



# ASI Alabama Self-Insured worker's compensation fund

*Sponsored by the Business Council of Alabama*

## How to Request a Quote ASI Policy Portal

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### **PRESENTED BY:**

The Alabama Self-Insured Worker's Compensation Fund

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# Log on to ASI Policy Portal

Log On ASI Policy Portal

Click Request New Quote icon on left-hand side of the screen



LOGIN TO VENTIV POLICY PORTAL

User Name

.....

Remember Me

SUBMIT

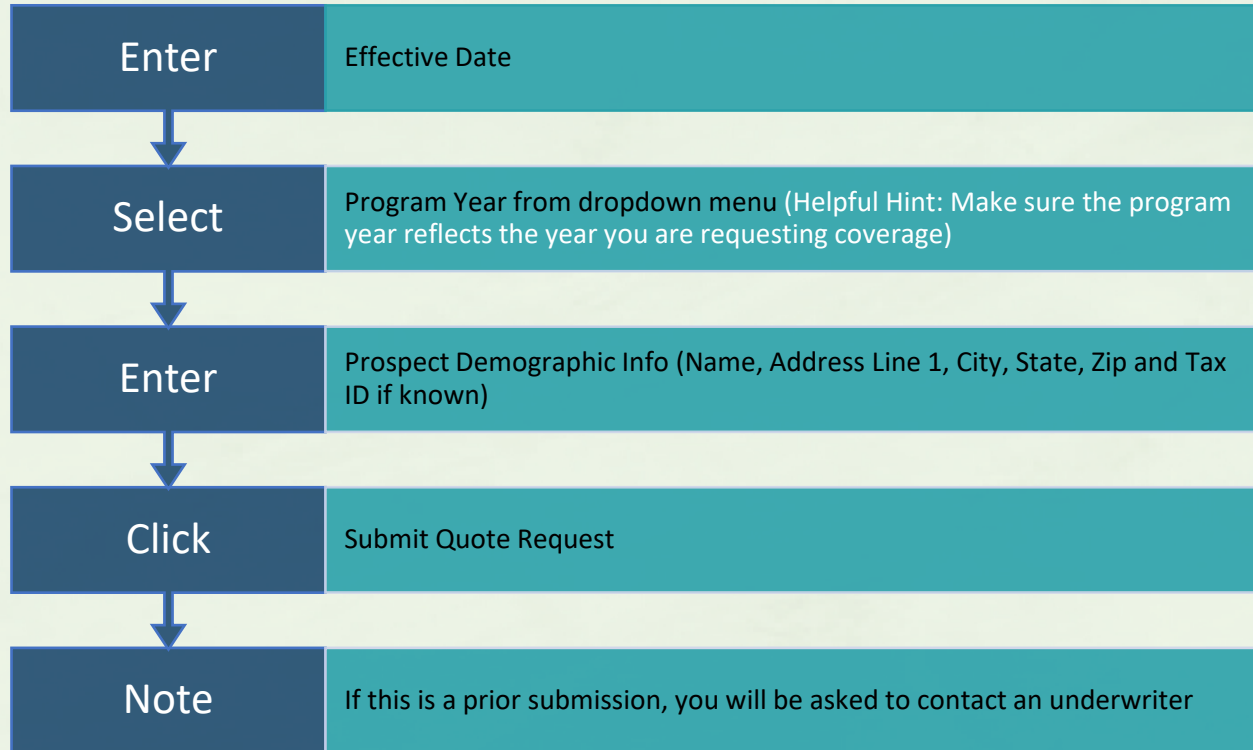
Forgot Password

REGISTRATION



- Home
- Reports
- Request New Quote (Agents Only)
- Form Designer
- Agent Help Link
- Member Help Link

# Enter Prospect Information



**New Quote Request**

**1** Request Quote For

Program Year: 2024-2025 AL- AL  New Prospect

**2** Prospect Demographic Info

Name:

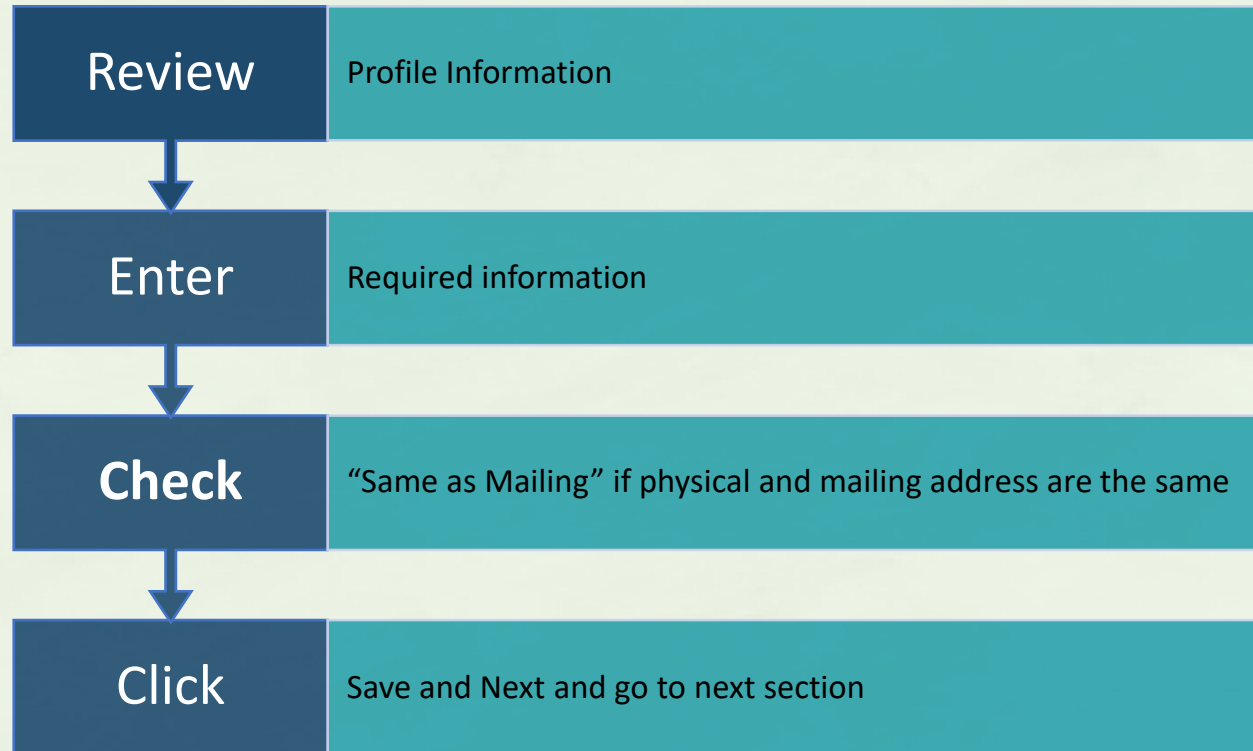
Address Line 1:

City:  State:

Tax ID:

**3**

# Profile Information





# Contacts

Click

Contacts



Click

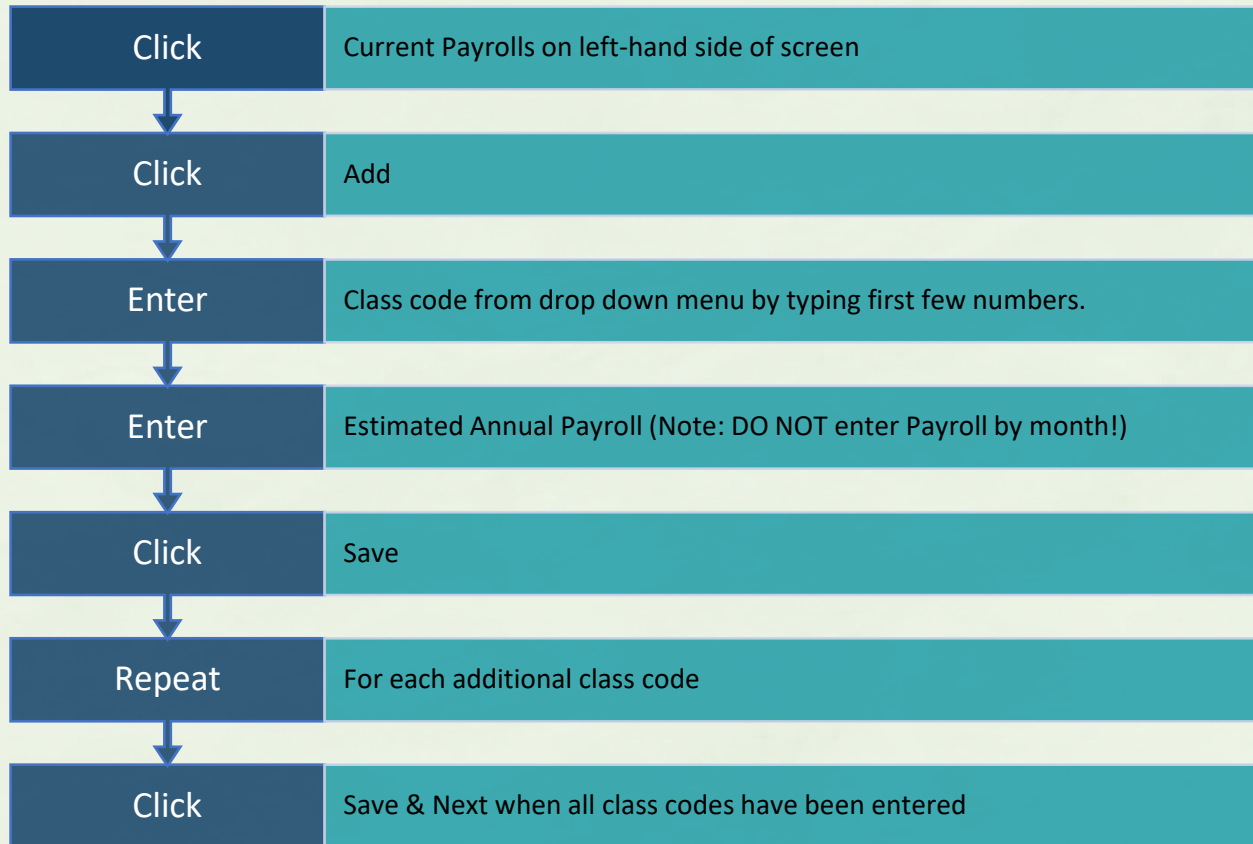
Current Payrolls



Note

You will be asked for a corporate contact later in this section

# Current Payrolls



6

7

2

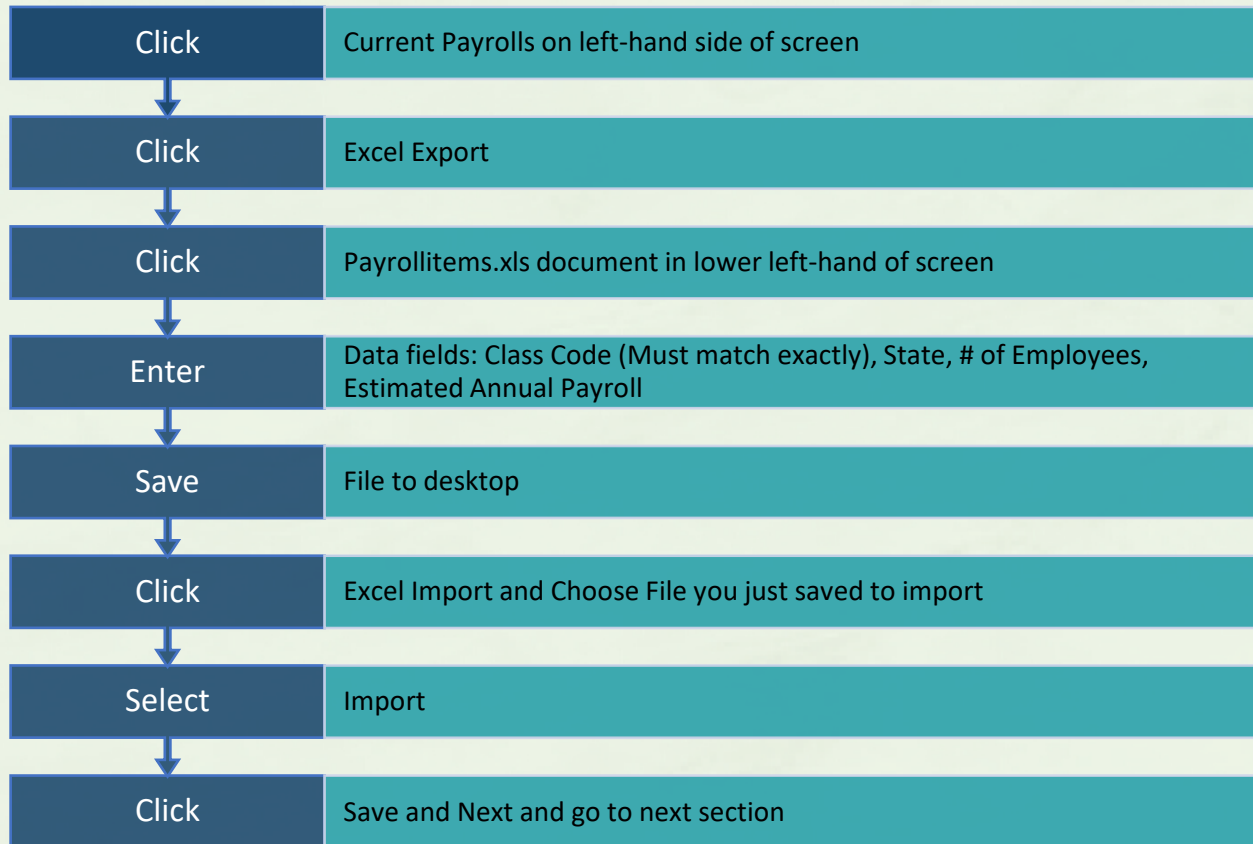
1

3

4

5

# Import Payroll Information



8

9

1

2

3

4

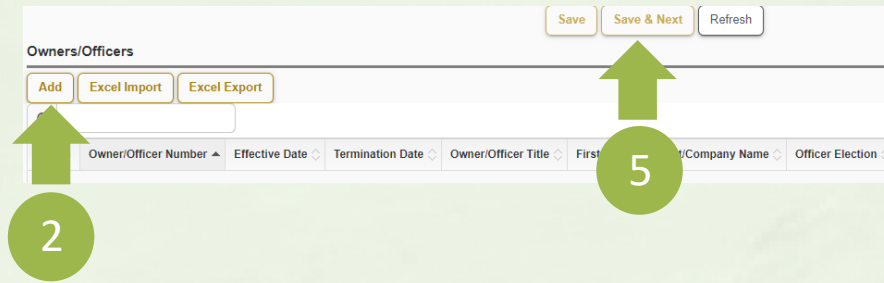
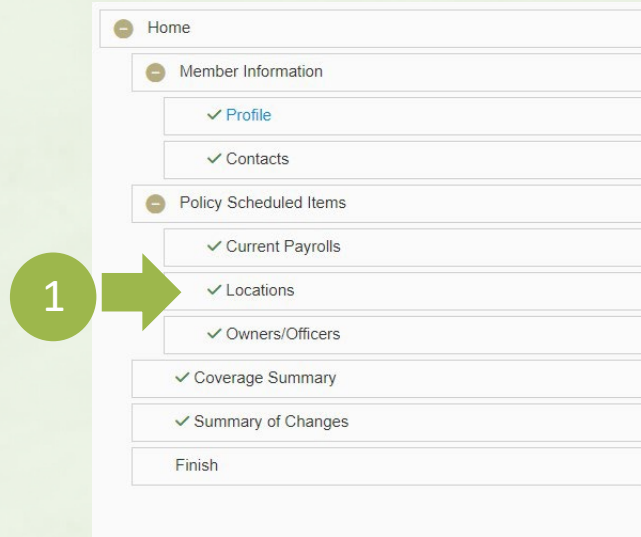
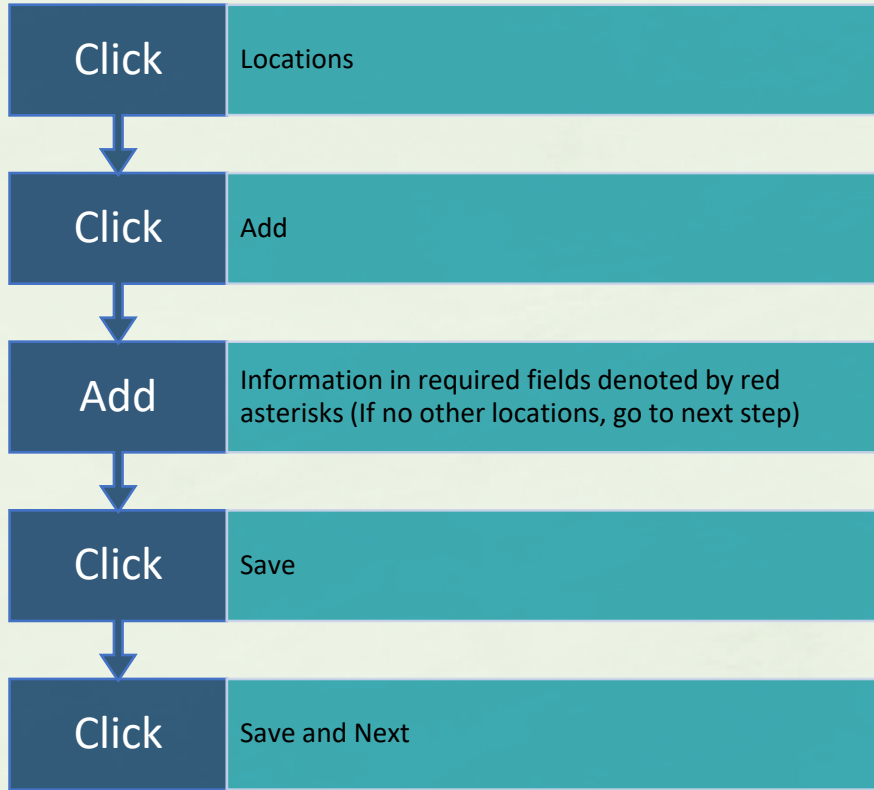
5

6

7

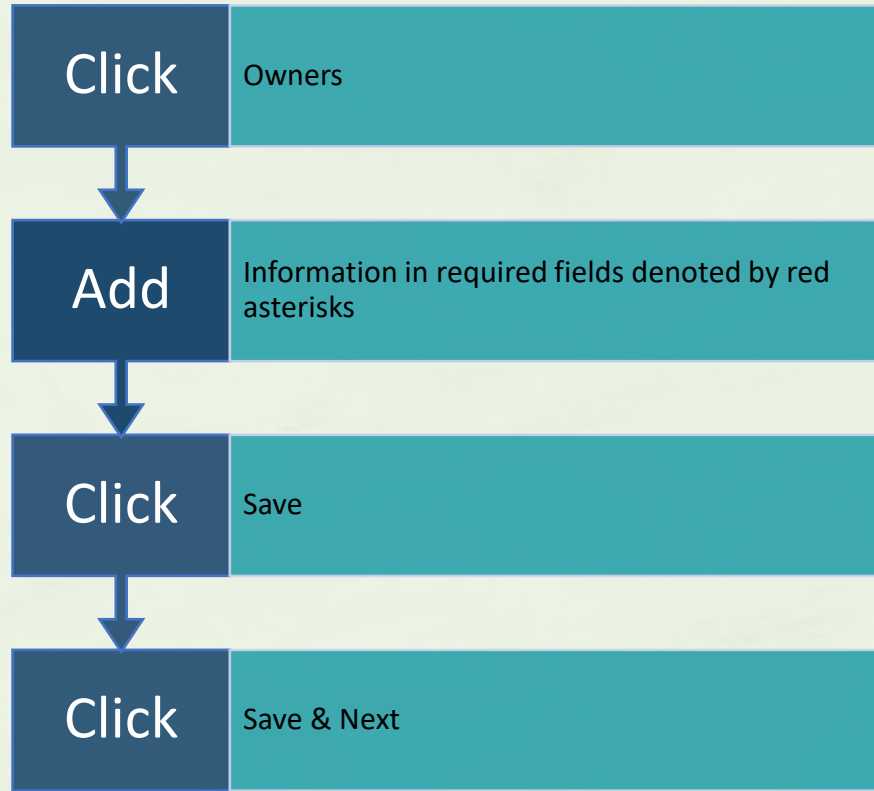
| A          | B          | C     | D           | E         | F                               |
|------------|------------|-------|-------------|-----------|---------------------------------|
| Payroll ID | Class Code | State | Entity or A | # of Empl | Estimated Annual Payroll Amount |
| 2          |            | AL    |             | 0         |                                 |
| 4          |            | AL    |             | 0         |                                 |
| 1          |            | AL    |             | 0         |                                 |
|            |            |       |             |           |                                 |
|            |            |       |             |           |                                 |
|            |            |       |             |           |                                 |
|            |            |       |             |           |                                 |

# Location Information





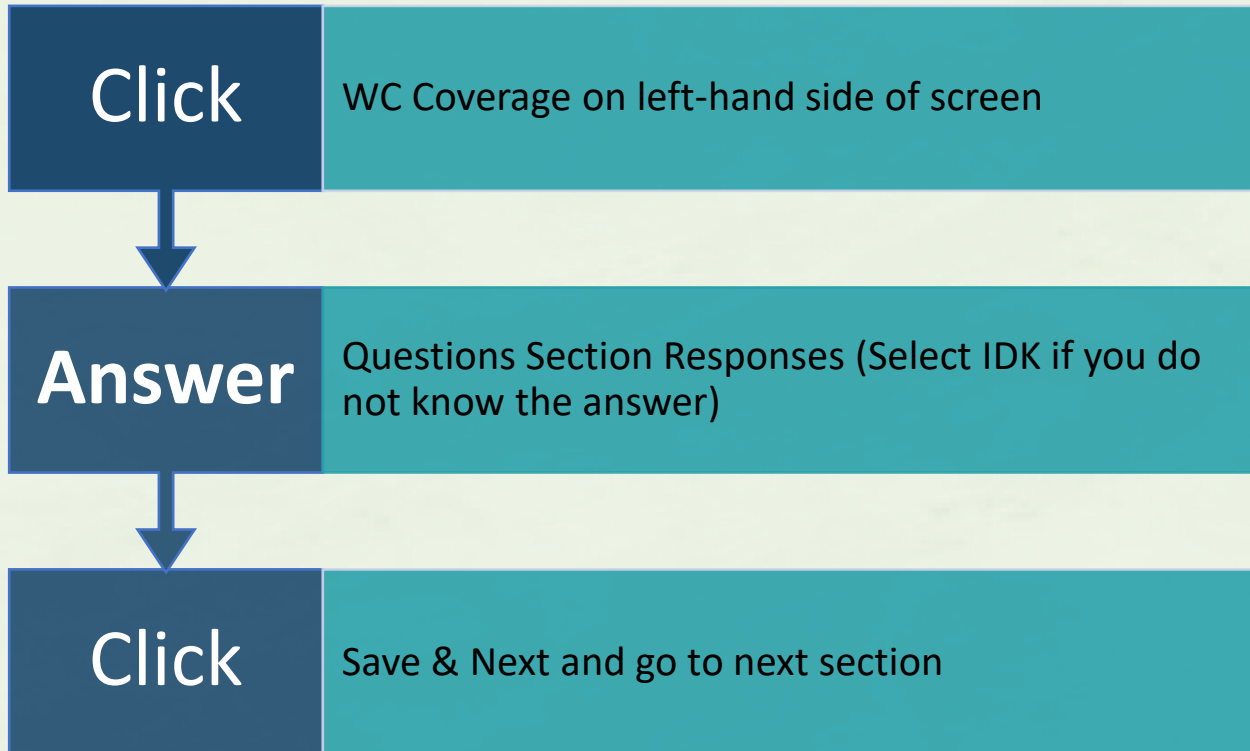
# Owner Information



The screenshot shows the 'Owners/Officers' section of the ASI Policy Portal. It includes a sidebar menu with 'Owners/Officers' selected (callout 1), a main content area with 'Add' and 'Excel Import' buttons (callout 2), a table with one entry (callout 3), and a bottom bar with 'Save', 'Save & Next', and 'Refresh' buttons (callout 4).

| Action                              | Owner/Officer Nu |
|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | 1                |

# Member Activity Questions



**1** → WC Coverage

**2** → Questions Section Responses

**3** → Save & Next

Questionnaire

Home

Member Information

- Profile
- Contacts

Policy Scheduled Items

- Current Payrolls
- Locations
- Owners/Officers

Member Activity Questions

- WC Coverage**
- Coverage Summary
- Summary of Changes
- Finish

Mark this section as complete and accurate

Save Save &

**Questions Section Responses**

Any group transportation provided?

No

Any prior coverage declined / cancelled / non-renewed in the last three (3) years?

No

Any work performed on barges, vessels, docks or bridges over water?

No

Any work performed underground or above 15 feet?

No

Any work sublet without certificates of insurance? If "yes", include payroll in the state rating

No

Are sub-contractors used? If "yes", give % of work subcontracted.

25

Do employees travel out of state? If "yes", indicate state(s) of travel & frequency.

No

Do you lease employees to or from other employers?

Save Save & Next Refresh

# Coverage Summary

Click

Coverage Summary on left-hand side of screen (There is nothing to change here. Simply review coverage)

Click

Save & Next and go to next section

Home

Member Information

- Profile
- Contacts

Policy Scheduled Items

- Current Payrolls
- Locations
- Owners/Officers

Member Activity Questions

- WC Coverage
- Coverage Summary**
- Summary of Changes

Finish

Mark this section as complete and accurate

Save Refresh

### Coverage Premiums

Q

| Coverage Type | Deductible | Limit / TIV                         |
|---------------|------------|-------------------------------------|
| WC Coverage   |            | \$1,000,000/\$1,000,000/\$1,000,000 |
| Count= 1      | Count= 1   | Count= 1                            |

Showing 1 to 1 of 1 entries

1

2

3

# Summary of Changes

Click

Summary of Changes on left-hand side of screen (There is nothing to change here. Simply review coverage)



Click

Save and go to next section

1

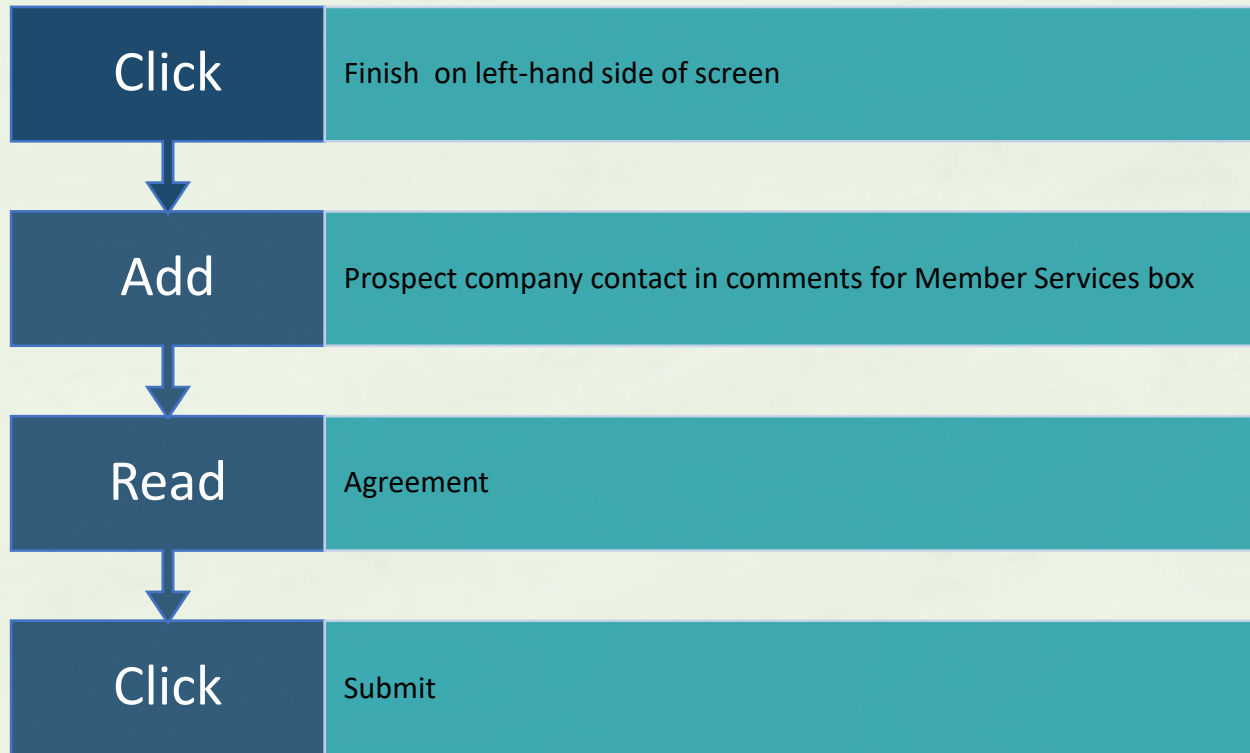
Summary of Changes

| Transaction ID | Transaction Number | Item Changed                   | Item Description                | Change Type    | TransactionDate      | Changed By |
|----------------|--------------------|--------------------------------|---------------------------------|----------------|----------------------|------------|
| 591950         | 1                  | Policy                         | Policy Number: Q106238AL2023-01 | Record created | 1/1/2023 12:00:00 AM | LorenT     |
| 591951         | 1                  | Workers' Compensation Coverage |                                 | Record created | 1/1/2023 12:00:00 AM | LorenT     |

Showing 1 to 2 of 2 entries



# Submit Quote Request



Questionnaire

Home

Member Information

- Profile
- Contacts

Policy Scheduled Items

- Current Payroll
- Locations
- Owners/Officers

Member Activity Questions

- WC Coverage
- Coverage Summary
- Summary of Changes

Finish

Read the agreement below and click on Submit to

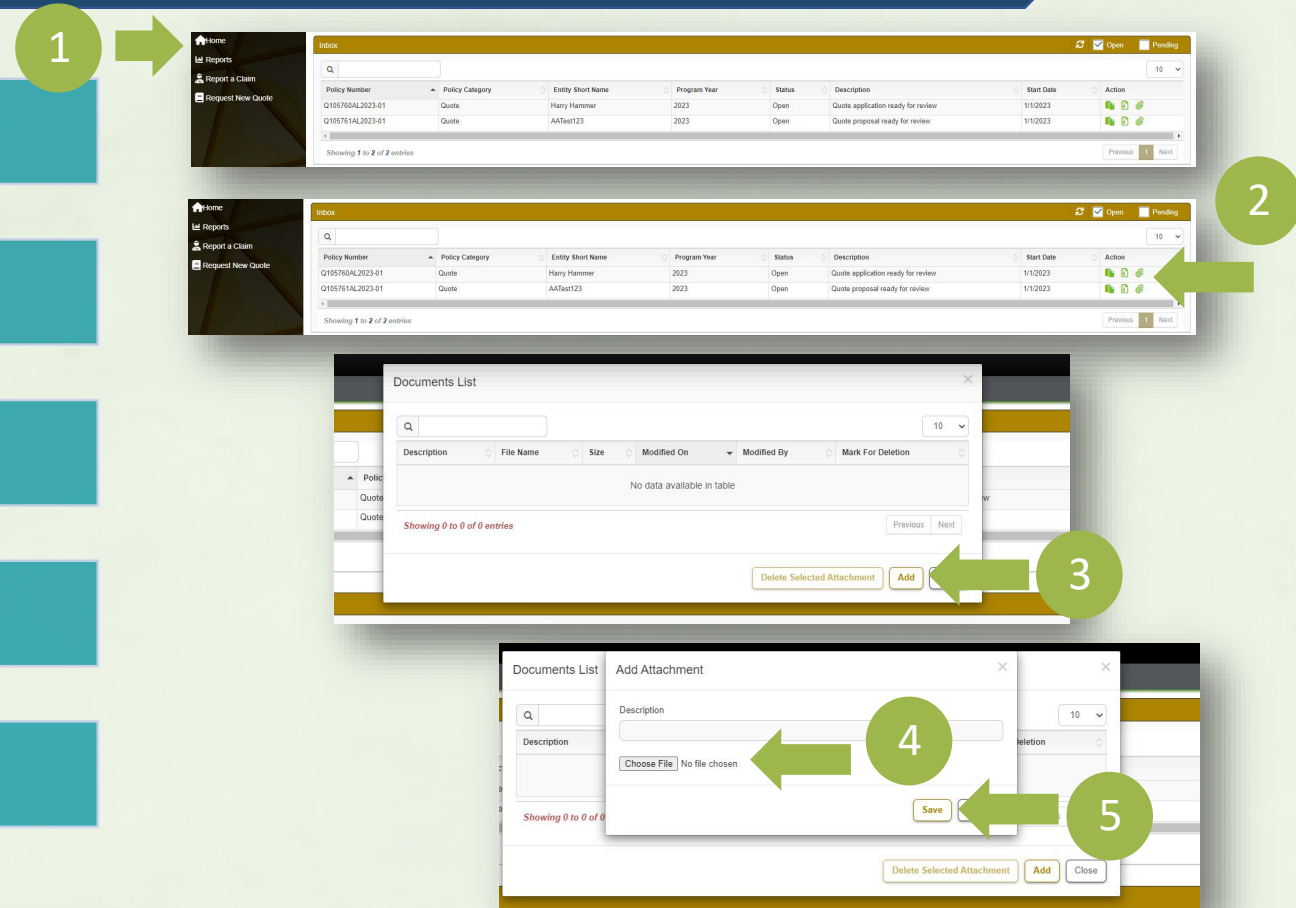
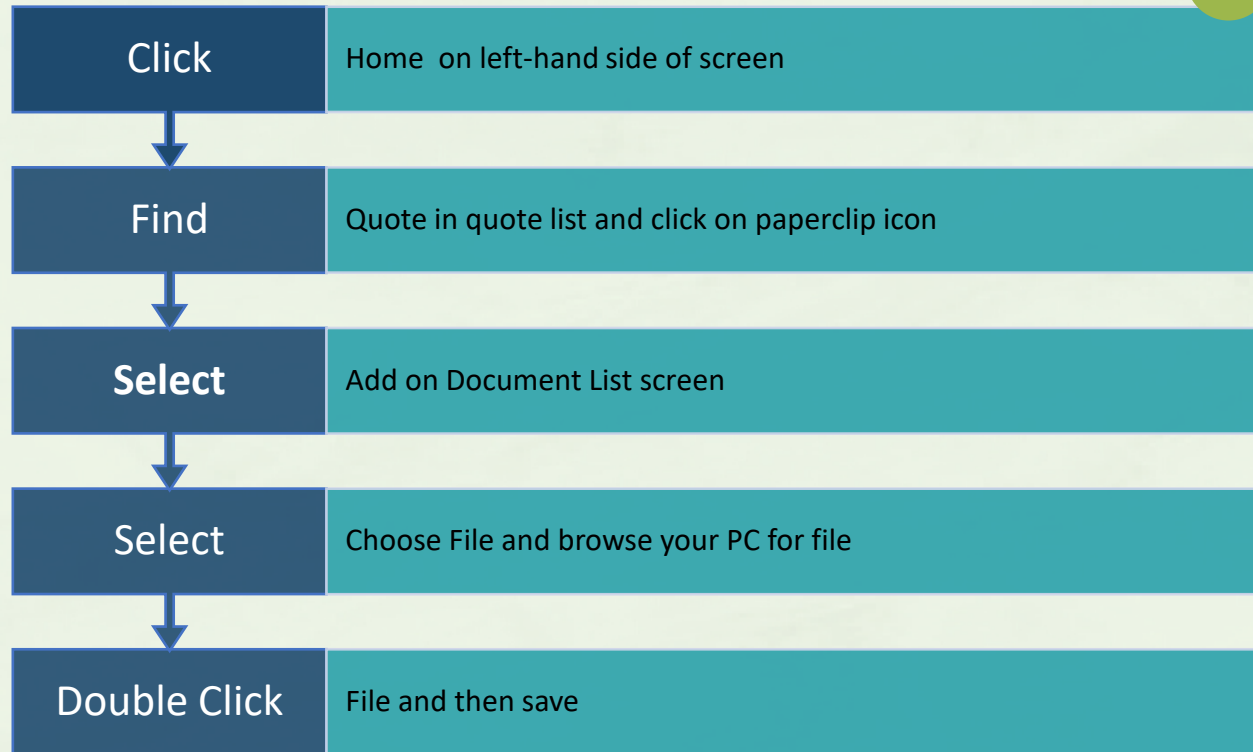
By clicking on the Final Submit button below, you are warranting that to the best of your knowledge complete and correct and that the submitter is authorized to attest to its accuracy. Please be advised herewithin could potentially void your coverages.

You are about to submit the Renewal Questionnaire. Once submission is complete, you will no longer be able to make changes online. Please confirm that all of the information including the scheduled items are correct and complete. Should you have any comments to be submitted to Member Services with your Renewal Questionnaire, please enter them in the comments box below.

Comments for Member Services:

Submit Reject

# Submit Attachments





Once you have submitted your quote, our underwriting team will be working on your submission. You can check your ASI Portal inbox for questions from the underwriting team or your final quote.

**How to Submit a Quote on the ASI Policy Portal**

**ASI** Alabama  
Self-Insured  
worker's compensation fund

 **Employer's**  
Claim Management, Inc.

# Who We Are

## The Fund

- ✓ A committed team providing loss control, claim management and information services that help members develop and maintain successful programs.
- ✓ Focused on handling worksite safety and injury across the state.
- ✓ No other types of insurance, just workers' compensation in Alabama.
- ✓ We know the employees, employers, and the medical and legal community.

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