REPORTING A LOSS: FLOODPRO

1. From the homepage, select REPORT A LOSS.



2. Search for the policy by either the policy number or by insured information.

Policy Search

To locate a Quote, Application or Policy, select the desired Policy Status (additional search criteria may be entered) and click Search. Results from your search will be shown below. Choose from the available Actions for the appropriate Quote, Application or Policy. To conduct a new search, click 'Clear' to remove the previous entries and enter your new search criteria.

		Policy S	Search by Insure	d Information	1		8
Policy / Quote Number	:					Lookin	g for EZ Flood policies?
Status:	In-force	•					
Search by Business N	ame						
		La	ast, First				
Insured Name:							
Member ID:							
Property Address 1:							
Property Address 2:							
Property City:							
Property State:	- Select One -		-				
Property Postal Code:							
						Search	Clear
						beenen	U.C.
			Policy Search R	esults			8
Policy / Quote Number	Insured Name	Property	Address	Status	Policy Type	Effective Date	Action
No records to display							

3. Identify the correct policy from the displayed list and select REPORT CLAIM from the ACTION drop-down list.

		Policy S	earch Resul	ts		2
Policy / Quote Number	Insured Name	Property Address	Status	Policy Type	Effective Date 👻	Action
Paid \$450			In-Force	Standard	10-28- 2020	Select Action
						Copy Policy To Application of Cancel Policy View/Endorse Policy Report Claim



	REPO	FLOODPRO
Report First Notice of	Loss	now Section: - Select One -
Policy Type:	Standard	
Policy Number:		
Policy Period:	10-28-2020 through 10-28-2021	Very will be directed to the DEDORT FIRST
Insured Name:		You will be directed to the REPORT FIRST NOTICE OF LOSS. Directly above the "Policy
Property Address:		Summary" box is a link to "Claims FAQ for your policyholders". You can open this and email the
Policy Status:	In-Force	link to the policyholder.
Please provide the Claim	info below to submit the first notice of l	
Click Submit below to se	and the First Notice of Loss to the Claims	Department.

4. Complete the required areas on the CLAIM INFO tab that are marked with a red asterisk.

Claim Info:		*	Policy Summary	
Date of Loss: * Person Reporting Loss: * Reported By: *	mm-dd-yyyy First and Last Name		Building Coverage: Building Deductible: Contents Coverage: Contents Deductible: Condo Coverage: Flood Zone:	\$159,500 \$3,000 \$63,000 \$3,000 Not a Condo AE
Send Mail To: Address: Postal Code: City: State:	Standard Mailing		Occupancy: Elevated: Basement/Enclosure: Post-FIRM: Principal Residence: Insured Mailing Address:	Single Family Yes None Yes Yes
Primary Email: * Primary Phone: * Preferred Contact Methods: *	(xoox)xoox-xooox Type: * (- Select - Phone Email	- Select One - 💌	Insured's Email Agency Name: Agency Phone: Prior Loss Info	
Is the property accessible: What is the estimated water h Total number of rooms affecte	Mail 💌	Yes inches	No Prior Losses	

Assigned Adjusting Firm: Contact Information:	National Flood Services 🍘	
Phone: Email:		
Notes to the Adjusting Fi	rm:	2500 max
Notes to the Rojusting H		
his note will be sent to the		

The ADJUSTER INFO tab lists the adjusting firm name, phone number, and email address. Give this information to the caller who is reporting the claim.

If you have any specific Information that the adjusting firm should know, enter it into the NOTES TO THE ADJUSTING FIRM box provided.

