

INJURY CLAIMS ADJUSTER

**Role could be filled at Associate Injury Claims Adjuster, Injury Claims Adjuster, or Senior Injury Claims Adjuster depending on selected candidate's skills, experience, and knowledge*

POSITION SUMMARY:

The Injury Claims Adjuster is responsible for timely and accurate adjudication of commercial and personal lines automobile injury claims. The position requires the adjuster to appropriately investigate claims beginning with coverage and liability, evaluate damages, negotiate, and settle such claims. The Injury Claims Adjuster maintains appropriate licensure to adjust claims where required. They ensure they adjudicate claims and act in compliance with regulations, laws, and Company policy.

As a member of the injury claims team, the Injury Claims Adjuster exhibits accountability, teamwork, professionalism, personal development, and proactivity toward improving performance and contributions to the Company's success. They act with great integrity, professionally engaging internal and external customers.

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, their 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 injury 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.
- 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.
- Escalates complex or potential litigated matters to their management in a timely manner.

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.
- Upon identification of questions or concerns, seeks guidance immediately.
- Learns from feedback, training, direction, and observations to improve their performance.
- 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.

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.
- With minimal supervision, helps others when appropriate, ensuring the team reaches their goals.

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 adjudicate claims.
- Participates during user acceptance training, providing specific feedback to the implementation team on gaps requiring attention.

JOB REQUIREMENTS

EDUCATION:

Four-year degree preferred. Insurance coursework preferred.

Adjuster licenses: Rhode Island, Connecticut, Florida, and Texas within 90 days of hire.

EXPERIENCE:

Minimum of 2 years of third-party automobile injury claims experience as an adjuster.

Working knowledge of medical tests, signs, and procedures.

Average proficiency with Microsoft Word.

Computer proficiency is required, including use of video conferencing technology.

SKILLS:

- Able to resolve concerns and disputes with appropriate conflict resolution skills.
- Utilizes sound negotiation techniques.
- Adjusts approach at working with others based upon environment, topic, or audience.
- Proactively shares information and knowledge with others.
- Able to use critical thinking skills throughout the course of adjudicating claims.
- Detail oriented, able to focus on the facts of a claim to make sound recommendations and decisions.
- Communicates, verbally and in writing, in a professional manner.
- Sees change as an opportunity to move forward, making tasks more efficient and improving the quality of services offered by the Company.