

**Claim Representative  
Temporary Position  
Meemic Insurance**

Independently performs detailed and highly complex claim functions both at the office and at off-site locations. Reviews files, obtains coverage information and contacts insured to discuss claim process, provide emergency funds, etc. Explains laws/regulations regarding home or vehicle repair. Performs physical damage inspections as required. Arranges for vehicle/home inspections, alternate transportation/living expenses, etc. Inspects property and prepares estimate or works with direct repair facilities to obtain necessary information. Analyzes damage and determines whether to repair or replace damaged parts. Recommends usage of aftermarket parts for non-safety related items. Determines value of vehicle in order to settle claim. Obtains necessary medical, accident, legal and police reports to complete files. Works with insured to select contractor as needed. Arranges for repair or cleaning of salvageable items. Ensures the sale of salvage to reduce claim costs. Travels to auto salvage yard and inspects vehicles. Attends vehicle auctions on a rotating basis. Notifies insured of total loss and advises regarding procedures. Authorizes repairs and updates claim diary. Reviews the status of open and closed reserves and makes adjustments consistent with exposures. Authorizes checks within authority level. May conduct audits of direct repair facility inspections to ensure accuracy of estimates and adherence to corporate procedures. Reviews files for potential subrogation and completes subrogation forms. Assists in the recovery of corporate claim expenditures from insureds/applicants, uninsured motorists, businesses, other insurers, etc. in accordance with established procedures. May represent company at trials, depositions and settlement hearings. Assists less experienced claim representatives with claims that are more complicated and complex. Assumes responsibility for complex files that were previously assigned to other claim representative(s) and/or technical support staff members. Communicates with direct repair shops (DRS) in order to provide/update claim information. Conducts re-inspections as necessary to investigate and evaluate DRS requests for additional repairs, and to evaluate the quality of service provided. Participates in Branch Settlement Support Council Meetings and visits assigned branches and legal department to assist in structured settlement utilization as necessary. Provides after-hour coverage to process claims on a rotating basis.

**REQUIRED:**

Successful completion of basic Claim Representative Training Program or equivalent or ability to obtain within 9 months.

Candidates must be eligible to acquire and maintain a state adjuster's license for appropriate state(s).

Experience as a Claim Representative, a Public or Private Investigator, or equivalent or a minimum of one year experience as a Claim Associate within identified area (e.g. casualty, auto physical damage, homeowners). **Applicants selected from the Claim Associate**

**candidate pool must successfully complete all training required within nine (9) months of hire.**

Experience in the investigation, evaluation and settlement of claims to include\*:

- homeowner property claims

Experience to include \*:

- evaluating construction repairs for quality and compliance with repair estimates

Investigation experience to include:\*

- securing and evaluating evidence
- determining the existence of possible criminal actions
- assisting in the preparation of court proceedings

Knowledge to include\*:

- Negligence Law
- No-Fault Law
- Essential Insurance Act
- the Fair Trade Practices Act as they relate to claims
- building construction and repair techniques
- criminal law
- court procedures
- Knowledge of business requirements including corporate and industry policies, practices and procedures and Meemic applications, products and delivery systems

Demonstrated skill in:

- organization and planning
- analyzing and problem solving
- written communications to include record keeping and report preparation

Ability to:

- use automated processing and computer systems, including basic PC software skills
- effectively respond to questions/concerns
- communicate effectively with others in a work environment, with the Public, law enforcement personnel and vendors
- safely operate a motor vehicle in order to visit repair facilities, homes (for inspections), patients, etc.
- develop and conduct training programs on fraud detection in all lines of coverage
- provide technical expertise to Claims department on suspected insurance fraud
- independently perform detailed and highly complex injury claim negotiations

Willingness to travel outside of assigned territory which may involve overnight stay.

Willingness to relocate, work evenings or Saturdays.

Valid State Driver's License.

**PREFERRED:**

Associate's degree in Business Administration, Insurance or a related field or the equivalent in related work experience.

Completion of the Insurance Institute of America's: General Insurance Program, Associate in Claims, Associate in Management or equivalent.

CPCU coursework or designation.

Proficiency in Xactimate 27 homeowner estimating software.

Michigan builders license.

Experience to include \*:

- analyzing and problem solving
- organization and planning
- decision making
- investigating, evaluating and settling homeowners claims including accurately preparing construction damage estimates
- inspecting and evaluating construction repairs for quality and compliance with repair estimates

Basic PC software skills (Word, Excel etc.)

Ability to:\*\*

- lift up to 25 pounds
- climb ladders
- walk on roofs

**WORK ENVIRONMENT**

Works in a temperature controlled office environment. Frequent travel required (60+% of work time) to various repair facilities in order to conduct inspections/re-inspections, visit patients, hospitals, attorneys, rehabilitation centers, repair facilities, etc. per with exposure to road hazards and temperature extremes.