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To apply for this position or for other job related inquiries, please submit your resume to Hortica through:

Mail:
Hortica
Attn: Human Resources
#1 Horticultural Lane
P.O. Box 428
Edwardsville, IL 62025

Fax:
(618) 655-2524

Email:
employment@hortica-insurance.com

Position: Claims Representative II

Location: Southern California

Posting Date: 11/12/09

FLSA: Exempt

Department: Claims - Workers' Compensation

RESPONSIBILITIES:

1. Examines policy forms and other records to verify coverage on claims of moderate to complex exposure. **(Essential)**
 - Determines specific coverages available.
 - Identifies potential exposures.
 - Recommends proper reserves to cover potential liabilities.
2. Investigates facts surrounding moderate to complex claims through outside adjusters, correspondence or telephone. May conduct investigations on site. **(Essential)**
 - Determines the extent of investigation required to resolve claim.
 - Initiates and completes necessary investigation on a timely basis.
 - Documents files in accordance with Company policy and procedure.
 - Maintains active diary system on open claim files to ensure prompt closure.
3. Evaluates information on moderate to complex claims to determine ultimate claim exposure and necessity of further investigation. **(Essential)**
 - Reviews records and reports, statements and bills associated with the claim.
 - Coordinates independent exams and all additional claims investigations as needed.
 - Identifies and aggressively pursues subrogation possibilities.
4. Negotiates and settles claims of moderate to complex exposure. **(Essential)**
 - Acts upon instructions provided.
 - Settles claims within designated authority.
 - Coordinates payment of claims.
 - Recommends settlements in excess of designated authority.
 - Makes appropriate filing of documents to regulatory bodies.
 - Secures documentation of legally binding settlements within the file.
5. Aggressively manages litigation and investigation activity. **(Essential)**
 - Assigns independent adjusters appropriately and with approval of supervisor.
 - Assigns approved attorneys to handle litigation.
 - Actively manages independent adjuster and attorney expenses.

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6. Represents Company at arbitrations, mediations, settlements, conferences and trials.
 - Occasionally assists with customer visits.
7. Assumes other responsibilities as apparent or assigned.

JOB KNOWLEDGE, SKILLS, AND ABILITIES:

Bachelor's degree or equivalent insurance claims handling experience.

Possess current license (if required) to handle the line(s) of business and jurisdiction assigned.

2-3 years experience in the insurance industry handling and adjusting claims.

Continuing education within the insurance field. Within 18 months of assuming this position, successful completion of AIC program required. If AIC designation has previously been earned, working towards CPCU or other related insurance designation is expected.

Working knowledge of all related policy conditions, coverages and related laws required to process claims.

Working knowledge of reserving practices.

Working knowledge of related claim procedures, fair claim practices and other guidelines required of the job.

Familiarity with the Tort Legal System.

Working knowledge of medical terminology.

Questioning skills.

Excellent written and oral communication skills.

Bilingual in Spanish and English a plus.

Ability to read and visually interpret information on the computer and in hard copy form.

Ability to use computer keyboard to input and access information in the computer system.

Ability to communicate with insureds via the telephone system.