

SIMPLE INSPiRE HANDBOOK FOR PRODUCERS

CHANGING BILLING OPTIONS, ENROLLING/DE-ENROLLING POLICIES IN ACH, PRINTING
INVOICES, NOTICES AND POLICY DOCUMENTS, ENROLL ACH COMMISSION

APRIL 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

+

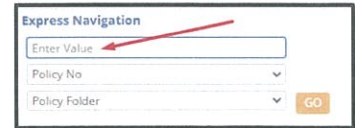
Policy #

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		Issu# St	IA	Claims Count	
Issue Co	SPECIALTY RISK OF AMERICA	Phone - Work		Agency		Loss Paid	
Mail Policy	Not Enrolled	Phone-Cell		Agent		Pay Plan	20% + 8 Monthly Payments
Mail Invoice	Not Enrolled	Email	none@none.com	Underwriter		Auto Pay	N
Ext Opt In	N	App Signed	No	Renew Ind	Batch Renew	Acc Bal	
		Pin Portal Enrolled	N			Curr Bal	339.00

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

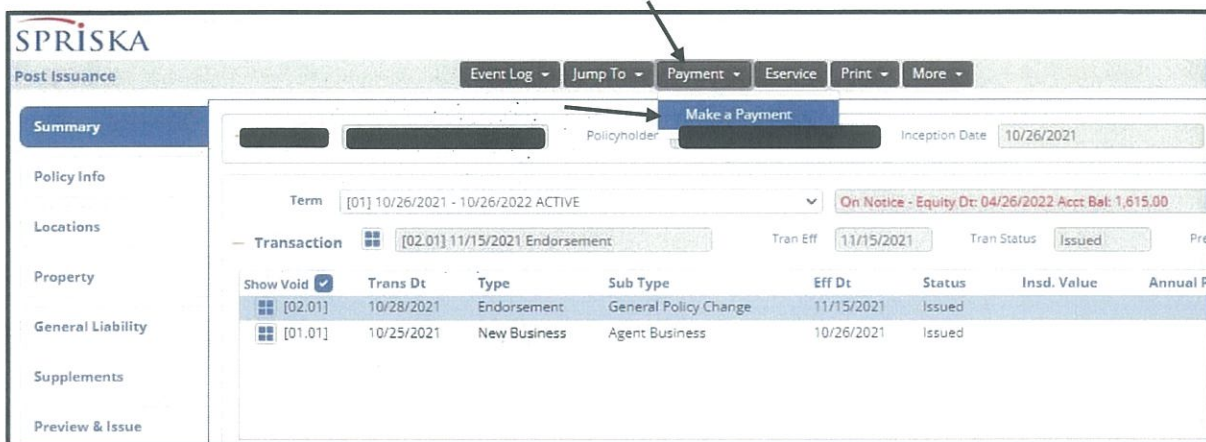
Enter Value

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

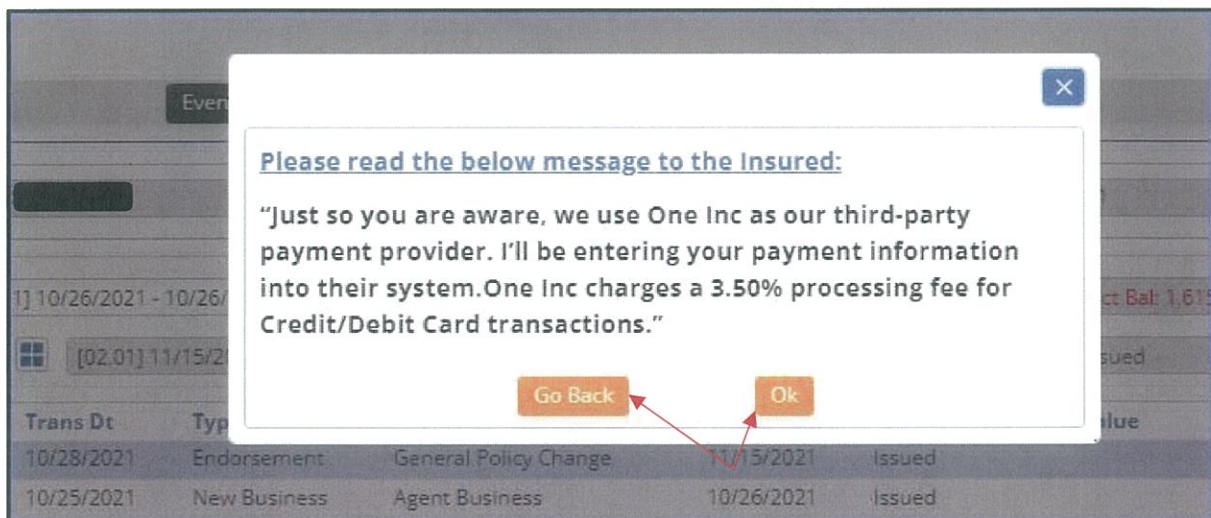
Policyholder [REDACTED] Inception Date 10/26/2021

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		

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

☐ Amount to be Paid

☐ Remaining Balance

☒ Other Amount

Click in box and type amount

752.00 3,760.00

EDIT

ONE INC

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

SPRISKA
SPECIALTY RISK OF AMERICA

Close X

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

Close X

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

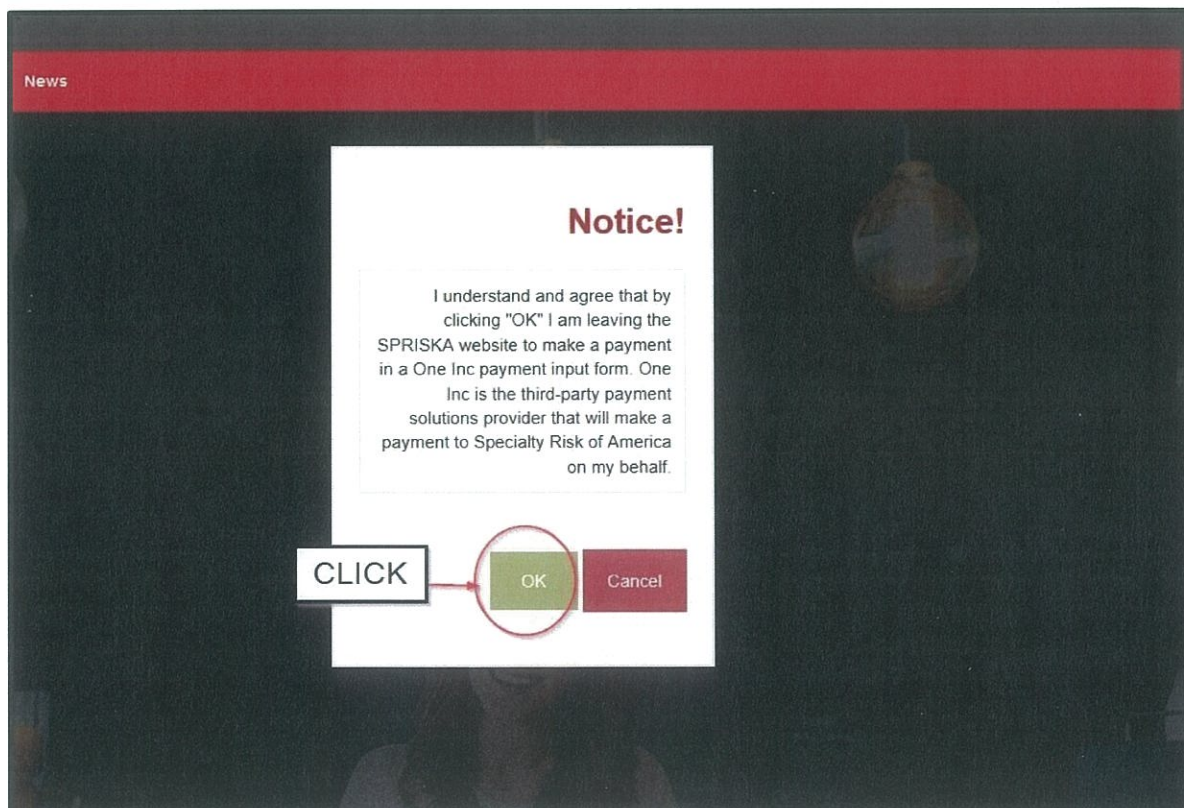
Producer Process for Making a Payment and Enrolling in AutoPay

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

[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”

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

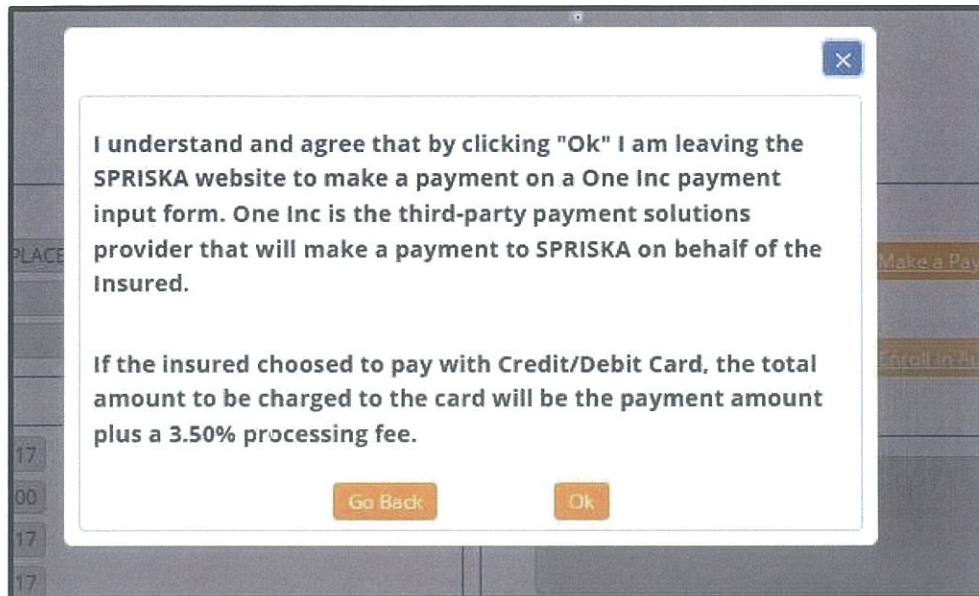
Policy No	<input type="text"/>		
Insured Name	<input type="text"/>		
Address	<input type="text"/>		
City, State & Zipcode	<input type="text"/>		
Current Due	<input type="text"/>	On	<input type="text" value="05/12/2021"/>
Late Fee	<input type="text" value="0.00"/>		
Current Due Amount	<input type="text"/>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

[Make a Payment](#)

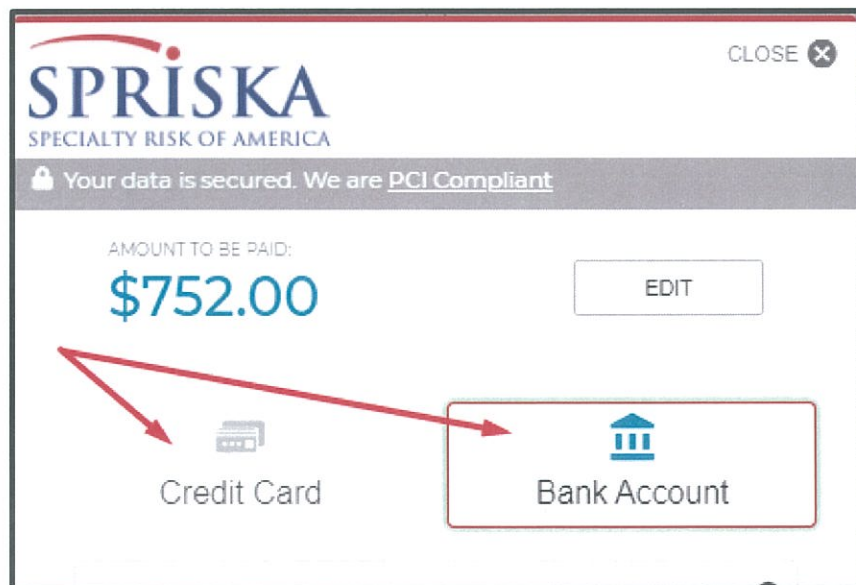
[Enroll in AutoPay](#)

CLICK

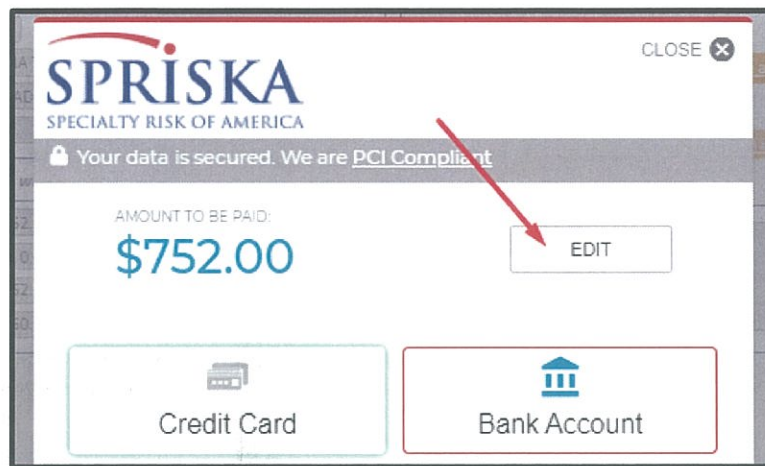
Step 7: Please Read the Message. Click "OK" to continue or "Go Back" to exit



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



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



SPRISKA
SPECIALTY RISK OF AMERICA

Your data is secured. We are PCI Compliant

AMOUNT TO BE PAID:
\$752.00

EDIT

Credit Card

Bank Account

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.



SPRISKA
SPECIALTY RISK OF AMERICA

CLOSE

☐ 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

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

SPRISKA
SPECIALTY RISK OF AMERICA

Close X

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

Close X

✓ 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

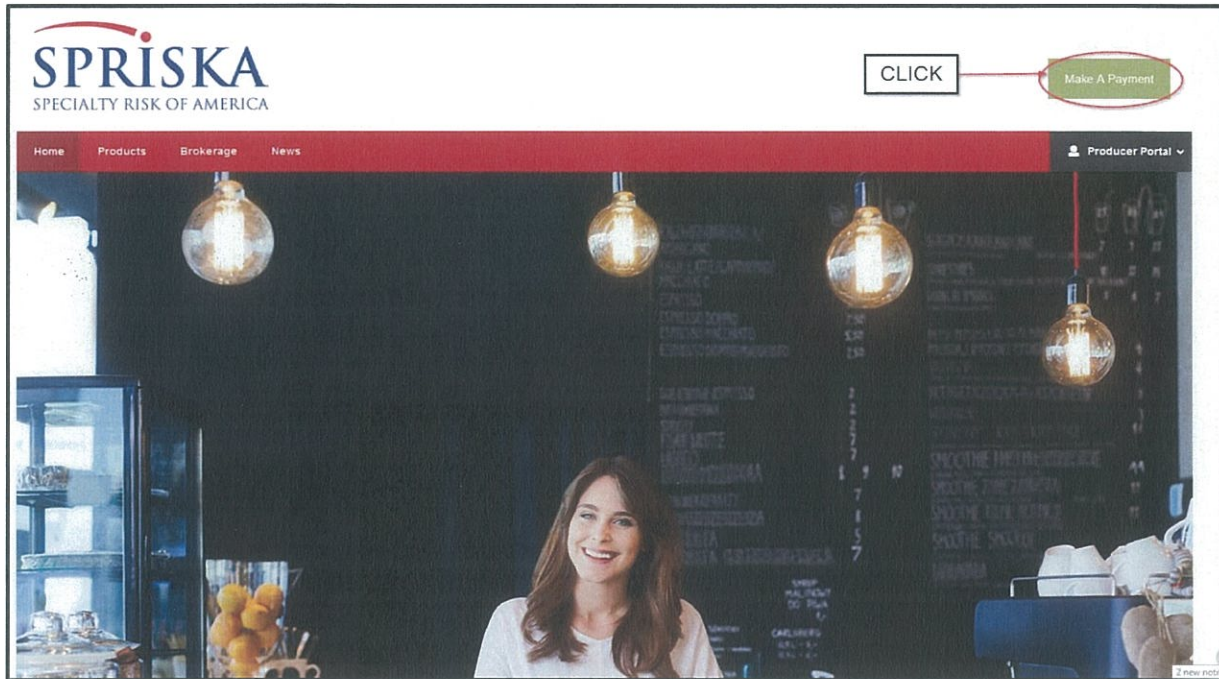
CLOSE

ONE INC

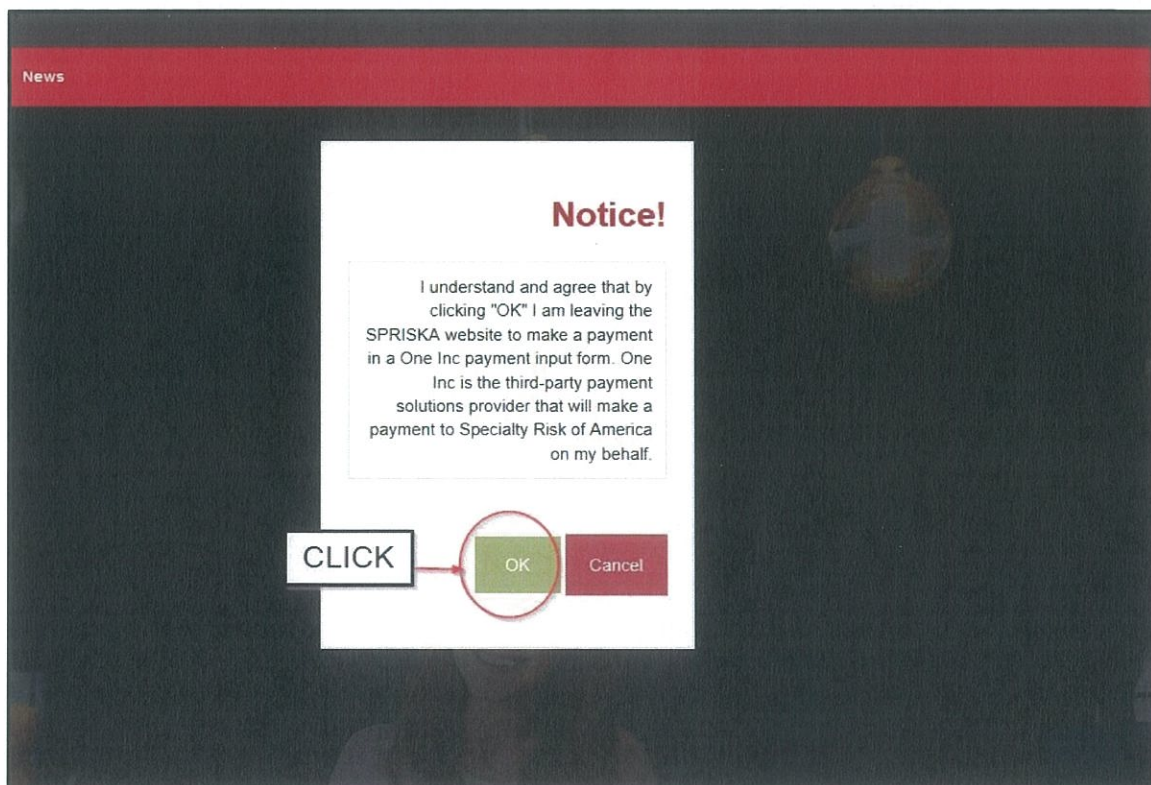
Producer Process for Enrolling into AutoPay without Making a Payment

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

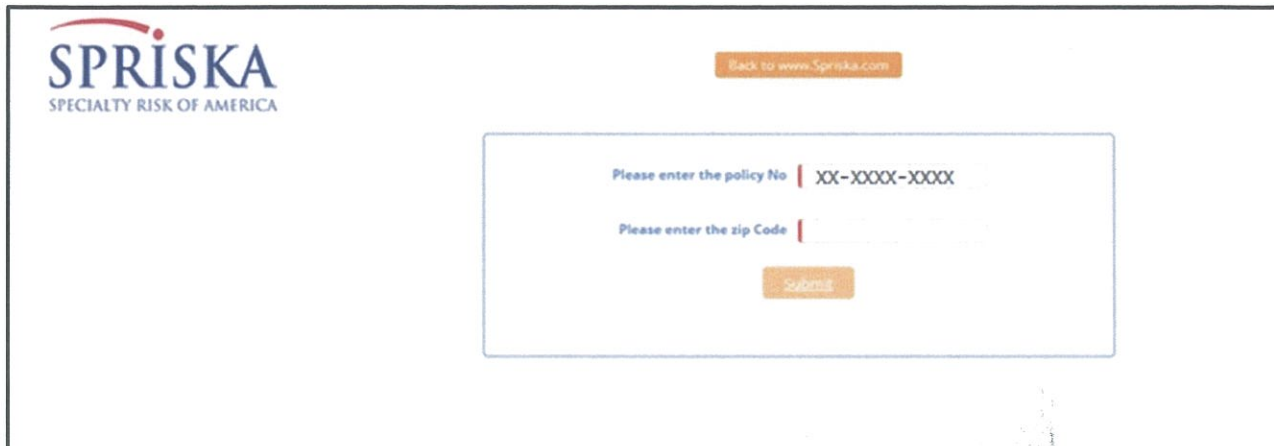
Step 2: Click "MAKE A PAYMENT"



Step 3: Click "OK" to proceed



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



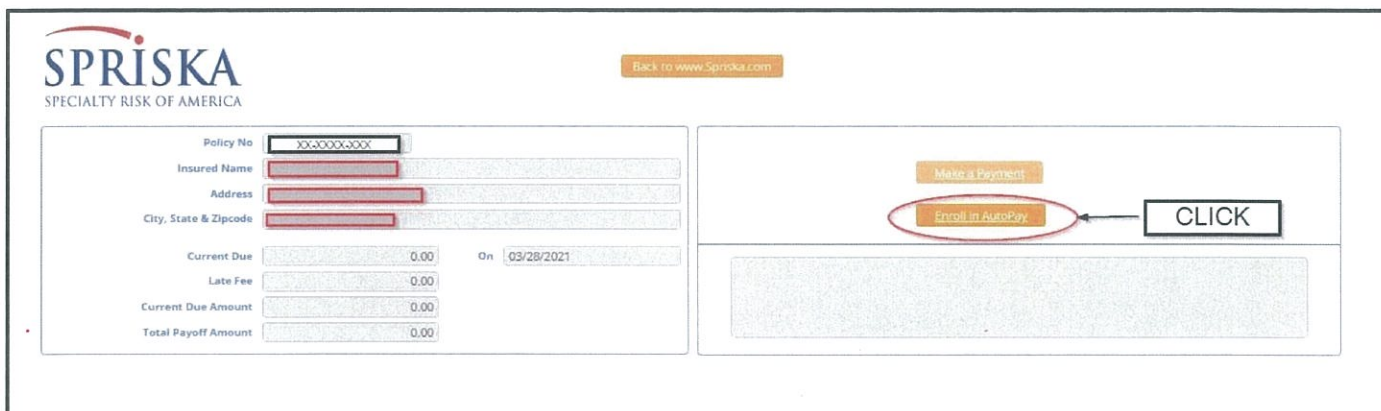
The screenshot shows the SPRISKA Specialty Risk of America website. At the top left is the logo. At the top right is a link that says "Back to www.Sprisika.com". In the center, there is a form with two input fields. The first field is labeled "Please enter the policy No" and contains the text "XX-XXXX-XXXX".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

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 that says "Back to www.Sprisika.com". Below the logo, there is a form with several input fields. The fields are labeled "Policy No", "Insured Name", "Address", "City, State & Zipcode", "Current Due", "Late Fee", "Current Due Amount", and "Total Payoff Amount". The "Current Due" field has a value of "0.00" and a date "On 05/12/2021". The "Late Fee" field has a value of "0.00". The "Current Due Amount" field has a value of "0.00". The "Total Payoff Amount" field has a value of "0.00". To the right of the form, there are 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 that says "Back to www.Sprisika.com". Below the logo, there is a form with several input fields. The fields are labeled "Policy No", "Insured Name", "Address", "City, State & Zipcode", "Current Due", "Late Fee", "Current Due Amount", and "Total Payoff Amount". The "Current Due" field has a value of "0.00" and a date "On 03/28/2021". The "Late Fee" field has a value of "0.00". The "Current Due Amount" field has a value of "0.00". The "Total Payoff Amount" field has a value of "0.00". To the right of the form, there are two buttons: "Make a Payment" and "Enroll in AutoPay". The "Enroll in AutoPay" button is highlighted with a red circle, and a label "CLICK" with 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

The screenshot shows a web form for SPRISKA Specialty Risk of America. At the top, there is a logo and a 'CLOSE' button. Below the logo, a security notice states 'Your data is secured. We are PCI Compliant'. The form has two main sections: 'Credit Card' and 'Bank Account'. The 'Bank Account' section is highlighted with a red border. It contains the following fields: 'Account Number' (with a red arrow pointing to it), 'Repeat Account Number' (with a red arrow pointing to it), 'Routing Number' (with a red arrow pointing to it), and 'Name On Account' (with a red arrow pointing to it and a red box around the text). Below these fields are radio buttons for 'Checking' (selected) and 'Savings'. At the bottom, there is a red circle with a white dot and the text 'CHECK CIRCLE TO ENROLL IN AUTOPAY'. There are two buttons at the bottom: 'SUBMIT' (orange) and 'CANCEL' (white).

SPRISKA
SPECIALTY RISK OF AMERICA

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.




SPECIALTY RISK OF AMERICA

CLOSE 





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



Credit Card



Bank Account



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"

CLOSE

SPRISKA

SPECIALTY RISK OF AMERICA

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

ONE INC

Step 9: click "SAVE PAYMENT METHOD"

CLOSE X

 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.



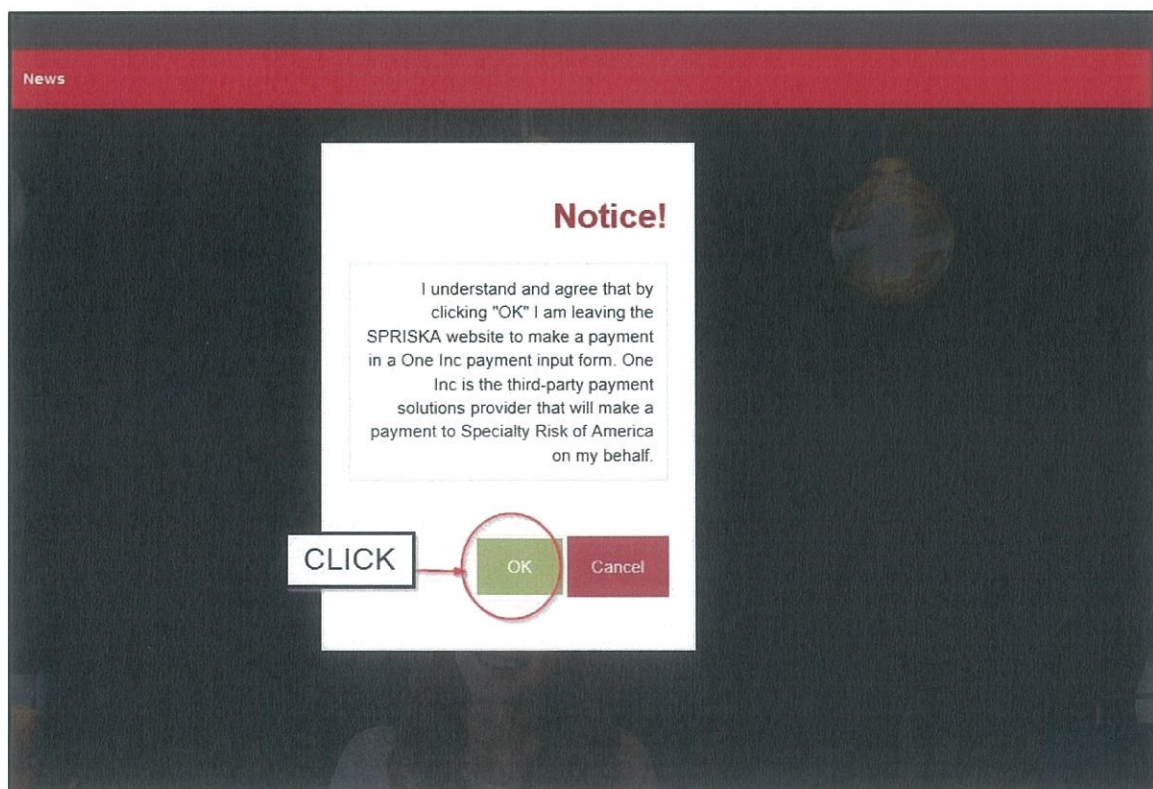
Producer Process for Updating Current Accounts Enrolled in AutoPay

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

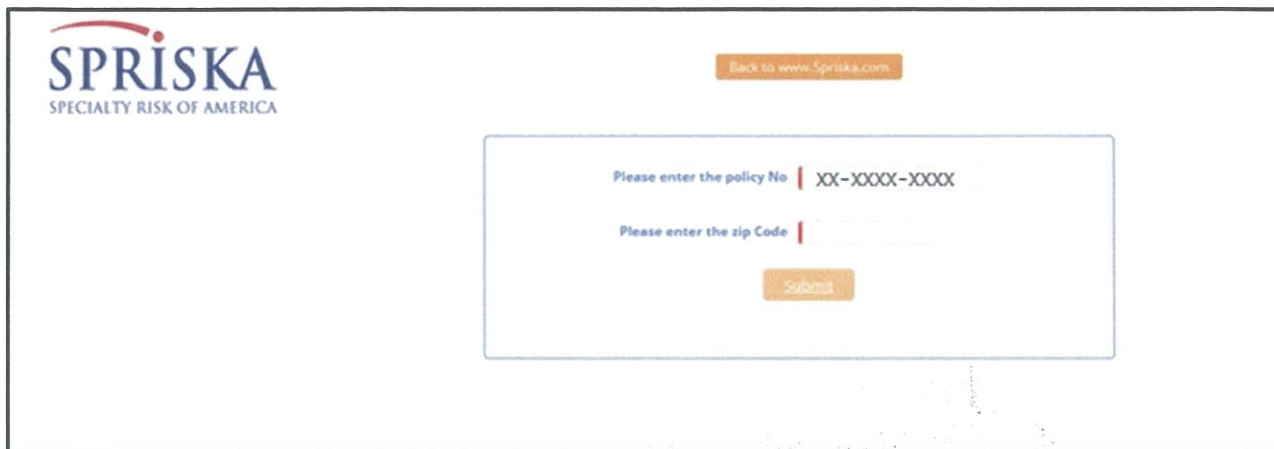
Step 2: Click "MAKE A PAYMENT"



Step 3: Click "OK" to proceed



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



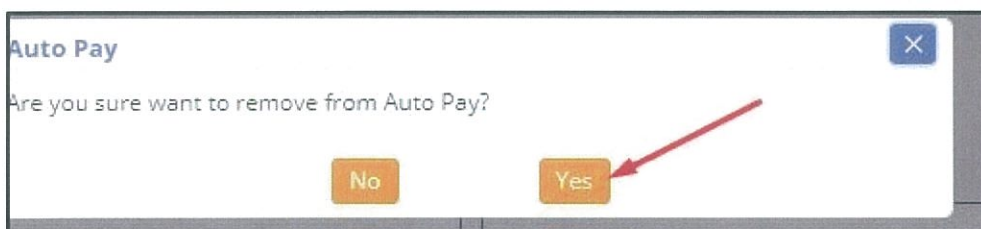
The screenshot shows the SPRISKA Specialty Risk of America website. At the top left is the logo. At the top right is a link "Back to www.Spriska.com". In the center, there is a form with two input fields: "Please enter the policy No | XX-XXXX-XXXX" and "Please enter the zip Code |". Below these fields 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". Below the logo, there is a form with fields for "Policy No", "Insured Name", "Address", and "City, State & Zipcode". Below these fields, there is a section titled "Account is Enrolled in AutoPay - ECP Account ending with 8029" with a link "Click here to DeEnroll" (indicated by a red arrow). To the right of this section, there are two buttons: "Make a Payment" and "Enroll in AutoPay". Below these buttons, there is a large empty box.

Step 6: Click “Yes”



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



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". Below the logo, there is a form with fields for "Policy No", "Insured Name", "Address", and "City, State & Zipcode". Below these fields, there is a section titled "Account is Enrolled in AutoPay - ECP Account ending with 8029" with a link "Click here to DeEnroll". To the right of this section, there are two buttons: "Make a Payment" and "Enroll in AutoPay" (indicated by a red circle and a "CLICK" label with an arrow). Below these buttons, there is a large empty box.

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

The screenshot shows a web form for SPRISKA Specialty Risk of America. At the top, there is a logo and a 'CLOSE' button. Below the logo, a security notice states 'Your data is secured. We are PCI Compliant'. The form has two main sections: 'Credit Card' and 'Bank Account'. The 'Bank Account' section is highlighted with a red border. It contains fields for 'Account Number', 'Repeat Account Number', 'Routing Number', and 'Name On Account'. Red arrows point to the 'Account Number', 'Repeat Account Number', and 'Name On Account' fields. Below these fields are radio buttons for 'Checking' (selected) and 'Savings'. At the bottom, there is a red circle icon and the text 'CHECK CIRCLE TO ENROLL IN AUTOPAY'. A large orange 'SUBMIT' button and a smaller 'CANCEL' button are at the very bottom.

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




SPECIALTY RISK OF AMERICA






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



Credit Card



Bank Account



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

Account Number 


Repeat Account Number

Routing Number 

Name On Account


☒ Checking

☐ Savings


 CHECK CIRCLE TO ENROLL IN AUTOPAY


SUBMIT

CANCEL



Step 10: click "SAVE PAYMENT METHOD"

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.



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.

Post Issuance

Event Log

Jump To

Payment

Eservice

Print

More

Inception Date

06/17/2020

Policy Status

Active

VIEW

Print

More

Summary

1. Policy #

Policyholder

Inception Date

06/17/2020

Policy Status

Active

Term

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

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

Pay Plan

New Tran

Policy Info

Locations

Transaction

[02.01] 06/17/2021 Renewal

Tran Eff

06/17/2021

Tran Status

Issued

Prem+Fees

525.00

Tax/Fees

25.00

Written

525.00

Property

General Liability

Liquor Liability

Show Void

[02.01] 05/18/2021

Trans Dt

05/18/2021

Type

Renewal

Sub Type

Ann. Renewal

Eff Dt

06/17/2021

Status

Issued

Insd. Value

Annual Premium

500.00

Tax/Fees

25.00

Written

500.00

Change

525.00

Summary

Policy Info

Locations

Property

General Liability

Liquor Liability

Supplements

Preview & Issue

Policy Docs

Policy

Transaction: Renewal, Ann. Renewal, Issued

Eff Dt: 06/17/2021

Prem+Fees: 525.00

Policy Documents

Copy Ty...

Policyholder Copy

Generate PDF

Email Docs

Print

Regen

Manage

Templates

Form Name

*MAILING COVER PAGE

*COMMON POLICY DECLARATIONS

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

*CANNABIS ITEMS AND ACTIVITIES EXCLUSION

*POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

*ILLINOIS LIQUOR LIABILITY COVERAGE

*ILLINOIS DEFENSE COSTS REIMBURSEMENT

*FEE DISCLOSURE

Form ID

Source

Status

Last Printed

06/04/2021

CPDEC1011

DocSet

Printed

06/09/2021

CL06050121

DocSet

Printed

06/09/2021

CL08110918

DocSet

Printed

06/09/2021

CL10450121

DocSet

Printed

06/09/2021

LL61000321

Coverage

Printed

06/09/2021

LL6251011

DocSet

Printed

06/09/2021

SPR6900421

DocSet

Printed

06/09/2021

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

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+Fees: 4,289.00

Rate Quote

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

GO

Acct Dt	Trans Type	Trans SubType	Trans Ref No.	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	05/10/2022	1,023.00	5.00	1,028.00	To Bill

Click on PDF icon

Click Account Summary Tab

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"/> <input type="button" value="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"/> <input type="button" value="v"/>
Underwriter	<input type="text"/> <input type="button" value="v"/>
Renew Ind	<input type="text" value="Batch Renw"/> <input type="button" value="v"/>

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"/> <input type="button" value="Save"/>

Click **Save** and done.

PROCESS TO UPDATE EMAIL ADDRESS IN SIMPLE INSPIRE

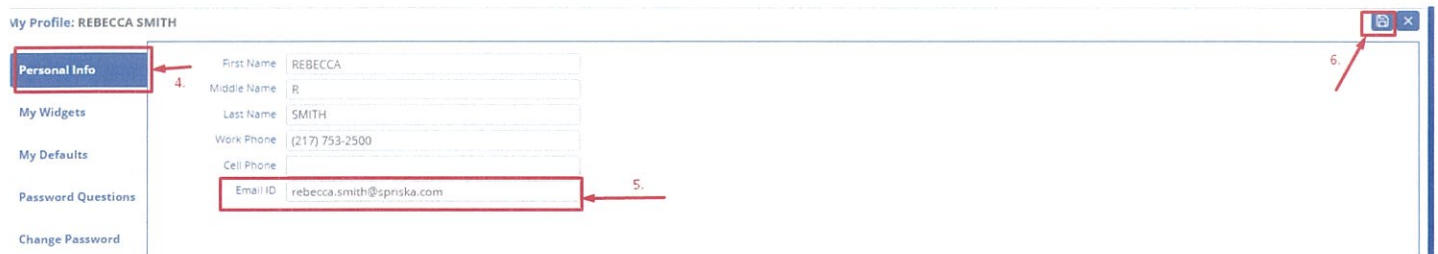
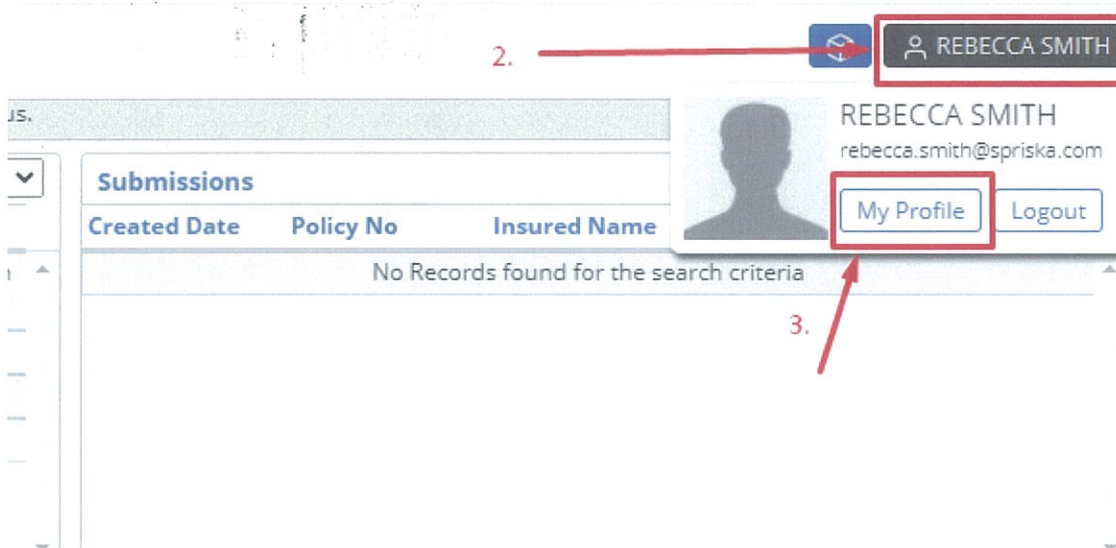
Go to the Desktop (first page that opens when logging in)

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

Click My Profile

On Personal Info page you can change the email

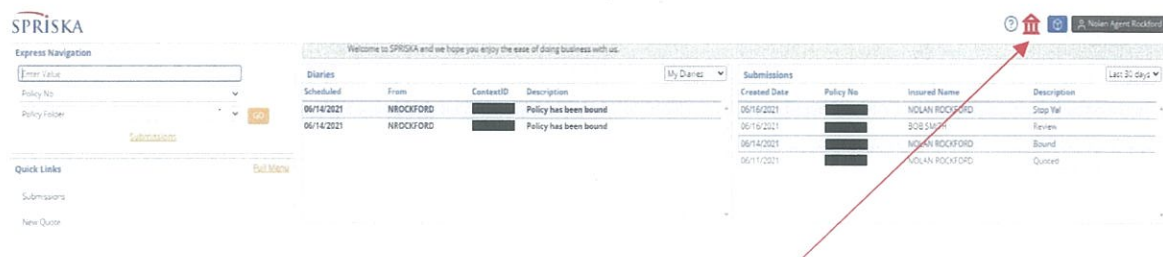
Then click the save icon in the top right corner.



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.



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

The form contains the following fields and options:

- Agency ID: [Redacted]
- Agency Name: [Redacted]
- Address: [Redacted]
- City, State & Zipcode: [Redacted]
- Commission Schedule: ☐ Weekly ☒ Monthly
- Enroll in AutoPay: [Button]

A red arrow points from the 'Monthly' radio button to the 'Enroll in AutoPay' button.

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 header states "Your data is secured. We are [PCI Compliant](#)". The form contains the following fields and options:

- Account Number (with a question mark icon)
- Repeat Account Number
- Routing Number (with a question mark icon)
- Name On Account
- SPRISKA Agency Services
- Account Type: ☒ Checking ☐ Savings
- Checkbox: MAKE THIS MY DEFAULT PAYMENT METHOD
- Buttons: SUBMIT (orange) and CANCEL (white)


Red arrows from the left point to the Account Number, Repeat Account Number, Routing Number, Name On Account, 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.



Save Payment Method


SPECIALTY RISK OF AMERICA

CLOSE

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

By using this modal to save your ACH account information you authorize SPRISKA to make future distributions to the account shown below.

Payment method

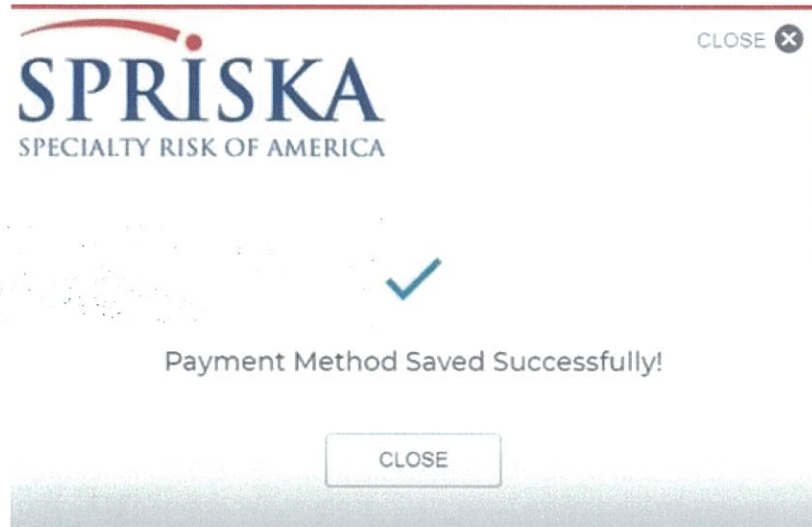
BANK OF AMERICA, N.A. Checking ending in 9916

SAVE PAYMENT METHOD

GO BACK

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](#)