

Complex Injury Adjuster

POSITION SUMMARY:

The Complex Injury Adjuster handles several types of complex commercial and personal lines automobile injury claims as well as general liability injury and property damage claims with the objectives of developing strategies to ensure that claims are successfully resolved in the most efficient and effective way, while meeting established protocols and delivering optimal customer service. Under moderate supervision, this role ensures high quality claims handling in the investigation, analysis, assessment, and resolution of claims.

As a member of the complex casualty team, the complex claims injury adjuster maintains a high degree of professionalism and sets an example for an environment built on accountability, teamwork, personal development, and proactivity working towards improving performance and contributing to the department and Company's success.

This position currently follows a hybrid work schedule, with three in-office days. Tuesday and Thursday are Company anchor days, and the third day will be worked out with your manager.

PRINCIPAL ACCOUNTABILITIES:

Adjudication

- Applies appropriate policy, regulations, and law to each claim.
- Considers each claim based upon its merits, approaching adjudication to suit the needs of the claim.
- Contacts all interested parties, interviewing, and collecting pertinent information.
- Maintains open communication with insured, unrepresented parties, attorneys, agents, and other interested parties.
- Establishes adequate and timely reserves according to the known facts and circumstances involved in the claim.
- Able to review, digest, analyze, and provide synopsis and recommendations for further handling from medical records, investigative reports, statements, and other material or communication.
- Evaluates the casual relationship of injuries to the accident, including the mechanism of injury and any exacerbation of previous condition/injury.
- Completes evaluations and negotiates settlements in good faith, ensuring fair and equitable settlements.
- Assists interested parties with understanding the claim process.
- Documents the claim file with facts and recommendations in a timely manner.
- Exhibits sense of urgency to assess claims and demands for potential new or excess exposures.
- Responds to inquiries and demands promptly.
- Develops a strong understanding of methods for resolving complex auto and general liability injury claims including utilizing and/or attending ADR, as necessary.
- Develops a progressive increased level of technical knowledge of automobile injury claims including un/underinsured automobile exposures, commercial auto coverage, and priority of coverage.
- May be required to handle claims, under complex manager supervision, which are in litigation requiring input and coordination of defense strategy with assigned panel counsel.
- Reports all potentially fraudulent activity to the Special Investigations Unit.
- Actively seeks opportunities for potential subrogation, ensuring information sent to Subrogation team is of high-quality and ready for pursuit of recovery.

Owning Performance

- Accountable for working within their authority to make sound decisions.
- Achieves quality, productivity, and acceptable customer service results by following leading practices and procedures, management direction, and professional behavior.
- Under supervision, assesses coverage and damages and provides sound recommendations.

This Job Description Does Not Constitute a Contract for Employment

- Through a development plan, gains knowledge and experience through various pathways including training and mentoring to expand their ability to handle more complex claims.
- Identifies areas of opportunity to develop, creating realistic and timely activities to resolve the gap.
- Keeps abreast of industry trends, including new case law.
- Attends and participates in all mandatory training.
- Offers solutions to problems and concerns.

Communication and Relationship Building

- Maintains well-documented and organized claim files, drafts complex coverage, correspondence, and efficiently manages file inventory.
- Approaches difficult conversations in a well-prepared, professional manner.
- Effectively and professionally communicates with internal and external stakeholders.
- Creates and maintains a positive work environment and culture built upon teamwork and collaboration.
- Effectively communicates with underwriting on significant claim exposures.

Teamwork

- Exhibits a positive, collaborative attitude toward assisting others to achieve favorable outcomes.
- Seeks to understand others, building relationships across the claims team.
- When confronted with negativity, able to refocus the situation on a productive and positive path.
- Helps others when appropriate, ensuring the team reaches their goals.

Competencies

- Able to resolve concerns and disputes with appropriate conflict resolution skills.
- Communicates verbally and in writing in a professional manner.
- Willingness to learn beyond less complex claim handling, including self-driven activities.
- Analyzes and interprets policy language in conjunction with specific loss facts to reach appropriate coverage decisions.
- Approaches work in a professional manner to foster positive relationships within the Company and can adjust approach at working with others based upon environment, topic, or audience.
- Able to use critical thinking skills throughout the course of resolving claims.
- Detail oriented able to focus on the facts of a claim to make sound recommendations and decisions.
- Moderate level of presentation and negotiation skills.

Technology & Information

- Safeguards systems and information within their scope of work against misuse, fraud, malware, and cyberattacks.
- Maintains strict confidentiality with sensitive information.
- Utilizes resources provided by the Company to appropriately resolve claims.
- Participates during user acceptance training, providing specific feedback to the implementation team on gaps requiring attention.

JOB REQUIREMENTS:

EDUCATION:

Bachelor's degree preferred. Insurance course work/designations also desired.

Must obtain state adjuster licenses for the states of Rhode Island and Connecticut and any other state as may be required.

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EXPERIENCE:

Minimum of 3 years handling automobile injury claims.

Must have intermediate knowledge of computer programs in a Windows environment including Word, Excel, and E-mail.

SKILLS

An ability to communicate both verbally and in written form in a prompt, courteous, and professional manner is essential. Solid interpersonal, research, analytical, and organizational skills are also required. Must possess initiative and the ability to multi-task. Must be reliable and have instructional and logical aptitude including the ability to evaluate data and implement internal procedures.