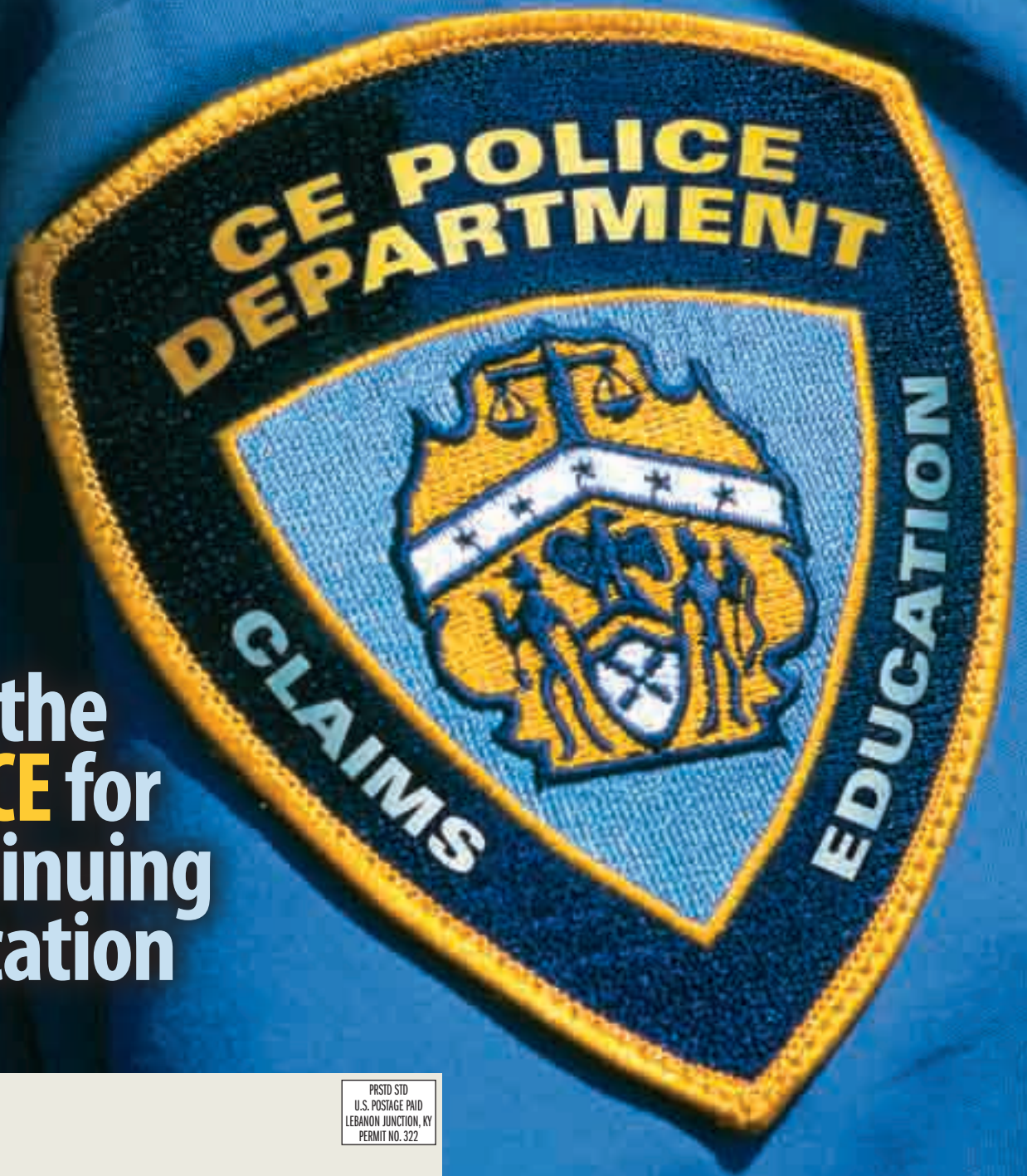


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CLAIMS EDUCATION

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If you're reading this publication, a new season must be upon us. Yes, it's fall, a season pretty much unknown to those of us residing along the Gulf Coast, so all of you lucky folks elsewhere should enjoy the turning of the leaves and the cool days' breezes. We would if we could!

Once again, I'd like to thank all of you for your continued support of *Claims Education Magazine*. It's good to know that people actually enjoy the articles we put forth. It's all done to bring about a positive attitude in claim people and stress the importance of customer service. Please continue to provide us with your feedback. It only makes us want to continue providing you with great information.

Speaking of great information, are you registered for the 2008 Claims Education Conference to be held in San Diego? If not, what are you waiting for? Trust me! You do not want to miss yet another opportunity to acquire the knowledge of our great trainers and have a fantastic time with other claim adjusters, claim managers, exhibitors, and sponsors.

This will be our 3rd annual conference and it is sure to be just as great as the previous two. I urge you to visit our web site and register at www.claimseducationconference.com. You will not be disappointed. We hope to see you in San Diego, May 13th – 16th.

Be sure to read the article on page 4, *Claims Education: More Critical than Ever*, written by Donna Popow of the American Institute of CPCU. The article focuses on the importance of claim education and why it is so significant today, especially with the technological advancements of our time. Also see the article on page 9, *Understanding and Addressing Crisis for Catastrophe Adjusters*, which provides great tips on reducing the stress on claim adjusters. This is very important in our line of work. Claim handling can often be a very stressful job, and if we don't take care of ourselves, we won't be able to take care of our claimants and provide the best customer service possible.

We would like to thank all of our readers and sponsors who continue to help make this publication a success.

We always welcome your contributions to *Claims Education Magazine* and encourage you to contact Krystle Grogan with any input at kgrogan@insuranceinstitute.com. Please feel free to direct any questions, feedback, articles, claims success stories, and even topics that you would like to have discussed. We need your help to keep providing relevant and useful information to you, our readers.

Carl Van



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Claims Education: More Critical than Ever

BY DONNA J. POPOW, JD, CPCU, AIC

With changes come challenges. And in the insurance industry, change is universal and constant. During the last decade, there have been increased merger and acquisition activities, expanded global competition, new regulatory initiatives, technological advances, and innovations to products and services. Add to that a more knowledgeable customer base and ever-changing case law, and the picture of life in a claim department is complete. An important challenge confronting the industry today is to ensure that the knowledge and skill levels of claim

professionals continue to meet the demands of the complex property/casualty marketplace.

Technological Changes

When it comes to claim handling, gone are the days of manual processes, volumes and volumes of paper files, and protracted document retrieval delays. Most insurers have upgraded their legacy infrastructures and implemented innovative automated services that can save money, increase revenue, and improve customer satisfaction.

Moreover, insurers have become even more aggressive in leveraging technology to differentiate themselves from their competitors and to target specific organizational goals.

Technology has greatly impacted the job functions of claim handling and processing personnel. Claim handlers are doing more data entry work than ever before. First notification calls by claimants are now taken by call center personnel using automated web-based systems rather than by more experienced claim representatives, who now use expert systems to detect fraud, set reserves, and value claims.

As a result of insurers' reliance on claim technology, claim personnel often no longer get the needed experience of actual investigation. Companies determine training needs based on compliance measures rather than on quality and career development issues. Demand for more information has resulted in a disconnect between purpose and process. Much of the training given to claim personnel now focuses on how to use technology rather than how to handle claims.

Unfortunately, this dependence on technology for decision-making is creating a knowledge gap for claim representatives, adjusters, and supervisors, who are not receiving the exposure they need to effectively handle the more demanding and complicated losses. Companies need to begin developing their personnel on multi-dimensional levels to ensure their claim professionals achieve and maintain core competencies, cultivate intuitive abilities, and fine-tune customer service skills.

Workforce Demographics and Bench Strength

According to a 2004 study titled "How



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Insurance Companies Can Beat the Talent Crisis,” published by Deloitte Research, the insurance industry will soon face “an impending shortage of critical talent,” due largely to two factors: the baby boomer generation is nearing retirement age and there is a growing skills gap. In claims, the more experienced representatives and adjusters are leaving the field or retiring, and they are being replaced with less experienced personnel who depend on technology for their investigation and decision-making, rather than on experiential technical competencies and solid claim-handling principles and practices. Currently,

“It’s important to invest in the areas that truly resonate with customers. Often, this means investing in developing the skills and empathy of the front-line employees and agents who serve customers day-to-day.”

there’s a lag in providing the insurance knowledge and skills claim personnel need to meet the increasing complexities of the marketplace, to seize opportunities as they arise, and to support personal career development.

Bench strength is something the property/casualty insurance industry is sorely lacking, not only to meet current staffing requirements but also to realize future succession planning. At the same time, there is a lack of new talent entering the industry. At this juncture, the importance of education and training on technical claim-handling issues can not be overstated. Unless companies and organizations seriously consider increasing their education and training budgets, the problem will intensify, not moderate.

Aiming for a Balanced Scorecard

According to a 2004 poll conducted by Insurance Services Office (ISO), 78

percent of U.S. insurance companies identified cost reduction in claim-handling processes as their most important goal for the year, and 58 percent singled out increased knowledge and staff training as key to improving claim handling. To stay competitive, insurers must provide claim adjusters, representatives, and processors with a strong foundation in insurance coverages and claim-handling principles and techniques, as well as coaching and mentoring by experienced personnel who have kept up with the emerging issues and trends of the marketplace.

Without the right blend of knowledge and skills, a less experienced and untrained claim staff may make costly errors, such as the following:

- Misinterpreting coverage
- Failing to comply with unfair claim settlement acts
- Carrying out poor documentation and diary management
- Decision-making without any knowledge in claims law
- Failing to investigate all aspects of the claim
- Reserving improperly
- Failing to see the big picture
- Performing poor coverage analysis
- Failing to recognize subrogation opportunities
- Decision-making based on lack of ethics
- Exhibiting a fear of decision making
- Providing unsatisfactory customer support.

Importance of Personal Development

Current training tends to focus primarily on skill development. For example, if an audit reveals that a claim representative has not been proactive in making offers, then the claim representative gets training in negotiation skills. The problem, however, may be much deeper. Possibly, the claim representative is struggling with decision-making, which results from a lack of confidence or unfamiliarity with the material. Training on decision-making and strategic thinking would be helpful. Vendor management and use of Internet tools are other areas for training.

Furthermore, courses and seminars on contract interpretation, good faith, interpersonal skills, personal organization and productivity skills, and negotiating skills, for example, would also be beneficial. While seminars are widely available, the preference is for in-house training on subject matter related to a claim representative’s current work. The bulk of the responsibility for CE compliance rests on the individual, while the accountability lies with the managers.

Claim Handling and Customer Satisfaction

Each year, JD Power and Associates, a global marketing information services firm, conducts a national survey on customer satisfaction levels of automobile insurers. In reviewing the results of their 2006 study, Jeremy Bowler, senior director of the insurance practice at JD Power, said, “Carriers achieving high levels of satisfaction retain 90 percent of their customers compared to those carriers with the lowest satisfaction levels, who retain an average of only 78 percent of customers It’s important to invest in the areas that truly resonate with customers. Often, this means investing in developing the skills and empathy of the front-line employees and agents who serve customers day-to-day.”

An insurer’s response time following an accident is critical to customer satisfaction, but so is the company representative’s personal interaction with the policyholder about the claim. Customer service skills are based on much more than correctly taking down claim reports and doing it quickly. The quality of claim handling is equally important to the quantitative measure of the transaction. A claim representative needs strong coverage analysis skills, a clear understanding of claim-handling policies and procedures, and experience in investigation, negotiation, and settlement.

Moderating a Litigious Climate

One of the best ways an insurer can limit the possibility of extra-contractual litigation is to ensure that a policyholder’s allegations have no merit. Ensuring that

their claim personnel are highly skilled and knowledgeable is one way insurers can mitigate assertions of improper claim handling, wrongful denials of coverage, and so forth. In addition to practical skills and in-depth knowledge of claim processes, claim personnel in all areas need a solid understanding of insurance operations, including the areas of law, regulation, and compli-

The American Institute for CPCU and the Insurance Institute of America help risk management and insurance professionals develop the knowledge and skills they need...

ance as they apply to insurance and risk management. Management consultant Peter Drucker is often quoted as saying, "Making good decisions is a crucial skill at every level." For claim personnel, making good decisions is critical.

Institute Programs

The American Institute for CPCU and the Insurance Institute of America (the Institutes) help risk management and insurance professionals develop the knowledge and skills they need to be successful in a changing and challenging marketplace. To satisfy the training needs of individuals, organizations, and the industry as whole, the Institutes offer a variety of professional development learning solutions.

For less experienced claim professionals, or those new to the insurance industry, the Institutes have programs that stress the fundamentals:

- *Insurance Essentials.* This interactive learning tool helps employees new to insurance learn the essentials quickly and gives them a common knowledge base. Insurance Essentials provides students with a short introduction to the major aspects of the industry, including the history of insurance, risk

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management, the role of insurance, delivering the insurance product, mainstream insurance company structure, and typical personal and commercial insurance transactions.

- *COMET Online Learning.* A new approach to professional development from the Institutes, COMET delivers accurate and performance-enhancing technical insurance content broken down into easy-to-study online modules. The first suite of products, Insurance Fundamentals, consists of ten courses (sold individually), including Insurance Policy Fundamentals, Claim Handling Fundamentals, Insurance Fraud Prevention Fundamentals, and Insurance Regulation Fundamentals.

- *Introduction to Property & Liability.* This course is an excellent starting point for almost anyone in risk management, insurance, and related fields. It covers a wide range of topics in a thorough manner.

Students will gain a general understanding of how the property/casualty insurance business works, and they will be able to deal more effectively with others in the profession and better understand their role in making insurance work in a changing world.

- *Introduction to Claims.* Designed primarily for employees who are new to the study of claims, this course is appropriate for newcomers to the business as well as for more experienced employees with no formal claims education. The student will learn about the claim function, claim management, claim practices, auto and property first-party claims, liability claims, workers' compensation claims, commercial coverages, and the principles of insurance policy interpretation.

- *Program in General Insurance (INS).* INS is for the insurance professional

who needs a thorough grounding in the fundamentals of insurance and covers insurance principles, practices, and policies in depth. A wide range of insurance topics are introduced—core principles and practices, risk management, operations and procedures, policy language and coverages, loss exposures, and products.

For the CR with one to five years of experience:

- *Associate in Claims (AIC).* As property/casualty claims increase in complexity and severity, claim professionals need practical skills to thoroughly investigate claims and process them efficiently. The AIC program includes topics such as claim-handling principles and practices, workers' compensation and managing bodily injury claims, property loss adjusting, and liability claim practices. Students can tailor the program to personal goals by choosing alternative paths that focus on either personal or commercial insurance.

In order to maintain a high level of customer satisfaction, insurers should focus on claim education for all their claim personnel.

Specialized Programs. The Institutes also offer specialized programs in numerous areas, including the following:

- *Associate in Insurance Services (AIS)* focuses on a basic understanding of quality and continuous improvement and is perfect for call center personnel.
- *Associate in Management (AIM)* is a good choice for independent adjusters, agency personnel, and aspiring claims managers.
- *Associate in Risk Management (ARM)* provides the knowledge and skills commercial insurance claims personnel need in the science of risk assessment, risk control, and risk financing.
- *Associate in Marine Insurance Management (AMIM®)* centers on

specific information and coverages pertaining to ocean and inland marine insurance.

For middle- and senior-level managers who need a broad range of insurance knowledge and the necessary skills to advance, the Institutes have a designation program designed to provide the big picture:

- *Chartered Property Casualty Underwriter (CPCU®).* Built on a foundation of ethics and experience, the CPCU program delivers broad and in-depth knowledge of risk management and insurance. CPCU, the premier designation program of the property/casualty industry, prepares students to meet the changes and challenges of a demanding global marketplace with confidence and professionalism. The program consists of 11 course. Students must pass eight courses, including five foundation courses, to earn the CPCU designation.
- *CPCU 530—The Legal Environment of Insurance* is a foundation course that all experienced claims personnel should take—whether or not they decide to earn the CPCU designation—to learn about the complexities of the legal aspects of insurance and contracts.

The insurance industry faces a growing challenge in their claim organizations. As the population of experienced claim representatives ages, they are being replaced with younger, less experienced personnel. In order to maintain a high level of customer satisfaction, insurers should focus on claim education for all their claim personnel.

To learn more about Institute programs for claims professionals, call the Customer Support Department at 866-844-0376.

Donna Popow is senior director of knowledge resources and ethics counsel for the American Institute for CPCU and the Insurance Institute of America (the Institutes). She has direct oversight of the Associate in Claims designation program and the Introduction to Claims certificate program.

Understanding and Addressing Crisis for Catastrophe Adjusters

Editor's Note: The following is an excerpt of a new two-hour adjuster continuing education course which will soon be available online and live through Florida Insurance University & The University of Central Florida at www.ce.ucf.edu/insurance

A catastrophe adjuster is expected to be an investigator, mediator, and negotiator in the midst of a disaster. It is inescapable that the stress that affects the victims of a disaster will also affect the adjuster as well. The dominant element in the development of a crisis is always stress. While initial concerns after a crisis are rescue, safety, food, and shelter, the long-term problems involve rebuilding, financial recovery, and legal complications that may result in litigation.

The American Red Cross, in recognition that catastrophes leave mental and emotional damage in their wake, deployed psychiatrists, psychologists, and mental health counselors to the Katrina-ravaged Gulf Coast.

Both survivors of catastrophes and catastrophe adjusters are on 'overload' and in a basic survival mode for the first several days following the event. After that, whether things are getting worse or not changing, people begin to realize that everything is gone. Traumatic events, whether natural disasters, accidents, or terrorist attacks, can cause an aftermath of horror, helplessness, and fear of serious injury or death.

Recognizing Adjuster Burnout

Persons who work in crisis situations, are referred to as 'Interveners' by mental health professionals. Interveners work in areas of high stress and consequently often suffer from high stress levels themselves. Adjusters fall into this category.

Catastrophe adjusters serve those who are experiencing crisis, and victims of a disaster may have poor to little coping abilities. Adjusters know that claimants expect them to problem-solve and 'make it all better.'

Adjusters deal with angry, frightened people everyday, so it is important to realize that each adjuster has a personal threshold for stress and coping. Catastrophe adjusters live away from home for a considerable time in a difficult, distasteful environment. This is stressful and wearing. Adjusters often start to feel:

- Angry, resentful
- Isolated
- Tired with extreme fatigue

- Loss of feelings for the victims, almost angry with them
- Sleep disorders, headaches, and stomach problems
- Marital and family problems
- An increasing sense of helplessness
- With the increase of stress the perception of options becomes less.

Both the adjuster and the victims can become incapacitated as a result of unmanaged stress.

Signs of an Adjuster in Crisis

- Have you withdrawn and become depressed?
- Do you feel nervous, numb, or panicky?
- Do you have trouble making decisions?



- Do you no longer trust anyone or anything?
- Do you use drugs or alcohol to excess?

An adjuster in crisis will go through the same stages as victims of a disaster. Being in the midst of a scene that everyone else is trying to flee from can be overwhelming.

Vicarious Traumatization

A catastrophe adjuster should realize that listening to the traumatic stories of others puts the adjuster at risk for a reaction known as Vicarious Traumatization (VT). VT is distinguished from Primary Traumatic Stress as follows:

- Primary Traumatic Stress is the direct exposure to, or the witnessing of an extreme event where one is overwhelmed by trauma.
- Vicarious Traumatization is the transmission of traumatic stress by interacting with victims of trauma. It is a natural and inevitable response

to spending significant time working with victims of catastrophes.

Adjusters will have some kind of natural response to hearing tragic stories over and over again!

Vicarious Traumatization is also called 'The Intruder' by psychologists. It intrudes on and disrupts four main areas of functioning: cognitive, psychological, memory, and world view. It decreases trust, a sense of safety, self-esteem, intimacy, and connectedness to others. It can also result in an adjuster 'minimizing.' Minimizing issues in situations is the discounting of the overall impact or seriousness of the things that someone is challenged to deal with.

Take Care of Yourself

Adjusters will often neglect themselves during high times of stress. Not enough sleep, eating on the run, no exercise, or time out. Conversely, taking time to care for yourself will afford you the energy and clear thinking you need to

be effective in your work. Through all, you must remember, you are in charge of you and the choices you make will either affect you in a positive or negative manner. You, are your most important piece of equipment, maintain it!

Recommendations

The Center for the Study of Traumatic Stress has the following recommendations:

- Establish a work-rest schedule for yourself and follow it;
- Provide a minimum of 4 hours of sleep during each 24 hour period ;
- Drink and eat on a regular schedule. Take every opportunity to assure that you are hydrated;
- Avoid alcohol and smoking;
- When you notice that others are stressed, assume that you are stressed;
- Identify a trusted co-worker who can evaluate your level of effectiveness and consult with them on a daily basis and provide a similar service to a co-worker who trusts you.

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TIPS AND TECHNIQUES

Order Out of Information Chaos

BY BOB LARRIVEE

Chaos. You see and hear about it daily. Nature strikes hard with the force of wind and water wreaking havoc in our lives. The earth moves and swallows land, houses, and property of all sorts. Add to this the potential of man-made chaos like fire, theft, and other hazards and one comes to the realization very quickly that there is a need to prepare for the inevitable. Thus, you find the reason to insure and the need for claims and supporting roles in providing

Paper still plays a dominant role, even in an age where nearly 90 percent of all business documents originate electronically and more than 80 percent of all business correspondence is through e-mail.

quality, accurate service to the insured. The result is that the claim process has now restored order from chaos and life will progress in our normal fashion.

This is typically what one thinks of when referring to chaos, but what about business chaos? What about the world in which you work and the glut of information you deal with during the course of your daily activities? Paper still plays a dominant role, even in an age where nearly 90 percent of all business documents originate electronically and more than 80 percent of all business correspondence is through e-mail. So where is the chaos? This seems on the surface at least to have everything under control. Yet business chaos lies in the sudden need to find information and



not being able to readily gain access and use it.

Take a minute and consider this scenario. A client is unhappy with the result of his settlement and decides to file a civil lawsuit. As part of this litigious action, you are requested to comply with the newly amended Federal Rules of Civil Procedure and deliver all information — paper and electronic — as part of the discovery process. This not only includes Word documents and the obvious electronic files you may have in your possession, but also it includes all related e-mail correspondence. You are required to produce every e-mail pertaining to this case.

In real life, how many e-mails might that be and where might they be located? Do you have a records management policy that determines what

is kept by the employee and a central repository where it is in fact held as corporate information? On the conservative side, the average employee will transact approximately 20,000 business e-mails per year, all of which are stored in a local inbox.

How many employees do you have? For the sake of this discussion, let us use 1,000 as a number. That makes 1,000 inboxes to search. Multiply that by our conservative number of annual e-mails and we find there are 20 million e-mails to search through, not to mention all of those attachments that travel with them. The consequence and risk of non-compliance and an inability to prove compliance is high. You could lose the case, be fined, and—if any information is destroyed during this process—it could lead to charges of spoliation and potential prison time. Add to this, corporate information theft,

most of which is perpetrated by trusted employees! So how do you prepare for this chaos and how does content and record management enter into the equation?

Structural Support

The way to bring order to chaos and protect your informational assets is to implement a combination of business process improvements, establish strong records management policies,

and implement a combined Enterprise Content Management (ECM) and Electronic Records Management (ERM) solution. Yet this alone is still not complete until you incorporate a concise and consistent communications program designed to inform your employees of your records management governance

and policies to which they must adhere. In this way, businesses can prepare for chaos and ensure tighter adherence to regulatory compliance and minimized risk.

So, let us start at the beginning. First, you need to understand that ECM is not just a technology or software package. ECM is a combination of systems, processes, people, and guidelines used to manage information. It deals with unstructured information that not only includes electronic files, but also physical files like paper, microfilm, or even materials like cars or other items that could be evidence. So looking at it from this perspective, you need to take a step back and think about the business from a holistic angle. You need to understand:

- What information comes into your organization?

- Where did it come from and who receives it?
- Why do you get this information?
- What happens to it when you receive it?
- How could you make this operation better?

You also need to understand what regulatory guidelines impact how you manage information. Can you dispose of paper if you use an electronic system? If you scan paper and save it electronically, can you then dispose of the paper? Can you store information off site through a storage service provider, or are you required to maintain control within a facility?

Most of us may look at the filing structure of a network and say that it is sufficient to manage the information we have and create. In reality, there is more to this aspect that requires some careful thought. You must consider that each of us has different ways of filing information and structuring the folders where it resides. One person might have a folder called “Claims” and break it down by auto, medical, or housing, while the next person has a structure called “Auto” and below it, a folder called “Claims.”

In addition, there will be duplication of information, bringing about questions as to which is the legally declared and recognized business record. What you need to do is create a format to standardize how you store information and the terms used in naming the files. This is known as establishing a business classification scheme and taxonomies. It is creating a framework or structure that you will use to control and maintain information in a clear and consistent way so that you can find it. After all, that is the ultimate objective: To find the information you create and store.

We classify things around us. Cars, food, clothing, and more are all classified using common terms. Using cars as the example, we classify by make, model, performance, color, etc. This is also the step you need to take with your business information. Establish a process by which all of your employees will comply

Most of us may look at the filing structure of a network and say that it is sufficient to manage the information we have and create. In reality, there is more to this aspect that requires some careful thought.

and transfer information in their possession to the corporate repository under the established classification scheme using the agreed upon taxonomies to label it. ERM and ECM technologies leverage these aspects of the ECM environment, allowing you to build a solid method of maintaining your corporate information assets securely.

In order to understand what is going on within the business unit you must determine what information is produced, used, and stored, who is using it, and what they do with it. For this, you look at the process of how information moves through your organization. In other words, you take an approach of following the information from birth to death using the day in the life of information scenario. Information enters our business environment through creation or as the result of someone sending it to us. The question is who has this information and why? When you have identified this part of the process, you must know focus on what is being done with the information and where it goes from there. This is a systematic process of identification and documentation to know what you have and its purpose.

This method will help uncover information gaps or areas where information is sought but not found. This does not mean it is lost or does not exist, it means it is not where it should be when you needed it. It may also uncover areas where parts of the process are not required and streamlined. Is it necessary for a line supervisor to review a claim less than a specific amount?

Regulations and Standards

In addition to classifying information in a consistent manner, you must also look at the issue of what to keep and for how long. This is called a records management and retention policy. Here you determine what is essential to keep as a business record and what is simply non-essential. One way to do this is ask the following questions:

- Is the information required for making business decisions?

- Is the information required for business continuity?
- Is the information required for legal or regulatory reasons?

If you answered yes to any of these, you should make it a record and keep it. If not, you should dispose of it. You should also assign a retention period to these records based upon regulatory guidelines. For example, a life insurance policy might have a requirement to maintain it for seven years after termination of the policy. In this case, you can dispose of the policy at the end of seven years, but maintain a record of its existence and disposal in case you are asked to present it as part of litigation. Using this practice, you can prove it existed and that you disposed of it according to the set retention guidelines as part of our standard practice and not for reasons of hiding evidence.

Regulatory requirements come from many entities, including the government and your own industry. Standards are few in some cases but do exist. For example, there is DoD 5015.2, ISO 15489 and Dublin Core to help in structuring records and classification schemes. If you seek guidance on meeting requirements found in the Federal Rules of Civil Procedure, review the Sedona Conference Guidelines.

Controlled Process

Let us now look at the client scenario previously presented. Here you can see there are many aspects opening us up to risk, non-compliance with the court request, and lowered client satisfaction. Before you even begin looking for information, you must consider the person processing the request when the court

issues the discovery demand. Who receives it? Who will coordinate the effort and identify specifically, as part of the FRCP process, the information requested? Next, how is this information gathered, reviewed, and provided to the opposition? In the old way of managing information, files were stored in disparate systems across many drives and folders. E-mail is uncontrolled and not accessible to anyone except the user who sent or received it.

With an ECM environment in place, you have control over our information. You no longer have lost or missing files, records are maintained and retained in accordance to regulatory guidelines, and purged when appropriate. Due to centralized storage, you now have a single place to look

for information as opposed to many shared folders, drives, and PC workstations. You can now prove consistency in your policies and procedures regarding the way you store and retain information. Your classification scheme and taxonomies bring structure and standardization, making access simpler and more accurate.

ECM is a complex topic encompassing a broad range of elements that are not restricted to technology. It is also a change in the way you conduct and transact business. In short, it is not a quick fix but rather a practice that needs to be maintained and adhered to for the long term. It is a strategic approach to establishing tactical steps that move you from chaos to structure and help keep you aligned with business goals and regulatory compliance.

Bob Larrivee is director of education services for AIIM, the ECM Association. He can be reached at blarrivee@aiim.org, www.aiim.org.

In addition to classifying information in a consistent manner, you must also look at the issue of what to keep and for how long. This is called a records management and retention policy.

Desire for Excellence

BY CARL VAN

In this eight-part series, Carl Van shares his thoughts on the characteristics of the awesome adjuster. The series is to serve as a sort of road map for those interested in knowing what it takes to be among the top in their field. This article is reprinted with permission by Claims Magazine.

Of all the characteristics that I have mentioned so far is this series, this is the most easily attained, and the most often ignored for claim adjusters. Do not confuse the desire for excellence with being a perfectionist. People who simply cannot live unless everything is absolutely perfect can get frustrated in the claim world.

Awesome adjusters do not want everything to be perfect, but they do feel that doing a great job is more pleasing than doing a mediocre job. To be productive and valuable, one must see one's

"This is just photocopying, and it is really mindless. It takes no intelligence to do my job. It takes no skill, no initiative, and no integrity. A moron could do this job."

responsibilities, whatever they are, as important and worth doing well.

When I was hired by my first insurance company, I was not put immediately into a claim position. I was placed in the file room and asked to help make photocopies for the adjusters. Keep in mind, back when I first started in

the insurance business in 1980, photocopy machines were simple but slow.

Three of us in the file room would make photocopies for all of the adjusters. That is all that we did, and we worked in shifts. When I first met the other two, I thought that there must have been a mistake. How could someone as intelligent as I was possibly be working with these two people? The first guy had a metal plate in his head or something. The other guy could barely read English, and had this weird lopsided smile that made me want to turn my head while talking to him.

After a few days, I decided that I had had enough, and I went to my supervisor and told him that I wanted to be promoted into the unit that takes loss reports. He noted my desire and asked me to go back to work. Knowing that my future included much bigger things than making photocopies, I did not take my work too seriously. After all, this was just photocopying. Any idiot could do it.

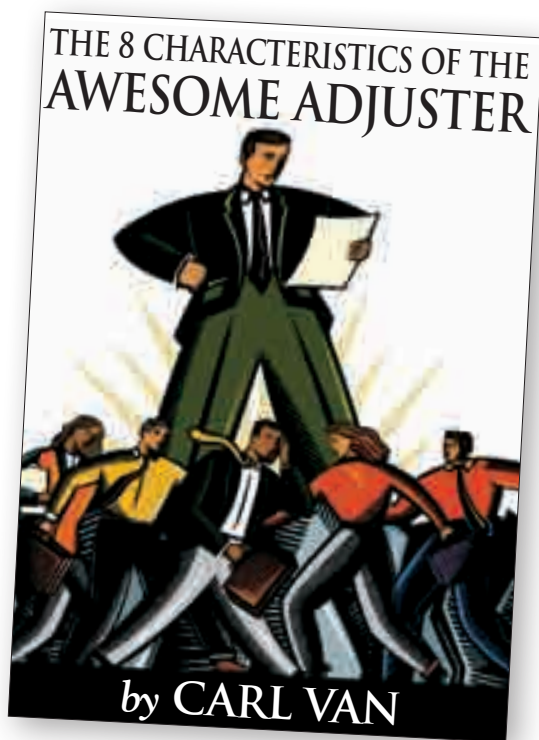
When adjusters would come to me with their files and ask when their copies would be done, I would roll my eyes and say, "It will be done when it's done." The other two guys would get all bent out of shape and go into a panic if they cut off something from the photocopy that they were making. If something were a little bit twisted on the page, they would stand there and figure out how to bend the paper just right to make sure that every single piece was photocopied. It seemed ridiculous to me. This was just photocopying, for crying out loud.

When adjusters would approach these Bozos and ask when their files would be

done, these dopes would give them an exact time and swear that it would be done by then. Sure enough, they worked like maniacs to get it done on time. It made me feel sorry for them. They had such little minds and such little imaginations; this probably was the most important thing that they were ever going to be asked to do in their lives.

After what seemed to be an eternity, about four weeks, I went to my supervisor and pleaded, "I can't take it in there anymore. This is just photocopying, and it is really mindless. It takes no intelligence to do my job. It takes no skill, no initiative, and no integrity. A moron could do this job."

As I was saying this, I decided that I would be gracious and accept my supervisor's apology, which was surely to come swiftly. I would accept an immediate move to the loss report unit. Perhaps he might take me to lunch to



further extend his apology for leaving such a skilled and talented individual wallowing in menial work for so long. A raise would not have been out of line, but I did not want to be too greedy.

My supervisor had a slightly different response than the one I was expecting. “You’re right,” he said. “That job does not take any skill. It takes no intelligence whatsoever. Almost any idiot can do that job, and you are not even the best one.”

Those verbal bricks hit hard. What was going on here? Was I to be judged on the work that I was doing, and not how brilliant I am? Was I to be judged on results? How unfair.

It had never dawned on me that people saw me by the work that I did. I judged myself by what I was capable of, but others were judging me by what I did. I am very, very fortunate that I learned this lesson when I first started in this industry.

I have known many people like this. People just like me who did not have someone to straighten them out as I had. People who looked at their jobs of being claim adjusters as less than the most important thing in the world. I have seen people go through their whole careers without understanding how crucial it is to want to do an outstanding job, regardless of what it is, at all times, because people see you for what you do.

Scott, the No-Jerk

As a young claim adjuster with a year’s worth of experience in auto property damage, I was asked to help out in the subrogation department for a few months. One day while talking to my supervisor, complaining that I needed someone else to help pull the weight, I was told that I did not need to worry about it anymore; a trainee had been hired.

I was elated. “Oh thank God,” I said, “Please tell me you did not hire some jerk. What’s his name?”

My supervisor responded, “Scott Jerk.”

“Jerk? The guy’s name is *Jerk*?”

It turns out that his name was not Jerk, but Jurek. Scott Jurek knew absolutely nothing about insurance; as a matter of fact he spent most of his time at lunch and break talking about music. He was a quick learner and never seemed to mind when asked to do certain things, even when I could not explain why we were doing them.

I proofread everyone else’s arbitration forms before giving them to our supervisor to check. To complete these forms did not take a lot of brains. It did not even take much skill. Anyone in the subrogation department could fill out these forms completely with no errors, if they simply paid attention. That is why our supervisor would always ask if we had double checked them. Most of us would say yes, even if we had not.

The supervisor then would ask, “Carl, did Linda double check her work to be sure that she had completed the subrogation forms properly?”

“Well, she said that she did,” I would respond. My supervisor then would review them, pass on anything that looked correct, and hand back anything that might have had errors.

When it came to mine, he would ask, “Did you double check to make sure that you filled out everything correctly?”

“You betcha,” I would say, whether I had or not. Although I had high rate of correct completions, every once in a while, he would find one with errors. On those occasions, he would hand the form back to me and say, “Are you sure you double checked everything?” He knew full well that I had not, or I would

have caught the error.

One day, something extraordinary happened. I gave the stack of arbitration forms to my supervisor, and when he got to Scott’s, he asked whether Scott had double checked his work. My response was “He said he did.”

At that point, my supervisor invoked what I now call the Scott Reality. He took the stack of Scott’s arbitration forms and simply put them in the pile as approved, without bothering to look

at them. I asked, “Why is it that you are checking all of the other adjuster’s arbitration forms, and even my arbitration forms, and you are not checking Scott’s?”

He looked at me and said, “If Scott says he double checked them, then that means he did double check them.”

I was absolutely floored. How was it that Scott, after just a few weeks in the department, was already doing work at such a level that my supervisor had decided he did not even need to bother to check?

I spent the next few weeks keeping an eye on this Jurek character, trying to figure out what his game was. Sure enough, I found his little trick. When Scott said he that he had done something, he really had. If the supervisor said to use black ink instead of blue, Scott used black ink. If Scott were asked to proof read all the letters before they were sent out, he proofed them. If Scott were asked to make a second copy of contentions and staple them upside down in the file folder, that is what he did.

The reality was that Scott liked doing a good job. Not only did he enjoy doing an excellent job, he liked the fact that people could trust him when he said

I spent the next few weeks keeping an eye on this Jurek character, trying to figure out what his game was. Sure enough, I found his little trick. When Scott said he that he had done something, he really had.

that he was going to get something done.

Raising Expectations

Most of the time, the desire to do an outstanding job comes from personal values instilled at an early age but, sometimes, it can be developed. To learn the desire for excellence, one must be exposed to the rewards. This is management's greatest failing: attempting to train employees to desire excellence without showing potential rewards. How does anyone know that they want something until they have tried it or seen it?

Scott already had the desire for excellence when he became an adjuster. He knew that meant that even the boring things have to get done; such as making sure that forms are complete, getting statements when needed, documenting files, attaching photos in the right places, and using the right color ink. Why? Because Scott knew that no one

The desire for excellence does not impede the ability to accept feedback and constructive criticism. But it cannot stand in the way of accepting that improvement is possible and should be sought.

could see his hard work if their attention were to be distracted by the little things.

The desire for excellence does not impede the ability to accept feedback and constructive criticism. Pride in one's work is an essential element in the desire for excellence, but it cannot stand in the way of accepting that improvement is possible and should be sought.

In a very short period of time, Scott's

recoveries far exceeded mine. While I was wasting time redoing work, because I had not been thorough enough in the first place, Scott was moving on to other files.

Scott Jurek now is a senior claim executive for a regional insurance company. He has been put in charge of claim operations in several states and serves on the claim leadership team. Once upon a time, he was a subrogation adjuster trainee, who liked big band music, who worked in a small office in Los Angeles, at a desk next to mine. I was fortunate to have been a friend of his, because his success was inevitable and I had the privilege to have him rub off on me. The Scott Reality, the desire for excellence at all times, is a hallmark of the awesome adjuster.

Carl Van is president and CEO of International Insurance Institute and dean of the School of Claims Performance. He can be reached at www.insuranceinstitute.com.



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I.I.I. Pro Bono Duty Pays Off in New Orleans

Two professional women from opposite sides of the country joined volunteers from the insurance industry by donating their summer holiday weekend to help feed construction workers and displaced residents over Memorial Day in one of the hardest hit areas of New Orleans, still recovering from Hurricane Katrina.

Lisa Shin, a vice president with the asset management department at J.P. Morgan in San Francisco, joined her friend, Washington D. C. attorney Tai Lui Tan, on the Gulf Coast this summer to provide nourishment for workers toiling in the wreckage almost two years after wind and rain reeked havoc on the historic city. The women enjoyed the food, fellowship, and music they found in the heart of the community at the Dragon Café at St. George's Episcopal Church.

The St. George's meal program continues to serve more than 300 meals per week to construction workers and local residents displaced by the wind and rain of Katrina. The food and companionship are available free of charge each Thursday and Friday evening.

The free meal program—dubbed the Rebuilding with Heart—is dedicated to the mission: “You can't rebuild New Orleans on an empty stomach.” The church kitchen is staffed entirely with volunteer labor.

The enterprise is funded by partner churches, individual donations, and a grant from the Arizona chapter of Casualty Property Insurance Underwriters (CPCU). The insurance industry has taken a role at the Dragon Café, including volunteers from International Insurance Institute who are regulars in the church kitchen.

People are drawn to the Dragon Café by various placards on St. Charles Avenue, newspaper ads, word-of-mouth, and the sweet sound of music produced by the Panama Jazz Band.

The kitchen is not an easy place to find for tourists not familiar with the ravaged downtown core. Shin and Tan discovered the Dragon Café with some guidance from the Office of Disaster Relief. They went to New Orleans with the intent of serving and lending a helping hand to the people in need.

“We meet at least once every year for a ‘charitable’ vacation and New Orleans seemed like the ideal place for us to pitch in and contribute in our own small way,” said Shin, who had not been to the Louisiana coast for more than 10 years.

“Wherever we are, it's the people who make our journeys memorable. That was never truer than in New Orleans.”

A Charitable Vacation

Tan, an attorney with the international law firm of Mayer Brown LLP, explained that she and Shin were excited about the opportunity to serve and contribute to the rebuilding of this great city. The pair eagerly took their assigned positions to help serve the evening meal on their first day in town.

“The church was located in a portion of the city that looked like it was working hard to recover,” said Tan. “This was a very grounding experience.”

The women broke bread with laborers and



local residents who are still working hard to recover after government workers have packed up and moved on. Parishioners from St. George's mingle during the twice-weekly dinners with police, construction workers, relief professionals, and volunteers.

“The simple fact that there is still a need for volunteer kitchens in every corner of this city tells you there is plenty of work still to be done,” said Tan.

This was not the first time the two friends have committed vacation time to humanitarian efforts. The pair had previously flown to Honduras and Guatemala to work in medical facilities that served the indigenous people in each Central American nation.

While in New Orleans, Shin and Tan met a young professional woman who rushes to the church after work on Thursday and Friday for both dinner and fellowship.

“The Dragon Café has become my community,” the woman said, as she was evicted from her apartment and had all of her possessions thrown away when she was forced to evacuate. The woman relies on meals at the Dragon Cafe while she continues her search for an affordable place to live.

Editor's Note: The CPCU grant was made, in part, in response to an article that appeared in a previous issue of Claims Education Magazine.

“The simple fact that there is still a need for volunteer kitchens in every corner of this city tells you there is plenty of work still to be done.”

— Washington D.C attorney Tai Lui Tan

ADJUSTER OF THE QUARTER

Helping People Gives Ex-Pizza Promoter Her Thrills



Jennifer Littrup
Claims Examiner II
Montana State Fund

It's definitely obvious why Jennifer Littrup has never had a complaint call in the three-and-one-

half years she has worked in claims. Even after a hard day, her personality still shines through as though she were on top of the world. If for some reason her day has been a little rocky, when a claimant calls, that all goes out of the window. For Jennie, it's important that every claimant has the best customer service experience possible.

"Customer service counts, not only when things are going really well, but when things are going wrong. You still have to treat people like human beings and not claim numbers. It's an important job telling people if they can go back to work or not," Jennie explained. It was evident that she takes her job very seriously and sincerely cares for the people she's

entrusted to help.

Ironically, Jennifer's work in the claim industry was supposed to be temporary, but as life would have it, her passion kicked in and she found her niche.

"I kind of fell into it backwards," she recalled. "My degree is in advertising and before my first job in claims, I was a tour manager promoting for Red Baron Pizza. I traveled across the country in a 30 ft. RV giving away free samples."

"When I returned home from that tour, I didn't have much to do, so I decided to do some temp work and was placed at a workers' comp carrier in California. After working there for two weeks, I decided this was what I wanted to do with my life. I applied for a position in May of 2004 and was hired in September 2004 as a WC examiner trainee."

Jennie, now a Claims Examiner II, enjoys working at Montana State Fund where she has been since February of 2007. "I think that being knowledgeable enough to have gotten hired by Montana State

Fund is a big accomplishment. This is truly a great place to work and I feel that they do not take hiring lightly. The fact that I was up to their standards means a lot to me," Jennie stated.

Her current position allows her variety and constant learning, which she loves. In workers' comp, there is so much to do—whether she's on the phone with an injured party, attorney, doctor, or writing a letter, a strength that she attributes to her advertising background—each case is different and she never seems to be doing the same thing twice. "It's really great when you feel like you've helped someone. It's those people who really appreciate what you're doing for them that makes it all worthwhile."

Outside of work, Jennie spends most of her time chasing her 14-month-old son, Jackson, around and loves to read, hike, and spend time with family and friends.

Jennie's favorite quote is attributed to Catherine Aird: "If you can't be a good example, then you'll just have to be a horrible warning."

TRAINER OF THE SEASON

Experience Along with Knowledge Equals Power



Ileana Chen, CPCU
Classroom Claims Trainer
State Farm Insurance

Working in claims for 15 years, Ileana Chen has attained much knowledge, understands the

need for continuing education, and

strives to be a guiding light for others who enter the field of claims.

Ileana Chen is a Classroom Claim Trainer at State Farm Insurance where she has worked since 1992. At State Farm, Ileana has experienced various aspects of claim-handling, including Bodily Injury, Litigation, Property, Total loss, Disaster Duty, First-Party and Third-Party claims.

"What I enjoy most about my current position is helping someone who has no insurance experience become a self-sufficient claim representative. Each week I can see them growing more knowledgeable and gaining confidence in their role as a claim representative trainee. By the end of six months, they are handling claims with minimal supervision and it's very satisfying

MANAGER SPOTLIGHT

A Word from the Wise



Robert Cretel,
BSBA, AIC, CPCU, CLU
Subrogation Unit
Manager
Auto Club Enterprises

Robert Cretel, a claims unit manager in the subrogation depart-

ment at the Auto Club Enterprises, has an abundance of knowledge to share with the claims world. Wise beyond his years, Mr. Cretel entered the claims industry in 1982 where he worked for an insurance company located in New York. In addition to New York, he has also lived in North Carolina, Virginia, and California, holding the positions of claim representative, claim supervisor, claim team manager, interactive claim system coordinator, and determination of fault coordinator.

Robert joined the Auto Club in January of 2003. He enjoys any chance he is given to make an impact on someone and the way they view insurance claims. “The opportunity to train, influence, and inspire new employees as they begin their insurance career is what I like best about my current position. We are growing and the challenges that come with growth are exciting and rewarding. While subrogation may not be the

glamorous end of the claims world, it is the closest thing to running your own company. Return on investment is readily measured in terms of recovery, and any improved process or training can have an almost immediate impact on the organization.” It is impossible to comprehend the enthusiasm and passion that he emotes when speaking about his role in claims—unless you’ve heard him in action, of course.

The person most influential to Mr. Cretel was Curt Flynn, a team manager he worked for with a previous company. “Curt told me that one out of 12 times when you obtain one more statement from a witness or obtain one more necessary piece of evidence, the liability or value of a claim will change. To this day, I stand by that. Curt would not allow me to do the minimum on any claim. I began to understand the importance of my investigations and how I could protect an insured from personal liability, or protect the assets of the organization by knowing all I could about how a loss occurred and the damages,” explained Cretel.

“I once managed a fatal automobile accident claim in which the claim representative’s investigation not only allowed us to settle within the insured’s policy limit, but also convince the DA to

dismiss manslaughter charges against our insured.

“We remember the large cases, but think of the impact we have on people not only replacing property after a CAT, but even on life’s smaller claims and life interruptions. What we have chosen to do for a living has a profound impact on people’s lives.”

Mr. Cretel has sound advice for others in claims: “Don’t be a surface dweller. Dig in and learn all you can about each claim and the industry; it makes your career gratifying. Once you learn how to investigate, research, and negotiate, you can build on those skills and experiences and develop continually. What you learn by speaking with real people regarding real losses provides stories you could never image or dream up!

Maybe most importantly, always be honest with an insured or claimant. Be proud of what you do, and present yourself as the expert you are. Always be objective about what you find and resist the urge to avoid information that may not support your first assumptions or the insured’s theory.”

Manager Spotlight see page 21

to know that I was a part of their development. I also find value in educating existing employees. I believe that the continual growth and development of all employees can bring a company to new heights,” Ileana explained.

It is obvious to anyone who knows Ileana that she is exactly where she wants to be, doing exactly what she wants to do. “The job of a claim representative always appealed to me. I saw each claim as a challenging puzzle and it was a job that allowed me to utilize my customer service and investigative skills.

“Working with people has always been very satisfying. I attribute my success as a CCT to my positive outlook and eagerness to help others improve.” When asked what advice she has for others, Ileana stated, “Continuing education is important. If a company will pay for your CE, take advantage of it. If they don’t, treat yourself to a class here and there. Also, learn to keep up with changes, whether they be in technology or in the company workflow process. By doing so, you will continue to be an asset to your company and acquire useful skills for the future. You can never

have enough knowledge, and learning something new is never a waste of time.”

When she is not training claim representatives, she loves to do outdoor activities, such as hiking, biking, climbing, and scuba diving.

The most important thing Ileana has learned in her career is to always treat people with respect. “If you tell someone you’re going to do something, it is important to follow through because your word is only as good as you make it.”

Claims Training for the Goal-Oriented Insurance Professional

International Insurance Institute, Inc. (III) provides a variety of superior educational opportunities dedicated to enhancing the insurance industry. The current list of classes provides education on virtually every aspect of the claims environment. For more information on individual classes or schedules, contact III by phone at (888) 414-8811 or online at www.InsuranceInstitute.com.

COURSES FOR ADJUSTERS

Featured Courses:

Teamwork Basics – No Adjuster Is an Island

A full-day workshop designed to enhance teamwork among members of a unit or group. Many members of a group feel it is the manager of the group's responsibility to develop a teamwork approach. That is only half true. The other half is that it is the responsibility of each of the team members to also do what they can to enhance teamwork within the group.

This workshop focuses on things that each member of the team can do to enhance the teamwork of the entire unit or group, and improve efficiency for all members of the team. The goal of this workshop is to not only openly display the benefits of teamwork, but also to introduce and practice skills each member can put into place.

Empathy and Listening Skills

A full-day workshop designed specifically to improve communication by enhancing listening skills and developing empathy abilities. It has been said that the ability to listen and empathize with a customer is 70 percent of ultimately solving any problem that may arise. Practice exercises, role plays, and real life scenarios are utilized in

this highly interactive, practice-based workshop. It will improve listening skills and result in both an increase in customer satisfaction and decreased effort. This course will help the student learn how to expand their listening abilities and become a more effective communicator. It will teach how to take in greater amounts of information, and remember more while "hearing between the lines."

Other Soft Skill Courses for Adjusters:

- Negotiating with Attorneys for Claim Adjusters
- Attitude and Initiative Training for Claim Adjusters
- Awesome Claim Customer Service Part 1
- Awesome Claim Customer Service Part 2
- Real-Life Time Management for the Claim Adjuster
- Beating Anxiety and Dealing with Anger
- Adjuster Organization-Managing the Desk
- Negotiating Training for the Claims Adjuster
- Prepare for Promotion-Adjuster Leadership Training
- Interpersonal Skills--Improving Team Member Relations
- Effective Recorded Statement
- Business Writing Skills

- 8 Characteristics of the Awesome Adjuster
- Conflict Resolution for the Claim Adjuster
- Managing the Telephone

Technical Courses for Adjusters:

- Reservation of Rights Letters
- Coverage Denial Letters
- Excess/Essential Letters
- Policy Coverage Interpretation
- Policy Interpretation
- Negligence
- Liability Basics
- Advanced Bodily Injury
- Medical Terminology
- Adjusting Property Losses
- The Legal System
- Liability Claims Handling

COURSES FOR NON-CLAIMS PROFESSIONALS

Featured Course: Fraud Advanced

A full-day workshop combining the basics of fraud but also covering various state regulations, to include mandatory reporting, SIUs, annual reports, anti-fraud plans, and compliance. This course is designed for the claims or SIU professional requiring a general overview of the various state statutes and how to ensure that their company is in compliance.

WORKERS' COMP SPECIFIC COURSES

Featured Course:

WC Claims Basics

A full-day workshop covering the basics of the workers' compensation system. Covered topics include, distinctions between first-party liability and WC third-party liability and defenses to legal liability based on state codes. Terminology such as AOE/COE, temporary disability, permanent disability, Qualified Injured Worker, Qualified Medical Examiner, etc., will be discussed. The goal of this workshop is to provide a basic understanding of the workers' compensation system and how to apply known facts and develop a theory of liability.

Other Workers' Comp Specific Courses:

- Time Management for the Workers' Comp Adjuster
- Customer Service for Workers' Comp
- Business Writing Skills for Workers' Comp
- Dealing With Difficult People
- Stress Management for the Workers' Comp Employee
- Negotiation Training for Workers' Comp

Tips to Hiring Great Adjusters

A full-day workshop is designed to assist the claim manager in developing effective interviewing techniques to identify the characteristics most desirable in the typically successful claim person.

After participating in team exercises designed to identify the traits they are looking for, each attendee develops effective techniques for either locating,

or ruling out, those traits in the person being interviewed.

Lecture, group discussions, role-play, and team exercises are all utilized to help the attendee:

- learn how to recognize certain characteristics in interviewees;
- learn the right way to test for those

characteristics;

- toss out poor interview techniques;
- avoid losing control of the interview;
- avoid being fooled by “perfect” answers;
- spend the right amount of time in an interview;
- quickly rule out risky hires (potentially short-timers);
- properly set the stage for the salary discussion.

NEWSBRIEFS

New Members

We are delighted to welcome our newest members who have joined International Insurance Institute’s member list, either through on-site training programs or training materials.

United States

- Ameriprise Insurance, Bernie Rosauer, Director of Claims
- Association of Workers’ Compensation Professionals, Ted Richards, Educational Conference Chair
- Celina Insurance, Ted Wissman, Senior Director of Claims

- Markel Southwest Underwriters, David Ashley, Association Vice President of Claims

International

- Work Safe BC, Shirley Gawne, Richmond, BC, Canada

seminar solutions

The seminar entitled *8 Characteristics of the Awesome Claims Adjuster* is designed to heighten the awareness of the characteristics that are the trademark of truly exceptional adjusters (Attitude, Initiative, Customer Service, Teamwork, Desire for Excellence, etc.). This is not a class to correct performance problems. This is intended for already solid performers who wish to become superior.

Visit www.InsuranceInstitute.com for more information on this and other available courses.

Manager Spotlight from page 19

Mr. Cretel enjoys public speaking engagements. It’s another platform for him to share his knowledge with others. “I appreciate the opportunity to speak at seminars like the National Claims Management Educational Conference. It’s an opportunity to present and teach. I believe as an industry we have taken up teaching the process almost exclusively and perhaps not giving enough time to the concept of insurance. Efficiency has been the call to arms. At the end of the day, the most effective, efficient claim representatives are those that know the most about more aspects of claims.”

He has also given presentations at the

Pacific Claims Executive Association (PCEA) as well as the Property Liability Research Bureau (PLRB). He has also taught AIC and CPCU courses and enjoys putting a “real world” application on text subjects. Mr. Cretel believes he is successful because he has worked with companies that put the needs of its members/insured’s above everything else and had leaders who encouraged and supported him in his endeavors. Moving geographically and sometimes within the same location, has given him exposure to different experiences and he appreciates the value those experiences has added to him.

Robert’s favorite quote is: “If you think you can, or think you can’t, either way you are right.”—unknown

Teamwork Basics

In class, we discussed many of the crucial elements of effective team building. One of the many important elements was the ability to encourage team communication. Below are some reminders of those discussions.



STRATEGIES TO ENCOURAGE TEAM COMMUNICATION

Accept opposing views. Be willing to accept and maintain opposing points of view. Remember, the fact that not everyone sees the world as you do is an asset, not a liability!

Communicate clearly. Clearly communicate your ideas so that others understand. Ask the group, "Am I making any sense?" or "Do you understand what I am saying?"

Listen completely. Listen completely to the comments of others. Don't be afraid to ask for clarification to be

sure you understand. Paraphrasing ("Is this what you mean...") and summarizing ("We have two different ideas to think about, specifically...") helps good listening occur.

Criticize ideas, not people. Criticize the content of different ideas without criticizing the people behind the ideas. "Your solution could create a safety hazard" is a much different remark than, "Your solution is dumb." Accept criticism. Accept criticism from others on an intellectual rather than a personal basis. Remember, they are criticizing your idea, not you. Share your ideas and opinions. Sometimes this may feel risky, but have confidence in your contributions

and your value to the group. Invite everyone to participate. Help your group make good decisions by making sure everyone has had a chance to give an opinion and that the group has listened carefully to all points of view.

Stay on the subject. Keep the group on track by not bringing up unrelated topics. If you have a concern that may get the group off the subject, hold onto it until the present discussion is finished. Thank people. Thank people for their efforts and contributions. Leave disagreements in the room. Leave disagreements in the meeting room. At the same time, don't bring work disagreements into the meeting unless they are either on the agenda or belong there.

CLAIMS EDUCATION

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