

## **MAKING A PREMIUM PAYMENT ON OUR WEBSITE**

Thank you for your inquiry on how to use your credit card to pay your premium on our website. Please follow these simple instructions.

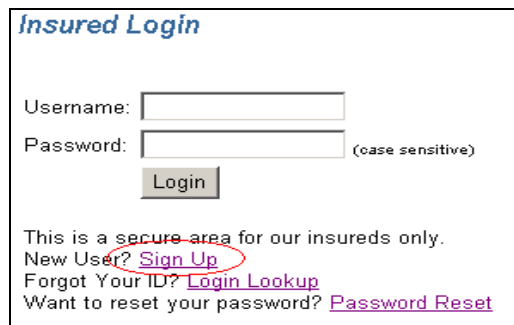
If you experience any problems or need additional information, please e-mail us your question and your contact information to [webhelp@cwico.com](mailto:webhelp@cwico.com)

### **LOGING INTO THE WEBSITE**

1. Visit us at [www.cwico.com](http://www.cwico.com)
2. From CWICO website ([www.cwico.com](http://www.cwico.com)) select the “policyholders enter here” link.”



3. You will be linked to a page that has entries for “User name” and “Password” and links for
  - signing up
  - retrieving a forgotten logon ID
  - resetting a forgotten password.

A screenshot of the 'Insured Login' page. It has a title 'Insured Login' in blue. Below it are two input fields: 'Username: [ ]' and 'Password: [ ] (case sensitive)'. A 'Login' button is below the password field. At the bottom, there is a message: 'This is a ~~secure area~~ for our insureds only.' followed by three links: 'New User? Sign Up' (circled in red), 'Forgot Your ID? Login Lookup', and 'Want to reset your password? Password Reset'.

4. If you are already registered, enter your Username and Password and click “Login,” follow these steps to make your payment.

**IF YOU HAVE NOT YET REGISTERED, YOU WILL NEED TO DO SO PRIOR TO MAKING YOUR PAYMENT; INSTRUCTIONS ON REGISTERING CAN BE FOUND STARTING ON PAGE 10 BELOW.**

## MAKING YOUR PAYMENT ONLINE

As you are already registered and signed in, the following will assist you in making the actual payment.

**IF YOU HAVE NOT YET REGISTERED YOU WILL NEED TO DO SO PRIOR TO MAKING YOUR PAYMENT; INSTRUCTIONS ON REGISTERING CAN BE FOUND STARTING ON PAGE 10 BELOW.**

1. Payments on this system are by check or credit/debit card. To begin select the “Make a Payment” link.

Policy Number:  
Insured Name:

[View Policy](#) [Make a Payment](#)

[Change User Password](#) [Change e-mail Address](#)

[Logout](#)

2. The following Policy Information screen will display, which allows you to select to pay the amount currently due, the entire balance on the policy or to enter a different amount.

### Policy Information

Policy Number:  
Insured Name:

**Payment Selection**  
Only one payment per policy per day is allowed.  
Please select a payment amount.

**Current Policy**

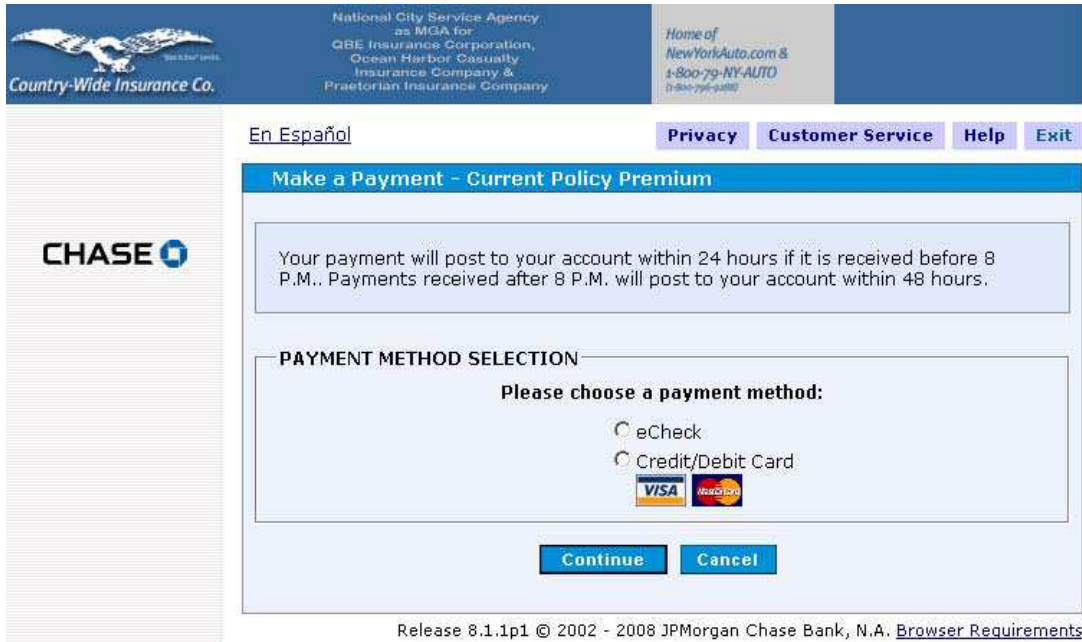
Due now  
 Balance Due  
 Other Amount

**Previous Policy:**

Balance Due Now

**Important Payment Information:**

- You may only make one payment per day. If you need to make a payment using more than one credit card on the same day, please call our customer service at (212) 514-7000 x 5101.
  - If the amount showing as “Due now” is \$0 there is no amount currently due, although you may still make a payment by selecting “Other Amount” and entering the amount you wish to pay.
  - You may not make a payment that is less than the amount “Due now”, or greater than the Balance Due.
3. Once making your selection or entering the information, select the “Continue” button.
4. A new browser window will open directing you to a JPMorgan Chase payment page to allow you to pay by check or credit/debit card. Choose a payment method and select the “Continue” button.



5. If paying by credit or debit card, verify that the information displayed on the screen is correct then select “Continue”.

**Make a Payment - Current Policy Premium**

**Bold fields are required**

**PAYMENT INFORMATION**

**Amount Due: \$478.00**

**Payment Amount:**

**Payment Method: Credit/Debit Card**

**Due Date: Nov-16-2008**

**Scheduled Payment Date: Nov-20-2008**

**PAYMENT DETAILS**

**Policy Number:**

**Insured Name:**

**Full Amount:**

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6. Enter the credit card information and billing address, then select “Continue”.

**Make a Payment - Current Policy Premium**

**Bold fields are required**

**CREDIT/DEBIT CARD ACCOUNT INFORMATION**

**Credit Card or Debit Card Type:** Choose One... ▾

**Credit Card or Debit Card Number:**

**Expiration Date:**  ▾ /  ▾

Save this account?:

Account Nickname:

**CREDIT/DEBIT CARD BILLING ADDRESS**

**Use my Payor Profile Address**  
40 Wall St  
New York, NY 10005

**Use the address entered below**

**Billing Street Address 1:**

Billing Street Address 2:

**Billing City:**

**Billing State:** Choose One... ▾

**Billing Zip Code:**  -

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7. Verify all the payment information, and enter your email address and 3 digit security code then select “Confirm”.

**Verify Payment – Current Policy Premium**

**Bold fields are required**

Please verify your payment, then choose **Confirm**. You will be able to edit or cancel this payment at any time before the Scheduled Payment Date.

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**Your Payment Detail**

Payment Amount:  
 Scheduled Payment Date:  
 Amount Due:  
 Payment Due Date:  
 Policy Number:  
 Insured Name:  
 Full Amount:

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**Your Account Detail**

Credit Card or Debit Card Number:  
 Expiration Date:  
 Credit Card or Debit Card Type:

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**Your Credit/Debit Card Billing Address**

Billing Street Address 1:  
 Billing Street Address 2:  
 Billing City:  
 Billing State:  
 Billing Zip Code:

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**E-mail Address:**

Send me an email confirmation:

Language Preference:

**3 digit code on the signature strip of your credit/debit card:**

- If paying by check, verify that the information displayed on the screen is correct then select “Continue”.

**Make a Payment - Current Policy Premium**

**Bold fields are required**

**PAYMENT INFORMATION**

**Amount Due:** \$478.00

**Payment Amount:**

**Payment Method:** eCheck

**Due Date:** Nov-16-2008

**Scheduled Payment Date:** Nov-21-2008

**PAYMENT DETAILS**

**Policy Number:**

**Insured Name:**

**Full Amount:**


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9. Enter your bank's Routing Transit Number, and your account information then select "Continue".

**Make a Payment - Current Policy Premium**

**Bold fields are required**

**ECHECK ACCOUNT INFORMATION**

**Routing Transit Number:**  

**Account Number:**

**Re-enter Account Number:**

**Account Type:**  Checking  Savings

**Account Category:**  Business  Consumer

Save this account?:

Account Nickname:

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10. Enter your email address, mailing zip code as your password and click the checkbox after reviewing the terms and conditions.

For your own protection, you are required to re-enter your login password (Registered) below before choosing **Confirm**. You will be able to edit or cancel this payment up to 48 hours before the Scheduled Payment Date

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**Your Payment Detail**

Payment Amount:  
Scheduled Payment Date:  
Amount Due:  
Payment Due Date:  
Policy Number:  
Insured Name:  
Full Amount:

---

**Your Account Detail**

Routing Transit Number:  
Account Number:  
Account Type:  
Account Category:

---

**E-mail Address:**

Send me an email confirmation:

Language Preference:

**Enter Mailing Zip Code as Password:**

**Terms And Conditions**

**PLEASE READ AND APPROVE THE FOLLOWING AUTHORIZATION**

By clicking "I Accept", I authorize the payee to electronically debit my bank account for the amount(s) and date set forth above. This authorization is valid for this transaction only.

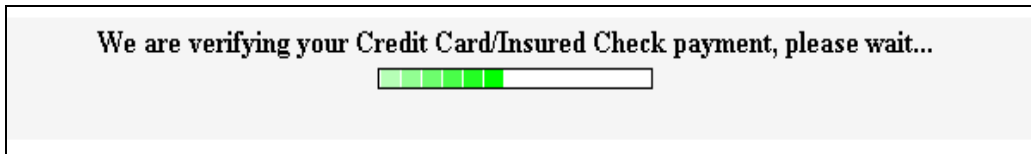
In the event that a payment is returned for insufficient funds, I authorize the payee to electronically debit my bank account for the original amount of the transaction, as well as a returned item fee, up to the maximum amount allowed by law.

**PLEASE PRINT A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**

**I accept the Terms and Conditions:**



11. Click Confirm to continue. Once you receive a confirmation number from the JPMorgan Chase page, close the browser window. Please wait for our site to verify your payment.



12. Upon successful verification of payment on your policy, the following confirmation page will be displayed and a confirming e-mail will be sent.

### Confirmation Information

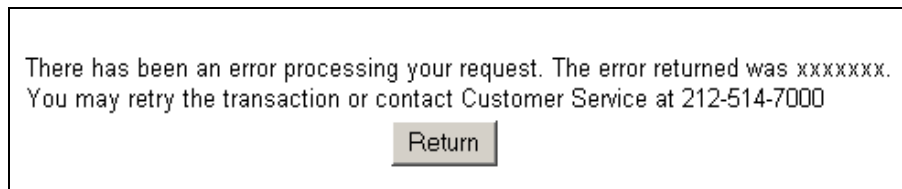
Policy Number:  
Insured Name:

Payment Confirmation

Thank you for making a payment on your policy.

Your payment has been accepted. The confirmation number is CWIPAY0000. This payment will be credited to your account within 1 business day. You may print this confirmation page for your records. A Confirmation email will also be sent to the email address on file

13. If there is any problem, an error page will display. If the problem persists, please contact us at [webhelp@cwico.com](mailto:webhelp@cwico.com)



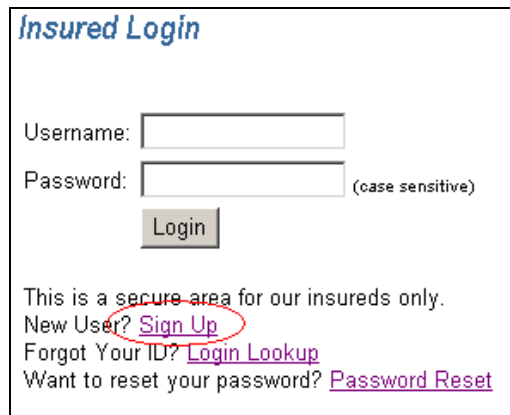
14. When completed you may select the “Return” button to go back to the policyholder main page.

## REGISTERING FOR THE FIRST TIME OR FOR A FORGOTTEN PASSWORD

1. Visit us at [www.cwico.com](http://www.cwico.com)
2. From CWICO website ([www.cwico.com](http://www.cwico.com)) select the “policyholders enter here” link.



3. You will be linked to a page that has entries for “User name” and “Password” and links signing up, retrieving a forgotten logon ID, and for resetting a forgotten password.

A screenshot of the 'Insured Login' page. It features a 'Username:' label followed by a text input field, a 'Password:' label followed by a text input field with '(case sensitive)' to its right, and a 'Login' button below the password field. Below the login fields, there is a message: 'This is a secure area for our insureds only.' followed by three links: 'New User? Sign Up', 'Forgot Your ID? Login Lookup', and 'Want to reset your password? Password Reset'. The 'Sign Up' link is circled in red.

4. If you have forgotten your password select “Login Lookup” and your information will be provided.

5. To register, “Sign Up” you will be taken to the following page. Simply enter all of the requested information and select “Submit” when complete. Please be careful of the following when entering this information:
- a. The Zip Code MUST match those on your policy.
  - b. When entering the policy number only the LETTER(S) go in the first box, followed by the numbers EXCEPT the LAST “07” or “08” which is entered in the last box. For example:

CS	1234567	08
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- c. Enter only the first 5 numbers of your Zip Code.

**Self-Registration**

Please enter the following information:

Policy Number:  -  -

First Name:

Last Name:

Zip Code:

Email Address:

Confirm Email Address:

Desired Logon Name:

<< Back   Clear Form   Submit

6. Please note that you may only attempt to submit this information 5 times. If the proper information is not entered after the fifth attempt you will be locked out and the registration will need to be reset by the company. If this occurs, please e-mail us at [webhelp@cwico.com](mailto:webhelp@cwico.com) and someone will assist you.
7. Upon successful registration confirmation of your registration will appear on the screen will notify and your ID and temporary password will be e-mailed to you.

8. The e-mail will contain confirmation of your registration, your ID and Temporary Password and a Link back to the Country-Wide Website.

**Thank you for registering with Country-Wide Insurance Co.  
for online access to your insurance policy.**

You can now login by accessing [www.cwico.com](http://www.cwico.com), and using the logon ID and temporary password below:

Login ID: xchen  
Temporary Password: AzEE918 (case sensitive)

You will be required to change your password the first time you log in.

9. Please link back to [www.cwico.com](http://www.cwico.com), Login using the ID and temporary password. You will then be asked to create a permanent password of your choosing, as shown below.

**User xchen's password has expired** [Change password for xchen](#)

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- Input old password
- Input new password
- Confirm new password

**REGISTRATION IS NOW COMPLETE – THANK YOU.**

This will allow you to access information about your policy and to make a payment on-line.

Options include:

- View Policy,
- Make a Payment,
- Change User Password,
- Change e-mail Address, and
- Logout.

**Once registered, you can make your premium payments on-line. Step-by-step instructions are provided above.**