



SIMPLE INSPIRE HANDBOOK FOR PRODUCERS

MAKING PAYMENTS IN SIMPLE INSPIRE, CHANGING BILLING OPTIONS, ENROLLING/DE-ENROLLING POLICIES IN ACH, PRINTING INVOICES, NOTICES AND POLICY DOCUMENTS, ENROLL ACH COMMISSION, POLICYHOLDER PORTAL

AUGUST 2022

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PROCESS TO UPDATE PAYMENT PLAN OPTION ON POLICY

1. Sign into Simple Inspire using assigned User ID and password
2. Enter policy number in box showing Enter Value

Express Navigation

Enter Value

3. Click on Pay Plan button

Policy # [REDACTED] Policyholder [REDACTED] Inception Date 03/15/2021 Policy Status Active

Term [02] 03/15/2022 - 03/15/2023 ACTIVE Equity Dt: 03/15/2022 Acct Bal: 1,149.00

Pay Plan

4. Select New Plan from drop down

Pay Plan [X]

Policy No: [REDACTED] Equity Dt: 03/15/2022

Payments/Credits: [REDACTED] 0 Curr Plan: Annual Payment P

Retain Inst. Fees: ☐ Yes ☒ No New Plan: --Select--

5. Click on Proceed button once the New Plan is selected

25% + 3 Pay

on the policy

Proceed

6. Click on + To Confirm New Plan set up on policy

Summary

Policy Info

+

Policy #

7. View Pay Plan to Confirm Correct Payment Option Selected

Policy #		Policyholder		Inception Date	03/15/2021	Policy Status	Active
Type	Liquor Liability	Phone-Home	() -	Issue St	IA	Claims Count	
Issue Co	SPECIALTY RISK OF AMERICA	Phone - Work	() -	Agency		Loss Paid	
1st Policy	Not Enrolled	Phone-Cell	() -	Agent		Pay Plan	20% + 8 Monthly Payments
1st Invoice	Not Enrolled	Email	none@none.com	Underwriter		Auto Pay	N
Ext Opt In	N	App Signed	No	Renew Ind	Batch Renw	Acc Bal	
		Fin Portal Enrolled	N			Curr Bal	339.00

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Producer Process for Making Payment in Simple Inspire

1. Open the policy in Simple Inspire – type the policy # in the **Enter Value** box in the top left corner.



Express Navigation

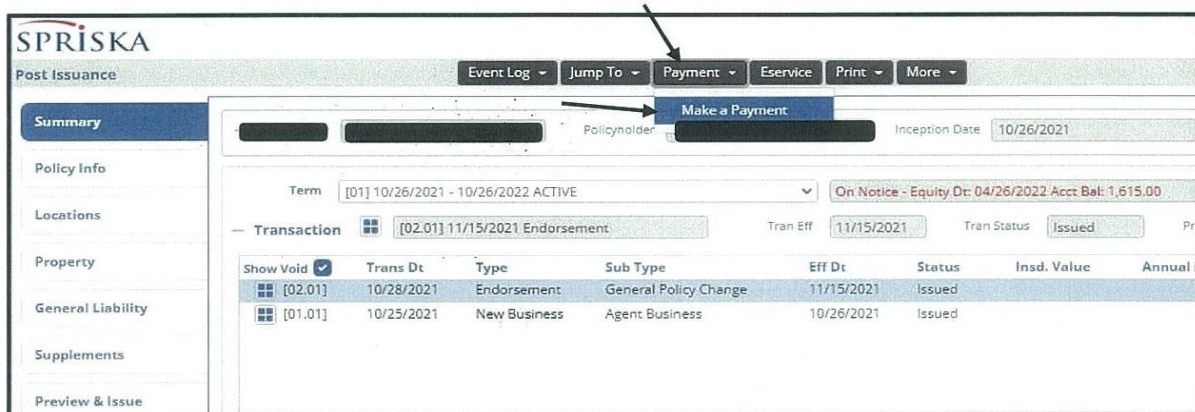
Enter Value

Policy No

Policy Folder

GO

2. Click on the black **Payment Tab** in the top row, middle of the screen. Click **"Make a Payment"** option to start a payment.



SPRISKA

Post Issuance

Event Log Jump To Payment Eservice Print More

Summary

Policyholder Inception Date 10/26/2021

Term [01] 10/26/2021 - 10/26/2022 ACTIVE On Notice - Equity Dt: 04/26/2022 Acct Bal: 1,615.00

Transaction [02.01] 11/15/2021 Endorsement Tran Eff 11/15/2021 Tran Status Issued

Show Void	Trans Dt	Type	Sub Type	Eff Dt	Status	Insd. Value	Annual P
<input checked="" type="checkbox"/>	10/28/2021	Endorsement	General Policy Change	11/15/2021	Issued		
<input checked="" type="checkbox"/>	10/25/2021	New Business	Agent Business	10/26/2021	Issued		

Policy Info

Locations

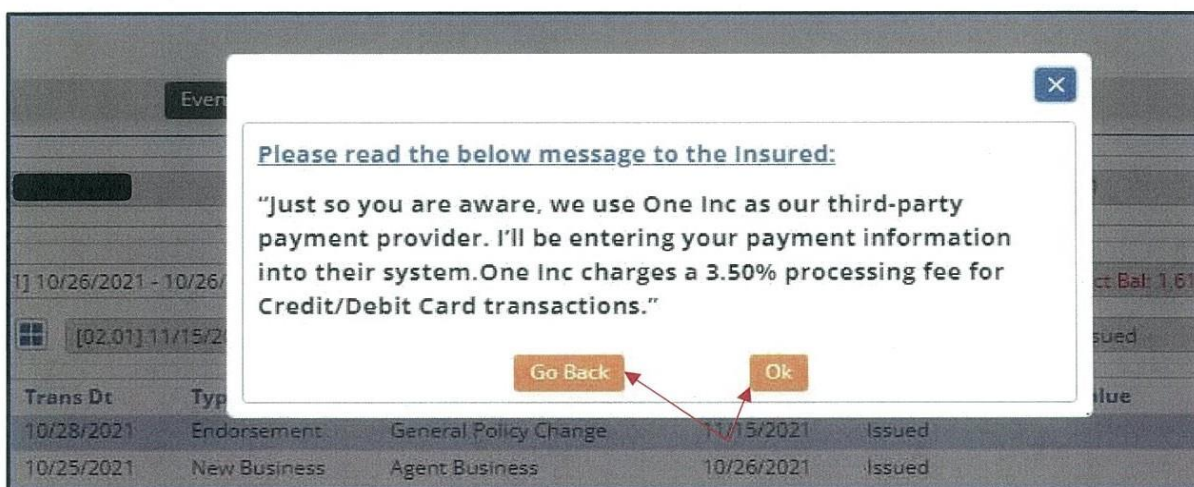
Property

General Liability

Supplements

Preview & Issue

3. An information popup is displayed, please read about the processing fee for credit/debit cards. Click **"OK"** to continue or **"Go Back"** to exit.



Please read the below message to the Insured:

"Just so you are aware, we use One Inc as our third-party payment provider. I'll be entering your payment information into their system. One Inc charges a 3.50% processing fee for Credit/Debit Card transactions."

Go Back Ok

4. Payment options - Click Credit Card or Bank Account.

SPRISKA
SPECIALTY RISK OF AMERICA

Your data is secured. We are PCI Compliant

AMOUNT TO BE PAID:
\$752.00

EDIT

Credit Card

Bank Account

5. Click "EDIT" to change payment amount – otherwise skip to Step 7.

SPRISKA
SPECIALTY RISK OF AMERICA

Your data is secured. We are PCI Compliant

AMOUNT TO BE PAID:
\$752.00

EDIT

Credit Card

Bank Account

6. Click the Option you want to pay and Click the **orange** Edit button.

If you choose "Other Amount" – type in the box amount to be paid.

SPRISKA
SPECIALTY RISK OF AMERICA

Amount to be Paid \$752.00

Remaining Balance \$3,760.00

☒ Other Amount

Click in box and type amount

– \$ 1,000.00 +

\$752.00 \$3,760.00

EDIT

ONE INC

7. Review payment information – then click “PAY
\$xxx.xx

SPRISKA
SPECIALTY RISK OF AMERICA

🔒 Your data is secured. We are [PCI Compliant](#)

By selecting "PAY", you are authorizing One Inc on behalf of SPRISKA to charge your card for the total amount specified below.

Payment Amount

Processing Fee*

Total Payment Amount

Payment method

Click Pay

PAY \$68.49

GO BACK

* The total amount to be charged to your card will be the policy payment amount plus a \$2.32 processing fee. This is a processing fee, collected by One Inc, for this payment option.

ONE INC

8. RECEIPT - You can choose to **Email, Print** or **Download** the Receipt then click “Close”

[Back to www.spriska.com](#)

SPRISKA
SPECIALTY RISK OF AMERICA

✓ You're all set!

Policy #

Total Payment Amount \$68.49

Transaction Number 29217059

Credit Card Visa ending in

Payment Date 04.01.2021, 12:16 PM EDT

Send email receipt to:

Email Address **SEND**

PRINT RECEIPT **DOWNLOAD RECEIPT**

CLOSE

ONE INC

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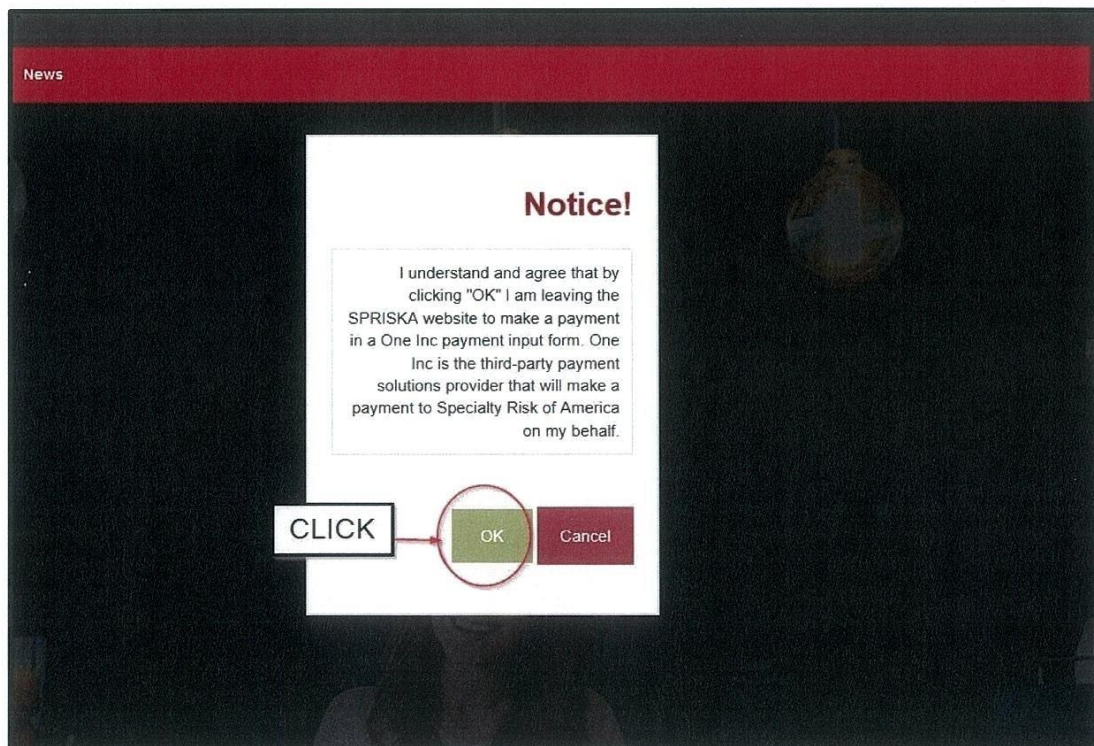
Producer Process for Making a Payment and Enrolling in AutoPay

Step 1: Go to Spriska Website at www.spriska.com

Step 2: Click make a payment



Step 3: Click "OK" to proceed



Step 4: Enter policy number (with “ – ” between numbers) and zip code of insured’s address

Back to www.Spriska.com

Please enter the policy No

Please enter the zip Code

[Submit](#)

Step 5: Account Information and Due Payment amount

SPRISKA
SPECIALTY RISK OF AMERICA

Back to www.Spriska.com

Policy No	<input type="text"/>		
Insured Name	<input type="text"/>		
Address	<input type="text"/>		
City, State & Zipcode	<input type="text"/>		
Current Due	<input type="text"/>	On	<input type="text" value="05/12/2021"/>
Late Fee	<input type="text" value="0.00"/>		
Current Due Amount	<input type="text"/>		
Total Payoff Amount	<input type="text"/>		

[Make a Payment](#)

[Enroll in AutoPay](#)

STEP 6: Click “MAKE a Payment”

SPRISKA
SPECIALTY RISK OF AMERICA

Back to www.Spriska.com

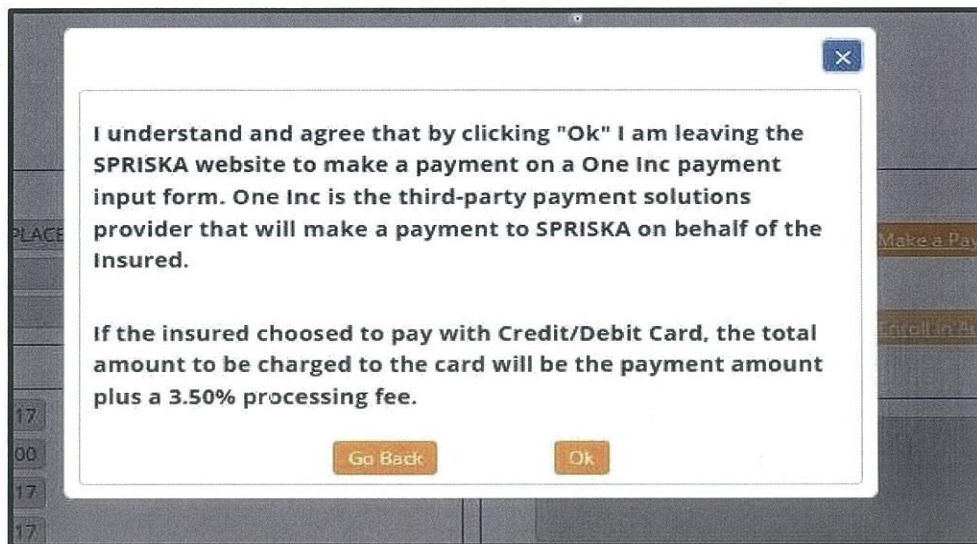
Policy No	<input type="text"/>		
Insured Name	<input type="text"/>		
Address	<input type="text"/>		
City, State & Zipcode	<input type="text"/>		
Current Due	<input type="text"/>	On	<input type="text" value="05/12/2021"/>
Late Fee	<input type="text" value="0.00"/>		
Current Due Amount	<input type="text"/>		
Total Payoff Amount	<input type="text"/>		

[Make a Payment](#)

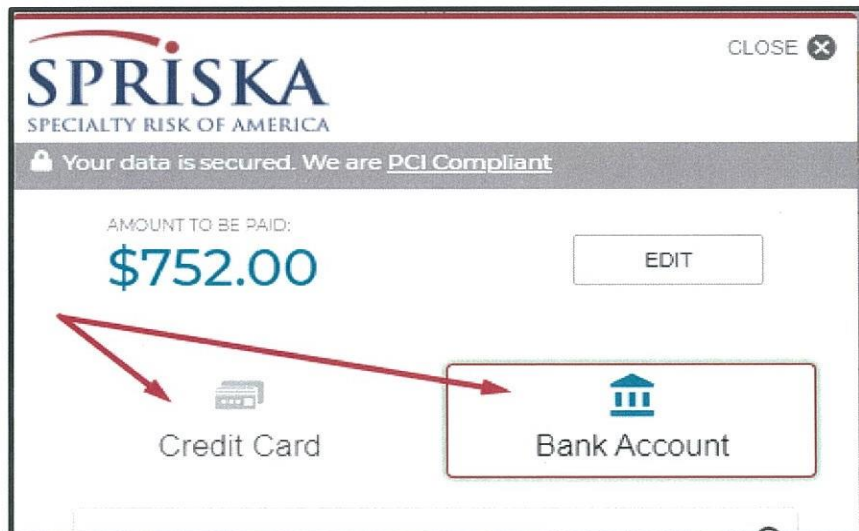
[Enroll in AutoPay](#)

CLICK →

Step 7: Please Read the Message. Click "OK" to continue or "Go Back" to exit



Step 8: Payment options - Click Credit Card or Bank Account.



Step 9: Click “EDIT” to change payment amount – otherwise skip to Step 11

The screenshot shows the SPRISKA Specialty Risk of America payment interface. At the top, there is a 'CLOSE' button with an 'X' icon. Below the logo, a security notice states 'Your data is secured. We are PCI Compliant'. The main section displays 'AMOUNT TO BE PAID: \$752.00'. To the right of this amount is an 'EDIT' button, which is highlighted by a red arrow. Below the amount, there are two large buttons: 'Credit Card' (with a card icon) and 'Bank Account' (with a bank icon).

Step 10: Click the Option you want to pay and Click the **orange** Edit button.
If you choose “Other Amount” – type in the box amount to be paid.

The screenshot shows the SPRISKA Specialty Risk of America payment interface with the 'Other Amount' option selected. At the top, there is a 'CLOSE' button with an 'X' icon. Below the logo, there are three radio button options: 'Amount to be Paid' (unselected), 'Remaining Balance' (unselected), and 'Other Amount' (selected). To the right of these options are the corresponding amounts: '\$752.00', '\$3,760.00', and '\$1,000.00'. Below the 'Other Amount' option, there is a text prompt 'Click in box and type amount' and a red box containing the value '\$ 1,000.00'. To the left of the box is a minus sign button and to the right is a plus sign button. Below the input box is a green progress bar with a slider handle, showing the range from '\$752.00' to '\$3,760.00'. At the bottom, there is an orange 'EDIT' button, which is highlighted by a red arrow. The 'ONE INC' logo is at the bottom right.

Step 11: Review payment information – then click “PAY \$xxx.xx

SPRISKA
SPECIALTY RISK OF AMERICA

Your data is secured. We are [PCI Compliant](#)

By selecting "PAY", you are authorizing One Inc on behalf of SPRISKA to charge your card for the total amount specified below.

Payment Amount

Processing Fee*

Total Payment Amount

Payment method

Click Pay

PAY \$68.49

[GO BACK](#)

* The total amount to be charged to your card will be the policy payment amount plus a \$2.32 processing fee. This is a processing fee, collected by One Inc, for this payment option.

ONE INC

Step 12: RECEIPT - You can choose to **Email, Print** or **Download** the Receipt then click “Close”

Back to [www.Spriska.com](#)

SPRISKA
SPECIALTY RISK OF AMERICA

✓ You're all set!

Policy #

Total Payment Amount \$68.49

Transaction Number 29217059

Credit Card Visa ending in [redacted]

Payment Date 04.01.2021, 12:16 PM EDT

Send email receipt to:

Email Address [SEND](#)

[PRINT RECEIPT](#) [DOWNLOAD RECEIPT](#)

[CLOSE](#)

ONE INC

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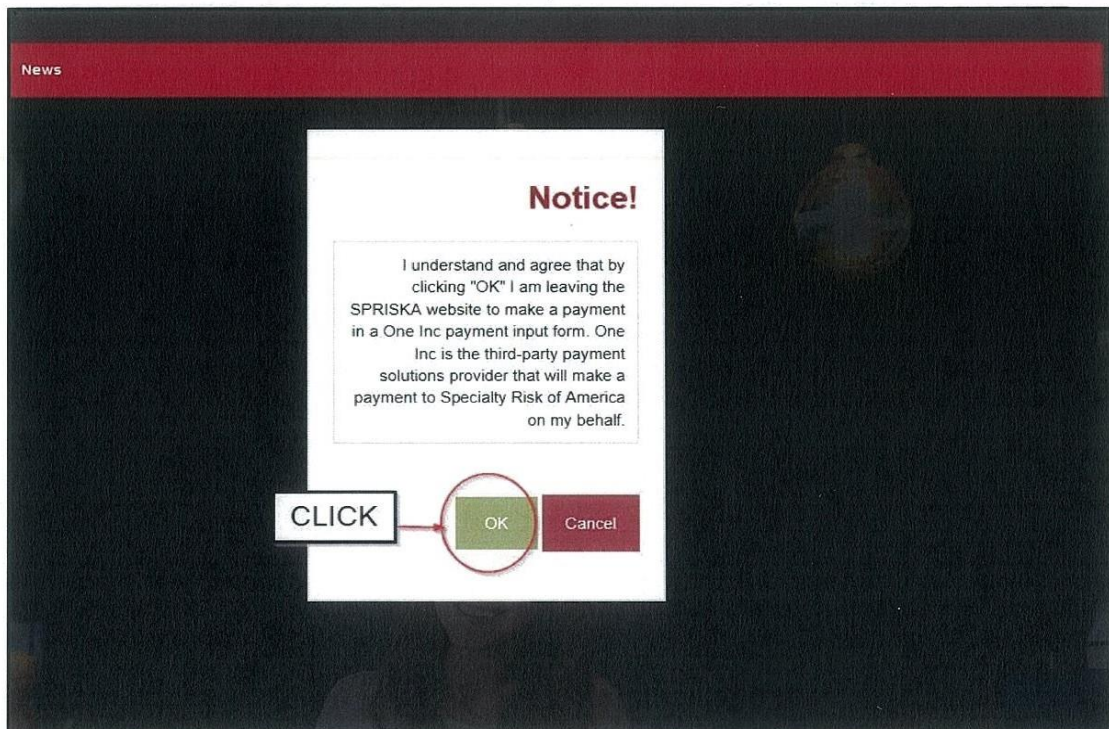
Producer Process for Enrolling into AutoPay without Making a Payment

Step 1: Go to Spriska Website at www.spriska.com

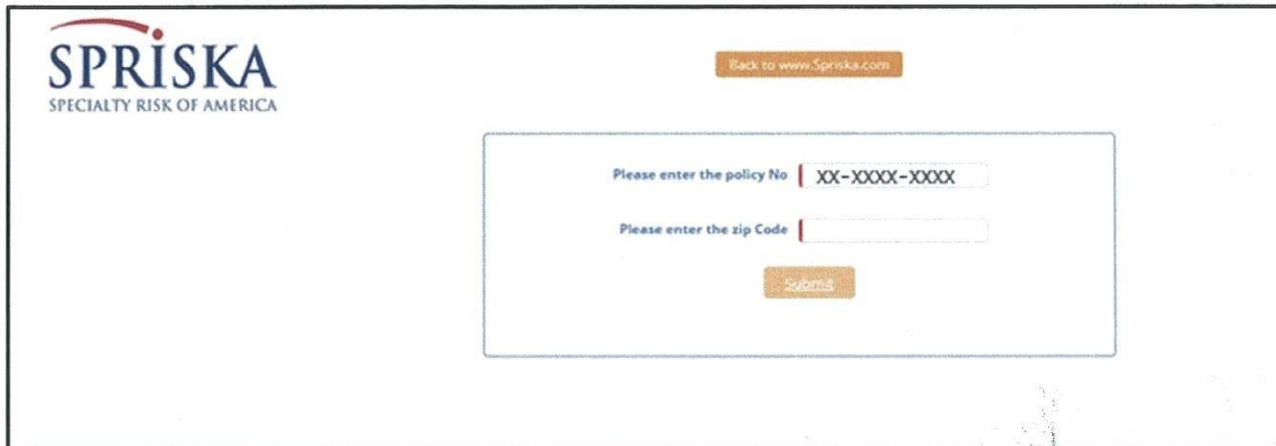
Step 2: Click “MAKE A PAYMENT”



Step 3: Click “OK” to proceed

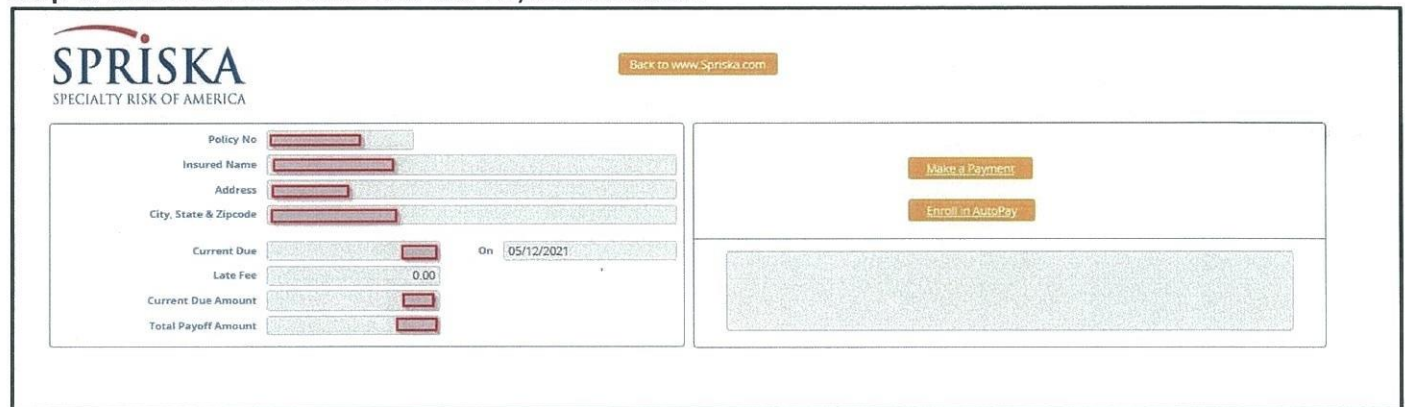


Step 4: Enter policy number (with “ – “ between numbers) and zip code of insured’s address



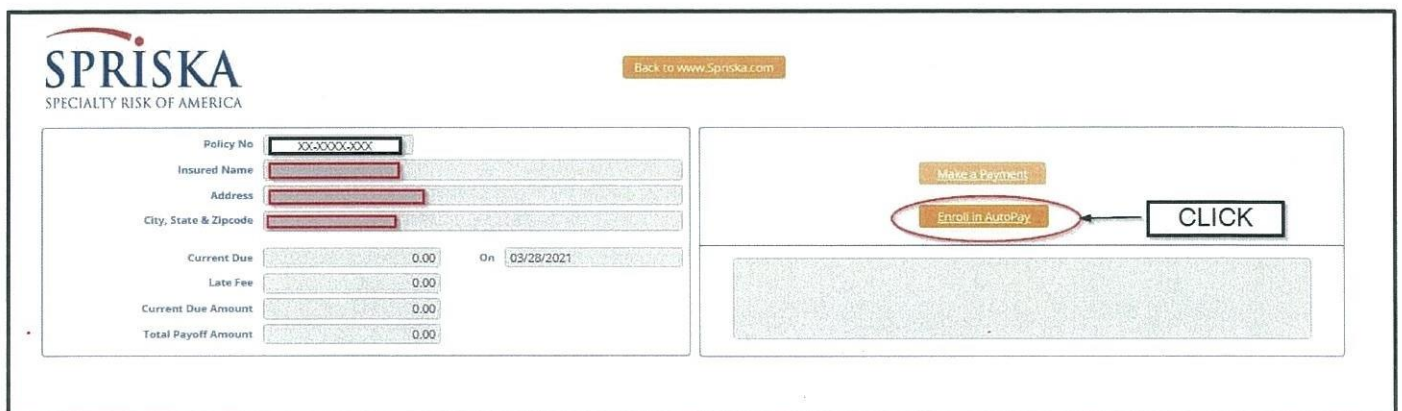
The screenshot shows the SPRISKA Specialty Risk of America website. At the top left is the logo. At the top right is a link "Back to www.Spriska.com". In the center is a form with two input fields: "Please enter the policy No" with a placeholder "XX-XXXX-XXXX" and "Please enter the zip Code". Below these fields is a "Submit" button.

Step 5: Account Information and Due Payment amount



The screenshot shows the SPRISKA Specialty Risk of America website. At the top left is the logo. At the top right is a link "Back to www.Spriska.com". The main content area is divided into two columns. The left column contains a form with the following fields: "Policy No", "Insured Name", "Address", "City, State & Zipcode", "Current Due" (with a value of 0.00), "Late Fee" (with a value of 0.00), "Current Due Amount" (with a value of 0.00), and "Total Payoff Amount" (with a value of 0.00). The right column contains two buttons: "Make a Payment" and "Enroll in AutoPay".

Step 6: click “Enroll into AutoPay”



The screenshot shows the SPRISKA Specialty Risk of America website. At the top left is the logo. At the top right is a link "Back to www.Spriska.com". The main content area is divided into two columns. The left column contains a form with the following fields: "Policy No" (with a value of XX-XXXX-XXXX), "Insured Name", "Address", "City, State & Zipcode", "Current Due" (with a value of 0.00), "Late Fee" (with a value of 0.00), "Current Due Amount" (with a value of 0.00), and "Total Payoff Amount" (with a value of 0.00). The right column contains two buttons: "Make a Payment" and "Enroll in AutoPay". The "Enroll in AutoPay" button is circled in red, and a box with the word "CLICK" and an arrow points to it.

Step 7: Enter Account or Credit card information

Options:

1. Bank Account (no transaction fee charge)
2. Credit card/Debit card (a 3.5% processing fee is applied to each transaction)
 - VISA
 - MASTER
 - AMERICAN EXPRESS
 - DISCOVER

Step 7-1: Bank Account - Enter Account Number & Routing Number. Edit the name on checking account if needed

SPRISKA
SPECIALTY RISK OF AMERICA

CLOSE X

Your data is secured. We are PCI Compliant

Credit Card

Bank Account

Account Number

Repeat Account Number

Routing Number

Name On Account

☒ Checking ☐ Savings

☐ CHECK CIRCLE TO ENROLL IN AUTOPAY

SUBMIT

CANCEL

Step 7-2: Credit card - Enter card number & expiration date. Edit the name on card, billing address and zip code if needed.

CLOSE X

SPRISKA

SPECIALTY RISK OF AMERICA

Your data is secured. We are PCI Compliant

Credit Card

Bank Account

DISCOVER

MasterCard

VISA

AMERICAN EXPRESS

Number

Expiration date

Name On Card

Billing Address


Billing Zip


☐ CHECK CIRCLE TO ENROLL IN AUTOPAY

SUBMIT


CANCEL


Step 8: Click “Check Circle to Enroll in AutoPay” → click “SUBMIT”



SPECIALTY RISK OF AMERICA


CLOSE 

Your data is secured. We are [PCI Compliant](#)



Credit Card


Bank Account






☒ Checking ☐ Savings



☐ CHECK CIRCLE TO ENROLL IN AUTOPAY

SUBMIT


CANCEL



Step 9: click "SAVE PAYMENT METHOD"



SPRISKA
SPECIALTY RISK OF AMERICA

CLOSE 

Your data is secured. We are [PCI Compliant](#)


By selecting "Save Payment Method", you are authorizing One Inc to use the payment method specified below for future payments SPRISKA. The total amount to be charged to your credit card will be the policy payment amount plus a 3.5% processing fee. This is a processing fee, collected by One Inc, for the convenience of this alternative payment option.

Payment method

SAVE PAYMENT METHOD

GO BACK

Any changes to this consent will be communicated to you by SPRISKA. By choosing this card as your payment method, you agree to authorize SPRISKA to utilize this stored credential to initiate one or more debits for the specified amount(s) to your card. This Authorization shall remain in effect until you notify SPRISKA of its termination in such a manner as to afford SPRISKA a reasonable opportunity to act on it.

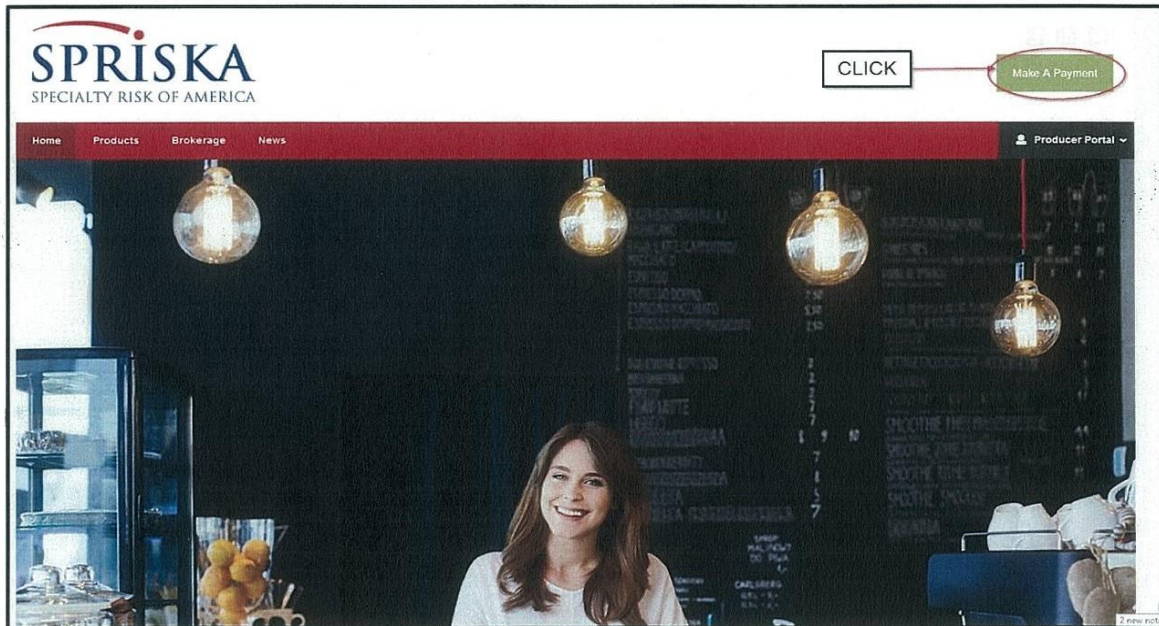


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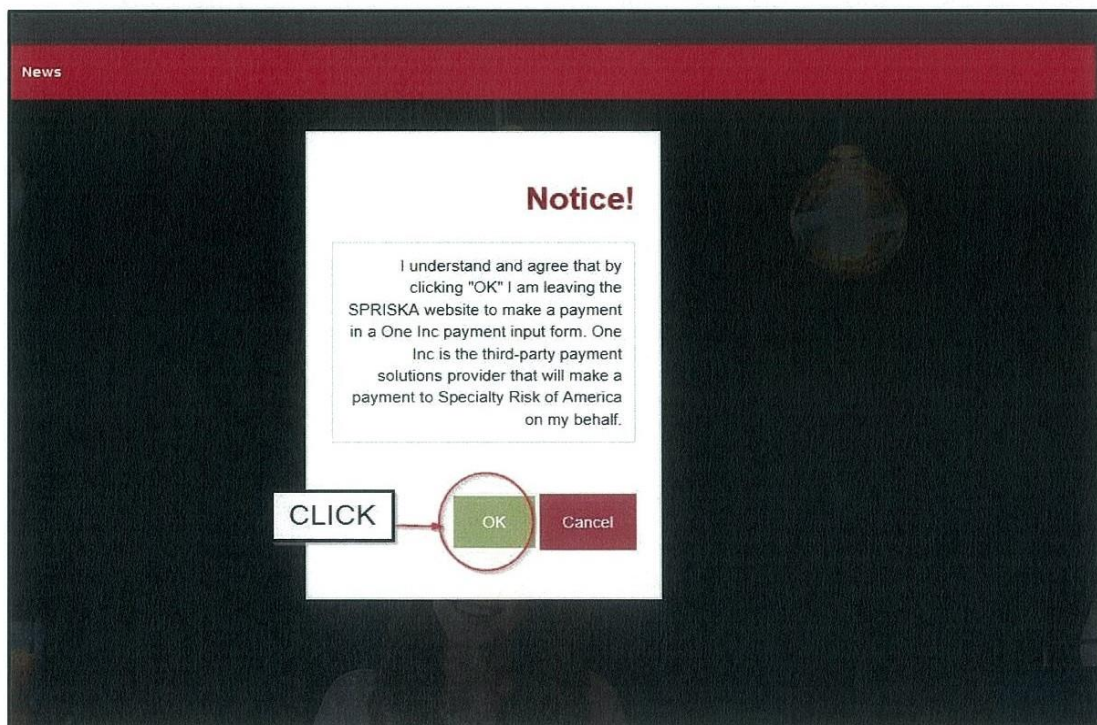
Producer Process for Updating Current Accounts Enrolled in AutoPay

Step 1: Go to Spriska Website at www.spriska.com

Step 2: Click “MAKE A PAYMENT”



Step 3: Click “OK” to proceed



Step 4: Enter policy number (with “ – “ between numbers) and zip code of insured’s address

The screenshot shows the SPRISKA Specialty Risk of America website. At the top left is the logo. At the top right is a link "Back to www.Spriska.com". In the center, there is a form with two input fields: "Please enter the policy No" with a placeholder "XX-XXXX-XXXX" and "Please enter the zip Code" with an empty field. Below these fields is a "Submit" button.

Step 5: Account Information - Click "Click here to De-enroll"

The screenshot shows the SPRISKA Specialty Risk of America website. At the top left is the logo. At the top right is a link "Back to www.Spriska.com". On the left, there is a form with fields for "Policy No", "Insured Name", "Address", and "City, State & Zipcode". Below these fields, it says "Account is Enrolled in AutoPay - ECP Account ending with 8029" and "Click here to DeEnroll" with a red arrow pointing to the link. On the right, there are two buttons: "Make a Payment" and "Enroll in AutoPay".

Step 6: Click “Yes”

The screenshot shows a dialog box titled "Auto Pay" with a close button (X) in the top right corner. The text inside the dialog box asks "Are you sure want to remove from Auto Pay?". At the bottom, there are two buttons: "No" and "Yes". A red arrow points to the "Yes" button.

The screenshot shows the SPRISKA Specialty Risk of America website. At the top left is the logo. At the top right is a link "Back to www.Spriska.com". On the left, there is a form with fields for "Policy No" (with placeholder "XX-XXXX-XXXX"), "Insured Name", "Address", and "City, State & Zipcode". Below these fields, it shows "Current Due" as 0.00, "Late Fee" as 0.00, "Current Due Amount" as 0.00, and "Total Payoff Amount" as 0.00. On the right, there are two buttons: "Make a Payment" and "Enroll in AutoPay". A red circle highlights the "Enroll in AutoPay" button, and a black box with the word "CLICK" and an arrow points to it.

Step 7: Click “Enroll into AutoPay”

Step 8: Enter Account or Credit/Debit card information

Options:

1. Bank Account (no transaction fee charge)
2. Credit card/Debit card (a 3.5% processing fee is applied to each transaction)
 - VISA
 - MASTER
 - AMERICAN EXPRESS
 - DISCOVER

Step 8-1: Bank Account - Enter Account Number & Routing Number. Edit the name on checking account if needed

SPRISKA
SPECIALTY RISK OF AMERICA

CLOSE X

Your data is secured. We are PCI Compliant

Credit Card

Bank Account

Account Number

Repeat Account Number

Routing Number

Name On Account

☒ Checking ☐ Savings

☐ CHECK CIRCLE TO ENROLL IN AUTOPAY

SUBMIT

CANCEL

Step 8-2: Credit card - Enter card number & expiration date. Edit the name on card, billing address and zip code if needed.

CLOSE X

SPRISKA

SPECIALTY RISK OF AMERICA

Your data is secured. We are [PCI Compliant](#)

Credit Card

Bank Account

DISCOVER

MasterCard

VISA

AMERICAN EXPRESS

Number

Expiration date

Name On Card

Billing Address


Billing Zip


☐ CHECK CIRCLE TO ENROLL IN AUTOPAY


SUBMIT


CANCEL


Step 9: Click "Check Circle to Enroll in AutoPay" → click "SUBMIT"



SPECIALTY RISK OF AMERICA

CLOSE 


 Credit Card


 Bank Account






☒ Checking ☐ Savings


 ☐ CHECK CIRCLE TO ENROLL IN AUTOPAY



Step 10: click "SAVE PAYMENT METHOD"



SPRISKA
SPECIALTY RISK OF AMERICA

CLOSE 

Your data is secured. We are [PCI Compliant](#)


By selecting "Save Payment Method", you are authorizing One Inc to use the payment method specified below for future payments SPRISKA. The total amount to be charged to your credit card will be the policy payment amount plus a 3.5% processing fee. This is a processing fee, collected by One Inc, for the convenience of this alternative payment option.

Payment method

SAVE PAYMENT METHOD

GO BACK

Any changes to this consent will be communicated to you by SPRISKA. By choosing this card as your payment method, you agree to authorize SPRISKA to utilize this stored credential to initiate one or more debits for the specified amount(s) to your card. This Authorization shall remain in effect until you notify SPRISKA of its termination in such a manner as to afford SPRISKA a reasonable opportunity to act on it.

ONE INC

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PROCESS TO DE-ENROLL POLICY FROM AUTOPAY

Go to SPRISKA website using www.spriska.com



Home Products Brokerage News Policyholder Portal

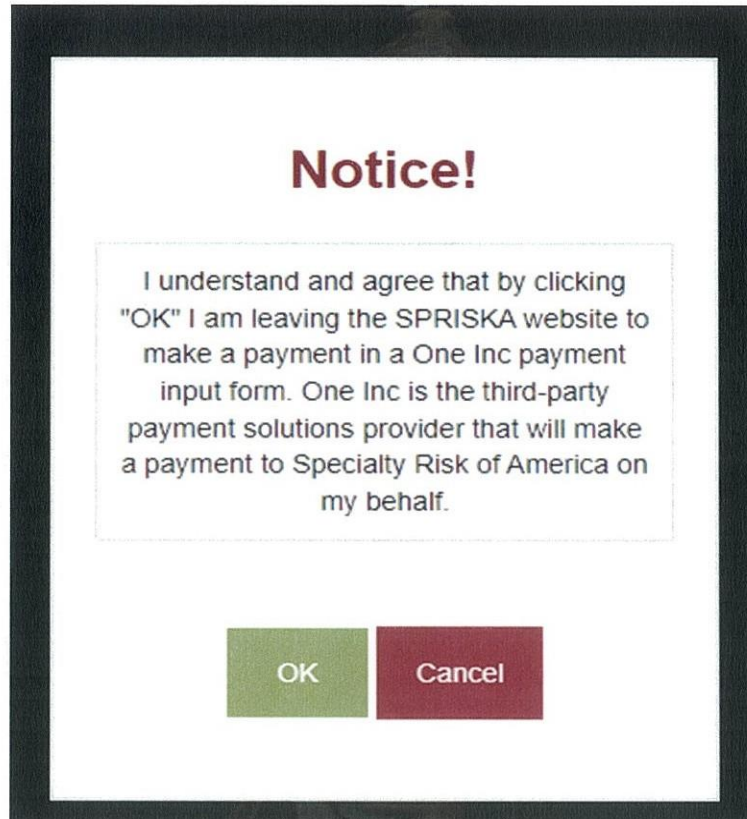
Click on **MAKE A PAYMENT** button



Make A Payment

Producer Portal ▾

Click **OK** after reading **Notice!**



Enter policy number using 10-digit sequence, i.e., 10-2020-xxxx or CPPxxxxxxx

Enter policy billing zip code

Please enter the policy No

Please enter policy billing zip code

Click **Submit**

****This screen can be a reference for the account used to enroll in autopay showing the last four digits of the account

To remove autopay from policy, use the [Click here to DeEnroll](#) button below

Policy No	10-2016-	
Insured Name		
Address		
City, State & Zipcode		, 60517

Account is Enrolled in AutoPay - CC Account ending with 9370 [Click here to DeEnroll](#)

Current Due	214.00	On	08/31/2022
Late Fee	0.00		
Current Due Amount	214.00		
Total Payoff Amount	214.00		

Once de-enroll is processed, the system will return to previous screen to select another transaction or choose to exit.

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Printing Documents in Simple Inspire:

1. Pull up the policy in Simple Inspire, this will open the Summary Tab.
2. Click the **orange** + next to Transaction.
3. Click on the document you want to print (Ex: renewal, endorsement etc.) it will become highlighted in blue on the transaction drop down.
4. Click the Policy Docs tab in blue.
5. Click on form name to check all boxes or if you only want the dec pages, check only the box next to Declarations.
6. Click the print button.
7. Click Generate PDF or Email if you want to email it.

Summary

Policy Info

Locations

Property

General Liability

Liquor Liability

Supplements

Preview & Issue

Policy Docs

1. Policy #

Term [02] 06/17/2021 - 06/17/2022 ACTIVE

Equity Dt: 06/17/2021 Acct Bal: 525.00

Pay Plan

Event Log

Jump To

Payment

Eservice

Print

More

VIEW

Transaction

Show Void

Trans Dt

Type

Sub Type

Eff Dt

Status

Insd. Value

Annual Premium

Tax/Fees

Written

Change

[02.01]

05/18/2021

Renewal

Ann. Renewal

06/17/2021

Issued

500.00

25.00

500.00

525.00

Policy

Transaction: Renewal, Ann. Renewal, Issued

Eff Dt: 06/17/2021

Prem+Fees: 525.00

Policy Documents

Copy Ty...

Policyholder Copy

Generate PDF

Print

Regen

Manage

Templates

Form Name

Email Docs

Form ID

Source

Status

Last Printed

*MAILING COVER PAGE

CL08110918

DocSet

Printed

06/09/2021

*COMMON POLICY DECLARATIONS

CL10450121

DocSet

Printed

06/09/2021

*CERTIFIED TERRORISM LOSS DISCLOSURE OF PREMIUM AND FEDERAL SHARE OF INSURED LOSSES

CL06050121

DocSet

Printed

06/09/2021

*CANNABIS ITEMS AND ACTIVITIES EXCLUSION

CL10450121

DocSet

Printed

06/09/2021

*POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

LL61000321

Coverage

Printed

06/09/2021

*ILLINOIS LIQUOR LIABILITY COVERAGE

LL6251011

DocSet

Printed

06/09/2021

*ILLINOIS DEFENSE COSTS REIMBURSEMENT

SPR6900421

DocSet

Printed

06/09/2021

*FEE DISCLOSURE

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PRODUCER ACCESS TO POLICY INVOICES AND NOTICES

1. Using a pre-assigned user ID, open Simple Inspire
2. Enter policy number
3. Go to Account Summary Tab (last tab on bottom of tab list)
4. Click on PDF icon to view selected document
 - Invoice – current premium billed and due
 - Notice of Cancellation – notification of late invoice payments
 - Rescission Notice – notification late payment has been received
 - Past Due Notice – notification of late payment for a renewal policy not made prior to renewal date
5. Print or email document as needed



Express Navigation

Enter Policy number here

Enter Value

Policy No

Policy Folder

GO

Advanced Search

Post Issuance

Event Log

Jump To

Payment

Service

Print

More

VIEW

Print

Email

Share

Close

Summary

Policy Info

Locations

Property

General Liability

Liquor Liability

Supplements

Preview & Issue

Policy Docs

U/W Review

Account Summary

Policy

Transaction: Endorsement, Notice of Change, Issued

Eff Dt: 12/08/2021

Prem+Fee: 4,289.00

Rate Quote

Term

[01] 08/10/2021 - 08/10/2022 ACTIVE

GO

Acct Dt	Trans Type	Trans SubType	Trans RefNo.	Eff Date	Charges	Credit	Sch Date	Amount	Fee	Total	Status
08/10/2021	Invoice	Premium	SPK1014140	08/10/2021	1,222.00	0.00	08/10/2021	1,022.00	200.00	1,222.00	Billed
08/25/2021	Payment	Premium	SPK1010042	08/25/2021	-1,222.00	-1,222.00	10/21/2021	1,022.00	5.00	1,027.00	Billed
10/21/2021	Invoice	Premium	SPK1020130	10/21/2021	-1,027.00	0.00	02/10/2022	1,022.00	5.00	1,027.00	To Bill
10/25/2021	Document	Premium	NOTICE OF CANCELLA...	10/25/2021	0.00	0.00	05/10/2022	1,023.00	5.00	1,028.00	To Bill


Click on PDF icon

Click Account Summary Tab

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PROCESS TO UPDATE AGENT ASSIGNED TO ACCOUNT




Click **+** to open the top widget box

 Policy #

Click **Edit** button in far-right bottom corner.

Policy Status	<input type="text" value="Active"/>
Claims Count	<input type="text"/>
Loss Paid	<input type="text"/>
Pay Plan	<input type="text" value="Annual Payment Plan"/>
Auto Pay	<input type="text" value="N"/>
Acc Bal	<input type="text" value="0.00"/>
Curr Bal	<input type="text" value="0.00"/> Edit

This will open **Agent** field.

Inception Date	<input type="text" value="09/11/2017"/>
Issue St	<input type="text"/>
Agency	<input type="text"/>
Agent	<input type="text"/> 
Underwriter	<input type="text"/> 
Renew Ind	<input type="text" value="Batch Renw"/> 

Using the dropdown, choose the applicable **Agent** name.

Policy Status	<input type="text" value="Active"/>
Claims Count	<input type="text"/>
Loss Paid	<input type="text"/>
Pay Plan	<input type="text" value="Annual Payment Plan"/>
Auto Pay	<input type="text" value="N"/>
Acc Bal	<input type="text" value="0.00"/>
Curr Bal	<input type="text" value="0.00"/> Save

Click **Save** and done.

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PROCESS TO UPDATE EMAIL ADDRESS IN SIMPLE INSPIRE

Go to the Desktop (first page that opens when logging in)

Click your Name in the black box in the top right corner

Click My Profile

On Personal Info page you can change the email

Then click the save icon in the top right corner.

2. →

REBECCA SMITH

REBECCA SMITH
rebecca.smith@spriska.com

My Profile Logout

Submissions

Created Date	Policy No	Insured Name
No Records found for the search criteria		

3. →

My Profile: REBECCA SMITH

4. →

Personal Info

My Widgets

My Defaults

Password Questions

Change Password

First Name: REBECCA

Middle Name: R

Last Name: SMITH

Work Phone: (217) 753-2500

Cell Phone:

Email ID: rebecca.smith@spriska.com 5. →

6. →

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Steps on How-To Enroll in ACH Weekly or Monthly Commission Payments

Log into SimpleSolve. As a designated Administrator for your agency, a red bank icon should be present in the upper right side of your home page screen.

Click on the “RED BANK ICON” to get started in enrollment process.



The screenshot shows the SPRISKA home page. In the top right corner, there is a red bank icon. A red arrow points to this icon. The page includes a navigation bar with 'Express Navigation' and a 'Log Out' button. Below the navigation bar, there are sections for 'Diaries' and 'Submissions'. The 'Diaries' section shows a table with columns: Scheduled, From, ContextID, and Description. The 'Submissions' section shows a table with columns: Created Date, Policy No, Insured Name, and Description. The user's name, 'Nolan Agent Rockford', is displayed in the top right corner.

Select Commission Schedule – Weekly or Monthly. Then, click “ENROLL IN AUTOPAY”



The screenshot shows a form for enrolling in autopay. The form includes fields for Agency ID, Agency Name, Address, and City, State & Zipcode. Below these fields, there is a 'Commission Schedule' section with two radio buttons: 'Weekly' and 'Monthly'. The 'Monthly' radio button is selected. A red arrow points to the 'Enroll in AutoPay' button, which is located at the bottom of the form.

Complete the required information using the bank information to receive the deposit of your weekly/monthly commission payments.

Take a moment to verify the accuracy of the information.

Click "SUBMIT"

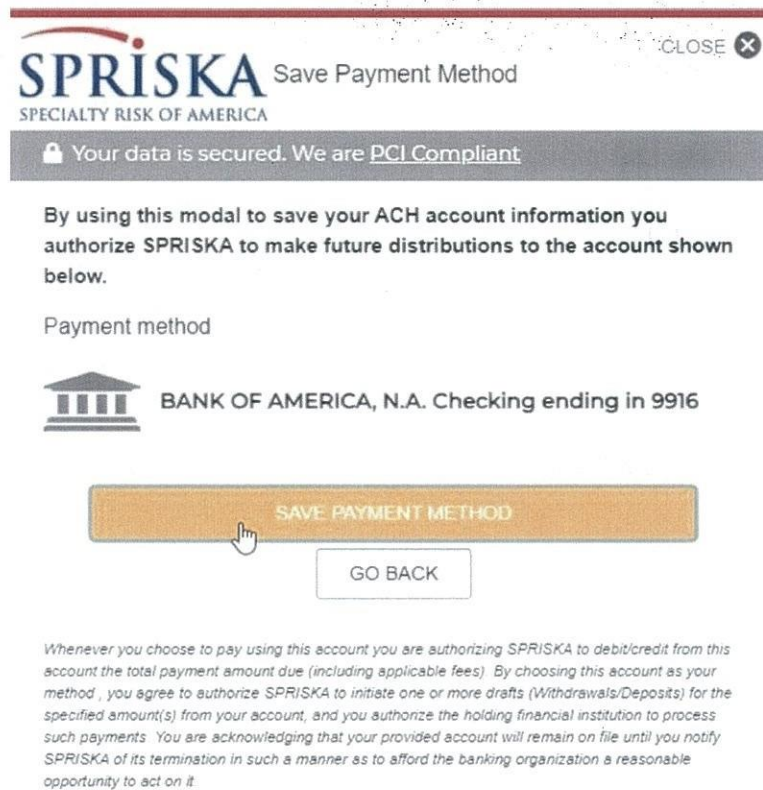
The screenshot shows a web form titled "SPRISKA Save Payment Method" with the subtitle "SPECIALTY RISK OF AMERICA". A "CLOSE" button with an 'X' icon is in the top right. A grey banner below the title states "Your data is secured. We are PCI Compliant". The form contains several input fields: "Account Number" (with a question mark icon), "Repeat Account Number", "Routing Number" (with a question mark icon), and "Name On Account" (pre-filled with "SPRISKA Agency Services"). Below these fields are two radio buttons: "Checking" (selected) and "Savings". A checkbox labeled "MAKE THIS MY DEFAULT PAYMENT METHOD" is positioned above the "SUBMIT" button. The "SUBMIT" button is a large orange rectangle, and the "CANCEL" button is a smaller white rectangle with a grey border. Four red arrows originate from a single point on the left and point to the "Account Number", "Repeat Account Number", "Routing Number", and "Name On Account" fields. Another set of three red arrows originates from a point below the radio buttons and points to the "Checking" radio button, the "MAKE THIS MY DEFAULT PAYMENT METHOD" checkbox, and the "SUBMIT" button.

Ensure account information is correct.

Confirm the selection for weekly or monthly commission payments is marked properly. Once the selection is stored, an email to customerservice@spriska.com is necessary to request IT support to update.

Click "GO BACK" button if changes needed.

Click "SAVE PAYMENT METHOD" button.



The screenshot shows a modal window titled "SPRISKA Save Payment Method" with the tagline "SPECIALTY RISK OF AMERICA". A "CLOSE" button with an 'X' icon is in the top right corner. A security notice states: "Your data is secured. We are [PCI Compliant](#)". The main text reads: "By using this modal to save your ACH account information you authorize SPRISKA to make future distributions to the account shown below." Below this, the "Payment method" is listed as "BANK OF AMERICA, N.A. Checking ending in 9916", accompanied by a small bank icon. At the bottom, there are two buttons: a large orange "SAVE PAYMENT METHOD" button and a smaller white "GO BACK" button. A mouse cursor is pointing at the "SAVE PAYMENT METHOD" button. A disclaimer at the very bottom states: "Whenever you choose to pay using this account you are authorizing SPRISKA to debit/credit from this account the total payment amount due (including applicable fees). By choosing this account as your method, you agree to authorize SPRISKA to initiate one or more drafts (Withdrawals/Deposits) for the specified amount(s) from your account, and you authorize the holding financial institution to process such payments. You are acknowledging that your provided account will remain on file until you notify SPRISKA of its termination in such a manner as to afford the banking organization a reasonable opportunity to act on it."

Notification the payment method selected was saved successfully. Click "CLOSE".



Process is complete. An email will be sent from SPRISKACustomerCare to confirm the enrollment.

Agency ID	<input type="text" value="SPRISKA"/>
Agency Name	<input type="text" value=""/>
Address	<input type="text" value=""/>
City,State & Zipcode	<input type="text" value=""/>

Already enrolled account ending with 1111
(To change enrolled account, Please de-enroll first)

[Click here to DeEnroll](#)

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PROCESS FOR SELF-SERVICE PORTAL

INITIATING eSERVICES FOR PORTAL ACCESS

Policyholder elects eServices for Paperless Policy Docs & Billing and provides email address (or mobile phone number for text messages) and Simple Inspire is updated as requested by an authorized user by selecting the Eservice button found on the policy

Event Log ▾ Jump To ▾ Payment ▾ **Eservice** Print ▾ More ▾

eServices [X]

Policy: [Red Arrow]

Paperless Policy Docs & Billing ☒ Enrolled
Receive Text Messages ☐ Not Enrolled

Send Email To: [Red Arrow]
Mobile Phone #: [Red Arrow]

Cancel Update

PLEASE HELP US SERVICE YOUR CLIENT MORE EFFICIENTLY AND SAVE THE ENVIRONMENT BY ENROLLING THEM IN E-SERVICES

Policyholder receives email: *Please check and sign in the document – Signature requested by Specialty Risk of America* to Please review and sign the document

Policyholder receives second email once document is signed: *You just signed Please check and sign in the document* indicating You have successfully signed your document

A series of activities are loaded in the Event Log in the Policy Folder to reflect the eSign process

Date	Event	Short Description
10/08/2021	Diary	10-2020-2598 : eSigned eDelivery Consent Received
10/08/2021	Activity	Insured has eSigned the ELECTRONIC DELIVERY CONSENT FORM through HelloSign
10/08/2021	Activity	Insured has viewed the ELECTRONIC DELIVERY CONSENT FORM through HelloSign
10/08/2021	Activity	ELECTRONIC DELIVERY CONSENT FORM was sent for Signature through HelloSign to email address sharon.ke

The email address entered in Policy Folder will need to be the same for policyholder to set up and access their account successfully

Policy #	<input type="text"/>	Policyholder	<input type="text"/>
Type	Commercial Package	Phone-Home	() - -
Issue Co.	<input type="text"/>	Phone - Work	<input type="text"/>
Email-Policy	Enrolled	Phone-Cell	() - -
Email-Invoice	Not Enrolled	Email	<input type="text"/>
Text Opt In	N	App Signed	No <input type="button" value="v"/>
		Ph Portal Enrolled	N <input type="button" value="v"/>

If the email address is different, the owner of the email listed will need to set up access to account

The email can be edited by either producer, their representative or SPRISKA staff with proper authorization

Initial process has been completed and the policyholder is ready to set up their policyholder portal access

SETTING UP ACCESS FOR POLICYHOLDER PORTAL

Go to SPRISKA website and click on Policyholder Portal



Enter applicable email address noted on policy in Simple Inspire. If initial inquiry, click Register Account and follow prompts. Otherwise, enter password and click Login

Login

*Email address

*Password

Login

[Forgot Password?](#) | [Register Account](#)

Enter policy number and applicable email address. Click box for Terms & Conditions once reviewed and click register

Register Account

*Policy Number

[Redacted]

*Email Address

[Redacted]

Use your registered email id associated with the policy

☒ I agree to the Terms & Conditions

Register

Login

Receive acknowledgement of a successful registration



Account has been successfully registered.

Your account has been successfully registered. Please check your email for a validation request.

[Login](#)

Receive message indicating registration authorization process completed successfully prompting an email to be sent to the email address used to register account



Registration authorization process completed successfully

[Login](#)

Email received confirming registration and instruction to click URL included in email to set password

Confirm your request to Register this policy to your account: [REDACTED]



SpriskaCustomerCare <DoNotReply@spriska.com>
To [REDACTED]

Reply Reply All Forward ...

Wed 10/13/2021 1:31 PM

The policy number referenced in the subject of this email has been successfully added to your account. Please click on the URL below to authorize the registration.

[https://policyholder.spriska.com/\[REDACTED\]](https://policyholder.spriska.com/[REDACTED])

If you did not request to register this policy to your account, please contact your Insurance Agency or Broker.

Thank you
Customer Services Team
SPRISKA

Enter New Password and Confirm Password and click Set Password

Registration Confirmation

*New Password

.....



Use 8 or more characters with a mix of letters, upper, lower, numbers & symbols #, \$, -, !, (,)

*Confirm Password

.....



Set Password

To reset password, click Forgot Password and follow prompts

Forgot Password

***Policy Number**

Enter Policy Number

***Email Id**

Enter your Email Id

Proceed

Login

Setting up access to the account in Policyholder Portal is complete and policyholder ready to view their account portal

Welcome to the Policyholder Portal

MY POLICIES screen following successful inquiry to account. From this screen, the insured can add a policy (above box in orange) if they have multiple policies; view the Premium for the policy, Current Due, Account Balance, View More Details; and, status (in this case showing PAID)



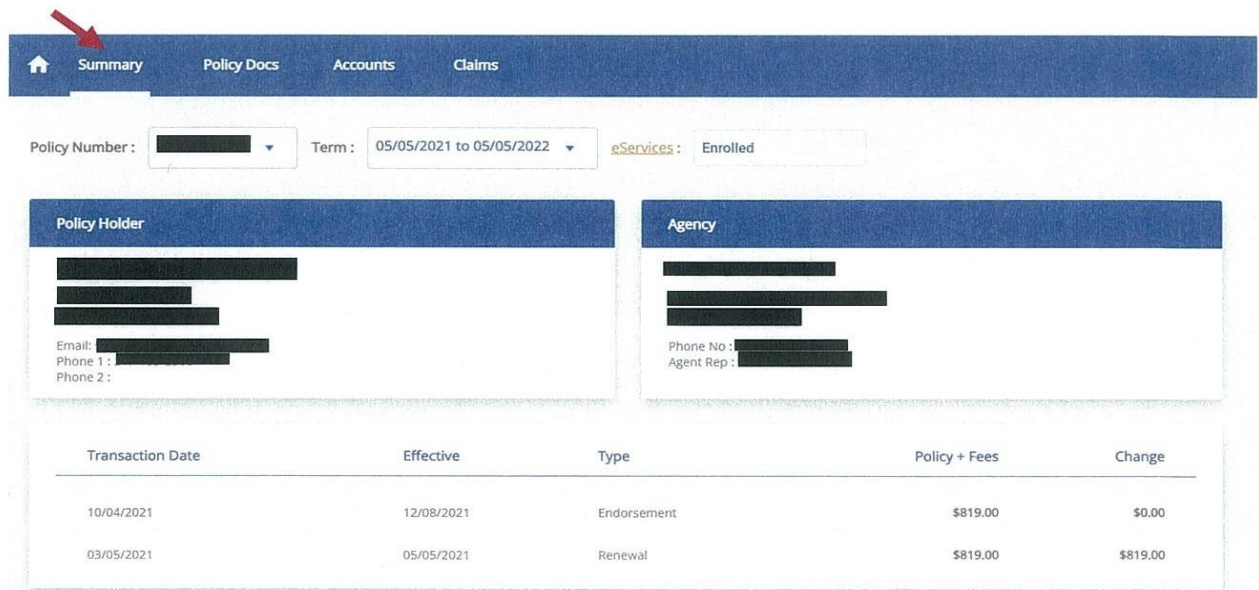
SPRISKA
SPECIALTY RISK OF AMERICA

MY POLICIES [Add a New Policy](#)

Policy	Premium	Current Due	Account Balance
COMMERCIAL PACKAGE	\$819.00	\$0.00	\$0.00

Status: ● Active Term: 05/05/2021 to 05/05/2022 Agent Rep: [REDACTED] Paid [View More Details](#)

Click on View More Details (Summary tab indicated by white line under tab)



[Home](#) **Summary** [Policy Docs](#) [Accounts](#) [Claims](#)

Policy Number: [REDACTED] Term: 05/05/2021 to 05/05/2022 eServices: Enrolled

Policy Holder

[REDACTED]
[REDACTED]
[REDACTED]
Email: [REDACTED]
Phone 1: [REDACTED]
Phone 2: [REDACTED]

Agency

[REDACTED]
[REDACTED]
[REDACTED]
Phone No: [REDACTED]
Agent Rep: [REDACTED]

Transaction Date	Effective	Type	Policy + Fees	Change
10/04/2021	12/08/2021	Endorsement	\$819.00	\$0.00
03/05/2021	05/05/2021	Renewal	\$819.00	\$819.00

Overall view shows the carrier and producer on the policy and transaction history for term period selected. eServices (in orange): enrolled. Select any of the tabs across the top for additional information: Policy Docs, Accounts, Claims

Click on Policy Docs Tab



Policy Number: [dropdown] Term: 05/05/2021 to 05/05/2022 eServices: Enrolled

Please select from the list below, the documents you want to print or email

Generate PDF Send an Email

Form ID	Form Name
---------	-----------

In this tab if policy documents were loaded to site, they could be selected individually or collectively. A PDF could be generated (click on associated button) to be printed or emailed (click on Send an Email button).

Click on Claim Tab – This is out of sequence since screen shot was shorter than the Accounts Tab



Policy Number: [dropdown] Term: 05/05/2021 to 05/05/2022

Claim Number	Claim Type	Loss Date	Reported	Loss Paid	Status
--------------	------------	-----------	----------	-----------	--------

Click on Accounts Tab

Policy Number : [Redacted] Account Activity Period : Last 3 Months eServices : Enrolled

Policy [Redacted] Premium \$819.00 Current Due \$0.00 Account Balance \$0.00

Commercial Package

Status : Active Agent Rep : [Redacted] Paid Enroll Auto Pay

Billing Address

[Redacted] INC.
[Redacted]

Account Details

Pay plan

Annual Payment Plan

[Invoice Schedule Details](#)

Date	Type	Ref No	Charges	Credits	Balance
04/21/2020	Invoice	SPK295088	\$750.00	\$0.00	\$750.00
04/23/2020	Payment		\$0.00	(\$750.00)	\$0.00
04/05/2021	Invoice	SPK324637	\$819.00	\$0.00	\$819.00
04/12/2021	Invoice	SPK1004002	\$0.00	(\$78.00)	\$741.00
04/16/2021	Payment	SPK1001060	\$0.00	(\$138.00)	\$603.00
05/02/2021	Document	PAST DUE NOTICE	\$0.00	\$0.00	\$603.00
07/08/2021	Document	NOTICE OF CANCELLATION NO	\$0.00	\$0.00	\$603.00
07/09/2021	Payment	90234	\$0.00	(\$603.00)	\$0.00
07/09/2021	Document	Rescission Notice	\$0.00	\$0.00	\$0.00

From the Accounts Tab, you can select Account Activity Period drop down to show choices of Last 3 months, 6 months or 12 months. The policyholder can enroll in auto pay by clicking the button in upper right portion of the screen.

It shows the billing address where the policyholder would receive any manual documents or correspondence. It has Account Details for the Pay plan selected. For this policy the pay plan is an Annual Payment Plan. If the pay plan selected would have installments, the Invoice Schedule Details (in orange) would show the details for the installments, such as bill and due dates along with amount

due for each invoice. The bottom portion shows account transaction history and provides a PDF version of related notices/invoices for policyholder to view, print or email.

An insured can add a new policy to a registered account by clicking on [Add a New Policy](#) on my policies screen.

SPRISKA
SPECIALTY RISK OF AMERICA

MY POLICIES

Policy	Premium	Current Due	Account Balance
CPP1029088 COMMERCIAL PACKAGE	\$8,401.00	\$0.00	\$0.00

Status: ● Active Term: 05/17/2022 to 05/17/2023 Agent Rep: LISA BERRY

Paid [View More Details](#)

[Add a New Policy](#)

Enter the policy number associated with the same email address

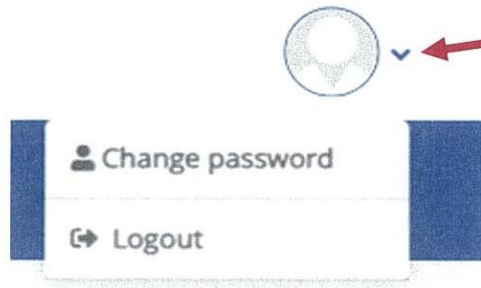
Add New Policy [X]

*Policy Number

Enter your policy number

Add

Use the drop down to logout or change password



EXAMPLE OF ACCOUNT WITH MULTIPLE POLICIES

MY POLICIES

[Add a New Policy](#)

Policy [REDACTED] COMMERCIAL PACKAGE	Premium \$13,953.00	Current Due \$1,345.00	Account Balance \$10,727.00
Status : ● Active	Term : 06/10/2021 to 06/10/2022	Agent Rep : [REDACTED]	Pay Online View More Details

Policy [REDACTED] LIQUOR LIABILITY	Premium \$1,928.00	Current Due \$1,345.00	Account Balance \$10,727.00
Status : ● Active	Term : 12/15/2020 to 12/15/2021	Agent Rep : [REDACTED]	Pay Online View More Details

Policy [REDACTED] COMMERCIAL PACKAGE	Premium \$3,413.00	Current Due \$0.00	Account Balance \$0.00
Status : ● Active	Term : 01/03/2021 to 01/03/2022	Agent Rep : [REDACTED]	Paid View More Details

Home

Summary

Policy Docs

Accounts

Claims

Policy Number :

Term : 06/10/2021 to 06/10/2022

Policy Holder

Email:

Phone:

Phone 2:

Agency

Phone No:

Agent Rep:

Transaction Date	Effective	Type	Written Premium	Change
06/10/2021	06/10/2021	New Business	\$13,953.00	\$13,953.00

Home

Summary

Policy Docs

Accounts

Claims

Policy Number :

Term : 06/10/2021 to 06/10/2022

Please select from the list below, the documents you want to print or email

Generate PDF

Send an Email

	Form ID	Form Name
<input type="checkbox"/>	CPDEC1011	COMMON POLICY DECLARATIONS
<input type="checkbox"/>	SPR20501220	SUPPLEMENTAL DECLARATIONS-DATA COMPROMISE

Home

Summary

Policy Docs

Accounts

Claims

Policy Number :

Term : 06/10/2021 to 06/10/2022

Claim Number	Claim Type	Loss Date	Reported	Loss Paid	Status
--------------	------------	-----------	----------	-----------	--------

Policy Number :

Account Activity Period : Last 3 Months

Policy

Commercial Package

Premium

\$13,953.00

Current Due

\$1,345.00

Account Balance

\$10,727.00

Status : Active

Agent Rep

Pay Online

Enroll Auto Pay

Billing Address

Account Details

Pay plan

20% + 8 Monthly Payments

Invoice Schedule Details

Date	Type	Ref No	Charges	Credits	Balance	
06/10/2021	Invoice	SPK1008572	\$3,231.00	\$0.00	\$3,231.00	
06/26/2021	Document	NOTICE OF CANCELLATION NO	\$0.00	\$0.00	\$3,231.00	
06/26/2021	Document	PAST DUE NOTICE	\$0.00	\$0.00	\$3,231.00	
07/01/2021	Document	ENROLLED	\$0.00	\$0.00	\$3,231.00	
07/02/2021	Payment	SPK1006943	\$0.00	(\$3,231.00)	\$0.00	
07/02/2021	Document	Rescission Notice	\$0.00	\$0.00	\$0.00	
07/21/2021	Invoice	SPK1012268	\$1,345.00	\$0.00	\$1,345.00	