

# QUICK REFERENCE GUIDE



## Member Portal

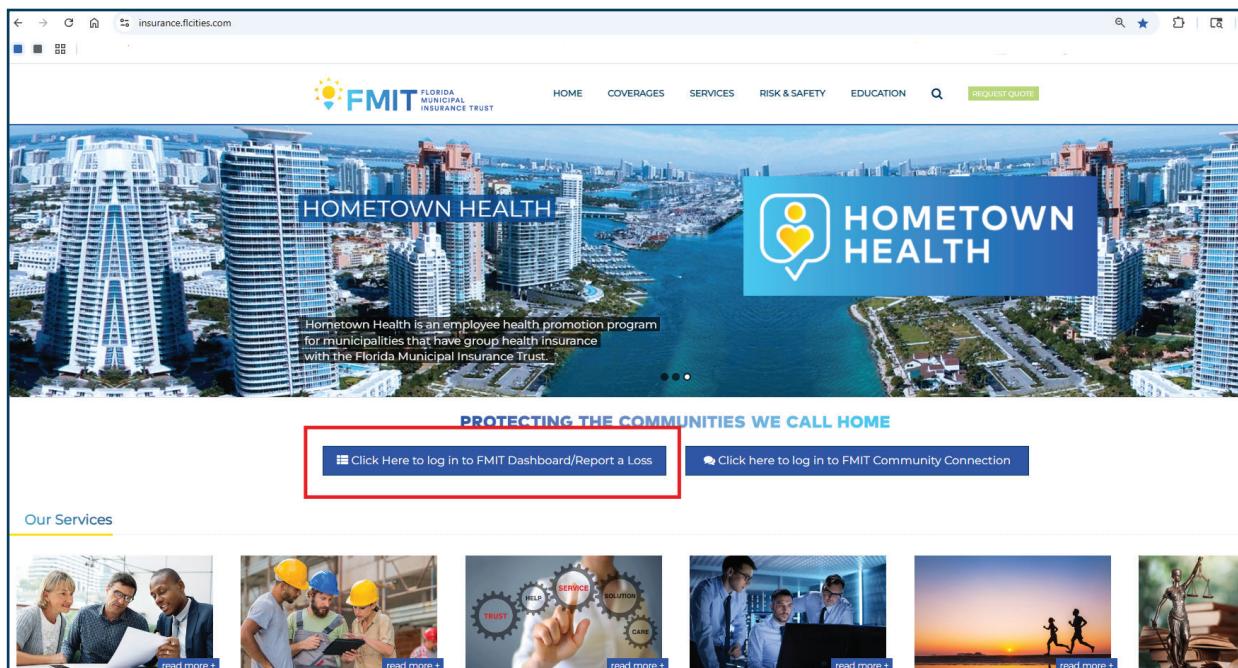
**POWERED BY ORIGAMI**

# Table of Contents

---

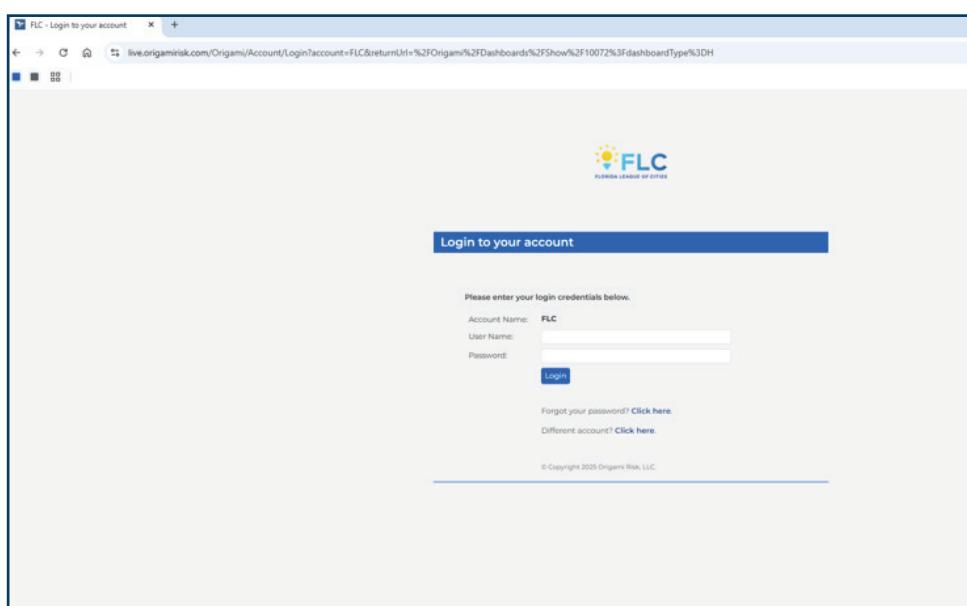
- 1** Logging In
- 6** Your Insurance Policies
- 8** Policy Requests
- 13** Invoice and Payments
- 16** Claims
- 21** Risk & Safety
- 26** Automobile
- 31** Property
- 34** Workers' Compensation
- 35** New User

# Logging In



The screenshot shows the FMIT (Florida Municipal Insurance Trust) website. At the top, there is a navigation bar with links for HOME, COVERAGE, SERVICES, RISK & SAFETY, EDUCATION, and REQUEST QUOTE. Below the navigation is a large banner featuring a city skyline and the text 'HOMETOWN HEALTH'. The banner includes a blue speech bubble icon with a yellow heart. Below the banner, there is a section titled 'PROTECTING THE COMMUNITIES WE CALL HOME' with two buttons: 'Click Here to log in to FMIT Dashboard/Report a Loss' and 'Click here to log in to FMIT Community Connection'. A red box highlights the first button. The 'Our Services' section follows, displaying six images with 'read more +' links: three people in an office, three construction workers, a hand interacting with a gear wheel diagram, two people in a server room, a sunset, and a statue of justice.

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



The screenshot shows the Origami Risk login page. The top navigation bar includes links for 'FLC - Login to your account', 'Account', 'Logout', and 'Help'. The main content area features the FLC logo and a 'Login to your account' button. Below it, a form asks for login credentials: 'Account Name: FLC', 'User Name: ' (input field), 'Password: ' (input field), and a 'Login' button. Below the form are links for 'Forgot your password? Click here.' and 'Different account? Click here.'. At the bottom, there is a copyright notice: '© Copyright 2020 Origami Risk, LLC.'

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



**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.](#)

© Copyright 2025 Origami Risk, LLC.

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



**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.](#)

© Copyright 2025 Origami Risk, LLC.

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



## Forgot Password

Please enter your user name below. The system will validate your user name, reset your password, and send the new password to your user's email address.

Account Name: **FLC**

User Name:

**Reset My Password**

Back to Login Page? [Click here.](#)

Different account? [Click here.](#)

Enter your username, which is [email][FMIT number], and click Reset My Password. (Example: [questions@flcities.com](mailto:questions@flcities.com)0000)

## Login to your account

 An email has been sent to the address associated with your account. The message includes information on how to reset your password. Please contact support if you have not received the email after a few minutes.

Please enter your login credentials below.

Account Name: **FLC**

User Name:

Password:

**Login**

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

Different account? [Click here.](#)

© Copyright 2025 Origami Risk, LLC.

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](mailto: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.



**Login to your account**

Please enter your login credentials below.

Account Name: **FLC**

User Name:

Password:

**Login**

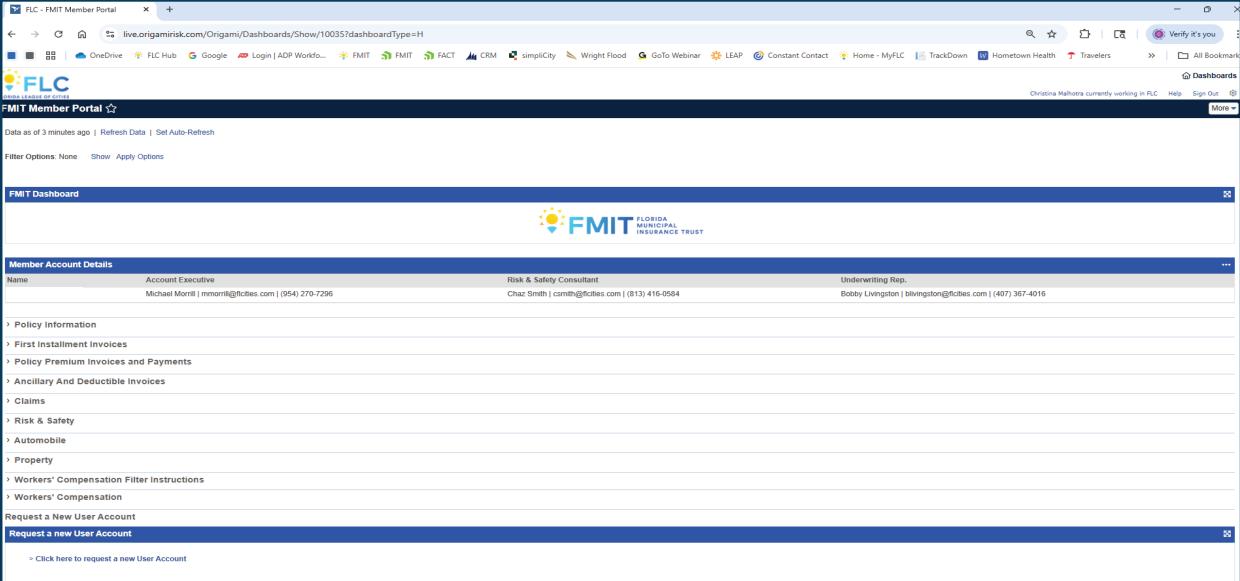
Forgot your password? [Click here.](#)

Different account? [Click here.](#)

© Copyright 2025 Origami Risk, LLC.

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

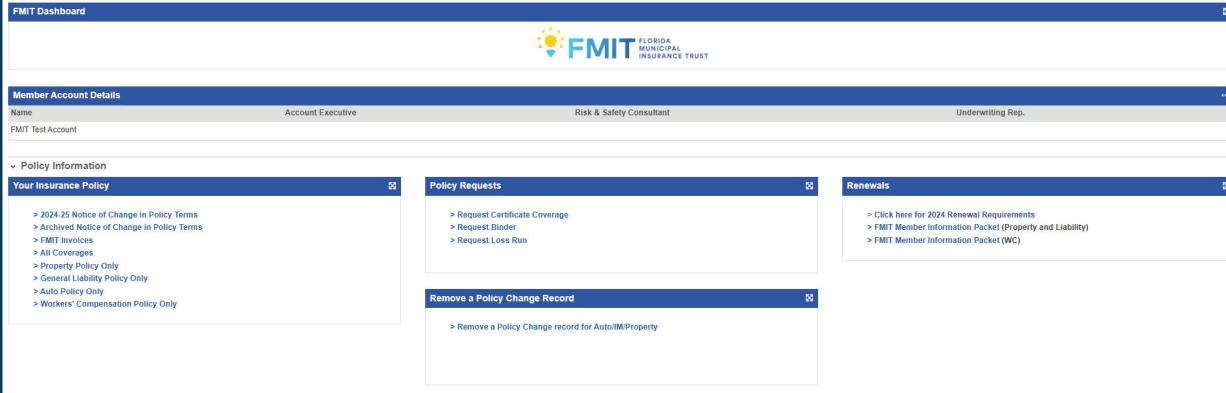
## DASHBOARD



The screenshot shows the FMIT Member Portal dashboard. At the top, there is a header with the FLC logo and the text "FLC - FMIT Member Portal". Below the header, there is a navigation bar with various links. The main content area is titled "FMIT Dashboard". It features a "Member Account Details" section with three columns: "Name" (Account Executive, Michael Merrill, mmerrill@fcities.com, (954) 270-7296), "Risk & Safety Consultant" (Chair Smith, csmit@fcities.com, (813) 416-0584), and "Underwriting Rep." (Bobby Livingston, blivingston@fcities.com, (407) 367-4016). Below this, there is a sidebar with various links: "Policy Information", "First Installment Invoices", "Policy Premium Invoices and Payments", "Ancillary And Deductible Invoices", "Claims", "Risk & Safety", "Automobile", "Property", "Workers' Compensation Filter Instructions", and "Workers' Compensation". At the bottom of the dashboard, there is a "Request a New User Account" button and a link to "Click here to request a new User Account".

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

# Your Insurance Policies



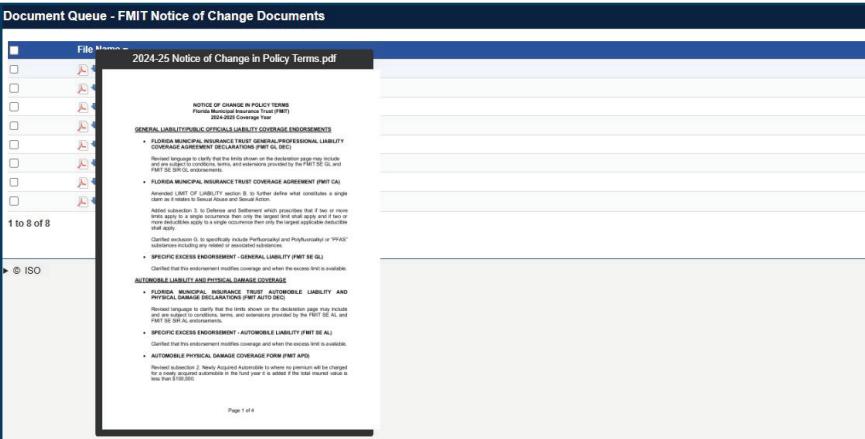
The screenshot shows the FMIT Dashboard with the 'Your Insurance Policy' section open. The 'Your Insurance Policy' panel contains a list of policy terms, including '2024-25 Notice of Change in Policy Terms', '2023-24 Notice of Change in Policy Terms', and '2022-23 Notice of Change in Policy Terms'. The 'Policy Requests' panel contains links for 'Request Certificate Coverage', 'Request Binder', and 'Request Loss Run'. The 'Renewals' panel contains links for 'Click here for 2024 Renewal Requirements', 'FMIT Member Information Packet (Property and Liability)', and 'FMIT Member Information Packet (WC)'. The top navigation bar includes 'Member Account Details' with fields for Name, Account Executive, Risk & Safety Consultant, and Underwriting Rep., and a 'Policy Information' section.

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 lists a queue of documents, with the first item being '2024-25 Notice of Change in Policy Terms.pdf'. A blue arrow icon is visible next to the document name. The page includes a 'Filter By' section with a search bar and a 'Recently Viewed' section. The bottom of the page shows a navigation bar with '1 to 8 of 8' and a 'ISO' link.

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 a preview of the '2024-25 Notice of Change in Policy Terms.pdf' document within the document queue. The preview includes sections for 'NOTICE OF CHANGE IN POLICY TERMS', 'GENERAL LIABILITY/PROPERTY DAMAGE COVERAGE ENDORSEMENT', 'AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE COVERAGE', and 'SPECIFIC EXCESS ENDORSEMENT - AUTOMOBILE LIABILITY (IF ME BE AL)'. The document is a PDF with several pages of text and legal language.

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

Document Queue - FMIT Notice of Change Documents

File Name	Linked To
2024-25 Notice of Change in Policy Terms.pdf	
2023-24 Notice of Change in Policy Terms.pdf	
2022-23 Notice of Change in Policy Terms.pdf	
2021-22 Notice of Change in Policy Terms.pdf	
2020-21 Notice of Change in Policy Terms.pdf	
2018-19 Notice of Change in Policy Terms.pdf	
2017-18 Notice of Change in Policy Terms.pdf	
2016-17 Notice of Change in Policy Terms.pdf	

1 to 8 of 8

© ISO

[Download Selected](#)

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

Prev 1 2 3 4 5 Next

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

Prev 1 2 3 4 5 Next

Page 1

Page 2

Page 3

Page 4

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

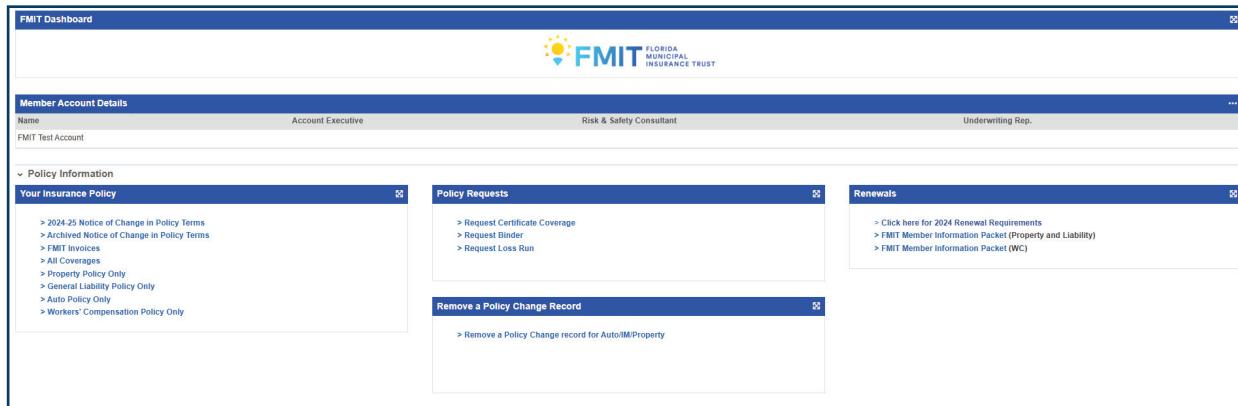
**GENERAL LIABILITY/PUBLIC OFFICIALS LIABILITY COVERAGE ENDORSEMENTS**

- **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.

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

# Policy Requests

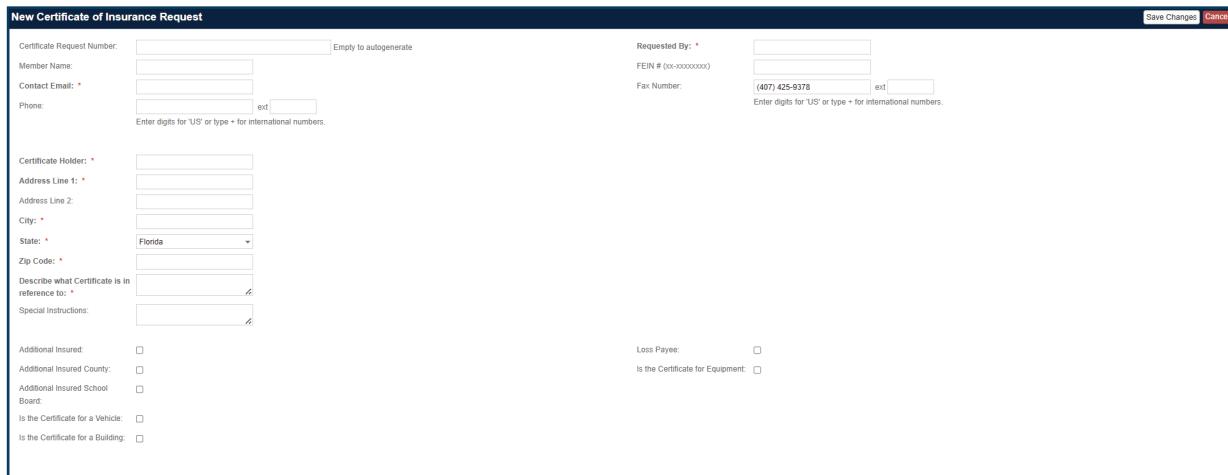
## REQUESTING CERTIFICATES OF COVERAGE (COIS)



The screenshot shows the FMIT Dashboard with the following layout:

- Member Account Details:** Name: FMIT Test Account, Account Executive, Risk & Safety Consultant, Underwriting Rep.
- Policy Information:** Your Insurance Policy (with links to 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:** Request Certificate Coverage, Request Binder, Request Loss Run.
- Renewals:** Click here for 2024 Renewal Requirements, FMIT Member Information Packet (Property and Liability), FMIT Member Information Packet (WC).
- Remove a Policy Change Record:** Remove a Policy Change record for Auto/IM/Property.

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

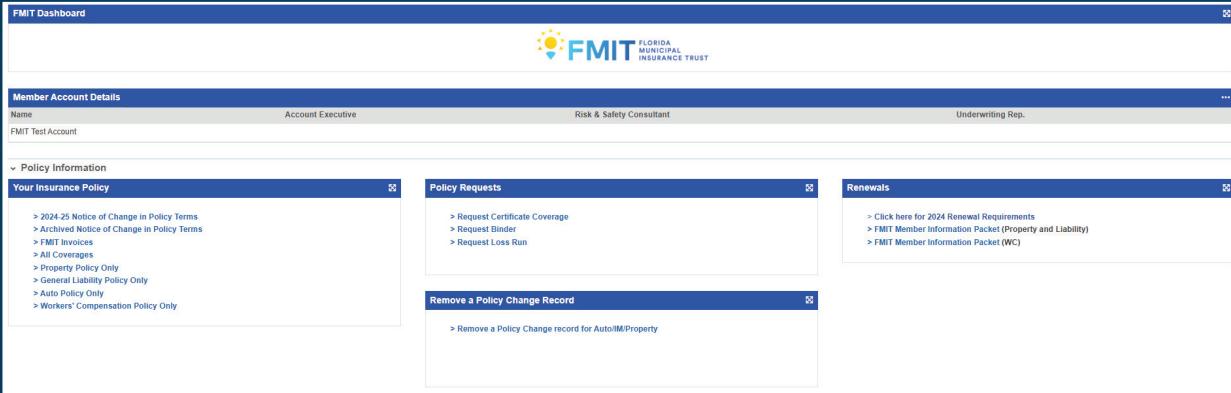


The screenshot shows the 'New Certificate of Insurance Request' form with the following fields:

- General Information:** Certificate Request Number (input field), Member Name (input field), Contact Email (input field), Phone (input field), Requested By (input field), FEIN # (input field), Fax Number (input field), and a note to enter digits for 'US' or type '+' for international numbers.
- Certificate Holder:** Address Line 1, Address Line 2, City, State (dropdown menu), Zip Code (input field), and a note to describe what Certificate is in reference to (input field).
- Special Instructions:** Additional Insured (checkbox), Additional Insured County (checkbox), Additional Insured School Board (checkbox), Is the Certificate for a Vehicle (checkbox), and Is the Certificate for a Building (checkbox).
- Loss Payee:** A checkbox for 'Is the Certificate for Equipment'.

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 following layout:

- Header:** FMIT Florida Municipal Insurance Trust logo.
- Member Account Details:** Name: FMIT Test Account, Account Executive: [redacted], Risk & Safety Consultant: [redacted], Underwriting Rep: [redacted].
- Policy Information:** Your Insurance Policy section includes links for 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:** Includes links for Request Certificate Coverage, Request Binder, and Request Loss Run.
- Renewals:** Includes links for Click here for 2024 Renewal Requirements, FMIT Member Information Packet (Property and Liability), and FMIT Member Information Packet (WC).
- Remove a Policy Change Record:** Includes a link for Remove a Policy Change record for Auto/IM/Property.

To request a binder, click Request Binder.

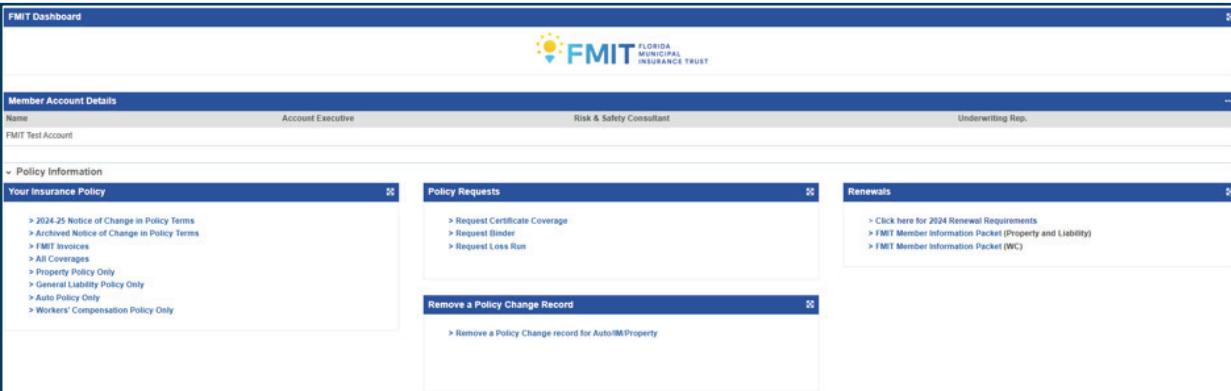


The screenshot shows the "New Binder Request" screen with the following elements:

- Header:** Save Changes, Cancel.
- Information:** A message box: "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."
- Fields:** Member: FMIT Test Account, Request Number: [redacted] (Empty to autogenerate).

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 following layout:

- Header:** FMIT Florida Municipal Insurance Trust logo.
- Member Account Details:** Name: FMIT Test Account, Account Executive: [redacted], Risk & Safety Consultant: [redacted], Underwriting Rep: [redacted].
- Policy Information:** Your Insurance Policy section includes links for 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:** Includes links for Request Certificate Coverage, Request Binder, and Request Loss Run.
- Renewals:** Includes links for Click here for 2024 Renewal Requirements, FMIT Member Information Packet (Property and Liability), and FMIT Member Information Packet (WC).
- Remove a Policy Change Record:** Includes a link for Remove a Policy Change record for Auto/IM/Property.

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

New Loss Run Request

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:	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="None Selected"/>		
Report Format:	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="None Selected"/>		
As of Date <small>(1)</small>	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="None Selected"/> <input style="background-color: #ffffcc; border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="Property and Liability"/> <input style="background-color: #ffffcc; border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="Workers Compensation"/>		

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

New Loss Run Request

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:	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="Property and Liability"/>		
Report Format:	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="None Selected"/>		
As of Date <small>(1)</small>	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="None Selected"/> <input style="background-color: #ffffcc; border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="PDF"/> <input style="background-color: #ffffcc; border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="Excel"/>		

Select the format you would like the report delivered in.

New Loss Run Request

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:	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="Property and Liability"/>																																												
Report Format:	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="Excel"/>																																												
As of Date <small>(1)</small>	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="07/01/2025"/> <input style="border: 1px solid #ccc; padding: 2px; width: 20px; height: 20px; border-radius: 5px;" type="button" value="Jul"/> <table border="1" style="margin-left: 10px; border-collapse: collapse; width: 150px;"> <tr><td>Se</td><td>Mo</td><td>Tu</td><td>We</td><td>Th</td><td>Fr</td><td>Sa</td></tr> <tr><td>29</td><td>30</td><td><b>1</b></td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr> <tr><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr> <tr><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td></tr> <tr><td>27</td><td><b>28</b></td><td>29</td><td>30</td><td>31</td><td>1</td><td>2</td></tr> </table>			Se	Mo	Tu	We	Th	Fr	Sa	29	30	<b>1</b>	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	<b>28</b>	29	30	31	1	2
Se	Mo	Tu	We	Th	Fr	Sa																																							
29	30	<b>1</b>	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	<b>28</b>	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

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:	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="Property and Liability"/>		
Report Format:	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="Excel"/>		
As of Date <small>(1)</small>	<input style="border: 1px solid #ccc; padding: 2px; width: 150px; height: 20px; border-radius: 5px;" type="button" value="07/01/2025"/>		

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

Request Number	Request Date	Request User	Request User Email	Member	Line of Business	As of Date	Report Format	Loss Run Request Status
124	07/28/2025 4:20 PM	FMIT Member	cmailhotra@fmities.com	FMIT Test Account	Property and Liability	07/01/2025	Excel	Submitted

When you see this screen, you'll know the request was submitted. FMIT staff will receive it and begin working on it.

## REMOVING A POLICY CHANGE RECORD

Click on Remove a Policy Change record for Auto/IM/Property Record.

You'll see this screen. Click on the magnifying glass next to the policy field.

The screenshot shows a web-based application for managing policies. On the left, there is a sidebar with navigation links: 'Endorsement Schedule', 'Member', 'Policy Lines', 'Policy', and 'Policy Change'. The main content area displays a table of policies with columns: Policy Number, Member, Effective Date, Expiration Date, Policy Lines, Attach ID, Description, and Rating Company. Three rows of data are visible:

Policy Number	Member	Effective Date	Expiration Date	Policy Lines	Attach ID	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

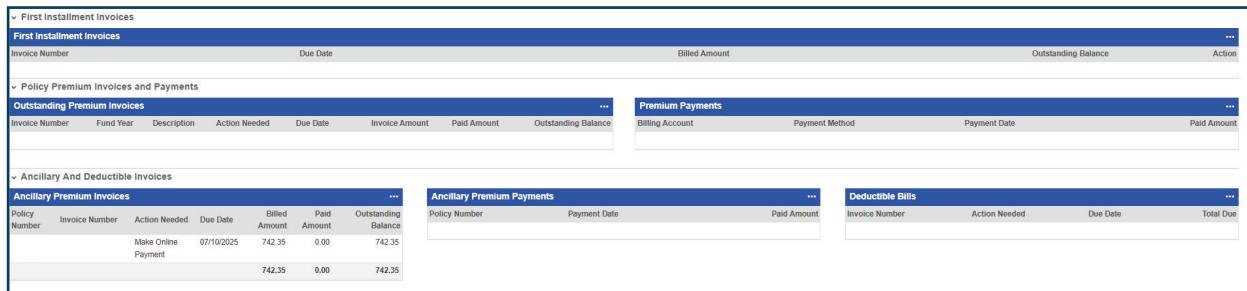
On the right, there is a 'Filter By' sidebar with dropdown menus for 'Number', 'Effective On', 'Description', 'Coverage' (with 'All' and 'Layer' options), 'Rating Company' (with 'All' option), 'Status' (with 'All' option), and a 'Search' button.

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

The screenshot shows a form titled 'New Endorsement Schedule'. It includes fields for 'Endorsement Schedule Number' (with a note 'Empty to autogenerated'), 'Member', 'Endorsement Schedule Type' (set to 'Policy Change'), 'Change Action' (set to 'Delete'), 'Policy' (with a search icon), and 'Policy ID Number' (set to '59,826'). On the right, there is a 'Save Changes' button and a 'Cancel' button. A red box highlights the 'Lookup Policy Change' button, which is located next to a 'Policy Change ID' input field.

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



The dashboard displays three main tabs for managing invoices and payments:

- First Installment Invoices:** Shows a table of invoices with columns for Invoice Number, Fund Year, Description, Action Needed, Due Date, Invoice Amount, Paid Amount, and Outstanding Balance.
- Premium Payments:** Shows a table of payments with columns for Billing Account, Payment Method, Payment Date, and Paid Amount.
- Ancillary Premium Invoices:** Shows a table of invoices with columns for Policy Number, Invoice Number, Action Needed, Due Date, Billed Amount, Paid Amount, and Outstanding Balance. It includes a sub-section for "Make Online Payment" with the amount 742.35.
- Ancillary Premium Payments:** Shows a table of payments with columns for Policy Number and Payment Date.
- Deductible Bills:** Shows a table of bills with columns for Invoice Number, Action Needed, Due Date, and Total Due.

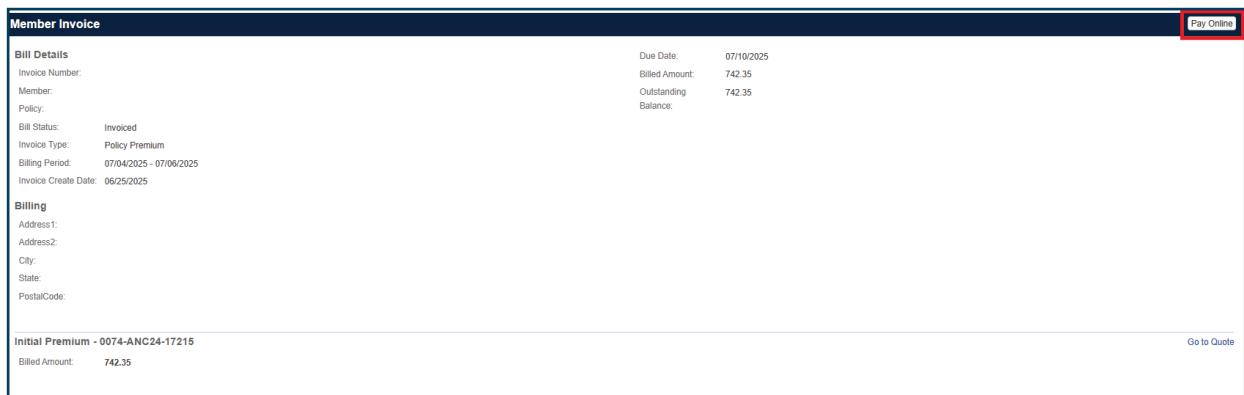
These three tabs on the dashboard are where you can view and track issued invoices and payments.

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.



The Member Invoice screen provides detailed information about a specific invoice:

- Bill Details:** Includes fields for Invoice Number, Member, Policy, Bill Status (Invoiced), Invoice Type (Policy Premium), Billing Period (07/04/2025 - 07/06/2025), and Invoice Create Date (06/25/2025).
- Billing:** Includes fields for Address1, Address2, City, State, and PostalCode.
- Initial Premium:** Shows the amount 742.35.
- Buttons:** Includes a "Pay Online" button and a "Go to Quote" link.

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

Online Payment - Cancel

Policy	Invoice Number	Invoice Due	Invoiced	Paid	Outstanding
		7/10/2025	742.35	0.00	742.35

Payment Type  Pay by Bank Account

Charge Amount

**Pay Online**

► ISO

This screen confirms the policy you're paying for and the amount. Click Pay Online to get redirected to the Wells Fargo site.

demo.e-billexpress.com/ebpp/FMIT/Payment/SHO?tsi=FloR6om1wkuDT957qwg40A2

Enter a Payment Method \* Required Fields

**BANK ACCOUNT**

\* Account Type  Business  Checking Account  Savings Account

\* Name on the Account

\* Routing Number

\* Account #

\* Re-enter Account #

Pay to the Order of

Routing Number  Account Number

Make sure to use your bank account number, not your ATM or Debit card number.

By continuing this action, you authorize the information you've provided on the above account to be used for creation of a charge to the account listed above. You also affirm that the information you provided is correct, that you are a signer on the account above and there are available funds to cover the amount of any transactions that you authorize.

**Enter Account**

Payment Cancel

Select the Banking Type and complete all required fields. Click Enter Account.

\* Required Fields

## Verify Payment

**PAYMENT SUMMARY**

1 Invoice	\$742.35
<b>Payment Method</b>	
<input checked="" type="button"/> Enter	
<b>Payment Date</b>	
6/27/2025	

Payments confirmed before Friday, June 27, 2025 6:00 PM EST will be posted on Friday, June 27, 2025.  
Payments confirmed after Friday, June 27, 2025 6:00 PM EST will be posted on Monday, June 30, 2025.

**Payment Terms & Conditions**

These terms and conditions govern your use of the Internet Bill Presentment and Payment Service (the "Service"). As used in these Terms, the words "we," "us," and "our" refer to Wells Fargo Bank, N.A. (or its affiliate). The words "you" and "your" refer to you as the business entity accepting these Terms and using the Service. The words "you" and "your" also include any user you authorize to use the Service on your behalf.

1. Erroneous Instructions. If we receive a payment instruction authorized by you and the instruction is erroneous in any way, we shall have no obligation or liability for the error.

2. Transaction Limitations. Please be aware that certain types of bank accounts have limits on the numbers

[Print Terms and Conditions](#)

\* Company Name

\* Email (?)

Phone

\* By clicking the **Make Payment** button you agree to the terms and conditions stated above.

[Make Payment](#)

[Cancel](#)

**PAYMENT DETAILS**

Invoice Date	Due Date	Invoice Number	Amount Due	Payment Amount	Export
REFERENCE NUMBER 0282					<a href="#">742.35</a>
<input checked="" type="checkbox"/>					<a href="#">742.35</a>

Fill in your name under the company name, an email for confirmation purposes, and optionally a phone number. Then click Make Payment.

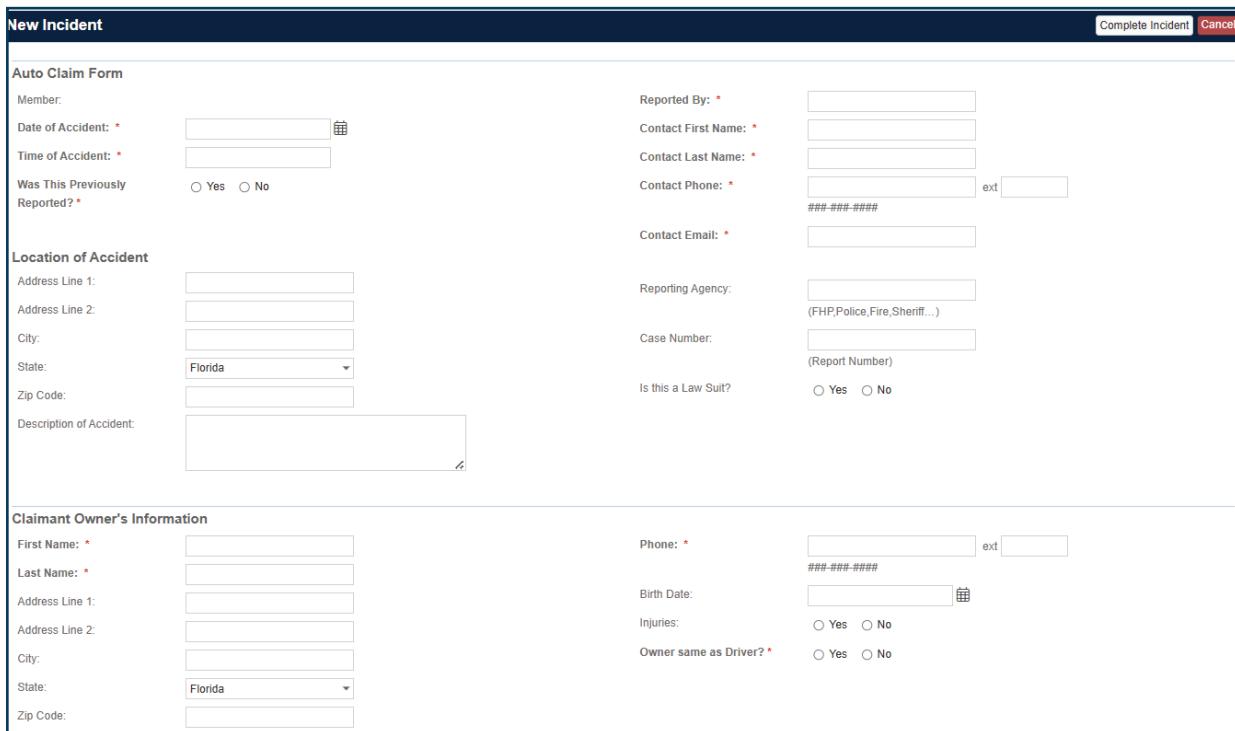
# Claims



The screenshot shows the 'Claims' section of a dashboard. At the top, there is a navigation bar with a 'Claims' dropdown and a 'Claim Forms and Notes' link. Below this, there is a list of links categorized under '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.



The screenshot shows the 'New Incident' form for an 'Auto Claim Form'. The form is divided into several sections:

- Auto Claim Form**
  - Member: [Text Input]
  - Date of Accident: \* [Text Input]
  - Time of Accident: \* [Text Input]
  - Was This Previously Reported? \*  Yes  No
- Location of Accident**
  - Address Line 1: [Text Input]
  - Address Line 2: [Text Input]
  - City: [Text Input]
  - State: Florida
  - Zip Code: [Text Input]
  - Description of Accident: [Text Area]
- Claimant Owner's Information**
  - First Name: \* [Text Input]
  - Last Name: \* [Text Input]
  - Address Line 1: [Text Input]
  - Address Line 2: [Text Input]
  - City: [Text Input]
  - State: Florida
  - Zip Code: [Text Input]
  - Phone: \* [Text Input] ext [Text Input]
  - Birth Date: [Text Input]
  - Injuries:  Yes  No
  - Owner same as Driver? \*  Yes  No

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**

**General Liability Claim Form**

Member:

Date of Loss: \*

Time of Loss:

Was This Previously Reported? \*  Yes  No

Please Select Type of Liability  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

**Complete Incident** **Cancel**

This is the General Liability Claim form.

**New Incident**

**Property Claim Form**

**Member:** \* indicates required fields. If you do not know the information, please enter NA (or all 9s for Phone fields) in the required field.

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.)

Reported To:  (Police or Fire Department)

Location Numbers on Policy:

Case Number:  (Report Number)

Location of Loss: \*

Estimated Loss Amount:  \$0.00  
(In Dollars \$0.00)

Description of How Damage Occurred: \*

**Complete Incident** **Cancel**

This is the Property Claim form.

**New Incident**

**Workers Compensation Claim Form**

Member:

Contact Email:

Reported By:

Contact Phone:  ext

Address Line 1:  #88-888-8888

Address Line 2:

City:  \*  
State:  \* Zip Code:  \*  
County:

**Accident Details**

Date of Accident:

Time of Accident:

Description of Accident:

Injury/Illness that Occurred:

Part Of Body Affected:

**Employee Information**

First Name:

Middle Name:

Last Name:

Address Line 1:

Address Line 2:

City:  \* State:  \* Zip Code:

Home Phone:  ext  #88-888-8888

Office Phone:  ext  #88-888-8888

Date of Birth:

Social Security Number:  Enter dashes xxx-xx-xxxx

Gender:  Male  Female  Non-Binary  Not Specified

Job Title:

**Complete Incident** **Cancel**

This is the Workers' Compensation Claim form.

**Claims**

**Filter By**

Claim Number:

Claimant:

Status:  All

Search  Clear

Recently Viewed

Claim Number	Claimant First Name	Claimant Last Name	Loss/Injury Date	Loss/Injury Time	Coverage	Status
	Claimant First Name: click to sort by this column		00	5:57 PM	Auto Physical Damage	Open
			02/19/2025	2:36 PM	Auto Liability	Open
			02/06/2025	6:55 AM	Auto Physical Damage	Open
			01/19/2025	6:48 PM	Auto Liability	Open
			12/17/2024	1:41 PM	Auto Physical Damage	Closed
			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	11:29 AM	Auto Physical Damage	Open
			08/29/2024	11:29 AM	Auto Liability	Closed
			08/29/2024	7:32 AM	Auto Physical Damage	Closed
			07/14/2024	2:38 AM	Auto Physical Damage	Closed
			06/12/2024	6:50 AM	Auto Physical Damage	Open
			06/12/2024	6:50 AM	Auto Liability	Closed
			04/29/2024	12:00 PM	Auto Physical Damage	Closed
			04/06/2024	12:00 PM	Auto Liability	Open
			03/08/2024	9:40 AM	Auto Physical Damage	Closed
			12/06/2023	7:48 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
			08/19/2023	12:10 PM	Auto Physical Damage	Closed
			08/01/2023	12:00 PM	Auto Physical Damage	Open
			05/01/2023	10:00 AM	Auto Physical Damage	Closed
			04/29/2023	11:20 AM	Auto Physical Damage	Closed
			03/19/2023	9:44 PM	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	<b>Claim Financials</b>	
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:		<a href="#">Full Details</a>	
Birth Date:			
Occupation:			
Claim Adjuster:	Forest Scott		
Adjuster's Phone:	4073671825		
Adjuster's Email:	fscott@flcities.com		
Event Description:	Per the attached Member E-mail and Photos, Hurricane Milton damaged the blower at the North Reverse Osmosis Facility.		

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
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:		<b>Claim Financials</b>	
Claimant First Name:		Indemnity:	0.00
Claimant Last Name:		Medical:	0.00
Birth Date:	01/29/1978	Expense:	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@flcities.com	<a href="#">Full Details</a>	
Event Description:	While taking a subject into custody, the IW was exposed to Hepatitis C.		

- All Notes All Notes

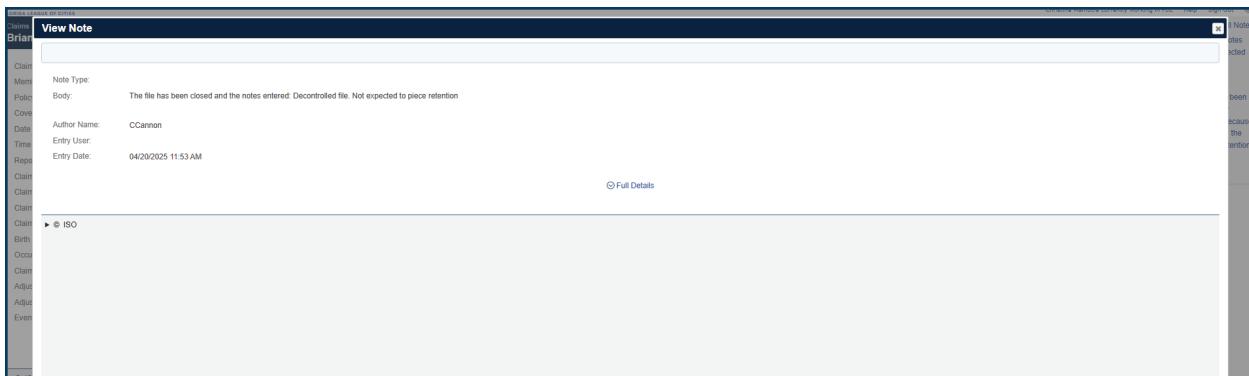
The file has been closed and the notes entered. Decontrolled file. Not expected to piece retention

CCannon on 04/20/2025

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 pierce the retention

MBialejewski on 04/20/2025

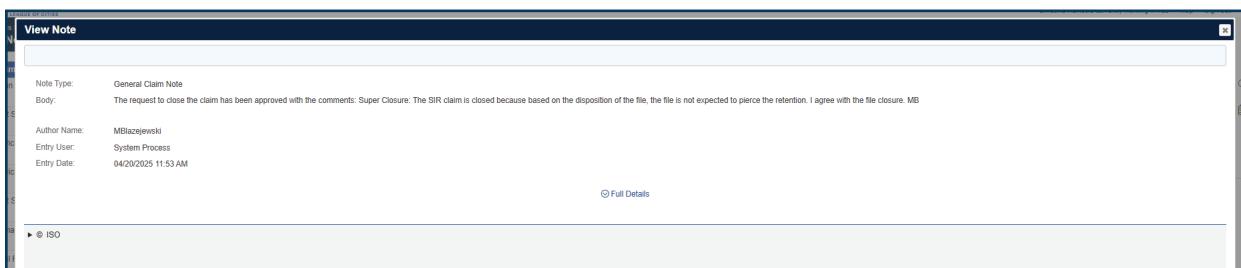
With Workers' Compensation, if you click on the claim number, you can also see the specific claim notes affiliated with this claim on the right side (if you have that level of access).



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

Claims > All Notes					Action
Claim	Created By	Date	Note Type	Content	Action
	MPerry	04/20/2025 11:53 AM	General Claim Note		▼
	MBialejewski	04/20/2025 11:53 AM	General Claim Note		▼
	MBialejewski	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		▼
	MBialejewski	04/20/2025 11:53 AM	General Claim Note		▼
	MBialejewski	04/20/2025 11:53 AM	General Claim Note		▼
	CCannon	04/20/2025 11:53 AM	General Claim Note		▼
	MBialejewski	04/20/2025 11:53 AM	General Claim Note		▼
	MBialejewski	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		▼
	MBialejewski	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.



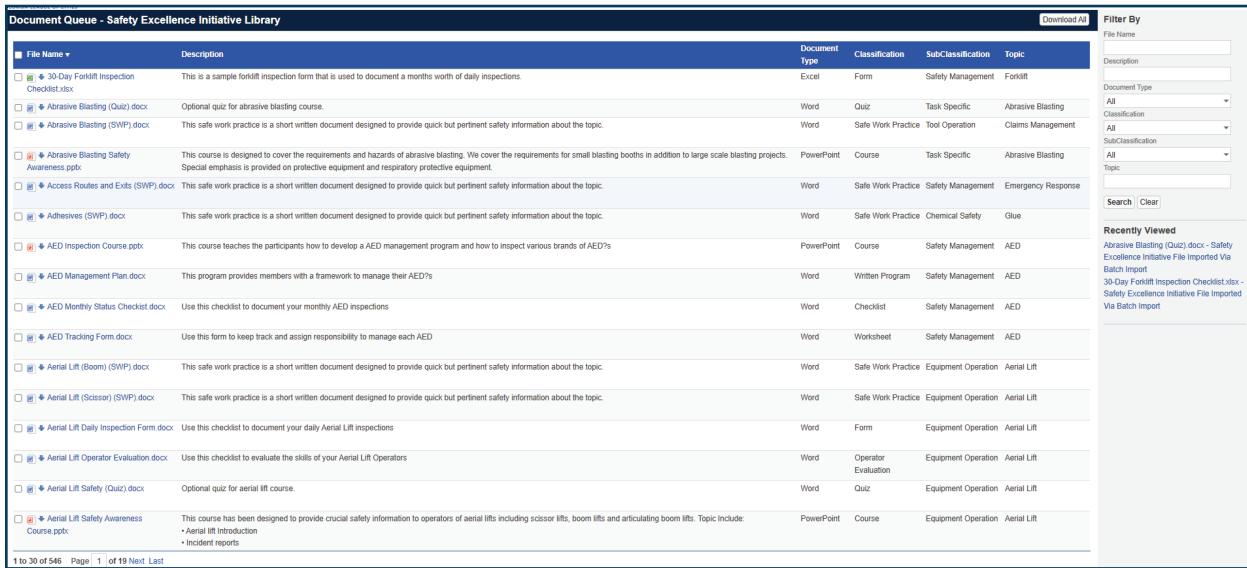
If you click on the claim number, it expands the note for better readability.

# Risk & Safety



The screenshot shows a dashboard with two main sections. The left section is titled 'Safety Excellence Initiative' and contains links to 'FMIT Safety Excellence Initiative (Library)' and 'FMIT Safety Excellence Initiative (Details)'. The right section is titled 'Safety Grant' and contains links to 'Safety Grant Application', 'Safety Grant Awards', and 'Safety Grant Guidelines'.

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



The screenshot shows a list of documents in the 'Safety Excellence Initiative Library'. The columns include 'File Name', 'Description', 'Document Type', 'Classification', 'Sub-Classification', and 'Topic'. The 'Document Type' column shows various file formats like Excel, Word, and PowerPoint. The 'Classification' column includes 'Form', 'Quiz', 'Task Specific', 'Safe Work Practice', 'Tool Operation', 'Claims Management', 'Safety Management', 'Written Program', 'Checklist', 'Worksheet', 'Equipment Operation', and 'Operator Evaluation'. The 'Sub-Classification' and 'Topic' columns provide more specific details. On the right, there is a 'Filter By' section with dropdowns for 'File Name', 'Description', 'Document Type', 'Classification', 'SubClassification', and 'Topic', along with a 'Search' and 'Clear' button. Below the filter section, there is a 'Recently Viewed' list.

File Name	Description	Document Type	Classification	Sub-Classification	Topic
30-Day Forklift Inspection Checklist.xlsx	This is a sample forklift inspection form that is used to document a months worth of daily inspections.	Excel	Form	Safety Management	Forklift
Abrasive Blasting (Quiz).docx	Optional quiz for abrasive blasting course.	Word	Quiz	Task Specific	Abrasive Blasting
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
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
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
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
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
AED Management Plan.docx	This program provides members with a framework to manage their AED's	Word	Written Program	Safety Management	AED
AED Monthly Status Checklist.docx	Use this checklist to document your monthly AED inspections	Word	Checklist	Safety Management	AED
AED Tracking Form.docx	Use this form to keep track and assign responsibility to manage each AED	Word	Worksheet	Safety Management	AED
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
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
Aerial Lift Daily Inspection Form.docx	Use this checklist to document your daily Aerial Lift inspections	Word	Form	Equipment Operation	Aerial Lift
Aerial Lift Operator Evaluation.docx	Use this checklist to evaluate the skills of your Aerial Lift Operators	Word	Operator Evaluation	Equipment Operation	Aerial Lift
Aerial Lift Safety (Quiz).docx	Optional quiz for aerial lift course.	Word	Quiz	Equipment Operation	Aerial Lift
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:	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.

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

Download File Search List (1) Return to Search

2 of 30 (Page 1 of 19) 540 total

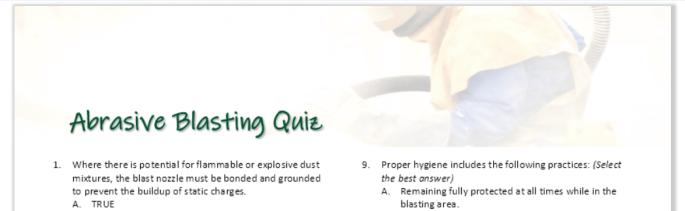
File Name:	Abrasive Blasting (Quiz).docx	Entry Date:	05/09/2024 1:47 PM
Description:	Safety Excellence Initiative File Imported Via Batch Import	File Size:	151 KB
Detailed Description:	Optional quiz for abrasive blasting course.	Page Count:	3
Document Classification:	Quiz	Mime Type:	.docx
Document SubClassification: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

Hide Document

Hide Thumbnails Undock 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.

 FLORIDA MUNICIPAL INSURANCE TRUST

HOME COVERAGES SERVICES RISK & SAFETY EDUCATION

## 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

**SAFETY GRANT APPLICATION**

System Generated Number:  Empty to autogenerate

Member:

FMTNumber:

Member Name:

**SAFETY GRANT COORDINATOR**

Full Name:

Email:

Phone with Area Code:  ext    
 888-888-8888

**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**

**i** 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 Programs > Incentive Program 3

Save Successful

**SAFETY GRANT APPLICATION**

Incentive Program Number: 3

Member Number:

Member Name:

**SAFETY GRANT COORDINATOR**

Full Name: Christina Malhotra

INSURANCE DECISION MAKER FOR:

Full Name: Christina Malhotra

Email: [cmalhotra@fcities.com](mailto:cmalhotra@fcities.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 Malhotra

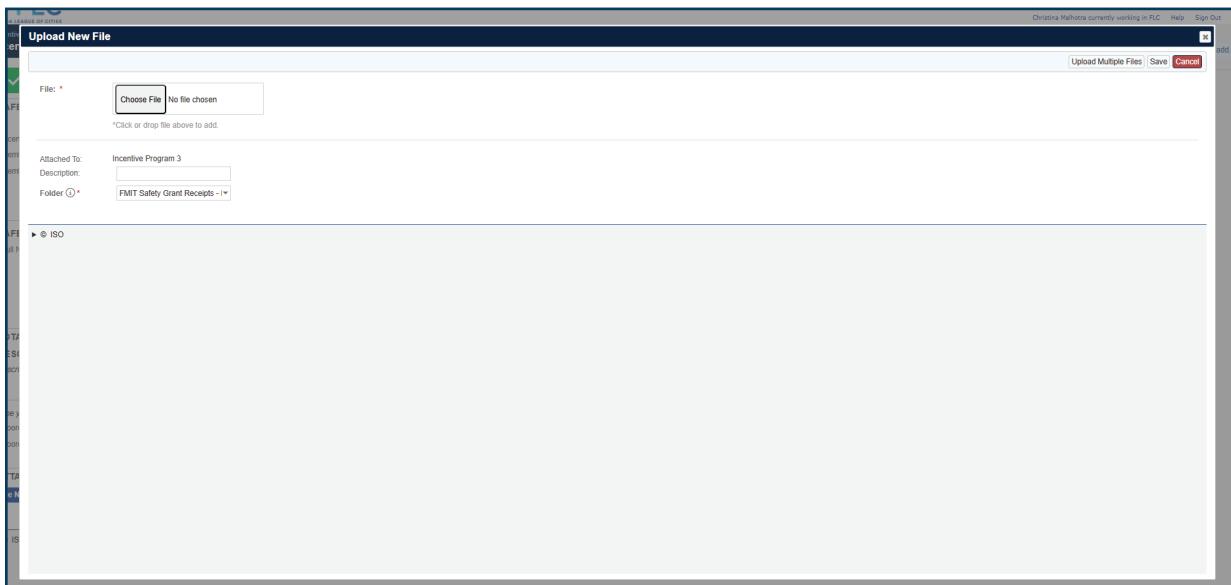
Coordinator Signature Date: 06/27/2005

**ATTACH RECEIPTS**

**Files**  
No files. Click here or drop files to add.

File Name	Description	Folder	Date	Source Type	Upload File
ISO					<input type="button" value="Upload File"/>

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	FMIT 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	
		20/21	Quarter 2	6,000.00	06/11/2021	
		19/20	Quarter 4	6,000.00	11/11/2020	
		17/18	Quarter 4	6,000.00	12/07/2018	
		16/17	Quarter 4	1,695.00	11/17/2017	
		16/17	Quarter 3	2,500.00	09/01/2017	
		15/16	Quarter 4	6,000.00	10/28/2016	

▶ © ISO

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.

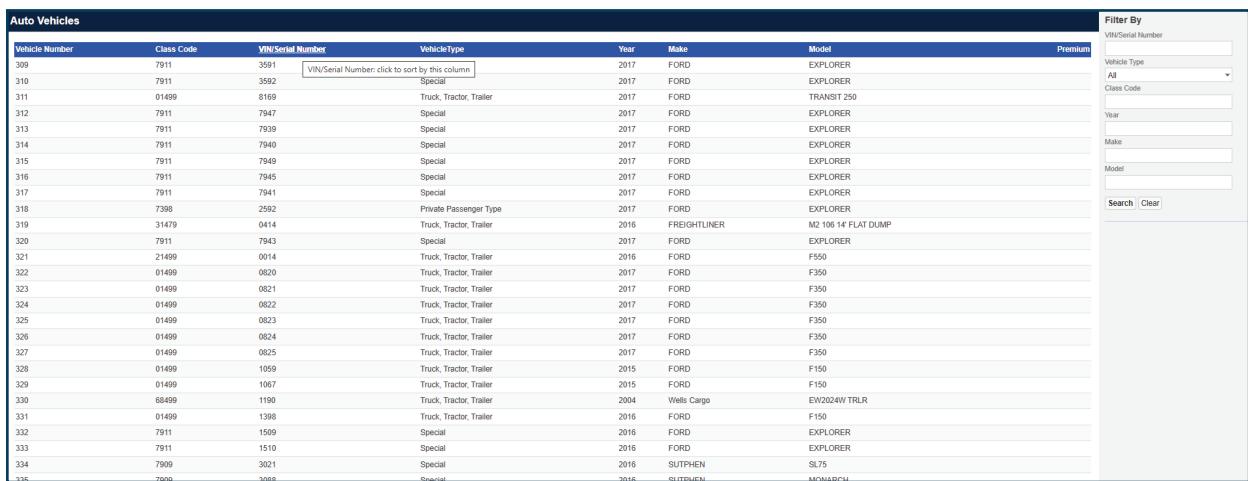
# Automobile



The screenshot shows a web-based application interface for managing automobile schedules. On the left, a sidebar titled 'Manage Auto Schedule' lists links: 'View Current Auto Schedule', 'View all Policy Change Records', 'Add a Vehicle', 'Update a Vehicle', and 'Remove a Vehicle'. On the right, a section titled 'Auto ID Card Request' contains a single link: '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

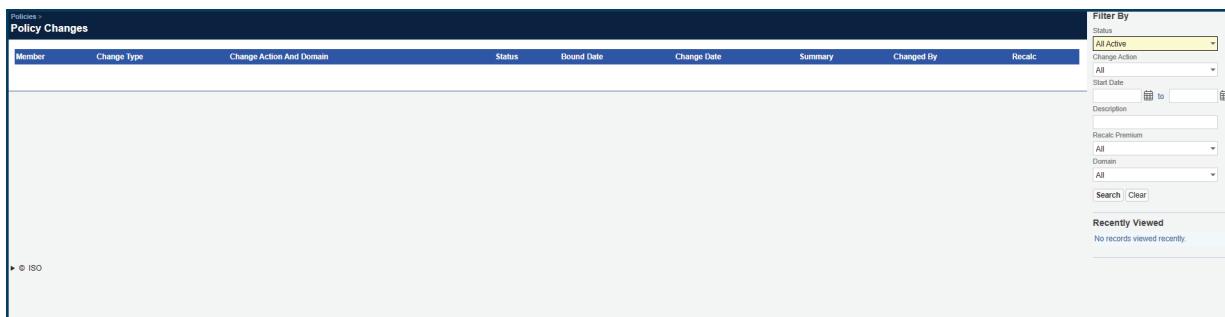


The screenshot shows a table of 'Auto Vehicles' with columns: Vehicle Number, Class Code, VIN/Serial Number, Vehicle Type, Year, Make, Model, and Premium. The 'VIN/Serial Number' column is highlighted with a tooltip: 'VIN/Serial Number: click to sort by this column'. To the right is a 'Filter By' sidebar with fields for VIN/Serial Number, Vehicle Type (All), Class Code, Year, Make, Model, and a 'Search' button.

Vehicle Number	Class Code	VIN/Serial Number	Vehicle Type	Year	Make	Model	Premium
309	7911	3691	VIN/Serial Number: click to sort by this column	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	7388	2962	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	F550	
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	1569	Special	2016	FORD	EXPLORER	
333	7911	1510	Special	2016	FORD	EXPLORER	
334	7909	3021	Special	2016	SUTPHEN	SL75	
335	7909	3088	Special	2016	SUTPHEN	MOMARCH	

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



The screenshot shows a table with columns: Member, Change Type, Change Action And Domain, Status, Bound Date, Change Date, Summary, Changed By, and Recalc. A sidebar on the right is titled 'Filter By' and includes dropdowns for Status (All Active), Change Action (All), Start Date, Description, Recalc Premium, and Domain, along with a 'Search' and 'Clear' button. Below the sidebar is a section titled 'Recently Viewed' with the message 'No records viewed recently.'

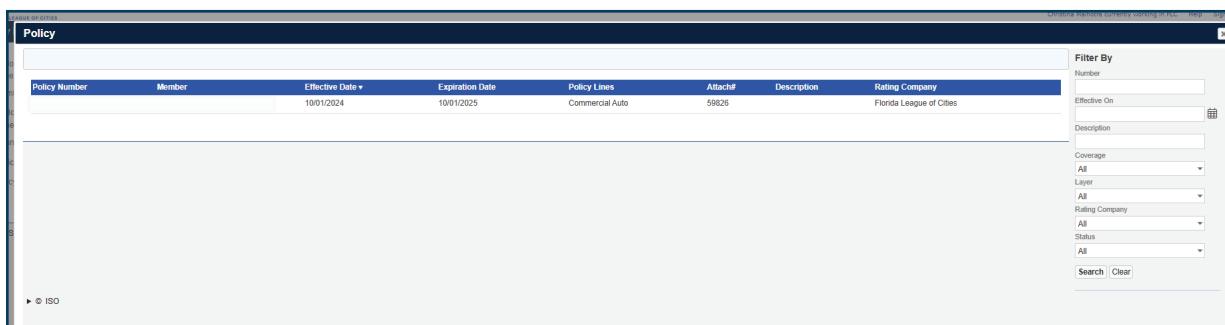
When you click on View all Policy Change Records, this is where you'll see any endorsements made, if any. You can filter and sort this page.

## ADD/UPDATE/REMOVE A VEHICLE



The screenshot shows a form titled 'New Endorsement Schedule' with fields for Endorsement Schedule Number (empty), Member, Endorsement Schedule Type (Vehicle), Change Action (Add), and Policy (with a magnifying glass icon). A 'Save Changes' and 'Cancel' button are at the top right. A 'Recent' link and an ISO logo are at the bottom.

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.



The screenshot shows a table with columns: Policy Number, Member, Effective Date, Expiration Date, Policy Lines, Attach#, Description, and Rating Company. A sidebar on the right is titled 'Filter By' and includes dropdowns for Number, Effective On, Description, Coverage (All, Layer), Rating Company (All), and Status (All), along with a 'Search' and 'Clear' button. Below the sidebar is a section titled 'Recently Viewed' with the message 'No records viewed recently.'

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

New Endorsement Schedule

Endorsement Schedule Number:	Empty to autogenerate	Save Changes	Cancel
Member:			
Endorsement:	Vehicle	Lookup Location	
Schedule Type:	Vehicle	CO Location Num:	
Change Action:	Update	Loc ID Num:	
Policy:	<input type="text"/> <input type="button" value="Q"/>		
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

Location-Building	COLocation Number	Location Description	Address	Address Line 2	City	State	Zip	IsWaivedDesc	Location Number	FloodZone	FloodFirm	FloodCommunity
900-900	4954	Procurement Division							900			

Filter By

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

Endorsement Schedule Number:	Empty to autogenerate	Save Changes	Cancel
Member:			
Endorsement:	Vehicle	Lookup Location	
Schedule Type:	Vehicle	CO Location Num:	4954
Change Action:	Update	Loc ID Num:	3,298,552
Policy:	<input type="text"/> <input type="button" value="Q"/>	Lookup Auto Vehicle	
Policy ID Number:			
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).

Auto Vehicles							
Vehicle Number	Class Code	VIN/Serial Number	Vehicle Type	Year	Make	Model	Premium
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	FREIGHTLINER	M2 106 14 FLAT DUMP	76,517
320	7911	7943	Special	2017	FORD	EXPLORER	27,926
321	21499	0014	Truck, Tractor, Trailer	2016	FORD	F550	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	SUTHEN	SL75	250,000
335	7909	3088	Special	2016	SUTHEN	MONARCH	250,000
336	7909	3089	Special	2016	SUTHEN	SHIELD SERIES S2	250,000
337	7909	3126	Special	2015	SUTHEN	MONARCH	250,000

Page: 1 - Next

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.

New Endorsement Schedule

Save Changes Cancel

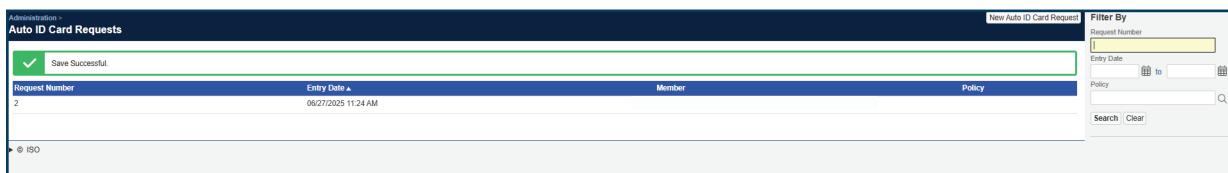
Endorsement Schedule Number:	Empty to autogenerate	Lookup Location:	CA Location Num: 4954
Member:		Loc ID Num:	3,208,552
Endorsement Schedule Type: *	Vehicle	Lookup Auto Vehicle	CA Vehicle Num: 309
Change Action:	Update	Change Effective Date:	
Policy: *		Vin - Last 4: *	3591
Policy ID Number:		City Number:	
		Department:	
		Vehicle Type: *	Special
		Original Cost New:	26,108.00
		Year: *	2017
		Make: *	FORD
		Model: *	EXPLORER
		Physical Damage:	- None Selected -
		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



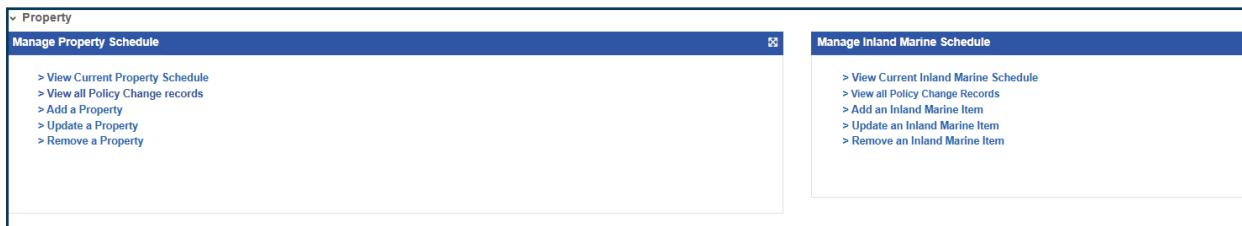
After clicking on the Auto ID Request Form on the homepage, you'll see this screen. Click Save Changes at the top right to submit the request.



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

# Property

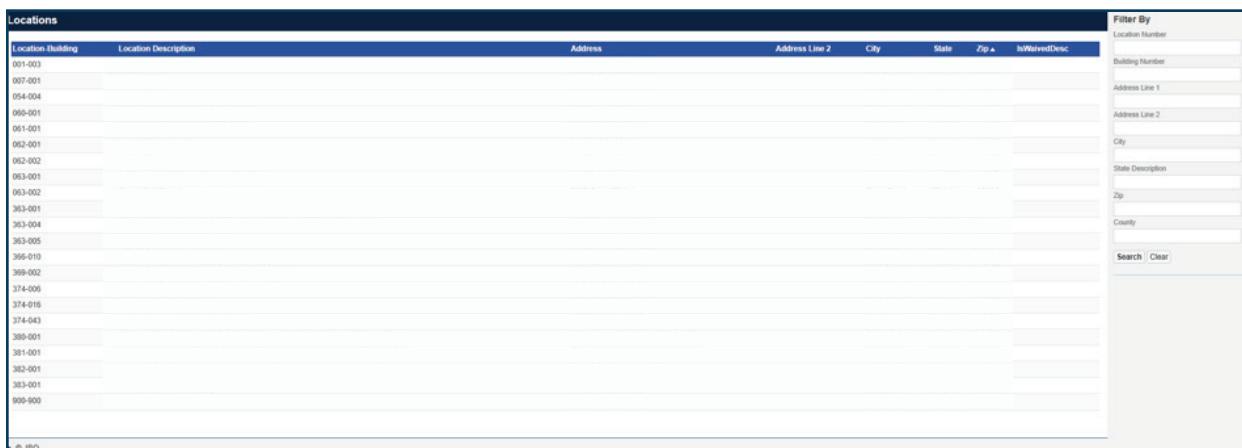
## MANAGE PROPERTY SCHEDULE/INLAND MARINE SCHEDULE



The screenshot shows two side-by-side sections within a web application. The left section is titled 'Manage Property Schedule' and the right section is titled 'Manage Inland Marine Schedule'. Both sections have a dark blue header bar with a close button (X) on the right. Below the header, each section contains a list of actions:

- 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.



The screenshot shows a table titled 'Locations' with a dark blue header. The table has columns: 'Location/Building', 'Location Description', 'Address', 'Address Line 2', 'City', 'State', 'Zip', and 'IsWaivedDelete'. The 'Location/Building' column contains a list of building identifiers. To the right of the table is a 'Filter By' sidebar with input fields for Location Number, Building Number, Address Line 1, Address Line 2, City, State Description, Zip, and County. There is also a 'Search' button and a 'Clear' button.

Locations							
Location/Building	Location Description	Address	Address Line 2	City	State	Zip	IsWaivedDelete
001-001							
007-001							
054-004							
065-001							
061-001							
052-001							
062-002							
063-001							
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							
900-900							

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	<input type="text" value=""/>	Empty to autogenerated
Schedule Number:	<input type="text"/>	
Member:	<input type="text"/>	
Endorsement	<input type="text" value="Property"/>	
Schedule Type: *	<input type="text"/>	
Change Action:	<input type="text" value="Update"/>	
Policy: *	<input type="text"/>	<input type="button" value="Q"/>
Policy ID Number:	<input type="text"/>	

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	<input type="text"/>	Empty to autogenerated
Schedule Number:	<input type="text"/>	
Member:	<input type="text"/>	
Endorsement	<input type="text" value="Property"/>	
Schedule Type: *	<input type="text"/>	
Change Action:	<input type="text" value="Add"/>	
Policy: *	<input type="text"/>	<input type="button" value="Q"/>
Policy ID Number:	<input type="text"/>	
Change Effective Date: *	<input type="text"/>	
Construction Type:	<input type="text" value="None Selected"/>	
Address Line 1: *	<input type="text"/>	
Address Line 2:	<input type="text"/>	
City: *	<input type="text"/>	
State: *	<input type="text" value="Florida"/>	
County: *	<input type="text"/>	
Zip: *	<input type="text"/>	
Building Replacement Cost: *	<input type="text"/>	
Contents Replacement Cost: *	<input type="text"/>	
Building Use/Location Description ⓘ	<input type="text"/>	
Description of Changes:	<input type="text"/>	

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.

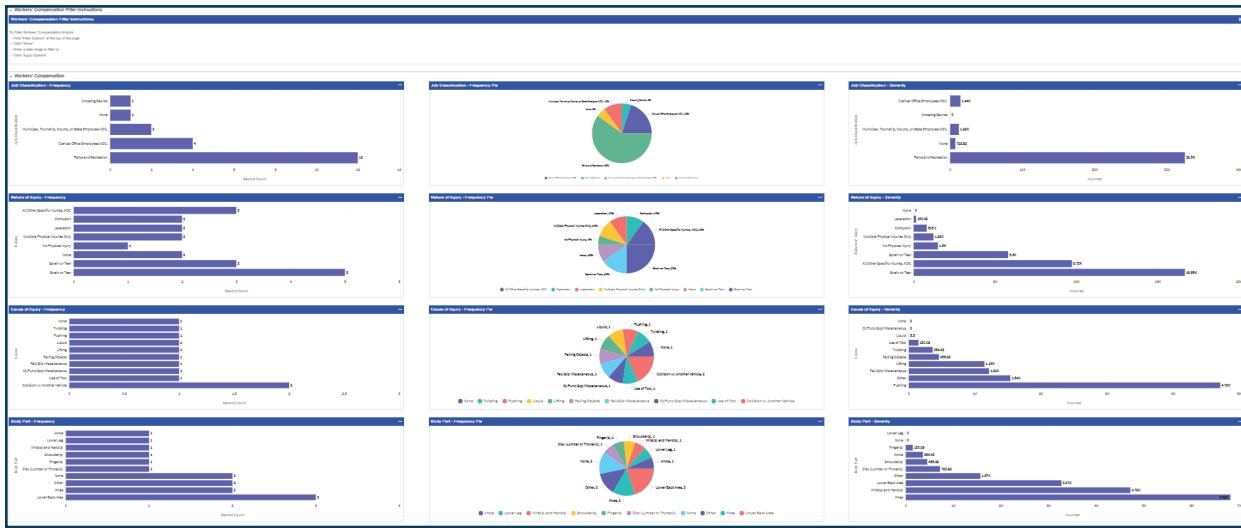
New Endorsement Schedule

Save Changes Cancel

Endorsement: <input type="text"/> Empty to autogenerate	Lookup Location: <input type="text"/>
Schedule Number: <input type="text"/>	ISOCO Location: <input type="text"/>
Member: <input type="text"/>	CO Location Num: 389303
Endorsement: <input type="text"/> Property	Change Effective: <input type="text"/>
Schedule Type: * <input type="text"/> Update	Date: * <input type="text"/>
Change Action: <input type="text"/> Update	Construction Type: <input type="text"/> Fire Resistive
Policy: * <input type="text"/> <input type="button" value="Q"/>	Address Line 1: * <input type="text"/>
Policy ID Number: <input type="text"/>	Address Line 2: <input type="text"/>
	City: * <input type="text"/>
	State: * <input type="text"/> Florida
	County: * <input type="text"/>
	Zip: <input type="text"/>
	Building: <input type="text"/> 0.00
	Replacement Cost: <input type="text"/>
	Contents: <input type="text"/> 0.00
	Replacement Cost: <input type="text"/>
	Building: <input type="text"/> Water Treatment Plant - <input type="button" value="Q"/>
	User/Location: <input type="text"/> High Service Pump & <input type="button" value="Q"/>
	Description: <input type="text"/>
	Description of Changes: <input type="text"/>

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

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.