

## **Senior Claims Representative – Complex Auto**

*Initial training for this role will be onsite. There is an opportunity for a hybrid work schedule when the introductory training period concludes. This position will be filled as a senior claims representative or a claims representative depending on qualifications and experience.*

### **POSITION SUMMARY:**

The Senior Complex Auto Claims Representative is responsible for the investigation, evaluation, negotiation and settlement of personal and commercial automobile first party physical damage and third-party property damage insurance losses. This position initiates contact with injured parties to obtain claim information and establish potential exposure. Handles complex PD claims involving several parties. The Senior Complex Auto Claims Representative handles and responds to arbitrations, large losses, 93A demands and suit papers. This position assumes the handling of automobile physical damage claims, to include complex coverage issues, policy limit exposures, and pre-suit. Assists in training automobile claim representatives and assists in the management of department projects as needed.

### **PRINCIPAL ACCOUNTABILITIES**

#### Job Knowledge

- Evaluates coverage, investigates and determines liability.
- Negotiates and settles property damage claims and applies comparative negligence where warranted.
- Conducts recorded statement interviews.
- Refers cases of suspected fraud to the Special Investigation unit.
- Applies knowledge of company processes and procedures to explain requirements to callers.
- Maintains self-control in difficult situations.
- Handles all returned company claim checks and checks made payable to the company in a timely fashion.
- Responds timely to demands in an appropriate manner.
- Maintain well-documented and organized claim files and efficiently manage file inventory.

#### Judgment

- Take the 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 when appropriate.
- Determine coverage and 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 correspondence, including letters/emails to attorneys in compliance with various state statutes and regulations.
- Demonstrate reliability and dedication to fully execute responsibilities of the role.

- Make sound decisions with imperfect information.
- Direct and control the activities and costs of outside vendors.
- Identifies potential fraud and opportunities for potential subrogation or risk transfer.

#### Communication, Relationship Building and Teamwork

- Possesses and demonstrates professional conduct, sharing their knowledge with others, collaborating with internal and external business partners, counsel, and other important stakeholders.  
Communicates over the telephone in a courteous and pleasant manner, projecting confidence with a positive tone.
- Effectively present and discuss loss facts and issues in discussion to peers and members of management.
- Presents appropriate claims during file conference to gain insight, guidance, and authority to resolve claims based upon their merits.
- 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.

#### Technology & Information

- Safeguard systems and information within the 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.

### **JOB REQUIREMENTS:**

#### **EDUCATION:**

- Bachelor's degree or equivalent experience.
- Associate in Claims (AIC) preferred
- Must obtain and maintain CT, RI and all required state adjuster licenses

#### **EXPERIENCE:**

- Minimum of 4 to 7 years handling auto physical damage claims or prior insurance experience.

#### **SKILLS:**

- Superior verbal and written communication skills, with the ability to clearly articulate coverage and liability determinations in a prompt, professional, and courteous manner
- Strong interpersonal and negotiation skills to achieve quality claim resolutions

- Skilled in managing multiple priorities and claim-related issues simultaneously, maintaining attention to detail and meeting deadlines in a fast-paced environment
- Proficient in independently reading, interpreting, and applying insurance policies, relevant laws, and regulations (including comparative negligence statutes) to make informed decisions and ensure compliance
- Knowledge of liability automobile policies and state-specific regulations (CT, MA, RI)
- Familiar with company policies and procedures pertaining to processing liability automobile and complex auto claims
- Intermediate proficiency with Windows-based PC applications, including Word, Excel, and email
- Superior organizational skills and collaborative thinking, with a natural emphasis on teamwork and strategy
- Demonstrates strong initiative, responsibility, and work ethic
- Must obtain required licensing within six months of hire