

II. POLICY SERVICES



FHM INSURANCE
COMPANY

A POLICY TO DO MORE®

Workers' Comp Since 1954

POLICY SERVICES

FHM's Policy Services Department is responsible for the ongoing management of policies which includes management of the processes of accounting, payroll audit, agency and agent appointment and computer system administration.

Dear Insured:

We are pleased to offer you a program designed to help you manage the cost of workers' compensation insurance coverage. You can have your premium payments automatically transferred from your checking, savings or money market account each month through electronic funds transfer at no extra cost to you.

Please refer to your statement each month for the amount due and the date the funds will be transferred from your account. We will mail your bill at least 20 days prior to the due date. This allows ample time to contact us with any questions about the amount of withdrawal and ensure that sufficient funds are available. Nonsufficient funds (NSF) in your account at the time of withdrawal will result in immediate cancellation of the policy.

Initially, the installments will be equal; however, your payments may fluctuate as changes occur in your business or other matters affecting your premium. If the adjustment results in a credit balance, no withdrawals will be made until your credit balance is erased. Once a balance is due, you will receive a bill and the withdrawals will begin. In the unlikely event of an error, we will make the proper corrections, credit your account electronically or issue a refund and advise your financial institution of our mistake.

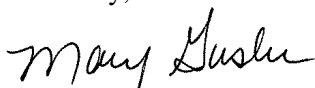
If you change financial institutions, banking or accounts, please contact our Accounting Department immediately to ensure uninterrupted payment of premiums at [**Billing@fhmic.com**](mailto:Billing@fhmic.com).

Once a policy period has ended, you will receive a Final Premium Audit bill. ***Because final premium audits are subject to greater fluctuation than regular monthly bills, you will be asked to notify us if you would like the funds electronically transferred or if you prefer to pay by check.*** If we receive no response, the funds will be transferred from your account five days after the due date. If the audit results in a credit, the credit will be transferred to your current policy year or a refund will be mailed to the billing address within 30 days.

To apply for electronic funds transfer, simply complete and sign the authorization form attached. Send it, along with a cancelled or voided check to FHM Insurance Company. To expedite the process, you may fax or e-mail the signed application form and voided check. (FAX: 407-373-6266 or Email: [**Billing@fhmic.com**](mailto:Billing@fhmic.com))

If you have any questions regarding this program, please contact me at 407-351-1212 ext. 216 or e-mail me at Mary_Gusler@fhmic.com. We are excited to offer you this payment program and welcome your participation.

Sincerely,



Mary Gusler
Financial Services Coordinator

ELECTRONIC PREMIUM PAYMENT AUTHORIZATION

FHM Insurance Company through Wachovia/Wells Fargo Bank as Agent, is authorized to deduct premium payments and initiate credit entries as necessary. All such debit and credit entries shall be made to the account indicated below and the bank named below is authorized to debit and credit these entries to the account designated below.

BANKING INSTITUTION _____

BANK TELEPHONE NUMBER (_____) _____

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT/ABA.NO. _____ **ACCOUNT NO.** _____

PLEASE CIRCLE TYPE OF ACCOUNT: **CHECKING** **SAVINGS**

PLEASE PROVIDE A VOIDED OR CANCELLED CHECK

This Authorization will remain in effect until FHM Insurance Company is notified in writing of its termination. The notice of termination must afford FHM Insurance Company and the banking institution reasonable opportunity to act on it. The undersigned represents and warrants that it is authorized and empowered to execute this Authorization of the purposes specified herein and indemnifies and holds FHM Insurance Company harmless from any damage, loss or claim resulting from authorized actions hereunder.

INSURED COMPANY NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

POLICY NO. _____

NAME _____ **TITLE** _____

(Must have signatory authority on designated account)

SIGNATURE _____ **DATE** _____

*****Nonsufficient funds (NSF) in your account at the time of withdrawal will result in immediate cancellation of the policy*****

NOTE: Payments will be adjusted for quarterly self-audits, payroll/class code changes, experience modification changes and other routine matters affecting your premium. You will be notified of the actual amount two weeks prior to the 1st of the month draw date.

Return this completed form with your voided or cancelled check to FHM Insurance Company, P.O. Box 616648, Orlando, FL, 32861-6648. You may also FAX or email. (Please fax to: 407-373-6266 or Email to: Billing@fhmic.com)



Login

- After you have registered at www.fhmic.com; you will be emailed your specific login information: a user name and password.
- When you login for the first time you will need to change the password to one of your choice. The password you choose must meet certain criteria. It must include at least *one capital letter*, at least *one lower case letter*, and at least *one numeral*.
- Click “Login”.
- Click “I agree to the terms specified above” to continue.

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User Name:
Password:

I want to change my password:
[Click here if you have forgotten your user name or password](#)
[Click here if this is your first visit and you do not know your new user name](#)
[Click here to contact Customer Service Department or call \(888\)346-3461](#)

[Click here to read our Privacy Statement](#)

FHMconnect WEBSITE TERMS OF USE

Welcome to the FHMconnect website (the "Site"). To assist you in using the Site and to ensure a clear understanding of the relationship arising from your use of the Site, we have created a set of Terms of Use.

PLEASE REVIEW THE FOLLOWING TERMS OF USE (the "USER AGREEMENT") AND NOTE THAT YOUR USE OF THE SITE CONSTITUTES YOUR AGREEMENT TO FOLLOW AND BE BOUND BY THEM. THESE TERMS OF USE MAY BE REVISED PERIODICALLY. WE RECOMMEND THAT YOU READ OUR TERMS OF USE WHENEVER YOU VISIT THIS SITE SO THAT YOU ARE AWARE OF ANY CHANGES.

IF YOU DO NOT AGREE TO ALL OF THESE TERMS, PLEASE DO NOT USE THIS SITE.

1. Definitions

In this User Agreement, "we" and "us" refer to the Florida Hospitality Mutual Insurance Company ("FHM"), and "you" and "your" relate to the user visiting and utilizing the Site.

2. Copyright/Trademark Notice

This Site in its entirety, including its content, all site design, text, date, interfaces, logos, button icons, legends, images, titles, page headers, graphics, software and the selection, arrangement, coordination, enhancement and presentation of said elements is the sole property of FHM and protected by United States copyright laws. All software used on the Site is the property of FHM or its software suppliers (or is used under license from the owner) and is protected by United States

The “**Insured**” tab provides a quick snapshot of :

- Mailing address and contact information
- Agent contact information
- Policy status
- Email FHM Insurance from this screen
 - Your Customer Service Representative
 - Your Underwriting Representative
 - The Underwriting Dept

The screenshot shows a web browser window displaying the FHM Insurance Company portal. The page title is "Return to the FHMIC main web page (Leave FHMconnect) 23356 - XYZ Company Inc." The page features a navigation menu with tabs for "Insured", "Workplaces", "Officers / Entities", "Certificates", "Policy", "Claims", "Audits", "Billing", "Balance", and "Reports". The "Insured" tab is selected, showing the following information:

Inception:	05/17/2011	Contact Name:	John Smith
Termination:		E-mail:	johnsmith@test.com Change Email
Status:	Active	Phone:	(407)234-5678
Federal ID:	591234567	Fax:	
Dept. Of Labor ID:		Business Type:	Corporation
State Emp. ID:		Cust. Service Rep:	Tammy Ellis
Risk ID:		Underwriting Rep:	Maria Simpson
Agency Branch:	INTERNAL AGENCIES		
Agent:	Quoting Agent		

Mailing Address:
P O Box 12345
ORLANDO, FL 32861

Insured Unit 1: Florida, XYZ Company Inc.
Contact: John Smith Phone: (407)234-5678 Fax: Email: johnsmith@test.com Change

The “**Policy**” tab:

- View all coverage periods since policy inception.
- View account balance by coverage period
- View incurred losses and loss ratio by coverage period
- Access, view and print policy and endorsement forms.
 - Current policy is in PDF format
 - Summary box of endorsement and forms
- View all the policy information.
 - Product and pay plan information.
 - Payroll and rating information.
 - Payroll audit status.
 - Certificate holder information.
 - Officer Information.
 - Billing Statements for all policy periods.
 - Account balance information for all policy periods.
 - Workplace locations.
 - Claim information.

http://192.168.20.2/webtopics/WebInsured/scrhFrame.asp?page=TpInstrf.asp - Windows Internet Explorer provided by FHM Insurance

http://192.168.20.2/webtopics/WebInsured/scrhFrame.asp?page=TpInstrf.asp

File Edit View Favorites Tools Help

http://192.168.20.2/webtopics/WebInsured/ScrHFr...

Insured Workplaces Officers / Entities Certificates **Policy** Claims Audits Billing Balance Reports

Policies for 23356 - XYZ Company Inc.

Year	Policy Number	Status	Renewal Balance	Effective - Expiration	Policy Premium	Earned Premium	Total Incurred	Loss Ratio	Account Balance
2011	WC306-0023356-2011A Forms	Active	N/A	05/17/2011-05/17/2012	\$2,532	\$0	\$0	N/A	\$422.00
Totals:					\$2,532	\$0	\$0	0%	\$422.00

To view policy forms you must have Adobe "Acrobat Reader" installed. Visit Adobe for installation instructions.

Done

http://192.168.20.2/webtopics/WebInsured/scrhFrame.asp?page=TpInstrf.asp - Windows Internet Explorer provided by FHM Insurance

http://192.168.20.2/webtopics/WebInsured/scrhFrame.asp?page=TpInstrf.asp

File Edit View Favorites Tools Help

http://192.168.20.2/webtopics/WebInsured/ScrHFr...

Insured Workplaces Officers / Entities Certificates **Policy** Claims Audits Billing Balance Reports

Policy - WC306-0023356-2011A, 23356 - XYZ Company Inc.

WC Product: Guaranteed Cost-FL	Effective: 05/17/2011	Anniversary Rating: 05/17/2011
Policy Status: Active	Expiration: 05/17/2012	Governing Class Code: FL 8601
Manual Premium: \$2,300	Paid Losses: \$0	Contact: John Smith
Standard Premium: \$2,232	Reserves: \$0	Phone: (407)234-5678
Normal Premium: \$2,232	Incurred: \$0	Fax:
Policy Premium: \$2,532	Open Claims: 0	Email: johnsmith@lest.com
Earned Premium: \$0	Loss Ratio: 0%	
Industry: Accountant, Auditor-Traveling		Mailing Address:
NAICS: 541219		P O Box 12346
SIC: 8721		ORLANDO, FL 32861

Forms A/R Transactions Billing Statements Rating

Policies Unit 1 : Florida, XYZ Company Inc.

Manual Premium: \$2,300	Paid Losses: \$0	Governing State: Florida
Standard Premium: \$2,232	Reserves: \$0	Billing Plan: Monthly Self Audit
Normal Premium: \$2,232	Incurred: \$0	
Policy Premium: \$2,532	Open Claims: 0	
Earned Premium: \$0	Loss Ratio: 0%	

Insured Unit Payroll Rating Claims

For more information contact your Underwriting Department.

Internet 150%

The "Billing" Tab:

- View all billing statements for the policy period
- Email the FHM Billing Dept

The "Audits" Tab:

- View audits

The "Claims" tab:

- View a list of claims by coverage period or all policy years at once.
- Sort list by any category title.
- Enter / modify a notice of Injury
- Email the FHM Claims Dept.

http://192.168.20.2/webtopics/WebInsured/SrchFrame.asp?page=TpInStf.asp - Windows Internet Explorer provided by FHM Insurance

23356 - XYZ Company Inc.

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Insured Workplaces Officers / Entities Certificates Policy Claims Audits Billing Balance Reports

Billing Statements for: 23356 - XYZ Company Inc.

2011A Billing Unit 1	Post Date	Transaction Description	Transaction Amount
Statement 1056701 05/25/2011 \$422.00	05/20/2011	Previous Statement Amount	\$668.00
Statement 1056681 05/17/2011 \$966.00	05/20/2011	Void Expense Constant:	-\$200.00
	05/20/2011	Expense Constant:	\$200.00
	05/20/2011	Void - Down Payment - Premium	-\$223.00
	05/20/2011	Void - Down Payment - Terrorism Act Charge	-\$10.00
	05/20/2011	Void Installment # 1 of 9 Premium	-\$223.00
	05/20/2011	Void Installment # 1 of 9 Terrorism Act Charge	-\$10.00
	05/25/2011	Payroll Report for 5/17/2011 to 6/1/2011 Premium	\$216.00
	05/25/2011	Payroll Report for 5/17/2011 to 6/1/2011 Terrorism Act Charge	\$6.00
		Statement Amount:	\$422.00
		Statement Due	06/10/2011

http://192.168.20.2/webtopics/WebInsured/SrchFrame.asp?page=TpInStf.asp - Windows Internet Explorer provided by FHM Insurance

Return to the FHMIC main web page (Leave FHMconnect)

23356 - XYZ Company Inc.

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Insured Workplaces Officers / Entities Certificates Policy Claims Audits Billing Balance Reports

Audits For 23356 - XYZ Company Inc.

Audits

Date Assigned	Type	Method	Last Activity	Status	Completed	Completion Method	Policy Year	Unit No.	Auditor	Premium	Audit Request ID
	Interim	Voluntary	05/18/2011	Unassigned			2011	1	Matt Boggs		162399

http://192.168.20.2/webtopics/WebInsured/SrchFrame.asp?page=TpInStf.asp - Windows Internet Explorer provided by FHM Insurance

Return to the FHMIC main web page (Leave FHMconnect)

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Insured Workplaces Officers / Entities Certificates Policy Claims Audits Billing Balance Reports

Claims For 23356 - XYZ Company Inc., All Policy Years

Enter/Modify Notice of Injury

Policy Premium:	\$2,532	Total Incurred:	\$0
Earned Premium:	\$0	Loss Ratio:	N/A
First Policy Year:	2011	Last Policy Year:	2011

Click on a column heading to sort data

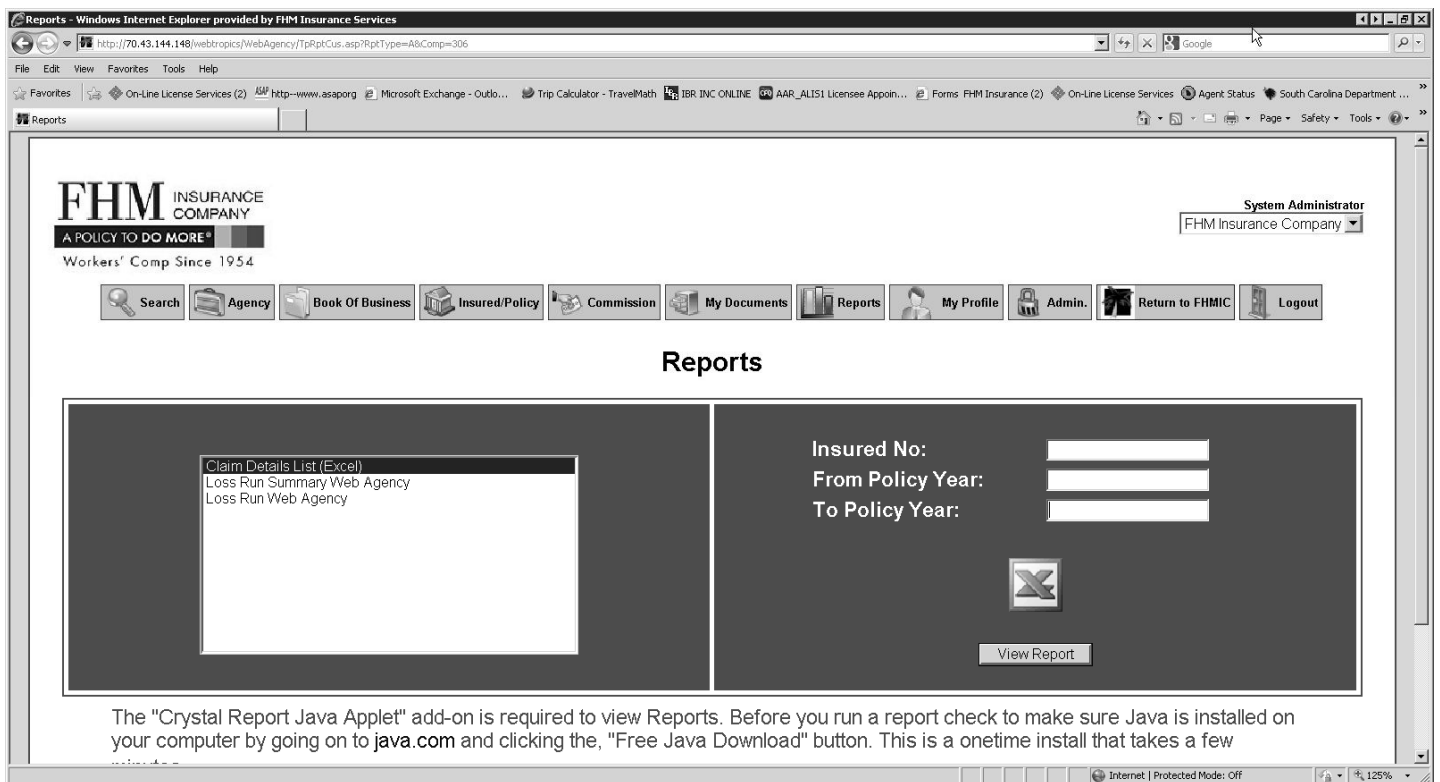
Claimant	Policy Year	Unit-Wkpl	Insured Department	Date Of Injury	Claim Type	Claim Status	Class Code	Injury Type	Total Paid	Total Reserved	Total Incurred	Deductible Billed
No Claims Found												

For more information contact your Claims Department.

The “Reports” tab:

- Email your FHM Marketing Rep from this screen.
- View and print **loss run, loss run summary, and detailed claims list** reports.
 - “Loss Run Web Insured” is a standard loss run report and does not show “0” as a result. (It will show no result for a year with no losses.)
 - “Loss Run Summary Web Insured” is a *total* number of claims by year and does show “0” when a year has no losses.
 - “Claim Details List (Excel)” is a detailed loss run which indicates insured unit, workplace, claim numbers, claimant name, claim description, cause, reserves, etc. It is automatically in excel format.

IMPORTANT NOTE: You will need Java and you must allow Active-X controls in order to view REPORTS with the Crystal Report Active X Viewer.



This is intended only as a guide to your initial visit to **FHMconnect**. It does not contain all the information, links, and services that you can find online. We encourage you to explore and learn more about **FHMconnect** and www.fhmic.com today.

FORMS

Please refer to Section VII – State Specific Information, for the statutes and forms related to the implementation of these procedures in your state.