This presentation will assist you in the process of submitting Endorsements through the Finys system.



Welcome







Submitting Endorsements for Finys

Key Reminders

- For your Errors and Omissions protection, we highly recommend that you retain a signed document of requested policy changes.
- Signed authorization is needed to remove a named insured. The person being removed must give authorization for their name to be removed.
- Please allow 5-7 business days for completion.
- Do not send duplicate requests.
- Call if an Endorsement has been submitted with an urgent status.
- ACH/Pay plan changes are NOT to be sent to Endorsements. They are to be sent to the Direct Bill department.
- Attach photos, documents, appraisals, or other pertinent information for a change.
- Notify Security Mutual when any change of occupancy occurs, ie: Death, Moving, Divorce, Primary or Secondary/Seasonal Change.
- > Any coverage questions are to be directed to Underwriting Department.





Select Finys Suite



Log Into Finys

Disclaimer! UAT screens may be different from screens agents see

Log In to Your Account					
Login Id					
Password					
Enter Password					
Remember User ID					
This site is protected by reCAPTCHA and the Google Privacy Policy and Terms of Service apply.					
Log In					
Forgot Login Id Password? Register Insured					

Need Help? password@securitymutual.com call your Territory Manager

Enter the Policy Number or you can search by the Insured's name.

Select the Amend button for the correct policy term.

Enter effective date of Change and confirm

Submit an Endorsement

	Policy														
	Quote Policy	Numbe Numbe	r					Insur	ed Name ed Name					Sear	rch
Policy	y Summary	Billing	; Summary	Claims Summ	nary Dia	ry Summary	Docum	ent Summar	У			Policy Num	ber		Q, Search
Acco 2417 I ITHAC	OUNT NU N TRIPHAMME A NY 14850-	mber: ER RD -1013	: 1003(062				TEST A	MENDMENT CLATES OF NY INC	1			Policy	Number: 0: 11/26/20	111004573 Term: 1)24 to 11/26/2025 ACTIVE Renewable
	[Paid Ir	n Full				Payment Histor	у		L	ast Payment		
				Nothin	g Due			So	1		S.	\$	1,289.93		
								View Payme	in the last 30 day	5		paid on	November 26, 20	24	
								view Payme							
		Term	Effective	Expiration	Premium										
-	Amend	. 1	11/26/20	11/26/2025	\$1,289.93	Active									^
				Change	E	Effective	Date		Term Premium						
	Sele	ct	Inquire	NEW BUSINESS	1	1/26/2024	11/26/2024	3:57 PM	\$1,289.93						÷
				Effect	ive Date										
				Effect	tive Date					Ē					
									Confirm						

Make Your Changes

NOTE on Address changes:

When doing an address change, the Insured's address should be entered as the LOCATION/RISK address and the Mailing address should be entered as the MAILING address.

You will also have to make sure to select the postal icon to standardize the addresses.

Make sure to check the box within the mailing address if the addresses are the same.

You will have to standardize the addressed by selecting the postal icon.

Remember to go to the Location Tab to update location address if changed.

Policy Cocation Premises Pricing Reports Manual 🕛 Insured TEST AMENDMENT 1 Policy : 0111004573 📖 🖉 Save and Close 🛛 Undo Amendment 🔹 Continue Term: 11/26/2024 - 11/26/2025 Change Eff. Date : 01/01/0001 薗 Effective Date 12/2/2024 403000 - A/C ASSOCIATES OF. Agent 403000 - A/C ASSOCIATES OF NY INC 11198 ALEXANDER RD, ATTICA NY 14011 Expiration Date 11/26/2025 Ē Policy Term 12 Months Ψ. Inception Date Ê 11/26/2024 **Primary Insured** Insured Type **Business** Legal Entity Individual Ŧ Business Name TEST AMENDMENT 1 DBA/TA Business Phone Number Alternate Phone Number Phone Fax Email Insured's Address Mailing Address Mailing same as insured? Addressee Type mailing Addressee Type location Select... Select... Addressee Name Addressee Name Street Address Street Address Apartment, Suite, Etc. Apartment, Suite, Etc. City City New York State/Territory New York State/Territory ٧ Zip code Zip code United States of America United States of America Country Country Ŧ

Current Endorsements

A PDF of the forms are available by selecting the !

You may also search for a form by entering the form number in the search Endorsement field.

You can remove a form by simply select the Remove button.

If you are unsure of the correct form numbers to be used, please contact the Underwriting department.

Curre	ent Endorsements	Endorsements											
					Filter by Details	Fi	lter by Category 🔹	•	Search End	orsements	Q, Sear		⊘ Clear
	Form Code	Id	Edition	Description						Category	Premium		
4	LS-12	31	08/12	Waiver of Subrogation $(!)$	ver of Subrogation ①						\$0.00	×	Remove
Name of Person or Organization:						EQUIPMENTSHARE.COM INC							
	LS-141A-DISC	26	06/22	Policyholder Disclosure Notice: E	mployer's Liability Exclusion Third Pa	rty A	Action Over			N/A	\$0.00		
	LS-141A	25	06/22	Employer's Liability Exclusion)					N/A	\$0.00		
	LS-139A	24	06/22	Communicable Disease Exclusion	ommunicable Disease Exclusion Clarification 🕕					N/A	\$0.00		
	LS-93	23	05/97	Employment Practices Exclusion	mployment Practices Exclusion ①					N/A	\$0.00		
	LS-88	22	05/97	Discrimination Clarification (1)	scrimination Clarification ①						\$0.00		

Available Endorsements

Adding Endorsements.

Select the form, then Select Add Selected Endorsements.

The form will then move under Current Endorsements

If a form requires information, the entry field will be yellow. All fields that are yellow will need to be completed.

Ava	Available Endorsements									
4	Add Selected Endo	rsements		Filter by Category 🔻	Q Search OClear					
	Form Code	Edition	Description		Category	Add	Allowed	Info. Required		
	THIRD-PARTY	2.0	Third-Party Notification Program (1)		N/A	1	1	~		
	LS-23	01/88	Additional Insured (Club Members)	N/A	1 4	99				
	LS-25A	05/17	Additional Insured State or Political Subdivision $(!)$		N/A	1	99	~		

Curr	ent Endorsement	rent Endorsements											
cum		3											
					Filter by Details	 Filter by Category 	Search End	orsements	Q, Sea	rch 🛇 Clear			
	Form Code	Id	Edition	Description				Category	Premium				
4	LS-25A	37	05/17	Additional Insured State or Politi	.dditional Insured State or Political Subdivision $^{\textcircled{1}}$					× Remove			
	State or Politic	cal Subdi	ivision:										

Attaching Documents

✓ Insured ✓ Policy ✓ Location ✓ Premises Pricing ✓ Reports Amend							
TEST AMENDMENT 1	₹.						
Policy : 0111004573 Term : 11/26/2024 - 11/26/2025	Policy : 0111004573						
Change Eff. Date : 12/05/2024	View/Attach	Documer	nts				

Document Library						×
Upload						Q Search 🌾 Clear
Search						
Document Type	Amendment	*	Date Uploaded		То	Ē
Email	Select					*
	Amendment					
	Application					
Email Description	Cancellation	- 11		Uploaded By	Туре	
	New Business					No items to display
	Non-Renewal					. ,
	Payment					
	Picture/Report	-				
	L					

To attach documents to support endorsement changes.

Select the paper clip icon.

Once selected you will get the Document Library.

Select from the Document Type dropdown menu what you are attaching.

Select the Date Uploaded.

Select Underwriting from the Dropdown Select Picture/Report from the dropdown

Drag and Drop your PDF document into the red wording area.

In the Description field, type what you are attaching.

Save and "x" out.

Attaching Documents

Upload						🗸 Save	× Close			
Categorizers: Default Categorizer 3:	Underwriting Picture/Report	T	Underwriting	T						
Select files The following characters will be replaced within the filename: ? % * : " <> ' ~ ! @ # \$ % ^ &										
File Name: dog.pdf Categorizer 3: Picture/Report V Use default Description										
Dog questionnaire							1.			

Once you are done making your changes, review the Navigation Tabs at the top. Green Checkmark: No more work is required for that screen

Location

Insured

S Policy

S

Pricing

Reports

Dwelling

Red Dollar Sign: screen is missing required information, or a rule is preventing rating or application submission.

Orange Silhouette: Underwriter Referral is triggered by a rule that is related to that screen

Make any changes needed to make all Tabs Green except the Pricing Tab and the Amend Tab.

Select the Pricing tab. This will show the new Premium amount for the endorsement submitted

Pricing

	icy 🕻	Location	Premises	Pricing	📀 Repo	rts	👌 Amen	d
 ➢ Insured ➢ Policy ➢ Location ➢ Pres TEST AMENDMENT 1 Policy : 0111004573 Term : 11/26/2024 - 11/26/2025 Change Eff. Date : 12/05/2024 	mises 🔗 Pric	ing Reports 🔞 Amend		a 2	Save and Close	Previous U	Indo Amendment	Continue
Refresh Rate Total Premium:			\$1,289.93	3				
Description	Premium							
Coverage A - Building Premium	\$1,269.00							
Asbestos Exclusion	(\$1.00)							
Silica Exclusion	(\$1.00)							
Equipment Breakdown Enhancement Endorsement	\$40.00							
Loss Of Income Special Limitations	(\$25.00)							
Fire Fee Premium	\$7.93							
					Save and Close	Previous L	Jndo Amendment	Continue

Entering Change Reasons

Select the Amend Tab

Select from the dropdown menu what change has been made. This reason code may get changed if the wrong one is selected when we review the Endorsement.

Insured Policy Cocation Premises	Pricing Reports 🕞 Amend			
TEST AMENDMENT 1 Policy : 0111004573 Term : 11/26/2024 - 11/26/2025 Change Eff. Date : 12/05/2024			😭 🖉 Save and Close	Previous Undo Amendment
Amendment Details				
New Term Premium		\$1,289.93		
Prorated Premium		ş0.00		
Change Effective Date		12/5/2024		
Change Reason(s)				×
C Adding Additional Coverage(s)				▲
Adding Additional Interest(s)				
Adding Additional Location(s)				
Change Bill Plan				
Change Deductible				
Change in Additional Interest(s)				
Change in Coverage(s)				-

The Change Reason will show on the Dec page, as seen here.

Declaration Type: Amendment Amendment Effective Date: 12/03/2024 Description of Change: Adding Additional Coverage(s)

Continuing with the Change reason page...

Next you will select a more detailed description of the change.

User Change Made field needs to be filled in.

Whatever you put in this area will show on the Dec page, as seen here.

NOTE: This is **NOT** where you put your requested reason explanations,

Insured Policy Cocation Premises Pricing Reports Amend	
TEST AMENDMENT 1 Policy : 0111004573 Term : 11/26/2024 - 11/26/2025 Change Eff. Date : 12/05/2024	Save and Close Previous Undo Amendment Submit R
Amendment Details	
New Term Premium	\$1,289.93
Prorated Premium	\$0.00
Change Effective Date	12/5/2024
Change Reason(s)	
Adding Additional Coverage(s) ×	
User Changes Made	
SMIC- SF-532 ADDED Classification Contractor NOC	

Declaration Type: Amendment Amendment Effective Date: 12/03/2024 Description of Change: Adding Additional Coverage(s) - SMIC-SF-532 ADDED Classification: 35028 -Contractor NOC

Finally, time to submit your Endorsement Referral.

Select the Submit Referral button.

Once selected you will receive this box. This is where you are to put any notes regarding the change request. Basically, whatever you would send in an email for the endorsement, is what should be entered here. An example is shown here.

Select OK –Referral has been submitted. Select Ok one more.

Submitting Referral

Insured Policy Location Premises Pricing Reports Amend	
TEST AMENDMENT 1 Policy : 0111004573 Term : 11/26/2024 - 11/26/2025 Change Eff. Date : 12/05/2024	Save and Close Previous Undo Amendment Submit Referral
Amendment Details	
New Term Premium	\$1,289.93
Prorated Premium	\$0.00
Change Effective Date	12/5/2024
Change Reason(s)	
Adding Additional Coverage(s) ×	
User Changes Made	





Message ×
Referral has been Submitted
Ok

Thank you for watching.

Should you have any questions, please contact your Territory Manager, Underwriting or Endorsement Department.