

FNOL Portal Walk-Through

Global Housing CX, MFH Data Collected: 1.1.22 – 4.30.23



FNOL Step-by-Step Process Example Cause of loss: Fire



Testing FNOL Portal - Walk-Through





×

and easy as we

eclaration page.

receipts, bank

gistration. authenticity.





We found your policy RIN8971225

Insured Address 2213 RAGLAND RD	Accidental Discharge of Water		
	Accumulation of rainfall or snow		
	Burglary (a thief broke in)		
Tell us the reason for your claim	Collapse		
	Fire		
Cause of Loss	Flood		
	Freeze		
	Hail		
	Landslide		
	Lightning		
	Mold		
CHANGE LOSS DATE CONTINUE	Power Surge		
	Smoke		
	Termination of Employment		
	Theft (items stolen but no one broke in)		
	Vandalism (someone maliciously damaged your property)		
	Volcanic Eruption		

Water Damage

Windstorm

Weight of Ice or Snow



How can we contact you?

Email Address*

HousingCX@assurant.com

By clicking "Submit Claim", you are providing us with your claim inform be notified at the email address you provided regarding this **Notic** related communications. If you do not receive a response within 2 contact us to ensure your information was received. If you no longer communications at the e-mail address provided, refer to the <u>Electro</u> disclosure for instructions on how to opt out.

To continue your claim without consenting to electronic communic phone numbers below: Renter, Manufactured Home or Condo: 1-800-358-0600 Homeowner: 1-800-652-1262. To continue your claim without consenting to electronic communications call us at the phone numbers below: Renter, Manufactured Home or Condo: 1-800-358-0600 Homeowner: 1-800-652-1262.

Contact	Number*	

Mobile Number (Recommended)

(305)253-2244

(305)253-2244

🗹 Mobile number same as contact number

Mobile phone number will update the contact info for your claim. To update the contact info on your policy, please go to your account.

I'd like to receive text messages to the mobile phone number provided above.

By clicking SUBMIT CLAIM, I consent to receiving SMS texts from Assurant regarding my policy at the mobile phone number provided above. Texts may include, but are not limited to: any information regarding my policy, coverage notices, claims, billing, and general customer service. The frequency and type of texts will be determined by Assurant. I must inform Assurant if my mobile phone number changes. I may choose to stop receiving text messages anytime by replying STOP. I may also text HELP for assistance. I have read and agree to the <u>Electronic Business Consent</u> disclosure. Standard message and data rates apply.

Change Cause of Loss

Submit Claim







Once Claim Filed, and Upon Returning to Portal:

Restaurant*

🗧 🔶 C 💮 Not Secure | m1-msp.assurant.com/claimscenter/(S(is1gby1urextmjeo2kzcnuh1))/consumers/en-US/updateclaim/PhoneInGro... 😭 👜 🌻 💽

We found others insured under your policy

To avoid any delays in your claim, please provide contact information for each person listed under your policy. Each insured should have a unique mobile phone number and email address.

I represent that I am authorized to give consent for electronic delivery of policy related communications for any additional insureds or payees on this policy, by providing their mobile phone number and/or e-mail address.

Person(s) Insured	Mobile Number	Email Address
lvan Luna		
Eleany Gamez	(561)657-9927	HousingCX@assurant.com



Privacy Policy 🕹

© Copyright 2020 Assurant, Inc. All rights reserved.













 \rightarrow

Did this loss start in your residence?

● Yes ○ No

Where did the fire start?

	What F
Please Select	
✓ Kitchen	
Bedroom	Eiro Don
Living Room	Fire Dep
Bathroom	
Neighbor	
Other	
	. Tell us
	i eli us
Fire Dept. Name:	

ire Department responded? artment Test about your home What type of home are you in? ✓ Please Select Single Family Home Townhouse Apartment Student Housing # of Bedrooms # of Bathrooms



What type of home are you in?		
Apartment		~
# of Bedrooms 2	# of Bathrooms 1	
Total # Rooms affected 4		What do you normally spend on Food and Rent before the loss occurred? Normal rent paid monthly? \$1500
Is the home livable? O Yes No		Normal food cost spent weekly? \$200
		Please provide your landlord or property manager's details below
		Landlord or property manager Name



Please provide your landlord or property manager's details below

Landlord or property manager Name

The Test Aparments

Contact Phone

(305) 253-2244

Contact Email

The quickest method to inspect your property would be through video inspection via your mobile phone.

Would you be interested if applicable?

● Yes ○ No

We're available Monday through Friday 8am-5pm. Tell us what days and times work best for you. We will do our best to work with you.

Monday □ Tuesday ☑ Wednesday □ Thursday □ Friday
 Morning (8am-12pm) ○ Afternoon (12pm-5pm) ○ Available all day
 BACK CONTINUE







Was your personal property damaged?

● Yes ○ No ○ Not Sure

How many items were affected?

● 0 - 15 ○ 16 - 20 ○ > 20

Please provide the details of the damaged items to include age, make, model and purchase price if known





end tab	dai	Item Type couch	Qty 1	Purchase Date February 2018	Condition Above Avera 🗸	Purchase Cost \$3500
end tables coffee table 2 end tables	.e TV			Purchase		Purchase Cost
end table wood	tv receiver direct tv	Item Type end table wood	Qty 1	Date March 2019	Condition Average 🗸	\$129
end table glass end table hillsdale end table wooden	f led tv 30" tv led tv 32" tv led tv 30 in tv	Item Type painting	Qty 1	Purchase Date February 2010	Condition Below Avera, 🗸	Purchase Cost \$462
wood end tables end table haran	led tv 32 in tv			Purchase		
barrel end table	⁻⁶ 32 in tv smart tv large tv mount for fl	Item Type at scree e.g. Samsung TV 🔻	Qty 1	Date March 2020	Condition New 🗸	Purchase Cost \$980
end tab Custom Item	TV Custom Item	e				
	e.g. Samsung TV					
	ADD ITEM					







Provide documentation that supports your claim. If you do not have this information now, your adjuster will work with you to obtain at a later time.

Photos of Damages 🕫









Final Step: Review & Confirm, and Submit

C ASSURANT"		urextmjeo2kzcnuh1))/consumers/en-US/fileclaim/Wiz				
✓ Claim Details	✓ Item Details	✓ Document Upload Co	onfirmation	<u>Warning:</u> "Any person who knowingly and with intent to defraud any insurance company or other perso		
	Revie	w & Confirm		files an application for insurance or statement of claims containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civ		
		etails before submitting your information.		penalties."		
Claim	Claim Details Date of loss 06/10/202		f Edit	I have read and understand the above fraud statement		
Description of loss Testing te		Testing testing		By clicking on "Submit", you are providing us with your claim information and consent to be notified the email address you provided regarding this Notice of Loss and other related communications. If y do not receive a response within 2 business days, please contact us to ensure your information was received. If you no longer want to receive e-mail communications at the e-mail address provided, ref the <u>Electronic Business Consent</u> disclosure for instructions on how to opt out. To continue your claim without consenting to electronic communications call us at the phone numbe below: Renter, Manufactured Home or Condo: 1-800-358-0600 Homeowner: 1-800-652-1262.		
		Yes 0 - 1) c				
# of Bedrooms	2		2) e			
# of Bathrooms	1		3) p	BACK SUBMIT		
Total # Rooms affected	4		4) ∣€			
Is the home livable?	No					
Normal rent paid monthly?	\$1500	Uploaded Documents		C Edit		
Normal food cost spent weekly?	\$200	Photos of Damages	IMG_6857.jpg IMG_6858.jpg			
Landlord or property manager Name	The Test Aparments	Work Order	IMG_6859.jpg			
Contact Phone	(305) 253-2244					
Contact Email		Additional Living Expense Receipts	IMG_6860.jpg			
Video inspection interest	Yes					
Best day to reach me	Wednesday					
Best time to reach me	Available all day					





💫 ASSURANT®