



6 Communication Tips for a Smoother Insurance Claim Process

April 4, 2017 Bo Bond (<https://hub.associaonline.com/authors/bo-bond>)



If you've been a board member or community manager for very long, then you know all too well the issues that come with submitting an insurance claim on behalf of your association. Unfortunately, claims are inevitable for any community, and when they occur, everyone is tasked with extra work and effort to get things resolved promptly.

Undesirable side effects often arise due to a lack of communication, which often causes disputes between the parties involved. From taking the time to file the claim with an agent, to meetings with the adjuster, to receiving payments on the claim, and finally closing out the file, frequent communication by all involved parties is key to a better claims experience.

Ultimately, no one can completely control the claims adjuster or carrier's actions (or lack of action). However, there are some things that can be done to influence their behavior for the better, minimize areas of disagreement, and make the overall process a little smoother by way of better communication.

From submitting the initial notice of a claim to the insurance company, to working through the entire claims process, below are some key items every board member or manager should consider when filing a property damage claim.

- 1. Take Action Now Even If You Delay a Claim.** If the association delays filing a claim due to the belief that the loss won't be covered, it isn't the association's responsibility to cover, or because they don't believe the loss will breach the association's deductible, it can cause some major issues if a claim is actually ever filed. If the board chooses to push back or delay, it's extremely important to take pictures of all damaged areas and keep receipts for all mitigation and reconstruction performed. If you don't take these actions, and a claim is filed days or weeks later, it can cause all kinds of issues for the community and their claim. It's almost impossible for an adjuster to do their job when they can't view the damages first hand and there's literally nothing for them to review or assess.

2. **Provide Detailed Information.** Facts such as the date and location of the loss, property involved in the loss, witness information and statements, parties involved, pictures, etc., should always be included in the initial claims notice. Most agencies can easily provide you with a claims report form. The more information on the initial notice, the less the adjuster has to request or dig for later. Remember to write legibly if the information is hand-written!
3. **Manage Expectations.** A statement of what the board expects from the adjuster or carrier during the claims process is always a great idea. This should present several items for the carrier or adjuster to acknowledge, and thus set the table for both parties' expectations during the claims process. Letting the carrier or adjuster know exactly what you expect can aid in keeping everyone on the same page throughout the whole process. That said, make sure your expectations are logical and realistic.
4. **Create a discussion list for the adjuster's property visit.** When applicable, it's always wise for a board member or manager to inspect the damaged property/area and put together a discussion list. This list will identify all the areas they feel the adjuster must see once they visit the property. In the end, no one knows the property better than the community manager or board member. Having this done before the adjuster views the damages in person may help eliminate multiple visits in the future. Also, if both you and the adjuster have reviewed the damages, then it's less likely that something's been overlooked.
5. **Meet the adjuster in person.** The board or manager should make sure they're with the adjuster when they visit in person if necessary, depending on the size and scope of the claim. Meeting with the adjuster and spending time with them face-to-face will help separate the association's claim from the dozens of other cases already on the adjuster's desk. It will help facilitate the exchange of information, educate the adjuster about the case, and allow both sides to discuss in person their expectations for the claims process (such as frequency of updates, type of communication preferred, etc.).
6. **Keep thorough records of all communication.** Finally, keep a log of all communication between the association and the adjuster or carrier. It seems fundamental, but you'd be surprised how many insureds believe that their scenario will be a simple open-and-close case, when in fact it doesn't exactly turn out that way. Keeping good communication records will eliminate any questions about what was or was not discussed, or agreed upon. It will also help you keep track of who's supposed to be doing what at that given time.

Even with a detailed initial notice and an early meeting, disputes between parties involved may still arise. If the two major parties (board or manager and adjuster or carrier) can specifically define the issues, they can limit the disagreements and focus on producing a successful resolution. Even if they disagree on whether the policy will cover the claim, a specific description of each side's concerns can help narrow the areas of disagreement and reduce uncertainty. Therefore, it is in the board's or manager's best interest to be specific about questions and concerns in all communications with the carrier or adjuster. This should give the carrier an incentive to be clear about why it might not cover the claim. Armed with this information, the board or manager can more easily decide how to proceed.

During this process, the board or manager should never overlook their insurance agent as a primary resource and advocate. Agents deal with claims situations on a daily basis and can provide valuable information and direction on what to expect, as well as ways to make the

process easier. Claims are naturally stressful and disruptive, often causing managers or board members to put other work on hold during the process. However, following these steps above should help reduce the amount of stress that the claims process can produce, while also helping all parties reach a prompt resolution.

About the Author

Bo Bond, CIRMS, is the Senior Sales Executive at Associations Insurance Agency, Inc. (AIAI) — the agency dedicated to the insurance needs of community associations. Bo is a member of CAI and Independent Insurance Agents of Texas. He obtained his CIRMS designation from CAI National as a distinguished insurance professional in the community association industry. Bo is licensed in more than 30 states and strives to educate board members and community managers about the insurance decisions they make on behalf of their communities.



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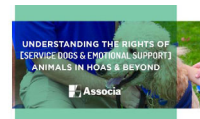
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