



## SERVICE STANDARDS 2022

### A. New Claim Reporting (Task and Full Handle Assignments)

Service	Service Standard
1. Acknowledge receipt of claim to Sender	Within 4-hours
2. Complete Conflict of Interest Protocol, Director Claim Triage and identification of Adjuster with the correct level of skill and file handling load	Within 4-hours
3. Adjuster assigned and claim set up on system	Within 4-hours
4. Notify Client of Adjuster assigned and claim number	Within 4-hours of receipt
5. Contact with the Insured(s), Claimants or their legal representatives, other claim stakeholders (as required)	Within 4-hours of receipt On site visit within 5 working days or as needed To be arranged to suit nature/ type/severity of the loss and stakeholder availability



Service	Service Standard
6. Confirmation that loss is within policy period	Within 4-hours of receipt (assuming policy details are provided at the time of assignment)
7. Preliminary coverage determination that the claim submitted falls within the scope of the particular policy with sufficient investigation	<p>Within 48-hours</p> <p>If an immediate coverage concern is identified, Adjuster will initiate contact with Examiner forthwith, discuss issue(s) of concern, recommended remedies and follow instructions provided</p>
8. A non-waiver agreement must be secured or a reservation of rights letter must be prepared and sent immediately in any case where a coverage issue exists	As per timeline and instructions by Examiner
9. Notification of litigation or any legal proceeding involving Insured(s), claim stakeholder(s), Insurer or other involved party	Immediate contact with Examiner to discuss the nature of the proceeding, status if known, waivers provided or declined, issue(s) and recommended remedies. Adjuster to follow instructions as provided by client



**B. Investigation, Reporting, Reserving, Diary & Response times**  
**(Task and Full Handle Assignments)**

Service	Service Standard
1. Verbal activity update to Client/Examiner	Within 48-hours and; Ongoing through the life of the claim as needed
2. Confirmation of attendance and/or appointments scheduled	Within 48-hours
3. Site Visit completed or verbal confirmation of any barriers impeding site activity	Within 5-days
4. First Report	<p>Within 15-days business days post receipt of claim unless directed otherwise</p> <p>Reports copied to or refrained from other claim stakeholders as identified by or instructions from the client</p> <p>All reports will include an aggressive investigative process, current reserve recommendation and resolution plan, including potential recoveries</p>
5. Task Assignment Closing Report	Within 2-days of confirmation the assigned task is completed and no other supplemental tasks are required to complete the investigation
6. Reserving - Applies to full handle assignments unless otherwise advised	<p>Preliminary reserves within 96-hours and within the verbal activity update</p> <p>Initial reserve evaluation within 10-days and within 1st report</p> <p>Most probable outcome reserve within 90-days of assignment</p> <p>Ongoing review of reserves as new information or developments arise</p>



Service	Service Standard
<p><b>7. Reserving Rationale - Applies to full handle assignments unless otherwise advised</b></p>	<p>Reserve recommendations will be supported by Bodily Injury Worksheets, Loss Schedules, Case Law valuations, photographs, social media searches and/or other required documentation that is in line with the type and kind of loss Reserves to be reviewed at every status report or as developments arise</p>
<p><b>8. Peer Review Diaries Set</b></p>	<p>1st – Upon completion of the first substantive report Subsequent peer reviews when every further Report is completed</p>
<p><b>9. Adjuster Diary following First Report</b></p>	<p>Adjuster diaries no longer than 45-days after First Report, unless directed otherwise earlier or later by the Client.</p>
<p><b>10. The Insurers must be updated with formal status reports until the loss is resolved and the file is closed</b></p>	<p>Every 60 days; or When developments arise or otherwise instructed by the Client to completion of file Reports copied to, or refrained from other claim stakeholders as identified by instructions from the Client. Closing reports will be completed within 2-days of confirmation that the claim is completed.</p>



Service	Service Standard
11. Responding to Phone calls	Same business day (an acknowledgement if additional time is required to respond to question). If call is received after hours, a return call is made within 4-hours of opening the next business day
12. Responding to complaints	<p>Immediate - Complaints are dealt with at the time the call/email is received</p> <p>One of our Claim Directors will be become involved from the onset</p> <p>Following the initial discussion with the Complainant, immediate contact is made with the Examiner to advise of the nature of the complaint and recommended resolution plan</p> <p>Legitimate complaints will be logged per protocol and as per client specific protocol</p>
13. Responding to incoming emails	Same business day (an acknowledgement and time to get back to the person if additional time is required)
14. Proactive management and review of investigation, activities of investigators, counsel and all other vendors	<p>Ongoing</p> <p>Assignment of vendors as per client instruction</p>
15. Deductible collections must be pursued (as permitted by the terms of policy)	ASAP and as applicable for the kind and type of loss



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