

## Renewals

The renewal premium is due by the effective date of the new renewal term and is payable by cheque, credit card or Monthly Payment Plan. **There is no coverage from the renewal effective date if premium is not paid.**

All renewal offers will be produced by Stratford Underwriting Agency and made available in the Stratford Sales Portal a minimum of 50 days in advance of the expiry date.

If requested, a renewal list will be provided to you the first of the month with policies expiring in the next 60 days.

Your Producer or Branch leadership will provide you with guidance and instructions on whether and how to access these renewal offers ahead of time to create and distribute renewal reminders.

Policies currently on Monthly Payment Plan will renew on Monthly Payment Plan. The payment withdrawal schedule for the new policy term will be emailed or mailed directly to the Insured from First Insurance. This mailing is triggered by clearance of the Insured's 11<sup>th</sup> and final payment under the expiring policy term so, will occur approximately 21 days in advance of expiry. *Please note that the \$12 service fee will apply on the first withdrawal of the new policy term.*

If your client wishes to change from either cheque or credit card to the Monthly Payment Plan for the renewal term, you must notify Broker Support (604.282.0672) no less than 15 business days prior to expiry. Broker Support will provide you with a quote for the monthly premium along with the required First Insurance documentation.

## How to Retrieve a Renewal in the Sales Portal

Log in to the Stratford Sales Portal and select Search

**Home Page**

**This is the TEST/TRAINING Portal! DO NOT issue your customer's policy here!**

**Welcome to the Stratford Broker Portal!**

**Broker Support**  
604-282-0672  
1-833-222-9982  
broker@stratfordunderwriting.ca

M - F: 9am - 7pm  
Sat: 10am - 2pm

**Claims**  
604-282-067  
1-833-222-9982

Enter the Client Name or Policy Number to retrieve the policy

Select your Client (You will know it is the with a policy number ending in "02")

**Search**

Enter any part of the following fields. Wild cards will be added to the beginning and end of any search criteria.  
Multiple fields can be entered. To show in the results the customer must match all criteria entered (A and B, not A or B).

Quote#/Policy#

Customer Name

2nd Insured Name

Business Name

City

Province

Postal Code

Telephone Number - Cellular

Other Telephone Number

Email Address

Policy/Quote	Customer Name	2nd Customer Name	Status	Policy#/Quote#	Description	Eff Date	New/Renl
Policy	Noella Renewal1		Active	SUS100893-02	PersAuto-PPV	08/04/2020	Renewal
Policy	Noella Renewal2		Active	SUS100894-02	PersAuto-PPV	08/04/2020	Renewal
Policy	Noella Renewal3		Active	SUS100895-02	PersAuto-PPV	08/04/2020	Renewal
Policy	Noella Renewal4		Active	SUS100896-02	PersAuto-PPV	08/04/2020	Renewal
Policy	Noella Renewalcase6		Active	SUS100871-01	Personal Lines Automobile - Private Pass	05/23/2020	New

Once you have selected the **Reprint** tab a pdf document will be created (identical to process in the new business sale) which will allow you to save or print for your distribution to the Insured, lease or lienholder and your in house management. (The Stratford renewal letter is included with this pdf which can be discarded if not required.)

**Search**

Show  entries

Search:

Cust#	Insured Name	2nd Insured Name	Policy#	Description	Effective Date	Status	New/Renl
53135	Noella Renewal1		SUS100893-02	PersAuto-PPV	08/04/2020	Active	Renewal

Showing 1 to 1 of 1 entries

Previous  Next

**Back Reprint Cancel**

# Make a Payment

Landing Page Quick Quote Search **Make Payment** Wordings and Guidelines Directory

Home Page

**This is the TEST/TRAINING Portal! DO NOT issue your customer's policy here!**

Welcome to the Stratford Broker Portal!

**STRATFORD**  
UNDERWRITING AGENCY

**Broker Support**  
604-282-0672  
1-833-222-9982  
broker@stratfordunderwriting.ca

M - F: 9am - 7pm  
Sat: 10am - 2pm

**Claims**  
604-282-0671  
1-833-222-9981

Some information about the user you have just signed in:

- Name - Rhonda Zimmermann
- Office - 455348
- Username - rzimmermann
- Email Address - rzimmermann@stratfordunderwriting.ca
- Role - Agent

Stratford has now added a **“Make Payment”** tab to the Landing Page in the Sales Portal.

This will generate a list of all policies with outstanding premium. Search or select the policy you wish to pay and use the “Make Payment” tab.

**Make Payment**

Show 10 entries

Search

Cust#	Insured Name	Policy#	Premium	Effective Date	Transaction Date	Make Payment
53169	RCase 6 Nim	SUS100898-02	556.00	02-NOV-2020	03-JUN-2020	Make Payment
53320	RCase 7 Annie	SUS100900-02	1,321.00	11-AUG-2020	10-JUN-2020	Make Payment
53321	RCase 8 Annie	SUS100901-02	1,300.00	11-AUG-2020	10-JUN-2020	Make Payment
53806	Screwed RTest 10 Osanna	SUS100909-02	936.00	11-AUG-2020	10-JUN-2020	Make Payment
53817	RCase 10 Osanna	SUS100911-02	1,498.00	11-AUG-2020	11-JUN-2020	Make Payment
53135	Noella Renewal1	SUS100893-02	1,355.00	04-AUG-2020	02-JUN-2020	Make Payment

**Make Payment**

Customer Name	Policy Number	Policy Expiration
John Doe	HCO1001-01	25-FEB-2021

**Payment Details**

Amount Due: 1,017.00

\*Payment Method: Credit Card

\*Credit Card #:

\*Credit Card Type:

\*Expiration Month:

\*Expiration Year:

\*Security Code (3 digit):

\*Name on Account/Credit Card:

Submit Payment Back Exit

Populate the required fields and "submit payment"

After payment has been successfully processed you will see this confirmation on the screen.

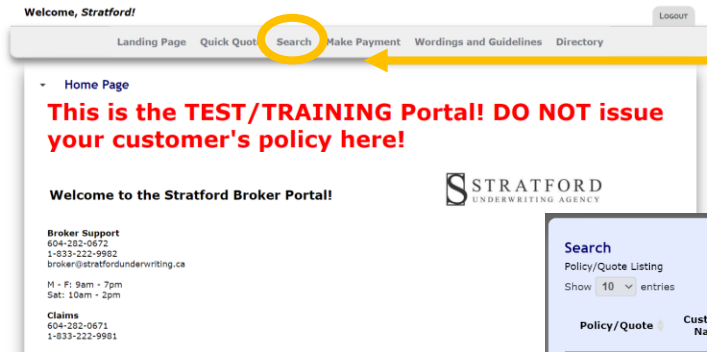
Make Payment

Thank You for insuring with us!  
 Payment made for Policy#:SUS100887-01  
 Paid :649.00 on 07/24/2020 12:00  
 Auth# 10011635

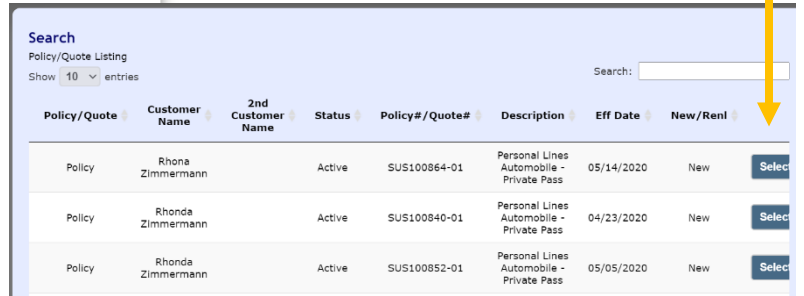
Exit

- You can convert this payment confirmation into a receipt for the customer by taking a screen shot of it, placing it in a letter with your letterhead and printing it.
- This Make Payment tab may also be used to pay renewals as well as any additional premium due to an endorsement.
- Please be sure to allow enough time prior to renewal (at least 15 days) when the client wishes to amend payment type to Monthly Payment Plan as this must be done manually. All documents with signature must be received by First Insurance a minimum of 3 days prior to the first withdrawal on the effective date of the renewal
- If you have not received payment by the renewal effective date, we recommend you follow up with the customer to understand how you might serve them. If the customer is unreachable or no longer requires the insurance, the policy must be lapsed using the Stratford Sales Portal – Service a Policy.
- Send the customer a Lapse Letter using our suggestion below or one of your design.
- If a lease or lienholder exists they also require a copy of the lapse letter.

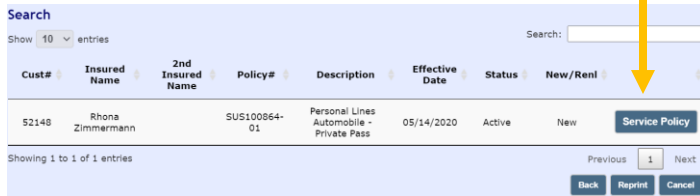
# How to Lapse a Renewal



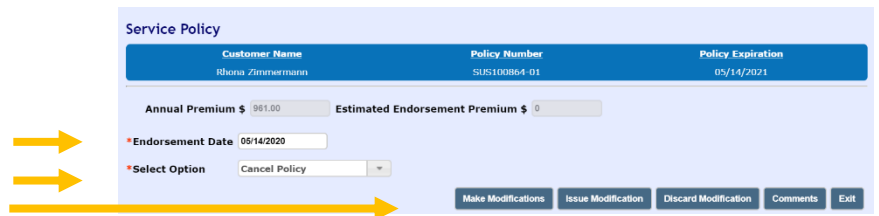
Select *Search* from the Landing page, enter your clients name or policy number and *Select*



Select *Service Policy*



Enter Cancellation (Renewal) Date and Select option "Lapse" and Make Modification



## Service Policy

Customer Name	Policy Number	Policy Expiration
Noella Renewal2	SUS100894-02	08/04/2021

Effective  Expire

**Policy Cancellation**

\* Insured(s) has requested cancellation of this policy effective:

Time of Cancellation (if not specified cancellation will be effective at 12:01 am)

\* Name(s) of Insured Requesting Cancellation

\* If there is more than one Insured, the Name of Insured Requesting Cancellation confirms they have been authorized by the other Insured(s) to cancel this policy. If only one insured, select "Yes".

\* Cancel Reason

Remarks

Confirm cancellation date is renewal effective date, add reason Broker Request Cancellation and indicate in remarks "Renewal Payment not Received"

## Service Policy

Policy: SUS100894-02 has been cancelled on 08/04/2020. Estimated Return Premium: -\$4184.00

Please let us know how we can make your experience better, we would appreciate your feedback.

## Sample Lapse Letter

Re: Stratford Underwriting Insurance Renewal Policy XXX-11111-02

Please accept this letter as notification that the above-mentioned policy has been lapsed effective the renewal inception date of XX-XXX-2020 as full premium has not been received by Stratford Underwriting Agency.

If the renewal coverage is required, please contact us at [\(insert your contact details\)](#) to make arrangements for continuation of your automobile coverage.

We thank you for your past patronage of [\(insert your Broker name\)](#).

Yours truly,