# NYAIP PASS Upload



To upload an application to the PASS website, click the NYAIP Application Entry button to begin a new entry, or click an applicant by name from the list on the right.

File#  4 A	pplication Date:	8 /5 /2002	Blanchard	, Bob	Sent to PASS on:	1	Main Me	PASS
Applicant Information	Prior Coverage	e Coverag	es and Limits	Vehicles Op	erators Premiur	n Financing	NYAIP	
First Name:	Bob	 	Last Name:	Blanchard		Suffix:		098-76-5432
Co-APP First Name	:	MI:	Last Name:			Suffix:		
Address 1:	12 West Street			Vehicles 🗌	1 Operators	1 Chan	ge # of Vehi	cles/Operators
				– Garage Ad	dress		-	ī
City:	ALBANY		-	Address:	12 West Stre	et		
State:	NY • Zip: 1:	2205-		Сору				
County:	Albany 🔹	T Territory	#: 13	City:			-	
Home Phone:	(518) 777-4567	-		City.		10005		
Work Phone:	(,	-		State:		12205-		
- Employer Inf	ormation			- Former Ad	ldress			ī
Occupation:		न		Address:				
Job Title:	Owner				Í			
Employer:	Owner			City				
Address:	57 Clare Lane			State:	Tin'	2		
				State;		J		
City:	Albany							

All of the required data must be entered before uploading to the PASS website. When data entry is complete, click the Upload to PASS button in the upper right corner of the Application Entry screen.

PASS Uplaod	
Applicant Name: Blanchard, Bo	Ь
Effective Date: 8/5/2002	
Number Of Vehicles: 1	
Number Of Operators: 1	
Total Premium: \$879.00	
Paymnet Option Financed (Optic	n 1 - 25% - 75%) 💉
Upload as	•
Date of Live Update	
Upload to Pass	Cancel

The PASS upload screen appears. Verify that the information to be uploaded is correct. If the information is not correct, an upload error will result. Cancel to return to the Application Entry screen and edit the necessary information. If the information is correct, verify that "Test" has been selected in the drop-down box, and click Upload to PASS.

ile Edit View Favorites Tools Help Links 🍘	Autotask™ @Prodigy @Yahoo! 🛱 Weather 👌 H.C. @eGay 🛛 🎽
🗕 🔹 🤿 🖉 🚰 🎒 Address 餐 C:\pass.html	<ul> <li>✓</li> </ul>
New York AIP Online System	
New York Automobile Insurance Plan - Confirmation S	Section
This information will be used to create your applicat	tion. If the information is not accurate, use the links below to make your
changes.	
Producer Name:	
About the Applicant(s):	Blanchard, Bob
	12 West Street
	ALBAN I, N I 12205
Occupation:	SELF EMPLOYED
Number of Vehicles:	1
Number of Operators:	1
Submit this application	
Please be patient as the data is validated. Submitting	g this data more
than once will result in duplicate applications.	
Submit this application	

An online internet connection will be made showing the final verification page before submission. Click the Submit button to submit the information.

NYAIP PASS - Test Binding Page - Microsoft Internet Exp	plorer	_ <u>- </u>
🛛 File Edit View Favorites Tools Help 🗍 Links 🍪	]Autotask™ 🍘Prodigy 🍘Yahoo! 🙀Weather 🛃H.C. 🤞	🛃 eGay 🛛 👋 🌆
] ← → → → 🙆 😰 🖓 🎒 🗍 Address 餐 https://www.	.nypass.com/pass/secure/passfhan.asp	▼ ∂₀
NEW YORK AUTOMOBILE INSURANCE PLAN Online Application Submission		
Your test is not yet complete	e!	
Your <b>test</b> application data has been accepted, but the t the TEST PASS Application button to get your test plai <b>included with the application</b> .	testing process is not complete. To continue with the test in paper application in Adobe Acrobat format, and <b>follow</b>	ing process, click the instructions
TEST Applicant Name:	JOHN M SMITH SR	
TEST Reference Number:	31188503987	
TEST Effective Date:	Tuesday, August 6, 2002	
TEST Time:	12:00 PM	
Click here to Click here to	get your TEST PASS Application	
	Questions??	

#### An example of a test submission.



Follow the online documentation. When the test is complete, close the internet site, and return to the application to submit a "Live" PASS upload.

PASS Uplaod	
Applicant Name:	Smith, John M
Effective Date:	8/6/2002
Number Of Vehicles:	1
Number Of Operators:	2
Total Premium:	\$1,190.00
Paymnet Option	Financed (Option 1 - 25% - 75%) 💽
Up	oload as 📔 💌
Date of Live Update	Test Live
Upload to P	ass <u>C</u> ancel

This time, click the drop-down menu and select "Live" from the list and click "Upload to PASS" again to perform a live upload to the PASS website.

<ul> <li>Address C:\pass.html</li> <li>New York AlP Online System</li> <li>New York Automobile Insurance Plan - Confirmation Section</li> <li>This information will be used to create your application. If the informatio changes.</li> <li>Producer Name:</li> <li>About the Applicant(s):</li> <li>Occupation:</li> <li>Number of Vehicles:</li> <li>Number of Operators:</li> </ul>	on is not accurate, use the links b Blanchard, Bob 12 West Street ALBANY, NY 12205 SELF EMPLOYED	elow to make your
New York AIP Online System New York Automobile Insurance Plan - Confirmation Section This information will be used to create your application. If the informatio changes. Producer Name: About the Applicant(s): Occupation: Number of Vehicles: Number of Operators:	on is not accurate, use the links b Blanchard, Bob 12 West Street ALBANY, NY 12205 SELF EMPLOYED	below to make your
New York AlP Online System New York Automobile Insurance Plan - Confirmation Section This information will be used to create your application. If the informatio changes. Producer Name: About the Applicant(s): Occupation: Number of Vehicles: Number of Operators:	on is not accurate, use the links b Blanchard, Bob 12 West Street ALBANY, NY 12205 SELF EMPLOYED	below to make your
New York AIP Online System New York Automobile Insurance Plan - Confirmation Section This information will be used to create your application. If the informatio changes. Producer Name: About the Applicant(s): Occupation: Number of Vehicles: Number of Operators:	on is not accurate, use the links b Blanchard, Bob 12 West Street ALBANY, NY 12205 SELF EMPLOYED	below to make your
New York Automobile Insurance Plan - Confirmation Section This information will be used to create your application. If the informatio changes. Producer Name: About the Applicant(s): Occupation: Number of Vehicles: Number of Operators:	on is not accurate, use the links b Blanchard, Bob 12 West Street ALBANY, NY 12205 SELF EMPLOYED	elow to make your
This information will be used to create your application. If the informatio changes. Producer Name: About the Applicant(s): Occupation: Number of Vehicles: Number of Operators:	on is not accurate, use the links b Blanchard, Bob 12 West Street ALBANY, NY 12205 SELF EMPLOYED	oelow to make your
This information will be used to create your application. If the informatio changes. Producer Name: About the Applicant(s): Occupation: Number of Vehicles: Number of Operators:	n is not accurate, use the links b Blanchard, Bob 12 West Street ALBANY, NY 12205 SELF EMPLOYED	elow to make your
Producer Name: About the Applicant(s): Occupation: Number of Vehicles: Number of Operators:	Blanchard, Bob 12 West Street ALBANY, NY 12205 SELF EMPLOYED	
About the Applicant(s): Occupation: Number of Vehicles: Number of Operators:	Blanchard, Bob 12 West Street ALBANY, NY 12205 SELF EMPLOYED	
Occupation: Number of Vehicles: Number of Operators:	12 West Street ALBANY, NY 12205 SELF EMPLOYED	
Occupation: Number of Vehicles: Number of Operators:	ALBANY, NY 12205 SELF EMPLOYED	
Occupation: Number of Vehicles: Number of Operators:	SELF EMPLOYED	
Occupation: Number of Vehicles: Number of Operators:	SELF EMPLOYED	
Number of Vehicles: Number of Operators:		
Number of Operators:	1	
	1	
Submit this application		
Please be patient as the data is validated. Submitting this data more		
than once will result in duplicate applications.		
Submit this application		

You will see this screen again. Click Submit Application to continue with the Live upload.

e Edit View Fa	vorites Tools He	D Links	Autotask™	Prodiav	A Vabool	😽 Weather	4H.C	@leGav	>>
• ⇒ • 🖾 🕅 •	A Contraction of the second se	https://	www.nypass.com		passfhan.asp	Modelioi	<u> </u>	<u></u> cddy	- 6
									`
W YORK									
ITOMOBILE									
line Application	Submission								
_		_							
Congra	tulations, you	have su	ccessfully	submitteo	the follo	owing PA	SS app	lication.	
7	Applicant Name:		JOHI	N M SMIT	H SR				
F	Reference Number		8118	8513035					
E	Effective Date:		Tueso	lay, August	6,2002				
т	îme:		01:31	PM					
		Click	here to get yo	ur PASS Ap	plication				
	50					-12-			
						-	1		
		Click her	e to get your lo	Card for the	9 2000 FOF	10	<b>_</b>		
			Ques	tions??					

The above screen will appear when the application has been successfully submitted to the PASS website.