VIEW A CLAIM

After signing into the agent portal and navigating to the Policy, view a claim by clicking the "click here to view" notification hyperlink in the top left corner of the Policy page.

ns S						
	m is under review	please <u>click here</u>	to view			
Application Cov	verage Property Info	o Additional Info	Forms	Billings		
-LD3139002241						
Policy #/Holder Name	/ #/Holder Name FLD3139002241/1/TEST QUOTE		Payment Plan		Full Pay	
Terms Start date	12/31/2022	Term End	Term End Date		12/31/2023	
Transaction Effective date	12/31/2022	Transactio	Transaction Exp. Dt. 12/31,		/31/2023	
Transaction Type	New Business - Agent Busir	ness Bill to	Bill to		POLHOLDER	
Total Premium Change	\$358.00	Product N	ame	Flo	ood Program	
Total Premuim	\$358.00	U/writer				
Total Claim	0 Policyholder/Member Cop	by Agent Copy Transaction	Transaction Note			
Coru Don						

The page will update with the claim page with views of the client Info and Additional Details sections.

Info FLD3139002241 Policy Type: Flood Program Effective Date: 2022-12-31 / 2023-12-31						
Property Location: *	1125 DOROTHY ST, Lakeland, Polk C	Do you want t	o add Temporary Location?: *			
Contact No. *	(111) 111-1111	Second Contact No.: *		(887) 889-9966		
Email: *	TEST@TEST.COM	Accept Text: *				
Date of Loss *	11/04/2022					
Temporary Address *	Zip *	Zip Suffix *	County *	State *	City *	
Fifty Seventh Street Media	33614	3295	US	FL	Tampa	
Additional Details (Optional)						+

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