



## POSITION PROFILE

### Claims Adjuster

*Sonoma County, California*

September 1, 2017

#### ABOUT GH

George Hills (GH) was founded in 1954 with the intention to revolutionize claims administration by creating a culture focused on innovation and excellent service. By applying creative minds to old, familiar claims handling policies, GH has developed best practice procedures for claims administration that reflect our goal to provide our clients with the service and results they deserve. GH's culture of creative solutions and customer appreciation is maintained by hiring people with similar professional values and providing them with the state-of-the-art tools they need to deliver the superior service and reports that George Hills has become known for.

Today, GH employs 30 experienced claims handling/incident management professionals, and 14 full-time corporate and support staff employees. With seven (7) offices throughout the State of California, GH works with over 100 diverse clients, including counties, cities, school districts, insurance carriers, joint powers authorities, and agencies. Our firm's extensive California public entity claims handling history, along with our specific focus on property and liability third party administration, has resulted in GH's specialized knowledge of public entity oversight and claims handling needs.

#### Mission Statement

To be California's leading TPA and JPA management company.

#### Purpose Statement

Protecting and enhancing the assets of our clients.

#### Values

**Honesty, Integrity, and Accountability**  
**Customer Satisfaction**  
**Financial Stewardship**  
**Loyalty and Commitment**  
**Continuous Improvement**

Inherent in our everyday actions  
Exceeding expectations is our goal  
Critical to our collective success  
Earned through trust between employee and employer  
Encouraged and supported as leaders in the industry



## **Position Overview**

The Claims Adjuster will provide support directly to the assigned public entity client in Sonoma County, exercising independent judgment and personal discretion on matters related to general liability claims, claim management, and claims resolution/settlement to resolve issues facing the client.

Duties of the Claims Adjuster include, but are not limited to, the following:

- Generally investigate, analyze, and determine the extent of insurance provider's liability concerning personal, casualty, or property loss or damages, and attempt to effect settlement with claimants.
- Communicate with claimants, clients, and attorneys throughout the claims process.
- Correspond with and interview medical specialists, agents, witnesses, or claimants to compile information.
- Create and maintain records, diaries, reports, and files in the SIMS claim system and/or the client's claim system.
- Prepare timely reports for clients, complying with all reporting requirements set out in George Hills' procedure manual.
- Calculate benefit payments, negotiate resolution of claims, and approve payment, within a certain monetary limit.
- Investigate claims including inspecting, assessing, and estimating damage; gathering information through examination of evidence, research, interviews, and evaluation of records; adhering to contract, property, and insurance laws; and following rules of evidence.
- Evaluate liability exposure through review of insurance applications and policies; and obtaining, reviewing, and evaluating police, medical, and other related records.
- Recommend claim action and setting and adjusting proper reserves as appropriate while complying with accepted guidelines regarding reserve practice and authority levels.
- Interview and recommend legal counsel for retention by the clients.
- Collaborate with counsel in preparation for litigation including assembling evidence to support contested claims and keeping clients advised of litigation status.

## **Education and Experience**

- Four year college degree preferred.
- At least three (3) years' experience with insurance claims, self-insurance, pooled insurance, or Joint Powers Authorities.
- The candidate should possess comprehensive knowledge relating to the handling of public entity liability claims.
- The prospect should be knowledgeable of, and have experience with, claims arising out of public transportation—experience with claims relating to light rail and bus operations is highly desirable.
- Excellent written and verbal communication skills.

## **Licenses and Certifications**

NA

## **Benefits**

- Medical paid 75% for employee
- Dental, vision, long term disability and life insurance paid 100% for employee
- 15–20 days of PTO per year (dependent on length of service)
- 11 paid holidays

*The purpose of this profile is to provide general information and assist potential candidates in determining interest in applying for this position. The information provided is not all-inclusive.*

- 401K with employer match
- Employee Assistance Program for employee and dependents

#### **Application Process**

1. Submit a GH application with cover letter and resume to [maya.maas@georgehills.com](mailto:maya.maas@georgehills.com)—no walk-ins please. The position will remain open until filled.
2. Resumes will be reviewed by HR staff and the supervising manager.
3. Phone screenings will be conducted by HR staff.
4. One to two in person interviews will be conducted with the supervising manager and other GH staff.
5. Following the first interview, candidates may be asked to complete an assessment related to the position for which they are interviewing.



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