



Claims Adjuster / Examiner

Job Description

Role & Responsibilities

Reporting to the Claims Manager, the Claims Adjuster/Examiner is responsible for providing a consistently high level of service by investigating and examining insurance claims and negotiating settlement of the claims to the satisfaction of all parties. The Claims Adjuster/Examiner will review the policy wordings to confirm applicable coverage for the loss, as well as set adequate reserves and consider impact of company's retention limits and Reinsurance exposure.

Key Roles and Responsibilities of the Claims Adjuster/Examiner:

- Manages claims while meeting company standards and quality, including conducting thorough investigations; determining coverage and validity of claims, interviewing and communicating with insured, claimants and witnesses; inspecting claims sites and negotiating settlements
- Maintains accurate records based on company standards and procedures
- Claims handling relates to a variety of claims; Auto, Liability, Commercial, Property and Farm
- Consulting with industry professionals including Private Investigators, Appraisers, Contractors, Engineers, Lawyers and Physicians to obtain expert opinions and reports, as well as supporting documents
- Positively and effectively manage interactions and negotiations with policyholders and claimants to promptly and fairly settle claims
- Prepare and present relevant documentation supporting the rights of recovery through subrogation to relevant third parties and/or insurance companies
- Reporting stats on open and closed claim reserves, incurred losses, denials and any losses exceeding company's retention limits
- Mitigating further loss exposure to both the Policyholder and Company
- Commit to continuous education to keep up-to-date with all industry and legislative issues and changes, including relevant training sessions at OMIA; assist with staff training procedures
- Ensuring statistical data/information is properly collected, validated, analyzed, maintained and distributed to appropriate sources (i.e. OMIA, FMR, FSCO, etc.)
- Ensuring compliance with company policies, procedures and standards while controlling expenses
- Continually offer suggestions for improvements to current workflow and customer service levels
- Completing all other duties as assigned

Qualifications & Expertise

The required qualifications and expertise of the Claims Adjuster/Examiner include:

- College Diploma or equivalent CIP/FCIP/CRM
- Strong industry knowledge gained through 5 to 7 years of related claims experience resulting in subject matter and technical expertise
- Ability to make difficult decisions on complex issues in a timely manner
- Ability to work independently in high pressure situations
- Experience in handling all types of claims
- Analytical, research and mathematical skills
- Basic understanding of medical terminology and building construction materials and techniques
- Develops and maintains productive working relationships with peers, clients and industry personnel

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- A strong work ethic, good organizational skills and the ability to work within a team environment
- Excellent interpersonal and communication skills (written/verbal), and computer proficiency
- Strong time management skills, goal oriented, self-directed, interpersonal relationship skills
- Exceptional interview and negotiation skills
- Proficient in MS Office: Word, Excel and Outlook
- Insurance software knowledge
- Remain professional and tactful when dealing with policyholders, claimants, external vendors, management and peers
- Must possess a valid driver's license

Our Core Values

Howard Mutual's *mission* and *vision* for the future will be accomplished only by operating our company according to values that speak to our relationships we have with all of our stakeholders including our policyholders, support providers, team members, the community, vendors, etc.

Community...we see our community as an integral part of who we are and see it as our duty to support the betterment of the community of where we and our policyholders live and work.

Team Work...we understand that only through a strong team work ethic between all team members can we exceed the expectations of our policyholders and create an environment that all team members can freely contribute to the betterment of our work processes and environment.

Loyalty...we strive to generate loyalty between us and all of our stakeholders as we see that our future is based on the long-term relationships we strive to develop and maintain.

Integrity...we act with integrity, providing an environment and relationships that team members and other stakeholders feel that their honesty is appreciated and honored.

Respect...we treat all stakeholders with mutual respect and endeavor to ensure that all stakeholders are treated with equality.

Service...we expect all company team members to provide the very best in service to our policyholders and to each other and continue to improve processes to enhance the communication and our product services between all parties.

Interested candidates may submit their resume to:

Howard Mutual Insurance Company
20 Ebenezer Street West
Ridgetown, Ontario N0P 2C0
Attn: Eric Parsons

Or E-mail: eparsons@howardmutual.com

Those interested in this opportunity can in confidence send a resume outlining their background and experience by May 26, 2018.

The statements above are intended to describe the general nature of work being performed by the person assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required, and the incumbent may be required to perform additional duties outside of their normal scope from time to time, as needed.