

Windhaven Agent Non-Pay Reinstatement Standard

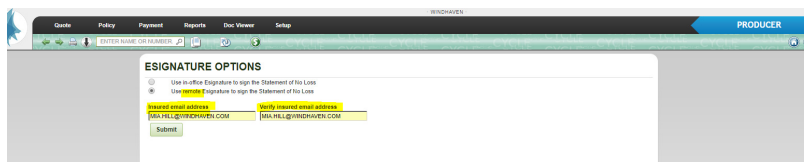
The Remote E-sign option works the same way, **except the email is sent to the insured to E-sign and pay**

La opción Remote E-sign trabaja de la misma manera **excepto que se enviará un correo al asegurado** para que el **documento sea firmado** y para que **realice el pago** de la reinstalación.

STEP 1/PASO 1

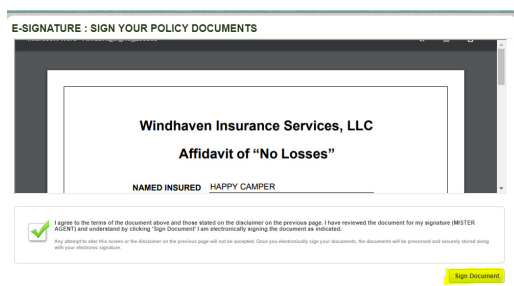
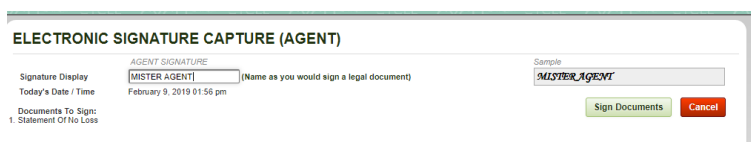
Enter insured email address twice and click “Submit”

Ingrese dos veces el **correo electrónico del asegurado** y haga click en **“Submit”**



Please note that the agent must sign the Statement of No Loss before it gets sent to the insured to E-sign

Favor note que el agente debe firmar el documento de No pérdida antes de ser enviado por E-sign al asegurado.



STEP 2/PASO 2

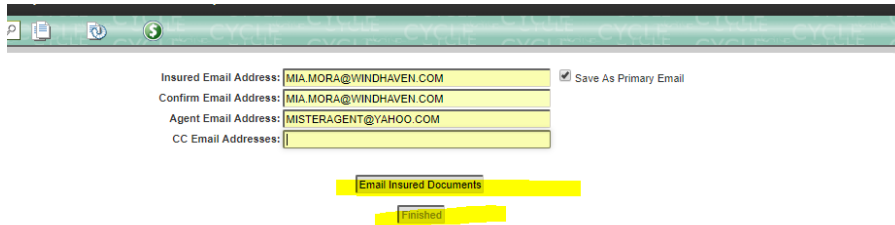
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Your next step is to **enter insured and agent's email addresses**, click **“Email Insured Documents”**, and then click **“finished”**

Su próximo paso será ingresar el correo electrónico del asegurado y del agente. Haga click en **“Email Insured Documents”** y luego presione **“Finished”**

Please note that the system will notify agent when the email is sent

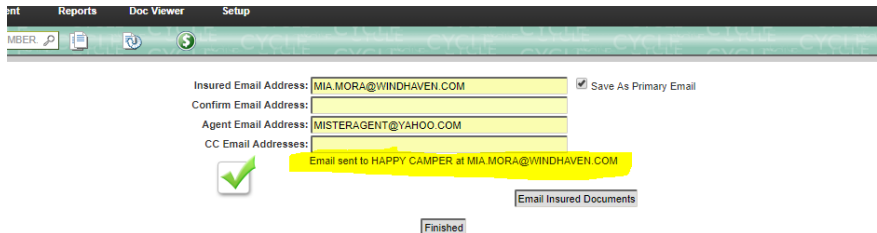
Favor note que el Sistema notificará al agente cuando el correo haya sido enviado.



Insured Email Address: MIA.MORA@WINDHAVEN.COM Save As Primary Email
Confirm Email Address: MIA.MORA@WINDHAVEN.COM
Agent Email Address: MISTERAGENT@YAHOO.COM
CC Email Addresses: |

Email Insured Documents

Finished



Insured Email Address: MIA.MORA@WINDHAVEN.COM Save As Primary Email
Confirm Email Address: |
Agent Email Address: MISTERAGENT@YAHOO.COM
CC Email Addresses: |

Email sent to HAPPY CAMPER at MIA.MORA@WINDHAVEN.COM

Email Insured Documents

Finished

STEP 3/ PASO 3

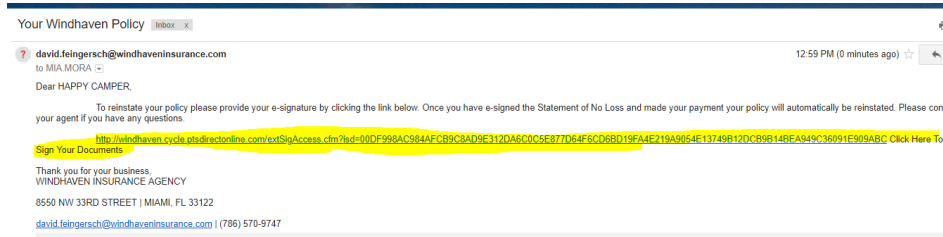
The insured receives the email with instructions to E-sign the Statement of No Loss and make payment

El asegurado recibe un correo con intrucciones para realizar el E-sign en el documento de No Pérdida y para hacer el pago.

In this step, the insured must **click the link** provided in the email to initiate reinstatement process

En este paso, el asegurado debe darle **click al link** que le envían en el correo para comenzar el proceso de reinstalación.

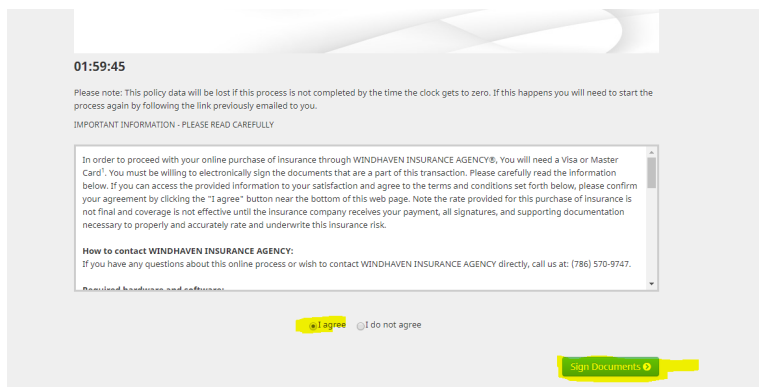
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STEP 4/ PASO 4

After, the insured needs to **agree for e-sign Disclaimer** and **click “Sign Documents”**

Luego, el asegurado necesita estar de acuerdo con el **E-sign Disclaimer** y seleccionar **“Sign Documents”**



STEP 5/ PASO 5

Next, the insured is required to **complete the Electronic Signature form** and **click “Sign Documents”**



Seguidamente, el asegurado debe completar la forma de la firma electronica y darle click a **“Sign Documents”**

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Please note: This policy data will be lost if this process is not completed by the time the clock gets to zero. If this happens you will need to start the process again by following the link previously emailed to you.

Electronic Signature Capture (INSURED)

Please fill out the information as if you were signing in person.

INSURED SIGNATURE		Sample
Signature Display	<input type="text" value="HAPPY CAMPER"/> <small>Name as you would sign a legal document)</small>	
Initials	<input type="text" value="HC"/>	
Today's Date / Time	February 9, 2019 02:02 pm	
Security Question #1	<input type="text" value="What is your mothers maiden name?"/>	<input type="text" value="*****"/>
Security Question #2	<input type="text" value="What was the name of your first pet?"/>	<input type="text" value="*****"/>
Who is signing documents?		
<input checked="" type="radio"/> HAPPY CAMPER		
<input checked="" type="checkbox"/> I certify that I am HAPPY CAMPER		

Documents To Sign:
1. StatementOfNoLoss

STEP 6/PASO 6

Statement of No Loss is populated with the insured's E-signature along with date & time signed

The insured then must **review the affidavit, agree to its terms, and click "Continue"**

El documento de No Pérdida aparecerá e incluye la firma del asegurado, la fecha y la hora en la que se realice la firma.

El asegurado debe revizar el affidavit, debe estar de acuerdo con términos y condiciones al seleccionar **"agree"** y darle click a **"Continue"**

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Windhaven Insurance Services, LLC

Affidavit of "No Losses"

NAMED INSURED HAPPY CAMPER

POLICY NUMBER TXAS0001641-00

CANCELLATION/EXPIRATION DATE 02/06/2019

I understand that all coverage under the above referenced policy terminated at 12:01 a.m. of the policy cancellation/expiration date.

I do solemnly swear that no member of my household has been involved in an accident since the policy cancellation/expiration date listed above. In addition, I do solemnly swear that no vehicle covered by the referenced policy has been involved in an accident since the referenced policy cancellation/expiration date.

Based on this statement said company shall consider reinstatement/renewal of said policy. By making this exception, said insured benefits by not being required to apply for a replacement policy, pay another down payment and any applicable fees, and incur a gap in coverage which could affect any prior coverage discount at renewal which insured might otherwise qualify for.

It is clearly understood that if the payment rendered with this affidavit is dishonored or returned due to insufficient funds, or if a claim should be filed on an accident that occurred during the referenced time period, it is agreed that any renewal based on this affidavit shall become null void. **NO COVERAGE WILL HAVE EXISTED FROM THE POLICY CANCELLATION/EXPIRATION DATE.**

I understand this affidavit shall be considered solely a request for reinstatement/renewal and that the final decision concerning this issue shall be solely that of said company.

Named Insured Signature

Date /Time

I hereby affirm that said named insured signed this Affidavit of No Losses at the date

Please note: This policy data will be lost if this process is not completed by the time the clock gets to zero. If this happens you will need to start the process again by following the link previously emailed to you.

Document(s) Review Instructions

Please read & Sign your policy documents as you would in person.

- StatementOfNoLoss - REVIEWED

We are providing you with documents through our electronic signing system. Please click "View Document(s)" to carefully and thoroughly review the documents that we have generated with your adopted signature placed in the applicable areas based on the coverage, driver(s) and vehicle(s) you are needing to insure.

[View Document\(s\)](#)

I agree to the terms of the document above and those stated on the disclaimer on the previous page. I have reviewed the document for my initials (HC) and signature (HAPPY CAMPER) and understand by clicking "Sign Document" I am electronically signing the document as indicated.

Any attempt to alter this screen or the disclaimer on the previous page will not be accepted. Once you electronically sign your documents, the documents will be processed and securely stored along with your electronic signature.

[Continue](#)

STEP 7/PASO 7

The insured then selects the Current amount due to pay

El asegurado debe seleccionar "Current amount due" para hacer el pago

Please note: This policy data will be lost if this process is not completed by the time the clock gets to zero. If this happens you will need to start the process again by following the link previously emailed to you.

Select Payment Amount

Current Due \$ 113.83

Full \$ 21.24

[Continue >](#)

STEP 8/PASO 8

Payment method is selected and entered

El método de pago debe ser seleccionado e ingresado.

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Please note: This policy data will be lost if this process is not completed by the time the clock gets to zero. If this happens you will need to start the process again by following the link previously emailed to you.

Payment Method	Account Holder Address
<input checked="" type="radio"/> Bank Draft	Address: 136 VALENCIA CIR
<input type="radio"/> Credit Card	Zip/City/State: 33716 SAINT PETERSBURG FL
Payment Amount: \$ 113.83	Account Details
	Account Type: <input checked="" type="radio"/> Checking <input type="radio"/> Savings
	Account Holder: TEST TEST
	Routing #: 111900659 <small>9 digits between symbols: !@# \$ % & ' () * + , - . / : ; < = > ? [\] ^ _ ` { } ~</small>
	Account #: 0495292978 <small>Series of digits after symbol: !@# \$ % & ' () * + , - . / : ; < = > ? [\] ^ _ ` { } ~</small>
	Bank Name: WELLS FARGO
	Continue >

STEP 9/PASO 9

When insured sees this note, the process is complete, and the policy is automatically reinstated

Cuando al asegurado le aparezca esta nota, el proceso ha sido completado y la póliza estará automáticamente reinstalada.

Please note: This policy data will be lost if this process is not completed by the time the clock gets to zero. If this happens you will need to start the process again by following the link previously emailed to you.

Thank You for signing!