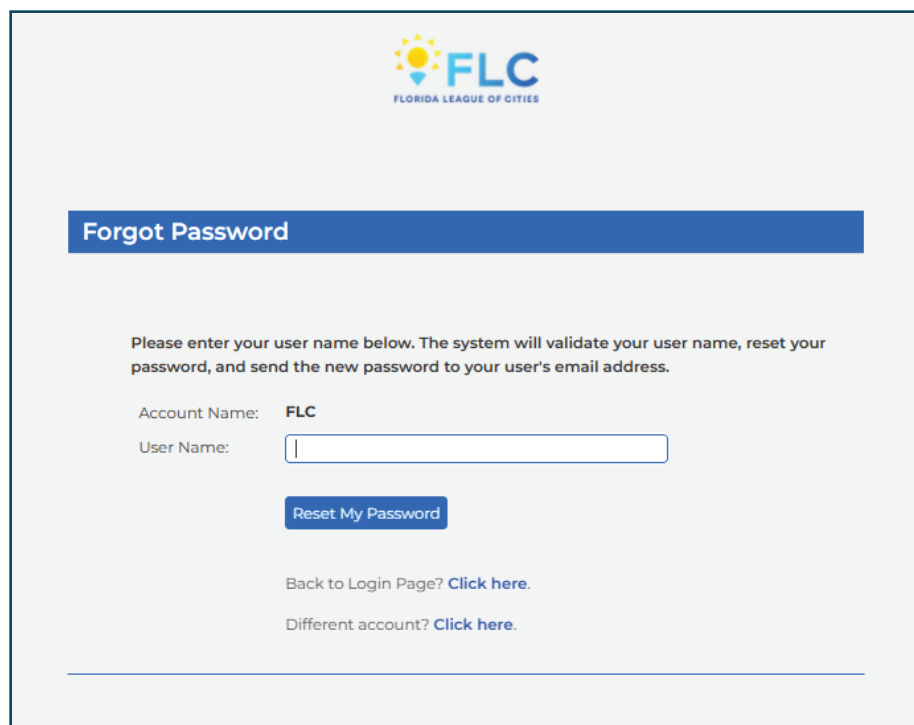
Your username(s) will be your email address and the FACT number for the applicable account you're trying to access.

FIRST TIME LOGGING IN/FORGOT YOUR PASSWORD



The screenshot shows the FLC (Florida League of Cities) login page. At the top is the FLC logo. Below it is a blue header bar with the text "Login to your account". The main content area has the instruction "Please enter your login credentials below." followed by fields for "Account Name:" (pre-filled with "FLC"), "User Name:" (empty), and "Password:" (empty). A blue "Login" button is below the password field. A red rectangle highlights the link "Forgot your password? Click here." Below this is the link "Different account? Click here." and a copyright notice "© Copyright 2025 Origami Risk, LLC."


To set up your account, click Forgot Your Password to set a password.



The screenshot shows the FLC "Forgot Password" page. At the top is the FLC logo. Below it is a blue header bar with the text "Forgot Password". The main content area has the instruction "Please enter your user name below. The system will validate your user name, reset your password, and send the new password to your user's email address." followed by fields for "Account Name:" (pre-filled with "FLC") and "User Name:" (empty). A blue "Reset My Password" button is below the User Name field. Below the button are two links: "Back to Login Page? Click here." and "Different account? Click here."

Enter your username, which is [email][FACT number], and click Reset My Password. (Example: *questions@flcities.com0000*)

Login to your account



An email has been sent to the address associated with your account. The message includes information on how to reset your password. Please contact support if you have not received the email after a few minutes.

Please enter your login credentials below.

Account Name: **FLC**

User Name:

Password:

Login


Forgot your password? [Click here.](#)

Different account? [Click here.](#)


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You will see this screen. If you don't receive the email, please check your junk or spam folder first. If you still can't find it, contact Insurance Member Services at questions@flcities.com.

Origami Risk Password Reset Notification



notifications@origamirisk.com

To  Christina Malhotra

Origami

Account: FLC

You recently requested a password reset. Please click the link below to reset your password.

[Click Here to Reset Password](#)

If you did not request to reset your password, please ignore this email. This password reset is only valid for the next 30 minutes.

You will receive this email to follow the instructions.

Change your password

Your new password must satisfy the following criteria:

▸ Be different from the current password.

▸ Be at least 6 characters long.


New Password: *

Confirm New Password: *

▸ Retype your new password.

Change Password

After clicking the link in the email, you'll be prompted to this screen to change your password.



Login to your account

Please enter your login credentials below.

Account Name: FLC

User Name:

Password:

Login

Forgot your password? [Click here.](#)

Different account? [Click here.](#)

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You can log in with your username (email plus FACT number) and new password.

5

DASHBOARD

FACT Member Portal

More

✓

Password changed successfully.

Data is current | Refresh Data | Set Auto-Refresh

Filter Options: None | Show | Apply Options

FACT Dashboard

FACT

FLORIDA

ASSOCIATION OF

COUNTIES

TRUST

Member Account Details


...

Name	Account Executive	Risk & Safety Consultant	Underwriting Rep.
FACT Test Account			
› Policy Information			
› First Installment Invoices			
› Premium Invoices/Payments and Deductible Bills			
› Automobile			
› General Liability			

Once you are logged in, you will see this screen.

Your Insurance Policies

FACT Dashboard



Member Account Details

Name	Account Executive	Risk & Safety Consultant	Underwriting Rep.
FACT Test Account			

Policy Information

Miscellaneous

> 2024-25 Notice of Change in Policy Terms

> Archived Notice of Change in Policy Terms

> Agreement and Declaration of Trust

Policy Requests

> Request Certificate Coverage

> Request Binder

> Request Loss Run

Under Policy Information, almost everything is the same as the old dashboard. Here, you can view and download policies, request certain documents, and, coming soon, renew or make policy changes.

	File Name ▼
<input type="checkbox"/>	  Agreement and Declaration of Trust.pdf
<input type="checkbox"/>	  2025-26 Notice of Change in Policy Terms.pdf
<input type="checkbox"/>	  2024-25 Notice of Change in Policy Terms.pdf
<input type="checkbox"/>	  2022-23 Notice of Change in Policy Terms.pdf
<input type="checkbox"/>	  2021-22 Notice of Change in Policy Terms.pdf
<input type="checkbox"/>	  2020-21 Notice of Change in Policy Terms.pdf
<input type="checkbox"/>	  2019-20 Notice of Change in Policy Terms.pdf
<input type="checkbox"/>	  2018-19 Notice of Change in Policy Terms.pdf
<input type="checkbox"/>	  2017-18 Notice of Change in Policy Terms.pdf
<input type="checkbox"/>	  2016-17 Notice of Change in Policy Terms.pdf

When you click on Archived Notice of Change in Policy Terms, you will see this document queue screen. If you click the blue arrow next to the document name, you can quickly download the document.

Document Queue - FACT Notice of Change Documents

File

2024-25 Notice of Change in Policy Terms.pdf

1 to 10 of 10

© ISO

NOTICE OF CHANGE IN POLICY TERMS

Florida Association of Counties Trust (FACT)

2024-2025 Coverage Year

GENERAL LIABILITY/PUBLIC OFFICIAL & LIABILITY COVERAGE

- FLORIDA ASSOCIATION OF COUNTIES TRUST GENERAL (PROFESSIONAL LIABILITY COVERAGE AGREEMENT DECLARATIONS (FACT GL DEC)

Revised language to clarify that the limits shown on the declaration page may include and are subject to conditions, terms, and extensions provided by the FACT SE GL and FACT SE GLX endorsements.

- SPECIFIC EXCESS ENDORSEMENT - GENERAL LIABILITY (FACT SE GL)

Clarified that this endorsement modifies coverage and when the excess coverage is applicable.

- SPECIFIC EXCESS ENDORSEMENT - GENERAL LIABILITY EXCLUDING FLORIDA CLAIMS BILL (FACT SE GLX)

Clarified that this endorsement modifies coverage.

- FLORIDA ASSOCIATION OF COUNTIES TRUST COVERAGE AGREEMENT (FACT GL)

Amended Section B. LIMIT OF LIABILITY to further define what constitutes a single claim as it relates to Sexual Abuse and Sexual Action.

Clarified exclusion 7 to specifically include Perfluoralkyl and Polyfluoralkyl or "PFAS" substances including any related or associated substances.

BREACH RESPONSE & CYBER LIABILITY COVERAGE

- BREACH RESPONSE & CYBER LIABILITY COVERAGE (FACT CYBER)

Added All Member Shared Aggregate limit of \$1,000,000 for all eCrime coverages.

AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE COVERAGE

- FLORIDA ASSOCIATION OF COUNTIES TRUST AUTOMOBILE LIABILITY DECLARATIONS (FACT AUTO DEC)

Revised language to clarify that the limits shown on the declaration page may include and are subject to conditions, terms, and extensions provided by the FACT SE AL endorsement.

Page 1 of 2

If you hover over the Adobe PDF icon, you can preview the document from this screen.

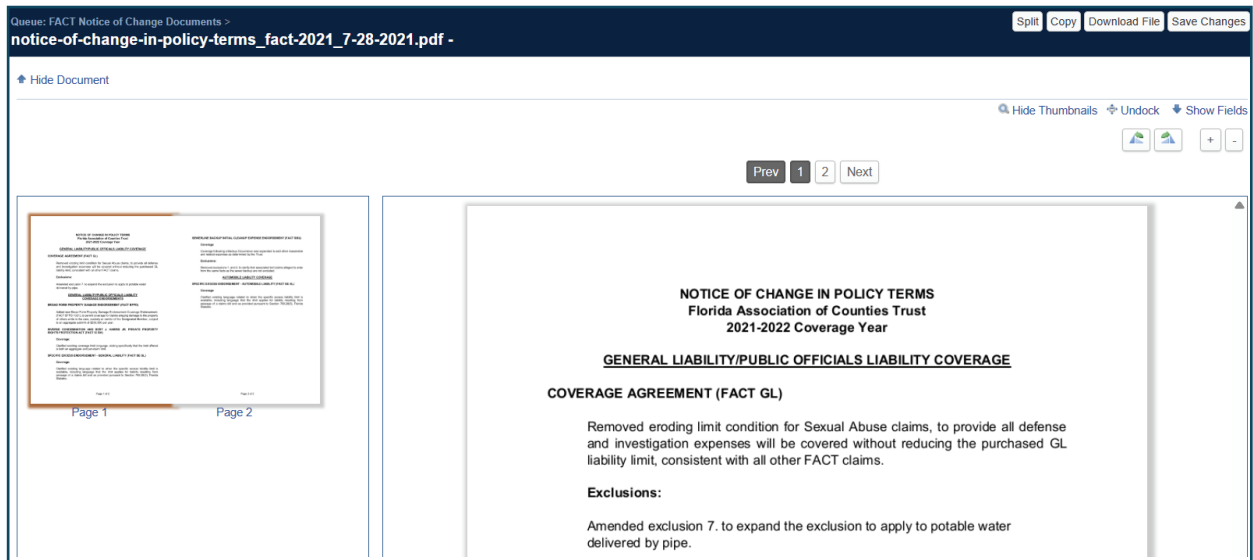
Document Queue - FACT Notice of Change Documents

Download Selected

<input checked="" type="checkbox"/>	File Name	Linked To
<input checked="" type="checkbox"/>	Agreement and Declaration of Trust.pdf	
<input checked="" type="checkbox"/>	2025-26 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2024-25 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2022-23 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2021-22 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2020-21 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2019-20 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2018-19 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2017-18 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2016-17 Notice of Change in Policy Terms.pdf	

1 to 10 of 10

If you want to download multiple files, you can either check each box or click the box to the left of File Name to select all. Then click Download Selected in the top right corner.

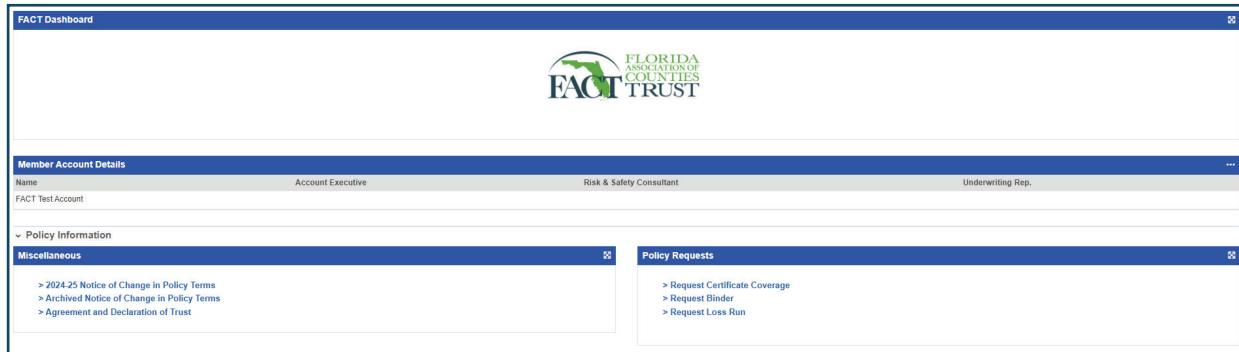


If you click on the name of the document, it'll take you to a screen like this to view it.

Here in this view, you can also choose to download it, rotate the pages, and zoom in or out.

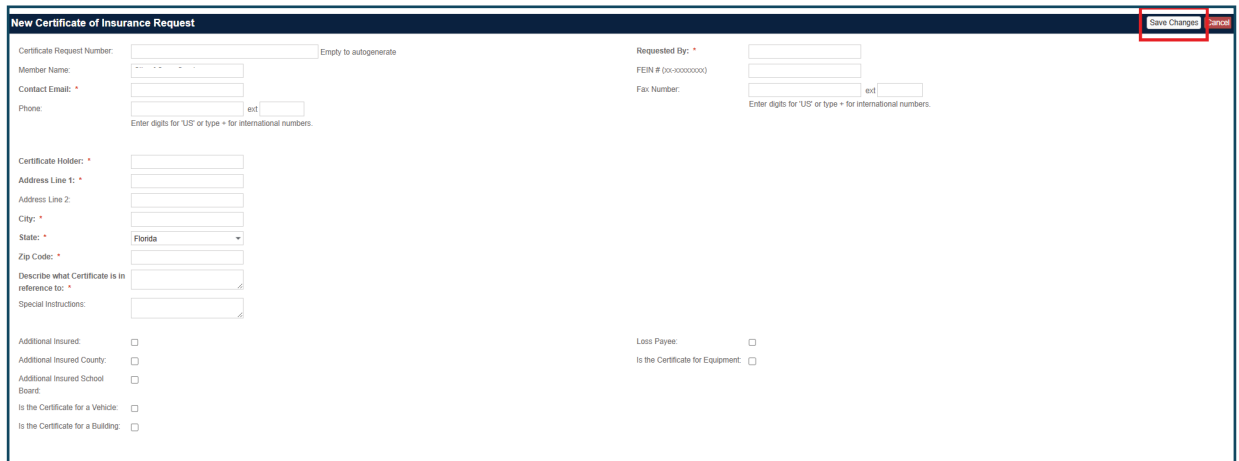
Policy Requests

REQUESTING CERTIFICATES OF COVERAGE (COIS)



The screenshot shows the FACT Dashboard interface. At the top, there's a header with the FACT logo and the text "FLORIDA ASSOCIATION OF COUNTIES FACT TRUST". Below the header, there's a section for "Member Account Details" with fields for Name, Account Executive, Risk & Safety Consultant, and Underwriting Rep. Below this, there's a "Policy Information" section with a "Miscellaneous" tab and a "Policy Requests" tab. The "Policy Requests" tab is active, showing links for "Request Certificate Coverage", "Request Binder", and "Request Loss Run".

To request a COI, click Request Certificate Coverage under Policy Requests.



The screenshot shows the "New Certificate of Insurance Request" form. The form is divided into two main sections: "Member Information" and "Certificate Information". The "Member Information" section includes fields for Certificate Request Number, Member Name, Contact Email, Phone, and Address. The "Certificate Information" section includes fields for Certificate Holder, Address Line 1, Address Line 2, City, State, Zip Code, and a description of the certificate. There are also checkboxes for "Additional Insured", "Additional Insured County", "Additional Insured School Board", "Is the Certificate for a Vehicle", and "Is the Certificate for a Building". A "Save Changes" button is highlighted in the top right corner.

This screen will populate. After you fill in all required fields (red asterisk), click Save Changes at the top right. The underwriting team gets notified of the request and will start working on it.

REQUESTING BINDER

The screenshot shows the FACT Dashboard interface. At the top is the 'FACT Dashboard' header with a user icon. Below the header is the FACT logo and the text 'FLORIDA ASSOCIATION OF COUNTIES'. The main content area is divided into two columns. The left column has a 'Member Account Details' section with fields for Name, Account Executive, Risk & Safety Consultant, and Underwriting Rep. Below this is a 'Policy Information' section with a 'Miscellaneous' tab containing links for '2024-25 Notice of Change in Policy Terms', 'Archived Notice of Change in Policy Terms', and 'Agreement and Declaration of Trust'. The right column has a 'Policy Requests' section with links for 'Request Certificate Coverage', 'Request Binder', and 'Request Loss Run'.

To request a binder, click Request Binder.

The screenshot shows the 'New Binder Request' form. At the top right are 'Save Changes' and 'Cancel' buttons. Below the header is an information box with an 'i' icon and text: 'Please click "Save Changes" button at the top right hand corner of the screen to submit the request. Once the request is submitted, your Binder will be emailed to you soon.' Below this is a form with fields for 'Member' (FACT Test Account) and 'Request Number' (Empty to autogenerate).

It'll take you to this screen. Click Save Changes to confirm the submission request. Nothing needs to be filled in or completed. You will then receive an email containing your binder.

REQUESTING LOSS RUNS

This screenshot is identical to the one above, showing the FACT Dashboard interface. The 'Request Loss Run' link is visible under the 'Policy Requests' section on the right column.

To request a loss run report, click Request Loss Run.

New Loss Run Request Save Changes Cancel

Please fill out the request form below and then click the "Save Changes" button at the top right hand of the screen. Your Loss Run Report will be emailed to you soon.

Member: FACT Test Account

Request Number: Empty to autogenerate

Line of Business:

Report Format:

As of Date

Loss Run Request Status:

Select the line of business in the drop-down menu.

New Loss Run Request Save Changes Cancel

Please fill out the request form below and then click the "Save Changes" button at the top right hand of the screen. Your Loss Run Report will be emailed to you soon.

Member: FACT Test Account

Request Number: Empty to autogenerate

Line of Business:

Report Format:

As of Date

Loss Run Request Status:

Select the format you would like the report delivered in.

New Loss Run Request Save Changes Cancel

Please fill out the request form below and then click the "Save Changes" button at the top right hand of the screen. Your Loss Run Report will be emailed to you soon.

Member: FACT Test Account

Request Number: Empty to autogenerate

Line of Business:

Report Format:

As of Date

Loss Run Request Status:

ISO:

Select the As of Date. Reports only go back as far as a year from today's date. If you want the most current loss runs, you want to select today's date. Just like you are used to, the loss run reports will still contain 10 years of claims data.

New Loss Run Request Save Changes Cancel

Please fill out the request form below and then click the "Save Changes" button at the top right hand of the screen. Your Loss Run Report will be emailed to you soon.

Member: FACT Test Account

Request Number: Empty to autogenerate

Line of Business:

Report Format:

As of Date

Loss Run Request Status:

Leave the Loss Run Request Status as New and click Save Changes in the top right corner.

Loss Run Requests New Loss Run Request **Filter By**

✓ Save Successful

Request Number	Request Date	Request User	Request User Email	Member	Line of Business	As of Date	Report Format	Loss Run Request Status
125	07/28/2025 5:09 PM	FACT Member	cmahotra@fcliles.com	FACT Test Account	Property and Liability	07/01/2025	PDF	New

Request Number:
 Entry Date: to
 Entry User:
 Entry User Email:
 Line of Business:
 As of Date: to
 Report Format:
 Loss Run Request Status:
 Search Clear

When you see this screen, you'll know the request was submitted. FACT staff will receive it and begin working on it.

Invoice and Payments

▼ First Installment Invoices

First Installment Invoices ...

Invoice Number	Due Date	Billed Amount	Outstanding Balance	Action
----------------	----------	---------------	---------------------	--------

▼ Policy Premium Invoices and Payments

Outstanding Premium Invoices ...

Invoice Number	Fund Year	Description	Action Needed	Due Date	Invoice Amount	Paid Amount	Outstanding Balance
		Make Online Payment		07/10/2025	742.35	0.00	742.35
					742.35	0.00	742.35

Premium Payments ...

Billing Account	Payment Method	Payment Date	Paid Amount
-----------------	----------------	--------------	-------------

▼ Ancillary And Deductible Invoices

Ancillary Premium Invoices ...

Policy Number	Invoice Number	Action Needed	Due Date	Billed Amount	Paid Amount	Outstanding Balance
		Make Online Payment	07/10/2025	742.35	0.00	742.35
				742.35	0.00	742.35

Ancillary Premium Payments ...

Policy Number	Payment Date	Paid Amount
---------------	--------------	-------------

Deductible Bills ...

Invoice Number	Action Needed	Due Date	Total Due
----------------	---------------	----------	-----------

These three tabs on the dashboard are where you can view and track issued invoices and payments.

First Installment Invoices is only for first installment FACT invoices.

Policy Premium Invoices and Payments is where you can see other FACT installment invoices, endorsement invoices, make payments for those invoices, and view confirmation of those payments.

Ancillary and Deductible Invoices is where you will view all ancillary and deductible invoices and payments. You can also make payments on these like the other tabs by clicking on the invoice number.

After a payment is made, the dashboard will auto update to show that the policy invoice was paid under the applicable payment section.

Member Invoice

Pay Online

Bill Details

Invoice Number:

Member:

Policy:

Bill Status: Invoiced

Invoice Type: Policy Premium

Billing Period: 07/04/2025 - 07/06/2025

Invoice Create Date: 06/25/2025

Due Date: 07/10/2025

Billed Amount: 742.35

Outstanding: 742.35

Balance:

Billing

Address1:

Address2:

City:

State:

PostalCode:

Initial Premium -

Billed Amount: 742.35

Go to Quote

You will see this screen when you click on the invoice number. Click Pay Online to pay it through the Wells Fargo payment portal.

Online Payment -

Cancel

Policy	Invoice Number	Invoice Due	Invoiced	Paid	Outstanding
		7/10/2025	742.35	0.00	742.35

Payment Type

☒ Pay by Bank Account

Charge Amount

742.35

Pay Online

ISO

This screen confirms the policy you're paying for and the amount. Click Pay Online to get redirected to the Wells Fargo site.

Enter a Payment Method

BANK ACCOUNT

* Account Type: Business

* Account #:

* Banking Type:

* Name on the Account:

* Routing Number:

* Re-enter Account #:

Pay to the Order of:

123456789 123456789 1111

Routing Number Account Number

Make sure to use your bank account number, not your ATM or Debit card number.

By continuing this action, you authorize the information you've provided on the above account to be used for creation of a charge to the account listed above. You also affirm that the information you provided is correct, that you are a signer on the account above and there are available funds to cover the amount of any transactions that you authorize.

Enter Account

Select the Banking Type and complete all required fields. Click Enter Account.

Verify Payment

PAYMENT SUMMARY

1 Invoice \$742.35

Payment Method

* Payment Date: 6/27/2025

Payments confirmed before Friday, June 27, 2025 6:00 PM EST will be posted on Friday, June 27, 2025.
Payments confirmed after Friday, June 27, 2025 6:00 PM EST will be posted on Monday, June 30, 2025.

Payment Terms & Conditions

These terms and conditions govern your use of the Internet Bill Presentment and Payment Service (the "Service"). As used in these Terms, the words "we," "us," and "our" refer to Wells Fargo Bank, N.A. (or its affiliate). The words "you" and "your" refer to you as the business entity accepting these Terms and using the Service. The words "you" and "your" also include any user you authorize to use the Service on your behalf.

1. Erroneous Instructions. If we receive a payment instruction authorized by you and the instruction is erroneous in any way, we shall have no obligation or liability for the error.

2. Transaction Limitations. Please be aware that certain types of bank accounts have limits on the numbers

[Print Terms and Conditions](#)

* Company Name:

* Email:

Phone:

By clicking the **Make Payment** button you agree to the terms and conditions stated above.

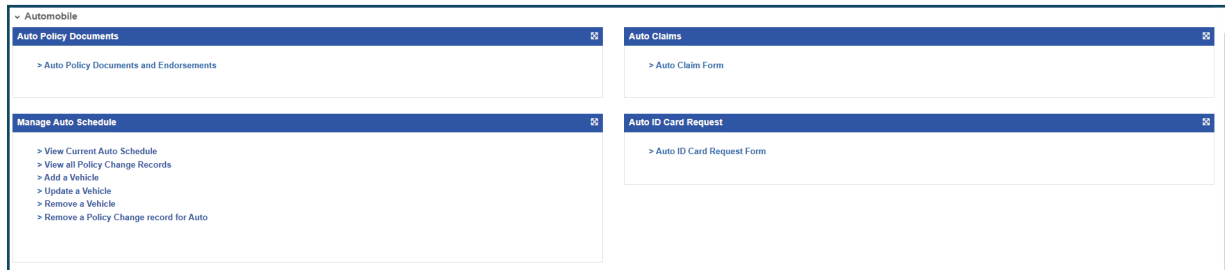
Make Payment [Cancel](#)

PAYMENT DETAILS [Export](#)

Invoice Date	Due Date	Invoice Number	Amount Due	Payment Amount
REFERENCE NUMBER 0282				
			742.35	742.35

Fill in your name under the company name, an email for confirmation purposes, and optionally a phone number. Then click Make Payment.

Automobile

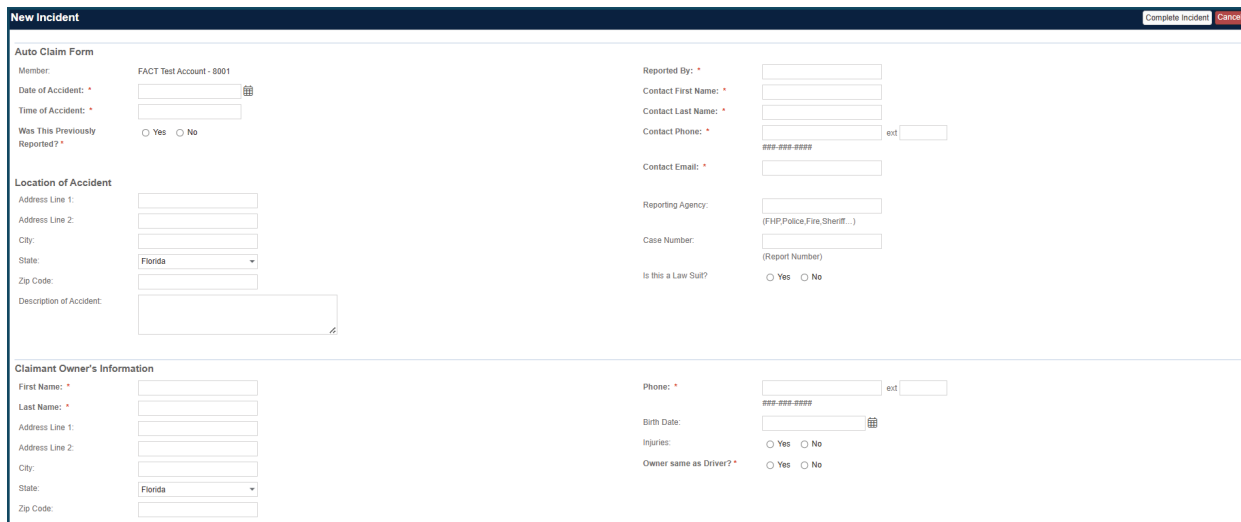


The screenshot shows a sidebar menu for the 'Automobile' section. It contains four main categories, each with a list of actions:

- Auto Policy Documents**
 - > Auto Policy Documents and Endorsements
- Manage Auto Schedule**
 - > View Current Auto Schedule
 - > View all Policy Change Records
 - > Add a Vehicle
 - > Update a Vehicle
 - > Remove a Vehicle
 - > Remove a Policy Change record for Auto
- Auto Claims**
 - > Auto Claim Form
- Auto ID Card Request**
 - > Auto ID Card Request Form

This is the auto section where you can click to view your auto policy documents and endorsements, schedule, make and view changes, submit a claim, as well as request auto ID cards.

SUBMIT AN AUTO CLAIM



The screenshot shows the 'New Incident' form, which is divided into several sections for data entry:

- Auto Claim Form**
 - Member: FACT Test Account - 8001
 - Date of Accident: *
 - Time of Accident: *
 - Was This Previously Reported? * ☐ Yes ☐ No
- Location of Accident**
 - Address Line 1:
 - Address Line 2:
 - City:
 - State: Florida
 - Zip Code:
 - Description of Accident:
- Reporting Information**
 - Reported By: *
 - Contact First Name: *
 - Contact Last Name: *
 - Contact Phone: * (with area code and extension fields)
 - Contact Email: *
 - Reporting Agency: (FHP, Police, Fire, Sheriff...)
 - Case Number: (Report Number)
 - Is this a Law Suit? ☐ Yes ☐ No
- Claimant Owner's Information**
 - First Name: *
 - Last Name: *
 - Address Line 1:
 - Address Line 2:
 - City:
 - State: Florida
 - Zip Code:
 - Phone: * (with area code and extension fields)
 - Birth Date: *
 - Injuries: ☐ Yes ☐ No
 - Owner same as Driver? * ☐ Yes ☐ No

In the top right corner, there are two buttons: 'Complete Incident' and 'Cancel'.

When you need to submit an auto claim, this is the form you'll see. All required fields must be completed before submission. Once ready, you will click Complete Incident in the top right corner.

[VIEW CURRENT AUTO SCHEDULE](#)

Auto Vehicles							Filter By
Vehicle Number	Class Code	VIN/Serial Number	Vehicle Type	Year	Make	Model	VIN/Serial Number
309	7911	3591	Truck, Tractor, Trailer	2017	FORD	EXPLORER	Vehicle Type
310	7911	3592		2017	FORD	EXPLORER	All
311	01499	8169		2017	FORD	TRANSIT 250	Class Code
312	7911	7947		2017	FORD	EXPLORER	Year
313	7911	7939		2017	FORD	EXPLORER	Make
314	7911	7940	Special	2017	FORD	EXPLORER	Model
315	7911	7949	Special	2017	FORD	EXPLORER	
316	7911	7945	Special	2017	FORD	EXPLORER	Search
317	7911	7941	Special	2017	FORD	EXPLORER	Clear
318	7398	2592	Private Passenger Type	2017	FORD	EXPLORER	
319	31479	0414	Truck, Tractor, Trailer	2016	FREIGHTLINER	M2 106 14' FLAT DUMP	
320	7911	7943	Special	2017	FORD	EXPLORER	
321	21499	0014	Truck, Tractor, Trailer	2016	FORD	F350	
322	01499	8200	Truck, Tractor, Trailer	2017	FORD	F350	
323	01499	8211	Truck, Tractor, Trailer	2017	FORD	F350	
324	01499	8222	Truck, Tractor, Trailer	2017	FORD	F350	
325	01499	8223	Truck, Tractor, Trailer	2017	FORD	F350	
326	01499	8224	Truck, Tractor, Trailer	2017	FORD	F350	
327	01499	8225	Truck, Tractor, Trailer	2017	FORD	F350	
328	01499	1959	Truck, Tractor, Trailer	2015	FORD	F150	
329	01499	1967	Truck, Tractor, Trailer	2015	FORD	F150	
330	68499	1190	Truck, Tractor, Trailer	2004	Wells Cargo	EW2024W TRLR	
331	01499	1398	Truck, Tractor, Trailer	2016	FORD	F150	
332	7911	1509	Special	2016	FORD	EXPLORER	
333	7911	1510	Special	2016	FORD	EXPLORER	
334	7909	3021	Special	2016	SUTPHEN	SL75	

When you click on View Current Auto Schedule, this is the screen you'll see. Same features as other pages where you can sort by the header or filter using the fields on the right side.

[VIEW ALL POLICY CHANGE RECORDS](#)

[Home](#) > [Policy Changes](#)

Member	Change Type	Change Action And Domain	Status	Bound Date	Change Date	Summary	Changed By	Recalc

Filter By
 Status

 Change Action

 Start Date

 Description

 Recalc Premium

 Domain

Recently Viewed
No records viewed recently.

When you click on View all Policy Change Records, this is where you'll see any endorsements made, if any. You can filter and sort this page.

ADD/UPDATE/REMOVE A VEHICLE

New Endorsement Schedule

Save Changes

Cancel

Endorsement

Schedule Number:

Empty to autogenerate

Member:

Vehicle

Endorsement

Schedule Type: *

Change Action:

Add

Policy: *

If you want to add, update, or remove a vehicle, you will see this endorsement page. Click on the magnifying glass next to policy to select the correct auto policy you are endorsing.

Policy Number	Member	Effective Date ▼	Expiration Date	Policy Lines	Altach#	Description	Rating Company
59626		10/01/2024	10/01/2025	Commercial Auto	59626		Florida League of Cities

Filter By
 Number
 Effective On
 Description
 Coverage
 Layer
 Rating Company
 Status
 Search Clear

This is the screen you'll see to select the policy. Click the policy number to select.

New Endorsement Schedule Save Changes Cancel

Endorsement Schedule Number: Empty to autogenerate
 Member:
 Endorsement Schedule Type:
 Change Action:
 Policy:
 Policy ID Number: 59,626

Lookup Location
 OO Location Num:
 Loc ID Num:

After you click the policy, the Lookup Location on the right will appear. Click on it to view the next screen.

Location Building	CO Location Number	Location Description	Address	Address Line 2	City	State	Zip ▲	IsWaivedDesc	Location Number	FloodZone	FloodFirm	FloodCommunity
900-900	4954		Procurement Division						900			

Filter By
 Location Number
 Building Number
 Address Line 1
 Address Line 2
 City
 State Description
 Zip
 County
 Search Clear

Select the location number the vehicle is scheduled at.

New Endorsement Schedule

Save Changes

Close

Endorsement Schedule Number: Empty to autogenerate

Member:

Endorsement Schedule Type:

Change Action:

Policy:

Policy ID Number:

Lookup Location

CO Location Num:

Loc ID Num:

Lookup Auto Vehicle

CA Vehicle Num:

Change Effective Date:

Vin - Last 4:

City Number:

Department:

Vehicle Type:

Original Cost New:

Year:

Make:

Model:

Physical Damage:

Change Justification:

More fields will now populate. You can either manually enter the vehicle information or click Lookup Auto Vehicle (lookup is for update or removal, not adding).

Auto Vehicles								
Vehicle Number	Class Code	VIN/Serial Number	Vehicle Type	Year	Make	Model	Premium	Orig Cost
309	7911	3591	Special	2017	FORD	EXPLORER	26,108	
310	7911	3592	Special	2017	FORD	EXPLORER	26,108	
311	01499	8169	Truck, Tractor, Trailer	2017	FORD	TRANSIT 250	24,855	
312	7911	7947	Special	2017	FORD	EXPLORER	27,926	
313	7911	7939	Special	2017	FORD	EXPLORER	27,926	
314	7911	7940	Special	2017	FORD	EXPLORER	27,926	
315	7911	7949	Special	2017	FORD	EXPLORER	27,926	
316	7911	7945	Special	2017	FORD	EXPLORER	27,926	
317	7911	7941	Special	2017	FORD	EXPLORER	27,926	
318	7398	2592	Private Passenger Type	2017	FORD	EXPLORER	25,458	
319	31479	0414	Truck, Tractor, Trailer	2016	FREIGHTLINER	M2 106 14' FLAT DUMP	76,517	
320	7911	7943	Special	2017	FORD	EXPLORER	27,926	
321	21499	0014	Truck, Tractor, Trailer	2016	FORD	F350	70,000	
322	01499	0820	Truck, Tractor, Trailer	2017	FORD	F350	40,000	
323	01499	0821	Truck, Tractor, Trailer	2017	FORD	F350	40,000	
324	01499	0822	Truck, Tractor, Trailer	2017	FORD	F350	40,000	
325	01499	0823	Truck, Tractor, Trailer	2017	FORD	F350	40,000	
326	01499	0824	Truck, Tractor, Trailer	2017	FORD	F350	40,000	
327	01499	0825	Truck, Tractor, Trailer	2017	FORD	F350	40,000	
328	01499	1059	Truck, Tractor, Trailer	2015	FORD	F150	25,000	
329	01499	1067	Truck, Tractor, Trailer	2015	FORD	F150	25,000	
330	68499	1190	Truck, Tractor, Trailer	2004	Wells Cargo	EW0224W TRLR	9,000	
331	01499	1396	Truck, Tractor, Trailer	2016	FORD	F150	25,000	
332	7911	1509	Special	2016	FORD	EXPLORER	27,000	
333	7911	1510	Special	2016	FORD	EXPLORER	27,000	
334	7909	3021	Special	2016	SUTPHEN	SL75	250,000	
335	7909	3088	Special	2016	SUTPHEN	MONARCH	250,000	
336	7909	3089	Special	2016	SUTPHEN	SHIELD SERIES S2	250,000	
337	7909	3126	Special	2015	SUTPHEN	MONARCH	250,000	

When you click Lookup Auto Vehicle, you see the auto schedule. Click on the Vin/Serial number for the auto you want to remove or update.

After you select the vehicle, it'll auto-populate the vehicle information. Select the date you want this change to be effective. Then hit Save Changes on the top right corner.

AUTO ID CARD REQUEST FORM

After clicking on the Auto ID Request Form on the homepage, you'll see this screen. Click Save Changes at the top right to submit the request.

You'll see this confirmation page that it went through. The ID cards will be emailed directly to you.

General Liability

General Liability	
General Liability Policy Documents	General Liability Claims
> Policy Documents / Endorsements	> General Liability Claim Form (3rd Party)

Where you can view policy documents/endorsements and the claim form.

SUBMIT A GENERAL LIABILITY CLAIM FORM

New Incident		Complete Incident	Cancel
General Liability Claim Form			
Member: FACT Test Account - 8901	Reported By: *		
Date of Loss: *	Contact First Name: *		
Time of Loss:	Contact Last Name: *		
Was This Previously Reported? *	Contact Phone: * <small>###-###-####</small> ext. <small>####</small>		
<input type="radio"/> Yes <input type="radio"/> No	Contact Email: *		
Please Select Type of Liability Claim Being Reported (Select All That Apply) *			
<input type="checkbox"/> Bodily Injury			
<input type="checkbox"/> Employment Practices Liability			
<input type="checkbox"/> Errors & Omissions			
<input type="checkbox"/> Law Enforcement Liability			
<input type="checkbox"/> Property Damage			
Property Damage - Claimant			
Owner's Information			
First Name:	City:	State: Florida	
Last Name:	State:	Zip Code:	
Address Line 1:	Phone:	<small>###-###-####</small> ext. <small>####</small>	
Address Line 2:			
Property Description - Claimant			
Location of Accident			
Address Line 1:	Reporting Agency:	(H/P/Police, Fire, Sheriff...)	
Address Line 2:	Case Number:	(Report Number)	
City:	Estimated Loss Amount:	<small>\$0.00</small> <small>(No Deductible \$0.00)</small>	
State: Florida			

New User Account

Request a New User Account

Request a new User Account

> [Click here to request a new User Account](#)

At the bottom of the dashboard, there is a section to request a new user. This is for cases when an existing user wants to grant a new user access to the dashboard. When you click the link, you'll view the standard Cognito form here.

Request Account

First Name *

Last Name *

Position Title *

Email *

Phone *

Member Name *

FMIT Number

0000

To search, click in the box and type in your member name or use the scroll bar.

Address *

Address Line 1

Address Line 2

City

State

Zip Code

Submit

After you complete and submit the above form, the new user will be added within 48 business hours.