Total Recovery Solution® (TRS®) Navigation Guide for Filers

Contents

TRS Glossary of Terms

Term	Description
Adverse Party	The party from whom you are seeking to recover damages.
Attached Evidence	The collection of all the evidence items attached to a section of the case (*Liability Arguments, Damages, Jurisidictional Exclusions, etc.*).
Case	A collection of liability arguments and damages for a set of parties involved in the occurrence.
Case ID	The numeric identifier for a collection of recovery and response submissions that belong together (i.e., under the same liability decision).
Coverage	The scope of protection provided under an insurance policy under which a company has paid a claim.
Discontinued	Status of an occurrence when no further activity is allowed, but the occurrence information is still searchable and viewable to the parties.
Evidence Attachment	An evidence item that the party has inserted into the damages or liability section to support specific arguments. Arbitrators are required to comment on any evidence linked in the *Liability Arguments* section.
Extension	A postponement of the response due date by a responding party to prepare and submit its response. Only one extension may be requested by a responding party; a fee is incurred.
Feature	A set of damages for a claim. For Automobile Collision and Comprehensive/OTC damages, a feature is identified by the vehicle year, make, and model. For PIP and MedPay, a feature is

|	identified by the injured party's first and last name.
Filing ID	The numeric identifier for a decision on a case.
Insert Evidence Attachment	An option to link evidence within your liability argument. Arbitrators must comment on all inserted evidence.
Jurisictional Exclusion	Argument that does not address dispute itself, but rather raises an objection to compulsory arbitration's jurisdiction.
Occurrence	An event that results in an insured loss.
Placeholder	An indicator for known evidence that is not available during the initial entry and is identified in the case. The evidence must be uploaded to the placeholder prior to submission.
Revisit/Rebut	Allows a party to address issues raised by the adverse party regarding damages, jurisdictional exclusions, newly impleaded parties, and policy limits.
Void Decision	Removes a decision from a case. Voiding a liability decision will discontinue the occurrence.
Withdraw	To remove a feature from arbitration prior to hearing. This may be done because the damages have been settled, the wrong company was named, the responding company denied coverage, or the policy has a liability deductible or a self-insured retention; or it is discovered that the case does not qualify for TRS.

Filing a Case in TRS

There are two ways to file a case in TRS. Users can file by:

- Pushing an E-Subro Hub demand to TRS (Collision, Comprehensive/OTC only)

- Selecting "File New Damages" within TRS

Initiating a TRS Case through E-Subro Hub

To push the E-Subro Hub demand to arbitration using TRS, access the demand and select the **Negotiate** tab and then **Arbitrate**.
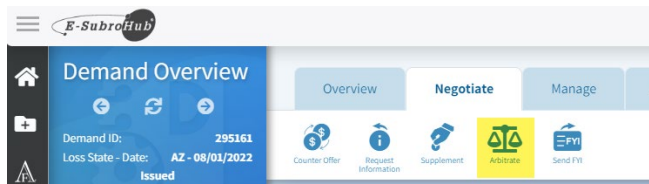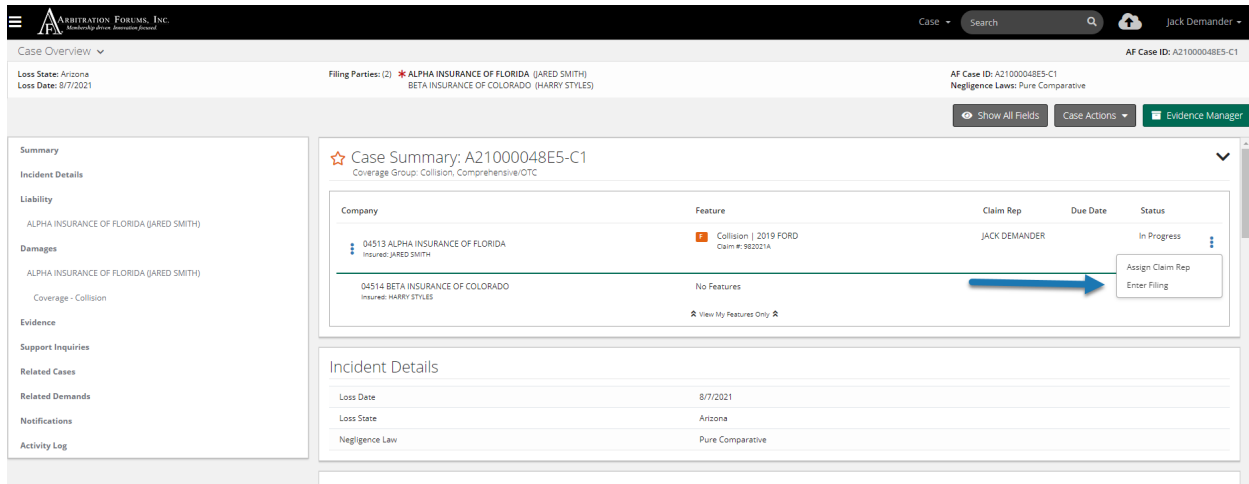

The following message will appear. Select **Continue** to move the demand into arbitration via TRS.
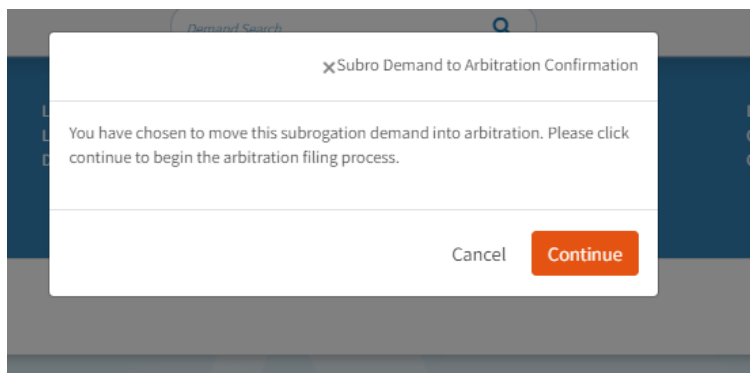
Once the demand is moved into TRS, select the blue ellipsis and **Enter Filing** from the drop-down menu. Enter pertinent information into each workflow step, and select **Submit** to file arbitration.

> Note: Information previously entered from the E-Subro Hub demand along with uploaded evidence will automatically migrate into the arbitration filing.
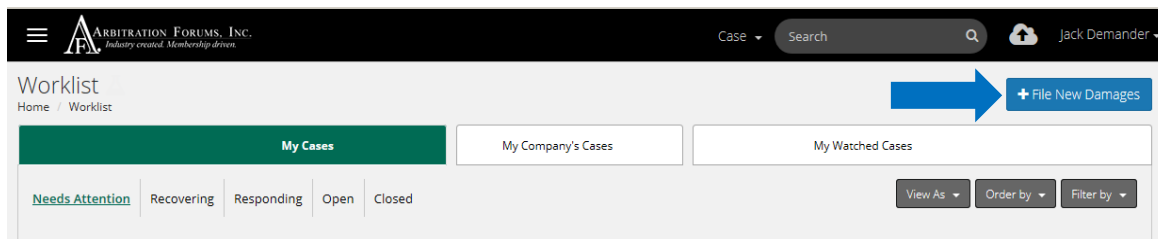
Filing a Case Directly in TRS

Login to **www.arbfile.org** and go to **TRS Arbitration**.

Now select **+File New Damages** to start a new TRS case.

Users will enter case information starting with **Incident Details** and **My Party Information.** (See the first step in TRS Workflow Steps.)

TRS Workflow Steps

WORKFLOW STEPS is a navigation window that allows Filers to easily find where they are in the filing process.

The steps outlined below enable Filers to submit a case in TRS. As each step is completed, a check mark [✓] will appear.

Incident Details and My Party Information
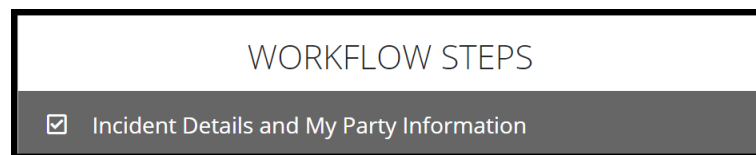
The filing company will enter the required information.

Under **Case Type**, select the **Coverage Group** using the drop-down menu. Options can be seen below.

Next, select the **Right of Recovery** using the drop-down arrow. Options vary depending on the Coverage Group selected.

The following **Right of Recovery** options will appear when the following **Coverage Groups** are selected:

Collision, Comprehensive/OTC, PIP, MedPay, or Property:

New York PIP:

Workers' Compensation Subrogation (Special Arb):

Third-Party Contribution (Special Arb):

Non-Compulsory (Special Arb):

When selecting the **Property Coverage Group**, additional fields will appear for you to complete.

Enter **Incident Details** including the Loss Date and Loss State. The fields with an asterisk are required. Entry fields for Loss County and Loss City are optional.

New York PIP view:

New York PIP only. The Loss State is automatically pre-filled.

Party Information is auto filled based on user login credentials.

Third-Party Adminstrators (TPA)

For TPAs, there is an additional step in the filing process. When filing on behalf of a member company, select the down arrow. A drop-down menu appears where you will select the Company and Subsidiary Name.

Enter the **Policy Information** starting with the Claim Number, Line of Insurance, and Insured's information. The Policy Number and Policy Issue State are **not** required.

When Personal/Individual is selected, you will enter your Insured's First/Last Name.

When Commercial/Business is selected, you will enter your Insured's Company Name.

Case Qualifiers (New York PIP only)

In New York Loss Transfer cases, No-Fault Payments made to an injured party are recoverable so long as the accident or occurrence meets one of the following criteria:

- Involves a vehicle that weighs over 6,500 lbs. unloaded
- Involves a vehicle-for-hire used principally for the transportation of persons or property (including livery)

Select **Yes** if one of the above qualifiers apply. Provide a justification in the field provided and attach evidence. Evidence should support the case qualifier selected. For example, a police report is attached to support the vehicle involved in the incident is a taxicab.

If **No** is selected, the filing cannot proceed.

Case Qualifiers ❓

Loss Transfer cases are filed to recover No-Fault Payments made to an injured party as a result of an accident or occurrence that meets at least one of the following criteria:
- Involves a vehicle that weighs over 6500 lbs. unloaded
- Involves a vehicle-for-hire used principally for the transportation of persons or property (Including livery)

Please confirm this filing satisfies one of the above qualifiers

○ Yes, this filing arises from an accident or occurrence that meets at least one of the required qualifiers
◉ No, this filing does not arise from an accident or occurrence that meets at least one of the required qualifiers

If none of the above qualifying criteria apply, the filing cannot proceed under . Please review the above qualifying criteria.

Select Coverages

WORKFLOW STEPS

☑ Select Coverages

Select the +**Select** tab to choose the coverage(s) for which you are seeking to recover paid damages. Coverage options are based on the Coverage Group selected.

Collision, Comprehensive/OTC

Coverages ❓

Select Coverages ❓

Auto Policy

| Collision ❓ | + Select |
| Comprehensive/Other than Collision (OTC) ❓ | + Select |

Personal Injury Protection (PIP)

Coverages ❓

Select Coverages ❓

Auto Policy

| PIP ❓ | + Select |

Medical Payments (Med Pay)

Coverages ❓

Select Coverages ❓

Auto Policy

| MedPay ❓ | + Select |

New York PIP

Coverages ❓

Select Coverages ❓

Auto Policy

| NYPIP ❓ | + Select |

Property
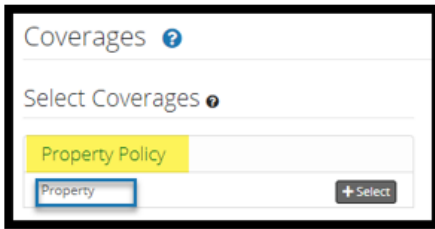
Workers' Compensation Subrogation (Special Arb)
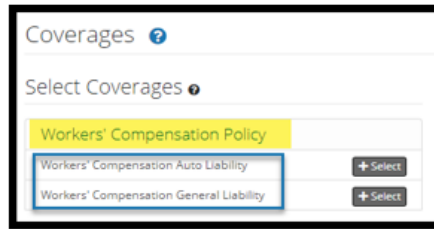
Third Party Contribution (Special Arb)
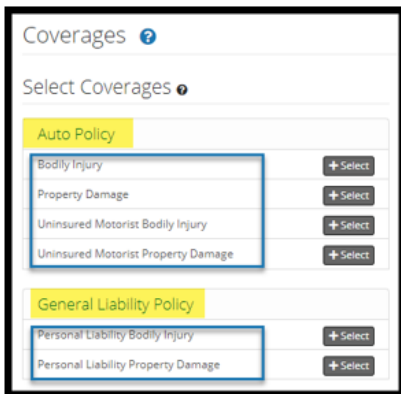
Non-Compulsory (Special Arb)
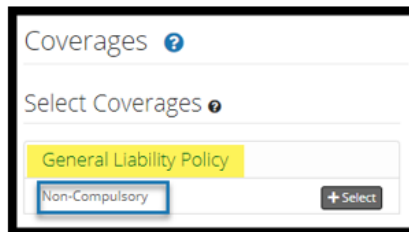
Once selected, it will appear on the right side under **Selected Coverages**. You can add/delete coverage. To add a coverage, select the **+Select** tab. To delete coverage, select the red trash icon.

Add Additional Parties

WORKFLOW STEPS
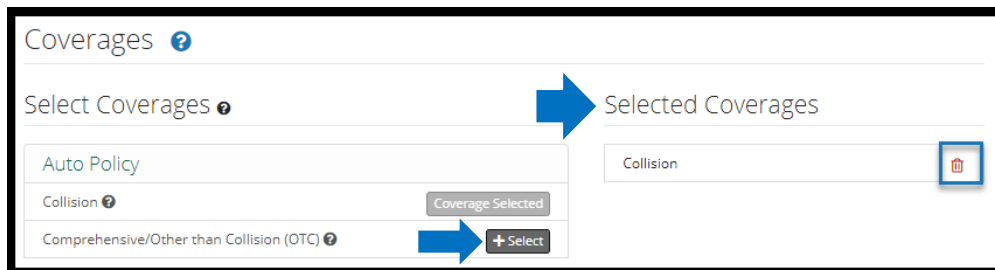
☑ Add Additional Parties
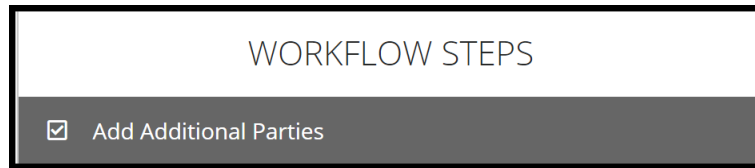
To add a party, simply enter the company code/name in the field titled **Search Companies**.

Case Parties ❓

Search Companies | Enter the company name of the adverse party

Select Parties ❓   Can't find a company?   Selected Parties (0)

The company will populate under the **Select Parties** section. To add the party, select the **+Add** tab.

Select Parties ❓   Can't find a company?

04514 BETA INSURANCE CO   1 of 1 subsidiaries

04514-0002 BETA INSURANCE OF COLORADO   + Add

It will then appear on the right side of the page. To remove the party selected, click the red trash icon found to the right.

Select Parties ❓   Can't find a company?   Selected Parties (1)

04514 BETA INSURANCE CO   1 of 1 subsidiaries   BETA INSURANCE OF COLORADO   🗑
04514-0002 BETA INSURANCE OF COLORADO   + Add
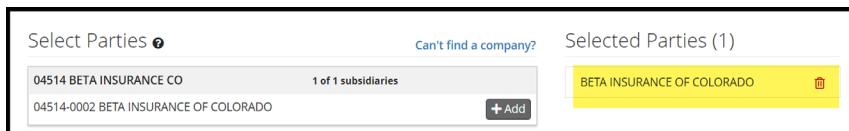
For non-signatory companies, a **Non-Sig** badge will appear next to their name. Select the **+Add** tab to add them as a **Selected Party.** (Does not include NY PIP).

Adverse Parties ❓

Search Companies | beta
39 results found for **beta**

Select Parties ❓   Can't find a company?   Selected Parties (1)

                                        BETA INSURANCE OF COLORADO Non-Sig   🗑

00261 BETA COMPANY   1 of 1 subsidiaries
00261-0002 BETA COMPANY Non-Sig   + Add
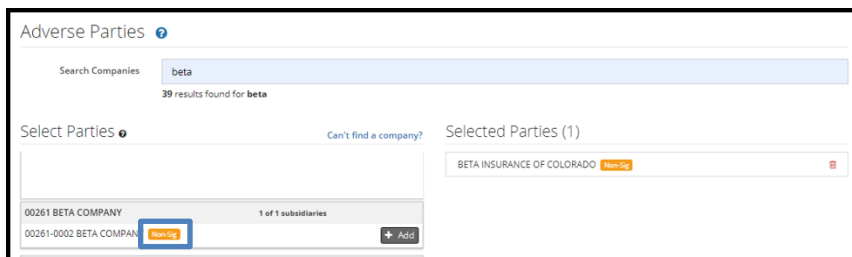
When filing a **Concurrent Coverage/Priority of Payment** case, the following message appears:

When filing a **Third-Party Contribution (Special Arb)** case with a **Contribution For Concurrent Coverage** Right of Recovery, the following message appears.

Concurrent Coverage/Priority of Payment filings raise coverage arguments as to primacy and should not include the addition of negligent parties to the case.

Party Information (Adverse Party)

The following workflow will appear when the Filing Company files arbitration against a **Non-Signatory** company. When pursuing a Non-Signatory, a **Company Consent** section appears in the workflow steps.

The Filing Company will answer the **Prior Consent to Arbitrate** question by answering the following question:

Do you have evidence of prior consent? Yes or No.

Non-signatory parties **must** consent to arbitration.

When answering "Yes," a Written Consent Letter is required.

Attach evidence to support the non-signatory party has given consent to participate. If evidence is not provided of prior consent to arbitrate, the filing will proceed with a fee incurred. However, the non-signatory party may object to consent to arbitration, which will prevent the Filer from recovering damages for them.

When PIP is selected as the Coverage Group and the state of loss is a mandatory arbitration state, consent is not required.

If filing against a **Signatory** company, follow the steps below.

Enter the **Policy Information** starting with the Claim Number, Line of Insurance, and Insured's information. The Policy Number and Policy Issue State are **not** required.

When Personal/Individual is selected, you will enter your Insured's First/Last Name.

When Commercial/Business is selected, you will enter your Insured's Company Name.

Note: The claim number should not be changed from the original E-Subro Hub demand to the TRS case. Changing the claim number could cause identification errors.

Your Liability/Recovery Arguments

Your Liability Arguments will appear in the Workflow Steps when **Negligence**, **Loss Transfer** (NY PIP only) or **Contribution Among Co-defendants** is selected as the **Right of Recovery**.

Recovery Arguments will appear in the Workflow Steps when **Concurrent Coverage/Priority of Payment, Contribution For Concurrent Coverage, or Non-Compulsory** is selected as the **Right of Recovery.**

Enter either liability or recovery arguments and insert evidence, if desired.

Note: Arbitrators are required to make a comment about specific evidence items inserted in this section.

Insert, Attach, or Placeholder for Evidence

Insert Evidence

Inserted evidence will appear in the arguments section as a "green box" with a number assigned.
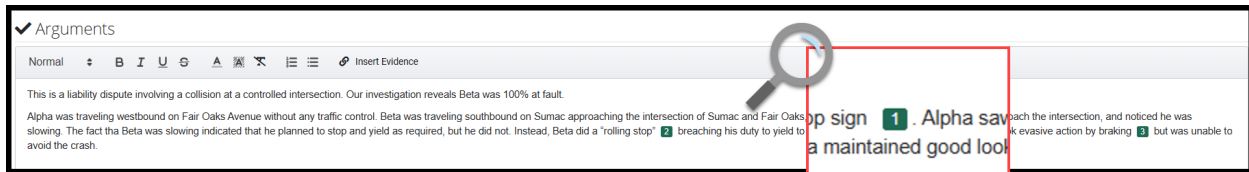
As a best practice, Filers should insert no more than three (3) evidence items into the liability arguments section. Inserting too many items defeats the purpose of emphasizing critical evidence that is most important to proving your liability or damages position to the arbitrator.

The following pop-message appears when attempting to insert more than three (3) items into your liability arguments.
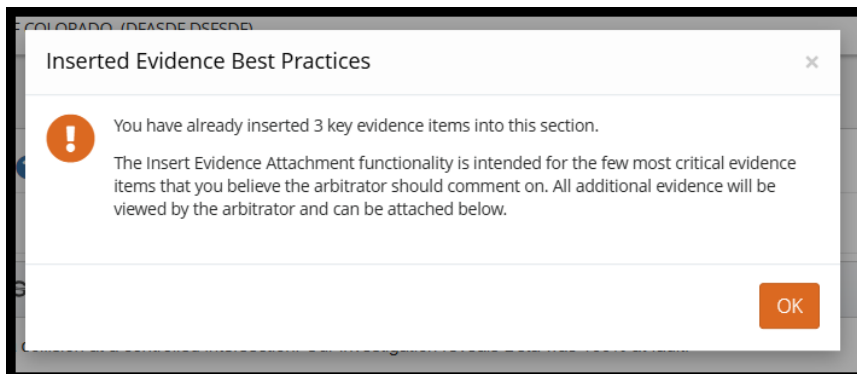
To insert evidence, select **Insert Evidence**.

Filers will choose specific evidence items from the **Evidence Manager**, if added previously or browse for files saved in your database. See **Attach Evidence** to learn how to upload and attach evidence to a case.

Choose a specific evidence item by selecting the adjacent radio button and select **Attach**.

Note: Evidence uploaded from E-Subro Hub will automatically be saved in Evidence Manager. Filers will need to manually attach it to the case.

Enter the percentage of liability admitted. If no liability is admitted enter "0". This section will appear when **Negligence** or **Loss Transfer Right of Recovery** is selected.

- **Negligence** Right of Recovery view:

- **Loss Transfer** (NY PIP only) Right of Recovery view:

- **Negligence** Right of Recovery view:
  Workers' Compensation Subrogation (Special Arb)

Admitted liability

ALPHA INSURANCE OF FLORIDA (JUSTIN'S MOBILE SERVICE) does not need to admit liability for any adverse parties' damages.
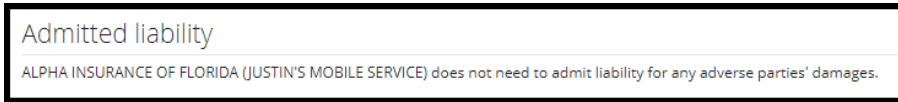
When **Concurrent Coverage/Priority of Payment, Contribution Among Co-defendants, Contribution For Concurrent Coverage or Non-Compulsory** is selected as the **Right of Recovery**, the admitted liability section will not be present. Arguments raised under this Right of Recovery relate only to coverage disputes and not liability.

Recovery Arguments ❓   Show Adverse Party's Arguments

✱ **Arguments**

Normal   B I U S   A ✎ ✗   ≔ ≔   🔗 Insert Evidence

Attached Evidence ❓   ＋ Attach Evidence

Evidence items have not been attached.
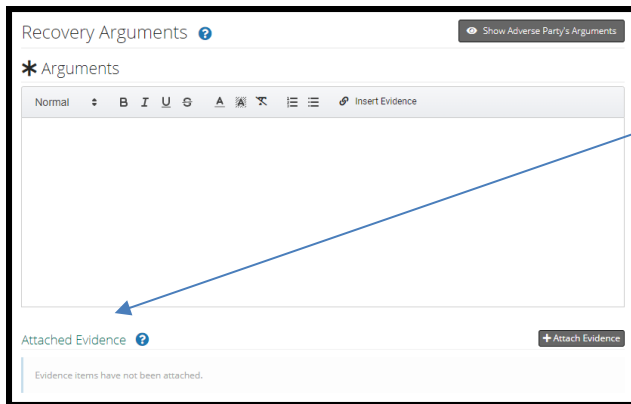
> The **Admitted Liability** question is not present under Recovery Arguments.

Answer **Yes** or **No** to the Primary/Excess question by selecting the radio button. The system automatically defaults to **No.** (Does not apply to **New York PIP, Workers' Compensation Subrogation, Third-Party Contribution or Non-Compulsory disputes**).

Primary/Excess

✓ Are you alleging to be excess and that another party is primary for liability coverage? ❓   ◯ Yes   ⦿ No
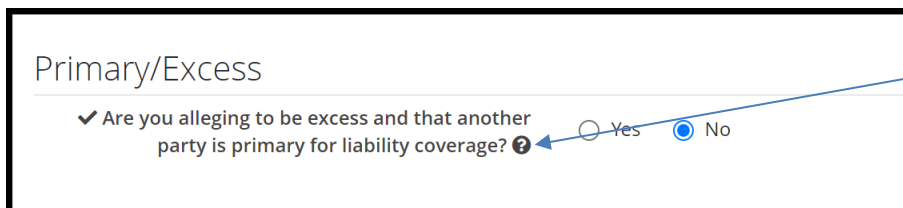
> Help text is available when hovering over the question mark.
>
> ❓
> Primary- Policy to pay first, before any other available coverage is used. Excess- Policy to pay only after all other available coverage is exhausted.
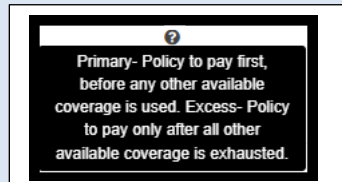
Attach Evidence

Next, attach evidence not previously inserted into the arguments section. To attach evidence, select the **Attach Evidence** tab.

> Note: Evidence **inserted** into Arguments will automatically appear in the Attached Evidence section as a green box.
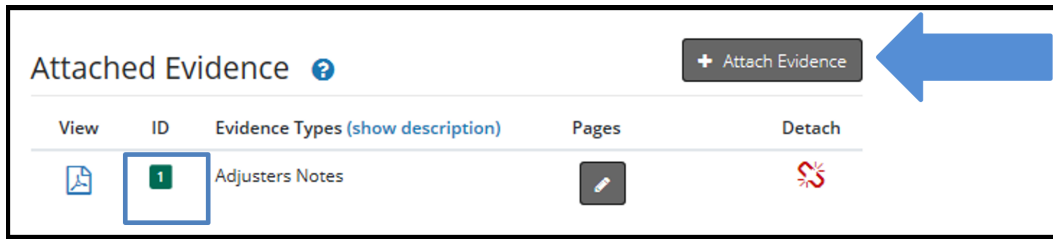
To attach evidence not inserted in Arguments, click the radio button and select **Attach.**
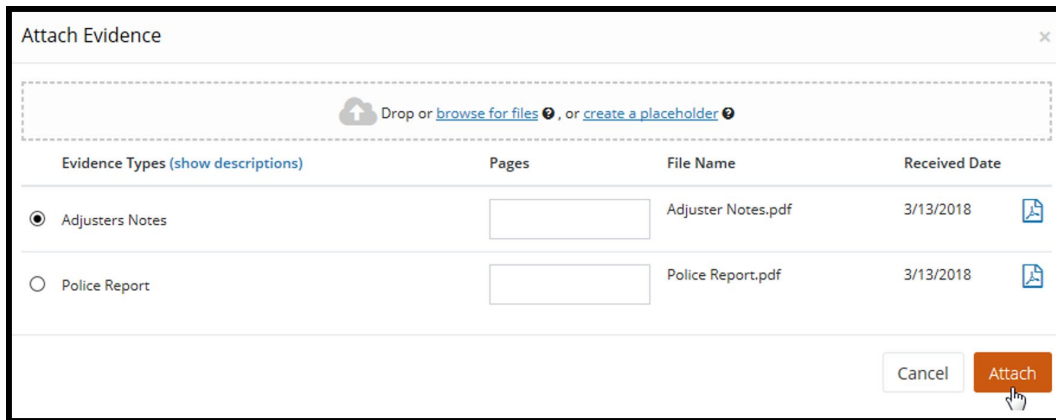
To attach evidence not previously uploaded from E-Subro Hub, drag and drop them into the window or select **browse for files**.
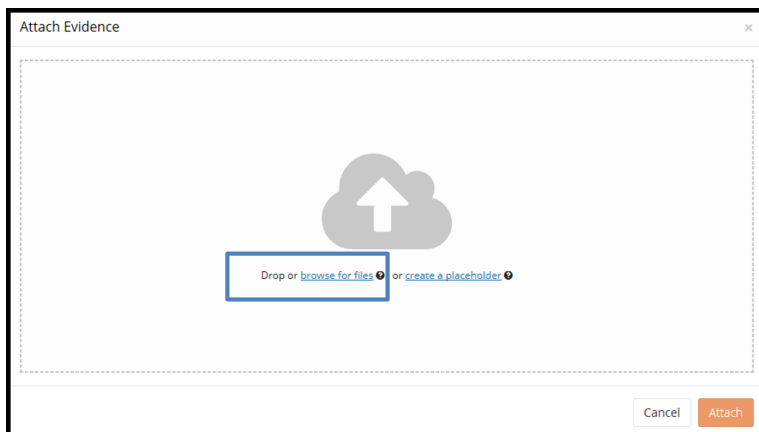
Select evidence items stored in your claims system by double-clicking on the desired evidence item.
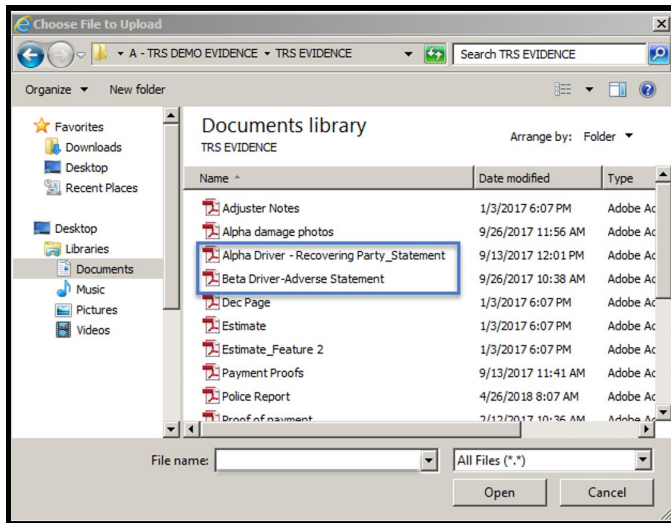
This brings the evidence into the Evidence Manager where filers are required to give it a type. Click the red link to reveal the evidence type options.
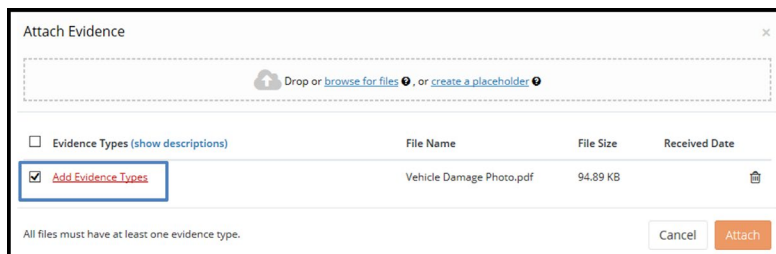
There are three ways to search for evidence types.

The **Search** box uses an incremental search to progressively find and filter through text. Enter the first few characters to identify a type from the list.
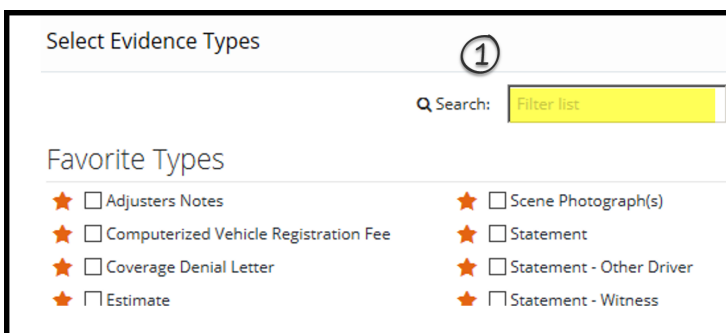
Filers can scroll through the **Evidence Types** list. Check the box next to the corresponding type, and click **Save** to bring it into the **Evidence Manager**.

Once evidence is saved in the **Evidence Manager**, Filers will need to select **Attach** to save evidence to the filing.

Filers can also search for evidence types via the **Favorite Types** list. To use this as a search option, Filers must first save the evidence type to "Favorites" by selecting the gold star. Next, select the box adjacent to the evidence item and select save. Once saved, it will appear on your **Favorite Types** list.

Evidence saved as a favorite is placed in a separate section for quicker access.

Favorite Types ③

⭐ ☐ Adjusters Notes	⭐ ☐ Policy Declarations	⭐ ☐ Scene Photograph(s)
⭐ ☐ Computerized Vehicle Registration Fee	⭐ ☐ Proof of Payment	⭐ ☐ Statement
⭐ ☐ Coverage Denial Letter	⭐ ☐ Recorded Statement	⭐ ☐ Statement - Other Driver
⭐ ☐ Estimate	⭐ ☐ Reference Material	⭐ ☐ Statement - Witness
⭐ ☐ Liability Denial Letter	⭐ ☐ Release Form	⭐ ☐ Statute
⭐ ☐ Medical Reports	⭐ ☐ Rental Bill/Receipt	⭐ ☐ Total Loss Evaluation
⭐ ☐ Payment History	⭐ ☐ Salvage Invoice	⭐ ☐ Tow and/or Storage Bill
⭐ ☐ Photograph(s)	⭐ ☐ Salvage Report	⭐ ☐ Video Evidence
⭐ ☐ Police Report	⭐ ☐ Scene Diagram	⭐ ☐ Witness Written Statement
⭐ ☐ Police Report Overlay		

Evidence Sharing for Collision, Comprehensive/OTC Cases Only

Attach evidence relevant to the liability section, such as a police report, recorded statement, scene photos, etc.

Evidence supporting Feature Damages sought should be attached at the Damage Recovery Workflow Step. Once attached, it is viewable to the Responding Party(ies) (Rule 2-1).

Failure to attach evidence supporting the Feature Damages sought in the appropriate section may cause a reduction in the award if a damage dispute is raised by the Responding Party.

Placeholder for Evidence

When a piece of evidence is known but unavailable at the time of filing, select **Create a Placeholder.**

This workflow allows filers to create a placeholder for evidence not yet received when filing a TRS case. To create a placeholder, select the evidence type, provide a description, and save. (See **Insert, Attach, or Placeholder for Evidence to learn how to attach evidence.**)

The specific evidence item must replace the placeholder and must be attached to the case prior to submission.

Coverage Information – Applicable Coverage Group
**(Collision, Comphrehensive/OTC, PIP, Med Pay, New York PIP, Property, Workers'
Compensation Subrogation, Third-Party Contribution, and Non-Compulsory)**
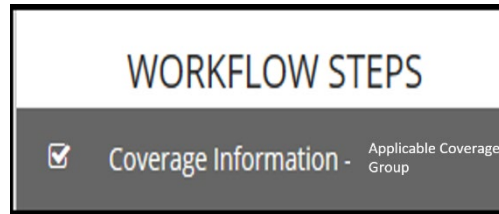
Answer **Yes** or **No** to the Joint and Several Liability question by selecting the radio button. The
system will automatically default to **No**. (Does not apply to **New York PIP, Third-Party
Contribution, Non-Compulsory,** or **Concurrent Coverage/Priority of Payment Right of
Recovery**).

For more information on applying Joint and Several Liability, hover over the question mark .
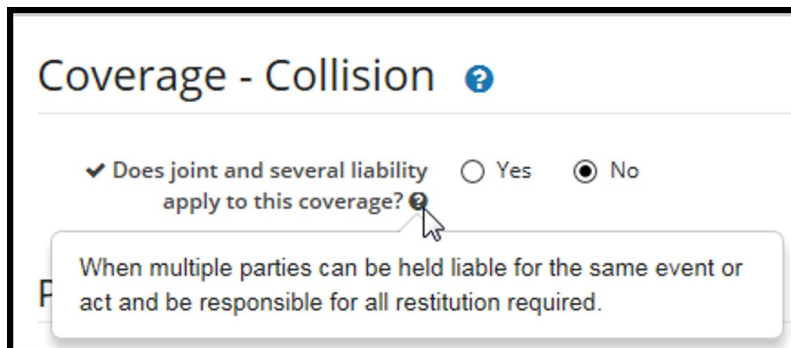
Answer **Policy Limits** questions by selecting each radio button as **Yes**, **No**, or **I'm not sure**.
(Does not apply to **New York PIP**, **Contribution For Concurrent Coverage Right of
Recovery, Non-Compulsory,** or **Concurrent Coverage/Priority of Payment Right of
Recovery**).

Policy Limits

✔ Will you accept the policy limits as final settlement of your claim? ● Yes ○ No ○ I'm Not Sure ❓

The question below appears when PIP, Med Pay, Workers' Compensation Subrogation or Third Party Contribution is selected as the Coverage Group.

✳ Will you accept the coverage level policy limits and the per-person policy limits as final settlement of your claim? ○ Yes ○ No ○ I'm Not Sure ❓

✔ Will you accept the Pro-Rata Share? ● Yes ○ No

✔ Will you accept the remaining balance? ● Yes ○ No

✔ Do you agree to reimburse your insured for out-of-pocket expenses (excluding your Insured deductible that is included in this filing) relating to the Coverage sought? ● Yes ○ No

This question applies to only **Collision, Comprehensive/OTC, or Property** as the Coverage Group.

Selecting "I'm Not Sure" allows the Filer to revisit the case if the Adverse Party asserts policy limits.

Use the Policy Limits Notes section to enter any statutory policy limit information.

Policy Limits Note ❓
Please use this field to enter any statutory policy limit information

For New York PIP filings, the Optional Basic Economic Loss (OBEL) question appears.

OBEL coverage provides a person with an additional $25,000 of coverage beyond the no-fault PIP $50,000 limit.

- Select **Yes** if OBEL applies to your policy. Attach evidence to support this assertion.
- Select **No** if OBEL does not apply to your policy.

Coverage - NYPIP ❓   + Add a Feature   🗑 Delete This Coverage

New York PIP Basic Policy Limits apply to all Pedestrians. OBEL limits apply only to Driver and Occupant Injured Party types.
If OBEL applies to your Policy, it is recommended that you attach evidence in support of OBEL.

✔ Does Optional Basic Economic Loss (OBEL) apply to this Policy?   ● Yes   ○ No

Attached Evidence ❓   + Attach Evidence

Evidence items have not been attached.

For Third-Party Contribution (Special Arb) where **Contribution For Concurrent Coverage** is selected as the **Right of Recovery** *and* the coverage selected is either **Bodily Injury, Uninsured Motorist Bodily Injury,** or **Personal Liability Bodily Injury**:

Select the **Policy Limit Type:** Either Per-Person/Per Incident or Combined Single Limit.

When Per-Person/Per Incident is selected, two additional fields will appear for you to enter each policy limit amount.

When Combined Single Limit is selected, one field will appear for you to enter the combined single policy limit.
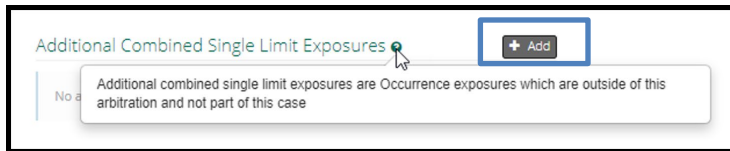
For Third Party Contribution (Special Arb) where **Contribution For Concurrent Coverage** is selected as the **Right of Recovery** *and* the coverage selected is either **Property Damage, Uninsured Motorist Property Damage, or Personal Liability Property Damage**:

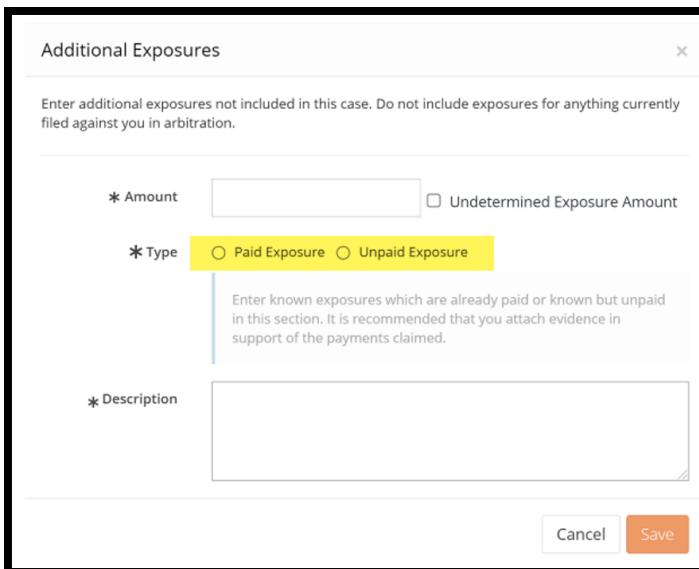You will enter the Policy Limit Amount in the field provided.

Next, add **Additional Exposures**, if known, by selecting the **+Add** tab to the right.

The **Additional Exposures** tab adds parties outside of the parties named in the current case. The field should only be used when your liability policy limits (for counterclaims) are at risk and where exposures exist to parties not named in the current filing.

To add an additional exposure, select the + **Add** tab (Does not apply to NY PIP filings).
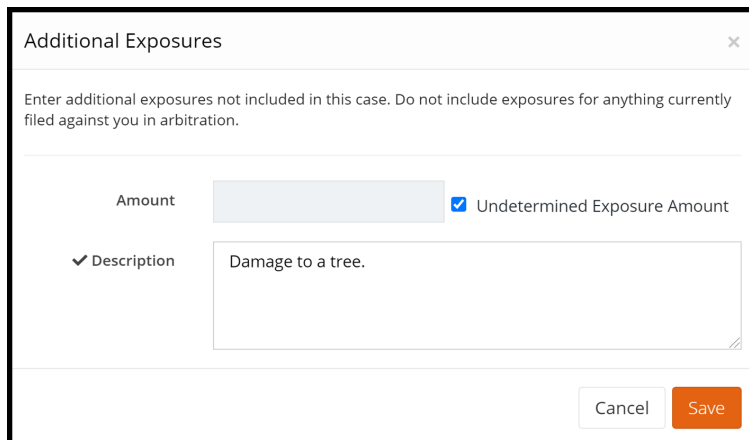
Enter the amount of the exposure, if known. Select the **Paid** or **Unpaid** Exposure radio button and provide a **Description**.

If undetermined, check the **Undetermined Exposure Amount** box. Next, enter a description and add evidence to support it (for example, a police report).

The last step in the Coverage Workflow is to attach evidence. **(**To learn how to attach evidence see **Insert, Attach or Placeholder for Evidence**.)

Attached Evidence ❓   **+ Attach Evidence**

Evidence items have not been attached.

Feature Information – Feature 1

Enter vehicle year/make/model if not previously saved from E-Subro Hub.

Entering vehicle information is required only when filing Collision, Comprehensive/OTC cases. PIP, Med Pay, New York PIP, or Property cases do not require this information.

For **Property and Non-Compulsory disputes**, enter the **Feature Name** and **Description**.

Boat Loss:

> **Feature Name** should include the type of property damaged in the accident, occurrence, or event. Next, enter the description of the damaged property in the **Feature Description** field.

Water Loss:

For PIP, Med Pay, New York PIP, Workers' Compensation Subrogation, or Third-Party Contribution (for bodily injury), enter the injured party's first and last name and party status.

- Driver
- Occupant
- Pedestrian

For **Third Party Contribution (for property damage)**, enter the claimant's first and last name in the fields provided. Using the radio buttons, answer the bailment and spoliation question. When selecting "yes," attach evidence to support your response.

Answer the question regarding the driver.

Select "Same as Insured," "Other," or "No Driver Specified" (Collision, Comprehensive/OTC).

Vehicle color is **not** required.

Select "Yes" or "No" to the following questions:

- Does Bailment apply? (Collision, Comprehensive/OTC and Property)
- Does Spoliation apply? (Collision, Comprehensive/OTC, PIP, Med Pay, Property, Workers' Compensation Subrogation and Third-Party Contribution)

These questions will not appear when Concurrent Coverage/Priority of Payment or Non-Compulsory disputes are selected.

Help text is available by hovering over the question mark icon.

Bailment:
A change in possession of property without a change in ownership. The owner expects property returned in as good or better condition.

Does bailment apply? ❓   ○ Yes ◉ No

✔ Does spoliation of evidence apply?   ○ Yes ◉ No
❓

Spoliation:
The intentional, reckless, or negligent withholding, hiding, altering, fabricating, or destroying of evidence. Spoliation of evidence will only be asked on coverages that map to auto, special, and property.

Remittance Address is saved based on the Filer's login information.

Remittance Address   ✔ Verify Address

Attention	Attn Line
✔ Address 1	3820 Northdale Blvd
Address 2	200A
✔ City, State	Tampa	Florida ⌄
✔ Zip, Country	33624	United States ⌄

Enter Company-Paid Damages if not previously saved from E-Subro Hub (Collision, Comprehensive/OTC only). Additional damages can be added/changed.

Collision, Comprehensive/OTC, or Property damages do not include the insured's deductible. The deductible is entered in a different field.

For Collision and Comprehensive/OTC, the following **Company-Paid Damages** fields will be present:

Do not combine the insured's deductible amount to the Auto Damages section. Enter the deductible separately, where indicated.

Proof of Damages vs. Proof of Payment

Proof of Damages = Estimates, invoices, medical bills, etc.
Proof of Payment = Checks, Drafts, Electronic Funds Transfer (EFT), Payment ledgers, etc.

In arbitration, either **Proof of Damages** or **Proof of Payment** can be submitted to support the Feature Damages sought. Proof of Damages is needed only when the Responding Party disputes specific damages.

When a damage dispute is raised, Filers should submit Proof of Damages to include a detailed breakdown of charges. This is also true when submitting electronic/digital invoices.

For **Property**, the following **Company-Paid Damages** field will be present:

Damage categories will vary for the **Company-Paid Damages** based on the Coverage Group selected.

For **Total Losses** (Collision, Comprehensive/OTC, and Property), the following **Company-Paid Damages** fields are present when "Yes" is selected:

When entering **Valuation** amounts, do not include the deductible paid. This field should **only** include the valuation minus the deductible. Enter the deductible separately, where indicated.

Select either ACV/RCV. This is a required field denoted by the asterisk. This indicates if the amount entered is based on **Actual Cash Value (ACV) or Replacement Cost Value (RCV).**

When "Yes" is selected, a total loss worksheet is provided. This worksheet provides common total loss fields, including prior damages, taxes, and teardown along with salvage recovery calculations.

If you do not have a total loss, select "No." Damage categories will list common itemized damages fields associated with vehicle repairs (as noted above).

For **Med Pay**, the following **Company-Paid Damages** fields will be present:

No deductible field is present for Med Pay cases.

For **PIP**, the following **Company-Paid Damages** will be present:

Itemize damages separately using the categories provided.

Do not enter all damages into one field.

Answer "Yes" or "No" to the following question, "Do you have the right to recover the deductible?"
If "Yes," provide the deductible amount and justification.

For **New York PIP**, the following **Company-Paid Damages** will be present.

No deductible field is present with this Coverage Group.

For **Workers' Compensation Subrogation**, the following **Company-Paid Damages** will be present.

For **Third-Party Contribution and Non-Compulsory,** the following Company-Paid Damages will be present.

In this view, enter the date the settlement was made. Next, enter the settlement amount, the total company paid damages and the amount sought in contribution as seen below.

Fields denoted with an asterisk are required.

Total Prior Payment Received

This section allows Filers to list any previous payments received and accepted. This amount will be deducted from the award, if favorable.

When a Responding Party issues a payment for amounts sought by you for your insured's damages, and you have accepted (deposited) the payment(s), enter the amount by selecting **Add Prior Payment Received.**

Total Prior Payments Received   Add Prior Payment Received ▾

No Prior Payments Recorded

Next, enter payment amount and description.

BETA INSURANCE OF COLORADO (FIRST PARTY)

✔ Payment Amount $ 2,500.00   🗑 Delete Payment

Payment Description   Responding party paid $2500.00 for my insured's vehicle damages.   This payment represents 50% of the total damages.

Note: Even when a partial payment is made by the Adverse Party, enter the total damages sought in the Company-Paid Damages section.

Attach evidence supporting the company-paid damages. (See **Insert, Attach, or Placeholder for Evidence**.)

Attached Evidence ❓   ➕ Attach Evidence

View	Evidence Types (show description)	Detach
📄	Estimate	⚡

← Previous   Next →

> **Note: Evidence Sharing for Collision, Comprehensive/OTC Cases Only**
>
> Attach evidence supporting the **Feature Damage** sought, for example, an estimate, rental, tow, or storage bill.
>
> Evidence attached to this section is viewable to the Responding Party. Likewise, evidence attached by the Responding Party supporting disputed damages is viewable to the Recovering Party.
>
> Failure to attach evidence supporting the **Feature Damages** sought may cause a reduction in awards. This is especially true when a Responding Party disputes damages paid by the Recovering Party **(Rule 2-5).**

Counterclaim Response Assertions

WORKFLOW STEPS

☑ Counterclaim Response Assertions

Answer the following Counterclaim Response Assertions questions (does not include **New York PIP, Workers' Compensation Subrogation, Third-Party Contribution, or Non-Compulsory disputes**).

Select "Yes" or "No" to whether there is a liability policy in effect at time of loss.
If "Yes," go to next question.

✔ Was there a liability policy in effect at the time of loss?   ● Yes ○ No

If "No," Filers are prompted to answer an additional question as to who holds the liability policy (Collision, Comprehensive/OTC only).

If "Yes," enter the party(ies) carrying the liability policy at the time of loss.

If "No," the following pop-up message appears. Select "Cancel" or "Confirm" to proceed.

Proceed?

You should select Confirm only if you: do not provide liability coverage for the named insured, are unable to locate a liability policy for the named insured, or your liability policy for the named insured expired prior to the date of loss.

By selecting 'confirm' below, you are confirming the above is true and parties will be prevented from seeking recovery of damages against you in arbitration.

Cancel   Confirm

Proceed by answering the next series of questions.

If **Yes** is selected for any of the above questions, Filers are required to provide a justification. Attach evidence to support your assertions.

For **Property** selected as the Coverage Group, an additional question regarding liability deductibles will appear. Select **Yes** or **No**.

If **Yes** is selected, Filers will enter the **Liability Deductible Amount** in the field provided and attach supporting evidence.

Supporting evidence is required.

By checking the **Revisit** box, Filers can review their case if a counterclaim is raised by the adverse party.

When selecting **Yes** to assert your liability policy limits, an additional field will appear. Enter your Property Damage (PD) limits from your Declarations Page (Does not apply to **Concurrent Coverage/Priority of Payment Right of Recovery**. Coverage Group includes **Collision, Comprehensive/OTC, and Property**.)

For **PIP and Med Pay** cases, when asserting your coverage policy limits, Filers are required to select the **Policy Limit** type (Does not apply to the **Current Coverage/Priority of Payment Right of Recovery)**.

- **Per-Person/Per-Incident**
- **Combined Single Limit**

When selecting **Per-Person/Per-Incident**, enter the limit of coverage Per-Person. Next, enter the limit of coverage Per-Incident.

When selecting **Combined Single Limit**, Filers are prompted to enter only the single limit amount for property damage and injury combined for the occurrence.

Add Additional Exposures outside of the parties in the current case. The field should only be used when your liability policy limits (for counterclaims) are at risk and where exposures exist to parties not named in the current filing.

To add an additional exposure, select the **+ Add** tab (Does not apply to NY PIP filings).

Enter the amount of the exposure, if known. Select the **Paid** or **Unpaid** Exposure radio button and provide a **Description**.

If undetermined, check the **Undetermined Exposure Amount** box. Next, enter a description and add evidence to support it (for example, a police report).

Select Features to Submit
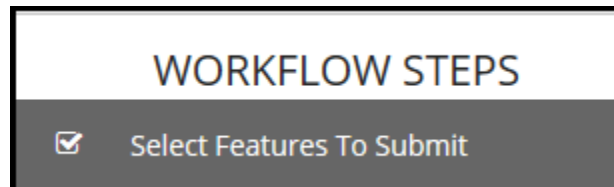
Select the Feature for recovery. Check the appropriate boxes if you want to **Revisit** responses that raise:

- Policy Limits
- Jurisdictional Exclusions
- Damage Disputes

Revisits for Policy Limits apply only to Collision/Comprehensive (OTC), PIP, Med Pay, Property, Workers' Compensation Subrogation, and Third-Party Contribution. Not applicable to New York PIP.

> A Revisit allows Filers to accept or decline policy limits raised by the adverse party as well as enter a rebuttal for jurisdictional exclusions and damages disputes.

For Collision, Comprehensive/OTC, the vehicle year and make is listed as a **Feature**.

For **Property**, the damaged property is listed as a **Feature**.

In PIP, Med Pay, New York PIP, Workers' Compensation Subrogation, and Third-Party Contribution when bodily injury is the selected coverage, the injured party's name is listed as the **Feature.**

Filing Options and Billing

Filers can request a Panel of Three on qualifying cases exceeding $15,000.00 (Does not include **New York PIP**). If a case does not qualify, Filers will receive the following message, "No features qualify to request a Panel of Three."
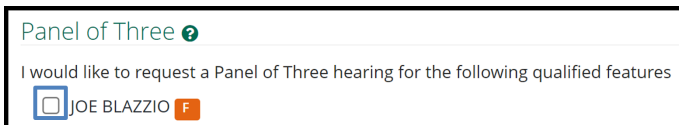
In New York PIP, a Panel of Three can be requested without a qualifying dollar amount. Select the box to make the request next to the appropriate feature. If you select a Panel of Three, this will result in a scheduled hearing where three panelists will hear the filing collaboratively.
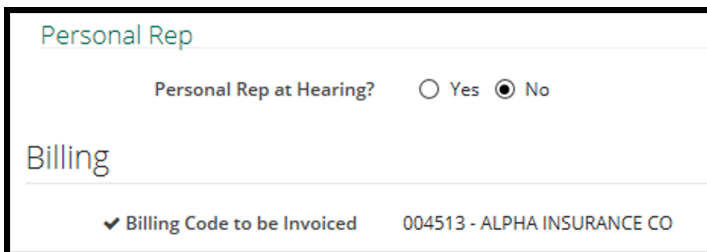

Filers can request to personally appear virtually at the hearing by selecting **Yes** or **No**.
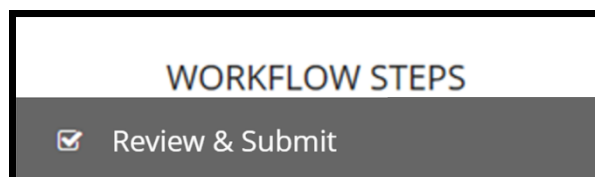
Review and Submit

Each section is expanded or collapsed using the down arrow to the right of the page.

Proofread for spelling or grammatical errors. To correct an error, navigate to the specific section from the Workflow Steps.

Update the appropriate section from within the Workflow Step.

Example:
Error: Yes was selected.

Correction: Changed **Yes** to **No.**

Note: All corrections must be made prior to submitting the case. There are no amendments in TRS.

Select **Submit**. Your filing is now complete. Once submitted, no amendments can be made. You can only revisit the case for specific reasons. (See **Revisits**.)

Appeal Process (Property and Special Only)

Currently, appeals are offered in TRS for Property and Special disputes only. To request an appeal, the Company Claim Amount is $10,000.00 and above for Property and the Total Settlement Amount is $100,000.00 and above for Special. A charge of $1,000.00 is incurred by the Requesting Party.

The appeal process is not intended to simply facilitate another chance to prevail. Under Rule 2-12, appeals can be requested when an actual error by the original arbitrator or panel is made. Examples include the erroneous interpretation of submitted case law or misreading of evidence.

The right to appeal a decision is limited to the parties that "participated" in the original hearing. In other words, if a Responder did not respond, it may not appeal the decision.

To start the appeal process, the decision must display a status of **Decision Published.** Appeal requests must be made within 30 days of the Decision Publication date.

Select the Case ID number to access the Case Overview page.
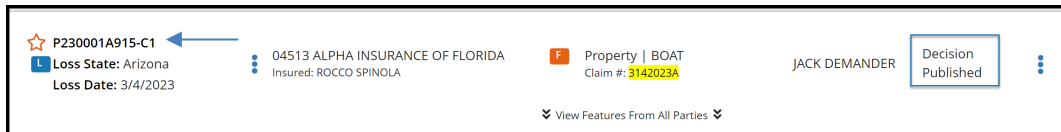
From Case Overview, navigate to **Decisions** and select **Appeal Decision** from the **Decision Actions** drop-down menu.
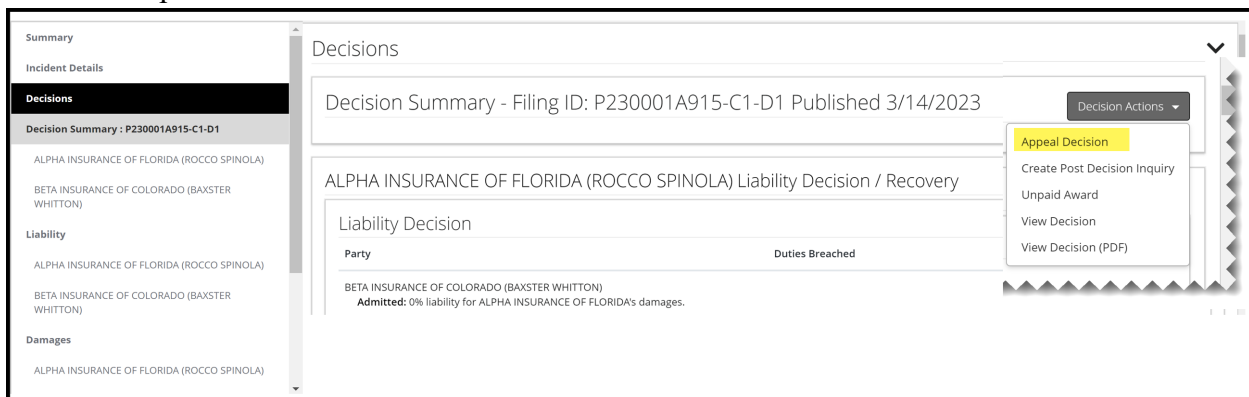
From the Appeal Decision screen:

1. Enter an appeal explanation in the field provided.
2. Review each party's proven liability percentages.
3. Review the Total Damages Awarded.

Once an explanation is entered, select the Submit tab.

Deferments

Parties can postpone a hearing for one year by adding a **deferment**.
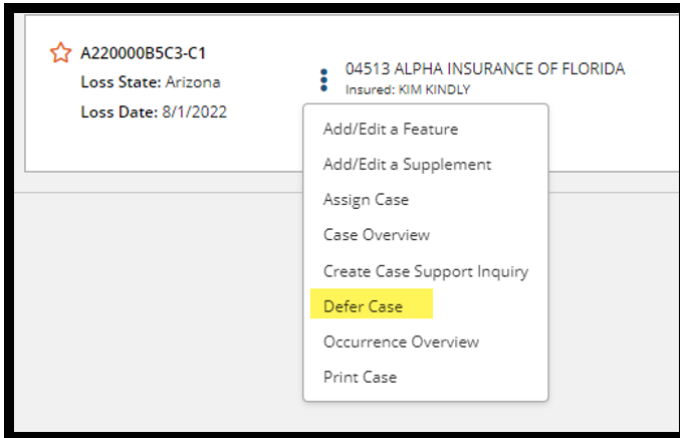
The documents linked below provide step-by-step instructions on how to complete this process.

- **How to Add or Edit a Feature or Damages While Case Is Deferred**
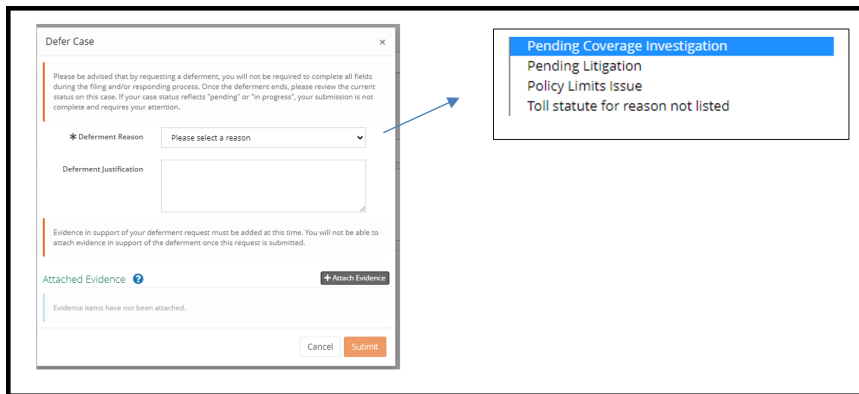- **How to Challenge a Deferment**
- **How to Withdraw a Deferment**

There are two ways to add a deferment to a case:

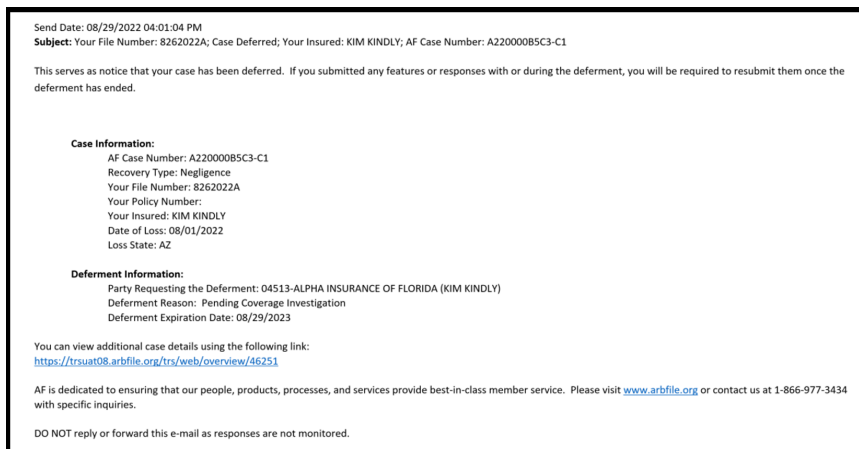- From the **Case Actions** Tab, select **Add Deferment,** or

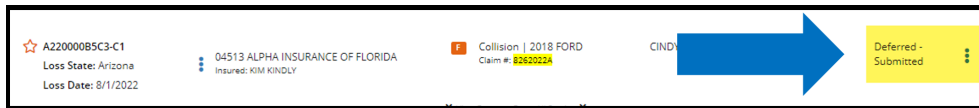- From the blue ellipsis drop-down menu, select **Defer Case.**

Select a **Deferment Reason** and provide a justification. Attach evidence to support the reason for the selected deferment.
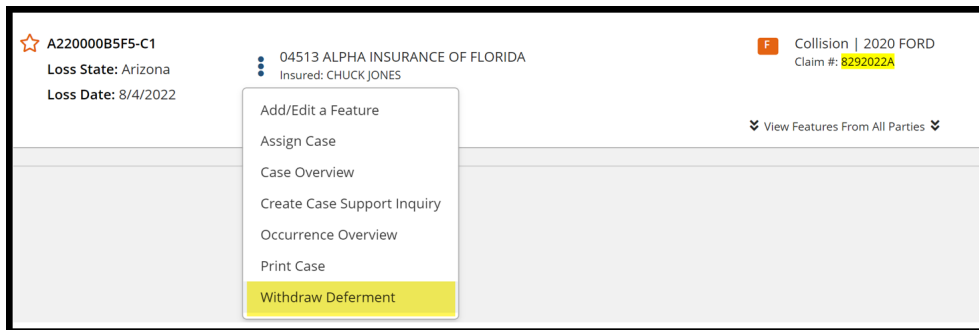

To confirm the deferment is added, an email notification is sent.
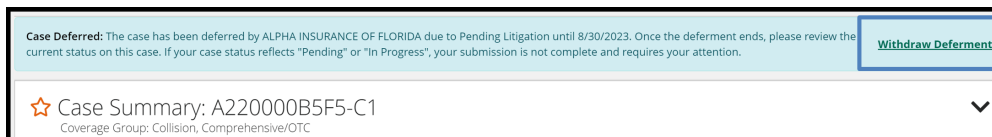

A deferment verification is also confirmed by the case status.

To withdraw a case before the one year expiration, select **Withdraw Deferment** from the blue ellipsis.

Deferments can also be withdrawn from within the case, by selecting **Withdraw Deferment** from the blue banner.

Revisits

The video link below provides step-by-step instructions on how to complete this process.

[Revisits](#)

Filers have limited circumstances in which to **"revisit"** a filing (i.e., update filing information for a new impleaded party, review cases where counterclaims are filed, or where an adverse party has raised a damage dispute, asserted policy limits, or jurisdictional exclusion).

For New York PIP cases, a revisit is automatic when the responding party disputes a case qualifier.

Case ID	Company	Feature	Claim Rep	Due Date	Status	
I220000D369-C1 Loss State: New York Loss Date: 9/3/2022	04513 ALPHA INSURANCE OF FLORIDA Insured: JJ RIDER	RV Rebut qualifier dispute		10/7/2022	Revisit	⋮
		F NYPIP | JJ RIDER Claim #: 9302022A	JOHN DEMANDER		Submitted	⋮
		❯ View Features From All Parties ❯				

Filers have seven calendar days to revisit their case and update/change or enter a rebuttal.

To view files with a revisit, go to the TRS Worklist. Under **My Cases**, filter search by selecting cases that need attention.

Worklist
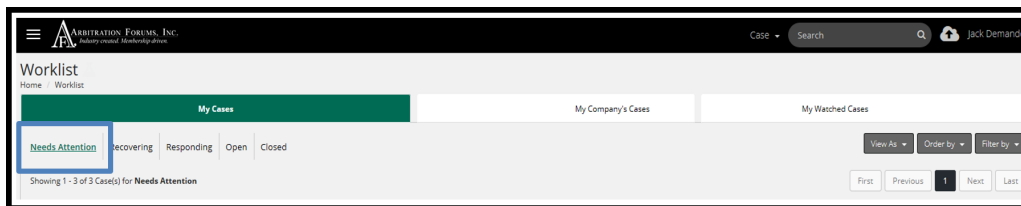
If a case has a revisit, it will appear on the right side.

18000009A7-C1 Loss State: Arizona Loss Date: 3/1/2018	04513 ALPHA INSURANCE OF FLORIDA Insured: JOEY PACTONE	F Collision | 2018 NISSAN 01-8686	JACK DEMANDER	3/19/2018	Revisit	⋮
		R Collision | 2017 FORD 01-8686	JACK DEMANDER	3/19/2018	In Progress	⋮
		❯ View Features From All Parties ❯				

Select the blue ellipsis to the right, and then select **Revisit**.

Revisit ⋮

Add Supplement

Assign Claim Rep

Revisit

Withdraw Feature
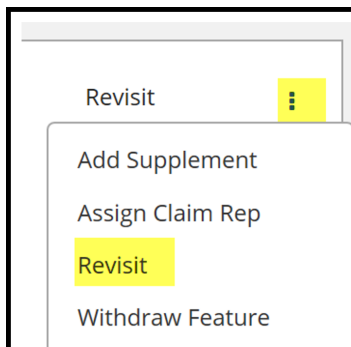
Supplements

The video link below provides step-by-step instructions on how to complete this process.

How to File a Supplement

Additional payments, known as supplements, can be filed so long as they were paid **on or after** the initial filing submission date (Rule 5-3).

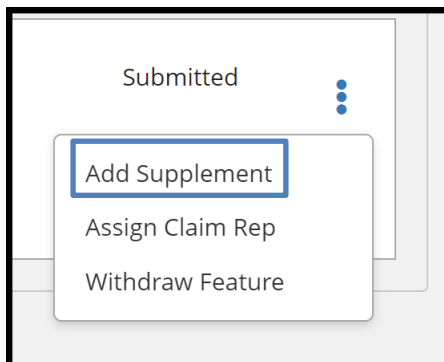> Note: Evidence to support or dispute supplement damages are **viewable** by the parties.

There are two ways to add supplements depending on the case status **Submitted** or **Decision Published**.

Case Status: Submitted

When a supplement is paid **on or after** the submitted date, the filing company will select the blue ellipsis.
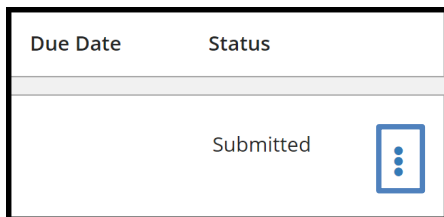

From the drop-down menu, select **Add Supplement.**

The following message appears. To save time, Filers can add supplements but cannot submit them **until** the liability decision is published. This avoids unecessary review of cases involving supplements where liability has not been proven, improving arbitrator cycle time.
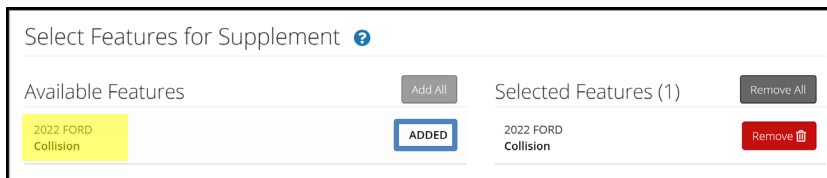
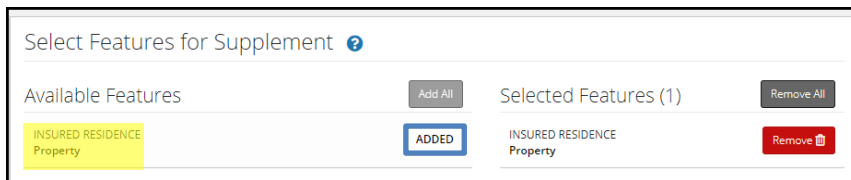Select **Proceed** and continue to add supplements.
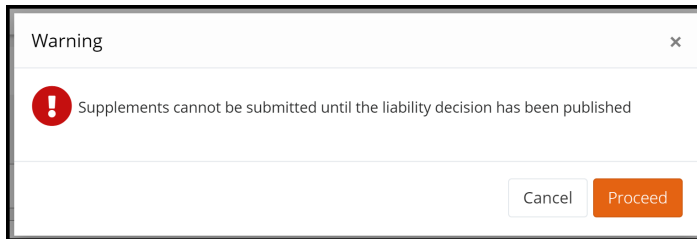
Complete each workflow step to add a supplement to a case.

The first Workflow Step, **Select Features**, is automatically pre-filled. This is verified by the word **Added** displayed next to the **Available Feature**. Go to the next step: **Coverage Information.**
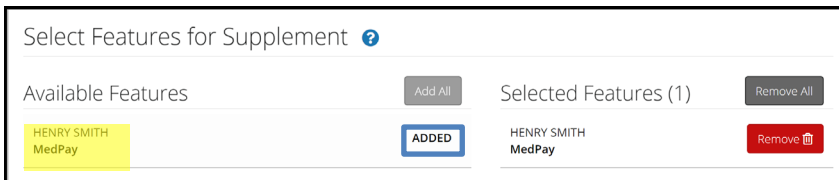
Collision, Comprehensive/OTC view:

Property view:

PIP or Med Pay view:

Change previously submitted answers by selecting the applicable radio button. If there are no changes, go to the next step: **Supplement Information.**

From the **Supplement Information** Workflow step, scroll down to the **Company-Paid Damages** section; enter the **Date of First Payment for this Supplement**. This date must be **on or after** the initial filing submission date.

Next, enter supplement(s) amounts in the appropriate fields.

Attach evidence to support supplement amounts. (See Insert, Attach, or Placeholder for Evidence to learn how to attach evidence.) Evidence attached to support Feature Damages is viewable to the responding party(ies) (Rule 5-3).

The next workflow step, **Select Supplements to Submit,** indicates the damage decision must be published before you can submit the supplement. Exit the workflow and wait for the decision to publish.

If the liability decision is favorable, submit your supplement damages. (See Case Type: Decision Published for workflow.)

Case Status: Decision Published

Once a decision is published, supplements can be submitted for review by an arbitrator. To add supplements, follow the previous steps outlined under Case Status: Submitted.

From the **Select Supplement to Submit** workflow step, notice the **Include in Filing** box is checked. This is an automatic process. Unchecking the box will cause your filing to go to hearing without including your damages.

Complete the remaining workflow steps and submit your supplement filing.

Filing Options & Billing

Filing Options

Panel of Three ?

No features qualify to request a Panel of Three

Personal Rep

> The representative may only clarify, at the arbitrator's request, its arguments and submitted evidence.

Personal Rep at Hearing?   ○ Yes   ● No

Billing

✔ Billing Code to be Invoiced   004513 - ALPHA INSURANCE CO

Review & Submit ?

Damage Recovery	⌄

Coverage - Collision   ⌄
Does Joint and Several apply: No
Policy Limits Acceptance
Will you accept the policy limits as final settlement of your claim? Yes
Will you accept the Pro Rata Share? Yes
Will you accept the remaining balance? Yes
Do you agree to reimburse your insured for out-of-pocket expenses (excluding your insured deductible that is included in this filing) relating to the Coverage sought? Yes

Features

2021 FORD
Driver: TISH BLACKWELL   **Vehicle:** 2021 FORD MUSTANG
Claim Number: 9202022A   **Claim Rep:** CINDY CALHOUN   **Remittance Address:** 3820 Northdale Blvd
                                              ☎ 813-496-7039   Tampa, FL 33624-1863
                                              ✉ ccalhoun@arbfile.org

Does spoliation apply: No

Damages Sought: $752.43
First Payment Paid Date: 9/21/2022

← | ✔ Submit

WORKFLOW STEPS
☐ Review & Submit

> Submit your supplement filing.

Once submitted, the supplement filing appears on the Worklist indicated by an **"S"**.

☆ **A220000B799-C1**
L Loss State: Arizona
Loss Date: 9/1/2022

⋮ 04513 ALPHA INSURANCE OF FLORIDA
   Insured: TISH BLACKWELL

F Collision | 2021 FORD
Claim #: 9202022A

F Collision | 2021 FORD **S**
Claim #: 9202022A

Decision Published   ⋮

Submitted   ⋮

⌄ View Features From All Parties ⌄