



Speak UP: How to communicate with your insurance company

Effectively communicating with your insurance company is an incredibly important part of the claims process. Many insurance companies will try to handle your claim by telephone, with no records. You must make sure that everything in the claim gets documented in writing. How you communicate makes a world of difference in the amount of benefits you collect and how fast you collect them. We recommend that you:

1. Document *every* communication with your insurance company in a notebook or diary so you can keep track of the status of your claim.
2. Create a paper trail. Confirm representations and promises made in person or over the phone by insurance company personnel by sending them a *short* follow-up e-mail or letter.
3. Use good grammar, punctuation and capitalization. Promptly respond to letters and requests if they are unreasonable. If they are, say so, in writing.
4. Be proactive: Give your insurer proof of your losses and ask for the dollar amounts you are entitled to. Don't wait for them to tell you how much they owe you.
5. Use specific instances of improper conduct by your adjuster or insurer as leverage to negotiate the settlement you need. Your diary will come in handy.
6. Don't mistake a friendly claim adjuster for a friend. Remember you're in a business negotiation. Keep it professional.
7. Don't use your insurance company as an outlet to vent frustrations and emotions related to the original cause of your loss.
8. Remember that everything you write and say may be noted in the insurance company's records. Even if you're frustrated, avoid saying or writing things that will make you seem uncooperative or the cause of delays or problems.
9. Don't sign a confidentiality or non-disclosure agreement without consulting with an attorney. Agreeing to an overly broad or premature non-disclosure agreement can significantly reduce your leverage and ability to obtain full policy benefits.
10. *Attitude is Everything: Be Polite, Be Prompt, Be Persistent*

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How a typical insurance company is organized:

It is very useful to understand the organization of the insurance company claims department itself. Claims departments are often structured as follows (smallest number being the person with the lowest level of authority to settle your claim):

1. Adjuster
2. Supervisor
3. Unit Manager, over several supervisors by line of business
4. Assistant Manager, over Unit Managers, but not in all offices
5. Claims Manager or Claims Vice President, in charge of local office
6. Regional Claims Vice President, in charge of several offices in a region
7. Home Office Claims: At the home office, there are several levels:
 - a. Field Management – Senior VP in charge of regional managers
 - b. Technical Management – Vice Presidents in charge of lines of business, such as auto, general liability, property
 - c. Major Claims – Such as asbestos, lead paint, or those claims with long occurrence-type exposures. They may also handle large and complex claims. (Large being over \$750,000.00)
 - d. Excess Claims – Some Home Offices do not have an excess unit.

When communicating with your insurance company, the contact order is upward starting at the adjuster.

Resolving disputes, delays and complaints with your insurance company

When communicating with your insurance company, start with the adjuster and contact superiors as necessary. What moves a carrier to resolve an issue is a focused complaint that causes people above the adjuster to get upset that they are being troubled with such a minor issue. The higher up you go within the insurance company's claim department, the greater your chances of success in resolving your complaints.

When you raise a concern over how your claim is being handled or how much you are still owed, documentation is everything. If you write to an adjuster, send a copy to his or her supervisor and request a written response in a set time frame (e.g. "Please reply within 10 business days from the date on this letter"). When you send a letter that asks for a

response by a certain date, make sure you send it via certified mail so you have proof of the date you mailed it. Follow up with a phone call to confirm that your letter was received.

Your letters should not be threatening or lengthy. They should be clear, polite and to the point. It should confirm how cooperative you have been and continue to be. Be the good guy and put the ball in their court. If you are nasty, your next contact may be from a lawyer for the insurer which may block you from continuing to work with the adjuster.

If there is an issue over coverage or procedure, ask your insurer to point you to the specific part of the policy that explains it.

If you feel you are stuck and have run out of self-help options, consider hiring professional help. Start at the Find Help section of www.uphelp.org. If you don't want to hire professional help, consider filing a complaint with your state insurance regulator. Please go to www.uphelp.org/pdfs/GettingHelp_CA.pdf for tips on how to do this. Many people fear that filing a complaint with a government agency will make their insurance company angry and made a bad situation worse. In our 19 years of experience – it's just the opposite. Insurance companies stand up and take notice when a customer complains to a state official, and they generally act quickly to try and resolve the problem.

United Policyholders is a national 501(c) (3) non-profit organization serving insurance consumers since 1991. UP helps solve insurance problems and advocates for fairness in insurance transactions. The organization is funded by foundation grants and donations. Our work is divided into 3 program areas: Roadmap to Recovery™, Roadmap to Preparedness, and Advocacy and Action. We offer free tips, information and resources in print and online at <http://www.uphelp.org>.

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