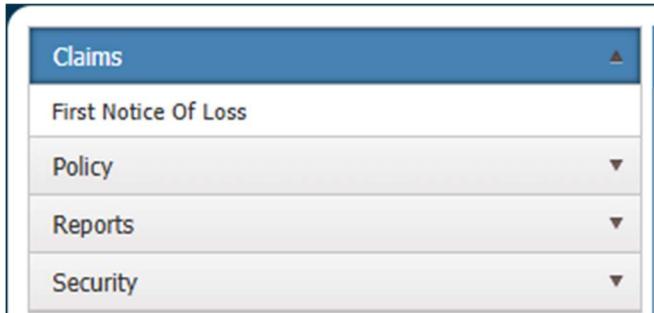


Submitting a loss in Finys

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

Policy Number Date of Loss

Policy

Source	Finys	Time of Loss	<input type="text"/>
Company	Security Mutual Insurance Company	Reported By Type	<input type="button" value="Select..."/>
Rating State	New York	Reported By	<input type="text"/>
Type	Homeowners	Police Report #	<input type="text"/>
		Claim Type	<input type="button" value="Select..."/>

Named Insured

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

Prefix	<input type="text"/>	Date of Loss	<input type="text" value="5/20/2025"/>
First Name	ELI	Address One	<input type="text" value="90 BAKER RD"/>
Middle Name	<input type="text"/>	Address Two	<input type="text"/>
Last Name	SULLIVAN	City/State/Zip	<input type="text" value="NINEVEH, NY 13813-1604"/>
Suffix	<input type="text"/>	Loss Location	<input type="button" value="Select..."/>
Company Name	<input type="text"/>	Address(s) on Policy	<input type="button" value="Select..."/> <input checked="" type="checkbox"/> Select
Home Phone	<input type="text" value="(315) 779-9999 x8888"/> Cell Phone	Address One	<input type="text"/>
Email Address	<input type="text" value="TEST@TESTING.COM"/>	Address Two	<input type="text"/>
		City/State/Zip	<input type="button" value="Select..."/>
		County	<input type="button" value="Select..."/>

Primary Contact

Name	<input type="text"/>	3rd Party Involved?	<input type="button" value="Select..."/>
Primary Phone #	<input type="text"/>	Secondary Phone #	<input type="text"/>
Email Address	<input type="text"/>		

Loss Description

Additional Information

Attachment

Upload Search Clear

Document Type Date Uploaded To

Description **Uploaded By** **Type**

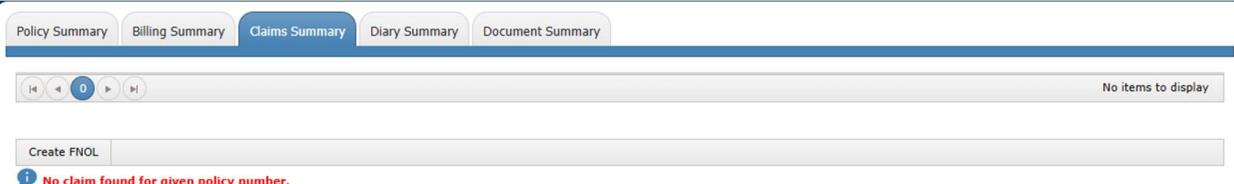
No items to display

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



Policy Number:

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



Policy Number:

No items to display

Create FNOL

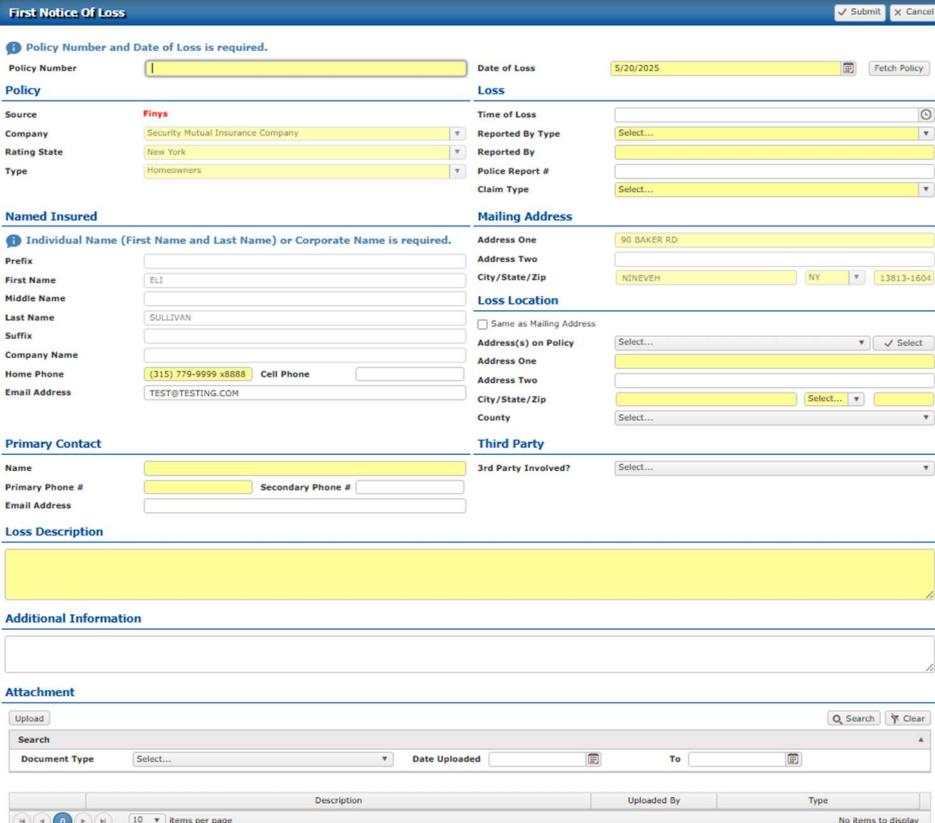
No claim found for given policy number.

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”.



Policy Number: Date of Loss:

Policy Number and Date of Loss is required.



Policy Number: Date of Loss:

Policy Number and Date of Loss is required.

Policy

Source: Finys
Company: Security Mutual Insurance Company
Rating State: New York
Type: Homeowners

Loss

Time of Loss: Reported By Type:
Reported By: Police Report #:
Claim Type:

Named Insured

Individual Name (First Name and Last Name) or Corporate Name is required.
Prefix: ELI
First Name: SULLIVAN
Middle Name:
Last Name:
Suffix:
Company Name:
Home Phone: (315) 779-9999 x8888 Cell Phone:
Email Address: TEST@TESTING.COM

Mailing Address

Address One: 90 BAKER RD
Address Two:
City/State/Zip: NINEVEH NY 13813-1604

Loss Location

Same as Mailing Address:
Address(s) on Policy:

Primary Contact

Name: Primary Phone #: Secondary Phone #:
Email Address:

Third Party

3rd Party Involved?:

Loss Description

Additional Information

Attachment

Upload: Search: Document Type: Date Uploaded: To:

Description: Uploaded By: Type:
No items to display

Items per page: 10