

Field	Field Type	Variable Info	Help Icon
Policyholder Details	Display		
All fields are required unless indicated otherwise	Display		
First name	Text box		
Middle initial (optional)	Text box		
Last name	Text box		
Date of birth	Single field box		You must be at least 18 years of age to obtain a quote. This information also helps ensure we provide the most accurate quote.
Residential address (Cannot be a PO Box)	2 Text boxes		Enter the street address of the policyholder.
State	Drop Down	Please select - Default All states including DC	
Zip code	Text Box		
City or township	Drop Down	Please select - Default Cities/Townships appear based on state selection	
Continue	Button		
We understand the importance of your privacy. The information that we obtain will be kept confidential and will not be sold or redistributed. To learn more, please review our Privacy Policy.	Display		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
Massachusetts Consumer Guide	Link		
iama10 (001)			

Field	Field Type	Variable Info	Help Icon
Add a Vehicle	Display		
All fields are required unless indicated otherwise	Display		
Year	Text box		
Make (Ford, Honda, Dodge, etc.)	Drop Down	Please select - Default All vehicle makes	Your vehicle's manufacturer, found on your title or registration, or on the vehicle itself. Examples are Ford, Honda or Dodge.
Model (Fusion, Accord, Ram, etc.)	Drop down	Please select - Default All vehicle models including "Other"	The brand of vehicle that a manufacturer produces, found on your title or registration, or on the vehicle itself. Examples are Fusion, Accord or Ram.
Sub-model (S 4D SED, VP 4D SED, SLT REG CB 4WD, etc)	Drop down	Please select - Default All vehicle sub-models including "Other"	The vehicle's subset of the model that a manufacturer produces, found on your title or registration, or on the vehicle itself. Examples are S 4D SED, VP 4D SED, SLT REG CB 4WD.
Current Bodily Injury (liability) coverage limits	Drop down	Please select - Default Less than \$50,000/\$100,000 Less than \$100,000/\$300,000 Less than \$250,000/\$500,000 \$250,000/\$500,000 or Greater	This coverage is listed on your current Declaration page. It covers expenses for other people's injuries or deaths in an accident when you are legally responsible. It also covers necessary legal fees and court costs if another party in the accident files a lawsuit against you. There are two coverage limits displayed for each option, for example: \$100,000/\$300,000. The first dollar amount represents the coverage limit per person; the second dollar amount represents the total coverage limit per accident.
Who is the titleholder of the vehicle or the person on the loan/lease agreement?	Drop down	Self and/or spouse - Default Self/spouse and/or finance company Self/spouse and business Parent/child at same residence Parent/child at different residence Salvage title Other	Person who owns the title to this vehicle and/or who is primarily responsible for this vehicle's loan or lease.
Vehicle discounts	Display		
Your vehicle safety features may qualify you for discounts on your quote.	Display		
Select the safety features of this vehicle:	Display		
Airbags	Drop down	Please select - Default Driver side only Driver and passenger Driver, passenger and side impact None	

Field	Field Type	Variable Info	Help Icon
Anti-theft devices	Drop down	Please select - Default Active Alarm Passive None	Active: Requires a manual step to engage the device, which makes the fuel, ignition or starting system inoperative. Alarm: Produces a sound that can be heard at least 300 feet away for up to three minutes. Passive: Device is automatically activated with no manual step needed, which makes the fuel, ignition or starting system inoperative. One example, a Security Lock System, uses a key, specifically designed for the vehicle, with a microchip in it. If someone tries to start the vehicle with another key, the system will make the fuel, ignition and starting systems inoperative. Vehicle Tracking System (OnStar®) An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.
Vehicle Recovery System	Radio Button	Yes No	Vehicle Recovery System An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.
Automatic seatbelts	Radio Button	Yes No	Seatbelts on driver and passenger sides that automatically fasten around you when the vehicle door is closed.
Vehicle Location at Residence	Display		
What is the zip code of where your vehicle is kept?	Text box		
Where is your vehicle parked at your residence?	Drop Down	Please select - Default Garage Carport Driveway On street Parking lot	Choose the location you regularly park this vehicle when not at work.
Vehicle Use	Display		

Field	Field Type	Variable Info	Help Icon
How is this vehicle primarily used?	Drop down	Please select - Default Commuter to work/school Pleasure Business	Select the purpose of using this vehicle on a regular basis. Primary Vehicle Use Commuter - vehicle is mainly used for the daily drive from home to work or school and back. Business - vehicle is mainly used for business purposes (not including a daily drive to and from work). For example, visiting clients, making deliveries or regularly traveling on business trips. Pleasure - vehicle is only used for recreational driving or no other 'primary vehicle use' definition applies. We will ask your method of transportation to and from work or school.
Miles driven per year	Text box	15,000 - Default	The miles you travel per year in this vehicle. You may modify this amount to reflect your actual driving habits.
Additional Vehicles	Display		
Do you have another vehicle?	Radio Button	Yes No	
Save for later	link		
Continue	Button		
Back	Button		
We are currently able to quote cars, trucks and vans online. If any of your vehicles have customization not installed by the manufacturer or you wish to receive a quote on your motor home, recreational trailer, utility trailer, or antique or classic vehicle, please save your quote and contact us by email or phone.	Display		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
Appropriate question appears based on what is selected for "How is this vehicle primarily used?"			
What is your primary transportation to and from work or school?	Drop Down	Please select - Default Secondary vehicle Car pool Retired Public transportation Company vehicle Physical - walk, bike Unemployed Work out of home	This vehicle has been identified as being used for pleasure. Please tell us how you get to and from work or school.
Miles driven one way to work or school	Text Box		Enter the miles you travel one way to work or school in this vehicle.

Field	Field Type	Variable Info	Help Icon
Days driven per week to work or school	Drop down	1 2 3 4 5 - Default 6 7	
Which best describes the business use of this vehicle?	Drop down	Please select - Default Visiting clients Employee use of vehicle Self-employed contractor (construction, plumber, etc.) Delivery (pizza, newspapers, etc.) Regular hauling (appliances, debris, etc.) Transport of people Other	

Field	Field Type	Variable Info	Help Icon
Add Your Driver Details <Add Your Spouse> <Add a Driver>	Display		
All fields are required unless indicated otherwise.	Display		
*** Note: The following question only appears under <Add Your Spouse> questions			
Please enter your spouse's information.	Sub heading		Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' and 'driver' on your policy -- even if he or she has insurance with another company.
First name	Text box		
Middle initial (optional)	Text box		
Last name	Text box		
*** Note: The following question only appears under <Add Your Driver Detail> questions			
E-mail address Used to save your quote. We will not sell your e-mail address.	Text box		Ameriprise Auto & Home Insurance understands the importance of your privacy. The email address that you provide will be kept confidential and secure; it will not be sold or redistributed. Full description We request your email address so we can send confirmation of your online quote, messages with important information about your account, and other offers that may be suited to your needs. Please visit the email preferences page to review or change your email choices, or read the Ameriprise privacy statement for more details.
Gender	Radio Buttons	Male Female	
At what age did you first obtain a license in the United States? <At what age did your spouse first obtain a license in the United States?> <At what age did this driver first obtain a license in the United States?>	numeric text box	16 - Default	
Current license status	Drop down	Please select - Default Valid U.S. license Learner's permit Foreign or international Suspended Revoked Expired Not licensed Commercial or business	

Field	Field Type	Variable Info	Help Icon
What vehicle do you operate most often? <What vehicle does your spouse operate most often?> <What vehicle does this driver operate most often?>	Drop down	Please select - Default <list vehicles>	Only one driver can be selected per vehicle.
Marital status	Drop down	Please select - Default Married Single Civil union or registered domestic partner	Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' and 'driver' on your policy -- even if he or she has insurance with another company.
Driver Discounts	Display		
You may qualify for additional discounts <Your spouse may qualify for additional discounts> <This driver may qualify for additional discounts>	Display		
The following questions appear based on years of driving experience for the driver			
Are you a good student? (optional) <Is your spouse a good student?> <Is this driver a good student?> - Full time student under the age of 25 - Maintains a "B" average	Radio Buttons	Yes No	
Does this student reside more than 100 miles away from home without a vehicle?	Radio Buttons	Yes No	
Driver Course Information			
If you have completed a driver training course within the last three years please enter the course completion date here:			
Standard Driver Training	Drop Down	Month Year	The standard driver education program is comprised of the Driver Education, Practicum and Parent curriculums, plus a final examination. The program is taught in Professional Driving School Programs and Public and Private High School Programs. It consist of at least 30 hours of classroom instruction and 12 hours on-road instruction conducted by a certified driver education instructor and 6 hours of observation.
Advanced Driver Training - Completed the Driver Skills Development Program - At least 30 hrs. of classroom instruction - 12 hrs. on-road with a certified instructor - 6 hrs. observation and final exam	Drop Down	Month Year	Individuals who possess a valid driver's license or learner's permit and have completed a minimum of ten hours supervised behind-the-wheel training may elect to complete a Driver Skills Development Program, which offers advanced driver training in accident avoidance techniques. These programs are conducted in a controlled environment on an off-road training course at actual roadway speeds.
Note: if the driver was required to take the course as a result of a court order, do not indicate a date above. Proof of course completion may be requested at any time.	Display		

Field	Field Type	Variable Info	Help Icon
Accidents, Claims and Violations	Display		
Have you had any accidents or claims in the past six years? <Has your spouse had any accidents or claims in the past six years?> <Has this driver had any accidents or claims in the past six years?>	Radio Buttons	Yes No	What To Include: - All accidents that occurred while you were driving, regardless of fault. For example, a collision with another vehicle, hitting a parked car, a single car accident or hitting an animal. - Comprehensive claims such as windshield replacement or incidents of vehicle theft or vandalism. - Losses that occurred while your vehicle was parked. For example, if your vehicle was struck while illegally parked, or if your vehicle rolled away while unattended and caused an accident.
Have you been convicted of any traffic violations in the past five years? <Has your spouse been convicted of any traffic violations in the past five years? > <Has this driver been convicted of any traffic violations in the past five years? >	Radio Buttons	Yes No	What To Include: - Tickets received for moving violations (e.g., speeding, failure to obey a traffic signal, driving under the influence of alcohol or drugs, etc.). Do not include tickets received for vehicle maintenance, parking or seatbelt violations.
Additional Drivers	Display		
Do you have another driver? Include the following licensed drivers: - Household members who do not have their own auto insurance - Household members who do not have their own insured vehicle - Anyone else who regularly drives your vehicle	Radio Buttons	Yes No	
Save for later	link		
Continue	Button		
Back	Button		
If you purchase a policy with our company, your claims and driving history will be verified against a motor vehicle report and a claims loss report. Undisclosed driving or claims activity may result in a premium adjustment or the cancellation of your policy.	Display		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
If selection is other than "Single" for "Marital status", the following question appears:			
Does your spouse have a driver's license?	Radio Buttons	Yes No	
The following questions appear if "Yes" is selected under "<Have you> or <Has your spouse> or <Has this driver> had any accidents or claims in the past six years?"			
Add an Accident or Claim	Display		
All fields are required unless indicated otherwise.	Display		
Date of accident or claim (optional)	Single field box		

Field	Field Type	Variable Info	Help Icon
Circumstance of the accident or claim	Drop down	Please select - Default Your vehicle hit another vehicle, object or pedestrian Two vehicles collided Other vehicle hit your vehicle Fire Windshield/Glass Windstorm Hail Hit animal Theft Vandalism Other accident	Choose the selection that best describes what happened in your accident or claim.
Damage to (check all that apply)	Checkboxes	My vehicle Other vehicle(s)	
Was anyone injured?	Radio Buttons	Yes No	
Total payout of accident or claim	Drop down	Blank - Default \$10,001 to \$20,000 More than \$20,000 \$0 - \$1,000 \$1,001 - \$10,000	Include the total claim payout for all vehicles and/or injuries. If you don't know the exact total, provide the amount to the best of your knowledge.
Were you at-fault in the accident? <Was your spouse at-fault in the accident?> <Was this driver at fault in the accident?>	Radio Buttons	Yes No	In an accident, a driver is determined to be either at fault or not at fault. Generally, if you were given a violation at the time of the accident or hit a stationary object, you would be considered at fault. Insurance companies use this information to accurately rate policies.
Do you have another accident or claim? <Does your spouse have another accident or claim?> <Does this driver have another accident or claim?>	Radio Buttons	Yes No	
The following questions appear if "Yes" is selected under "<Have you> or <Has your spouse> or <Has this driver> been convicted of any traffic violations in the past five years?"			
Add a Violation	Display		
All fields are required unless indicated otherwise.	Display		
Date of violation (optional)	Single field box		

Field	Field Type	Variable Info	Help Icon
Type of violation	Drop down	Please Select - Default Careless driving Driving under the influence of alcohol/drugs Failure to obey a traffic control device Failure to yield right of way Improper passing Reckless driving Speeding Speeding - 20 MPH or more over limit Other License suspension/revocation Seatbelt violation	
Do you have another violation? <Does your spouse have another violation?> <Does this driver have another violation?>	Radio Buttons	Yes No	

Field	Field Type	Variable Info	Help Icon
Final Details	Display		
All fields are required unless indicated otherwise.	Display only		
Who is your current auto insurance company?	Drop down	Please Select - Default Other AAA Allstate American Family Auto-Owners California State Citizens Commerce Country Companies Erie Farm Bureau Farmers GEICO Grange Mutual Hartford Mercury Nationwide Progressive Prudential SAFECO Sentry State Farm Travelers/Aetna 20th Century USAA	
Do you own or rent your residence?	Radio Buttons	Own Rent	
Do you currently have homeowners or renters insurance?	Radio Buttons	Yes No	
The following question appear if "Yes" is answered to "Do you currently have homowners or renters insurance?"			

Field	Field Type	Variable Info	Help Icon
What company provides your homeowners or renters insurance?	Drop Down	Please Select - Default Ameriprise Amica Andover Arbella Chubb Commerce Esurance GEICO Hanover Harleysville Liberty Mutual MetLife Plymouth Rock Perferred Mutual Progressive Quincy Safety State Farm Travelers USAA Vermont Mutual Other	
How did you hear about us?	Drop down	Please Select - Default Other Ameriprise Financial employee Email Advertisement Ameriprise bBank Ameriprise brokerage account Ameriprise Financial service center Workplace retirement plan Internet search Referred by family member or friend Received mailing	
Effective Date	Display		
Your quote will be based on this effective date. You may enter a different date if desired.	Single field box		
Save for later	link		
Continue	Button		
Back	Button		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
The following questions may appear based on response to "How did you hear about us?"			
Have you ever met with an Ameriprise Financial Advisor?	Radio Buttons	Yes No	
Ameriprise Financial client id number (optional) Example: 123456789	text box	numeric only	Your client id number can be found on your Ameriprise Financial statement or on "my financial accounts" page on Ameriprise.com.
Please enter the reference number (optional)	Text Box		

Field	Field Type	Variable Info	Help Icon
Your Quote	Display		
Below is your recommended coverage package. You may edit your coverage options to best fit your needs.	Display		
A 12 month premium of <insert premium>	Display		
BUY NOW	Button		
12-month total premium with <full> <semi-annual> payments:<insert premium>	Display		
12-month premium with monthly payments: <insert premium>	Display		
Payment type is selecte4d during the purchase of coverage	Display		
Your quote has been saved. To access your quote, you will need your: - Email address, date of birth, last name and zip code	Display		
Recalculate	Button		
Reset	Button		
Summary	Display		
Effective Date: Modifying the effective date could change your premium.	Single field box		Effective Date This date represents when you would want your policy to start and is used to calculate your quote. Your premium could change if you choose another effective date.
<insert effective date>	Link		
Vehicles:	Display		
<list all vehicles>	Link		
+ Add a Vehicle	Link		
Drivers:	Display		
<list all drivers>	Link		
+Add a Driver	Link		
Discounts applied: <list all discounts>	Display		
In addition to your discounts, you will receive: • 24-hour roadside assistance included with towing coverage • Repairs made at the licensed facility of your choice • Responsive claims service 24 hours a day, 7 days a week	Display		
Liability Coverages	Display		
Liability coverages chosen applies to all vehicles on the policy.	Display		

Field	Field Type	Variable Info	Help Icon
Bodily Injury	Drop down	\$100,000 / \$300,000 / \$100,000 - Default \$250,000 / \$500,000 / \$100,000 \$50,000 / \$100,000 / \$50,000	<p>Bodily Injury Liability Coverage: Pays expenses for bodily injury, sickness, disease or death resulting from an accident for which you are at fault. Full Description</p> <p>Bodily Injury Liability Coverage Pays expenses for bodily injury, sickness, disease or death resulting from an accident for which you are at fault. It also covers legal defense if another party in the accident files a lawsuit against you.</p> <p>There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.</p> <p>Why is this coverage important? If you are found legally responsible for another person's bodily injury or death, you may be required to pay for the loss. Bodily Injury Liability coverage helps protect your assets by covering the losses so you don't have to pay for them out-of-pocket.</p>
Property Damage	Drop down	\$100,000 - Default \$50,000 \$25,000	<p>Property Damage Liability Coverage: Pays for damage to other people's property resulting from an accident caused by your vehicle for which you are legally responsible. Full Description</p> <p>Property Damage Liability Coverage Pays for damage to other people's property resulting from an accident caused by your vehicle for which you are legally responsible. It also covers legal defense if another party in the accident files a lawsuit against you.</p> <p>There is one coverage limit shown for each option (for example, \$100,000), which represents the coverage limit for property damage per accident.</p> <p>Why is this coverage important? If you are found legally responsibility for damage to another person's property resulting from an accident caused by your vehicle, you may be required to pay for that damage. Property Damage Liability coverage helps protect your assets by covering the losses so you don't have to pay for them out-of-pocket.</p>

Field	Field Type	Variable Info	Help Icon
Medical Payments	Drop down	\$5,000 \$10,000 \$25,000 Reject - Default	Medical Payments Coverage Pays medical expenses for the insured person and any passengers injured in an accident while in the insured vehicle.
Uninsured Motorist	Drop down	\$20,000 / 40,000 \$50,000 / 100,000 \$100,000 / 300,000 - Default \$250,000 / 500,000 \$35,000 / 80,000	Uninsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have insurance. Full description Uninsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have insurance. There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.
Underinsured Motorist	Drop down	\$100,000 / 300,000 - Default \$50,000 / 100,000 Reject \$250,000 / 500,000 \$35,000 / 80,000	Underinsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have enough insurance. Full description Underinsured Motorist Bodily Injury Coverage Coverage you may need for bodily injury damages caused by a driver who did not have enough insurance (i.e., the driver's Bodily Injury Liability coverage limit was not enough to pay for the extent of your damages). Coverage applies to bodily injury damages for you as well as passengers in your insured vehicle. There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.

Field	Field Type	Variable Info	Help Icon
Personal Injury Protection	Display		<p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Full description</p> <p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Includes coverage for the insured person's medical expenses, loss of income and essential services (necessary services that you normally do yourself). Coverage is provided to the insured if injured while riding in someone else's car at the time of an accident or if struck as a pedestrian. Also includes coverage for passengers injured while riding in the insured vehicle or pedestrians struck by the insured vehicle.</p> <p>The \$8,000 limit is the most that may be paid to each eligible person per accident.</p>
Personal Injury Protection Deductible	Drop down	\$0 (No deductible) - Default \$100 \$250 \$500 \$1,000 \$2,000 \$4,000 \$8,000	<p>Personal Injury Protection Coverage Deductible The amount you must pay out-of-pocket before your insurance will pay a Personal Injury Projection coverage claim. This deductible applies to Named Insureds (people whose names are on the policy) and Resident Relatives (those related to the named insureds by blood, marriage, or adoption, and who live in the named insureds' household). The deductible applies per person per accident.</p>
<p>For all PIP Deductibles, other than "0", the following line appears:</p>			

Field	Field Type	Variable Info	Help Icon
Personal Injury Protection Deductible applies to:	Drop down	Named Insured Only Named Insured and household members	<p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Full description</p> <p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Includes coverage for the insured person's medical expenses, loss of income and essential services (necessary services that you normally do yourself). Coverage is provided to the insured if injured while riding in someone else's car at the time of an accident or if struck as a pedestrian. Also includes coverage for passengers injured while riding in the insured vehicle or pedestrians struck by the insured vehicle.</p> <p>The \$8,000 limit is the most that may be paid to each eligible person per accident.</p>
Physical Damage Coverages	Display		
The following text appears based on Year entered in the Vehicle screens			
This coverage is not provided for vehicles over 20 years old.	Display		

Field	Field Type	Variable Info	Help Icon
Comprehensive	Drop down	\$300 \$500 - Deductible \$1000 \$2000 No Coverage	<p>Comprehensive Coverage Pays for damages to your vehicle not caused by a collision with another vehicle. Covers incidents such as theft, vandalism, fire, windshield replacement, hail or hitting an animal. Full description</p> <p>Comprehensive Coverage Pays for damages to your vehicle not caused by a collision with another vehicle. Covers incidents such as theft, vandalism, fire, windshield replacement, hail or hitting an animal. Payments for Comprehensive coverage claims will be reduced by the deductible you select.</p> <p>If you have an older vehicle with a low cash value, you might consider rejecting this coverage or selecting a higher deductible.</p> <p>Why is this coverage important? Comprehensive coverage pays for common non-collision losses to your auto such as a broken windshield, a stolen car stereo or a stolen vehicle. It also pays for damage to your vehicle caused by natural disasters such as fire and flood.</p>
Comprehensive Glass Deductible	Drop down	\$0 (No deductible) - Default \$100 No Coverage	<p>Comprehensive Glass Coverage Deductible The amount you must pay out-of-pocket before your insurance will pay a Comprehensive coverage claim for glass damage to your vehicle. This deductible applies per eligible expense or loss/per person.</p>
Collision	Drop down	\$300 \$500 - Deductible \$1000 \$2000 No Coverage	<p>Collision Coverage Pays for damages to your vehicle if it collides with another vehicle or object. Full description</p> <p>Collision Coverage Pays for damages to your vehicle if it collides with another vehicle or object. Payments for Collision coverage claims will be reduced by the deductible you select.</p> <p>If you have an older vehicle with a low cash value, you might consider rejecting this coverage or selecting a higher deductible.</p> <p>Why is this coverage important? If your vehicle is damaged in a collision, your insurance will not pay for repairs or a replacement unless you have Collision coverage.</p>

Field	Field Type	Variable Info	Help Icon
Towing	Drop down	No Coverage \$50 per occurrence - default \$100 per occurrence	Towing coverage automatically includes roadside assistance. With just a simple phone call, you would receive help if you: Have a flat tire Have a dead battery Get locked out of your vehicle Get stuck in the mud or snow Run out of gas
Substitute Transportation	Drop down	No Coverage \$15/\$450 - Default \$30/\$900 \$40/\$1200 \$45/\$1350	Substitute Transportation Coverage Optional coverage that covers rental vehicle costs (to a specified dollar amount) when an insured vehicle is disabled as the result of a covered accident or loss
Recalculate	Button	NA	
Reset	Button	NA	
Back	Button	NA	
Buy Now	Button	NA	
Continue	Button	NA	
If you would like a quote with only Comprehensive coverage on a vehicle, please save your quote and contact us by email or phone. The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state; additional minimum coverage limits may be available in your state. For further information, please save your quote and contact us by email or phone.	Display		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
<p>As part of our data confirmation process, your address will be validated. Because address is one of the factors used to rate a policy, any change to it may affect the final premium amount. If you have any questions please contact us by e-mail at customersfirst@ampf.com or by calling 1-888-239-9953 Monday through Thursday, 7 a.m. to midnight., Friday, 7 a.m. to 10 p.m. or Saturday 8.30 a.m. to 7 p.m., CST.</p>	Display		
Continue	Button		

Field	Field Type	Variable Info	Help Icon
Purchasing - Final Driver Details			
All fields are required unless indicated otherwise.	Display		
Date you policy will be effective: <insert date>	Display		Effective Date This date represents when you want your policy to start and is used to calculate your quote. This date was previously chosen at the time of quote, and your premium could change if you choose another effective date.
A new effective date could change your premium.	Display		
Additional Policyholder Information			
Name: <insert name>	Display		
Driver's license number	Text Box		
In what state is this license issued?	Drop Down	Please Select - Default All states including DC	
Social Security Number (optional) Used to access your policy online	Single field box		In order to access your policies online we will require you to enter your Social Security Number once during the initial registration process. Full description In order to access your policies online we will require you to enter your Social Security number once during the initial registration process – but never again after that. The system will match the Social Security Number you enter to the number we have on file. If you do not have a Social Security Number on file, you will be unable to access your policies online. Or, if you prefer, you may call us at <insert partner client services phone number> to provide this information. You can begin accessing your policies online on or after September 1, 2010.
Mailing Address			
Address: <insert address>	Display		
Is this your mailing address?	Radio Buttons	Yes No	
The following fields appear if "No" is selected for "Is this your mailing address?"			
Address	2 Text boxes		
City	Text Box	Please Select - Default All states including DC	
State	Drop Down		
Zip code	Text Box		
Contact Information			
Primary phone number	Single field box		
Secondary phone number	Single field box		
Additional Driver Information			
Name: <insert name>	Display		
Driver's license number	Text Box		

Field	Field Type	Variable Info	Help Icon
In what state is this license issued?	Drop Down	Please Select - Default All states including DC	
Save for later	link		
Continue	Button		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
Purchasing - Final Vehicle Details	Display		
All fields are required unless indicated otherwise.	Display		
Date policy will be effective: <insert date>	Display		
Additional Vehicle Information	Display		
<insert vehicle - year, make, model>	Display		
Vehicle identification number (VIN)	Text box		The VIN is a combination of numbers and letters located on the driver's side dash. The letters 'O' and 'I' should be typed as the numbers '0' and '1'.
License Plate Number	Text box		
License Plate Type	Drop Down	Please select - Default Normal (PAN) Reserved (PAR) Special (PAS) Vanity (PAV) Year of Manufacture (PAY) Not Registered	
Are you the first person to have your name on the title of this vehicle?	Radio Button	Yes No	
How is this vehicle financed?	Drop Down	Please select - Default Lease Loan Not financed	
The following fields appear based on response to "How is this vehicle financed?"			
Name of financial institution	Text Box		
Address	2 Text box stacked		If you have a loan or lease on your vehicle, indicate the financial institution's address where the verification of insurance should be mailed. This address can usually be found on your loan/lease agreement.
City	Text box		
State	Drop Down	Please select - Default All states including DC	
Zip code	Text box		
Save for later	link		
Continue	Button		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
Auto Insurance - Notice of Vehicle Inspection	Display		
In order to obtain physical damage coverage (commonly called Comprehensive and Collision coverage), Massachusetts law requires a professional, physical inspection of all vehicles 9 years old and newer.	Display		
<Vehicle needing to be inspected>	Display		
If "NO" is selected for "Are you first person to have your name on the title of this vehicle", the following appears:			
To comply with this law:	Display		
1) Call CARCO - a company that specializes in vehicle inspection information - at 1-800-969-2272, Ext. 306 to locate the nearest inspection site.			
2) Have your car inspected. There are no forms to bring along and the free inspection should only take about 15 minutes.			
After the inspection is complete, the inspection company will send us a report on your vehicle (including color photos). You will also receive a copy of this report, which you can keep with your other important insurance papers.	Display		
If the vehicle was purchased within the last two years, and the client is the first time titleholder, the following appears:			
Because this vehicle is less than two years old and you are the first titleholder, the inspection can be waived. However, you will need to provide the bill-of-sale or lease agreement in the event of a loss.	Display		
Continue	Button		

Field	Field Type	Variable Info	Help Icon
Payment Information	Display		
All fields are required unless indicated otherwise.	Display		
How would you like to pay for your insurance premium?	Display		<p>Your Payment Options You may pay your 12-month auto policy premium in full or in monthly installments. Full description</p> <p>In Massachusetts, our auto policies are based on a 12-month period. You may pay your 12-month premium in full or pay in monthly installments by using one of the following methods: - Automatic charge to a credit or debit card (American Express®, MasterCard® or Visa®) - Pre-authorized withdrawal from your checking account</p> <p>If you select a monthly payment plan for your auto policy, the 12-month premium is divided into 11 equal installments starting on the effective date. An installment for the month prior to the policy's renewal will not be deducted unless you make a change to the policy during that timeframe. For example, a policyholder with an effective date of November 15 will not have a deduction in October unless changes were made to the policy.</p> <p>A nominal convenience fee will be applied to each installment for all monthly payment options.</p>
1 payment of <total premium> charged to my credit or debit card	Radio button		
2 payments of <dollar value> charged to my credit or debit card			
11 monthly installments of <dollar value> charged to my credit or debit card. Includes a payment free month. (A convenience fee of \$4 will be added to this amount for each installment.)	Radio Button		
11 monthly installments of <dollar value> withdrawn from my checking or savings account. Includes a payment free month. (A convenience fee of \$1 will be added to this amount for each installment.)	Radio button		
If credit or debit card payment option is selected, the following fields appear:			
Card type	Drop down	Please Select - Default American Express MasterCard Visa	
Card number	Text box		
Expiration date	Drop Down	MM - Default 01 ... 12	

Field	Field Type	Variable Info	Help Icon
Expiration date	Drop down	YYYY - Default Current year ... + 5 years	
If checking or saving account option is selected, the following fields appear:			
Trans routing number	Text box		
Checking account number	Text box		
Check image	Image		
Continue	Button		
The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state; additional minimum coverage limits may be available in your state. For further information, please save your quote and contact us by email or phone.	Text		
Save for later	link		
Continue	Button		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Text		

Field	Field Type	Variable Info	Help Icon
Your Signature Please	Display		
Yes, please issue my policy and make my coverage effective at 12:01 AM Standard Time on <insert effective date>.	Display		
I have read and completed this online application for auto insurance and declare, to the best of my knowledge and belief, all of the foregoing statements are true, and that these statements are offered as an inducement to the company to approve the policy for which I am applying.	Display		
I acknowledge that I have received and read the Customer Privacy Notice and I agree to receive Customer Privacy Notices electronically at the ameriprise.com web site.	Display		
I understand that if the foregoing statements are discovered to be untrue or if information is not disclosed, the policy for which I am applying may be declined or canceled, or coverage rescinded.	Display		
The information entered below signifies your consent and will serve as your legal signature.	Display		
Type your full name	Display		
First	text box		
MI	text box		
Last	text box		
Suffix	text box		
To verify, please retype exactly as above	4 text boxes		
Date of Birth	text box	MM default	
	text box	DD default	
	text box	YYYY default	
If this policy is canceled before the expiration date, premiums returned are not in direct proportion to the days remaining in the policy period because of fixed administrative expenses incurred and retained by the company.	Display		
The appropriate disclosure appears based on the billing payment method selected			
By selecting credit or debit card billing, you authorize IDS Property Casualty Insurance Company to bill your credit or debit card account for the auto insurance premiums at the frequency selected for your payment option. Payments will be automatically billed to your credit or debit card account and this arrangement will remain in effect until you notify IDS Property Casualty Insurance Company. In the event of an unauthorized transfer to IDS Property Casualty Insurance Company, or if you desire to cancel this agreement at any time, please contact our office.	Display		

Field	Field Type	Variable Info	Help Icon
<p>By selecting preauthorized checking withdrawal, you authorize IDS Property Casualty Insurance Company to charge your account at the financial institution selected to pay your homeowner premium installments. You authorize the financial institution selected to honor these charges for premium as if they were signed by you. You certify this agreement will remain in effect until you notify IDS Property Casualty Insurance Company, allowing a reasonable time to act on the cancellation. You may stop payment by notifying IDS Property Casualty Insurance Company at least three (3) banking days before the charge is made. IDS Property Casualty Insurance Company will notify you if any payment differs from the previous payment. In the event of an unauthorized transfer to IDS Property Casualty Insurance Company, or if you desire to cancel this agreement at any time, please contact our office.</p>	Display		
<p>The information that you have completed online serves as your application for insurance. There will be no need for you to sign an additional hard copy application form. You will be receiving a package in the mail containing declaration page(s), vehicle identification cards and a policy booklet.</p>	Display		
<p>In order to underwrite this insurance for which you are applying, we may request an investigative consumer report be prepared about the persons who will be insured under this policy. The report may include information about their general reputation, personal characteristics, lifestyle, occupation and credit standing. If we order an investigative consumer report, you may request disclosure about the nature and scope of the report.</p>	Display		
<p>The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state or province; additional minimum coverage limits may be available in your state. For further information please save your quote and contact us by Email at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.</p>	Display		
Submit	Button		

Field	Field Type	Variable Info	Help Icon
Payment Information	Display		
Thank you for selecting us as your insurance provider. We want you to understand our level of commitment to you – we believe each of our clients is entitled to more than just an insurance policy. You also deserve exceptional service, products tailored to meet your changing needs and our assurance that we will respond with speed and understanding to your requests. You may want to take advantage of the following services immediately:	Display		
Temporary Proof of Insurance	Link		
You will receive your insurance policy information in the next few business days, including the declaration page and permanent vehicle identifications cards. In the meantime, please print temporary proof of insurance so you have proof of insurance.	Display		
Manage Your Policy Online Our online service center allows you to pay your bill, report a claim, request documents, make vehicle changes and add drivers. Make updates or changes to your policy at any time – when it's the most convenient for you. Visit our service center.	Display		
Based on whether or not the client owns or rents and if we offer home quoting online, the appropriate text will display.			
Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a home policy with us. Simply get a home quote online or contact one of our sales agents at <insert partner client services phone number>.	Display		
Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a home policy with us. Simply contact one of our sales agents at <insert partner client services phone number>.	Display		
Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a renters policy with us. Simply get a renters quote online or contact one of our sales agents at <insert partner client services phone number>.	Display		
Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a renters policy with us. Simply contact one of our sales agents at <insert partner client services phone number>.	Display		
Back to Welcome Page	Button		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
Policyholder Details	Display		
All fields are required unless indicated otherwise	Display		
First name	Text box		
Middle initial (optional)	Text box		
Last name	Text box		
Date of birth	Single field box		You must be at least 18 years of age to obtain a quote. This information also helps ensure we provide the most accurate quote.
Residential address (Cannot be a PO Box)	2 Text boxes		Enter the street address of the policyholder.
State	Drop Down	Please select - Default All states including DC	
Zip code	Text Box		
City or township	Drop Down	Please select - Default Cities/Townships appear based on state selection	
Continue	Button		
We understand the importance of your privacy. The information that we obtain will be kept confidential and will not be sold or redistributed. To learn more, please review our Privacy Policy.	Display		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
Massachusetts Consumer Guide	Link		
iama10 (001)			

Field	Field Type	Variable Info	Help Icon
Add a Vehicle	Display		
All fields are required unless indicated otherwise	Display		
Year	Text box		
Make (Ford, Honda, Dodge, etc.)	Drop Down	Please select - Default All vehicle makes	Your vehicle's manufacturer, found on your title or registration, or on the vehicle itself. Examples are Ford, Honda or Dodge.
Model (Fusion, Accord, Ram, etc.)	Drop down	Please select - Default All vehicle models including "Other"	The brand of vehicle that a manufacturer produces, found on your title or registration, or on the vehicle itself. Examples are Fusion, Accord or Ram.
Sub-model (S 4D SED, VP 4D SED, SLT REG CB 4WD, etc)	Drop down	Please select - Default All vehicle sub-models including "Other"	The vehicle's subset of the model that a manufacturer produces, found on your title or registration, or on the vehicle itself. Examples are S 4D SED, VP 4D SED, SLT REG CB 4WD.
Current Bodily Injury (liability) coverage limits	Drop down	Please select - Default Less than \$50,000/\$100,000 Less than \$100,000/\$300,000 Less than \$250,000/\$500,000 \$250,000/\$500,000 or Greater	This coverage is listed on your current Declaration page. It covers expenses for other people's injuries or deaths in an accident when you are legally responsible. It also covers necessary legal fees and court costs if another party in the accident files a lawsuit against you. There are two coverage limits displayed for each option, for example: \$100,000/\$300,000. The first dollar amount represents the coverage limit per person; the second dollar amount represents the total coverage limit per accident.
Who is the titleholder of the vehicle or the person on the loan/lease agreement?	Drop down	Self and/or spouse - Default Self/spouse and/or finance company Self/spouse and business Parent/child at same residence Parent/child at different residence Salvage title Other	Person who owns the title to this vehicle and/or who is primarily responsible for this vehicle's loan or lease.
Vehicle discounts	Display		
Your vehicle safety features may qualify you for discounts on your quote.	Display		
Select the safety features of this vehicle:	Display		
Airbags	Drop down	Please select - Default Driver side only Driver and passenger Driver, passenger and side impact None	

Field	Field Type	Variable Info	Help Icon
Anti-theft devices	Drop down	Please select - Default Active Alarm Passive None	Active: Requires a manual step to engage the device, which makes the fuel, ignition or starting system inoperative. Alarm: Produces a sound that can be heard at least 300 feet away for up to three minutes. Passive: Device is automatically activated with no manual step needed, which makes the fuel, ignition or starting system inoperative. One example, a Security Lock System, uses a key, specifically designed for the vehicle, with a microchip in it. If someone tries to start the vehicle with another key, the system will make the fuel, ignition and starting systems inoperative. Vehicle Tracking System (OnStar®) An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.
Vehicle Recovery System	Radio Button	Yes No	Vehicle Recovery System An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.
Automatic seatbelts	Radio Button	Yes No	Seatbelts on driver and passenger sides that automatically fasten around you when the vehicle door is closed.
Vehicle Location at Residence	Display		
What is the zip code of where your vehicle is kept?	Text box		
Where is your vehicle parked at your residence?	Drop Down	Please select - Default Garage Carport Driveway On street Parking lot	Choose the location you regularly park this vehicle when not at work.
Vehicle Use	Display		

Field	Field Type	Variable Info	Help Icon
How is this vehicle primarily used?	Drop down	Please select - Default Commuter to work/school Pleasure Business	Select the purpose of using this vehicle on a regular basis. Primary Vehicle Use Commuter - vehicle is mainly used for the daily drive from home to work or school and back. Business - vehicle is mainly used for business purposes (not including a daily drive to and from work). For example, visiting clients, making deliveries or regularly traveling on business trips. Pleasure - vehicle is only used for recreational driving or no other 'primary vehicle use' definition applies. We will ask your method of transportation to and from work or school.
Miles driven per year	Text box	15,000 - Default	The miles you travel per year in this vehicle. You may modify this amount to reflect your actual driving habits.
Additional Vehicles	Display		
Do you have another vehicle?	Radio Button	Yes No	
Save for later	link		
Continue	Button		
Back	Button		
We are currently able to quote cars, trucks and vans online. If any of your vehicles have customization not installed by the manufacturer or you wish to receive a quote on your motor home, recreational trailer, utility trailer, or antique or classic vehicle, please save your quote and contact us by email or phone.	Display		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
Appropriate question appears based on what is selected for "How is this vehicle primarily used?"			
What is your primary transportation to and from work or school?	Drop Down	Please select - Default Secondary vehicle Car pool Retired Public transportation Company vehicle Physical - walk, bike Unemployed Work out of home	This vehicle has been identified as being used for pleasure. Please tell us how you get to and from work or school.
Miles driven one way to work or school	Text Box		Enter the miles you travel one way to work or school in this vehicle.

Field	Field Type	Variable Info	Help Icon
Days driven per week to work or school	Drop down	1 2 3 4 5 - Default 6 7	
Which best describes the business use of this vehicle?	Drop down	Please select - Default Visiting clients Employee use of vehicle Self-employed contractor (construction, plumber, etc.) Delivery (pizza, newspapers, etc.) Regular hauling (appliances, debris, etc.) Transport of people Other	

Field	Field Type	Variable Info	Help Icon
Add Your Driver Details <Add Your Spouse> <Add a Driver>	Display		
All fields are required unless indicated otherwise.	Display		
*** Note: The following question only appears under <Add Your Spouse> questions			
Please enter your spouse's information.	Sub heading		Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' and 'driver' on your policy -- even if he or she has insurance with another company.
First name	Text box		
Middle initial (optional)	Text box		
Last name	Text box		
*** Note: The following question only appears under <Add Your Driver Detail> questions			
E-mail address Used to save your quote. We will not sell your e-mail address.	Text box		Ameriprise Auto & Home Insurance understands the importance of your privacy. The email address that you provide will be kept confidential and secure; it will not be sold or redistributed. Full description We request your email address so we can send confirmation of your online quote, messages with important information about your account, and other offers that may be suited to your needs. Please visit the email preferences page to review or change your email choices, or read the Ameriprise privacy statement for more details.
Gender	Radio Buttons	Male Female	
At what age did you first obtain a license in the United States? <At what age did your spouse first obtain a license in the United States?> <At what age did this driver first obtain a license in the United States?>	numeric text box	16 - Default	
Current license status	Drop down	Please select - Default Valid U.S. license Learner's permit Foreign or international Suspended Revoked Expired Not licensed Commercial or business	
What vehicle do you operate most often? <What vehicle does your spouse operate most often?> <What vehicle does this driver operate most often?>	Drop down	Please select - Default <list vehicles>	Only one driver can be selected per vehicle.

Field	Field Type	Variable Info	Help Icon
Marital status	Drop down	Please select - Default Married Single Civil union or registered domestic partner	Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' and 'driver' on your policy -- even if he or she has insurance with another company.
Driver Discounts	Display		
You may qualify for additional discounts <Your spouse may qualify for additional discounts> <This driver may qualify for additional discounts>	Display		
Either of the following questions may appear based on the age entered for the driver			
Are you a good student? (optional) <Is your spouse a good student?> <Is this driver a good student?> - Full time student under the age of 25 - Maintains a "B" average	Radio Buttons	Yes No	
Does this student reside more than 100 miles away from home without a vehicle?	Radio Buttons	Yes No	
Driver Course Information			
If you have completed a driver training course within the last three years please enter the course completion date here:			
Standard Driver Training	Drop Down	Month Year	The standard driver education program is comprised of the Driver Education, Practicum and Parent curriculums, plus a final examination. The program is taught in Professional Driving School Programs and Public and Private High School Programs. It consist of at least 30 hours of classroom instruction and 12 hours on-road instruction conducted by a certified driver education instructor and 6 hours of observation.
Advanced Driver Training - Completed the Driver Skills Development Program - At least 30 hrs. of classroom instruction - 12 hrs. on-road with a certified instructor - 6 hrs. observation and final exam	Drop Down	Month Year	Individuals who possess a valid driver's license or learner's permit and have completed a minimum of ten hours supervised behind-the-wheel training may elect to complete a Driver Skills Development Program, which offers advanced driver training in accident avoidance techniques. These programs are conducted in a controlled environment on an off-road training course at actual roadway speeds.
Note: if the driver was required to take the course as a result of a court order, do not indicate a date above. Proof of course completion may be requested at any time.	Display		
Accidents, Claims and Violations	Display		

Field	Field Type	Variable Info	Help Icon
Have you had any accidents or claims in the past six years? <Has your spouse had any accidents or claims in the past six years?> <Has this driver had any accidents or claims in the past six years?>	Radio Buttons	Yes No	What To Include: - All accidents that occurred while you were driving, regardless of fault. For example, a collision with another vehicle, hitting a parked car, a single car accident or hitting an animal. - Comprehensive claims such as windshield replacement or incidents of vehicle theft or vandalism. - Losses that occurred while your vehicle was parked. For example, if your vehicle was struck while illegally parked, or if your vehicle rolled away while unattended and caused an accident.
Have you been convicted of any traffic violations in the past five years? <Has your spouse been convicted of any traffic violations in the past five years? > <Has this driver been convicted of any traffic violations in the past five years? >	Radio Buttons	Yes No	What To Include: - Tickets received for moving violations (e.g., speeding, failure to obey a traffic signal, driving under the influence of alcohol or drugs, etc.). Do not include tickets received for vehicle maintenance, parking or seatbelt violations.
Additional Drivers	Display		
Do you have another driver? Include the following licensed drivers: - Household members who do not have their own auto insurance - Household members who do not have their own insured vehicle - Anyone else who regularly drives your vehicle	Radio Buttons	Yes No	
Save for later	link		
Continue	Button		
Back	Button		
If you purchase a policy with our company, your claims and driving history will be verified against a motor vehicle report and a claims loss report. Undisclosed driving or claims activity may result in a premium adjustment or the cancellation of your policy.	Display		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
If selection is other than "Single" for "Marital status", the following question appears:			
Does your spouse have a driver's license?	Radio Buttons	Yes No	
The following questions appear if "Yes" is selected under "<Have you> or <Has your spouse> or <Has this driver> had any accidents or claims in the past six years?"			
Add an Accident or Claim	Display		
All fields are required unless indicated otherwise.	Display		
Date of accident or claim (optional)	Single field box		

Field	Field Type	Variable Info	Help Icon
Circumstance of the accident or claim	Drop down	Please select - Default Your vehicle hit another vehicle, object or pedestrian Two vehicles collided Other vehicle hit your vehicle Fire Windshield/Glass Windstorm Hail Hit animal Theft Vandalism Other accident	Choose the selection that best describes what happened in your accident or claim.
Damage to (check all that apply)	Checkboxes	My vehicle Other vehicle(s)	
Was anyone injured?	Radio Buttons	Yes No	
Total payout of accident or claim	Drop down	Blank - Default \$10,001 to \$20,000 More than \$20,000 \$0 - \$1,000 \$1,001 - \$10,000	Include the total claim payout for all vehicles and/or injuries. If you don't know the exact total, provide the amount to the best of your knowledge.
Were you at-fault in the accident? <Was your spouse at-fault in the accident?> <Was this driver at fault in the accident?>	Radio Buttons	Yes No	In an accident, a driver is determined to be either at fault or not at fault. Generally, if you were given a violation at the time of the accident or hit a stationary object, you would be considered at fault. Insurance companies use this information to accurately rate policies.
Do you have another accident or claim? <Does your spouse have another accident or claim?> <Does this driver have another accident or claim?>	Radio Buttons	Yes No	
The following questions appear if "Yes" is selected under "<Have you> or <Has your spouse> or <Has this driver> been convicted of any traffic violations in the past five years?"			
Add a Violation	Display		
All fields are required unless indicated otherwise.	Display		
Date of violation (optional)	Single field box		

Field	Field Type	Variable Info	Help Icon
Type of violation	Drop down	Please Select - Default Careless driving Driving under the influence of alcohol/drugs Failure to obey a traffic control device Failure to yield right of way Improper passing Reckless driving Speeding Speeding - 20 MPH or more over limit Other License suspension/revocation Seatbelt violation	
Do you have another violation? <Does your spouse have another violation?> <Does this driver have another violation?>	Radio Buttons	Yes No	

Field	Field Type	Variable Info	Help Icon
Final Details	Display		
All fields are required unless indicated otherwise.	Display only		
Who is your current auto insurance company?	Drop down	Please Select - Default Other AAA Allstate American Family Auto-Owners California State Citizens Commerce Country Companies Erie Farm Bureau Farmers GEICO Grange Mutual Hartford Mercury Nationwide Progressive Prudential SAFECO Sentry State Farm Travelers/Aetna 20th Century USAA	
Do you own or rent your residence?	Radio Buttons	Own Rent	
How did you hear about us?	Drop down	Please Select - Default Other Ameriprise Financial employee Email Advertisement Ameriprise bBank Ameriprise brokerage account Ameriprise Financial service center Workplace retirement plan Internet search Referred by family member or friend Received mailing	
Effective Date	Display		
Your quote will be based on this effective date. You may enter a different date if desired.	Single field box		
Save for later	link	Final Details Screens	

Field	Field Type	Variable Info	Help Icon
Continue	Button		
Back	Button		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
The following questions may appear based on response to "Do you own or rent your residence?"			
Do you currently have your homeowners or condo policy with us?	Radio Buttons	Yes No	If you have a homeowners or condo policy with us, you may qualify for a discount. Any available discounts will be calculated in your quote if you have a current policy. Discounts vary by state.
Do you currently have your renters policy with us?	Radio Buttons	Yes No	If you have a renters policy with us, you may qualify for a discount. Any available discounts will be calculated in your quote if you have a current policy. Discounts vary by state.
Please enter your policy number (optional) Example: BH12345678	Text Box		
The following question appears if "No" is selected for "Do you currently have your homeowners or condo policy with us?"			
What company provides your home insurance?	Drop Down	Please Select - Default Ameriprise Amica Andover Arbella Chubb Commerce Esurance GEICO Hanover Harleysville Liberty Mutual MetLife Plymouth Rock Perferred Mutual Progressive Quincy Safety State Farm Travelers USAA Vermont Mutual Other	
The following questions may appear based on response to "How did you hear about us?"			
Have you ever met with an Ameriprise Financial Advisor?	Radio Buttons	Yes No	
Ameriprise Financial client id number (optional) Example: 123456789	text box	numeric only	Your client id number can be found on your Ameriprise Financial statement or on "my financial accounts" page on Ameriprise.com.
Please enter the reference number (optional)	Text Box	Final Details Screens	

Field	Field Type	Variable Info	Help Icon
Your Quote	Display		
Below is your recommended coverage package. You may edit your coverage options to best fit your needs.	Display		
A 12 month premium of <insert premium>	Display		
BUY NOW	Button		
12-month total premium with <full> <semi-annual> payments:<insert premium>	Display		
12-month premium with monthly payments: <insert premium>	Display		
Payment type is selecte4d during the purchase of coverage	Display		
Your quote has been saved. To access your quote, you will need your: - Email address, date of birth, last name and zip code	Display		
Recalculate	Button		
Reset	Button		
Summary	Display		
Effective Date: Modifying the effective date could change your premium.	Single field box		Effective Date This date represents when you would want your policy to start and is used to calculate your quote. Your premium could change if you choose another effective date.
<insert effective date>	Link		
Vehicles:	Display		
<list all vehicles>	Link		
+ Add a Vehicle	Link		
Drivers:	Display		
<list all drivers>	Link		
+Add a Driver	Link		
Discounts applied: <list all discounts>	Display		
In addition to your discounts, you will receive: • 24-hour roadside assistance included with towing coverage • Repairs made at the licensed facility of your choice • Responsive claims service 24 hours a day, 7 days a week	Display		
Liability Coverages	Display		
Liability coverages chosen applies to all vehicles on the policy.	Display		

Field	Field Type	Variable Info	Help Icon
Bodily Injury	Drop down	\$100,000 / \$300,000 / \$100,000 - Default \$250,000 / \$500,000 / \$100,000 \$50,000 / \$100,000 / \$50,000	<p>Bodily Injury Liability Coverage: Pays expenses for bodily injury, sickness, disease or death resulting from an accident for which you are at fault. Full Description</p> <p>Bodily Injury Liability Coverage Pays expenses for bodily injury, sickness, disease or death resulting from an accident for which you are at fault. It also covers legal defense if another party in the accident files a lawsuit against you.</p> <p>There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.</p> <p>Why is this coverage important? If you are found legally responsible for another person's bodily injury or death, you may be required to pay for the loss. Bodily Injury Liability coverage helps protect your assets by covering the losses so you don't have to pay for them out-of-pocket.</p>
Property Damage	Drop down	\$100,000 - Default \$50,000 \$25,000	<p>Property Damage Liability Coverage: Pays for damage to other people's property resulting from an accident caused by your vehicle for which you are legally responsible. Full Description</p> <p>Property Damage Liability Coverage Pays for damage to other people's property resulting from an accident caused by your vehicle for which you are legally responsible. It also covers legal defense if another party in the accident files a lawsuit against you.</p> <p>There is one coverage limit shown for each option (for example, \$100,000), which represents the coverage limit for property damage per accident.</p> <p>Why is this coverage important? If you are found legally responsibility for damage to another person's property resulting from an accident caused by your vehicle, you may be required to pay for that damage. Property Damage Liability coverage helps protect your assets by covering the losses so you don't have to pay for them out-of-pocket.</p>
Medical Payments	Drop down	\$5,000 \$10,000 \$25,000 Reject - Default	<p>Medical Payments Coverage Pays medical expenses for the insured person and any passengers injured in an accident while in the insured vehicle.</p>

Field	Field Type	Variable Info	Help Icon
Uninsured Motorist	Drop down	\$20,000 / 40,000 \$50,000 / 100,000 \$100,000 / 300,000 - Default \$250,000 / 500,000 \$35,000 / 80,000	<p>Uninsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have insurance. Full description</p> <p>Uninsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have insurance.</p> <p>There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.</p>
Underinsured Motorist	Drop down	\$100,000 / 300,000 - Default \$50,000 / 100,000 Reject \$250,000 / 500,000 \$35,000 / 80,000	<p>Underinsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have enough insurance. Full description</p> <p>Underinsured Motorist Bodily Injury Coverage Coverage you may need for bodily injury damages caused by a driver who did not have enough insurance (i.e., the driver's Bodily Injury Liability coverage limit was not enough to pay for the extent of your damages). Coverage applies to bodily injury damages for you as well as passengers in your insured vehicle.</p> <p>There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.</p>

Field	Field Type	Variable Info	Help Icon
Personal Injury Protection	Display		<p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Full description</p> <p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Includes coverage for the insured person's medical expenses, loss of income and essential services (necessary services that you normally do yourself). Coverage is provided to the insured if injured while riding in someone else's car at the time of an accident or if struck as a pedestrian. Also includes coverage for passengers injured while riding in the insured vehicle or pedestrians struck by the insured vehicle.</p> <p>The \$8,000 limit is the most that may be paid to each eligible person per accident.</p>
Personal Injury Protection Deductible	Drop down	\$0 (No deductible) - Default \$100 \$250 \$500 \$1,000 \$2,000 \$4,000 \$8,000	<p>Personal Injury Protection Coverage Deductible The amount you must pay out-of-pocket before your insurance will pay a Personal Injury Projection coverage claim. This deductible applies to Named Insureds (people whose names are on the policy) and Resident Relatives (those related to the named insureds by blood, marriage, or adoption, and who live in the named insureds' household). The deductible applies per person per accident.</p>
<p>For all PIP Deductibles, other than "0", the following line appears:</p>			

Field	Field Type	Variable Info	Help Icon
Personal Injury Protection Deductible applies to:	Drop down	Named Insured Only Named Insured and household members	<p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Full description</p> <p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Includes coverage for the insured person's medical expenses, loss of income and essential services (necessary services that you normally do yourself). Coverage is provided to the insured if injured while riding in someone else's car at the time of an accident or if struck as a pedestrian. Also includes coverage for passengers injured while riding in the insured vehicle or pedestrians struck by the insured vehicle.</p> <p>The \$8,000 limit is the most that may be paid to each eligible person per accident.</p>
Physical Damage Coverages	Display		
The following text appears based on Year entered in the Vehicle screens			
This coverage is not provided for vehicles over 20 years old.	Display		

Field	Field Type	Variable Info	Help Icon
Comprehensive	Drop down	\$250 - Deductible \$500 \$1000 \$100 No Coverage	<p>Comprehensive Coverage Pays for damages to your vehicle not caused by a collision with another vehicle. Covers incidents such as theft, vandalism, fire, windshield replacement, hail or hitting an animal. Full description</p> <p>Comprehensive Coverage Pays for damages to your vehicle not caused by a collision with another vehicle. Covers incidents such as theft, vandalism, fire, windshield replacement, hail or hitting an animal. Payments for Comprehensive coverage claims will be reduced by the deductible you select.</p> <p>If you have an older vehicle with a low cash value, you might consider rejecting this coverage or selecting a higher deductible.</p> <p>Why is this coverage important? Comprehensive coverage pays for common non-collision losses to your auto such as a broken windshield, a stolen car stereo or a stolen vehicle. It also pays for damage to your vehicle caused by natural disasters such as fire and flood.</p>
Comprehensive Glass Deductible	Drop down	\$0 (No deductible) - Default \$100 No Coverage	<p>Comprehensive Glass Coverage Deductible The amount you must pay out-of-pocket before your insurance will pay a Comprehensive coverage claim for glass damage to your vehicle. This deductible applies per eligible expense or loss/per person.</p>
Collision	Drop down	\$500 - Default \$1000 \$250 No Coverage	<p>Collision Coverage Pays for damages to your vehicle if it collides with another vehicle or object. Full description</p> <p>Collision Coverage Pays for damages to your vehicle if it collides with another vehicle or object. Payments for Collision coverage claims will be reduced by the deductible you select.</p> <p>If you have an older vehicle with a low cash value, you might consider rejecting this coverage or selecting a higher deductible.</p> <p>Why is this coverage important? If your vehicle is damaged in a collision, your insurance will not pay for repairs or a replacement unless you have Collision coverage.</p>

Field	Field Type	Variable Info	Help Icon
Towing	Drop down	No Coverage \$50 per occurrence - default \$100 per occurrence	Towing coverage automatically includes roadside assistance. With just a simple phone call, you would receive help if you: Have a flat tire Have a dead battery Get locked out of your vehicle Get stuck in the mud or snow Run out of gas
Substitute Transportation	Drop down	No Coverage \$15/\$450 - Default \$30/\$900 \$40/\$1200 \$45/\$1350	Substitute Transportation Coverage Optional coverage that covers rental vehicle costs (to a specified dollar amount) when an insured vehicle is disabled as the result of a covered accident or loss
Recalculate	Button	NA	
Reset	Button	NA	
Back	Button	NA	
Buy Now	Button	NA	
Continue	Button	NA	
If you would like a quote with only Comprehensive coverage on a vehicle, please save your quote and contact us by email or phone. The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state; additional minimum coverage limits may be available in your state. For further information, please save your quote and contact us by email or phone.	Display		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
As part of our data confirmation process, your address will be validated. Because address is one of the factors used to rate a policy, any change to it may affect the final premium amount. If you have any questions please contact us by e-mail at customersfirst@ampf.com or by calling 1-888-239-9953 Monday through Thursday, 7 a.m. to midnight., Friday, 7 a.m. to 10 p.m. or Saturday 8.30 a.m. to 7 p.m., CST.	Display		
Continue	Button		

Field	Field Type	Variable Info	Help Icon
Purchasing - Final Driver Details	Display		
All fields are required unless indicated otherwise.	Display		
Date you policy will be effective: <insert date>	Display		Effective Date This date represents when you want your policy to start and is used to calculate your quote. This date was previously chosen at the time of quote, and your premium could change if you choose another effective date.
A new effective date could change your premium.	Display		
Additional Policyholder Information	Display		
Name: <insert name>	Display		
Driver's license number	Text Box		
In what state is this license issued?	Drop Down	Please Select - Default All states including DC	
Social Security Number (optional) Used to access your policy online	Single field box		In order to access your policies online we will require you to enter your Social Security Number once during the initial registration process. Full description In order to access your policies online we will require you to enter your Social Security number once during the initial registration process – but never again after that. The system will match the Social Security Number you enter to the number we have on file. If you do not have a Social Security Number on file, you will be unable to access your policies online. Or, if you prefer, you may call us at <insert partner client services phone number> to provide this information. You can begin accessing your policies online on or after September 1, 2010.
Mailing Address	Display		
Address: <insert address>	Display		
Is this your mailing address?	Radio Buttons	Yes No	
The following fields appear if "No" is selected for "Is this your mailing address?"			
Address	2 Text boxes		
City	Text Box	Please Select - Default All states including DC	
State	Drop Down		
Zip code	Text Box		
Contact Information	Display		
Primary phone number	Single field box		
Secondary phone number	Single field box		
Additional Driver Information	Display		
Name: <insert name>	Display		
Driver's license number	Text Box		
In what state is this license issued?	Drop Down	Please Select - Default All states including DC	
	Purchasing-Driver Screens		

Field	Field Type	Variable Info	Help Icon
Save for later	link		
Continue	Button		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
Purchasing - Final Vehicle Details	Display		
All fields are required unless indicated otherwise.	Display		
Date policy will be effective: <insert date>	Display		
Additional Vehicle Information	Display		
<insert vehicle - year, make, model>	Display		
Vehicle identification number (VIN)	Text box		The VIN is a combination of numbers and letters located on the driver's side dash. The letters 'O' and 'I' should be typed as the numbers '0' and '1'.
License Plate Number	Text box		
License Plate Type	Drop Down	Please select - Default Normal (PAN) Reserved (PAR) Special (PAS) Vanity (PAV) Year of Manufacture (PAY) Not Registered	
Are you the first person to have your name on the title of this vehicle?	Radio Button	Yes No	
How is this vehicle financed?	Drop Down	Please select - Default Lease Loan Not financed	
The following fields appear based on response to "How is this vehicle financed?"			
Name of financial institution	Text Box		
Address	2 Text box stacked		If you have a loan or lease on your vehicle, indicate the financial institution's address where the verification of insurance should be mailed. This address can usually be found on your loan/lease agreement.
City	Text box		
State	Drop Down	Please select - Default All states including DC	
Zip code	Text box		
Save for later	link		
Continue	Button		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
Auto Insurance - Notice of Vehicle Inspection	Display		
In order to obtain physical damage coverage (commonly called Comprehensive and Collision coverage), Massachusetts law requires a professional, physical inspection of all vehicles 9 years old and newer.	Display		
<Vehicle needing to be inspected>	Display		
If "NO" is selected for "Are you first person to have your name on the title of this vehicle", the following appears:			
To comply with this law:	Display		
1) Call CARCO - a company that specializes in vehicle inspection information - at 1-800-969-2272, Ext. 306 to locate the nearest inspection site.			
2) Have your car inspected. There are no forms to bring along and the free inspection should only take about 15 minutes.			
After the inspection is complete, the inspection company will send us a report on your vehicle (including color photos). You will also receive a copy of this report, which you can keep with your other important insurance papers.	Display		
If the vehicle was purchased within the last two years, and the client is the first time titleholder, the following appears:			
Because this vehicle is less than two years old and you are the first titleholder, the inspection can be waived. However, you will need to provide the bill-of-sale or lease agreement in the event of a loss.	Display		
Continue	Button		

Field	Field Type	Variable Info	Help Icon
Payment Information	Display		
All fields are required unless indicated otherwise.	Display		
How would you like to pay for your insurance premium?	Display		<p>Your Payment Options You may pay your 12-month auto policy premium in full or in monthly installments. Full description</p> <p>In Massachusetts, our auto policies are based on a 12-month period. You may pay your 12-month premium in full or pay in monthly installments by using one of the following methods: - Automatic charge to a credit or debit card (American Express®, MasterCard® or Visa®) - Pre-authorized withdrawal from your checking account</p> <p>If you select a monthly payment plan for your auto policy, the 12-month premium is divided into 11 equal installments starting on the effective date. An installment for the month prior to the policy's renewal will not be deducted unless you make a change to the policy during that timeframe. For example, a policyholder with an effective date of November 15 will not have a deduction in October unless changes were made to the policy.</p> <p>A nominal convenience fee will be applied to each installment for all monthly payment options.</p>
1 payment of <total premium> charged to my credit or debit card	Radio button		
2 payments of <dollar value> charged to my credit or debit card			
11 monthly installments of <dollar value> charged to my credit or debit card. Includes a payment free month. (A convenience fee of \$4 will be added to this amount for each installment.)	Radio Button		
11 monthly installments of <dollar value> withdrawn from my checking or savings account. Includes a payment free month. (A convenience fee of \$1 will be added to this amount for each installment.)	Radio button		
If credit or debit card payment option is selected, the following fields appear:			
Card type	Drop down	Please Select - Default American Express MasterCard Visa	
Card number	Text box		
Expiration date	Drop Down	MM - Default 01 ... 12	

Field	Field Type	Variable Info	Help Icon
Expiration date	Drop down	YYYY - Default Current year ... + 5 years	
If checking or saving account option is selected, the following fields appear:			
Trans routing number	Text box		
Checking account number	Text box		
Check image	Image		
Continue	Button		
The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state; additional minimum coverage limits may be available in your state. For further information, please save your quote and contact us by email or phone.	Text		
Save for later	link		
Continue	Button		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Text		

Field	Field Type	Variable Info	Help Icon
Your Signature Please	Display		
Yes, please issue my policy and make my coverage effective at 12:01 AM Standard Time on <insert effective date>.	Display		
I have read and completed this online application for auto insurance and declare, to the best of my knowledge and belief, all of the foregoing statements are true, and that these statements are offered as an inducement to the company to approve the policy for which I am applying.	Display		
I acknowledge that I have received and read the Customer Privacy Notice and I agree to receive Customer Privacy Notices electronically at the ameriprise.com web site.	Display		
I understand that if the foregoing statements are discovered to be untrue or if information is not disclosed, the policy for which I am applying may be declined or canceled, or coverage rescinded.	Display		
The information entered below signifies your consent and will serve as your legal signature.	Display		
Type your full name	Display		
First	text box		
MI	text box		
Last	text box		
Suffix	text box		
To verify, please retype exactly as above	4 text boxes		
Date of Birth	text box	MM default	
	text box	DD default	
	text box	YYYY default	
If this policy is canceled before the expiration date, premiums returned are not in direct proportion to the days remaining in the policy period because of fixed administrative expenses incurred and retained by the company.	Display		
The appropriate disclosure appears based on the billing payment method selected			
By selecting credit or debit card billing, you authorize IDS Property Casualty Insurance Company to bill your credit or debit card account for the auto insurance premiums at the frequency selected for your payment option. Payments will be automatically billed to your credit or debit card account and this arrangement will remain in effect until you notify IDS Property Casualty Insurance Company. In the event of an unauthorized transfer to IDS Property Casualty Insurance Company, or if you desire to cancel this agreement at any time, please contact our office.	Display		

Field	Field Type	Variable Info	Help Icon
<p>By selecting preauthorized checking withdrawal, you authorize IDS Property Casualty Insurance Company to charge your account at the financial institution selected to pay your homeowner premium installments. You authorize the financial institution selected to honor these charges for premium as if they were signed by you. You certify this agreement will remain in effect until you notify IDS Property Casualty Insurance Company, allowing a reasonable time to act on the cancellation. You may stop payment by notifying IDS Property Casualty Insurance Company at least three (3) banking days before the charge is made. IDS Property Casualty Insurance Company will notify you if any payment differs from the previous payment. In the event of an unauthorized transfer to IDS Property Casualty Insurance Company, or if you desire to cancel this agreement at any time, please contact our office.</p>	Display		
<p>The information that you have completed online serves as your application for insurance. There will be no need for you to sign an additional hard copy application form. You will be receiving a package in the mail containing declaration page(s), vehicle identification cards and a policy booklet.</p>	Display		
<p>In order to underwrite this insurance for which you are applying, we may request an investigative consumer report be prepared about the persons who will be insured under this policy. The report may include information about their general reputation, personal characteristics, lifestyle, occupation and credit standing. If we order an investigative consumer report, you may request disclosure about the nature and scope of the report.</p>	Display		
<p>The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state or province; additional minimum coverage limits may be available in your state. For further information please save your quote and contact us by Email at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.</p>	Display		
Submit	Button		

Field	Field Type	Variable Info	Help Icon
Payment Information	Display		
Thank you for selecting us as your insurance provider. We want you to understand our level of commitment to you – we believe each of our clients is entitled to more than just an insurance policy. You also deserve exceptional service, products tailored to meet your changing needs and our assurance that we will respond with speed and understanding to your requests. You may want to take advantage of the following services immediately:	Display		
Temporary Proof of Insurance	Link		
You will receive your insurance policy information in the next few business days, including the declaration page and permanent vehicle identifications cards. In the meantime, please print temporary proof of insurance so you have proof of insurance.	Display		
Manage Your Policy Online Our online service center allows you to pay your bill, report a claim, request documents, make vehicle changes and add drivers. Make updates or changes to your policy at any time – when it's the most convenient for you. Visit our service center.	Display		
Based on whether or not the client owns or rents and if we offer home quoting online, the appropriate text will display.			
Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a home policy with us. Simply get a home quote online or contact one of our sales agents at <insert partner client services phone number>.	Display		
Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a home policy with us. Simply contact one of our sales agents at <insert partner client services phone number>.	Display		
Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a renters policy with us. Simply get a renters quote online or contact one of our sales agents at <insert partner client services phone number>.	Display		
Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a renters policy with us. Simply contact one of our sales agents at <insert partner client services phone number>.	Display		
Back to Welcome Page	Button		
Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		