

Surplus Lines Online User Guide

Missouri Department of Insurance, Financial Institutions and Professional Registration

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Summary

To further assist our producers, the Appendix 1 and Appendix 3 can now be submitted online through DIFP Surplus Lines Web Portal. This tutorial guides users through the online system for account creation, account management, and submission of the filings.

Site Address: <https://apps.difp.mo.gov/SurplusLinesFilings/Login.aspx>

Account Management

Users require an approved account to file Appendix 1 and Appendix 3 filings and maintain Surplus Lines Producers information. New users must create an account and receive approval prior to creating filings. Existing users will need to sign in to manage Surplus Lines Producers information and create new filings.

Account Registration

Required Information: Users will need to provide the following information when registering for an account with DIFP:

- Provide a valid Email Address
- Create a Password
- Provide the Agency Name
- Provide Contact Name
- Provide Contact Phone Number
- Provide Contact Address Information
- Provide all Producers Surplus Lines Numbers and Email Addresses users are responsible for

Registration Process

New users must register with DIFP to gain access to the application. Begin the account creation process by navigating to the Surplus Lines Online Filings portal located on the internet at

<https://apps.difp.mo.gov/SurplusLinesFilings/Login.aspx>.

Account Sign In

Please enter your email and password.

Email:

Password:

[User Guide](#)

[Forgot Password](#)

[Sign up](#)

[Contact Us](#)

Once you navigate to the site, in the middle of the screen on the 'Sign In' page, click the hyperlink titled **Sign up**. The hyperlink will redirect you to the Registration Page.

Complete the information requested on the Account Information form:



Account Information

Please complete the fields below.
All fields are required.
If you already have an account, please click [Here](#).

Email:

Password:

Confirmation Password:

Agency:

Contact Name:

Contact Phone:

Contact Address:

Contact City:

Contact State:

Contact Zip:

Surplus Lines Producers:

<input type="checkbox"/>	Surplus Lines Number	Producer Name	Producer Email Address	Help
<input type="checkbox"/>	SL <input type="text"/>		<input type="text"/>	

When this symbol appears, an error has occurred in the associated field, hover over symbol for error message.

Email: Provide a valid email address in the textbox provided. After creating your account, you will receive emails pertaining to your account and claims. Be sure to keep this information updated.

Password: Create a password, which consists of at least eight characters. Include at least one upper case letter; one lower case letter; and one number or special character. Type the password you created into the textbox provided.

Confirmation Password: Retype your password into the 'Confirmation Password' text box to verify the password match. If the passwords do not match, please correct any errors or typos.

Agency: Provide your agency name.

Contact Name: Enter the account contact name.

Contact Phone Number: Enter the primary phone number for the account in which you are registering.

Contact Street Address: In the text box provided, enter the street address for which the account will be register.

Contact City: Enter the name of the city for the account in which you are registering.

Contact State: From the drop down menu, select the state associated with the address provided above.

Contact Zip Code: Enter the zip code associated with the address provided above.

After you have entered all the requested information, click the **Register** button to continue with account creation. The depiction of a red 'x' next to a field indicates an error associated with field requirements. Follow prompts provided to correct online registration inconsistencies or errors.



After selecting the **Register** button, the webpage redirects to the *Registration Complete* page. You will also receive an email notification verifying your registration.

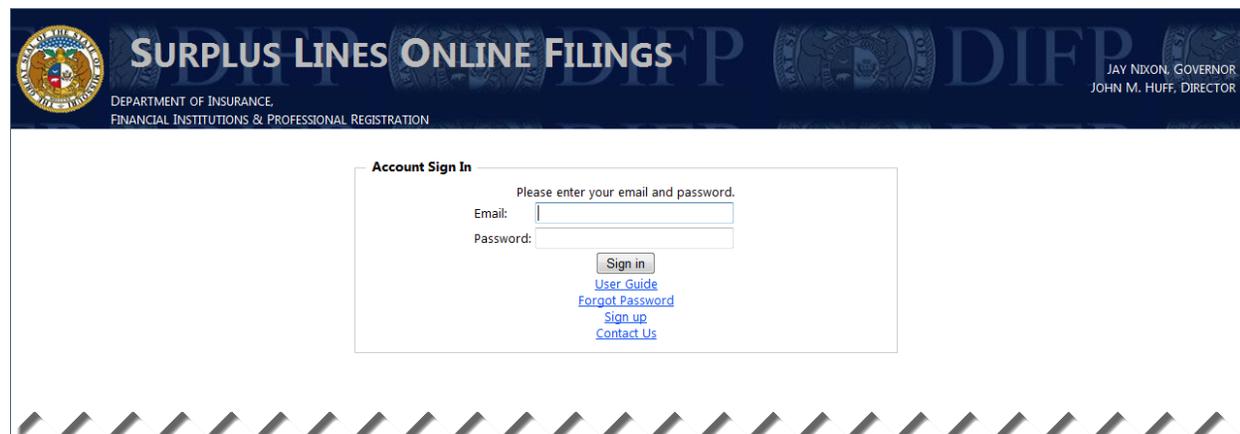


It is important to note that processing registrations can take up to 72 hours before account approval. You will receive a confirmation email, once the account is accepted.

Account Login

To login, provide your username and password.

- If you forget your password, select 'Forgot Password' to reset your account.



Once you login, the page redirects to the portal homepage. From the portal homepage, you can navigate to your account settings; File Appendix 1, File Appendix 3, Print Data for this session; and get DIFP contact information.



Contact Information Updates

It is important to keep your contact information up-to-date, login into the account to manage account settings. You can change your password, email account, and contact information online through the account settings option. This is also where you will maintain the Surplus Lines Producers information. Their email addresses need to be kept current. If you are no longer responsible for making their filings, you will need to delete them from your account. If you need to add a producer, you will use the 'Add Producer' button and complete the information. The system automatically approves updates immediately but account changes process nightly.

From the homepage, navigate to Account Settings link at the top right of the page. The webpage redirects to the Account Settings pages.



Complete any necessary changes. Once your changes are complete, click the Save button.

SURPLUS LINES ONLINE FILINGS
 DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS & PROFESSIONAL REGISTRATION
 Welcome CHRISTINA HARTMAN Account Settings Sign out

Home File Appendix 1 File Appendix 3 Print Data for this session Help

Account Information
 Please enter the information you wish to update.

Password:
 If you wish to change your password then all 3 fields are required.
 Current Password:
 New Password:
 Confirm Password: Help

Email:
 Email: christina.hartman@oa.mo.gov

Surplus Lines Producers:

<input type="checkbox"/>	Surplus Lines Number	Producer Name	Producer Email Address	
<input type="checkbox"/>	SL 126178	CARUSO, FRANK	TEST CARUSO@TEST MO GOV	
<input type="checkbox"/>	SL 116781	SEIFERT, ARTHUR	TEST SEIFERT@TEST MO GOV	Help
<input type="checkbox"/>	SL 259675	WATSON, BRENDA	TEST WATSON@TEST MO GOV	

Contact Information:
 Contact Name: CHRISTINA HARTMAN
 Contact Phone Number: (672)51-8967
 Contact Address: 381 W HIGH ST RM 2ND
 Contact City: JEFFERSON CITY
 Contact State: MO-Missouri
 Contact 7... Code: 6...?

Your changes will be saved and the page will redirect to a webpage confirming changes to your account. You will also receive an email notification, informing you that your account settings were successfully changed.

SURPLUS LINES ONLINE FILINGS
 DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS & PROFESSIONAL REGISTRATION
 Welcome CHRISTINA HARTMAN Account Settings Sign out

Home File Appendix 1 File Appendix 3 Print Data for this session Help

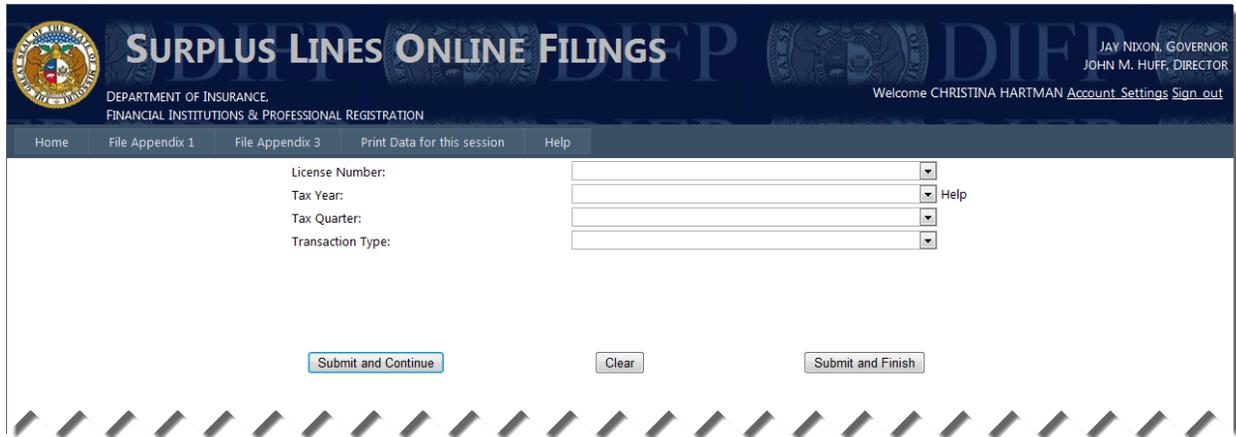
Account Settings Saved
 Your account settings have been saved.
[Back to Account Settings](#)

Appendix Filing



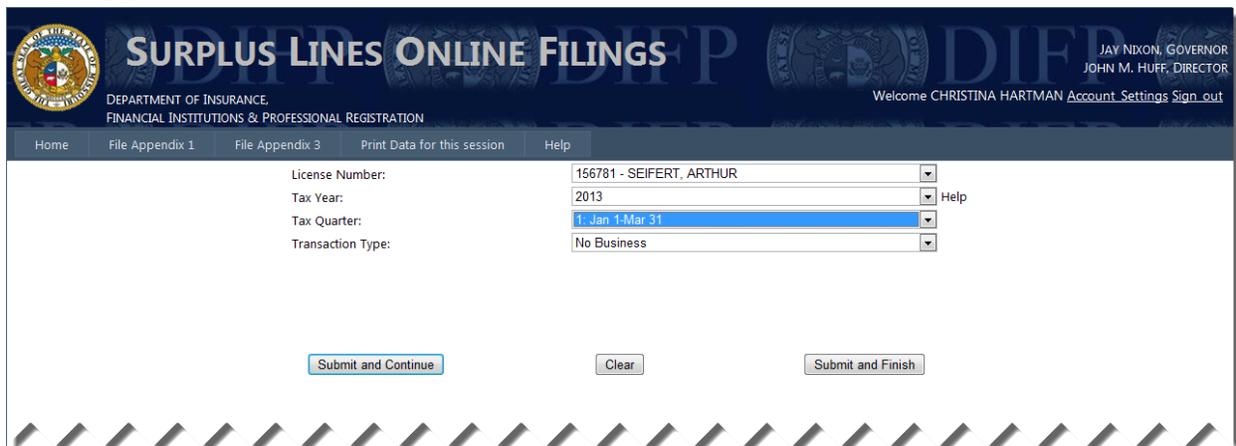
You will log into your account and select the appendix type at the top of the page you want to submit.

Appendix 1 Main Screen



Select the Licensee Number from the drop down you are submitting the filing for. The tax year, quarter and transaction type, original, supplement or No Business.

File Appendix 1 No Business



When filing a No Business you will select the Licensee Number from the drop down, the tax year, tax quarter and as transaction type you will select No Business. Hit Submit and Finish. You will then select Print Data for this Session.

File Appendix 1 Original

The screenshot shows the 'SURPLUS LINES ONLINE FILINGS' web application. The header includes the Missouri Department of Insurance logo and the text 'DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS & PROFESSIONAL REGISTRATION'. A navigation menu contains 'Home', 'File Appendix 1', 'File Appendix 3', 'Print Data for this session', and 'Help'. The main form area is titled 'Original Filing' and contains the following fields:

- License Number: 156781 - SEIFERT, ARTHUR (dropdown menu)
- Tax Year: 2013 (dropdown menu) with a 'Help' link
- Tax Quarter: 1: Jan 1-Mar 31 (dropdown menu)
- Transaction Type: Original Filing (dropdown menu)
- Carrier Code: 98 (dropdown menu)
- Insured Street Address: (text input)
- Insured City: (text input)
- Insured State: (dropdown menu, currently showing 'Select one')
- Insured Zip Code: (text input)
- Insured Home State Street Address: (text input)
- Insured Home State City: (text input)
- Insured Home State: (dropdown menu)
- Insured Home State Zip: (text input)
- Reason for Placement: (dropdown menu)

At the bottom of the form are three buttons: 'Submit and Continue', 'Clear', and 'Submit and Finish'.

When submitting an Original Filing you will select the Licensee Number from the drop down, complete all information requested. When the carrier is a list of Lloyds Syndicates, you will select carrier code 98. Next, select each syndicate that is included in the contract. You will need to submit your listing of Lloyds Syndicates electronically by e-mailing the attachment to surpluslines@insurance.mo.gov either in a Word or PDF document.

When the carrier is an unlisted carrier, you will select carrier code 99 – NOT LISTED, a window will display in which the unlisted carrier contact information is to be entered.

Sign out

Home File Appendix 1 File Appendix 3 Upload Appendix File Print Data for this session Tax Remittance Help

License Number: 100074 - MCNEIL, DANIEL
Tax Year: 2014 Help
Tax Quarter: 1: Jan 1-Mar 31
Transaction Type: Original Filing
Coverage Type: Select one
Carrier Code: 99 - NOT LISTED

Unlisted Carrier Contact

Contact Person:
Carrier Company:
Phone:
Email:
Address 1:
Address 2:
City:
State:
Zip Code:
Country:

Hit Submit and Finish. You will then select Print Data for this Session. Your risk number will be provided to you on the process complete report that will be emailed to you after the nightly process runs. Remember if Missouri is not the Home State the filing will be rejected.

File Appendix 1 Supplemental

JAY NIXON, GOVERNOR
JOHN M. HUFF, DIRECTOR

Welcome CHRISTINA HARTMAN Account Settings Sign out

DEPARTMENT OF INSURANCE
FINANCIAL INSTITUTIONS & PROFESSIONAL REGISTRATION

Home File Appendix 1 File Appendix 3 Print Data for this session Help

License Number: 259675 - WATSON, BRENDA
Tax Year: 2013 Help
Tax Quarter: 1: Jan 1-Mar 31
Transaction Type: Supplemental Filing
Carrier Code:

Insured Zip Code:
Insured Home State Street Address:
Insured Home State City:
Insured Home State:
Insured Home State Zip:
Reason for Placement:

When submitting a supplemental filing you will follow the same procedure as filing an original except you will have to enter the risk number you received from the original filing and you will only have to enter the carrier code 98 for Lloyds, you won't have to enter each syndicate again. If the carrier code is

99 for Not Listed, you won't have to enter the contact information again either. Remember to Hit Submit and Finish. You will then select Print Data for this Session.

Appendix 3 Main Screen

File Appendix 3 No Business

When filing a No Business you will select the Licensee Number from the drop down, the tax year, tax quarter and as transaction type you will select No Business. Hit Submit and Finish. You will then select Print Data for this Session.

File Appendix 3 (Submit Filing)

Select the Licensee Number from the drop down, complete all information requested. Hit Submit and Finish. You will then select Print Data for this Session.

Upload Appendix File

Upload your Appendix 1 or Appendix 3 file. The file must be in the specified order and be a semi-colon delimited text file. Before uploading your data, be sure to verify the file meets both conditions. Files not in the correct format will not be uploaded into the database and not accepted as a submitted filing.

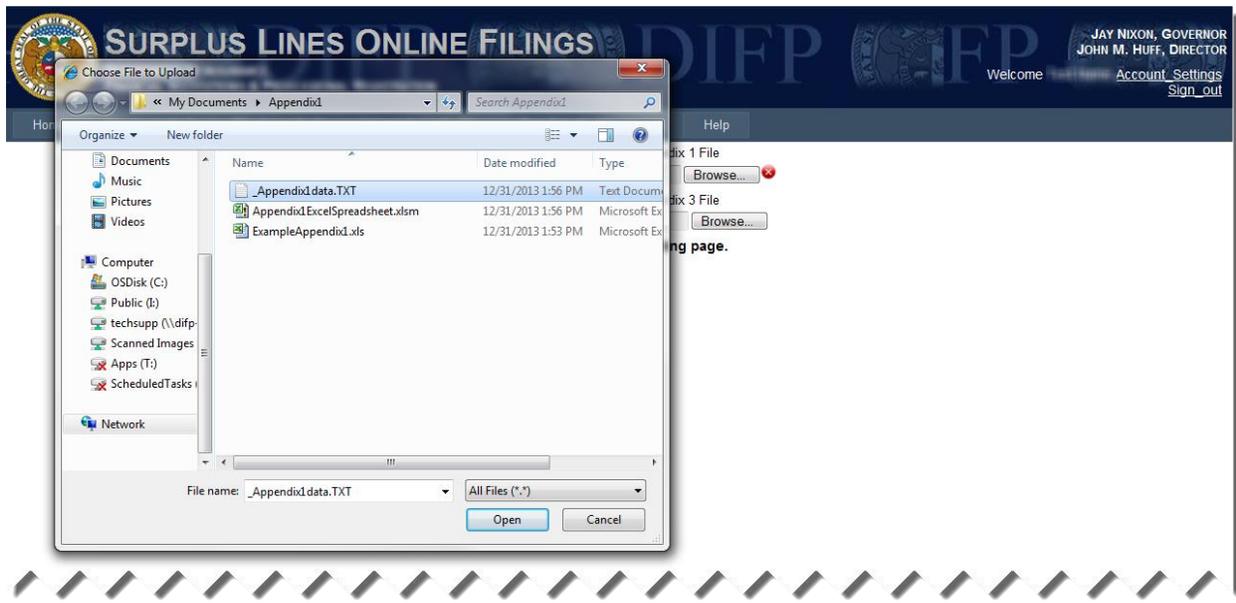
From the Home Page, select the Upload Appendix File button on the navigation bar.



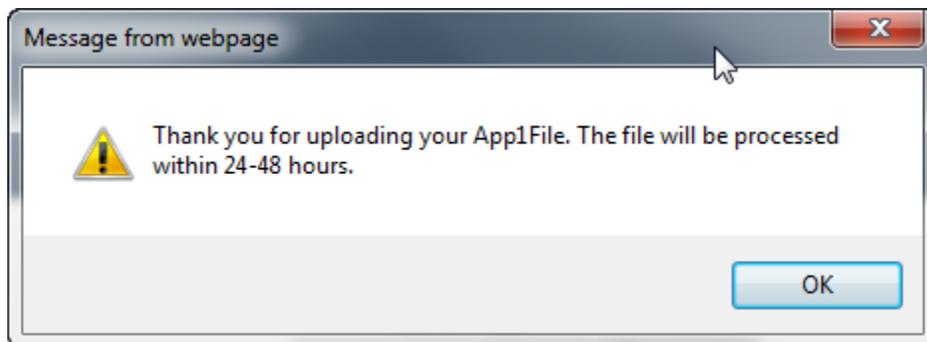
Select the Browse button from the appropriate upload type.



Navigate to the file location and select Save.



You will receive a confirmation message that your file was submitted for processing.



Click Ok to return to the system.

Print Data for this Session

APPENDIX 1 - APPENDIX 3 FILINGS
(Print in landscape)
10/11/2013

APPENDIX 1 FILINGS
There have been no Appendix 1 Filings submitted for this session.

APPENDIX 3 FILINGS

License Num	Tax Year	Risk Number	Coverage Type	Carrier Code	Insured Name	Premium Debit	Premium Credit
239675	2013		0	0	No Business	\$0.00	\$0.00
156781	2013		0	0	No Business	\$0.00	\$0.00
326178	2013		0	0	No Business	\$0.00	\$0.00
326178	2013		0	0	No Business	\$0.00	\$0.00
196781	2012	123456	48	1	Test Insured 123 !@#	\$156,246,578.00	\$156,478.00

Help

SURPLUS LINES ONLINE FILINGS
DEPARTMENT OF INSURANCE
FINANCIAL INSTITUTIONS & PROFESSIONAL REGISTRATION

Welcome **CHRISTINA HARTMAN** [Account Settings](#) [Sign out](#)

Home | [File Appendix 1](#) | [File Appendix 3](#) | [Print Data for this session](#) | **Help**

- Contact Us
- User Manual
- FAQ's

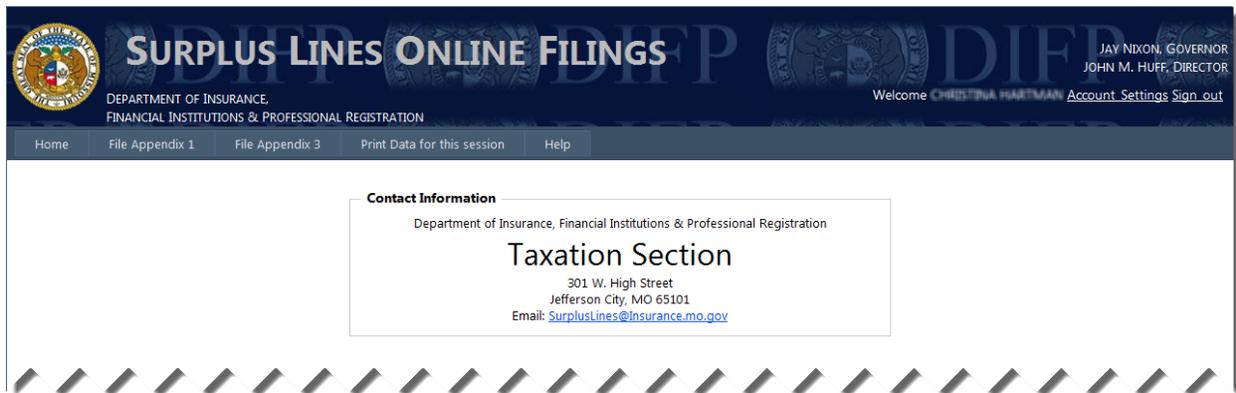
USE MENU OPTIONS TO CONTINUE.

User Manual

This User Manual can be obtained from the **User Manual** menu as well as from the DIFP web site at <http://insurance.mo.gov/industry/surplin/documents/SurplusLinesUserGuide.pdf>.

Contact Us

Contact the Department of Insurance, Financial Institutions, and Professional Registration, Taxation Department, for help with filings by email at SurplusLines@insurance.mo.gov.



Frequently Asked Questions (FAQ)

Logout

Before closing the browser, be sure to logout. To logout, select the Sign Out hyperlink at the top right corner of the page. Upon successful logout, the system redirects you to a confirmation page.

