



Claim & Account Management

Our Commitment to Our Customers



Claim Management

At Crum & Forster, our claim handling philosophy is based on our commitment to provide prompt, and hassle-free service. We treat each customer the same way we would like to be treated as if their loss were ours. Our claims department has been recognized for superior service, and our responsiveness, collaborative approach, and expertise delivers results.



Account Management

Our Claims Account Executives are transition specialists who develop customized services and collaborate with policyholders, brokers, underwriting, and risk engineering to help reduce costs. They ensure a superior claims experience by:

- Being there for you as a single point of contact
- Creating customized Special Handling Instructions
- Providing claim resources and online claim system training
- Conducting customer-focused meetings, including:
 - Installation Meeting
 - Claim Review Meetings
 - Stewardship Meetings



Quality

- More than 500 claim professionals located across the United States provide regional expertise when needed
- Claim professionals with advanced degrees and designations
- Average experience of 15-20 years
- Average turnover of around 6%, including retirements, creates stable teams
- Supervisor to adjuster ratio averages 4 to 1 for Workers' Compensation and 5 to 1 for other lines of coverage
- Average caseloads for Commercial Lines claims teams of 105 to 115 per technician
- Annual audits with an acceptable compliance ratio of 90% or greater
- Subrogation team vigorously pursues negligent third parties to further mitigate losses
- In-house Special Investigations Unit (SIU) identifies fraud, helping to reduce costs
- Comprehensive network of panel law firms that are continually monitored to ensure they meet our high standards



Responsiveness

- Customer service-based culture is embedded into everything we do
- Communication and responsiveness set our claim teams apart
- Designated claim teams
- 24-hour emergency response teams respond to catastrophic/urgent claim events
- Prompt investigations, evaluations, and negotiations translate into lower loss costs and reduced litigation
- We thoroughly defend any claim that is without merit
- Claim professionals maintain an appropriate activity-based diary



Communications

- Dedicated claims account executives develop customized service strategies
- Customer-focused stewardship process for policyholders and brokers
- Integrated claim, underwriting, and risk engineering departments
- Bilingual claim professionals, nurse case managers, and translation service capabilities
- Free 24/7 access to the C&F Connect Marketplace portal for claim reporting, loss runs, and interactive reports
- Reserves are continuously evaluated to ensure they reflect the ultimate estimated exposure



Workers' Compensation Claims

- **Claims Procedures:** Newly reported claims are set up within 24 hours of receipt and acknowledgement provided within 48 hours. We conduct timely and thorough investigations to complete early claim assessments
- **Lost Time Claims:** 3-point contact is completed within 24 hours, and claimant contact is documented at least every 30 days while making indemnity payments
- **Return to Work:** Workers' Compensation Charity Program with dedicated Return to Work Manager
- **Case Management:** Experienced resources help achieve optimal outcomes
- **Medical Management Program:** We provide reasonably priced, high quality medical care, focused on maximizing medical recovery and returning employees back to work
 - **Network Coverage:** We partner with the most comprehensive provider networks
 - **Pharmacy Programs:** We offer first fill and retail card pharmacy programs
- **Utilization Review:** We use clinical review criteria to validate the medical necessity and appropriateness of recommended treatment plans, in applicable jurisdictions
- **Medical Bill Review:**
 - \$5.25 per bill with no added charge for duplicates
 - Percent of savings applied to PPO discounts (avg 18% of savings) and negotiated bills
 - Total charges as a percent of savings for bill review fees is 3-4%
- **Savings**
 - **Medical Bill Review** – 75% net savings
 - **Pharmacy Program** – 58% savings through retail discount and "Hard Block".
 - **Physical Therapy** – 37% savings below fee schedule or usual & customary
 - **Durable Medical Equipment** – 34% below fee schedule
 - **Diagnostic Testing** – 47% high end diagnostic testing



Liability Claims

- Initial case evaluations completed within 30 days and reviewed every 90 days
- Proactive litigation management process focused on early resolution
 - Initial case analysis reviewed with defense counsel at 30 days
 - Supplemental case analysis reports completed by counsel and discussed with claims every 90 days
- Use of Alternate Dispute Resolution for improved outcomes
- Client and broker engagement throughout the litigation process