

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 Complex Injury Adjuster is responsible for managing a variety of complex commercial and personal automobile injury claims, as well as general liability injury and property damage claims. This role focuses on developing and implementing strategies to ensure claims are resolved efficiently and effectively, while adhering to established protocols and maintaining a high standard of 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.

PRINCIPAL ACCOUNTABILITIES:

Job Knowledge

- 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.
- Able to review, digest, analyze, medical records, investigative reports, statements, and other material or communication to provide clear synopses and make recommendations for further handling from
- 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.
- 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 and/or contribution, ensuring information sent to the Subrogation team is of high-quality and ready for pursuit of recovery.
- Maintains well-documented and organized claim files, drafts complex coverage, correspondence, and efficiently manages file inventory.
- Provides oversight and direction to Third-Party Administrators (TPAs) managing general liability and automobile liability claims, ensuring adherence to company claims-handling guidelines, performance standards, and best practices.
- Reviews TPA claim activity, evaluates reserve adequacy, and monitors compliance with reporting and litigation management requirements. Coordinates with TPAs to resolve complex coverage, liability, and damage issues, ensuring timely and equitable claim resolutions aligned with Quincy Mutual Group's service and regulatory expectations.
- Partners with the Complex Claims Manager to evaluate TPA performance, identify trends, and recommend improvements to claim-handling processes.

Accountability & Results

- Accountable for working within their authority to make sound decisions.
- Responds to inquiries and demands promptly.
- 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.
- 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 any knowledge gaps.
- Keeps abreast of industry trends, including new case law.
- Willingness to learn beyond less complex claim handling, including self-driven activities.

Communication and Relationship Building

- Maintains well-documented and organized claim files, drafts complex coverage, correspondence, and efficiently manages file inventory.

- Fosters a positive and collaborative work culture through professionalism, adaptability, and strong relationship-building across the Company
- Communicates effectively and professionally, verbally and in writing with internal and external stakeholders.
- Effectively presents information and negotiates resolutions at a competent level of proficiency.
- Exhibits a positive, collaborative attitude toward assisting others to achieve favorable outcomes, maintaining open communication with insured, unrepresented parties, attorneys, agents, and other interested parties.
- Approaches difficult conversations in a well-prepared, professional manner, redirecting challenging or negative situations toward constructive and positive outcomes.
- Seeks to understand and support others, fostering strong relationships across the claims team to achieve shared goals.

Judgment

- Establishes adequate and timely reserves according to the known facts and circumstances involved in the claim.
- Able to resolve concerns and disputes with appropriate conflict resolution skills.
- Develops and offers solutions to problems and concerns.
- Analyzes and interprets policy language in conjunction with specific loss facts to reach appropriate coverage decisions.
- Able to use critical thinking skills throughout the course of resolving claims.
- Detail oriented and ability to focus on the facts of a claim to make sound recommendations and decisions.

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 strongly preferred.

- Within six (6) months of the employee's start date, must obtain state adjuster licenses for the states of Rhode Island and Connecticut and any other state as may be required.

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.
- Must have the ability to multi-task and have a growth mindset of developing knowledge and experience with several types of claims and coverages.

Salary Range: \$77,000 - \$92,000 per year. This range is a good faith estimate which reflects the annual salary we reasonably expect to pay for this specific full-time position at the time of posting. The actual salary offered will be based on several factors including the candidate's experience and qualifications.