

## **Sr. Complex Casualty Claims Adjuster**

As a casualty claims adjuster, you will handle various types of commercial and personal lines casualty exposures primarily focusing on homeowners and commercial general liability risks, 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. This challenging role ensures high quality claims handling in the investigation of the loss, analysis of coverage and liability, assessment of damages, and resolution of casualty exposures, including those in litigation.

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

### **PRINCIPAL ACCOUNTABILITIES:**

#### Job Knowledge

- Conduct thorough investigation and expert analysis of claims facts to determine coverage, liability, and applies appropriate legal concepts to evaluate damages and recommend appropriate course of action.
- Exhibit a sense of urgency and conduct timely, thorough claims investigations, including memorializing events and procuring evidence.
- Exhibit high level technical skills in the assessment of claim values with an understanding of when to escalate appropriate claims to senior leadership.
- Prepare and present reports for management that accurately reflect loss development, potential/actual financial exposures, risk transfer, reserve adjustments, coverage issues, and claim resolution strategies.
- Attend and participate in industry related conferences, seminars, and webinars and demonstrating a personal commitment to professional development.
- Ensure claims handling compliance and alignment with insurance regulations and Company policies.
- Resolve claims through negotiation, mediation, and arbitration with minimal assistance.

#### Judgment

- Take initiative to bring claims to a reasonable and appropriate resolution in a timely fashion using sound conflict resolution tactics
- Analyze and interpret policy language and case law in conjunction with specific loss facts to reach appropriate coverage decisions.
- Orchestrate the investigations of losses with external experts on a wide range of exposures and oversee adjustment through final resolution.
- Exhibit a thorough understanding of medical terminology and causality and articulate the same in detail, connecting findings to the facts of the loss.
- establish liability in a prompt and judicious manner based upon the information at hand, demonstrating effective critical/ strategic thinking and sound decision making

- Clearly and professionally write coverage correspondence, including reservation of rights, 93A/regulatory complaint responses, and correspondence to attorneys in compliance with various state statutes and regulations.
- Demonstrate reliability and dedication to fully execute responsibilities of the role.
- Exercise good judgment with imperfect information.
- Direct and control the activities and costs of numerous outside vendors.

#### Communication, Relationship Building and Teamwork

- Possesses and demonstrates strong professional conduct, sharing their knowledge with others, collaborating with internal and external business partners, counsel, and other important stakeholders.
- Effectively present and discuss loss facts and issues in discussion to peers and members of management.
- Maintain well-documented and organized claim files and efficiently manage file inventory.
- Approach difficult conversations in a well-prepared, professional manner.
- Create and maintain a positive work environment and culture built upon teamwork and collaboration.
- Foster positive, constructive working relationships within the Company and with assigned counsel and experts.
- Presents appropriate claims during file conference to gain insight, guidance, and authority to resolve claims based upon their merits.
- Mentors others, assisting them with developing deeper understanding of adjudicating complex claims.

#### Technology & Information

- Safeguard systems and information within t scope of work against misuse, fraud, malware, and cyberattacks.
- Maintain strict confidentiality with sensitive information.
- Utilize 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.

#### Skills:

- Strong verbal and written communication skills with the ability to clearly articulate coverage and liability determinations in a prompt, professional, and courteous manner.
- Ability to multi-task, handling various casualty exposures including personal and commercial lines auto and general liability products.
- Highly skilled in coverage interpretation including person and commercial casualty exposures.
- Exceptional interpersonal, research, analytical, and organizational skills.
- Expert level negotiation skills, able to confidently present information.
- Possesses and exhibits strong initiative, responsibility, and work ethic.
- Collaborative thinking and strategizing with others come naturally to them.

**\* This job description is not all inclusive and may include additional duties.**

- May be required to assist during emergency situations, including nights and weekends.

**JOB REQUIREMENTS:**

**EDUCATION:**

Bachelor's degree or equivalent experience. Juris Doctor preferred.

Industry designation(s)) strongly desired.

Must obtain CT, RI, and all required state adjuster licenses and maintain them as required.

**EXPERIENCE:**

At least eight years insurance claims experience with at least four of those concentrated in complex injury and general liability, including litigation.

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