



STONETRUST[®]

WORKERS' COMPENSATION



STONETRUSTINSURANCE.COM

Agent Portal User Guide

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What is in the Agent Portal

Add an Agent Portal User
Application Submissions
Renewal Quotes
Agency Book of Business
Insured Loss Runs

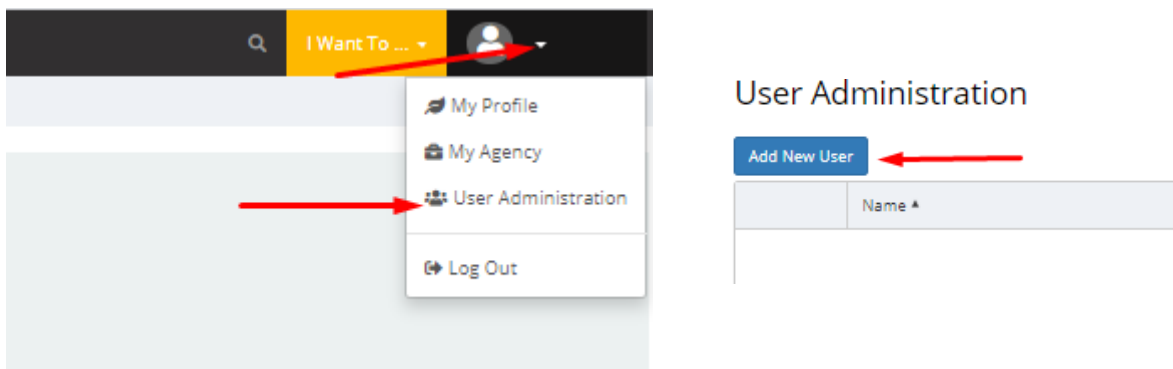
How to Become an Agent Portal Administrator

When a new agency is onboarded with Stonetrust the Principal or Primary Contact for the agency will notify Stonetrust of who they'd like the Agent Portal Admin to be. This person can be chosen for the Agency or for individual Branches.

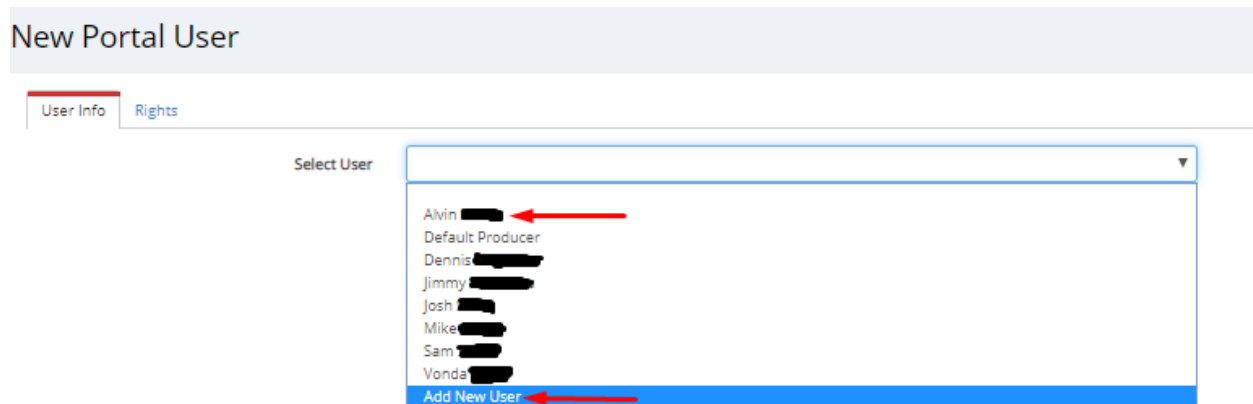
Should the Agent Portal Administrator need to be changed, the Principal or Primary Contact for the agency would need to notify the Stonetrust Marketing Coordinator via email to make this change.

Add an Agent Portal User

Click drop down arrow in top right corner of Dashboard Screen. Select "User Administration" and "Add New User".



Select a contact from the list or "Add New User".



Complete all fields indicated by a red line on the New Portal User screen. Note: The User ID defaults to the user's email address. You can leave it as is or assign a specific username.

New Portal User

User Info

Rights

Select User

Name

Job Title

Email

User Name

Phone +

Assign access rights to portal user. Rights can be assigned to fit the user's needs and by a certain Branch, certain Branches or for all Branches, where applicable.

User Info

Rights

Access	All Rights (Except User Security Admin)	User Security Admin	Application Entry	Claims	Commissions	Documents	Insured Bill Payment	Insured Financials	Insured Payroll Entry	Insurets	Renewal Actions	Reports
All Branches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BROWN & BROWN OF ARKANSAS, INC - RUSSELLVILLE 706 W. Main St. Russellville, AR 72801	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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BROWN & BROWN OF ARKANSAS, INC - SPRINGDALE 1479 Executive Pl., Ste. A Springdale, AR 72762	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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BROWN & BROWN OF ARKANSAS, INC 2120 Riverfront Dr., Suite 200 Little Rock, AR 72202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Portal users will appear on the user administration screen. To manage users, click the "Manage" button next to the user.

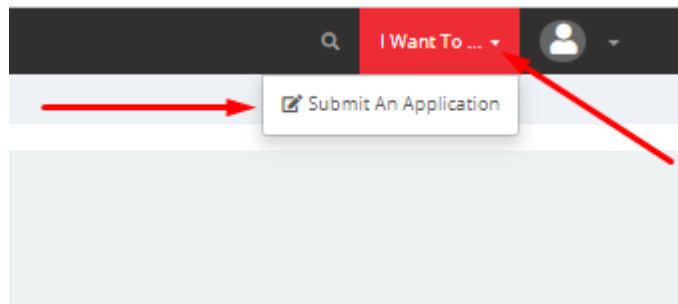
User Administration

	Name *	Username	Email
<input type="button" value="Manage"/>	John Doe	JDOE@YOURINSURANCE.COM	jdoe@yourinsurance.com

Application Submissions

There are two ways to submit an application inside the agency portal:

1. From the dashboard screen, click on "I Want To" and select "Submit an Application" from the drop-down list.



2. Click on “Applications” in the menu on the left side of the page, then click “New Application”.



Clearance Screen

Complete fields indicated by a red line and answer all questions. Click “Next” button at the bottom right of the screen to advance to the next screen.

Stonetrust Portal Application

Producer	<input type="text" value="Select: Producer"/>
Branch CSR	<input type="text"/>
Tax ID	<input type="text" value="###-####"/>
Business Name	<input type="text"/>
DBA	<input type="text"/>
Business Address	<input type="text" value="Street Address"/>
	<input type="text" value="Address (cont.)"/>
	<input type="text" value="City"/>
	<input type="text" value="Zip"/>
Business Phone	<input type="text" value="555-111-2222"/>
Years In Business	<input type="text"/>
Loss History	<input type="text"/>
Effective Date	<input type="text"/>
Experience Mod	<input type="text"/>
Questions	<p>1. Is application state AR, LA, MO, MS, OK, TN, TX or NE? <input type="radio"/> Yes <input type="radio"/> No</p> <p>2. Is this account currently in Bankruptcy proceedings? <input type="radio"/> Yes <input type="radio"/> No</p> <p>3. Is applicant a Staffing Agency? <input type="radio"/> Yes <input type="radio"/> No</p> <p>4. Is there any trucking exposure for this risk? <input type="text"/></p> <p>5. Is risk involved in tow truck operations? <input type="text"/></p> <p>6. Is there any convenience store exposure for this risk? <input type="text"/></p> <p>7. Does this entity perform any construction-oriented services? <input type="text"/></p> <p>8. Do any of the employees of this entity need to drive vehicles as part of their primary job responsibilities? <input type="text"/></p> <p>9. Is risk involved in emergency medical services? <input type="text"/></p> <p>10. Does entity operate a Hotel/Motel? <input type="text"/></p> <p>11. Is risk involved in restaurant operations? <input type="text"/></p> <p>12. Is risk involved in any logging operations? <input type="text"/></p> <p>13. Does the account have an outstanding audit balance with another carrier or was it cancelled for non-payment of premium? <input type="text"/></p>

Add State Screen

The address information you entered on the previous screen will prefill here. Complete the Experience Mod information, if known and click “Add State”.

State: Louisiana

Primary Physical Address: 123 Anywhere

Address (cont.): Baton Rouge

ZIP: 70808

Experience Mod: 0.850

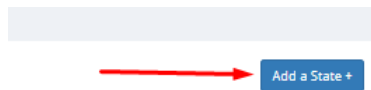
Risk ID:

Risk Type: Intrastate

Rating Status: Published Mod

Buttons: Cancel, Add State

To add more states, click “Add States +” in the top right corner of the screen.



Payroll Screen

Type in the class code. If the class code is not known, start typing a description of the exposure and the system will give you options to choose from.

Payroll

Louisiana

PRIMARY ADDRESS: 123 ANYWHERE, BATON ROUGE, LA 70808

EXP. MOD: 0.850

Class Code	Description
Restau	HOTEL: RESTAURANT EMPLOYEES
9058	Commissary Work - Restaurant Employees
9058	Hotel - Restaurant Employees
9058	Motel, Motor Court, Tourist Court or Cabin: Restaurant Employees
9082	RESTAURANT NOC
9082	Restaurant NOC.
9083	RESTAURANT: FAST FOOD

Once the class code is selected, additional lines will appear below to add more class codes, if applicable. Complete the employee payroll information.

Payroll

Louisiana

PRIMARY ADDRESS: 123 ANYWHERE, BATON ROUGE, LA 70808

EXP. MOD: 0.850

Class Code	Description	Full-Time Employee Count	Part-Time Employee Count	Payroll	USLHW
9082	Restaurant NOC.	10	1	250,000	
	Type code or description				

Loss History Screen

From the drop box, select the type of history for the business. Enter loss history if applicable.

Loss History

NOTICE: Please enter information accurately. If carrier is UNKNOWN, please select UNKNOWN from dropdown.

Has Prior Losses

Annual Premium

2018 Search

2017 Search

The Carrier field is required and is also a smart field. Start typing the carrier's name and options will appear to choose from.

Loss History

NOTICE: Please enter information accurately. If carrier is UNKNOWN, please select UNKNOWN from dropdown.

Has Prior Losses

Year	Carrier	Policy No.	Annual Premium
2019	accident		
2018			
2017			

HARTFORD ACCIDENT AND INDEMNITY CO
LONDON GUARANTEE & ACCIDENT CO OF NY
ACCIDENT FUND NATIONAL INS CO
ACCIDENT FUND INS CO OF AMERICA
OCEAN ACCIDENT AND GUARANTEE CORP
STANDARD ACCIDENT INSURANCE CO
VERMONT ACCIDENT INSURANCE
STATE ACCIDENT FUND

Account Information Screen

Complete all required fields.

Account Information

Tax ID: 549876592

Business Name: Bill's Restaurant

Business Type: [Dropdown]

NAICS SIC Industry: Search

Years in Business: 15

Description of Operations: [Text Area]

Mailing Billing Location of Record Corporate Contact

Name: Bill

Middle Name: [Text]

Walton

Email Address: Email

Work Phone: (225) 334-9900

Work Extension: [Text]

Mobile Phone: Phone Number

Fax Phone: Phone Number

Louisiana

+ Add Louisiana Location

Additional business locations may be added within the state by clicking "+Add (state) Location". When more than one location is added, it will show on the account information in the following manner:



Location 1 - LA (Primary)

Physical Name Mailing Location Contact Claim Contact

123 Anywhere

Street (cont.)

Baton Rouge Louisiana 70808

Location 2 - LA  

Physical Name Mailing Location Contact Claim Contact

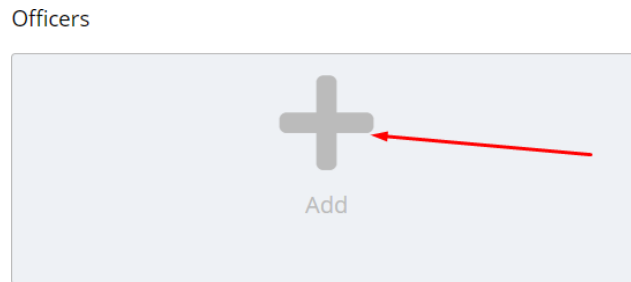
125 Anywhere

Street (cont.)

Baton Rouge Louisiana 70808

Officer's Screen

Click the large "+" to add Owners and Officers.



Complete mandatory Owner/Officer information. Click "Save" or "Save & Add Another" if there are multiple owners/officers.

Edit Details

First Middle Last

Title

Status

Class Code

Remuneration

Ownership %

Duties

Date of Birth

SSN

Location

Included

Delete Cancel Save & Add Another Save

Underwriting Questions Screen

Answer all underwriting questions.

Underwriting Questions

1. Does applicant own, operate or lease aircraft/watercraft?	No
2. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc)	No
3. Any work performed underground or above 15 feet?	No
4. Any work performed on barges, vessels, docks, bridge over water?	No
5. Is applicant engaged in any other type of business?	No
6. Are sub-contractors used?	No
7. Any work sublet without certificates of insurance? (if yes, payroll for this work must be included on the Payroll page.)	No
8. Is a written safety program in operation?	No
9. Any group transportation provided?	No
10. Any employees under 16 or over 60 years of age?	No
11. Any seasonal employees?	No
12. Is there any volunteer or donated labor?	No
13. Any employees with physical handicaps?	No

Final Options Screen

On this page you can upload files, select Employers Liability limits, send a message to your underwriter or submit for review.

Final Options

Congratulations, you have completed the application which requires further underwriting review.

1. Please attach documents: (a) Loss Run and (b) IRS 941 Payroll Form and (c) or Other documents related to this Application.

2. Choose desired Increased Employer Liability Options.

Attachments

Select files...

Increased Limits

There may be increased Limit of Employer Liability options available for your quote. If you desire to add an increased limit for additional premium, please select one of the following

Statutory Limits

Message to Underwriting

Submit for Review

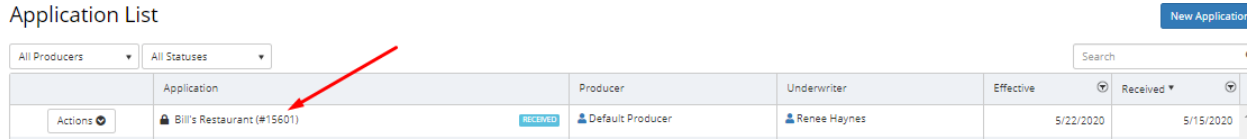
Cancel Application

Application Completed

The application will be submitted to the designated underwriter to review and they will contact you to discuss further information or to provide a quote.
[Click here to return to Applications](#)

Once the application is submitted, you can “Click Here to Return to Application”. The submission will show up on your Applications List.

Application List

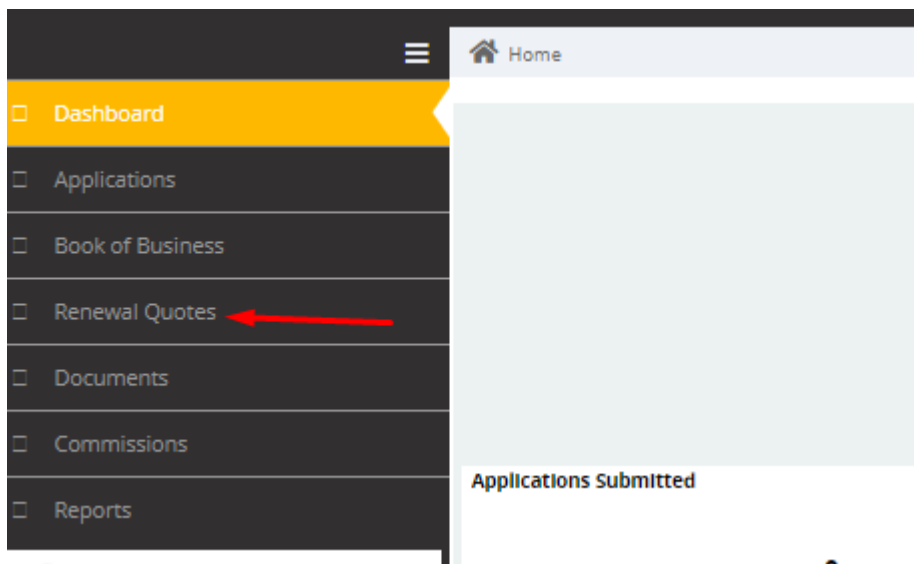


Application	Producer	Underwriter	Effective	Received
Bill's Restaurant (#15601)	Default Producer	Renee Haynes	5/22/2020	5/15/2020

Renewal Quotes

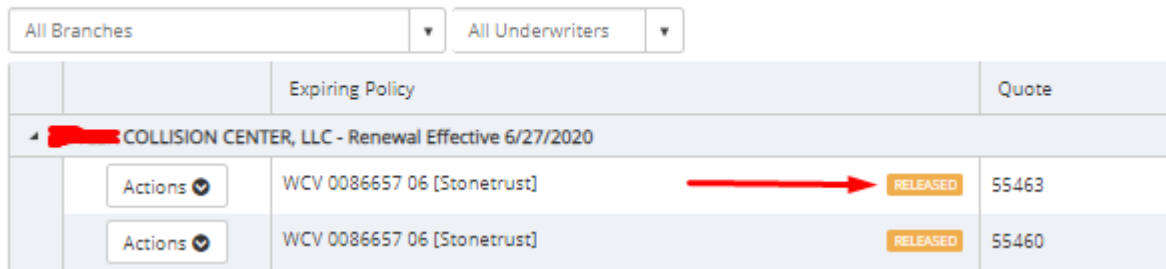
Renewal Quotes can be viewed and approved through the Agent Portal.

After logging into the Agent Portal, click “Renewal Quotes” on the menu.



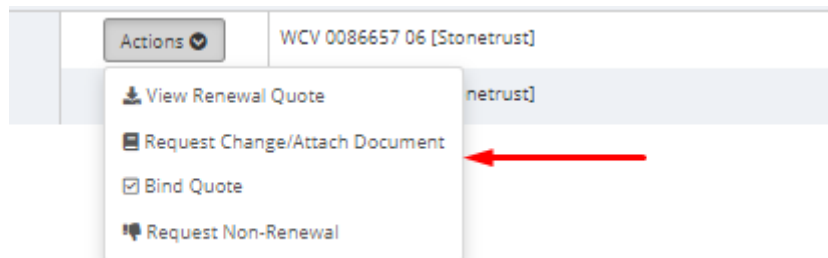
The list of Renewal Quotes that have been released will appear.

Renewal Quotes



Expiring Policy	Quote
COLLISION CENTER, LLC - Renewal Effective 6/27/2020	
WCV 0086657 06 [Stonetrust]	RELEASED 55463
WCV 0086657 06 [Stonetrust]	RELEASED 55460

Click on the “Actions” dropdown menu and select the action you would like to take.



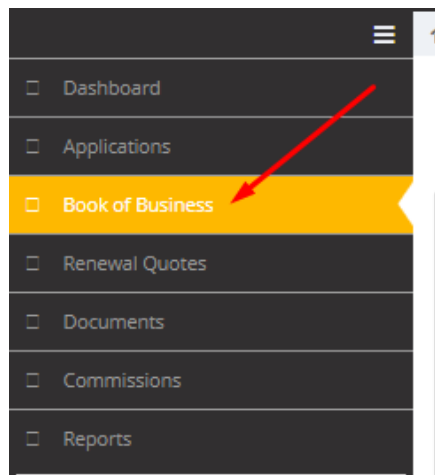
- a. View Renewal Quote – will download a PDF of the renewal quote.
- b. Request Change/Attach Document – allows you to send a change request to your underwriter.

- c. Bind Quote – sends a bind request to your underwriter.

- d. Request Non-Renewal – sends a message to your underwriter that the quote was not accepted.

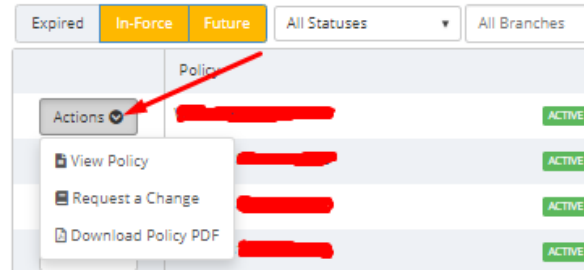
Agency Book of Business

An agency's Book of Business can be viewed by clicking the menu on the left of the page.

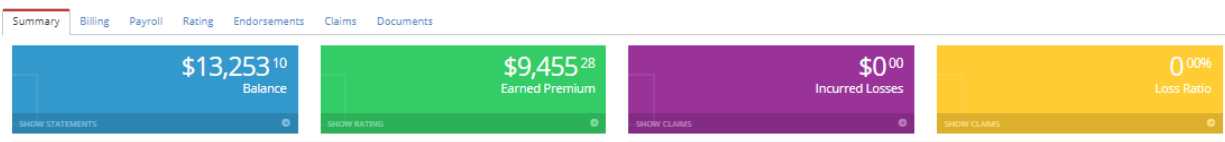


Account Actions: To perform tasks or download a policy click the “Actions” drop down menu.

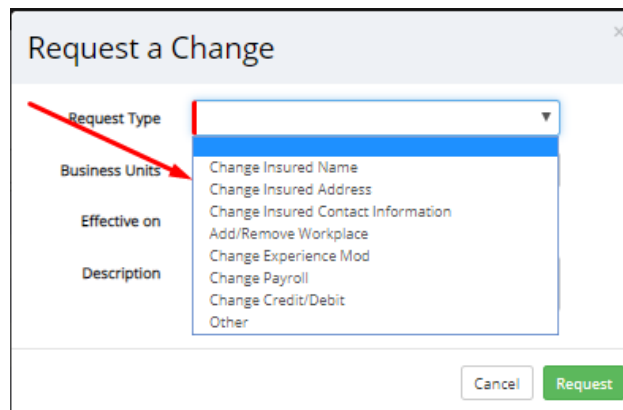
Policy List



View Policy: Allows you to view all aspects of the individual policy such as Summary, Billing, Payroll, Rating, Endorsements, Claims and Documents.

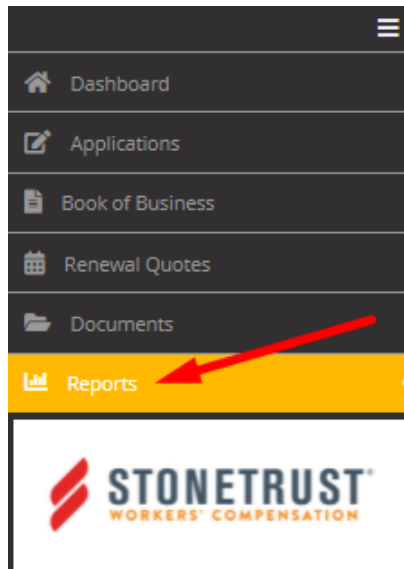


Request a Change: Allows you to request various changes to the policy. Click “Request a Change” and select the change you want to make from the drop down menu and complete all mandatory fields.



Insured Loss Runs

Insured Loss Runs can be accessed by clicking on Reports in the left menu.



After clicking Reports, the below screen will display for you to click on Loss Runs.

Reports

Name	Description
Loss Run	

After clicking Loss Runs the below screen will display and you will have the option to select your Agency, Branch, Agent, Insured, Unit(s), and Policy Year(s). Click View Report.

Loss Run Agency Portal

Claim Data for a Specific Insured. Selection of at least one Agency, Branch, or Agent parameter is required.

Agency

Branch

Agent

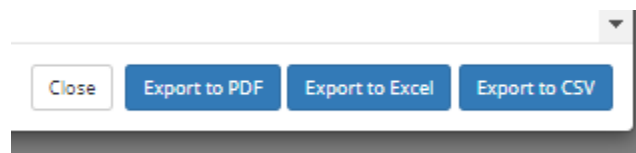
Insured

Unit(s)

Policy Year(s)

[View Report](#)

Once the Loss Run Report displays, you have the option to download the report in multiple file formats.





800.311.0997
STONETRUSTINSURANCE.COM

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