## Participation System User Manual

December 8, 2021



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The Participation System	This guide details for Companies can acc information and add information is limite	eatures of the I cess the syster d users. Premin d to a specified	Participation Syste n year-round to up um data entry and d annual open peri	m for companies. odate company contact excess credit transfer od.	
Before Open Period (January 1 – Open Date)	1. When a User lo a. The Ope b. The com Participati Participation op	gs in the follow n Period dates pany and/or cc on Worksheet en dates are Match 01, 2021 through May 0	ring are displayed: ompanies associate	ed with the User	
	NAIC	ີ. Grop Number	Company Name	¢ι.	
	12345	123	INDEMNITY COMPANY		
	67890	123	INSURANCE COMPANY		

2. Select the **NAIC number** to see respective company details.

67890 Show 10 \$ entries

a. Select Edit to modify Contact Information, then select Save Company.

≪ First < Previous 1 Next > Last >

b. Refer to the *Add Users* section for information on the *Company Users* tab.

PROPERTY INSURANCE CORPORATI	DN							
Company Inform	nation							
ompany Documents								
		View Company						
NAIC:	12345	Company name:	INDEMNITY O	COMPANY				
Group	123	Limited	No	~				
Email participation@citizens	fla.com to request Company Use	Apportionment: changes to Company Name or Gr	oup.					
Email participation@citizens	fla.com to request Company Use The primary	Apportionment: changes to Company Name or Gr ers y contact is responsible for offi	cial Participation	n related c	orrespond	ence.		
Email participation@chizens Contact Information Title:	fla.com to request Company Use The primary FINANCIAL AN	Apportionment: changes to Company Name or Gr ars y contact is responsible for offi Participation ALYST	oup. cial Participation on Contact	n related c	orrespond	ence.		
Email participation@citizens Contact Information Title: First name:	fla.com to request Company Use The primary FINANCIAL AN Bethany	Apportionment: changes to Company Name or Gr ers y contact is responsible for offi Participation ALYST	cial Participation on Contact Last name:	n related c	orrespond	ence.		
Email participation@citizens Contact Information Title: First name: Phone:	fla.com to request Company Use The primary FINANCIAL AN Bethany (888) 555-5555	Apportionment: changes to Company Name or Gr ers y contact is responsible for offi Participation ALYST	cial Participation on Contact Last name: Email:	n related c	Smith Example(	ence. PEmail.c	om	
Contact Information Title: First name: Phone: Address:	fla.com to request Company Use The primary FINANCIAL AN Bethany (888) 555-5555 2101 MARYLAN	Apportionment: changes to Company Name or Gr ers y contact is responsible for offi Participati ALYST	cial Participation on Contact Last name: Email: City:	n related c	Smith Example( TALLAHA	ence. ®Email.c	om	

3. Select the **Participation Link** to return to the main page. *Note:* There is no access to the worksheet prior to the open period.

During Open Period

Once the Participation system is open, users are required to enter their assessable premium data. Those companies that have applied for voluntary credits can specify companies that can receive any excess credits. Each company contact must be confirmed before the worksheet is available.

- 1. When a User logs in the following are displayed:
  - a. The Open Period dates
  - b. The company and/or companies associated with the User

PIDPERT INSU		Participation
Participati	on Worsheet	
Participation op	en dates are March 01, 2021 through Ma	V 01, 2021. The premium worksheets are open for 2021.
		Search:
NAIC	1 Group Number	Company Name
12345	123	INDEMNITY COMPANY
67890	123	INSURANCE COMPANY
Show 10 \$ en	tries	≪ First < Previous 1 Next > Last ≫

- 2. Select the NAIC number to see respective company details.
- The first time each company is accessed in the Open Period, the correspondence contact information must be reviewed and confirmed on the Company Tab/View Company page. Select Contact Confirmed if no changes are needed.

*Note:* Contact details are required and must be provided to proceed.

- a. To modify contact information select Edit.
- b. Make any necessary changes and select Save and Confirm.

	nation			
Sinpany mon	mation			
npany Documents				
aase review the corre	espondence cor	tact. Once confirmed, se	elect the Confirm b	utton to enable the current year worksheet.
		View Compan	y	
IAIC:	12345	Company name:	INDEMNITY COM	APANY
iroup:	123	Limited Apportionment	No	~
mail participation@citizen	sfla.com to request	changes to Company Name or C	iroup.	
Contact Information	Company Use	changes to Company Name or C	iroup.	
mail participation@citizene	Company Use	changes to Company Name or C rs contact is responsible for o Participa	iroup. fficial Participation re tion Contact	lated correspondence.
Contact Information	Company Use The primary FINANCIAL ANA	changes to Company Name or C rs contact is responsible for or Participa UYST	inoup. Ificial Participation re tion Contact	lated correspondence.
Contact Information	Company Use The primary FINANCIAL ANM Bethany	changes to Company Name or C rs contact is responsible for o Participa MYST	iroup. fficial Participation re Lion Contact Last name:	lated correspondence.
Contact Information	Company Use The primary PINANCIAL AN/ Bethany (888) 555-5555	rs contact is responsible for o Participa NYST	iroup. fficial Participation re tion Contact Last name: Email:	Lated correspondence. Smith Example@Email.com
mail participation/kditzen Contact Information life: list name: thone: kddress:	Company Use Company Use The primary PINANCIAL AN/ Bethany (BBB) 555-5555 2101 MARYLANI	rs contact is responsible for of Participa UVST	ficial Participation re tion Contact Last name: Email: City;	Smith Example@Email.com TALLAHASSEE

- 4. The *Premium Worksheet* is available for entry after the contact is confirmed.
- 5. Enter Premium and Dividends and select **Save Worksheet**.

	CITIZENS			Participatio
artic	cipation Worksheet			
mium	Worksheet Transfer Credits Company D	Documents		
	2021 Participa	tion Ratio Premium Wee	ksheet	
	Participation open dates a	re September 1, 2021, through No	vember 1, 2021	
	745			
Party.	Company N	INDEMNITY COM	PWNIT	
Line #	Lines of Business	Direct Premiums Written	Dividends Paid or Credited	Totals
1.0	Res	90	50	1
21	Alled Unes	50	50	1
2.2	Multi-Paril Crop (DICLUDE Federal Crop Premium)	50	50	1
2.4	Private crop	50	90	1
2.5	Private food	90	50	
3.0	Farmowners Multi-Parl	90	50	
4.0	Homeowners Multi-Paril	50	50	
5.1	Conversesial Multi-Pavil (non-Bablity portion)	90	50	1
5.2	Constraintial Multi-Pavil (Sability portion)	90	50	1
6.0	Martgage Guaranty	90	50	1
8.0	Ocean Marine	50	50	
9.0	Inland Marine	90	50	1
10.0	Financial Guaranty	50	50	
12.0	Erthquin	90	50	1
17.1	Other Lability - Occurrence	50	50	1
17.2	Other Lability - Claims-made	50	50	1
18.0	Products Liability	50	50	1
19.1	Private Passanger Auto No-Fault (PP)	50	50	1
19.2	Other Private Passenger Auto Liability		50	ſ
19.3	Commercial Auto No. Fault (PP)	50	50	1
19.4	Other Commercial Auto-Liability		50	ſ
21.1	Private Parentger Auto Physical Chanage	50		
21.2	Commercial Actor Physical Comune		50	
22.0	Aircult tell sucht		50	
73.0	Eddar.		50	
28.0	Franky Seattle		50	
24.0	Realize and Tank		-	
12.0	English and Machiners	80		
20.0	C-D	N	50	
20.0	Const		90	
30.0	Annual With in for Other Line of Business	50	80	
11	Total Gross Direct Premiums Written	8	50	
~	And a set of the local	50	50	
A1	Substory Credit Pronium - New Writings			
A2	Statutory Credit Promium - Increased Coverage			
A3	Statutory Credit Prenium - Take Out			
12	Total Other Assessment Credits	A1 through A3		
13	Nat Prantiens Judies Volunteev Coulds III and which	71 June 12		
	a second second second second			1

- 6. Companies that have applied for Voluntary Credits, see the *Transfer Credits* section below.
- 7. Select the **Participation** link to return to the main page.

## Closed Period Once the Participation system is closed for premium entry, users can view their premium data and documents. The premium worksheets and/or transfer credit information cannot be edited.

- 1. When the user logs in, a message is displayed that the system is closed.
- 2. Select the **NAIC number** to view respective company related information.
- 3. Company information can be edited.

Company Info	ormation				
remium Worksheet	Transfer Credits	Company Documents			
NAIC	10064	Company name:	Citizens I	roperty Insurance (	Corp.
Groupt	5 m	Limited	No	~	9079-C-5
Email perscipation@cit	Company Users	hangus to Company Name or Gr	ougo.		
Final porticipation/dust	Company Users	ngcootmine. hanges to Company Name or Gr ntact is responsible for offici Participation	oup. al Participation n s Contact	lated correspondence.	
Email persopationalities Contact Information Tide:	Company Users The primary co	napportuititite hanges to Company Name or Gr ntact is responsible for offici Participation DIST	oup. al Participation n i Contact	lated correspondence.	
Email personation Contact Information Tale: Fest name:	Company Users The primary co TRANSCIA: ANAL Beth	nggovorthille. hanges to Congeny Name or Ge ntact is responsible for offici Participation DIST	oup. al Participation n s Contact Last name:	lated correspondence. Gallups	
Email periodpationalises Contact Information Tale: Fest name: Phone:	Company Users The primary co FINANCIAL ANNU Beth 850-555-123	nggo outfillite hanges to Congeny Name or G ntact is responsible for offici Participation 2757	oug). al Participation n o Contact Last name: Email:	lated correspondence. Gallups participati	on@citizensfla.com
Email porticipationalists Contact Information Title: First name: Phone: Address:	Company Users The primary co THANGLIAL ANNU Beth 850-555-123 2101 Maryla	expressionment hanges to Company Name or G entact is responsible for offici Participation DIST 34 and Circle	oup. al Participation n i Contact Last name: Email City:	Gallups Failabasse	on@citizensfla.com 6

4. Select the **Documents** tab to view the *Notice of Rights and Statement* (available in PDF format). Documents will be available once the annual statements are printed and mailed.

PECHET REMAKE CORPO					Participation
Documents					
Premium Worksheet	Transfer C	redits Corr	npany Documents		
NAIC:	10064		Company name:	Citizens Property Insurance Corp.	
				Search:	
Document Date	t,	Document File	Name		
09/14/2021		Statement and	Notice of Rights 09-14-2021	02-24-54-000631.pdf	
Show 10 \$ entries			E	« First < Previous 1	Next > Last »

Transfer Credits The *Transfer Credits* tab is available for companies that have applied for Voluntary Credits. The transferring insurer specifies the order the companies are to receive any excess credits.

- 1. Select **NAIC number** to view company details.
- 2. Select the Transfer Credits tab.
- 3. Search by NAIC number or Company Name.
- 4. Select **Add**. Repeat process until all companies have been specified.
- 5. To specify the order of a company in the list, select the company and then select **Move Up** or **Move Down**.

remium Worksheet	Transfer Credits	Company Documents		
Please select at least (	one company for Volunt	ary Credit.		
NAIC:	10064	Company name:	CITIZENS PROPERTY INSURANCE CORPOR	
Participation Year:	2021			
Company NAIC/Namo: Excess credits will be t	45678 45678   APPR( ransferred to the compa	OVAL COMPANY	Add	
Order	NAIC	Company N	атне	Manula
1	12345	NEW COMP	WNY TEST	
e	00000	Junea Hist		MoverDe

6. Select **Save** when done.

Each company has one Primary User. The Primary User can view all users associated to a company and can add users to the company.

- 1. Select NAIC number to view company details
- 2. Select the **Company** tab.
- Add Users
- 3. Within the Company tab, select the Company Users tab
- 4. All users associated to the Company are displayed.
- 5. To add a user to the company, select Add User.

company mo	mation					
remium Worksheet	Company Docu	iments				
		View (	Company			
NAIC:	67890	Company na	ame: INSU	JRANCE COMP/	NY	
Group:	123	Limited Apportionm	No	~		
Email participation@citize	ensfla.com to request ch	nanges to Company	Name or Group.			
Email participation@citize	Company User	nanges to Company	Name or Group.			
Email participation@citize Contact Information Add User	Company User	anges to Company	Name or Group.			
Email participation@citize Contact Information Add User	Company Users	anges to Company	Name or Group.		Email	

6. Complete all user fields.

CITIZE			Partic	ipation
Company Inf	ormation			
Premium Worksheet	Company	Documents		
Request User Ac	cess			
First name:	John			
Last name:	Doe			
Email:	John@ema	l.com		
Verify email:	John@ema	il.com		
Phone number:	(888) 555-5	5555		
Companies				
Add				
NAIC	Group	Company Name	Company Status	
67890	123	INSURANCE COMPANY	Active	
Submit Cancel				

## Add Users (Continued)

- 7. Primary users of multiple companies can also associate the user to those companies by selecting **Add**.
- 8. Select one or more companies to add the user to those companies.
- 9. Select Add.
- 10. Select Submit.

Select companies user can access.           NAIC         Group         Company Name	
NAIC Group Company Name	
D 10835 123 INDEMNITY COMPANY	
30511 123 INSURANCE COMPANY	

11. The user will receive an email with access to the added NAIC number(s). New users must register to access the system. See *Registration for System Access*.