City County Insurance Services

Senior Property Liability Claims Consultant

<table>
<thead>
<tr>
<th>SALARY</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>$8,054.58 - $9,452.33 Monthly</td>
<td>Wilsonville (combination of remote and CIS’</td>
</tr>
<tr>
<td>$96,655.00 - $113,428.00 Annually</td>
<td>Wilsonville Office), OR</td>
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<tr>
<td>JOB TYPE</td>
<td>JOB NUMBER</td>
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<tr>
<td>Regular Full-time</td>
<td>2023 - 2024 02</td>
</tr>
<tr>
<td>DEPARTMENT</td>
<td>OPENING DATE</td>
</tr>
<tr>
<td>Claims-P/L</td>
<td>08/02/2023</td>
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<tr>
<td>CLOSING DATE</td>
<td></td>
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<tr>
<td>8/22/2023 12:00 PM Pacific</td>
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Description

CIS is recruiting for a Senior Property Liability Consultant

Recruitment opened: August 2, 2023

Recruitment closes: No later than August 22, 2023, at noon. This job is open until filled; interviews may occur as qualified candidates are identified, so do not delay submitting your application; the first interviews may take place in about 4 weeks, if not sooner.

Salary Range: $96,655 to $113,428

Job Location: During training it is preferred that you work 3 days per week in our Wilsonville Office and 2 remote days per week from your Oregon residence. After the training period, the number of days in the office can be reduced.

You must apply using our online application system (governmentjobs.com) to be considered for an interview, and to request Oregon Veterans Preference consideration.

I am interested; what do I do next? CIS uses a “quick apply” application process, meaning you just need to submit your resume and respond to a few questions. To learn more about the job, and access our Careers page, please go to the link for our online application system (governmentjobs.com):
https://www.cisoregon.org/About/CareerOpportunities

General Position Summary:

Can you picture yourself in this position?

Responsible for the investigation, evaluation, and resolution of all aspects of claims of police and jail liability, employment liability, auto liability, land use claims, defamation claims, bodily injury including death claims, personal injury claims and other types of public entity liability and first party property claims. This involves telephone and in person contact with claimants, attorneys, witnesses, and members.
Investigate and manage multi-line claims that are unique to City and County Governments. Respond to questions for CIS members and agents, relating to claims and procedures.

Responsible for managing complex litigated files which includes attendance at depositions, trials, and mediations.

Ensure all Tort Claim Notices are fairly and accurately evaluated from the initial report to the final disposition. To provide the most prompt and equitable settlement of losses at the highest technical and service performance level.

Claim Complexity: Primarily general liability claims involving substantial damage exposure and complex litigation.

**CIS Offers:** Why is CIS a great place to work? Meaningful work that impacts Oregon’s communities, job stability, 100% employer-paid retirement plan (Oregon PERS), regular salary increases, 90% of health insurance premium paid by CIS, professional development opportunities, and respect and appreciation for what you do.

**Please come join CIS.** As a nationally recognized leader in risk pooling and trust management, our values are integrity, financial strength, expertise, innovation, adaptability, inclusion, and collaboration, which not only benefits local communities, but also delivers a great benefit to you! It is a win-win for everyone. Our average employee tenure is 8 years; whether you are joining our team for two years or 20 years, you will have the opportunity for professional development. We would be honored to have you join our team.

**Position Highlights/Job Description**

Essential competencies of this job are described under the headings below. They may be subject to change at any time. The omission of specific statements of duties does not exclude them from the position, if the work is similar, related, or a logical assignment to the position. The job description does not constitute an employment agreement between the employer and employee and may be changed by the employer at any time.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions, providing that an accommodation(s) does not create an undue hardship for the employer, remove an essential job function, and/or, create a direct safety threat to the individual, or others.

**GENERAL POSITION SUMMARY:**

Responsible for the investigation, evaluation, and resolution of all aspects of claims of police and jail liability, employment liability, auto liability, land use claims, defamation claims, bodily injury including death claims, personal injury claims and other types of public entity liability and first party property claims. This involves telephone and in person contact with claimants, witnesses, and customers/members.

Investigate and manage multi-line claims that are unique to City and County Governments. Respond to questions for CIS clients and agents relating to claims and procedures. Inspect damaged vehicles and property. Determine the value of each claim. Negotiate settlements with attorneys on injury claims for their clients. Help attorneys plan the defense of files in litigation.

To ensure all Tort Claim Notices are fairly and accurately evaluated from the initial report to the final disposition. To provide the most prompt and equitable settlement of losses at the highest technical and service performance level.
Claim Complexity: Primarily 3rd party property and liability claims involving substantial damage exposure and complex litigation.

**ESSENTIAL FUNCTIONS:**
Temporary modifications to provide reasonable accommodations, or transitional work assignments, do not waive any of the essential functions for this position.

**Driver License**
The ability to drive is an essential job function, and it is related to a business purpose.

The following information may not be all-inclusive:

The newly assigned claims include first party and third-party general liability claims involving Auto, Auto Liability, Bodily Injury, Business, Business Interruption, Litigation, Contents, Structure, Property Damage, Loss of Use, Additional Living Expense, Restitution and Subrogation. The incumbent adjusts claims both inside and outside of the office; most of the work is performed at the assigned CIS office. These losses may occur in any part of the State of Oregon, and rarely outside of the region. Respond to Frequently Asked Questions (FAQs) from the Clients or Agents; may involve pre-loss notification.

The Consultant receives newly assigned claims and for the most part, manages the claim to the conclusion. Special assignments may include the use of an Independent Adjuster, and/or outside or inside Attorney-assigned cases. The Consultant will investigate all claims thoroughly and make determinations of Coverage, Liability and Damages. Contact is required within 24 hours on all claims, for all parties involved. During the course of adjustment, collection of documents, reports, statements, and bills must support any claims payments made. Evaluations of liability involving comparative negligence must be decided upon prior to any the amount of compensation made.

When new lawsuits are assigned, the Consultant works with the assigned defense attorney to bring about a resolution of the claim litigation.

The Consultant, when authorized by the Claims Manager, will assume the role of assigning new losses to the unit members and assist them as needed.

- Prepare reserve calculation sheets for all bodily injury claims.
- Take statements from witnesses, claimants, and customers/members.
- Review and evaluate employment records, police reports, medical records, property repair estimates, auto repair estimates and other documents.
- Compose correspondence to witnesses, attorneys, claimants, and customers/members.
- Summarize statements and evaluations in type written form.
- Negotiate settlements and discuss liability of claims with claimants and attorneys.
- Attend settlement conferences and mediations.
- Photocopy records, open mail, filing, and issue checks.
- Attend City Council Meetings or meet with customers/members to discuss claim evaluations, coverage, and settlement.
- Investigate claims that are assigned by the Claims Manager. This can be done by phone or may drive to the scene of the occurrence.
- Set-up claims on the computer and write file notes.
- Answer questions and process new claims from agents and claimants.
- Photograph damaged vehicles and scenes of accidents. Make diagrams of accident scenes. Photograph damage to buildings and other items.
- Write up the results of the investigations using software, and report to the claims manager and our attorneys. Write letters of correspondence to attorneys, adjusters, clients, and claimants.
- Diary files and review on a regular basis.
• Answer and send emails from and to clients, agents, body shops, attorneys, and other adjusters.
• Prepare excess reports that meet reporting requirements, for Manager’s review, reports will be submitted to our partner excess carriers.
• Prepare Claim Summary Reports for claims that meet injury or damage triggers.
• Authorize and write checks to clients, claimants, attorneys, body shops and other vendors.
• Handle salvage and refer subrogation claims to subrogation specialist when appropriate.
• Draft closing document to member, indicating claim decision and status.
• Receipting negative payments.
• Working with Pre-loss in the prevention of claims; routinely asked to help with loss matters, such as employee terminations.

EDUCATION, CERTIFICATION, CERTIFICATES, KNOWLEDGE & EXPERIENCE:
Education and experience requirements listed are minimum standards. Other equivalent combinations of education, certifications, training, and experience may be considered.

Education: Bachelor’s degree

Knowledge: Must have basic knowledge of insurance coverage concepts; legal liability principles, basic math skills; excellent analytical and interpersonal skills; basic computer and telephone skills, and the ability to prioritize work and perform in a stressful environment. The position also requires flexibility and resourcefulness.

Specialized courses experience that are helpful:
• Auto llCar
• Body shop experience
• Medical terminology
• Law
• Property values and appraisals
• Claims investigation
• Claims negotiation
• Negotiations
• Conflict resolution

Certificates: None.

Certifications: None.

Licenses: Valid driver’s license; employee must maintain a safe driving record while employed with CIS.

Experience: 7 or more years’ experience.

SPECIAL QUALIFICATIONS:
• Certifications for Associate in Claims (AIC)
• Senior Claims Law Associate, (SCLA) designations adjuster’s license
• Other related insurance certifications

NON-ESSENTIAL JOB FUNCTIONS:
• Other duties as assigned.

WORK STANDARDS:
• Regular attendance and punctuality.
• Speak and act truthfully.
• Conduct oneself with integrity, character, and trustworthiness.
• Exhibit self-control.
• Detail-oriented.
• Thorough when completing work tasks.
• Accept constructive criticism.
• Calmly and effectively process high stress situations.
• Reliable, responsible, and dependable.
• Willingness to take on responsibilities and challenges.
• Communicate effectively both verbally and in writing with supervisors, managers, coworkers, and other individuals inside and outside CIS.
• Exhibit professional manner in dealing with others and work to maintain constructive working relationships.
• Work effectively and relate well with others inside and outside CIS.

PHYSICAL DEMANDS OF THE POSITION/WORKING CONDITIONS:
CIS is committed to complying fully with the Americans with Disabilities Act (ADA) and Oregon’s Disability Accommodation and Discrimination laws. We are also committed to ensuring equal opportunity in employment for qualified persons with disabilities. CIS will make reasonable efforts to accommodate a qualified applicant or employee with a known disability, unless such accommodation creates an undue hardship on CIS’ operations, or a safety risk to employee or coworkers, or removes an essential job function. Employees should request an accommodation as soon as it becomes apparent that a reasonable accommodation may be necessary, to enable the employee to perform the essential duties of a position, or to participate in the employment process. To discuss an accommodation request, please contact Janie McCollister, CIS’ HR Manager.

The factors described herein, are representative of, but not all-inclusive of, those that must be met by an individual to successfully perform in the position.

Physical
Please contact CIS’ HR manager for this information.

Environment
Work is performed in a climate-controlled office environment.

WORK SCHEDULE:
CIS has a 37.5-hour workweek. Unless otherwise approved by the Department Manager and Supervisor, the typical schedule is Monday - Friday falling between the hours of 8:00 a.m. and 5:00 p.m.

Frequent work outside of typical office hours, as necessary.

The home office for this position is CIS’ main office. At the discretion of the Executive Director, the home office may be designated as another office.

This position includes regular travel to meetings, training, conferences, member meetings, claims investigation, legal proceedings, staff events and CIS’ Annual Conference; may include five to 10 nights of overnight travel.

Qualifications

MINIMUM QUALIFICATIONS
Education and experience requirements listed are minimum standards. Other equivalent combinations of education, certifications, training, and experience may be considered.

Knowledge of, and experience with:

First party and third-party general liability claims involving Auto, Auto Liability, Bodily Injury, Business, Business Interruption, Litigation, Contents, Structure, Property Damage, Loss of Use, Additional Living Expense, Restitution and Subrogation. The incumbent adjusts claims both inside and outside of the office; most of the work is performed at the assigned CIS office. These losses may occur in any part of the State of Oregon, and rarely outside of the region. Respond to Frequently Asked Questions (FAQs) from the Clients or Agents; may involve pre-loss notification.

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When new lawsuits are assigned, the Consultant works with the assigned defense attorney to bring about a resolution of the claim litigation.

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- Preparing reserve calculation sheets for all bodily injury claims.
- Taking statements from witnesses, claimants, and customers/members.
- Reviewing and evaluating employment records, police reports, medical records, property repair estimates, auto repair estimates and other documents.
- Composing correspondence to witnesses, attorneys, claimants, and customers/members.
- Summarizing statements and evaluations in type written form.
- Negotiating settlements and discussing liability of claims with claimants and attorneys.
- Attending settlement conferences and mediations.
- Photocopying records, open mail, filing, and issue checks.
- Attending City Council Meetings or meeting with customers/members to discuss claim evaluations, coverage, and settlement.
- Investigating claims by phone or driving to the scene of the occurrence.
- Setting-up claims on a computer and using software to write file notes.
- Answering questions and processing new claims from agents and claimants.
- Photographing damaged vehicles and scenes of accidents. Making diagrams of accident scenes. Photographing damage to buildings and other items.
- Writing up results of investigations using a computer and software; reporting to the claims manager and attorneys. Writing letters of correspondence to attorneys, adjusters, clients, and claimants.
- Using software to diary files and reviewing on a regular basis.
- Answering and sending emails from and to clients, agents, body shops, attorneys, and other adjusters.
- Preparing excess reports that meet reporting requirements; reports are submitted to our partner excess carriers.
- Preparing injury and/or damage Claim Summary Reports.
- Authorizing and writing checks to clients, claimants, attorneys, body shops and other vendors.
- Managing salvage and referring subrogation claims to subrogation specialist.
- Drafting closing document to customers/members, indicating claim decision and status.
- Receipt negative payments.
- Working with employment attorneys in the prevention of claims, such as employee terminations.

**EDUCATION, CERTIFICATION, CERTIFICATES, KNOWLEDGE & EXPERIENCE:**

Education and experience requirements listed are minimum standards. Other equivalent combinations of education, certifications, training, and experience may be considered.

**Education:** Bachelor's degree

**Knowledge:** Must have basic knowledge of insurance coverage concepts; legal liability principles, basic math skills; excellent analytical and interpersonal skills; basic computer and telephone skills, and the ability to prioritize work and perform in a stressful environment. The position also requires flexibility and resourcefulness.

**Specialized courses experience that are helpful:**

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SPECIAL QUALIFICATIONS:
- Certifications for Associate in Claims (AIC)
- Senior Claims Law Associate, (SCLA) designations adjuster's license
- Other related insurance certifications.

I'M INTERESTED; WHAT DO I DO NEXT?

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https://www.cisoregon.org/About/CareerOpportunities

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<tbody>
<tr>
<td>City County Insurance Services</td>
<td>25117 SW Parkway Ave</td>
</tr>
<tr>
<td></td>
<td>Wilsonville, Oregon, 97070</td>
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<table>
<thead>
<tr>
<th>Phone</th>
<th>Website</th>
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<tbody>
<tr>
<td>503-763-3892</td>
<td><a href="http://www.cisoregon.org/">http://www.cisoregon.org/</a></td>
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<td>503-763-3800</td>
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