



## Job Analysis

Job Title:	<b>Claims Specialist</b>
Reports To:	Liability Program Manager
Provides Direction To:	Not Applicable
FLSA Exemption Status:	Exempt, at-will, full-time
Date Prepared:	March 31, 2025

*The specific statements shown in each section of this job analysis are not intended to be all-inclusive. They represent typical elements and criteria necessary to successfully perform the job.*

**SUMMARY:** Under the direction of the Liability Program Manager, the Claims Specialist is responsible for managing a caseload of simple to complex liability cases, including litigated and non-litigated occurrences. The Specialist develops cost-effective resolution strategies; investigates complaints, evaluates exposure, and coordinates claim settlements and report compilation. The Specialist also communicates with members, defense attorneys and plaintiffs; and performs administrative and technical functions related to the liability program and related work.

**ESSENTIAL JOB FUNCTIONS:** *Essential functions may include the following tasks, knowledge, skills and other characteristics.*

1. Investigates, evaluates, negotiates, and develops resolution strategy for simple to complex, litigated and non-litigated, liability claims with a caseload of 120-150 pending occurrence.
2. Updates information concerning claims and maintains claims files within the claims system, including analysis of the exposure and a plan of action, files material in an electronic environment, and appropriate claims fields in the system to maintain data integrity.
3. Establishes claim reserves and tracks payments, file, and diary notes, in the claim system.
4. Identifies coverage issues and engages the Claim Litigation Manager or Coverage Counsel as needed.
5. In accordance with coverage documents, reports claims to excess insurance carriers and keeps them and the Liability Program Manager regularly apprised of developments.
6. Establishes and maintains cooperative working relationship with co-workers, member agencies, attorneys, vendors, and the public.
7. Promptly provides communication to members, defense attorneys, and plaintiffs.
8. In conjunction with the Program Manager, assigns defense attorneys and ensures compliance with the approved litigation management procedures.
9. Persuades and guides plaintiffs to positively influence effective claim resolutions.
10. Composes correspondence such as administrative responses, tender letters, authority requests, and related communications.
11. Prepares reservations of rights notices, declinations of coverage, and other communications to member entities relating to coverage and claims status.
12. Using established guidelines, reviews and approves service billings for investigative and legal services, use of forensic experts, and other service providers related to the claims function.
13. Prepares requisite communication and reports seeking settlement authority from the appropriate person or committee.
14. Attends arbitrations, mediations, trials, settlement conferences, and various meetings.

15. Assists in developing new and improved procedures, policies, standards, systems and/or programs; presents recommendations and assists in the implementation of changes.

## **QUALIFICATIONS GUIDELINES**

### **Knowledge and Skills:**

Knowledge of:

- Complex claim handling, claims administration practices, including claim verification, payment processing, dispute resolution, and fraud detection procedures involving public entity liability.
- California insurance, tort, contract, and motor vehicle laws.
- Computer software, spreadsheets, and word processing.
- English grammar and usage.
- Legal proceedings including depositions, interrogatories, trials, and related procedures.

Skill in:

- Reading legal documents and court case proceedings to discern applicability.
- Operating a computer, generating reports, and using a variety of software.
- Communicating settlement terms, advice, negotiation, and mediation strategies.
- Investigating, analyzing, evaluating, determining exposure, and resolving general liability, claims from beginning to end.
- Using claims management systems, office software applications including email, spreadsheets, and word processing.

Ability to:

- Read and accurately interpret legal documents and court case proceedings.
- Perform on-site field claim investigations
- Identify claim facts, logistics, exposures; develop liability assessment; and document claims work in progress and provide regular reports and settlement strategies.
- Exercise independent judgment and make appropriate claims adjustment decisions and determinations.
- Successfully interact with plaintiffs and diffuse conflict.

**Education/Training/Certification:** Bachelor's Degree, or equivalent industry experience, in Insurance, Risk Management, Public Administration or related field. An Associate in Risk Management for Public Entities (ARM-P) or related designation is highly desirable. California Department of Insurance Adjuster license desired.

**Experience:** Five years increasingly responsible experience adjusting complex liability claims with California public entities highly desired. Training from insurance carriers preferred.

**Special Requirements:** Possession of a valid Class C California driver's license to file documents, perform field investigations, attend meetings, conferences, hearings, trials; and to meet with members, staff, vendors, and legal counsel as needed.

## **PHYSICAL AND MENTAL DEMANDS**

*The physical and mental demands described here are representative of those that must be met by employees to successfully perform the essential functions of this class. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

### **Physical Demands**

While performing the duties of this class, the employee is constantly required to sit, and occasionally to stand and walk. Frequent finger dexterity and light grasping is required for typing and using computer hardware and standard office equipment. The employee occasionally reaches with hands and arms

above and below shoulder level to access supplies and may climb stairs in designated locations. The employee occasionally kneels, bends, stoops; also lifts, moves, and carries laptop, records, and office supplies, typically weighing less than 15 pounds.

Sensory demands include the ability to see, talk, and hear, and use electronic touch keypads.

The employee occasionally operates a motor vehicle to attend meetings, conferences, and training programs, and to conduct claim investigations, inspections, or safety consultations involving claims.

### **Mental Demands**

While performing the duties of this class, the employee is regularly required to use oral and written communication skills; use math and mathematical reasoning; read and interpret information from multiple sources; verify and integrate data; prepare reports and maintain accurate records; organize and prioritize tasks and meet deadlines; and interact appropriately with others in the course of work.

### **WORK ENVIRONMENT**

The employee must reside in California and will work primarily in a remote environment (their home).

Occasional travel within the state of California is required to attend trainings, conferences, meetings, mediations, trials, and to visit members and vendors.