

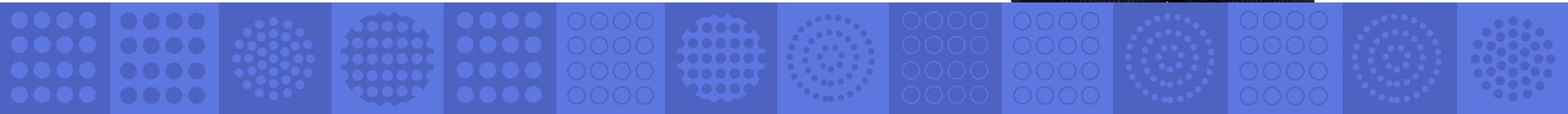
Welcome!

POMI TRAINING MANUAL



pomiSM

For agent/broker distribution only



Simple. Easy. Awesome.

Pomi (acronym for Peace of Mind Insurance) is a supplemental Accident & Health insurance division committed to making the insurance process easy for everyone. To do this, we have taken a modern digital-only approach so we can get you what you need when you need it. We're making it fast and convenient to do business with us.

While pomi is considered an industry disruptor start-up, we have our roots in tradition. Pomi is backed by the power of Great American Insurance Company which underwrites all pomi policies. Great American Insurance Company, lead insurer of Great American Insurance Group, has protected Americans for more than 150 years and is rated "A+" (Superior) by AM Best.* You can count on pomi to uphold the strong reputation of Great American Insurance Company and to continue to put the needs of our brokers and insureds first.



how pomi helps you do more for your clients!

 **SPEED**

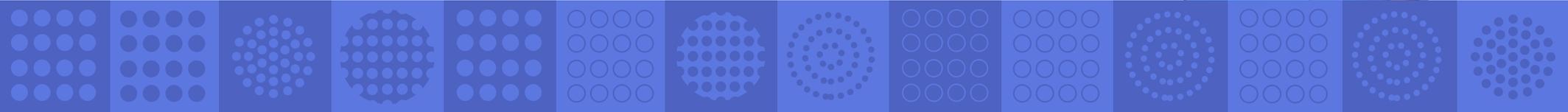
We know your time is valuable. That's why we've made our process as fast as possible. Get most quotes in just a few minutes and be on your way to bigger things.

 **EASE**

Less questions to answer. Less forms to fill out. Less paperwork to keep track of. Pomi has simplified it all so you spend less time on A&H and more time on R&R. Plus, digital 24/7 convenience. So easy.

 **SERVICE**

pomi's service is our brand. We know it's the most important thing we do and we have to do it right. That's why we're dedicated to providing exceptional service. Reach REAL people by phone or email. We're here to help.



Getting Started

Ready for an easier way of working? Welcome to pomi. Your self-service portal for Accident & Health insurance needs. We are excited to have you on board. **Please note:** There are several improvements in the works on our portal and on a supporting website (getpomi.com) to house even more information for you. You will see "Coming Soon" noted in several areas throughout the training manual. For now, if there's anything you need, please contact us at contact@getpomi.com or call 1-800-475-2691.

1. YOUR POMI ACCOUNT

If you are already appointed with us, your account has automatically been created and will be shared with you via email after training. If you do not have this email (check your spam folder) or need additional information regarding your account, please contact us at contact@getpomi.com. Information will be sent via email after you have completed training.

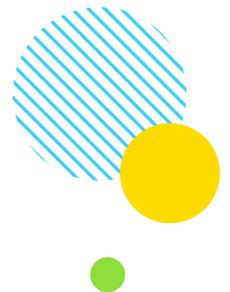
Get Appointed

If you need to get appointed or make changes to your appointment, please visit getpomi.com and fill out the form.

Log in

Using your account username and password, log in at portal.getpomi.com. Here you can quote and bind Blanket Special Risk policies, view upcoming renewals and commissions, and more.

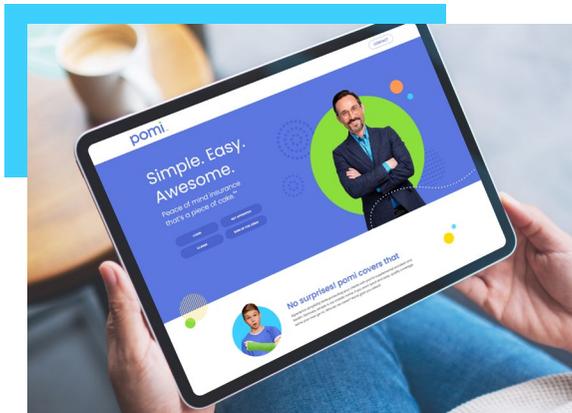
NOTE: Currently, portal.getpomi.com is only for Blanket Special Risk Accident & Health policies for the following business categories: nonprofits, daycares/pre-schools, summer/overnight/day camps, k-12 schools and after school activities. If you need a quote or policy for any other business class, please visit getpomi.com and fill out the quote form (collegiate activities, youth sports, health + fitness). We will be working on additional enhancements to the portal for future improvements.



Getting Started *(continued)*

2. GETPOMI.COM

Check out our website and learn about all of our Accident & Health policies and the businesses we service. Fill out the quote form for custom policies for businesses like K-12 schools, health clubs, gyms, collegiate, amateur, and more. Help your insureds with the claims process. Plus, review other helpful resources like downloadable marketing materials and forms or even book an appointment to speak with us.



3. CONTACT US

We pride ourselves on providing exceptional service. We're here to make your jobs easier. Feel free to contact us.

Main Office: 300 E. Main Street, Suite 314 Charlottesville, VA 22902

Phone: 1-800-475-2691

General Inquiries: contact@getpomi.com

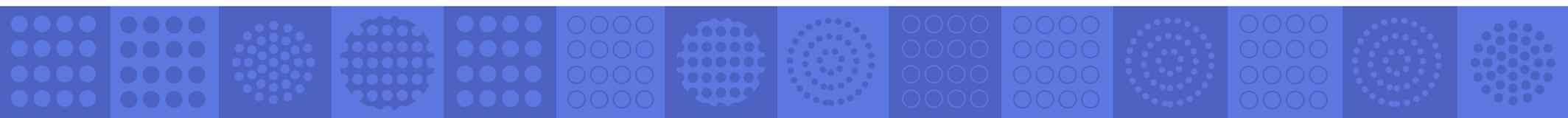
Tech Support: support@getpomi.com

Broker Relations: brokerrelations@getpomi.com

Claims: claimsteam@getpomi.com

Underwriting: underwriting@getpomi.com

Marketing & Communications: news@getpomi.com



Your Account

Use your account at portal.getpomi.com to get started with pomi.

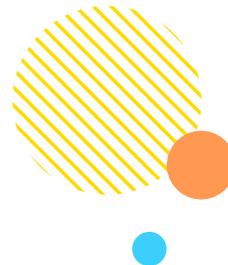
Remember, for now, this portal only manages Blanket Special Risk policies for the following business types:

- **Non-profit organizations**
- **Daycares/Preschools**
- **Summer/Overnight/Day camps**
- **After School activities**
- **K-12 Schools**

To obtain information on A&H policies for other types of businesses, please use the Get a Quote form found on getpomi.com.

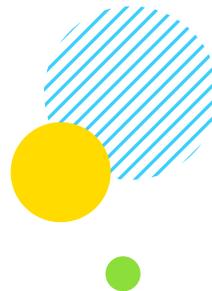
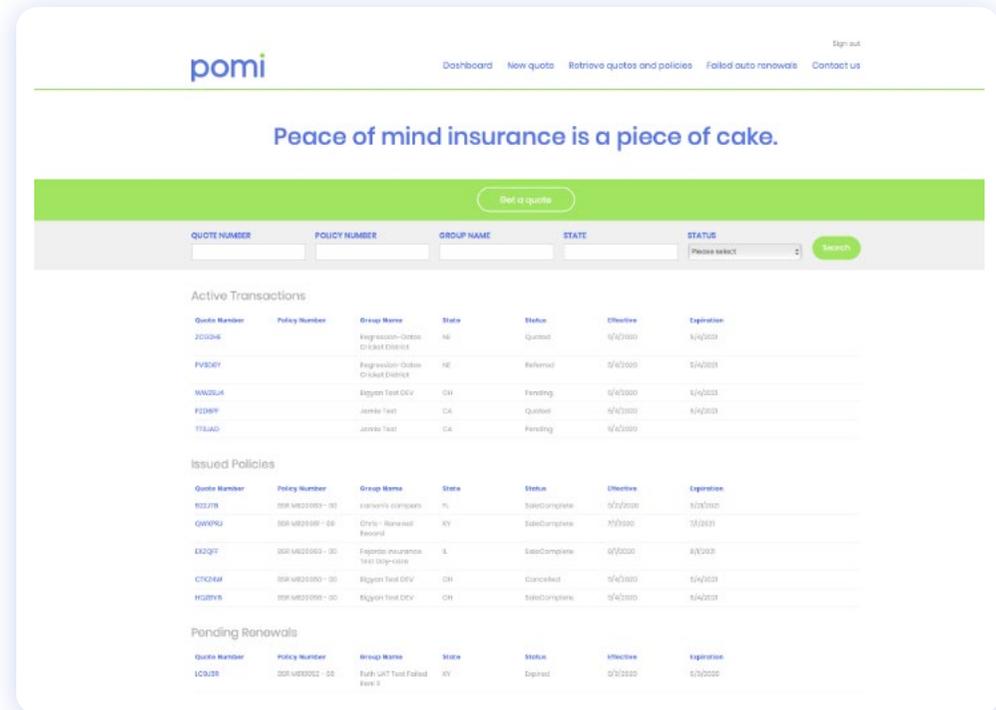
Tools on portal.getpomi.com:

- 1. Dashboard view of all your Blanket Special Risk pomi policies:**
- 2. Quote and bind in just a few minutes**
- 3. Amend an existing policy with endorsement workflow**
- 4. Cancel policies**



Your Dashboard

When you first log-on, you will see your dashboard. This displays your most recent transactions. Think of it as an “at a glance” view. You are able to use the search tool to bring up specific policies you want more detailed information on. You can search by policy number or insured name. You can also filter the results by status: Active, Cancelled, Quoted, or Renewal Needed. NOTE: we do not write policies in New Hampshire or Washington. Policies for New York cannot go through the pomi portal. To get a quote for a policy in New York, please email underwriting@getpomi.com.

Dashboard | New quote | Retrieve quotes and policies | Failed auto renewals | Contact us

Sign out

Peace of mind insurance is a piece of cake.

Get a quote

QUOTE NUMBER | POLICY NUMBER | GROUP NAME | STATE | STATUS

Peace select 2 | Search

Active Transactions

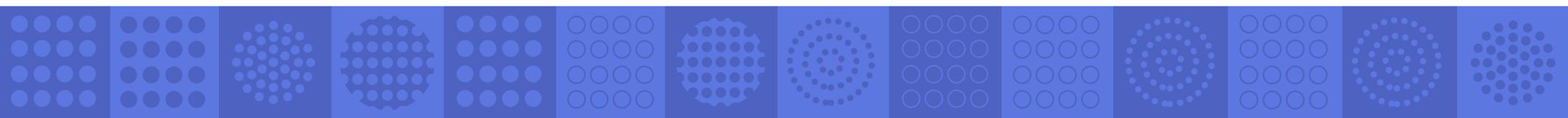
Quote Number	Policy Number	Group Name	State	Status	Effective	Expiration
Z02046		Regression-Online Cricket District	NE	Quoted	4/4/2020	4/4/2020
F950EY		Regression-Online Cricket District	NE	Renewed	4/4/2020	5/4/2020
W402U4		Regression Test DEV	OH	Pending	4/4/2020	4/4/2020
F128P		Jessie Test	CA	Quoted	4/4/2020	4/4/2020
Y184D		Jessie Test	CA	Pending	4/4/2020	

Issued Policies

Quote Number	Policy Number	Group Name	State	Status	Effective	Expiration
522J78	00R4820000-00	Carroll's company	IL	SubComplete	4/3/2020	4/28/2020
Q409R4	00R4820000-00	Chris - Renewal Revised	NY	SubComplete	3/23/2020	3/23/2021
E12Q7	00R4820000-00	Fayeore Insurance Test Only-Case	IL	SubComplete	4/3/2020	4/3/2020
CTK244	00R4820000-00	Regression Test DEV	OH	Cancelled	4/4/2020	4/4/2020
H48Y6	00R4820000-00	Regression Test DEV	OH	SubComplete	4/4/2020	4/4/2020

Pending Renewals

Quote Number	Policy Number	Group Name	State	Status	Effective	Expiration
LC9J28	00R4820000-00	Fully LIT Test Failed Flow 1	NY	Expired	3/3/2020	3/3/2020



New Business

Once logged in, select Get a Quote and enter client information in the required fields. When complete, select Continue. The Quote screen will provide three options for coverage. Select the desired plan.

	Plan 1 \$350.00	Plan 2 \$375.00	Plan 3 \$400.00
Scope of Coverage	Excess	Excess	Excess
Accidental Death Benefit	\$10,000	\$10,000	\$10,000
Accidental Dismemberment Benefit	\$10,000	\$10,000	\$10,000
Paralysis	\$0	\$0	\$0
Aggregate Limit of Indemnity	\$250,000	\$250,000	\$250,000
Accidental Medical Expense Benefit	\$25,000	\$50,000	\$100,000
Accidental Medical Incurred Period	90 Days	90 Days	90 Days
Deductible	\$0	\$0	\$0
Maximum Benefit Period	52 Weeks	52 Weeks	52 Weeks
Travel To/From Sponsored Activities	No	No	No
Calculated Premium (UW Only)	185	195	200

SELECTED PREMIUM: \$350.00

New Business *(continued)*

Now, you can download or email the quote(s) to share with your clients. If you need to make changes you can, then hit Update. If you're ready to bind the policy, select the preferred bill type (agent or direct bill), then select Bind Quote.

The following page will provide a summary of your quote and detail your selection coverage and billing details. Review and then hit Continue or Back to make changes

Quote Adjustments

INCLUDE COVERAGE FOR TRAVEL TO AND FROM SPONSORED ACTIVITIES? No

DO YOU WISH TO ADJUST YOUR COMMISSION? No

DO YOU WISH TO ADJUST YOUR BENEFITS? (UPDATES WILL DISPLAY ABOVE, IN THE PLAN ON THE FAR RIGHT.)

Please select...

Download Quote (All Options) | Email Quote Letter (Option Selected) | Download Quote (Option Selected)

Bill Type Selection

AGENCY BILL | DIRECT BILL

Back | Copy/Re-quote | Notes | Update | Bind Quote

Dashboard | New quote | Retrieve quotes and policies | Failed auto renewals | Contact us

Sign out

QUOTE INFORMATION	SCHEDULE OF BENEFITS	MAXIMUM BENEFIT AMOUNT
Quote Number: 7MUWCD	Scope of Coverage	Excess
Quote Date: 5/6/2021	Accidental Death Benefit	\$10,000
Quote Status: Quote	Accidental Dismemberment Benefit	\$10,000
Is Renewal: No	Paralysis	NA
POLICY INFORMATION	Aggregate Limit of Indemnity	\$250,000
Program Selection: All Other	Accidental Medical Expense Benefit	\$25,000
Original Policy Effective Date: 6/1/2021	Accidental Medical Incurred Period	90 Days
Effective Date: 6/1/2021	Deductible	\$0
Expiration Date: 6/1/2022	Maximum Benefit Period	52 Weeks
CLIENT INFORMATION	Travel To/From Sponsored Activities	No
Group/Organization Name: Kelly's Kids	Quote Premium	\$350.00
Insured Address: 123-18 Calle 64 Apt 8 Carolina, WV 00985-5388	AGENCY INFORMATION	
RISK INFORMATION		

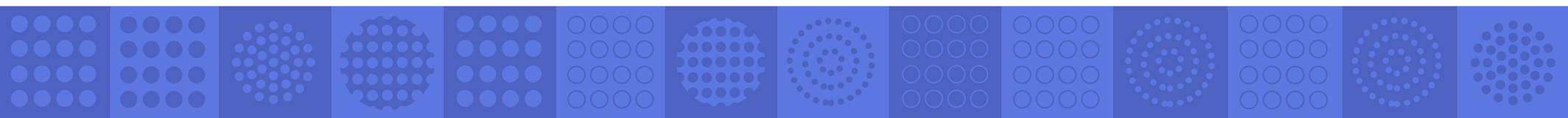
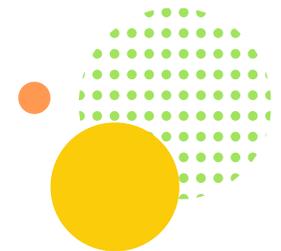
New Business *(continued)*

Then you will see the Confirmation page. Congrats, your policy has been issued! From here, you will be able to download the Policy Pack, Policy Certificate and Agency Bill Invoice if applicable. An email will also be sent to your email address on file to confirm the new business policy has been issued. The email will contain a copy of the policy, certificate or invoice based off the state and billing choice. Note: not all states get the certificate.

Congratulations, Kelly test is now covered!
 Your Policy **BSR MB19246 - 00**

Policy Information		Schedule of Benefits	Maximum Benefit Amount
Policy Number	BSR MB19246 - 00	Accidental Death Benefit	\$10,000
Policy Effective Date	5/21/2020	Accidental Dismemberment Benefit	\$10,000
Policy Expiration Date	5/21/2021	Aggregate Limit of Indemnity	\$250,000
Described Location	1234 Test Tampa, FL 33624	Accidental Medical Expense Benefit	\$50,000
		Scope of Coverage	Excess
		Deductible	\$0
		Total Premium	\$350.00

[Policy Pack BSR MB19246 - 00](#)
[Policy Certificate BSR MB19246 - 00](#)
[Agency Bill Invoice BSR MB19246 - 00](#)



Policy Updates

Once logged in, search the dashboard for the policy number or name of insured. Once found, select View to access the full policy information.

Find

Quote Number Policy Number Group Name State Status

Policies

	PolicyNumberGAIG_TXT	Group Name	State	Status	Effective Date	Change Date	MTA?	Renewal?	Referred?	Pren
<input type="button" value="View"/> <input type="button" value="notes"/>	BSR MB15766 - 00	Kelly's Day School	VA	Issued	5/1/2020		No	No	Yes	\$405
<input type="button" value="Upload documents"/>										
<input type="button" value="View"/> <input type="button" value="notes"/>	BSR MB19246 - 00	Kelly test	FL	Issued	5/21/2020		No	No	No	\$350.
<input type="button" value="Upload documents"/>										

From this screen, you will be able to select from several actions. You can Cancel Policy, Renew Policy, Adjust Policy, Copy/Re-quote, View Documents, see Referral History and emails, Upload Documents or add Notes. The copy/re-quote option allows you to copy this account to a new quote and pulls all the information over. You can then adjust accordingly.

Policy Information	Schedule of Benefits	Maximum Benefit Amount
Policy Number: BSR MB19246 - 00	Accidental Death Benefit: \$10,000	
Policy Effective Date: 5/21/2020	Accidental Dismemberment Benefit: \$10,000	
Policy Expiration Date: 5/21/2021	Aggregate Limit of Indemnity: \$250,000	
Policy Cancelled Date:	Accidental Medical Expense Benefit: \$50,000	
Client Information	Scope of Coverage: Excess	
Group/Organization Name: Kelly test	Deductible: \$0	
Insured Address: 1234 Test Tampa, FL 33624	Maximum Benefit's Period: 52 Weeks	
Risk Information	Travel To/From Sponsored Activities: No	
Risk Class: 4-H Clubs	Full Term Premium: 350.00	
Total Number of Participants: 51		
Bill Type: Agency Bill		

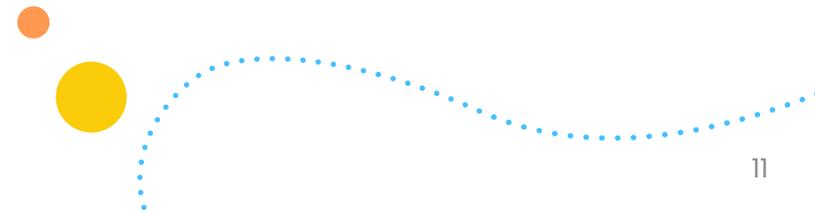
Block renewals

Adjustments

Once logged in, search the dashboard for the policy number or name of insured. Once found, then select View to access the policy information. Select Adjust Policy. Change/update the desired information and select the date to make the change effective. Select Continue. The Quote screen will provide three options for coverage. If needed, you can email or download the quote options. It will default to the plan you originally selected on New Business but can be changed if desired. You can also choose to add a note if needed.

Coverage Options Available	Plan 1 ✔ \$350.00	Plan 2 ○ \$375.00	Plan 3 ○ \$400.00
Scope of Coverage	Excess	Excess	Excess
Accidental Death Benefit	\$50,000	\$50,000	\$50,000
Accidental Dismemberment Benefit	\$50,000	\$50,000	\$50,000
Paralysis	\$0	\$0	\$0
Aggregate Limit of Indemnity	\$250,000	\$250,000	\$250,000
Accidental Medical Expense Benefit	\$25,000	\$50,000	\$50,000
Accidental Medical Incubation Period	90 Days	90 Days	90 Days
Declarable	\$0	\$0	\$0
Maximum Benefit Period	52 Weeks	52 Weeks	52 Weeks
Travel to/From Sponsored Activities	No	No	No
Calculated Premium (1/1/19 Only)	350	375	400

SELECTED PREMIUM: \$350.00



Adjustments *(continued)*

After selecting your new plan, select Bind Quote to finalize changes. The following page will provide a summary of your quote and detail your selection coverage and billing details. Review and then hit Continue.

Coverage Selected — Plan 2

Scope of Coverage	Excess
Accidental Death Benefit	\$10,000
Accidental Dismemberment Benefit	\$10,000
Aggregate Limit of Indemnity	\$250,000
Accidental Medical Expense Benefit	\$50,000
Deductible	\$0
Maximum Benefit Period	52 Weeks
Travel To/From Sponsored Activities	No

Billing Details —

Bill Type	Agency Bill
Bill Plan	Annual
Total Premium	\$350.00

 By clicking "CONTINUE" you agree to bind coverage per the benefits and limits selected above.

Back
Notes
Save
Continue

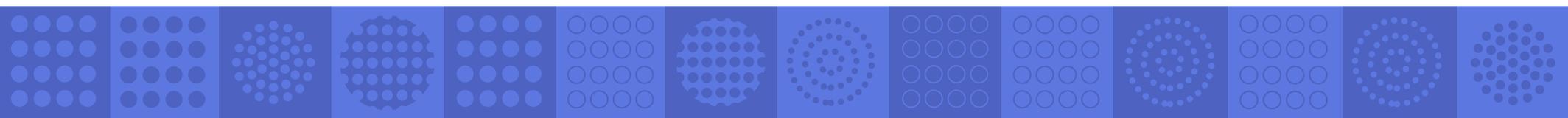
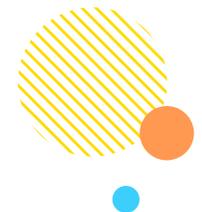
Once on the Confirmation Page, you will be able to download the Agency Bill Invoice if applicable and Amendatory Rider Endorsement. An email will also be sent to your email address on file to confirm the endorsement policy has been issued.

Congratulations, Kelly test is now updated!

Your Policy BSR MB19246 - 00

Policy Information		Schedule of Benefits	Maximum Benefit Amount
Policy Number	BSR MB19246 - 00	Accidental Death Benefit	\$10,000
Policy Effective Date	5/21/2020	Accidental Dismemberment Benefit	\$10,000
Policy Expiration Date	5/21/2021	Aggregate Limit of indemnity	\$250,000
Described Location	1234 Test Tampa, FL 33624	Accidental Medical Expense Benefit	\$50,000
Policy Change Effective Date	6/25/2020	Scope of Coverage	Excess
Policy Change Premium:	\$0.00	Deductible	\$0
		Total Premium	\$350.00

BSR 1000 AMENDATORY RIDER ENDORSEMENT
Agency Bill Invoice BSR MB19246 - 00



Cancellations

Once logged in, search the dashboard for the policy number or name of insured. Once found, then select View to access the policy information.

Policy Information		Schedule of Benefits		Maximum Benefit Amount	
Policy Number	BSR MB19246 - 00	Accidental Death Benefit		\$10,000	
Policy Effective Date	5/21/2020	Accidental Dismemberment Benefit		\$10,000	
Policy Expiration Date	5/21/2021	Aggregate Limit of Indemnity		\$250,000	
Policy Cancelled Date		Accidental Medical Expense Benefit		\$50,000	
Client Information		Scope of Coverage		Excess	
Group/Organization Name	Kelly test	Deductible		\$0	
Insured Address	1234 Test Tampa, FL 33624	Maximum Benefit Period		52 Weeks	
Risk Information		Travel To/From Sponsored Activities		No	
Risk Class	4-H Clubs	Full Term Premium		350.00	
Total Number of Participants	65				
Bill Type	Agency Bill				

View (read only)
Cancel policy
Renew policy
Adjust policy

Copy/Re-quote
View Docs
Referral History
Emails

Upload documents
Notes

Block renewals

From this screen, select Cancel Policy. Enter the Cancel Effective Date and select the cancellation type from the drop-down menu. If you choose Underwriting Reasons – Other, you will be asked to complete an additional field. Select Continue.

When would you like the cancellation to be effective from?

mm/yyyy

Cancellation Type

Please select...

Continue

You will be asked to confirm the cancellation on the next screen. If you wish to cancel the policy, select Continue again.

Insured Request Cancellation Confirmation

Cancellation Effective Date: 7/9/2020

Cancellation Description: Insured Request

Cancellation Premium Refund: (\$303.00)

Please select continue to cancel policy: **BSR MB19246 - 00.**

An email will also be sent to your email address on file to confirm the cancellation. A future enhancement will include the ability to download the cancellation letter and agency bill invoice.

Re-instatements: COMING SOON!

As of now, re-instatements are not possible in the pomi portal but a future enhancement is planned.

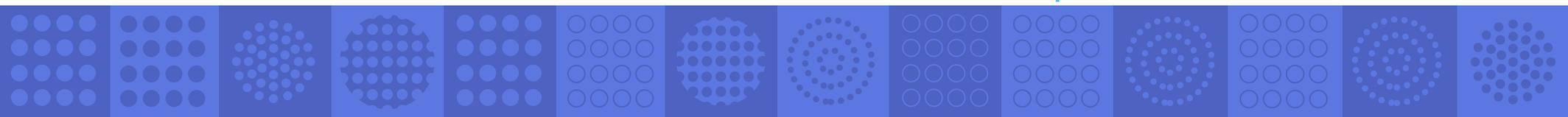
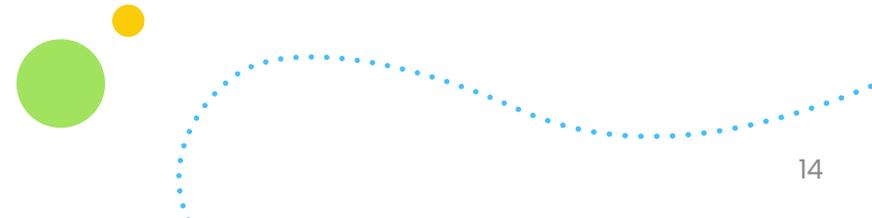
Renewals

If there are any changes in the number of participant or the benefits and/or limits, please log into the portal, **portal.getpomi.com**, and select the record for the account and press the “Renew Policy” button to make the necessary changes and to process a renewal quotation.

If there are not any changes needed, this policy will quote automatically at 90 days and auto renew at 60 days from the date of the Anniversary date using the expiring information.

Payments

For agency bills, you will receive an invoice along with policy documents and instructions for payment.
For direct bill, you will receive a bill from GAIG billing system.



Questions

If you have any questions or issues along the way, we're here for you. Just contact us and we'll help you through it.

Contact

Main Office: 300 E. Main Street, Suite 314 Charlottesville, VA 22902

Phone: 1-800-475-2691

General Inquiries: contact@getpomi.com

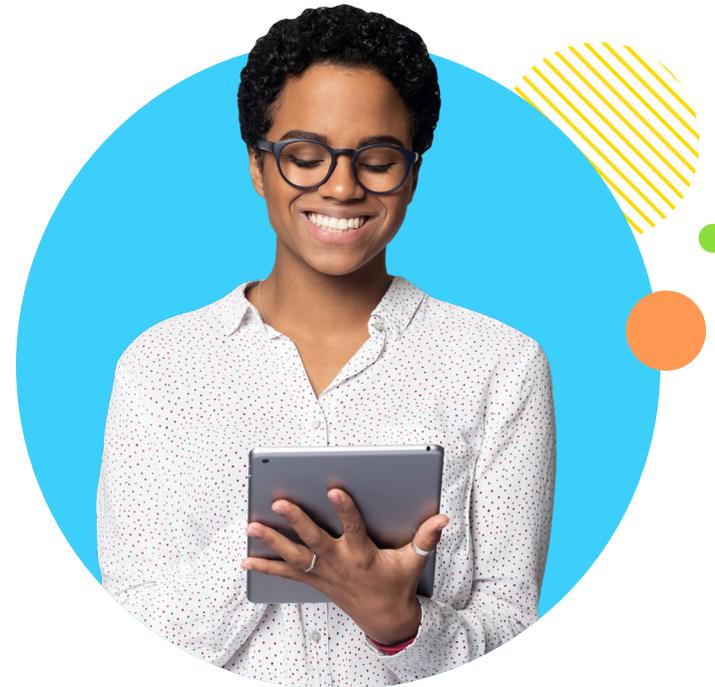
Tech Support: support@getpomi.com

Broker Relations: brokerrelations@getpomi.com

Claims: claimsteam@getpomi.com

Underwriting: underwriting@getpomi.com

Marketing & Communications: news@getpomi.com



*AM Best rating affirmed October 28, 2020. For agent/broker distribution only. Online portal may not be available at all times. Great American Insurance Group, 301 E. Fourth St., Cincinnati, OH 45202. Policies are underwritten by Great American Insurance Company, an authorized insurer in all 50 states and the DC. The Great American Insurance Group eagle logo and the word marks Great American® and Great American Insurance Group® are registered service marks of Great American Insurance Company. © 2020 Great American Insurance Company. All rights reserved.

