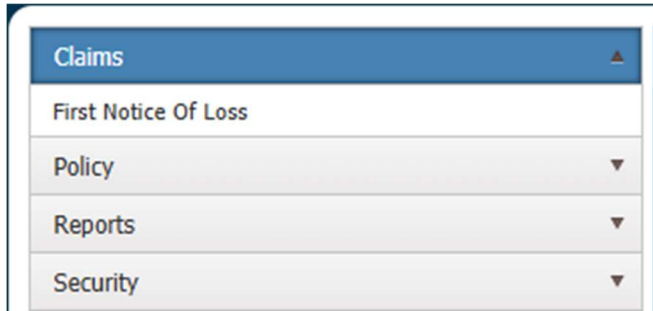


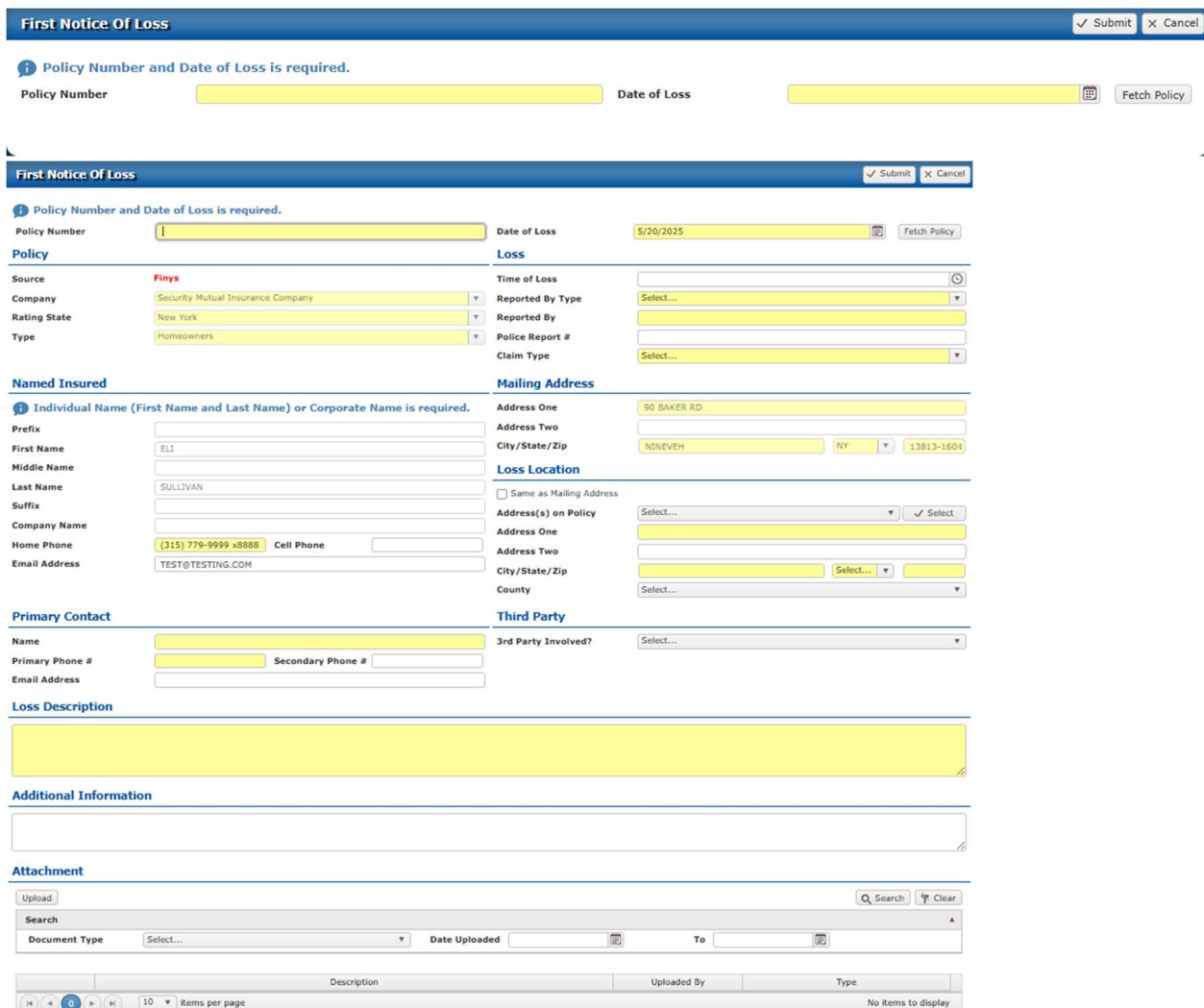
Submitting a loss in Finys

Under Claims

First Notice of Loss



Option 1: Select “First Notice of Loss”. It will pull up the following screen to be completed. Another screen will open to add more details. Once completed, please select “submit” to send to our claims department



First Notice Of Loss [Submit] [Cancel]

Policy Number and Date of Loss is required.

Policy Number [] Date of Loss [5/20/2025] [Fetch Policy]

Policy

Source [Finys] Time of Loss []
Company [Security Mutual Insurance Company] Reported By Type [Select...]
Rating State [New York] Reported By []
Type [Homeowners] Police Report # []
Claim Type [Select...]

Named Insured

Individual Name (First Name and Last Name) or Corporate Name is required.

Prefix [] Address One [90 BAKER RD]
First Name [ELI] Address Two []
Middle Name [] City/State/Zip [NINEVEH NY 13813-1604]
Last Name [SULLIVAN] Loss Location []
Suffix []
Company Name []
Home Phone [(315) 779-9999 x8888] Cell Phone []
Email Address [TEST@TESTING.COM]

Primary Contact

Name []
Primary Phone # [] Secondary Phone # []
Email Address []

Third Party

3rd Party Involved? [Select...]

Loss Description

[]

Additional Information

[]

Attachment

Upload [Search] [Clear]

Search []

Document Type [Select...] Date Uploaded [] To []

Description	Uploaded By	Type
No items to display		

Option 2: If already on the policy, please go to “Claims Summary” tab & select “Create FN

Policy Summary Billing Summary **Claims Summary** Diary Summary Document Summary

Policy Number: [Redacted] Search

Account Number: [Redacted] Policy Number: [Redacted]

Term: 3
5/4/2025 to 5/4/2026
ACTIVE
Renewable

Policy Summary Billing Summary **Claims Summary** Diary Summary Document Summary

No items to display

Create FNOL

No claim found for given policy number.

This screen appears with the policy number prefilled. Please add the Date of Loss and select “Fetch Policy”. Once completed with the second screen, please select “Submit”.

First Notice Of Loss Submit Cancel

Policy Number and Date of Loss is required.

Policy Number [Redacted] Date of Loss [Redacted] Fetch Policy

First Notice Of Loss Submit Cancel

Policy Number and Date of Loss is required.

Policy Number [Redacted] Date of Loss 5/20/2025 Fetch Policy

Policy

Source Fmvs

Company Security Mutual Insurance Company

Rating State New York

Type Homeowners

Loss

Time of Loss [Redacted]

Reported By Type Select...

Reported By [Redacted]

Police Report # [Redacted]

Claim Type Select...

Named Insured

Individual Name (First Name and Last Name) or Corporate Name is required.

Prefix [Redacted]

First Name ELI

Middle Name [Redacted]

Last Name SULLIVAN

Suffix [Redacted]

Company Name [Redacted]

Home Phone (315) 779-9999 x8888 Cell Phone [Redacted]

Email Address TEST@TESTING.COM

Mailing Address

Address One 90 BAKER RD

Address Two [Redacted]

City/State/Zip NINEVEH NY 13813-1604

Loss Location

Same as Mailing Address [Redacted]

Address(s) on Policy Select... Select

Address One [Redacted]

Address Two [Redacted]

City/State/Zip [Redacted] Select...

County [Redacted]

Primary Contact

Name [Redacted]

Primary Phone # [Redacted] Secondary Phone # [Redacted]

Email Address [Redacted]

Third Party

3rd Party Involved? Select...

Loss Description

[Redacted]

Additional Information

[Redacted]

Attachment

Upload Search Clear

Document Type Select... Date Uploaded [Redacted] To [Redacted]

Description Uploaded By Type

No items to display