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JOB DESCRIPTION – ORM-C500

Depending on the line of coverage an Adjuster is assigned to, some of the following duties may not be fully applicable.

Claims Adjuster 1

This is basic insurance claims adjusting and training work which involves further development of skills and techniques necessary to independently handle insurance claims. Claims processed are those covered under the self-insurance program which consists of multi-line property and casualty insurance coverage (property, auto liability, workers' compensation, medical malpractice, general liability, road hazards, etc.)

The position utilizes a computerized claims processing system, extensive reference materials, forms and documents, and requires application of the benefits provided in insurance contracts. The position also requires detailed documentation and file maintenance.

Adjusters perform the following:

- Receives and reviews notices of loss and supporting documentation, verifies coverage and processes claim data in a computerized claims processing system.
- Performs investigations and acquires pertinent information necessary to validate insurance coverage and to accurately apply coverage.
- Contacts state agencies, claimants, medical facilities, etc., during claims investigation and evaluation process.
- Obtains recorded statements from injured party and witnesses, takes photographs and obtains police reports.
- Requests and reviews medical reports, claimant reports, damage estimates, and medical bills and invoices to determine if items billed are related to the loss.
- Reviews claim forms and supporting documents to support establishment of claim.
- Assigns complex cases for referral to medical specialists, vocational rehabilitation specialists and/or consultants for expert opinions and evaluations.
- Reviews and pays invoices on computerized claims processing system.
- For some claims, may evaluate incoming requests for claim histories for staff physicians, resident interns and other healthcare providers who may be under contract with the State.
- Completely compares and verifies newly received information with existing records for possible matches and/or to establish a pattern of losses.
- Utilizes computer queries for claims.

DOA ORM Claims: Claims Adjuster 1-4 –Property

- Is responsible for requesting issuance of contracts to defense attorneys, contract adjusters, experts and other contract vendors, and monitoring them to ascertain that they are approved timely.
- Maintains current valid contracts, reissuing and amending as necessary.
- Reviews contract vendor's bills for appropriateness and accuracy, adjusting any inappropriate charges, then approves and requests payment for services rendered.
- Prepares a claims history sheet for new claims utilizing detailed information gathered from existing computer records.
- Requires extensive knowledge of the claims process for the line of insurance in which working, whether medical malpractice, workers' compensation, road hazards, general liability, property, auto liability or auto physical damage and familiarity with computer codes which designate particular phrases in the process.
- Coordinates a process to transfer information gathered on certain claims to appropriate parties that have an interest in the claim outcome. This may include copies of pertinent legal documents.
- Reviews diary on claim suspense to ensure timely processing of claims and payment of invoices.
- Reviews work of independent adjusters, rehabilitation firms and other professionals assigned to cases that may be under contract with the State.
- Processes requests for payments of related charges after determining if fees are reasonable and customary or unnecessary or unrelated.
- Sends notice to appropriate party if charges are unrelated to injury or damage loss or if the charges exceed the fee schedule.
- When handling workers' compensation claims, payment of invoices for medical services must be fee scheduled and processed for payment within sixty (60) days of receipt by this office. Otherwise, we can be faced with penalties and attorney fees.
- Obtains estimates for work to be done to modify homes and to purchase and modify vehicles for handicapped claimants.
- Establishes and monitors reserves on all types of claims and requests increases as appropriate as proper reserving of claims aid in premium development and have a direct impact on the state's fiscal liability.
- Meets with agency personnel, public and private officials as well as other professionals to establish and maintain daily relationships of a complex nature at the highest level requiring a high degree of tact and diplomacy.
- Provides information and advisory services to claimants with future medical care claims, workers' compensation claimants, caregivers, attorneys, vendors, nurse case managers, health care providers/networks and credentialing agencies. Goes on field travel required to accomplish some of these tasks.
- Refers cases involving the potential for salvage and subrogation recovery to the subrogation unit.

- Attends meetings and conferences as may be required for information regarding coverage and/or to obtain or assist in the current handling/closing process for a specific claim.
- Attends training/educational opportunities in order to gain additional knowledge and improve job performance.
- Engages in joint projects with the loss prevention unit and the underwriting unit, coordinating the activities in addressing and resolving problems in specific agencies and departments which have produced or could result in personal injury and/or property damage.
- Is ready and able to travel to any part of the State of Louisiana or elsewhere.
- Performs any and all other duties assigned, which includes but is not limited to transfer/reassignment to other claims units.

Claims Adjuster 2-4

Adjusters 2-4 are in a training series and have the same job description.

This is a highly responsible advanced journeyman position dealing with the investigation and management of claims relative to any of the lines of coverage handled by the Louisiana Self-Insurance Program. This requires advanced knowledge of claims investigation, claims law, insurance coverage, civil and criminal law and procedures, court rulings and procedures, and medical terminology. Advanced training and experience in claims investigation and adjusting are required. It is necessary in the performance of these duties to be ready and able to travel to any part of the State of Louisiana or elsewhere.

The person in this job performs the following:

- Investigates, evaluates, and negotiates the most complex personal, casualty, and property claims.
- Performs field investigation tasks including but not limited to:
 - Inspecting an accident site
 - Developing facts of an accident from any physical evidence available
 - Taking photographs
 - Taking measurements
 - Inspecting vehicles for damages/defects
 - Making field notes
 - Making sketch drawings of accident scenes
 - Performing background checks on claimants
 - Researching agency documents
 - Obtaining recorded statements from claimants, witnesses, law enforcement officers, etc.
- Investigates, evaluates and resolves serious, complicated compensation and jurisdictional issues.

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- Evaluates litigated and non-litigated cases involving but not limited to all levels of temporary, permanent, and/or multiple disabilities, future medical care payments, etc.
- Evaluates findings, prepares written report and makes recommendations toward further handling of the claim which would include settlement/defense if the case was in litigation.
- Handles litigated and non-litigated files with reserves in excess of \$1,000,000 which include but are not limited to the following types of cases:
 - Catastrophic losses
 - Quadriplegia
 - Paraplegia
 - Double amputation
 - Brain damage
 - Total blindness

Note: These claims are mandated to be reported to Excess Carrier

- Resolves unique coverage issues including cumulative trauma cases where coverage may involve multiple carriers or claims.
- Provides notice and updates to Excess Carrier regarding any claim which may exceed the state's primary policy limits.
- Determines litigation, prepares claims with attorneys for legal action, attends mediations and trials and testifies in court concerning the results of investigations conducted.
- Directly supervises cases on appeal, excess carrier cases and second injury fund cases.
- Identifies and refers cases involving salvage and potential subrogation recovery to the subrogation unit for handling.
- Must maintain daily relationships of a complex nature with public and private officials at the highest level requiring a high degree of tact and diplomacy.
- Oversees the rehabilitation of injured workers, working closely with the rehabilitation counselors in an effort to return the claimant to a gainful occupation.
- Evaluates permanent partial and permanent total disability cases upon completion of the rehabilitation program to determine claimants' occupational ability and/or settlement value of the case.
- Contacts treating physicians and/or arranges independent examinations of claimants with a medical specialist.
- Assumes an active role in litigation management.
- Maintains direct and constant contact with the assigned defense counsel.
- Evaluates cases involving litigation, working closely with the assigned attorney in developing strategy, budget, etc.

DOA ORM Claims: Claims Adjuster 1-4 –Property

- Obtains legal opinions and case evaluations from defense attorney especially on cases requiring legal interpretation and/or posing major financial losses to the state.
- Is responsible for analyzing, planning, and managing activities of counsel in determining responses to pleadings, motions, discovery, etc.
- Authorizes the taking of necessary depositions of employees, plaintiffs, or expert witnesses.
- Supervises in the preparation of state employees for trial.
- Attends trials and offers defense counsel assistance and evaluates performance of counsel.
- Is responsible for requesting issuance of contracts to experts and other contract vendors.
- Is responsible for monitoring contracts for professional services and requesting amendments when necessary.
- Analyzes results of contracted services upon completion of work product.
- Works closely with defense counsel in determining plan of action and a litigation budget based upon complexity and exposure of case.
- Reviews bills received on all vendors providing contracted services for accuracy and appropriateness making adjustments as necessary, then approves for payment.
- Authorizes payment of benefits, damages, and/or judgments. This includes receipt of invoices, verification of services/equipment, etc.
- Consults with claimants and/or their attorneys concerning the possibilities of settlement of claims.
- Receives and reviews all bills associated with the claim, reducing costs as necessary and approving for payment.
- Coordinates claims through an exchange of information and/or by acting as a liaison with other State Agencies, e.g., social security, unemployment, retirement system, family security, police departments, group benefits, Office of the Attorney General, etc.
- Makes recommendations and participates in the development of policies and procedures for the claims unit. Assumes the duties of State Risk Adjuster 5 in his/her absence.
- Attends meetings and conferences as required for information regarding coverage and/or to obtain or assist in closing a specific file.
- Attends training/educational opportunities in order to gain additional knowledge and improve job performance.
- Performs any and all other duties as assigned.
- Adjusters, Supervisors and Managers are subject to be moved to another unit at the discretion of management.

INTRODUCTION – ORM-C501

Claims Adjusters in the various departments perform some activities the same. The procedures are designed so that the activities that are in common are listed in General Procedures, ORM-C800. Activities that are specific to Property because of the nature of the work performed are listed in this set of procedures.

Property policies are kept on the computer. Coverage is for all state owned structures and moveable property. Coverage is very broad. Property policies are all risk policies for immediate physical damage. Cases involve property controlled by other state agencies contracted to ORM.

- For Property, ORM handles self insurance up to the policy limits for the current fiscal year. ORM may have excess coverage on blanket property over the self-insured limit.
- Boiler and machinery coverage is up to and the self-insured limit with possible excess coverage.
- Crime policy coverage includes physical coverage by a third party to an agency. Employee theft is covered under a self-insurance policy.
- The Care Custody and Control provision covers property for which an agency has taken control of third party property and agreed to insure the third party property, e.g., art objects loaned to a university.

The assigned Claims Adjuster looks at the following:

- If the named is insured
- Is the property covered
- What limitations/exclusions are involved

These procedures include procedures performed by Claims Adjuster 4's, 3's, 2's, and 1's. Responsibility for each procedure is assigned.

OVERVIEW OF PROPERTY UNIT CLAIMS– ORM-C502

Responsibility

The Property Unit State Risk Claims (SRC) Adjusters 1-4 stay abreast of new laws and regulations involving coverage of State property as described in this procedure.

Forms or Reference Material Required

Coverage Matrix for all Covered Agencies (g:\Claims-General\ORMtemplates)

Claims Handling and Coding Guide (g:\Claims-General\ORMtemplates)

Procedure

First Party Losses

The Property Claims Section is responsible for investigating and adjusting first party losses to State buildings and contents under self-insured Stated Value Property Policy in accordance with the Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide. Refer to those documents for details. Coverage for the Superdome is included in the Stated Value Property Policy as described in the Claims Handling and Coding Guide. Any loss involving the Superdome should be reviewed by the supervisor. Commercial excess coverage is in accordance with the Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide.

Agencies have thirty-six (36) months from the date of loss to complete repair, reconstruction, replacement, or rebuilding, or the claim file will be closed in accordance with PPM #10 and the Louisiana Administrative Code, Chapter 31, #3101, Reporting of Property Damage Claims, Paragraph G. Extensions can be obtained by the Commissioner in accordance with the Louisiana Administrative Code.

Equipment Breakdown Policy

The Property Claims Section is responsible for investigating and adjusting Equipment Breakdown Policy claims on equipment for which the State has an insurable interest. Any losses in excess of the State's retention will be handled by commercial carrier. For details, refer to the Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide.

Employee Bond and Crime Losses

The Property Section is responsible for investigation and adjustment of Employee Bond and Crime losses. The Crime Policy covers loss of money, securities and other property damaged and/or stolen as a result of crime committed by a third party. Specific locations listed in the policy are self-insured per the Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide. Any commercial coverage is handled per the

DOA ORM Claims: Claims Adjuster 1-4 –Property

Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide. The Crime Self-Insured coverage and Crime Excess coverage are primary to the Stated Value Property Policy. Theft of Food Stamps by a third party is covered under the Crime Policy. However, there are ongoing coverage changes throughout the year. Therefore, coverage verification must be obtained from the Underwriting Section on each individual claim.

The Employee Bond coverage provides similar coverage for losses caused by employees and will cover property damage as well as loss of monies. Refer to the Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide.

Bridge Property Losses

The Property Claims Unit is responsible for handling the Greater New Orleans Bridges Property losses. .

Marine Losses

The Property Claims Unit is responsible for handling Marine Property losses of scheduled vessels.

Coverage Amounts

For coverage information, refer to the Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide.

SET UP NEW CLAIM FILE – ORM-C503

Responsibility

The assigned Claims Adjuster performs the following activities for setting up a new claim file.

Forms or Reference Material Required

ORM-C800 Claims Adjuster 1-4 General – Set Up New Claim File section
Facility Management Program
SLABS Production Program (software)
Schedule of Cost Centers (provided by Statistics and Auditing Unit)
Acknowledgement Letter (g:\Claims-General\ORMtemplates)

Procedure

Use the Facility Management Program software to look up state buildings, pictures of buildings, and values of buildings. Property covers replacement costs on physical properties and actual cash value (acv) on contents.

- Size of structures
- Type and class construction
- Type roof system
- Architectural and engineering realistic cost of repairs, e.g., electrical, mechanical, structural

Use general contractor knowledge to know costs and hidden charges.

Use the Slabs Production Program software to inquire on a building. Some buildings are owned by someone else and leased and insured by the state, e.g., buildings in New Orleans City Park.

New Procedure for Subsequent losses

On subsequent losses on a open claim adjuster will setup under new claim number.
(ie-roof not repaired from previous loss and leaks again causing damages).

Litigated Claims

Generally, litigated claims are handled by the CGL unit. If procedures are needed for this activity, refer to ORM-C800 Claims Adjuster 1-4 General – Set Up New Claim File section

Non-Litigated Claims

STARS (Claims Database) / Claim Number

Claim numbers are assigned by STARS according to coverage code, date of loss and claimant name. Refer to ORM-C800 Claims Adjuster 1-4 General – Set Up New Claim File section

Equipment Breakdown Policy

1. When a claim is received, the claim may be received via email or telephone call. The claim is covered under the Equipment Breakdown Policy.

Michael Kennedy

From: Diane Clark (dclark@hali.com)
Sent: Monday, July 14, 2008 5:14 AM
To: Ken Courtois; Michael Kennedy
cc: pmcrae@hali.com; Charles Strong; Chip McCormick
Subject: A/C and Roof Repair

Mr. Kuzash and Mr. Courtois,

On 7/12/08, at our bath campus, an A/C motor in a ceiling mounted unit blew up and caught on fire. Smoke poured into the industrial communication classroom (in progress). Our alarm sounded, we walked out and evacuated all three buildings. Damage reports to date indicate a blown motor and compressor. The compressor is scheduled for delivery today. Floors open to claim for up on this damage. Let me know what procedure I need to follow on this new claim.

We also have an outstanding request for roof repair at our Springhill campus. Our last correspondence on this matter was 9/22/07 and indicated the need for us to submit a small capital repair request. Money was not available at that time. We have now received a CERTAIN that in that we are experiencing damage to equipment and subjecting students and faculty to risk of electrical or slipping injury. Please provide guidance for us in this area. I need to know what steps can be taken to correct this situation ASAP.

Thanks for all you help.
Diane

Example e-mail initiating machinery (A/C) claim

2. Request copies of the Work Order from the repair company with the following information:
 - Make of unit
 - Model of unit
 - Number tons of unit
 - Make of compressor
 - Model of compressor
 - Type refrigerant
 - Voltage of unit and number of phases
 - Invoice for repairs
3. Give the person in charge at the location of the claim the claim number.

Physical Property and Monetary Losses

When a claim is received, the agency must complete 1st Party Property Form and submit by email, mail, FAX. An Agency may submit by telephone but must follow up by

DOA ORM Claims: Claims Adjuster 1-4 –Property



M. J. WHITE, FOSTER, JR.
GOVERNOR

State of Louisiana
DIVISION OF ADMINISTRATION
OFFICE OF RISK MANAGEMENT

MARK C. BRENNEN
COMMISSIONER OF ADMINISTRATION

July 14, 2003

Ms. Vicki Brown
Fiscal/line Secretary
DOTD Sec. 405/Statewide Signs & Signals
P. O. Box 19327, Houma/line Station
Baton Rouge, LA 70805-0827

RE: ACKNOWLEDGEMENT OF LOSS/CLAIM

Issued Agency:	DOTD Section 45
Location Code:	0506
Description:	Lightning Strikes damaged phones, computers, and copier
Date of loss:	7/14/2003
Claim Number:	047671SDOTD

Dear Ms. Brown:

This will simply confirm receipt of your Notice of Loss, and/or our communication regarding this claim. We have assigned a claim number and created a claim file. We will start our investigation into this matter. Upon completion of our investigation, you will be advised of our determination of this claim and whether the claim exceeds the Self Insurance Deductible.

Please reference our claim number, the date of loss and your agency location code with any submission of additional information to our office.

Sincerely,

Michael J. Kennedy
State Risk Claims Adjuster
P. O. Box 19327, Houma/line Station, LA 70805-0827

MJK/c
C/Donny Shupe
DOTD
13 Calvert Street
Alexandria, LA

POST OFFICE BOX 6426 • BATON ROUGE, LA 70804-0066
(225) 342-6426 • Fax (225) 342-6476
AN EQUAL OPPORTUNITY EMPLOYER

Acknowledgement of Loss/Claim example letter

10. Save a copy of the letter in claim file.
11. Enter initial activities into STARS Attachments/Notes. Refer to ORM – C800 - Diary and Activity Report section.
12. When claim is entered, give the following to the Administrative Assistant to make a folder for the case:
 - STARS Abstract
 - Copy of Acknowledgement Letter
13. When there are multiple buildings on the same claim (same day at the same location), create a main file for expenses and suffix for each building.
 - Identify each building by site (e.g., Cypremont Point), cause of claim (e.g., Hurricane Gustav), building name, and address.
 - Go to the Office of Facility and Planning website to retrieve section number and inventory number each building.
 -

CASE MANAGEMENT – ORM-C504

Responsibility

The assigned Claims Adjuster performs various activities involving case management.

Forms or Reference Material Required

ORM-C800 Claims Adjuster 1-4 General – Case Management section

Photo Sheet Form (g:\Claims-General\ORMtemplates)

Self-Insured Crime Policy

Fidelity Bond Proof of Loss form (g:\Claims-General\ORMtemplates)

Sworn Statement in Proof of Loss form (g:\Claims-General\ORMtemplates)

Inland Marine Proof of Loss form (g:\Claims-General\ORMtemplates)

Recorded Statement Summary form (g:\Claims-General\ORMtemplates)

Request for Subrogation Recovery Claim Form (g:\Claims-General\ORMtemplates)

State Purchasing Rules and Regulations

Procedure

Investigate Claim

A claim involving property damage may be investigated by the assigned Claims Adjuster or by the SRC Adjuster 5 as warranted. An independent adjuster may be assigned to perform the investigation at the discretion of the SRC Adjuster 5.

1. Inspect the damaged property and the scene of the incident and document with photographs where applicable.
2. Place photographs in the Filenet Attachments
3. If this is not possible or cost effective, obtain supervisory approval and give explicit instructions to the agency so the ORM claims file will contain proper documentation.
4. Obtain police reports and/or reports from fire marshals and/or fire departments depending upon the type of loss.
5. Before investigating Bond losses, ensure the appointed agency representative puts in writing all names and facts surrounding the incident and executes and signs a **Fidelity Bond Proof of Loss** form.
6. Interview any witnesses and obtain recorded statements from witnesses.
7. Summarize all recorded statements on the **Recorded Statement Summary Form**.
8. When the investigation is concluded, prepare an investigative report for the file.
9. Ensure the agency provides documentation of ownership of property damaged or stolen and accounting records verifying loss of money and/or securities.

10. Advise the user agency involved in a claim to follow their internal Agency and State Purchasing Rules and Regulations regarding repairing/replacing property.
11. Obtain copies of bids to replace/repair damaged property and place in the claim file, as well as the invoice from the vendor.
12. Make sure the invoice and/or bid document is itemized in sufficient detail to ensure that all charges relate to the subject loss.

Request Subrogation Recovery on Property Claim

The possibility of subrogation on property claims must always be considered.

1. Where there is evidence of third party negligence, conduct a thorough investigation. Refer to ORM-C800 General procedure – Case Management / Subrogation Process section.
2. If subrogation rights exist, promptly notify the third party and the agency.
14. NOTE: In most instances, there is a one year prescriptive period from the date of loss, and adjusters must always be conscious of the time constraint and not allow a subrogation right to prescribe.
3. On bond losses, ensure the insured (agency) transfers to the surety (ORM) all of its rights to recovery against any person or organization for any loss it sustained and for which the surety has paid or settled.

Actual Cash Value versus Replacement Cost

1. On building and real property losses, replacement cost is used to reimburse the Agency..
2. On contents losses, actual cash value is used to reimburse the Agency.

Proof of Loss

1. Provide appropriate **Proof of Loss** form to the agency on all claims in excess of \$ 5,000.00 or as warranted for the situation.
Exception: If the claim can be paid and closed with some assurance that no supplemental payments will be required, a Proof of Loss is not required.
2. Ensure Proof of Loss is properly completed, signed, and dated.
3. Refer to Moveable Property Form Letters in Miscellaneous Activities section.

Obtain Settlement Approval

Refer to ORM-C800 General procedure – Request for Settlement Authority section

CLAIMS PAYMENTS – ORM-C505

Responsibility

The assigned Claims Adjuster performs the following for paying claims.

Forms or Reference Material Required

ORM-C800 Claims Adjuster 1-4 General – Claims Payments section

Procedure

Paying Claims Invoices

Refer to ORM-C800 -Claims Payments section.

Issue Settlement Check

When required, refer to ORM-C800 -Claims Payments section.

W-9 Requests

If needed, refer to ORM-C800 -Claims Payments section.

Interest Calculations

If needed, refer to ORM-C800 -Claims Payments section

RESERVES – ORM-C506

Responsibility

The assigned Claims Adjuster performs the following activities for Reserves.

Forms or Reference Material Required

Refer to ORM-C800 Claims Adjuster 1-4 General – Reserves section

Procedure

1. Ensure all files have initial estimated reserves.
3. Until a Proof of Loss is obtained, ensure this reserve amount remains an even number.
4. Each time a Property claim is reviewed for any purpose, review the reserve amount and adjust as circumstances dictate.
5. Document reasons for all reserve revisions in the claims file and STARS Attachments/Notes.
6. Follow Reserves procedure – refer to ORM-C800 Reserves section.

DIARY – ORM-C507

Responsibility

The assigned Claims Adjuster performs the following activities for diary entry and enters into STARS..

Forms or Reference Material Required

Refer to ORM-C800 Claims Adjuster 1-4 General – Diary section

Procedure

Diary

Initial Diary Entries

Refer to ORM-C800 -Diary and Activity Report section.

Diaries During and at End of Case

Refer to ORM-C800 -Diary and Activity Report section.

CONTRACTS– ORM-C508

Responsibility

The assigned Claims Adjuster performs the following activities as needed for contracts.

Forms or Reference Material Required

Refer to ORM-C800 Claims Adjuster 1-4 General – Contracts section

Procedure

Contract Diaries

Refer to ORM-C800 - Contracts section.

Independent Adjuster

Refer to ORM-C800 - Contracts section

Experts

If needed, refer to ORM-C800 - Contracts section.

Contract Payments

If needed, refer to ORM-C800 - Contracts section

1524 Payments

If needed, refer to ORM-C800 - Contracts section

Out-of-State Travel

If needed, refer to ORM-C800 –Contracts section.

Request for New Vendor Added to Rolodex

Refer to ORM-C800 - Contracts section

CLAIMS COUNCIL– ORM-C509

Responsibility

The assigned Claims Adjuster performs the following activities for Claims Council.

Forms or Reference Material Required

ORM-C800 Claims Adjuster 1-4 General – Claims Council section

Procedure

When required, refer to ORM-C800 Claims Council section

MISCELLANEOUS ACTIVITIES – ORM-C510

Responsibility

The assigned Claims Adjuster performs the following miscellaneous activities.

Forms or Reference Material Required

Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide

Moveable Property form letters (g:\Claims-General\ORMtemplates)

Procedure

Excess Carrier Notification

Limits for Self-retention of Coverage

The self-retention for each line of coverage handled by the Property unit varies. For details, refer to the Coverage Matrix for all Covered Agencies and Claims Handling and Coding Guide for limits for the following:

- Property, including Bridge Property
- Boiler & Machinery
- Bond
- Crime
- Builder's Risk
- Bridge Property

If needed, refer to ORM-C800 - Miscellaneous Activities.

Reservation of Rights

If needed, refer to ORM-C800 - Miscellaneous Activities.

Meetings

If needed, refer to ORM-C800 - Miscellaneous Activities.

Moveable Property Form Letters

Proof of replacement or repair is required by the Louisiana Administration Code. Claims payments cannot be made until proof of repairs/replacement is provided. When proof is received, place information in claims file.

The following form letters can be found in g:\Claims-General\ORMtemplates

- BP-3 – Notification to Agency of Three Year Limitation to Perfect Claim

DOA ORM Claims: Claims Adjuster 1-4 –Property

- BP-5A – Sworn Statement Proof of Loss with Subrogation Receipt
- BP-5B – Sworn Statement Proof of Loss

CLOSE A FILE – ORM-C511

Responsibility

The assigned Claims Adjuster performs activities for closing a file per ORM-C800 Claims Adjuster 1-4 General – Close a File section.

Forms or Reference Material Required

ORM-C800 Claims Adjuster 1-4 General – Close a File section

Procedure