



FloodPort Agency FNOL Claim Reporting

Version 1.0 09282022



The First Notice of Loss (FNOL) or Claim Reporting process is very similar for all users.

[This document outlines the steps to submitting a First Notice of Loss on a claim.](#)

This information is specific to the Agency view.

Click to jump to section:

[Access Claims](#)

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Home News & Events Obtain a Quote Worklist Flood Policies Notifications Reference

Welcome [Trainer Joe](#)

Obtain a Quote
Obtain a flood zone determination and premium quote for new business or a company rollover. When the premium quote is complete proceed to application to finish the process and submit electronically.

Policies & Quotes
Access policies, quotes and applications. Endorse, review policy and claim history, and obtain documents and renewal bills.

Worklist
Follow through on quotes and applications, view pre-qualified policies, and check on the status of applications being processed.

Report Claims
Create a Notice of Loss for a policy.

Search for a Policy or Quote
Last Name or Business Name:
First Name:

Take Action on a Policy or Quote
Policy Number or Quote Id:

Flood Policies

Search for a Policy or Quote
Last Name or Business Name: Search
First Name:
Property City, State:

Multi-Policy Actions
Enter Policy Number(s):
(Separate multiple policies with a comma)

Report Claims

Go to Home page:
Click on Report Claims link

Search by policy number or insured name
For claims on multiple buildings send an email to claims with all of the policy numbers listed. They will assign them all to one adjuster

Or go directly to the policy screen:
Click Report a Claim button

Endorse Policy **Renew Policy** **Cancel Policy** **Report a Claim** **Policy Copy**

Overview Policy History Claim History Documents Policy Notes Payments

View, Print or Email : [Application](#) [Flood Zone Determination](#) [Current Declaration Page](#)

Claim for Policy 7500112441

[Review Claim](#)

Loss Information

Date of Loss: 09/27/2022  Term Dates: 09/30/2022 - 09/30/2023Loss and Damage Description
(maximum 250 characters):

Flash flooding from heavy rain caused water to fill basement

*Has the insured lived in the dwelling for 80 percent of the 365 days preceding the loss:

 Yes No

Is this property covered by wind and/or other flood insurance carrier:

 Yes No**Complete the form:****Enter the date the loss occurred****Give a brief description of the loss and damage****Indicate percentage of occupancy for Principal Residence review****Indicate if property has coverage under any wind or other flood policies**

Complete Claim Form

Contact Information	
*Contact Name:	Sandi Trainer <small>(First/Last)</small>
*Request Text Message Updates:	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>Would you like to receive periodic text message updates about your policy and claim? note that message and data rates may apply, and you can stop receiving texts at any time by replying STOP to any text.</small>
*Mobile Phone:	(555) 555 - 5555
Alternate Phone:	(222) 222 - 2222 ext. <input type="text"/>
Email Address:	sandi.potenziani@assurant.com
Address Line 1:	8655 E Via De Ventura
Address Line 2:	<input type="text"/>
City, State, Zip:	Scottsdale Arizona 85258
<input type="button" value="Review Claim"/> <input type="button" value="Discard"/>	

Enter name for insured/
contact

Opt In to receive text updates
on claim progress at cell
phone listed

Phone number for insured/
contact

Email for claim
communications/documents

Physical mail for claim
communications/documents

Review Claim will
move to next page

Discard will delete
form completely

Complete Claim Form

[Return to top](#)

Policy Information

Insured Personal ID Code: LX29KS3E5

Review for completeness and any errors before submitting to claims

Insured: SANDI TRAINER and JASON TRAINER Insured is Tenant? No

Insured is Small Business? No Insured is Non-Profit? No

Payer: First Mortgage - WELLS FARGO BANK, NA

Property Address: 8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258 Mailing Address: 8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258

Legal Description: No

Primary Phone: 555-555-5555 Secondary Phone: 222-222-2222

Insured Email: sandi.potenziani@assurant.com - Registered Additional Insured Email: Jasoncondo@email.com - [Welcome](#)

Policy Status: Inforce Status Potential Duplicate Policy: No

Agency ID: 77481-00000-000-00001 Agency: TRAINER JOE

Claim Information

Date of Loss: 09/27/2012

Loss and Damage Description: Flash flood

The insured has lived in the dwelling for 80 percent of the 365 days preceding the loss: Yes

Property covered by wind and/or other flood insurance carrier: No

Contact Name: SANDI

Contact Mobile Phone: 555-555-5555

Contact Address: 8655 E VIA DE VENTURA SCOTTSDALE, AZ 85258

Message Updates: Yes

Contact Alternate Phone: 222-222-2222

Contact Email: sandi.potenziani@assurant.com

Discard will delete form completely

Submit Claim will complete reporting process and open claim

More Changes goes to previous page to make corrections

Your claim has been submitted!
 Email has been sent to sandi.potenziani@assurant.com
Thank you for doing business with Assurant Flood.

System message will confirm claim has been submitted

[Email](#)

[Print Notice of Loss](#)

Policy Information	
Insured Personal ID Code:	LX29KS3
Policy Number:	75001124
Term Dates:	09/30/202
Insured:	SANDI TH TRAINER
Insured is Small Business?	No
Property Address:	8655 E VILAGE VENTURES SCOTTSDALE, AZ 85258
Legal Description:	No
Primary Phone:	555-555-5555
Insured Email:	sandi.potenziani@assurant.com - Registered

Click Print Notice of Loss to open a copy of the loss notice
Loss notice can be emailed from system using this field

Assurant Flood Insurance Program			
Helpdesk number: 800-423-4403			
FLOOD INSURANCE LOSS NOTICE			
*Attention Adjuster: Claim was reported outside of policy term. Please verify DOL before proceeding with claim.			
Report Date:	09/28/2022	Date Of Loss:	09/27/2022*
Time:	06:08:56PM	Reported By:	TRAINER JOE
FIGO Number:		Adjuster ID:	Examiner ID: Assurant Claims Manager2
AGENCY			
Agency Name:	TRAINER JOE		
Address:	1012 MANATEE AVE W BRADENTON, FL 34205-5927		
Phone:	410-789-7878	Agency Fax:	
Agent Id:	77481-00000-000-00001		

Claim History tab will now be active

Overview Policy History **Claim History** Documents Policy Notes Payments

Policy Number: 7500112441

Claims History

Date of Loss	Type	Status	Building Payment	Contents Payment
09/27/2022	Flood Damage Claim	Claim Pre-Open	\$0.00	\$0.00

Claim will show in Claims History showing:
Building & Contents payments issued to date
Status of claim
Click on the claim to open Flood Loss Inquiry form

American Bankers Insurance Company of Florida

As of: 09/28/2022

DOL: 09/27/2022

FLOOD LOSS INQUIRY

Flood Damage Claim Information

Insured: SANDI TRAINER	Policy Number: 7500112441
Adjuster:	Date of Loss: 09272022
Adjuster Phone: (-	Policy Type: Standard
Examiner: Assurant Claims Manager2	Claim Status: Claim Pre-Open
Date claim reported:	Date claim assigned to adjuster:
Documents Address:	Mailing Address:

Claim History Tab