

CLAIMS MANAGER

DISTINGUISHING FEATURES OF THE CLASS: The incumbent is responsible for reviewing all bodily injury liability and property damage claims and accident reports filed by county agencies and outside parties to analyze and determine the coverage that exists for such claims. The Claims Manager is also responsible for collecting and providing information to various parties in the course of processing claims. Work is performed under general supervision with leeway allowed for the use of independent judgement while following prescribed policies and procedures. Although supervision is not a function of this position, the incumbent directs the work of assigned investigators. The Manager of Risk and Insurance provides direction to the incumbent regarding the formulation, implementation, and monitoring of procedural policies as they relate to insurance, claims and the settling of losses. Does related work as required.

TYPICAL WORK ACTIVITIES:

Determine whether coverage exists for a particular claim under the County Self-Insurance Plan;

Reviews and evaluates all incident reports, and based upon established criteria, determines what will be investigated, and assigns an investigator where necessary;

Gathers data to identify the underlying causes of incidents and formal notices of claim;

Advises county agencies and claimants concerning their claims and obligations;

Negotiates with claimants, insurers and their representatives to obtain the most favorable coverage and claim outcomes;

Reviews information relevant to claims, settles claims within realm of responsibility, and makes recommendations on major settlements;

Reviews all major third party liability claims and incident investigations that could lead to a claim;

Reviews, evaluates and recommends action to be taken on lost and stolen County property;

Maintains insurance claim files; determines the amount of loss in justified claims;

Prepares payment requests and compiles statistics;

Responsible for processing all payments related to the settlement of claims;

Prepares and reports to the Manager of Risk and Insurance the annual liability budget;

Monitors litigated claims;
Maintains records of insured and uninsured losses that may fall below deductible or retention levels and of all claim expenses;
Resolves conflicting interest involved in a claim;
Maintains and updates internal and external correspondence.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Comprehensive knowledge of all lines of insurance, including the types of insurance policies and the characteristics of various types of insurance;
Thorough knowledge of the principles and practices of insurance and claims management;
Good knowledge of tort laws, indemnification agreements and automotive repair procedures;
Working knowledge of the legal system practices;
Ability to compile statistics to be used in reports;
Ability to communicate effectively, both orally and in writing;
Ability to establish and maintain cooperative relations and work effectively with others;
Tact;
Physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

- A) Graduation from a regionally accredited or New York State registered college or university with a Bachelor's Degree in business, accounting or closely related field, and two years experience **in** multi-line property/casualty* claims adjusting; **OR**
- B) Graduation from a regionally accredited or New York State registered college or university with an Associate's Degree in business, accounting, or closely related field and four years experience in multi-line property/casualty* claims adjusting; **OR**
- C) An equivalent combination of training and experience as defined by the limits of A) and B) above.

*Property/casualty claims adjusting includes:

Automobile: Bodily injury and property damage claims
General liability: Bodily injury and property damage claims
Property insurance: Building and contents loss adjusting