

06/10/16

## CAT CLAIMS ADJUSTER:

Handle a caseload of approximately 150 pending claims that encompass all levels of complexity. Requires establishing facts of loss, coverage analysis, investigation, compensability/liability/negligence determination, coordination of medical care (as appropriate), litigation management, damage assessment, settlement negotiations, identifying potential fraud and appropriate use of authorized vendors. Also includes timely and appropriate reserve analysis and report completion. Ability to attend conferences, client meetings, mentor other adjusters and assist management as requested. All file handling must be within state statutes, Client Claims Handling Guidelines and NARS Best Practices. Other miscellaneous duties as assigned, which may include travel.

### **Qualification Requirements:**

#### **Education / Licensing:**

- High School Diploma, college degree preferred.
- Must have 3+ years prior claim adjusting or similar experience, with the majority handling complex litigation. Must have 3 to 5 years of overall claims experience, preferably in the line of business being handled.
- Must have 3+ years heavy litigation experience for all other lines except worker's compensation.
- Must have 5+ years Construction Defect or similar/related experience if handling that line of business.
- Must be eligible for reserve/payment authority level of \$50,000+ when appropriate
- Must possess, or have the ability to obtain, a Florida Adjuster's license or other required jurisdictional licensing.

#### **Technical skills:**

- Advance level of interpersonal skills to handle sensitive and confidential situations and information.
- Requires advanced ability to negotiate claims and to direct litigation.
- Must have negotiation and litigation skills for significant work with attorneys and arbitration on first and third party claims.
- Requires advanced ability to work independently.
- Requires an advanced level of organization and time management skills.
- Must possess advanced level written and verbal communication skills.
- Must be able to explain and appropriately respond to auditors, clients, and potential clients during in-person presentations

#### **Abilities:**

- Requires long periods of sitting.
- Requires working indoors in environmentally controlled conditions.
- Requires lifting of files and boxes up to approximately 20 pounds.

- Repeated use of a keyboard, mouse, and exposure to computer screens.
- Requires travel as assigned, which can at times be extensive (5 to 7 days per month).

Please send resumes to Melissa Myers at [mmyers@narisk.com](mailto:mmyers@narisk.com)

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## SENIOR COMMERCIAL PROPERTY CLAIMS ADJUSTER

### Job Description:

Handle a caseload of approximately 100 pending claims that encompass all levels of complexity. Requires establishing facts of loss, coverage analysis, investigation, litigation management, damage assessment, settlement negotiations, identifying potential fraud and appropriate use of authorized vendors. Also includes timely and appropriate reserve analysis and report completion. All file handling must be within state statutes, Client Claims Handling Guidelines and NARS Best Practices. Other miscellaneous duties as assigned, which may include travel.

### Essential Duties and Responsibilities:

#### Coverage:

Identify, analyze and confirm coverage.

#### Customer Service/Contact:

Contact appropriate parties to determine facts of loss and subrogation potential.

Contact appropriate parties to obtain any needed information and explain coverage as appropriate. Continue contact throughout the life of the file as appropriate.

Answer phones, check voice mail regularly and return calls as needed.

#### Subrogation:

Refer all files identified with subrogation potential to the subrogation department.

#### Investigation:

Verify facts of loss and pertinent claims facts, cause of loss, and damages.

Identify cases for settlement. Evaluate claims and request authority and negotiate settlement.

Recognize and report potential fraud cases.

#### Litigation Management:

Develop and direct a litigation plan, with defense attorney (if assigned), utilizing all defenses and tools to bring the file to closure. Ensure all filings and state mandated forms are completed timely. Litigated files must be diaried effectively based on current activity, but no greater than every 60 days.

Review claim files involving active litigation on a monthly basis at minimum, and document response to filings, development of defenses, depositions, and timely referral to defense counsel.

Direct the actions of defense counsel on litigated files.

Attend mediations and trials as required for cost effective litigation management.

#### Reserves:

Establish ultimate reserves (anticipated cost to bring file to close based on known facts) as soon as practical and monitor to adjust at the time of any exposure changing event.

Pay all known covered claims, insuring they are paid timely based on state statute.

Verify all provider bills have been appropriately reviewed and paid within standard timeframes.

#### Reporting Requirements:

Report all coverage issues and potential large loss claims to the client and/or reinsured based upon the criteria provided by the client.

Must pass all internal and outside audits, which includes those performed by regulatory agencies, carriers and clients.

Follow reporting requests as outlined by client files and NARS guidelines.

Resolution:

Document plan of action in the claim system and set appropriate diaries.

Maintain a regular diary for monitoring and directing the adjustment of all files.

Close all files as appropriate, in a timely and complete manner.

Maintain closing ratio as dictated by management team.

Qualification Requirements:

Education / Licensing:

High School Diploma, college degree preferred.

Must have 5+ years prior claim adjusting or similar experience, with 5 to 7 years of overall claims experience preferably in the line of business being handled.

Must be eligible for reserve/payment authority of \$25,000 or greater when appropriate.

Must possess, or have the ability to obtain, a Florida Adjusters license or other required jurisdictional licensing.

Technical skills:

- High level of interpersonal skills to handle sensitive and confidential situations and information.
- Requires ability to negotiate claims and to direct litigation.
- Requires the ability to work independently.
- Requires a high level of organizational and time management skills.
- Must possess high level written and verbal communication skills.
- Intermediate to advanced knowledge of a variety of computer software applications in word processing, spreadsheets, database and presentation software. (Microsoft Office platform).
- Abilities:
  - Requires long periods of sitting.
  - Requires working indoors in environmentally controlled conditions.
  - Requires lifting of files and boxes up to approximately 20 pounds.
  - Repeated use of a keyboard, mouse and exposure to computer screens.
  - Requires travel as assigned.

*Please send resume to Melissa Myers at [mmyers@karisk.com](mailto:mmyers@karisk.com)*

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## PROPERTY AND CASUALTY LITIGATION CLAIMS ADJUSTER

Must possess an active Florida Adjuster's license

The Property and Casualty Litigation Adjuster will be responsible for the investigation, evaluation, negotiation and resolution of 1st & 3rd party property claims. Must have experience with larger losses, third party claims, litigation, appraisal and other contested claims. Responsibilities include providing a high level of technical expertise with exceptional customer service, a thorough analysis of coverage, and use and control of experts. Must be able to maintain constructive working relationships despite differing perspectives, and possess strong organizational and time management skills. The Casualty Adjuster should have experience in handling property and casualty litigation. Must have an understanding of applicable statutes, building code,

regulations and case law. Candidate must have 2+ years litigation experience. Essential Duties and Responsibilities include the following:

Coverage:

- Identify, analyze and confirm coverage, draft detailed reservation of rights letters and/or coverage denials as appropriate to each claim.

Customer Service/Contact:

- Contact appropriate parties and providers to determine liability, compensability, negligence, and subrogation potential.
- Contact appropriate parties to obtain any needed information and explain benefits as appropriate.
- Continue contact throughout the life of the file as appropriate.

- Answer phones, check voice mail regularly and return calls as needed.

Subrogation:

- Refer all files identified with subrogation potential to the subrogation department.

Investigation:

- Verify facts of loss and pertinent claims facts such as employment, wages, or damages and establish disability with treating physicians as appropriate.
- Identify cases for settlement. Evaluate claims, request authority no later than 30 days prior to mediation date, and negotiate settlement.
- Evaluate and negotiate liens.
- Recognize and report potential fraud cases.

Litigation Management:

- Develop and direct a litigation plan, with defense attorney, utilizing all defenses and tools to bring the file to closure. Ensure all filings and state mandated forms are completed timely.
- Review claim files involving active litigation on a monthly basis at minimum, and document response to filings, development of defenses, depositions, and timely referral to defense counsel.
- Attend mediations and trials as required for cost effective litigation management. Continuation see Appendix 1

Experience within a carrier setting ideal but not required. The candidate should have experience with daily claims adjusting. Candidates should have experience with the various forms of property policies (HO3, HO4, HO6, DP). Must have strong computer skills (MS Office, Excel, Word, etc.). Proficiency in claims systems (i.e. Xactimate) is a plus. Must have a high level of interpersonal skills to handle sensitive and confidential situations and information, and strong negotiation skills for work with attorneys, public adjusters, claimants, and first party insureds. Must have solid technical skills in claims handling matters.

Qualification Requirements:

Education / Licensing:

- Bachelor's Degree

- Must have 5+ years prior claim adjusting or similar experience preferably in the line of business being handled, with 7+ years of overall claims experience.
- Must be eligible for reserve/payment authority of \$25,000 or greater when appropriate.

Send Resume to Melissa Myers at [mmyers@narisk.com](mailto:mmyers@narisk.com)