

Senior Complex Injury Adjuster

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.

POSITION SUMMARY:

The handles various types of complex commercial and personal lines automobile injury 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 challenging role ensures high quality claims handling in the investigation, analysis, assessment, and resolution of complex automobile injury exposures, from first notice of loss through adjudication. As a member of the complex team this position will investigate losses, analyze coverage, conduct independent assessments as to exposures, and develop/implement effective negotiation plans. This position is required to independently negotiate high exposure claims within assigned authority, draft reservation of rights and denial letters, and interpret policy coverages.

As a member of the complex casualty team, the complex auto claims senior injury adjuster serves as a technical claims expert, 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's and Company's success.

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 complex 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.
- Deep understanding of methods for resolving complex auto injury claims including utilizing and/or attending ADR as necessary.
- Demonstrates strong technical knowledge of automobile bodily injury losses, including un/underinsured automobile exposures, commercial auto coverage, and priority of coverage.
- May be required to handle claims that 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.

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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.
- Independently assesses coverage and damages and provides sound recommendations.
- Seeks out mentoring opportunities to develop 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.

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

Competencies

- Excellent conflict resolution skills, taking initiative to bring claims to a reasonable and appropriate resolution.
- Strong verbal and written communication skills with the ability to clearly articulate coverage and liability determinations.
- Willingness to take on difficult or complex tasks.
- Analyzes and interprets policy language in conjunction with specific loss facts to reach appropriate coverage decisions.
- Applies relevant legal concepts in addressing complex coverage issues taking into consideration venue and impact on claims handling.
- Approaches work in a professional manner to foster positive relationships within the Company.
- Drafts complex coverage correspondence, including reservation of rights, coverage disclaimers, 93A/regulatory complaint responses, and correspondence to attorneys in compliance with various state statutes and regulations.
- Demonstrates reliability and dedication to fully execute responsibilities of the role.
- Demonstrate strong presentation and negotiation skills.
- Effectively presents and discusses loss facts and issues in roundtable discussion to peers and members of management.
- Serves as a technical resource within the claims unit through mentoring and knowledge-sharing, whether one-on-one, in small groups, or presentations to larger groups.

Technology & Information

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- 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:

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.

EXPERIENCE:

Minimum of 6 years handling automobile injury claims with at least 3 years handling complex auto personal injury claims, coverage issues, and commercial auto exposures. Some experience handling auto litigation claims strongly desired. 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. Excellent interpersonal, research, analytical, and organizational skills also required. Must possess leadership skills, initiative, self-motivation, and the ability to multi-task. Must be reliable and have instructional and logical aptitude including the ability to evaluate data, implement internal procedures, and mentor others. Requires knowledge of tort and insurance contract law.