

QUICK REFERENCE GUIDE



FLORIDA MUNICIPAL INSURANCE TRUST

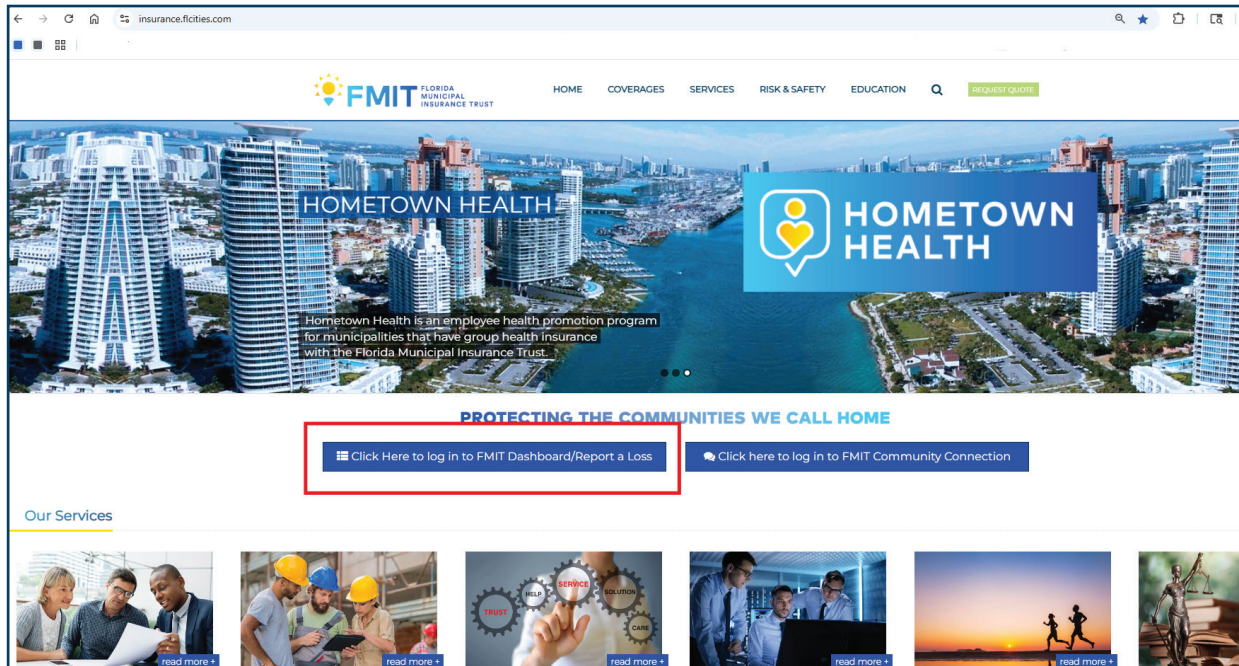
Member Portal

POWERED BY ORIGAMI

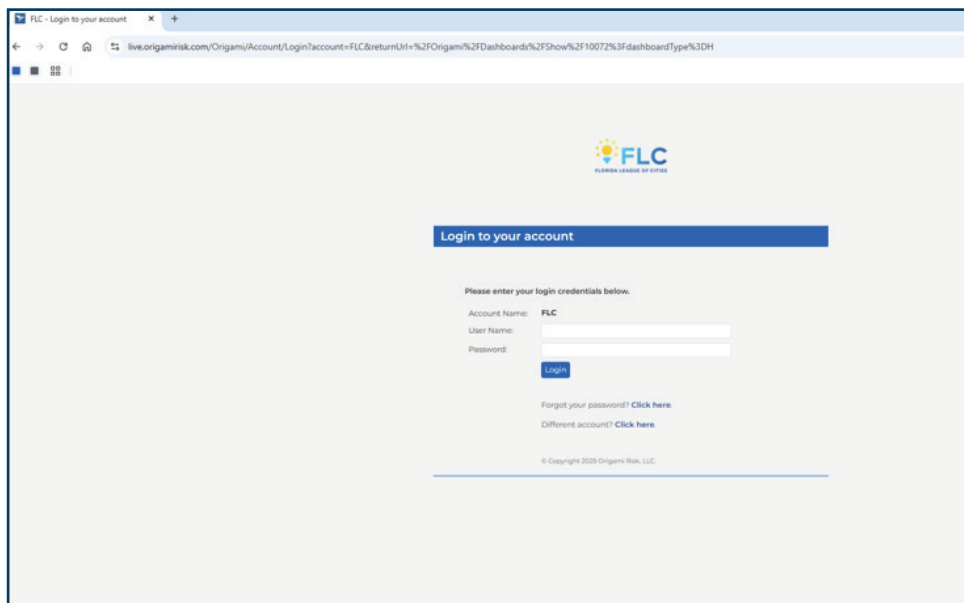
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Logging In



On the FMIT homepage, click the log in button to get redirected to the Origami login page.



This is the screen you will see after clicking the dashboard button on the FMIT page.

Your username will be your email address and the FMIT number for the applicable account you're trying to access.

FIRST TIME LOGGING IN/FORGOT YOUR PASSWORD

To set up your account, click Forgot Your Password to set a password.

Enter your username, which is [email][FMIT number], and click Reset My Password. (Example: questions@flcities.com0000)

You will see this screen. If you don't receive the email, please check your junk or spam folder first. If you still can't find it, contact Insurance Member Services at questions@flcities.com.

Origami Risk Password Reset Notification



notifications@origamirisk.com

To  Christina Malhotra

Origami

Account: FLC

You recently requested a password reset. Please click the link below to reset your password.

[Click Here to Reset Password](#)

If you did not request to reset your password, please ignore this email. This password reset is only valid for the next 30 minutes.

You will receive this email to follow the instructions.

Change your password

Your new password must satisfy the following criteria:

- Be different from the current password.
- Be at least 6 characters long.

New Password: *

Confirm New Password: * ▸ Retype your new password.

Change Password

After clicking the link in the email, you'll be prompted to this screen to change your password.

FLC
FLORIDA LEAGUE OF CITIES

Login to your account

Please enter your login credentials below.

Account Name: **FLC**

User Name:

Password:

Login

Forgot your password? [Click here.](#)

Different account? [Click here.](#)

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You can log in with your username (email plus FMIT number) and new password.

DASHBOARD

FLC - FMIT Member Portal

live.origamirisk.com/Origami/Dashboards/Show/10035/dashboardType=H

FLC
FLORIDA LEAGUE OF CITIES

FMIT Member Portal

Data as of 3 minutes ago | Refresh Data | Set Auto-Refresh

Filter Options: None Show Apply Options

FMIT Dashboard

Member Account Details

Name	Account Executive	Risk & Safety Consultant	Underwriting Rep.
	Michael Merrill mmerrill@flclcs.com (954) 270-7296	Chaz Smith csmith@flclcs.com (813) 416-0584	Bobby Livingston blivingston@flclcs.com (407) 367-4016

Policy Information

- First Installment Invoices
- Policy Premium Invoices and Payments
- Ancillary And Deductible Invoices
- Claims
- Risk & Safety
- Automobile
- Property
- Workers' Compensation Filter Instructions
- Workers' Compensation

Request a New User Account

[Request a New User Account](#)

Click here to request a new User Account

Once you are logged in, you will see this screen.

Your Insurance Policies

The screenshot shows the FMIT Dashboard interface. At the top is the FMIT logo and name. Below it is the 'Member Account Details' section with fields for Name, Account Executive, Risk & Safety Consultant, and Underwriting Rep. The 'Policy Information' section is expanded, showing 'Your Insurance Policy' with links to various policy documents. To the right are 'Policy Requests' and 'Renewals' sections, each with links to request documents or view renewal requirements.

Under Policy Information, almost everything is the same as the old dashboard. Here, you can view and download policies, request certain documents, and, coming soon, renew or make policy changes.

The screenshot shows the 'Document Queue - FMIT Notice of Change Documents' page. It features a table with columns for 'File Name' and 'Linked To'. The table lists several documents, each with a download icon and a link to the document. On the right side, there is a 'Filter By' section with a search bar and a 'Recently Viewed' section showing no records.

When you click on any of the links under Your Insurance Policy, it will take you to that specific document queue. If you click the blue arrow next to the document name, you can quickly download the document that way.

The screenshot shows the 'Document Queue - FMIT Notice of Change Documents' page with a document preview overlay. The preview shows the '2024-25 Notice of Change in Policy Terms.pdf' document. The document content includes sections for 'GENERAL LIABILITY/PERSONAL LIABILITY COVERAGE ENDORSEMENTS', 'AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE COVERAGE', and 'AUTOMOBILE PHYSICAL DAMAGE COVERAGE (PART APT)'. The preview also shows the document's page number, 'Page 1 of 4'.

If you hover over the Adobe PDF icon, you can preview the document from this screen.

Document Queue - FMIT Notice of Change Documents		Download Selected
<input checked="" type="checkbox"/>	File Name	Linked To
<input checked="" type="checkbox"/>	2024-25 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2023-24 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2022-23 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2021-22 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2020-21 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2018-19 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2017-18 Notice of Change in Policy Terms.pdf	
<input checked="" type="checkbox"/>	2016-17 Notice of Change in Policy Terms.pdf	
1 to 8 of 8		
© ISO		

If you want to download multiple files, you can either check each box or click the box to the left of File Name to select all. Then click Download Selected in the top right corner.

2024-25 Notice of Change in Policy Terms.pdf

Download File

Hide Thumbnails Dock

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Page 1

Page 2

Page 3

Page 4

NOTICE OF CHANGE IN POLICY TERMS
Florida Municipal Insurance Trust (FMIT)
2024-2025 Coverage Year

GENERAL LIABILITY/PUBLIC OFFICIALS LIABILITY COVERAGE ENDORSEMENTS

- FLORIDA MUNICIPAL INSURANCE TRUST GENERAL/PROFESSIONAL LIABILITY COVERAGE AGREEMENT DECLARATIONS (FMIT GL DEC)**
Revised language to clarify that the limits shown on the declaration page may include and are subject to conditions, terms, and extensions provided by the FMIT SE GL and FMIT SE SIR GL endorsements.
- FLORIDA MUNICIPAL INSURANCE TRUST COVERAGE AGREEMENT (FMIT CA)**
Amended LIMIT OF LIABILITY section B. to further define what constitutes a single claim as it relates to Sexual Abuse and Sexual Action.

If you click on the document's name, you will be taken to a screen like this to view it.

2024-25 Notice of Change in Policy Terms.pdf

Download File

Hide Thumbnails Dock

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Page 1

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NOTICE OF CHANGE IN POLICY TERMS
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- FLORIDA MUNICIPAL INSURANCE TRUST COVERAGE AGREEMENT (FMIT CA)**
Amended LIMIT OF LIABILITY section B. to further define what constitutes a single claim as it relates to Sexual Abuse and Sexual Action.

Here in this view, you can also choose to download it, rotate the pages, and zoom in or out.

Policy Requests

REQUESTING CERTIFICATES OF COVERAGE (COIS)

The screenshot shows the FMIT Dashboard with the following sections:

- Member Account Details:** Includes fields for Name, Account Executive, Risk & Safety Consultant, and Underwriting Rep.
- Policy Information:** A dropdown menu with options: 2024-25 Notice of Change in Policy Terms, Archived Notice of Change in Policy Terms, FMIT Invoices, All Coverages, Property Policy Only, General Liability Policy Only, Auto Policy Only, and Workers' Compensation Policy Only.
- Policy Requests:** A section with a dropdown menu containing: Request Certificate Coverage, Request Binder, and Request Loss Run.
- Remove a Policy Change Record:** A section with a dropdown menu containing: Remove a Policy Change record for Auto/IM/Property.
- Renewals:** A section with a dropdown menu containing: Click here for 2024 Renewal Requirements, FMIT Member Information Packet (Property and Liability), and FMIT Member Information Packet (WC).

To request a COI, click Request Certificate Coverage under Policy Requests.

The screenshot shows the "New Certificate of Insurance Request" form with the following fields:

- Certificate Request Number:** A text field with a "Empty to autogenerate" link.
- Member Name:** A text field.
- Contact Email:** A text field with an asterisk.
- Phone:** A text field with "ext." and "Enter digits for 'US' or type + for international numbers."
- Certificate Holder:** A text field with an asterisk.
- Address Line 1:** A text field with an asterisk.
- Address Line 2:** A text field.
- City:** A text field with an asterisk.
- State:** A dropdown menu with "Florida" selected.
- Zip Code:** A text field with an asterisk.
- Describe what Certificate is in reference to:** A text field with an asterisk.
- Special Instructions:** A text field.
- Additional Insured:** A checkbox.
- Additional Insured County:** A checkbox.
- Additional Insured School Board:** A checkbox.
- Is the Certificate for a Vehicle:** A checkbox.
- Is the Certificate for a Building:** A checkbox.
- Requested By:** A text field with an asterisk.
- FEIN # (xx-xxxxxxx):** A text field.
- Fax Number:** A text field with "(407) 425-9378" and "ext." and "Enter digits for 'US' or type + for international numbers."
- Loss Payee:** A checkbox.
- Is the Certificate for Equipment:** A checkbox.

Buttons: "Save Changes" and "Cancel" are located at the top right.

This screen will populate. After you fill in all required fields (red asterisk), click Save Changes at the top right. The underwriting team is notified of the request and will start working on it.

REQUESTING BINDER

The screenshot shows the FMIT Dashboard with the 'Policy Requests' section expanded. The 'Policy Requests' section contains the following links:

- > Request Certificate Coverage
- > Request Binder
- > Request Loss Run

The 'Your Insurance Policy' section contains the following links:

- > 2024-25 Notice of Change in Policy Terms
- > Archived Notice of Change in Policy Terms
- > FMIT Invoices
- > All Coverages
- > Property Policy Only
- > General Liability Policy Only
- > Auto Policy Only
- > Workers' Compensation Policy Only

The 'Renewals' section contains the following links:

- > Click here for 2024 Renewal Requirements
- > FMIT Member Information Packet (Property and Liability)
- > FMIT Member Information Packet (WC)

The 'Remove a Policy Change Record' section contains the following link:

- > Remove a Policy Change record for Auto/IM/Property

To request a binder, click Request Binder.

The screenshot shows the 'New Binder Request' form. It includes a message box that says: "Please click 'Save Changes' button at the top right hand corner of the screen to submit the request. Once the request is submitted, your Binder will be emailed to you soon." Below the message box, there are fields for 'Member' (FMIT Test Account) and 'Request Number' (Empty to autogenerate). The 'Save Changes' button is located at the top right corner of the form.

It'll take you to this screen. Click Save Changes to confirm the submission request. Nothing needs to be filled in or completed. You will then receive an email containing your binder.

REQUESTING LOSS RUNS

The screenshot shows the FMIT Dashboard with the 'Policy Requests' section expanded. The 'Policy Requests' section contains the following links:

- > Request Certificate Coverage
- > Request Binder
- > Request Loss Run

The 'Your Insurance Policy' section contains the following links:

- > 2024-25 Notice of Change in Policy Terms
- > Archived Notice of Change in Policy Terms
- > FMIT Invoices
- > All Coverages
- > Property Policy Only
- > General Liability Policy Only
- > Auto Policy Only
- > Workers' Compensation Policy Only

The 'Renewals' section contains the following links:

- > Click here for 2024 Renewal Requirements
- > FMIT Member Information Packet (Property and Liability)
- > FMIT Member Information Packet (WC)

The 'Remove a Policy Change Record' section contains the following link:

- > Remove a Policy Change record for Auto/IM/Property

To request a loss run report, click Request Loss Run.

New Loss Run Request Save Changes Cancel

Please fill out the request form below and then click "Save Changes" button at the top right hand corner of the screen to submit the request. Your Loss Run Report will be emailed to you soon.

Member: FMIT Test Account

Request Number: Empty to autogenerate

Line of Business: None Selected

Report Format: None Selected

As of Date: Property and Liability

Workers Compensation

Select the line of business from the drop-down menu.

New Loss Run Request Save Changes Cancel

Please fill out the request form below and then click "Save Changes" button at the top right hand corner of the screen to submit the request. Your Loss Run Report will be emailed to you soon.

Member: FMIT Test Account

Request Number: Empty to autogenerate

Line of Business: Property and Liability

Report Format: None Selected

As of Date: None Selected

PDF

Excel

Select the format you would like the report delivered in.

New Loss Run Request Save Changes Cancel

Please fill out the request form below and then click "Save Changes" button at the top right hand corner of the screen to submit the request. Your Loss Run Report will be emailed to you soon.

Member: FMIT Test Account

Request Number: Empty to autogenerate

Line of Business: Property and Liability

Report Format: Excel

As of Date: 07/01/2025

Jul

29 30 1 2 3 4 5

6 7 8 9 10 11 12

13 14 15 16 17 18 19

20 21 22 23 24 25 26

27 28 29 30 31 1 2

Select the As of Date. Reports only go back as far as a year from today's date. If you want the most current loss runs, you want to select today's date. Just like you are used to, the loss run reports will still contain 10 years of claims data.

New Loss Run Request Save Changes Cancel

Please fill out the request form below and then click "Save Changes" button at the top right hand corner of the screen to submit the request. Your Loss Run Report will be emailed to you soon.

Member: FMIT Test Account

Request Number: Empty to autogenerate

Line of Business: Property and Liability

Report Format: Excel

As of Date: 07/01/2025

After everything is selected, click Save Changes in the top right corner.

Policy Number	Member	Effective Date	Expiration Date	Policy Lines	Attach#	Description	Rating Company
		10/01/2024	10/01/2025	Workers Compensation	99216		Florida League of Cities
		10/01/2024	10/01/2025	Commercial Property, Crime and Fidelity, Cyber Liability (FMIT), Errors & Omissions (FMIT), General Liability (FMIT), Inland Marine, Law Enforcement Liability (FMIT)	59959		Florida League of Cities
		10/01/2024	10/01/2025	Commercial Auto	59826		Florida League of Cities

You'll see this screen. Select the policy number to which the removal is in reference.

Click on Lookup Policy Change to view a list of what you want to remove. If you don't see anything to select from, that means there are no change records you can remove. Make sure all required fields are completed before clicking Save Changes.

Invoice and Payments

▼ First Installment Invoices													
First Installment Invoices													
Invoice Number		Due Date			Billed Amount			Outstanding Balance		Action			
▼ Policy Premium Invoices and Payments													
Outstanding Premium Invoices							Premium Payments						
Invoice Number	Fund Year	Description	Action Needed	Due Date	Invoice Amount	Paid Amount	Outstanding Balance	Billing Account	Payment Method	Payment Date	Paid Amount		
▼ Ancillary And Deductible Invoices													
Ancillary Premium Invoices							Ancillary Premium Payments			Deductible Bills			
Policy Number	Invoice Number	Action Needed	Due Date	Billed Amount	Paid Amount	Outstanding Balance	Policy Number	Payment Date	Paid Amount	Invoice Number	Action Needed	Due Date	Total Due
		Make Online Payment	07/10/2025	742.35	0.00	742.35							
				742.35	0.00	742.35							

These three tabs on the dashboard are where you can view and track issued invoices and payments.

First Installment Invoices are only for the first installment FMIT invoices.

Policy Premium Invoices and Payments is where you can see other FMIT installment invoices, endorsement invoices, make payments for those invoices, and view confirmation of those payments.

Ancillary and Deductible Invoices is where you will view all ancillary and deductible invoices and payments. Like the other tabs, you can also make payments on these by clicking on the invoice number.

After a payment is made, the dashboard will auto update to show that the policy invoice was paid under the applicable payment section.

Member Invoice		Pay Online
Bill Details Invoice Number: Member: Policy: Bill Status: Invoiced Invoice Type: Policy Premium Billing Period: 07/04/2025 - 07/06/2025 Invoice Create Date: 06/25/2025		Due Date: 07/10/2025 Billed Amount: 742.35 Outstanding Balance: 742.35
Billing Address1: Address2: City: State: PostalCode:		
Initial Premium - 0074-ANC24-17215 Billed Amount: 742.35		Go to Quote

When you click on the invoice number, you will see this screen. Click Pay Online to pay it through the Wells Fargo payment portal.

Claims

Claims

Claim Forms and Notes

> Auto Claim Form

> Auto Claims

> General Liability Claim Form (3rd Party)

> General Liability Claims

> Property Claim Form (1st Party)

> Property Claims

> Workers' Compensation Claim Form

> Workers' Compensation Claim Notes

> Workers' Compensation Claims

In the claims tab of the dashboard, you can submit claims, view all claims, and, depending on your access level, view workers' compensation adjuster claim notes as well.

New Incident

Complete Incident Cancel

Auto Claim Form

Member:

Date of Accident: *

Time of Accident: *

Was This Previously Reported? *

Location of Accident

Reported By: *

Contact First Name: *

Contact Last Name: *

Contact Phone: *

Contact Email: *

Reporting Agency:

Case Number:

Is this a Law Suit?

First Name: *

Last Name: *

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Description of Accident:

Phone: *

Birth Date:

Injuries:

Owner same as Driver? *

When you need to submit an auto claim, this is the form you'll see. All required fields must be completed before submission. Once ready, you click Complete Incident in the top right corner. Same process for other lines of coverage.

New Incident

Complete IncidentCancel

General Liability Claim Form

Member:

Date of Loss: *

Time of Loss:

Was This Previously Reported? *

☐ Yes
☐ No

Please Select Type of Liability Claim Being Reported (Select All That Apply) *

☐ Bodily Injury
☐ Employment Practices Liability
☐ Errors & Omissions
☐ Law Enforcement Liability
☐ Property Damage

Reported By: *

Contact First Name: *

Contact Last Name: *

Contact Phone: *

###-###-####

ext

Contact Email: *

Property Damage - Claimant

Owner's Information

First Name:

Last Name:

Address Line 1:

Address Line 2:

City:

State:

Florida

Zip Code:

Phone:

###-###-####

ext

Property Description - Claimant

Location of Accident

Address Line 1:

Address Line 2:

City:

State:

Florida

Reporting Agency:

(FHP,Police,Fire,Sheriff...)

Case Number:

(Report Number)

Estimated Loss Amount:

\$0.00

This is the General Liability Claim form.

New Incident

Complete IncidentCancel

Property Claim Form

i

* indicates required fields. If you do not know the information, please enter N/A (or all 9s for Phone fields) in the required field.

Member:

Date of Loss: *

Time of Loss: *

Was This Previously Reported? *

☐ Yes
☐ No

Contact First Name: *

Contact Last Name: *

Reported By: *

Contact Phone: *

###-###-####

ext

Contact Email: *

Property Description

Is this a Law Suit? *

☐ Yes
☐ No

Is this a Sewer Backup Claim? *

☐ Yes
☐ No

Building, Contents or Inland Marine Loss - Title

Type of Loss: *

(Fire,Theft,etc.)

Location Numbers on Policy: *

Location of Loss: *

Reported To:

(Police or Fire Department)

Case Number:

(Report Number)

Estimated Loss Amount:

\$0.00

(In Dollars \$0.00)

Description of How Damage Occurred: *

This is the Property Claim form.

New Incident

Complete Incident Cancel

Workers Compensation Claim Form

Member:

Reported By:

Contact Email:

Contact Phone:

###-###-####

ext

Date of Accident: *

Time of Accident:

Description of Accident:

Injury/Illness that Occurred:

Part Of Body Affected:

Address or Location where Accident occurred:

Address Line 1: *

Address Line 2:

City: *

State: *

Florida

Zip Code: *

County: *

Employee Information

First Name: *

Middle Name:

Last Name: *

Address Line 1: *

Address Line 2:

City: *

State: *

Florida

Zip Code: *

Home Phone: *

Office Phone: *

Date of Birth: *

Social Security Number:

Enter dashes xxx-xx-xxxx

Gender: *

Male

Female

Non-Binary

Not Specified

Job Title: *

This is the Workers' Compensation Claim form.

Claims							Filter By
Claim Number	Claimant First Name	Claimant Last Name	Loss/Injury Date ▼	Loss/Injury Time	Coverage	Status	Claim Number
	Claimant First Name: click to sort by this column		02/15/2023	5:57 PM	Auto Physical Damage	Open	Claimant
			02/06/2025	2:36 PM	Auto Liability	Open	Status
			01/10/2025	6:55 AM	Auto Physical Damage	Open	All
			01/10/2025	6:46 PM	Auto Liability	Open	Search Clear
			12/17/2024	1:41 PM	Auto Physical Damage	Closed	Recently Viewed
			11/22/2024	1:11 PM	Auto Physical Damage	Open	
			11/09/2024	2:39 AM	Auto Physical Damage	Open	
			10/13/2024	12:00 PM	Auto Physical Damage	Open	
			08/29/2024	11:20 AM	Auto Physical Damage	Open	
			08/29/2024	11:20 AM	Auto Liability	Closed	
			08/29/2024	7:32 AM	Auto Physical Damage	Closed	
			07/14/2024	2:36 AM	Auto Physical Damage	Closed	
			07/14/2024	2:36 AM	Auto Liability	Closed	
			06/12/2024	6:50 AM	Auto Physical Damage	Open	
			06/12/2024	6:50 AM	Auto Liability	Closed	
			04/29/2...	12:00 PM	Auto Physical Damage	Closed	
			04/06/2024	12:00 PM	Auto Liability	Open	
			03/06/2024	9:40 AM	Auto Physical Damage	Closed	
			12/06/2023	7:46 PM	Auto Physical Damage	Closed	
			12/05/2023	12:00 PM	Auto Physical Damage	Closed	
			10/26/2023	4:34 PM	Auto Physical Damage	Closed	
			10/03/2023	12:00 PM	Auto Physical Damage	Closed	
			08/10/2023	12:10 PM	Auto Physical Damage	Closed	
			08/01/2023	12:00 PM	Auto Physical Damage	Open	
			05/31/2023	10:00 AM	Auto Physical Damage	Closed	
			04/20/2023	11:20 AM	Auto Physical Damage	Closed	
			03/19/2023	9:44 AM	Auto Liability	Closed	
			01/03/2023	7:26 PM	Auto Physical Damage	Closed	
			11/24/2022	12:00 PM	Auto Physical Damage	Open	
			11/22/2022	6:26 PM	Auto Physical Damage	Closed	

When you want to view all auto claims, this is the screen you'll see. You can sort the page by clicking on the headers. You can also search for a specific claim by using the filter on the right side of the page.

Claims >

Claim Number:		Status:	Open
Member:		County of Injury:	
Policy:		Cause Code:	20838
Coverage:	Property	Cause Desc:	Hurricane
Date of Event:	10/09/2024	Claim Financials	
Time of Event:	8:30 PM	Indemnity:	0.00
Report Date:	11/13/2024	Expense:	675.09
Claim Type:	Real Property	Recoveries:	0.00
Claimant:		Outstanding Reserves:	0.00
Claimant First Name:		Total Incurred:	675.09
Claimant Last Name:			
Birth Date:			
Occupation:			
Claim Adjuster:	Forest Scott		
Adjuster's Phone:	4073671825		
Adjuster's Email:	fscott@flicities.com		
Event Description:	Per the attached Member E-mail and Photos, Hurricane Milton damaged the blower at the North Reverse Osmosis Facility.		

Full Details

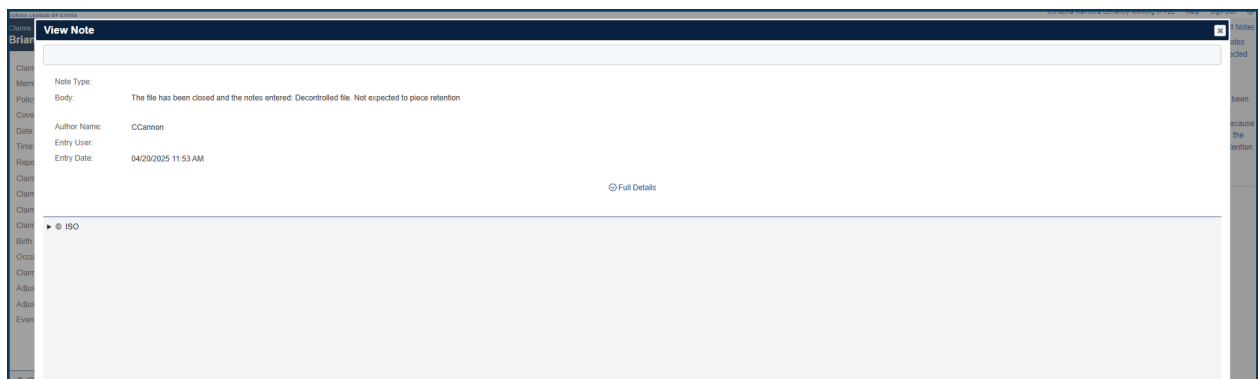
When you click on a claim number on this page, you can see more details like this regarding the claim.

Claims >

Claim Number:		Status:	Closed	<div> <div>All Notes</div> <div> <div>All Notes</div> <div> The file has been closed and the notes entered. Decentralized file. Not expected to piece retention. CCannon on 04/20/2025 </div> </div> </div> <div> The request to close the claim has been approved with the comments: Supr Closure: The SIR claim is closed because based on the disposition of the file, the file is not expected to piece the retention. Mikazajewski on 04/20/2025 </div>
Member:		County of Injury:		
Policy:		Cause Code:	9573	
Coverage:	Workers Compensation	Cause Desc:	Hepatitis (A/B/C)	
Date of Event:	07/17/2023	Nature:	Contagious Disease	
Time of Event:	12:00 AM	Body Part:	Whole Body	
Report Date:	07/19/2023	Class Code:	7720	
Claim Type:	SIR	Class Description:	7720 - Crossing Guards	
Claimant:		Claim Financials		
Claimant First Name:		Indemnity:	0.00	
Claimant Last Name:		Medical:	0.00	
Birth Date:	01/20/1978	Expenses:	0.00	
Occupation:	POLICE SERGEANT	Recoveries:	0.00	
Claim Adjuster:	Charlene Cannon	Outstanding Reserves:	0.00	
Adjuster's Phone:	4073671787	Total Incurred:	0.00	
Adjuster's Email:	ccannon@flicities.com			
Event Description:	While taking a subject into custody, the IW was exposed to Hepatitis C.			

Full Details

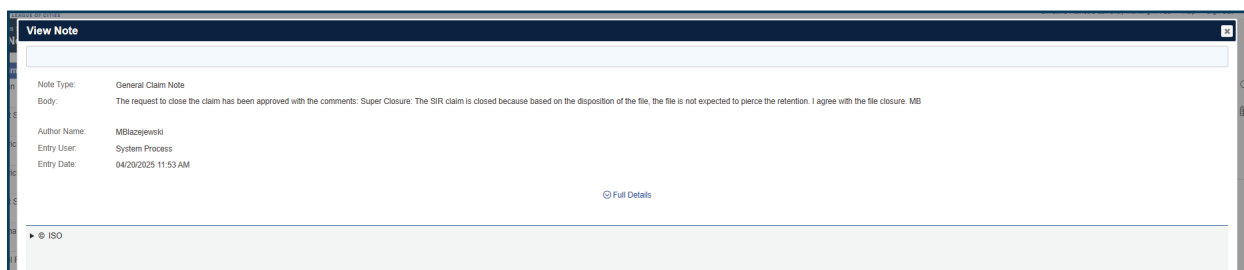
With Workers' Compensation, if you click on the claim number, you can also see the specific claim notes affiliated with this claim on the right side (if you have that level of access).



When you click on one of those notes, it makes it full screen for better readability.

Claims: All Notes						Filter By
Claim	Created By	Date	Note Type	Content	Action	Contains
	MPerry	04/20/2025 11:53 AM	General Claim Note			Author
	MBlazewski	04/20/2025 11:53 AM	General Claim Note			Entry Date
	MBlazewski	04/20/2025 11:53 AM	General Claim Note			File Name
	CCannon	04/20/2025 11:53 AM	General Claim Note			Search
	CCannon	04/20/2025 11:53 AM	General Claim Note			Clear
	MBlazewski	04/20/2025 11:53 AM	General Claim Note			
	MBlazewski	04/20/2025 11:53 AM	General Claim Note			
	CCannon	04/20/2025 11:53 AM	General Claim Note			
	MBlazewski	04/20/2025 11:53 AM	General Claim Note			
	MBlazewski	04/20/2025 11:53 AM	General Claim Note			
	CCannon	04/20/2025 11:53 AM	General Claim Note			
	CCannon	04/20/2025 11:53 AM	General Claim Note			
	CCannon	04/20/2025 11:53 AM	General Claim Note			
	ESievert	04/20/2025 11:53 AM	General Claim Note			
	MBlazewski	04/20/2025 11:53 AM	General Claim Note			
	KGalloway	04/20/2025 11:53 AM	General Claim Note			

If you click Workers' Compensation Claim Notes, you will see this screen. You can do the same filter and sort features as from the other claims screens. You can also expand a note by clicking on the carrot under Action.



If you click on the claim number, it expands the note for better readability.

Risk & Safety

Risk & Safety	
Safety Excellence Initiative <ul style="list-style-type: none"> > FMIT Safety Excellence Initiative (Library) > FMIT Safety Excellence Initiative (Details) 	Safety Grant <ul style="list-style-type: none"> > Safety Grant Application > Safety Grant Awards > Safety Grant Guidelines

Similar to the old dashboard, the Risk & Safety section contains everything related to the Safety Excellence Initiative (SEI) and Safety Grant.

Document Queue - Safety Excellence Initiative Library						Download All	Filter By
File Name	Description	Document Type	Classification	SubClassification	Topic		File Name
<input type="checkbox"/> 30-Day Forklift Inspection Checklist.xlsx	This is a sample forklift inspection form that is used to document a month's worth of daily inspections.	Excel	Form	Safety Management	Forklift		Description
<input type="checkbox"/> Abrasive Blasting (Quiz).docx	Optional quiz for abrasive blasting course.	Word	Quiz	Task Specific	Abrasive Blasting		Document Type
<input type="checkbox"/> Abrasive Blasting (SWP).docx	This safe work practice is a short written document designed to provide quick but pertinent safety information about the topic.	Word	Safe Work Practice	Tool Operation	Claims Management		Classification
<input type="checkbox"/> Abrasive Blasting Safety Awareness.pptx	This course is designed to cover the requirements and hazards of abrasive blasting. We cover the requirements for small blasting booths in addition to large scale blasting projects. Special emphasis is provided on protective equipment and respiratory protective equipment.	PowerPoint	Course	Task Specific	Abrasive Blasting		SubClassification
<input type="checkbox"/> Access Routes and Exits (SWP).docx	This safe work practice is a short written document designed to provide quick but pertinent safety information about the topic.	Word	Safe Work Practice	Safety Management	Emergency Response		Topic
<input type="checkbox"/> Adhesives (SWP).docx	This safe work practice is a short written document designed to provide quick but pertinent safety information about the topic.	Word	Safe Work Practice	Chemical Safety	Glue		Search Clear
<input type="checkbox"/> AED Inspection Course.pptx	This course teaches the participants how to develop a AED management program and how to inspect various brands of AED's	PowerPoint	Course	Safety Management	AED		Recently Viewed
<input type="checkbox"/> AED Management Plan.docx	This program provides members with a framework to manage their AED's	Word	Written Program	Safety Management	AED		Abrasive Blasting (Quiz).docx - Safety Excellence Initiative File Imported Via Batch Import
<input type="checkbox"/> AED Monthly Status Checklist.docx	Use this checklist to document your monthly AED inspections	Word	Checklist	Safety Management	AED		30-Day Forklift Inspection Checklist.xlsx - Safety Excellence Initiative File Imported Via Batch Import
<input type="checkbox"/> AED Tracking Form.docx	Use this form to keep track and assign responsibility to manage each AED	Word	Worksheet	Safety Management	AED		
<input type="checkbox"/> Aerial Lift (Boom) (SWP).docx	This safe work practice is a short written document designed to provide quick but pertinent safety information about the topic.	Word	Safe Work Practice	Equipment Operation	Aerial Lift		
<input type="checkbox"/> Aerial Lift (Scissor) (SWP).docx	This safe work practice is a short written document designed to provide quick but pertinent safety information about the topic.	Word	Safe Work Practice	Equipment Operation	Aerial Lift		
<input type="checkbox"/> Aerial Lift Daily Inspection Form.docx	Use this checklist to document your daily Aerial Lift inspections	Word	Form	Equipment Operation	Aerial Lift		
<input type="checkbox"/> Aerial Lift Operator Evaluation.docx	Use this checklist to evaluate the skills of your Aerial Lift Operators	Word	Operator Evaluation	Equipment Operation	Aerial Lift		
<input type="checkbox"/> Aerial Lift Safety (Quiz).docx	Optional quiz for aerial lift course.	Word	Quiz	Equipment Operation	Aerial Lift		
<input type="checkbox"/> Aerial Lift Safety Awareness Course.pptx	This course has been designed to provide crucial safety information to operators of aerial lifts including scissor lifts, boom lifts and articulating boom lifts. Topic include: • Aerial lift introduction • Incident reports	PowerPoint	Course	Equipment Operation	Aerial Lift		

When you click on the Safety Excellence Initiative Library, it takes you to this screen of the SEI library. Here you can search for certain files that are needed by using the filter feature on the right side. You can also sort the list using the headers. If you click on the check boxes, you can easily download multiple files at once, or click on the blue down arrow next to the file name to quickly download that specific file.

Document: Safety Excellence Initiative Library - Abrasive Blasting (Quiz).docx - Safety Excellence Initiative File Imported Via Batch Import

Download File Search List 2 of 30 (Page 1 of 19) 546 total

File Name: Abrasive Blasting (Quiz).docx Entry Date: 05/09/2024 1:47 PM
 Description: Safety Excellence Initiative File Imported Via Batch Import File Size: 151 KB
 Detailed Description: Optional quiz for abrasive blasting course. Page Count: 3
 Document Classification: Quiz Mine Type: .docx
 Document SubClassification: Task Specific
 Topic: Abrasive Blasting
 Document Type: Word
 Folder: Safety Excellence Initiative Library - Safety Excellence Initiative Library

Hide Document

Hide Thumbnails Undo Hide Fields


Prev 1 2 3 Next


Abrasive Blasting Quiz

1. Where there is potential for flammable or explosive dust mixtures, the blast nozzle must be bonded and grounded to prevent the buildup of static charges.
 A. TRUE
 B. FALSE

9. Proper hygiene includes the following practices: (Select the best answer)
 A. Remaining fully protected at all times while in the blasting area.
 B. Making sure protective clothing is removed and

If you click on the filer name, you'll be taken to a screen like this, where you can view the file and download it from here as well.

 **FMIT** FLORIDA MUNICIPAL INSURANCE TRUST

HOME COVERAGES SERVICES RISK & SAFETY EDUCATION  REQUEST QUOTE

SAFETY EXCELLENCE INITIATIVE

The Florida Municipal Insurance Trust's Safety Excellence Initiative (SEI) is a voluntary safety accreditation program that recognizes and rewards FMIT members for their safety management processes. [View Flyer](#)

A well-implemented safety management system will reduce losses, injuries, and illnesses. This robust, step-by-step program provides members with the knowledge and tools to develop and implement an effective safety management system. The program runs annually from October 1 to September 30.

For members that do not have existing safety management systems, SEI provides a step-by-step accreditation action plan. This includes all the written resources needed to successfully develop and implement organizational-specific health and safety management systems that meet established standards.

For members that have existing safety management systems, SEI provides a benchmark for members to compare industry best practices. The self-evaluation and eventual Safety Improvement Assessment can pinpoint areas that require additional attention and allow for continual improvement.

An expansion of the Safety Grant Program, SEI also offers an opportunity to achieve funding for safety and health-related resources once accreditation has been achieved. Through this multi-level rewards program, participants earn awards and funding in Bronze, Silver, or Gold status.

HOW TO PARTICIPATE

Step 1 (required): Complete the SEI accreditation process

Congratulations to our Members that have earned their Certificate of Safety Recognition

- City of Altamonte Springs Police Department
- City of Apopka Fire Department
- City of Apopka Police Department
- City of Auburndale Fire Department
- City of Auburndale Police Department
- City of Bartow Fire Department
- City of Belleair Bluffs
- City of Boca Raton
- City of Casselberry Police Department
- City of Clermont Fire Department
- City of Clermont Police Department
- City of Coral Springs Police Department
- City of Dade City Police Department
- City of Dunedin Fire Department
- City of Dunnellon
- City of Edgewood Police Department
- Emerald Coast Utilities Authority
- Lakeland Area Mass Transit District
- Leon County
- Town of McIntosh
- City of Milton Fire Department

Clicking on the SEI Details takes you to the SEI page on the FMIT website.

New Incentive Program Save Changes Cancel

SAFETY GRANT APPLICATION

System Generated Number: Empty to autogenerate

Member:

FMT Number:

Member Name:

Member Address

Address:

City:

State:

Zip Code:

SAFETY GRANT COORDINATOR

Full Name:

Email:

Phone with Area Code: ext.

INSURANCE DECISION MAKER FOR:

Full Name:

Email:

Phone with Area Code: ext.

TOTAL OF INVOICES, RECEIPTS, OR PROOF OF PAYMENT FOR ITEMS SUBMITTED:

Total Amount:

DESCRIPTION OF APPLICATION

Describe, in 300 words or less, the program, process, item, etc. the Safety Grant would be used for.

Description:

Type your name in the field provided below to sign this form.

Coordinator Signature:

Coordinator Signature Date:

ATTACH RECEIPTS

This application must be saved before adding receipts. Once saved, click on Upload File to attach.

[Save and Continue](#)

When you click on the Safety Grant Application, you'll get this screen. Fill in the required fields and hit Save and Continue at the bottom left.

Incentive Program 3

Save Successful

SAFETY GRANT APPLICATION

Incentive Program Number: 3

Member Number:

Member Name:

Member Address

Address:

City:

State:

Zip Code:

SAFETY GRANT COORDINATOR

Full Name: Christina Mathotra

INSURANCE DECISION MAKER FOR:

Full Name: Christina Mathotra

Email: cmathotra@flcities.com

Phone with Area Code: (407) 367-1777

TOTAL OF INVOICES, RECEIPTS, OR PROOF OF PAYMENT FOR ITEMS SUBMITTED:

DESCRIPTION OF APPLICATION

Describe, in 300 words or less, the program, process, item, etc. the Safety Grant would be used for.

Type your name in the field provided below to sign this form.

Coordinator Signature: Christina Mathotra

Coordinator Signature Date: 06/27/2025

ATTACH RECEIPTS

[Upload File](#)

File Name	Description	Folder	Date	Source Type
ISO				

Files

No files. Click here or drop files to add.

Once you hit save, the bottom of the page changes so you can upload files (copies of the receipt needed for the application). You can either click Upload File at the bottom right, click Here at the top right, or just drag files to the right.

When you click Upload File or Here, you'll get this pop-up, where you can choose the file on your computer. After selecting the file, nothing else is needed except to click on Save at the top right or Upload Multiple Files if you need to add more.

File Name	Description	Folder	Date	Source Type
2025.pdf		FMT Safety Grant Receipts	06/27/2025 10:28 AM	User Upload

You'll know it was saved and uploaded successfully when you see the document on the right side and the green banner at the top stating so.

Incentive Program Payments						Filter By
FMIT Number	Member	Fund Year	Fund Quarter	Payment Amount	Payment Date	
		23/24	Quarter 4	6,000.00	12/09/2024	FMIT Number
		20/21	Quarter 2	6,000.00	06/11/2021	Fund Year
		19/20	Quarter 4	6,000.00	11/13/2020	All
		17/18	Quarter 4	6,000.00	12/07/2018	Fund Quarter
		16/17	Quarter 4	1,695.00	11/17/2017	All
		16/17	Quarter 3	2,500.00	09/01/2017	Payment Amount
		15/16	Quarter 4	6,000.00	10/28/2016	Payment Date
						Search Clear

When you click Safety Grant Awards, you'll see this page with all past awards granted to the municipality.

Incentive Program Payments >

Incentive Program Payment

Member:

FMIT Number:

Payment Amount: 6,000.00

Payment Date: 12/09/2024

Incentive Program Safety Grant

Type:

Fund Year: 23/24

Fund Quarter: Quarter 4

© ISO

When you click on the FMIT number on the previous page, you'll see a new page with more details on the awards.

Automobile

Automobile

Manage Auto Schedule

> View Current Auto Schedule

> View all Policy Change Records

> Add a Vehicle

> Update a Vehicle

> Remove a Vehicle

Auto ID Card Request

> Auto ID Card Request Form

This is the auto section where you can click to view your auto schedule, make and view changes, as well as request the auto ID cards.

VIEW CURRENT AUTO SCHEDULE

Auto Vehicles							Filter By
Vehicle Number	Class Code	VIN/Serial Number	Vehicle Type	Year	Make	Model	Premium
309	7911	3591	Special	2017	FORD	EXPLORER	
310	7911	3592	Special	2017	FORD	EXPLORER	
311	01499	8169	Truck, Tractor, Trailer	2017	FORD	TRANSIT 250	
312	7911	7947	Special	2017	FORD	EXPLORER	
313	7911	7939	Special	2017	FORD	EXPLORER	
314	7911	7940	Special	2017	FORD	EXPLORER	
315	7911	7949	Special	2017	FORD	EXPLORER	
316	7911	7945	Special	2017	FORD	EXPLORER	
317	7911	7941	Special	2017	FORD	EXPLORER	
318	7398	2592	Private Passenger Type	2017	FORD	EXPLORER	
319	31479	0414	Truck, Tractor, Trailer	2016	FREIGHTLINER	M2 106 14 FLAT DUMP	
320	7911	7943	Special	2017	FORD	EXPLORER	
321	21499	0014	Truck, Tractor, Trailer	2016	FORD	F350	
322	01499	0820	Truck, Tractor, Trailer	2017	FORD	F350	
323	01499	0821	Truck, Tractor, Trailer	2017	FORD	F350	
324	01499	0822	Truck, Tractor, Trailer	2017	FORD	F350	
325	01499	0823	Truck, Tractor, Trailer	2017	FORD	F350	
326	01499	0824	Truck, Tractor, Trailer	2017	FORD	F350	
327	01499	0825	Truck, Tractor, Trailer	2017	FORD	F350	
328	01499	1059	Truck, Tractor, Trailer	2015	FORD	F150	
329	01499	1067	Truck, Tractor, Trailer	2015	FORD	F150	
330	68499	1190	Truck, Tractor, Trailer	2004	Wells Cargo	EW2024W TRLR	
331	01499	1398	Truck, Tractor, Trailer	2016	FORD	F150	
332	7911	1509	Special	2016	FORD	EXPLORER	
333	7911	1510	Special	2016	FORD	EXPLORER	
334	7909	3021	Special	2016	SUTPHEN	SL75	
335	7909	3085	Special	2016	SUTPHEN	MONARCH	

VIN/Serial Number

Vehicle Type

Class Code

Year

Make

Model

Search

Clear

When you click on View Current Auto Schedule, this is the screen you'll see. It has the same features as other pages, and you can sort by the header or filter using the fields on the right side.

VIEW ALL POLICY CHANGE RECORDS

Policy Changes

Member	Change Type	Change Action And Domain	Status	Bound Date	Change Date	Summary	Changed By	Recalc
--------	-------------	--------------------------	--------	------------	-------------	---------	------------	--------

Filter By

Status: All Active

Change Action: All

Start Date: All

Description:

Recalc Premium: All

Domain: All

Search Clear

Recently Viewed

No records viewed recently

When you click on View all Policy Change Records, this is where you'll see any endorsements made, if any. You can filter and sort this page.

ADD/UPDATE/REMOVE A VEHICLE

New Endorsement Schedule

Endorsement Schedule Number: Empty to autogenerate

Member:

Endorsement Schedule Type: Vehicle

Change Action: Add

Policy:

Save Changes Cancel

If you want to add, update, or remove a vehicle, you will see this endorsement page. Click on the magnifying glass next to Policy to select the correct auto policy to endorse.

Policy

Policy Number	Member	Effective Date	Expiration Date	Policy Lines	Attach#	Description	Rating Company
		10/01/2024	10/01/2025	Commercial Auto	59025	Florida League of Cities	Rating Company

Filter By

Number:

Effective On:

Description:

Coverage: All

Layer: All

Rating Company: All

Status: All

Search Clear

This is the screen you'll see to select the policy. Click the policy number to select.

New Endorsement Schedule Save Changes Cancel

Endorsement: Empty to autogenerate

Schedule Number: Lookup Location

Member:

CO Location Num:

Loc ID Num:

Endorsement Schedule Type: Vehicle

Change Action: Update

Policy:

Policy ID Number:

After you click the policy, the Lookup Location on the right will appear. Click on it to view the next screen.

Locations Filter By

Location Building	CO Location Number	Location Description	Address	Address Line 2	City	State	Zip	Is Waived Desc	Location Number	Flood Zone	Flood Firm	Flood Community
900-900	4954	Procurement Division							900			

Location Number:
 Building Number:
 Address Line 1:
 Address Line 2:
 City:
 State Description:
 Zip:
 County:
 Search Clear

Select the location number where the vehicle is scheduled.

New Endorsement Schedule Save Changes Cancel

Endorsement: Empty to autogenerate

Schedule Number:

Member:

CO Location Num: 4954

Loc ID Num: 3,208,552

CA Vehicle Num:

Change Effective Date:

Vin - Last 4:

City Number:

Department:

Vehicle Type: - None Selected -

Original Cost New:

Year:

Make:

Model:

Physical Damage: - None Selected -

Change Justification:

More fields will now populate. You can either manually enter the vehicle information or click Lookup Auto Vehicle (lookup is for update or removal, not adding).

Vehicle Number	Class Code	VIN/Serial Number	Vehicle Type	Year	Make	Model	Premium	Orig Cost
309	7911	3591	Special	2017	FORD	EXPLORER		26,108
310	7911	3592	Special	2017	FORD	EXPLORER		26,108
311	01499	8169	Truck, Tractor, Trailer	2017	FORD	TRANSIT 250		24,855
312	7911	7947	Special	2017	FORD	EXPLORER		27,926
313	7911	7939	Special	2017	FORD	EXPLORER		27,926
314	7911	7940	Special	2017	FORD	EXPLORER		27,926
315	7911	7949	Special	2017	FORD	EXPLORER		27,926
316	7911	7945	Special	2017	FORD	EXPLORER		27,926
317	7911	7941	Special	2017	FORD	EXPLORER		27,926
318	7398	2592	Private Passenger Type	2017	FORD	EXPLORER		25,458
319	31479	0414	Truck, Tractor, Trailer	2016	FREIGHTUNER	M2 106 14' FLAT DUMP		76,517
320	7911	7943	Special	2017	FORD	EXPLORER		27,926
321	21499	0014	Truck, Tractor, Trailer	2016	FORD	F350		70,000
322	01499	0820	Truck, Tractor, Trailer	2017	FORD	F350		40,000
323	01499	0821	Truck, Tractor, Trailer	2017	FORD	F350		40,000
324	01499	0822	Truck, Tractor, Trailer	2017	FORD	F350		40,000
325	01499	0823	Truck, Tractor, Trailer	2017	FORD	F350		40,000
326	01499	0824	Truck, Tractor, Trailer	2017	FORD	F350		40,000
327	01499	0825	Truck, Tractor, Trailer	2017	FORD	F350		40,000
328	01499	1059	Truck, Tractor, Trailer	2015	FORD	F150		25,000
329	01499	1067	Truck, Tractor, Trailer	2015	FORD	F150		25,000
330	68499	1190	Truck, Tractor, Trailer	2004	Wells Cargo	EW2024W TRLR		9,000
331	01499	1398	Truck, Tractor, Trailer	2016	FORD	F150		25,000
332	7911	1509	Special	2016	FORD	EXPLORER		27,000
333	7911	1510	Special	2016	FORD	EXPLORER		27,000
334	7909	3021	Special	2016	SUTPHEN	SL75		250,000
335	7909	3088	Special	2016	SUTPHEN	MONARCH		250,000
336	7909	3089	Special	2016	SUTPHEN	SHIELD SERIES S2		250,000
337	7909	3126	Special	2015	SUTPHEN	MONARCH		250,000

When you click Lookup Auto Vehicle, you see the auto schedule. Click on the Vin/Serial number for the auto you want to remove or update.

Endorsement Schedule Number:

Member:

Endorsement Schedule Type:

Change Action:

Policy:

Policy ID Number:

Lookup Location

OO Location Num:

Loc ID Num:

Lookup Auto Vehicle

CA Vehicle Num:

Change Effective Date:

Vin - Last 4:

City Number:

Department:

Vehicle Type:

Original Cost New:

Year:

Make:

Model:

Physical Damage:

Change Justification:

After you select the vehicle, it'll auto-populate the vehicle information. Select the date you want this change to be effective. Then hit Save Changes on the top right corner.

AUTO ID CARD REQUEST FORM

The screenshot shows a web form titled "New Auto ID Card Request". At the top right, there are two buttons: "Save Changes" and "Cancel". Below the title bar, there is an information icon (i) and a message: "Please click 'Save Changes' button at the top right hand corner of the screen to submit the request. Once the request is submitted, your Auto ID Card will be emailed to you soon." Below this message is a text input field labeled "Member:".

After clicking on the Auto ID Request Form on the homepage, you'll see this screen. Click Save Changes at the top right to submit the request.

The screenshot shows a confirmation page titled "Auto ID Card Requests". At the top, there is a green checkmark icon and the text "Save Successful". Below this is a table with the following columns: "Request Number", "Entry Date", "Member", and "Policy". The table contains one row with the following data: "2", "06/27/2025 11:24 AM", and "Policy". To the right of the table, there is a "Filter By" section with a "Request Number" input field, an "Entry Date" range selector, and a "Policy" input field. Below these fields are "Search" and "Clear" buttons. At the bottom left, there is a small "© ISO" logo.

Request Number	Entry Date	Member	Policy
2	06/27/2025 11:24 AM		Policy

You'll see this confirmation page that it went through. The ID cards will be emailed directly to you.

Property

MANAGE PROPERTY SCHEDULE/INLAND MARINE SCHEDULE

▼ Property

Manage Property Schedule

> View Current Property Schedule

> View all Policy Change records

> Add a Property

> Update a Property

> Remove a Property

Manage Inland Marine Schedule

> View Current Inland Marine Schedule

> View all Policy Change Records

> Add an Inland Marine Item

> Update an Inland Marine Item

> Remove an Inland Marine Item

Similarly to the Auto section, this is where you can view both your property and Inland Marine schedule, policy change records, and make endorsements to these policies.

Locations								Filter By
Location Building	Location Description	Address	Address Line 2	City	State	Zip	Inland Desc	Location Number
001-003								Building Number
007-001								Address Line 1
054-004								Address Line 2
060-001								City
061-001								State Description
062-001								Zip
062-002								County
063-001								Search Clear
063-002								
363-001								
363-004								
363-005								
366-010								
369-002								
374-006								
374-016								
374-043								
380-001								
381-001								
382-001								
383-001								
600-900								

When you click on either of the schedules, you'll see a full list of the insured buildings or items and can sort by the headers or filter on the right side.


New Endorsement Schedule

Endorsement Schedule Number: Empty to autogenerate

Member:

Endorsement Schedule Type:

Change Action:

Policy: 

Policy ID Number:

© ISO

If you need to add, remove, or update a building or item, you'll see this screen. The same process follows: click the magnifying glass to view applicable policies to endorse.


New Endorsement Schedule

Endorsement Schedule Number: Empty to autogenerate


Member:

Endorsement Schedule Type:

Change Action:

Policy: 

Policy ID Number:

Change Effective Date: 

Construction Type:

Address Line 1:

Address Line 2:

City:

State:

County:

Zip:

Building Replacement Cost:

Contents Replacement Cost:

Building Use/Location Description (U):

Description of Changes:

Save Changes Cancel

© ISO

After a policy is selected, you'll either manually enter the information if you're adding something new, as this screen shows, or you'll see a Lookup option to find the schedule item or building, so that most of the fields auto-populate. Select the effective date.

New Endorsement Schedule

Save Changes Cancel

Endorsement Schedule Number

Empty to autogenerate

Member

Endorsement Schedule Type *

Property

Change Action

Update

Policy *

Policy ID Number

Lookup Location

ISOCO Location

CO Location Num: 389303

Change Effective Date *

Construction Type: Fire Resistive

Address Line 1 *

Address Line 2

City *

State *

Florida

County *

Zip *

Building Replacement Cost

0.00

Contents Replacement Cost

0.00

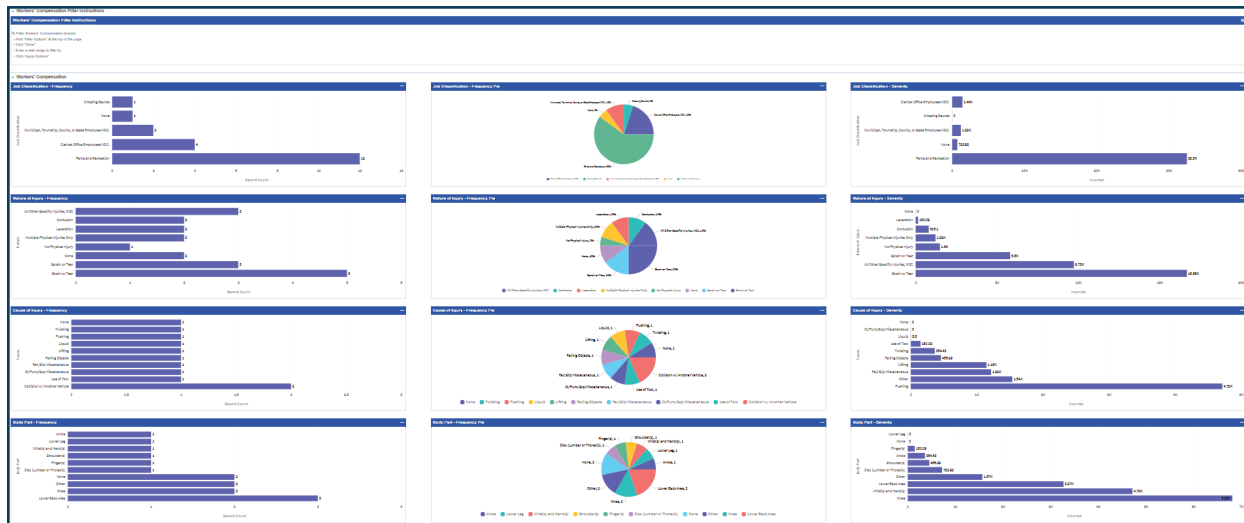
Building Use/Location Description ⓘ *

Water Treatment Plant - High Service Pump & High Service Pump

Description of Changes

This is what it looks like if you're updating or removing (with the Lookup Location button).

Workers' Compensation



The Workers' Compensation (WC) section has two tabs. The first one includes instructions on how to filter and use the graphs section. The second section includes a bunch of graphs and charts regarding WC claims data.

New User Account

Request a New User Account

Request a new User Account

[> Click here to request a new User Account](#)

At the bottom of the dashboard, there is a section to request a new user. This is for cases when an existing user wants to grant a new user access to the dashboard. When you click the link, you'll view the standard Cognito form here.

FMIT Dashboard Request a Login

First Name *

Last Name *

Position Title *

Email *

Phone *

Member Name *

FMIT Number

0000

To search, click in the box and type in your member name or use the scroll bar.

Address *

Address Line 1

Address Line 2

City

State

Zip Code

What do you need access to?

☐ Dashboard

☐ Claim Notes

☐ Safety Grant Application

☐ Safety Excellence Initiative (SEI) Library

☐ Other

If one of the items listed above does not capture your request, select 'Other' and enter in the item you need to capture this request.

Submit

After you complete and submit the above form, the new user will be added within 48 business hours.