

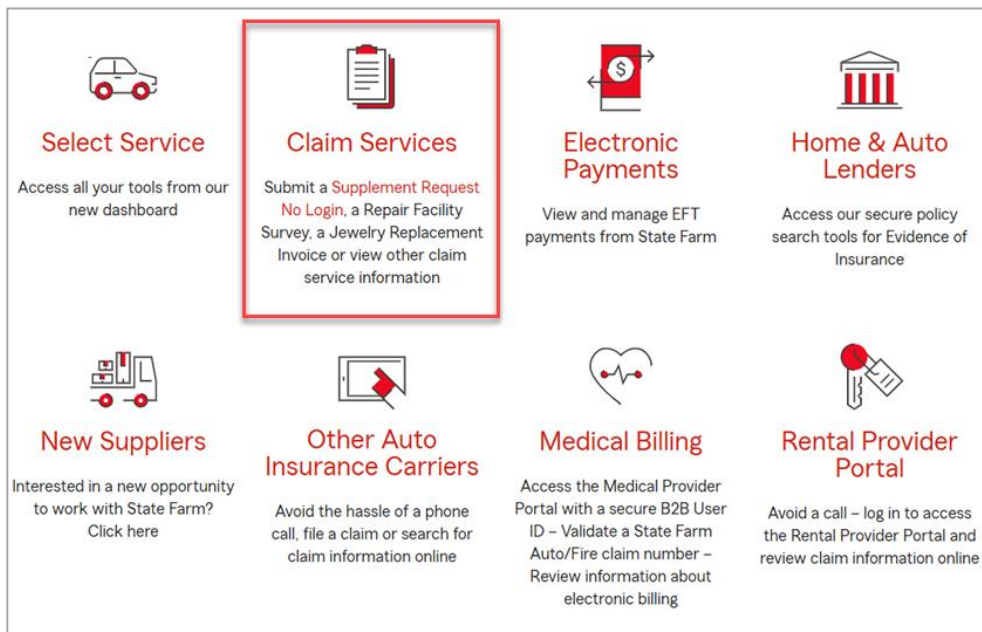
State Farm Premier Service® Providers can submit water mitigation summary reports online on the [State Farm® Business to Business \(B2B\) Portal](#).

## Business To Business Portal

1. Access the State Farm B2B Portal ([b2b.statefarm.com](https://b2b.statefarm.com)) and **login** with your **B2B ID** and **password**.
  - If you forgot your B2B ID or password, click on the corresponding **Forgot your B2B ID** or **Password** links within the B2B Login section.



2. After logging into the B2B Portal, click on *Claim Services* on the home page.



3. On the Claim Services page, click on *State Farm Premier Service Provider*.

**Claim services**

Service providers can now upload documents like estimates, invoices or photos online via the **Fire Service Provider Tool**. Service providers do not need a State Farm B2B Portal account to use the tool.

Welcome!  
Claim Services

Auto Repair Facility Survey

Request Supplement & Shop Claim View

Jewelry Replacement

Fire Service Provider Tool  
B2B registration not required to upload documents

**State Farm Premier Service Provider**  
Log In required to access

4. Access the tool from the State Farm Premier Service Provider landing page. Click on *Submit Water Mitigation Summary Report*.

**State Farm** Dashboards Account Help Contact Us

B2B > Claim Services > Premier Service Program

## Claim Services Premier Service® Program

Contractor  
Manage Zip Codes

**Resources**

- Manage Zip Codes Job Aid
- Authorization to Pay
- Authorization to Repair
- ITEL Assessment Form
- Water Mitigation Summary Report Job Aid

**Submit Water Mitigation Summary Report**

The B2B Website: FAQs Help & Support

**Claim Services**

- Premier Service Program
- Request Supplement
- Fire Service Providers

## Validate Claim

5. To initiate the process, first validate the claim. Enter the following required information before clicking on the *Check claim* button.

- Claim Number
- Policyholder Zip Code
- Policyholder Last Name/Organization Name
- Date of Loss

The screenshot shows the 'Validate Claim' form with the following data entered:

Claim Number 33	Policyholder Zipcode 27041
Policyholder Last Name/ Organization Name [Redacted]	Date Of Loss 10-19-2023

A red box highlights the input fields. Below the form is a red 'Check claim' button. At the bottom, there is a footer with navigation links (Home, Contact Us, Terms of Use, Privacy Policy, statefarm.com®) and the State Farm logo.

## Potential Validate Claim Error



One or more fields entered is incorrect, please re-enter the information and try again!

The screenshot shows the 'Validate Claim' form with an error message: 'One or more fields entered is incorrect, please re-enter the information and try again!'. The data entered is:

Claim Number 13000000	Policyholder Zipcode 61704	Policyholder Last Name/ Organization Name Jones
Date Of Loss 11-01-2023		

A red box highlights the error message. Below the form is a red 'Check claim' button. The footer is identical to the previous screenshot.

If an error is received, re-enter the information and click *Check Claim*. If you are unable to proceed, contact 844-458-4300 to obtain the correct claim contact. Do not call the B2B Help Desk if this error is received.

## Mitigation Summary Report

6. If the claim was successfully validated, fill out the digital Mitigation Summary Report, which includes a Payment Summary section. The Policyholder, DOL and Claim Number fields will be pre-populated. All the other fields except for Comments will need to be completed before clicking on the *Continue* button.

**Mitigation Summary Report** **Pre-populated**

Policy Holder: SMITH  
DOL: 10-19-2023  
Claim Number: 33

Category Of Water  
Days to achieve dry standard  
Class of water

Comments  
(75) characters remaining

To protect sensitive personal information, do not include full SSN, TIN, SIN, DL#, financial account numbers, credit/debit card numbers, PHI or any medical information

**Payment Summary** **Required Fields**

Mitigation estimate  
Deductible  
Equipment discount  
Equipment total  
Mitigation Payment: 0

Back Continue

## Completed Mitigation Summary Report Example

### Mitigation Summary Report

Policy Holder SMITH	DOL 10-19-2023	Claim Number 33
Category Of Water 2	Days to achieve dry standard 2	Class of water 2

Comments

This is text after screen wrapping.

To protect sensitive personal information, do not include full SSN, TIN, SIN, DL#, financial account numbers, credit/debit card numbers, PHI or any medical information

(42) characters remaining

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#### Payment Summary

Mitigation estimate \$5,000.00	Deductible \$100.00
Equipment discount \$100.00	Equipment total \$2,000.00
Mitigation Payment \$4,800.00	

Back
Continue

## Upload Files

7. After successfully entering the Mitigation Summary Report, upload the necessary documentation by clicking the *Choose File* button. Upload the following required documents before clicking on the *Submit* button.

- Authorization to Pay (ATP)
- Authorization to Repair (ATR)
- Mitigation Summary Report (MSR)

### \*\*\*Please Note\*\*\*

- **File types** accepted (**PDF, JPG and JPEG**)
- Each **file cannot exceed 17MB** and **total size** of uploaded files cannot exceed **19MB**
- Maximum of 20 files can be attached
- **Password protected** files will cause errors

Once files are uploaded, remove any of the files uploaded in error.

**Upload File**

To expedite the review process, upload the following documents: Authorization To Pay, Authorization To Repair and the Mitigation Summary Report.

- First choose the file(s) then click open
- File types can be PDF, JPG or JPEG
- Each file cannot exceed 17 MB and total files cannot exceed 19 MB
- A maximum of 20 files can be attached
- Please ensure that the file is not password protected, these files will cause errors
- These files will become a permanent part of the claim
- **User must submit an ATP, ATR and MSR to continue**

**Choose File**

S.No	Filename	Category	Size (MB)	Remove
1	one.pdf	Authorization To Pay (ATP)	0.93 M	
2	two.pdf	Authorization To Repair (ATR)	0.93 M	
3	four.pdf	Mitigation Summary Report (MSR)	0.92 M	

3 file(s) selected, total files size 2.77 MB

**Submit**

## Successful Submission

8. After clicking *Submit*, a confirmation message indicating the submission was successful will display. Complete another request by clicking on the *New Request* button.

**Submitted**

Thank you! You have successfully submitted your document(s) for claim 13[REDACTED]. We will review the document(s) and if we need more information, a State Farm Claim Handler will contact you.

**New Request**

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