

# Let's Get Started

## TRAINING MANUAL

For agent/broker distribution only



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As the Accident & Health insurance division of Great American Insurance Company, we're committed to making the insurance process easy for everyone. To do this, we have taken a modern digital 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.

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 us to uphold the strong reputation of Great American Insurance Company and to continue to put the needs of our brokers and insureds first.

## How we can help 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. We've 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

We know it's the most important thing we do and we know 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

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Ready for an easier way of working? Welcome to your self-service portal for your Accident & Health insurance needs. We are excited to have you on board. **Please note:** We are always working to improve the features of our portal. We also have resources available for you at [gaig.com/AH](http://gaig.com/AH).

You can contact us at **1-800-475-2691** or by reaching out the following departments:

**Claims:** [ClaimsTeam@getpomi.com](mailto:ClaimsTeam@getpomi.com)

**Underwriting:** [Underwriting@getpomi.com](mailto:Underwriting@getpomi.com)

**Broker Relations/Sales:** [BrokerRelations@getpomi.com](mailto:BrokerRelations@getpomi.com)

## 1. Your 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 receive this email (please check your spam folder) or need additional information regarding your account, please contact us at [contact@getpomi.com](mailto: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 [gaig.com/AH](http://gaig.com/AH) and fill out the form.

### Log in

Using your account username and password, log in at [portal.getpomi.com](http://portal.getpomi.com). Here you can quote and bind Participant Accident policies, view upcoming renewals, and more.

**NOTE:** Currently, our portal supports Participant Accident policies for the following business categories: non-profits, daycares/pre-schools, summer/overnight/day camps, sports teams and leagues, after school activities, K12 school base and cat policies. If you need a quote for any other business class, please visit [gaig.com/AH](http://gaig.com/AH) and fill out the quote form.

# Getting Started (continued)



## 2. [Gaig.com/AH](https://www.gaig.com/AH)

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 schedule time 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](mailto:contact@getpomi.com)

**Tech Support:** [support@getpomi.com](mailto:support@getpomi.com)

**Broker Relations:** [brokerrelations@getpomi.com](mailto:brokerrelations@getpomi.com)

**Claims:** [claimsteam@getpomi.com](mailto:claimsteam@getpomi.com)

**Underwriting:** [underwriting@getpomi.com](mailto:underwriting@getpomi.com)

**Marketing & Communications:** [news@getpomi.com](mailto:news@getpomi.com)



# Your Account

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Use your account at [portal.getpomi.com](https://portal.getpomi.com) to get started.

Remember, for now, this portal only manages Participant Accident policies for the following business types:

- Non-profit organizations
- Daycares/Preschools
- Summer/Overnight/Day camps
- After School activities
- K-12 Schools
- Sports Teams and Leagues

To obtain information on A&H policies for other types of businesses, please use the Get a Quote form found on [gaig.com/AH](https://gaig.com/AH).

**Tools on [portal.getpomi.com](https://portal.getpomi.com):**

1. Dashboard view of all your Participant Accident pomi policies:
2. Quote and bind in just a few minutes
3. Amend an existing policy with endorsement workflow
4. Cancel policies
5. Renew 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:** Policies for New York must be referred.

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

Here's a look at all of your group accident business.

Get a quote

QUOTE NUMBER

POLICY NUMBER

GROUP NAME

DBA NAME

STATUS

Please select

Search

Active Transactions

Quote Number	Policy Number	Group Name	State	Status	Effective	Expiration
Q5G5SR		US34948 - 12/31 - 855	KY	QuickQuote	12/31/2024	12/31/2025
Q8U2KF		Noughton test 18	FL	Quoted	1/1/2025	1/1/2026
SUM4JZ		Regression - Test126	IN	Quoted	1/3/2025	1/3/2026
ASMRP2		Reggy-140	CA	Quoted	1/3/2025	1/3/2026
RTUWAL		MTA - Sprint 42 - DEV - Test 2	KY	Quoted	1/3/2025	1/3/2026

Issued Policies

Quote Number	Policy Number	Group Name	State	Status	Effective	Expiration
RN50GV	BSR MA25893 - 00	US349428 - 12/31 - 734	KY	SaleComplete	12/31/2024	12/31/2025
NR5PD3	BSR MA25891 - 00	US349428 - 12/30 - 729	KY	SaleComplete	12/31/2024	12/31/2025
95P5B4	KTT MA53398 - 01	Test Regression-142	TX	SaleComplete	1/1/2025	1/1/2026
N15DZ	BSR MH58468 - 00	UW questions authority test 13	KY	SaleComplete	4/30/2024	4/30/2025
67Q1DZ	BSR MH58468 - 00	UW questions authority test 13	KY	SaleComplete	4/30/2024	4/30/2025

Pending Renewals

Quote Number	Policy Number	Group Name	State	Status	Effective	Expiration
UEZ5KX		NB - short-term (extension) test 4b	KY	Expired	1/1/2025	1/1/2026

# 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.

Sign Out

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

**Client Information**

GROUP/ORGANIZATION NAME

DBA (PLEASE ADD LOWER CASE "DBA" BEFORE THE NAME)

Address Name of Entity

ADDRESS

Type an address or what2search

CITY STATE ZIP CODE

Please select...

PLEASE ENTER UP TO TEN AFFILIATE (OPTIONAL)

+ Add affiliate

IS THIS A TEST POLICY?

No

Sign Out

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**Risk Information**

RISK CATEGORY

Camps

RISK CLASS

Camps (Day)

TOTAL NUMBER OF PARTICIPANTS

You must enter a number.

PLEASE ENTER AVERAGE ACTIVITY DURATION FOR RISK CLASS. (CLICK ON "I" TO ACCESS HELP.)

DO YOU WISH TO INCLUDE COVERAGE FOR A SECOND CLASS OF PARTICIPANTS?

No

HAVE THERE BEEN ANY LOSSES IN EXCESS OF \$500 IN THE PAST 3 YEARS?

YES NO

Back Notes Continue

Sign Out

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QUOTE NUMBER: JXDFSK

QUOTE FOR: kelly test

Description of Covered Persons:  
Class 1: All Registered Camp Participants of the Policyholder.

Description of Covered Activities:  
Class 1: While participating in scheduled, sponsored and supervised activities of the Policyholder.

Coverage Options Available

	Plan 1	Plan 2	Plan 3
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	\$445.00	\$485.00	\$480.00
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	NA
Aggregate Limit of Indemnity	\$250,000	\$250,000	\$250,000
Accident Medical Expense Benefit	\$25,000	\$50,000	\$100,000
Dental Maximum	\$500 Per Covered Accident	\$500 Per Covered Accident	\$500 Per Covered Accident
Deductible	\$0	\$0	\$0
Accident Medical Incurred Period	90 Days	90 Days	90 Days

# 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.

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

Sign Out

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

**QUOTE INFORMATION**

Quote Number	JUN05K
Quote Date	12/31/2024
Quote Status	QuickQuote

**POLICY INFORMATION**

Program Selection	Participant Accident
Effective Date	2/1/2025
Expiration Date	2/1/2026

**CLIENT INFORMATION**

Group/Organization Name	kelly test
DBA	
Insured Address	300 E Main Street Charlottesville, VA 22901

Please verify information is correct and hit continue.

Back Copy/re-quote Notes Update Continue



# 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 MJ20951 - 00

POLICY INFORMATION		SCHEDULE OF BENEFITS	MAXIMUM BENEFIT AMOUNT
Policy Number	BSR MJ20951 - 00	Scope of Coverage	Excess
Policy Effective Date	2/1/2025	Accidental Death Benefit	\$10,000
Policy Expiration Date	2/1/2026	Accidental Dismemberment Benefit	\$10,000
Described Location	300 E Main Street Charlottesville, VA 22911	Paralysis	NA
Billing Account Number	862829040	Aggregate Limit of Indemnity	\$250,000
		Accident Medical Expense Benefit	\$100,000
		Dental Maximum	\$500 Per Covered Accident
		Deductible	\$0
		Accident Medical Incurred Period	90 Days
		Coinurance	100%
		Maximum Benefit Period	52 Weeks
		Travel 1q/From Sponsored Activities	No
		Total Premium	\$480.00

[Policy Pack BSR MJ20951 - 00](#)  
[Claim Manual BSR MJ20951 - 00](#)  
[My Billing Quick Card BSR MJ20951 - 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 DBA NAME STATUS

MJ62573 Please select Search

Policies

Quote Number	Policy Number	Group Name	dba Name	State	Status	Effective	Change Date	Created On	EndP	RenewalP	Premium	Agent	Transaction Type
2CSFNF	BSR MJ62573 - 00	Test Policy	dba name	OH	Future Dated Cancellation	3/6/2025	3/4/2025	March 6, 2025	Yes	No	\$130.00	Ruth - Baker - Test Account	End
YJB55C	BSR MJ62573 - 00	Test Policy	dba name	OH	Issued	3/6/2025	3/4/2025	March 6, 2025	Yes	No	\$130.00	Ruth - Baker - Test Account	End
3EQ5XH	BSR MJ62573 - 00	Test Policy	dba name	OH	Issued	3/6/2025		March 6, 2025	No	No	\$005.00	Ruth - Baker - Test	New Business

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.

Sign Out

Dashboard New quote Retrieve quotes and policies Contact us

POLICY INFORMATION		SCHEDULE OF BENEFITS	MAXIMUM BENEFIT AMOUNT
Policy Number	BSR MJ62573 - 00	Scope of Coverage	Excess
Program Selection	Participant Accident	Accidental Death Benefit	\$10,000
Policy Effective Date	3/6/2025	Accidental Dismemberment Benefit	\$10,000
Policy Expiration Date	6/1/2025	Paralysis	NA
Policy Cancelled Date		Aggregate Limit of Indemnity	\$250,000
Status	Sale/Complete	Accident Medical Expense Benefit	\$100,000
Lapsed Reason		Dental Maximum	\$500 Per Covered Accident
Not Taken Up Reason		Deductible	\$0
Reinstated Reason		Accident Medical Incurred Period	90 Days
Quote ID	YJB55C	Coinurance	100%
<b>CLIENT INFORMATION</b>		Maximum Benefit Period	62 Weeks
Group/Organization Name	Test Policy dba name	Travel To/From Sponsored Activities	Yes
Insured Address	123 Main Street Cincinnati, OH 13888		

# Adjustments



Once logged in, search the dashboard for the policy number or name of insured. Once found select View on the last record to access the full policy information. Select Adjust Policy. Enter the effective date of change and change/update the desired information, such as address, changes to the insured name, affiliate location additions/deletions, exposure changes and/or benefit adjustments. 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.

**Risk Information**

DBA (PLEASE ADD LOWER CASE "DBA" BEFORE THE NAME)  
also Name of Entity

ADDRESS  
Type an address or what's yours

CITY STATE ZIP CODE  
Please select...

PLEASE ENTER UP TO TEN AFFILIATE (OPTIONAL)

IS THIS A TEST POLICY?

**Risk Category**

RISK CLASS

TOTAL NUMBER OF PARTICIPANTS

PLEASE ENTER AVERAGE ACTIVITY DURATION FOR RISK CLASS (CLICK ON "Y" TO ACCESS HELP)

DO YOU WISH TO INCLUDE COVERAGE FOR A SECOND CLASS OF PARTICIPANTS?

HAVE THERE BEEN ANY LOSSES IN EXCESS OF \$500 IN THE PAST 3 YEARS?

**Coverage Options Available**

	Plan 1	Plan 2	Plan 3
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	\$445.00	\$485.00	\$480.00
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	NA
Aggregate Limit of Indemnity	\$250,000	\$250,000	\$250,000
Accident Medical Expense Benefit	\$25,000	\$50,000	\$100,000
Dental Maximum	\$500 Per Covered Accident	\$500 Per Covered Accident	\$500 Per Covered Accident
Deductible	\$0	\$0	\$0
Accident Medical Incurred Period	90 Days	90 Days	90 Days
Coinurance	100%	100%	100%
Maximum Benefit Period	52 Weeks	52 Weeks	52 Weeks
Travel To/From Sponsored Activities	No	No	No
Calculated Premium (LW Only)	445	485	480
<b>SELECTED PREMIUM:</b>		\$480.00	

# Adjustments (continued)



After updating the information on your policy, 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.

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.

Premium Adjustment

Original Premium	\$905.00
Updated Full Term Premium	\$190.00
Endorsement Premium Change	\$204.00

Quote Adjustments

INCLUDE COVERAGE FOR TRAVEL TO AND FROM SPONSORED ACTIVITIES?

Yes

DO YOU WISH TO ADJUST YOUR COMMISSION?

No

DO YOU WISH TO ADJUST YOUR BENEFITS FOR CLASS 2? (UPDATES WILL DISPLAY ABOVE, IN THE PLAN ON THE FAR RIGHT.)

No

INCLUDE COVERAGE FOR TRAVEL TO AND FROM SPONSORED ACTIVITIES FOR CLASS 2?

Yes

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

No

Download Quote (Option Selected)

Back

Notes

Update

Bind Quote

pomi

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Congratulations,  
Test Policy dba name is now updated!

Your Policy BSR MJ62573 - 00

POLICY INFORMATION	SCHEDULE OF BENEFITS	MAXIMUM BENEFIT AMOUNT
Policy Number	BSR MJ62573 - 00	Scope of Coverage
Policy Effective Date	3/6/2025	Accidental Death Benefit
Policy Expiration Date	6/1/2025	Accidental Dismemberment Benefit
Described Location	123 Main Street Cincinnati, OH 13898	Paralysis
Policy Change Effective Date	3/14/2025	Aggregate Limit of Indemnity
Policy Change Premium	\$204.00	Accident Medical Expense Benefit
		Dental Maximum
		Deductible
		Accident Medical Incubation Period
		Coinurance
		Maximum Benefit Period



# Cancellations



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

POLICY INFORMATION		SCHEDULE OF BENEFITS		MAXIMUM BENEFIT AMOUNT	
Policy Number	BSR MJ62573 - 00	Scope of Coverage	Excess		
Program Selection	Participant Accident	Accidental Death Benefit	\$10,000		
Policy Effective Date	3/6/2025	Accidental Dismemberment Benefit	\$10,000		
Policy Expiration Date	6/1/2025	Paralysis	NA		
Policy Cancelled Date		Aggregate Limit of Indemnity	\$250,000		
Status	Safe/Complete	Accident Medical Expense Benefit	\$100,000		
Lapsed Reason		Dental Maximum	\$500 Per Covered Accident		
Not Taken Up Reason		Deductible	\$0		
Reinstated Reason		Accident Medical Incurred Period	90 Days		
Quote ID	YJ855C	Coinurance	100%		
CLIENT INFORMATION		Maximum Benefit Period	52 Weeks		
Group/Organization Name	Test Policy dba name	Travel To/From Sponsored Activities	Yes		
Insured Address	123 Main Street Cincinnati, OH 13998	Class 2			
RISK INFORMATION		Scope of Coverage	Excess		

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.

Named Insured: Test Policy  
Quote Number: 2C5FNF

WHEN WOULD YOU LIKE THE CANCELLATION TO BE EFFECTIVE FROM?  
3/20/2025

CANCELLATION TYPE  
Insured Request

Continue

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

Cancellation Confirmation

NAMED INSURED: Test Policy  
POLICY NUMBER: BSR MJ62573 - 00  
QUOTE NUMBER: 2C5FNF  
CANCELLATION EFFECTIVE DATE: 3/20/2025  
CANCELLATION DESCRIPTION: Insured Request  
CANCELLATION PREMIUM REFUND: (\$048.00)

Please select continue to cancel policy: BSR MJ62573 - 00.

Back Continue

An email will also be sent to your email address on file to confirm the cancellation.



## Re-instatements

To reinstate coverage, please contact Specialty Accounting either by phone or email 1-800-847-4357, option 3 or MyBilling@gaig.com.

## Renewals

Renewals are automated so no action is required on your part. Any policies not issued automatically will be handled by our team members. An email will also be sent to your email address on file to confirm the renewal policy has been issued.

## Payments

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

Log on to the portal if you need to view policy documents at any time. You will also have the policy documents emailed to you.

# 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](mailto:contact@getpomi.com)

**Tech Support:** [support@getpomi.com](mailto:support@getpomi.com)

**Broker Relations:** [brokerrelations@getpomi.com](mailto:brokerrelations@getpomi.com)

**Claims:** [claimsteam@getpomi.com](mailto:claimsteam@getpomi.com)

**Underwriting:** [underwriting@getpomi.com](mailto:underwriting@getpomi.com)

**Marketing & Communications:** [news@getpomi.com](mailto:news@getpomi.com)



\*AM Best rating affirmed 12/15/2023.

For agent/broker distribution only. Online portal may not be available at all times. © 2025 Great American Insurance Company. All Rights Reserved. Great American Insurance Group's member companies are subsidiaries of American Financial Group, Inc. (AFG). AFG is a holding company whose common stock is listed on the New York Stock Exchange. Policies are underwritten by Great American Insurance Company, an authorized insurer in all 50 states and the DC.