

Total Recovery Solution[®] (TRS[®]) Guide for Responders



Contents

TRS Glossary of Terms
Responding to a Case in TRS
TRS Workflow Steps
Confirm Incident Details and My Party Information7
Add Additional Parties11
Your Liability/Recovery Arguments
Insert, Attach, or Placholder for Evidence14
Coverage Response – Applicable Coverage Group
Feature Response – Vehicle or Injury Party
Jurisdictional Exclusions
Damage Disputes
Prior Payments Made
Add My Damages (Does Not Include New York PIP)
Filing and Billing Options
Review and Submit
Appeal Process (Property and Special Only)
Deferments
Revisits
Supplements



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 (<i>Liability</i> <i>Arguments, Damages, Jurisidictional</i> <i>Exclusions, etc.</i>).
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 <i>Liability Arguments</i> 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.

Responding to a Case in TRS

When a case is filed in TRS, the Adverse Party (Responder) receives an email notification. To respond, login to <u>www.arbfile.org</u> and select **TRS Arbitration**.



	Home	My Arbfile Memb	ber Directory	Member Access 🔻	E-Subro	TRS Arbitration	Reports
Becoming an Arbitra Member Directory > Becoming an Arbitra Iow to Join > Arbitrator Certificati Values & Agreements > Fee Schedule Reference Guides > Latest News raining Tutorials > Careers					Sen A		No.
Subro Hub		Practical applic	ation of the	raining Tut rules, regulations, n available at NO	and proce		More
AQs Subro Hub ist of Participating Companies industry Guidelines atest News		Practical applic	tion of the	rules, regulations,	and proce		More

Search for a case by entering the AF Case ID, Claim Number, Policy Number, or Internal Reference Data in search field.

Case 🗸	Search	Q	
	Search by AF Case ID, Claim Number, Policy Number, or Internal Reference Data.		

Once found, the case will display in the Worklist.

ARBITRATION FORU	M8, INC. a forsted	
Worklist Home / Worklist		
		Cases
i≡ Filters		
Case ID ≑	Company	Feature
A2200017945-C1 Loss State: Arizona Loss Date: 8/28/2020	D4513 ALPHA INSURANCE OF FLORIDA Insured: ALPHA RESPONDENT	Collision 2020 FORD Claim #: LEWAA9331
	04514 BETA INSURANCE OF COLORADO Insured: BETA RECOVERING	Collision 2020 FORD Claim #: LEWB7832 View My Features Only \$

Each party's case is identified through TRS[®] Badges.



Selecting the arrows expands or collapse

- The green "R" badge is the Responder's case. ٠

• The orange "F" badge is the Filer's case.			case information.
A2200017945-C1 Loss State: Arizona Loss Date: 8/28/2020	04513 ALPHA INSURANCE OF FLORIDA Insured: ALPHA RESPONDENT	R Collision 2020 FORD Claim #: LEWAA9331	 ✓ View Features From All Parties ✓ Collapsed View ▲ View My Features Only ▲ Expanded View
	04514 BETA INSURANCE OF COLORADO Insured: BETA RECOVERING	Collision 2020 FORD Claim #: LEWB7832	BEN RESPONDER

As Responder, you have 30 days to submit a response. This is denoted by the Due Date. To respond, select Enter Response from the the blue ellipsis drop-down menu.

☆ A2200017945-C1 Loss State: Arizona Loss Date: 8/28/2020	04513 ALPHA INSURANCE OF FLORIDA Insured: ALPHA RESPONDENT	R Collision 2020 FORD Claim #: LEWAA9331	9/9/2022 In Progress
	04514 BETA INSURANCE OF COLORADO Insured: BETA RECOVERING	Collision 2020 FORD BEN RESPONDER Claim #: LEWB7832 View My Features Only \$	Enter Response

Using the Filters Tab is another way to search for cases.





TRS Workflow Steps

Once in the case, the Responding Party will complete **workflow steps** found to the left. Completion of these steps is required in order to submit the case. As each step is completed, TRS[®] will automatically mark it as complete. This is denoted by a check mark. Once all workflow steps are marked as complete, the case can be submitted.

	WORKFLOW STEPS
	Confirm Incident Details and My Party Information
	Add Additional Parties
	Liability Arguments
	Coverage Response - Collision
\checkmark	Feature Response
	Add My Damages
	Filing Options & Billing
	Review & Submit

Confirm Incident Details and My Party Information



The Responder will confirm the information entered by the Filing Party.

Note: Required fields are denoted with an (*). Once the field is completed, it becomes a \checkmark .

Under Case Type, confirm the Coverage Group selected by the Filing Party is correct.



Case Type			
	Coverage Group 😧	New York PIP	

Options include:

- Collision, Comprehensive/OTC
- PIP
- MedPay
- New York PIP
- Property
- Workers' Compensation Subrogation (Special Arb)
- Third-Party Contribution (Special Arb)
- Non Compulsory (Special Arb)

Next, confirm the correct **Right of Recovery** is selected.

Options include:

- Negligence (Collision, Comprehensive/OTC, PIP, Med Pay, Property or Workers' Compensation Subrogation)
- Concurrent Coverage/Priority of Payment (Collision, Comprehensive/OTC, PIP, Med Pay, Property, or New York PIP)
- Contribution Among Co-defendants or Contribution for Concurrent Coverage (Third-Party Contribution)
- Non-Compulsory
- Loss Transfer (New York PIP only)

If the incorrect **Coverage Group** or **Right of Recovery** is selected, assert the appropriate **Jurisdictional Exclusion** (see **Jurisdictional Exclusions** to learn how to **Add Exclusion**).



Jurisdictional Exclusions	Add Exclusion 👻
	Federal Vehicle
	Filed under wrong coverage
	Incorrect Right of Recovery
	Inter-Company Reimbursement Notification Form (IRN) Not Received
	Not Writing Business in Loss State
	Self-Insured Retention
	Statute of Limitations

Confirm Incident Details including the Loss Date and Loss State.

Incident Details		🖋 Request Incident Details Change
Loss Date	8/1/2022	
Loss State	New York	
Loss County		
Loss City		

If the information entered is incorrect, select **Request Incident Details Change**.

The following pop-up appears. Enter the correct **Loss Date** and/or **Loss State** in the fields provided. A **Reason** is required for this change. Attach evidence supporting the change and select **Submit Request**. Requests are verified by Arbitration Forums, Inc (AF). If approved, AF will update the case with the correct information.

Request Update to Incident Details				
While your request	is under review, you will not be al	ble to enter or submit a response.		
Loss Date	mm/dd/yyyy	Current Loss Date: 8/1/2022		
Loss State	~	Current Loss State: New York		
≭ Reason				
		4		
Attached Evidenc	e 😮	+ Attach Evidence		
Evidence items have	e not been attached.			
		Cancel Submit Request		



Confirm the correct **Party Information** is displayed. This information is pre-filled based on login credentials. Ensure the correct Subsidiary is selected.

Party Information		
	Company	04514 - BETA INSURANCE CO
	Subsidiary	0002 - BETA INSURANCE OF COLORADO

Confirm 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.

Policy Information		Poli	cy Information	
Claim Number	8312022B		Claim Number	8312022B
Policy Number			Policy Number	
Policy Issue State		~	Folicy Number	
✓ Line of Insurance	Personal/Individu I O Commercial/Business		Policy Issue State	~
✓ Insured's First Name	HARRY		✓ Line of Insurance	O Personal/Individual Ocommercial/Business
✓ Insured's Last Name	GREEN		✓ Insured's Company Name	ABC BUSINESS
	ndividual is selected, enter ed's First/Last Name.			Business is selected, enter 's Company Name.

The Case Actions tab allows Responders to:

- Add a deferment
- Request to remove a party

The Evidence Manager is where evidence is stored for use later in the case (See Insert, Attach, or Placeholder for Evidence for more information on how to attach evidence to a case).

ARBITRATION FORUMS, INC.	Case	e 🔹 962022b 🛛 🖨 Cindy Calhoun 🗸
Incident Details and My Party Inf	ormation	Exit Workflow
Loss State: Arizona Loss Date: 9/1/2022	Filing Parties: (2) ALPHA INSURANCE OF FLORIDA (WENDY BREEZE) * BETA INSURANCE OF COLORADO (CLYDE DAVIS)	AF Case ID: A220000B61D-C1 Negligence Laws: Pure Comparative
		Case Actions - Evidence Manager
WORKFLOW STEPS	Incident Details and My Party Information 🥑	Add Deferment
Confirm Incident Details and My Party	Case Type	Disqualify Case from TRS Request to Remove Party
Add Additional Parties	Coverage Group 😧 Collision, Comprehensive/OTC	



Add Additional Parties



The filing company's name appears under **Selected Parties**. To add additional parties, enter the company code/name in the **Search Companies** field. This information is transferred from E-Subro Hub if the demand was pushed to TRS for arbitration (Collision, Comprehensive/OTC).

Case Parties 🧿				
Search Companies	Enter the company name of the adverse party			
Select Parties o		_	Selected Parties (1)	
			ALPHA INSURANCE OF FLORIDA Claim Number: 962022A Insured: WENDY BREEZE	

The company will populate under the Selected Parties section.

To add the party, select the +Add tab.

Case Parties 😮		
Search Companies	gamma	
	26 results found for gamma	
Select Parties @	Can't find a company?	Selected Parties (1)
Gamma Insurance of Florida	1 of 1 subsidiaries	ALPHA INSURANCE OF FLORIDA
Gamma Insurance of	Florida + Add	Claim Number: 962022A Insured: WENDY BREEZE

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



Case Parties 💡				
Search Companies	gamma 26 results found for gamma			
Select Parties 🛛		Can't find a company?	Selected Parties (2)	
			ALPHA INSURANCE OF FLORIDA Claim Number: 962022A Insured: WENDY BREEZE	
			Gamma Insurance	Û

For non-signatory companies, a Non-Sig badge will appear next to their name. Select the +Add tab to add them to the case (Does not include NY PIP).

Adverse Parties 💿				
Search Companies	beta 39 results found for beta			
Select Parties o	Can't find a company?	Selected Parties (1)		
00261 BETA COMPANY 00261-0002 BETA COMPAN	1 of 1 subsidiaries	BETA INSURANCE OF COLORADO		

Note: When adding a non-signatory party to a case, they **must** give consent. To confirm consent is given, attach a copy of the **Written Consent Letter** as evidence. If evidence is not provided of prior consent to arbitrate, the filing will proceed. However, the non-signatory party may object to consent to arbitration, which will prevent any recovery from this party even when it is found negligent for the accident or occurrence. When the loss occurs in a mandatory arbitration state, consent is <u>not</u> required.



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 weights over 6,500 lbs. unloaded



• Involves a vehicle-for-hire used principally for the transportation of persons or property (including livery)

Indicate if this filing satisfies one of the above qualifiers.

Case Qualifiers Response 👔
The recovering party has indicated that this filing arises from an accident or occurrence that meets at least one 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) Please indicate if you dispute that this filing satisfies one of the above qualifiers
 Yes, we dispute that this filing arises from an accident or occurrence that meets at least one of the required qualifiers No, we do not dispute this filing arises from an accident or occurrence that meets at least one of the required qualifiers

Select **Yes** if you dispute this filing arises from one of the above case qualifiers. Provide a **Justification** in the field provided and **Attach Evidence**. Evidence should support your claim.

Case Qualifiers Response 👩
The recovering party has indicated that this filing arises from an accident or occurrence that meets at least one 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) Please indicate if you dispute that this filing satisfies one of the above qualifiers
 Yes, we dispute that this filing arises from an accident or occurrence that meets at least one of the required qualifers No, we do not dispute this filing arises from an accident or occurrence that meets at least one of the required qualifiers ✓ Justification
Please provide justification for your dispute of Loss Transfer. It is required that you attach evidence in support of your claim.
Enter justification for this dispute.

Select No, if you do not dispute this filing arises from one of the case qualifiers.

If **Priority of Payment** for **New York PIP** is selected as the **Right of Recovery**, this workflow step will not be present. Proceed to the next step.

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.**

Insert, Attach, or Placholder for Evidence

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 Evidence

Inserted evidence will appear in the arguments section as a "green box" with a number assigned.



As a best practice, Responders 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.



Inser	ted Evidence Best Practices	×			
0	You have already inserted 3 key evidence items into this section.				
The Insert Evidence Attachment functionality is intended for the few most critical evide items that you believe the arbitrator should comment on. All additional evidence will b viewed by the arbitrator and can be attached below.					
G (OK				

To insert evidence, select Insert Evidence.

в	I	U	Ģ	<u>A</u>	A	X		≣	G	Insert Evidence	
---	---	---	---	----------	---	---	--	---	---	-----------------	--

Responders 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.

Atta	ach Evidence				×
	Drop or brows	se for files 😧 , or <u>create a p</u>	laceholder 🛛		
	Evidence Types (show descriptions)	Pages	File Name	Received Date	
۲	Adjusters Notes		Adjuster Notes.pdf	3/13/2018	ß
0	Police Report		Police Report.pdf	3/13/2018	
					ach

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

Next, 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.

Admitted liability
Please answer what percentage of liability you admit to for damages to the following parties: * BETA INSURANCE OF COLORADO (CLYDE DAVIS) admit in the image of the image



When **Concurrent Coverage/Priority of Payment, Contribution Among Co-defendants 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.



Answer *Yes* or *No* to the Primary/Excess question by selecting the radio button. The system automatically defaults to *No*. (Does not apply if **New York PIP**, **Concurrent Coverage/Priority of Payment Right of Recovery**, or **Contribution for Concurrent Coverage** is selected).

Primary/Excess	Help Text is available when
✓ Are you alleging to be excess and that another party is primary for liability coverage?	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.



Attach	ed Ev	idence 💡		+ Attach Evidence	
View	ID	Evidence Types (show description)	Pages	Detach	
	1	Adjusters Notes	/	\$ 5	

To add evidence not inserted into Arguments, choose the radio button with the relevant evidence type and select **Attach**.

Atta	ach Evidence				×
	Drop or	browse for files 0 , or <u>cre</u>	eate a placeholder		
h =	Evidence Types (show descriptions)	Pages	File Name	Received Date	
۲	Adjusters Notes		Adjuster Notes.pdf	3/13/2018	È
0	Police Report		Police Report.pdf	3/13/2018	à
				Cancel Attach	

To attach evidence not previously uploaded from E-Subro Hub, drag and drop them into the window or select **browse for files.**

Attach Evidence	×
Drop or browse for files or create a placeholder: O	
Cancel Attach	h

Select evidence items stored in your claims system by double-clicking on the desired evidence item.



Choose File to Upload			×
🕞 🖓 🗸 - TRS DE	EMO EVIDENCE 🔻 TRS EVIDENCE 🛛 👻 🚺	Search TRS EVIDENCE	2
Organize 🔻 New folder		8≡ ▼	
Favorites	Documents library TRS EVIDENCE	Arrange by: Fo	lder 🔻
Desktop	Name ^	Date modified	Туре 🔺
Recent Places Desktop Documents Music Pictures Videos	Adjuster Notes Adjuster Notes Alpha damage photos Alpha Driver - Recovering Party_Statement Beta Driver - Adverse Statement Dec Page Estimate Estimate Estimate_Feature 2 Payment Proofs Police Report Droof of navment	1/3/2017 6:07 PM 9/26/2017 11:56 AM 9/13/2017 12:01 PM 9/26/2017 10:38 AM 1/3/2017 6:07 PM 1/3/2017 6:07 PM 1/3/2017 6:07 PM 9/13/2017 11:41 AM 4/26/2018 8:07 AM 2/12/2017 10:36 AM	Adobe Ac Adobe Ac Adobe Ac Adobe Ac Adobe Ac Adobe Ac Adobe Ac Adobe Ac Adobe Ac
File n	ame:	All Files (*.*) Open C	ancel

This brings the evidence into the Evidence Manager where responders are required to give it a type. Select the red link to reveal the evidence type options.

Attach Evidence			×
Drop	or browse for files O , or create a placeholder O		
Evidence Types (show descriptions)	File Name	File Size	Received Date
Add Evidence Types	Vehicle Damage Photo.pdf	94.89 KB	۵
All files must have at least one evidence type.			Cancel Attach

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.



Responders can scroll through the **Evidence Types** list until evidence is located. Check the box next to the corresponding type and **Save** to bring it into the **Evidence Manager**.



🟠 🗹 Adjusters Notes	☆ □ Proof of Damages
🟠 🗌 Appraisal	☆ □ Proof of Litigation Filing
🟠 🗌 Bailment Form	☆ □ Proof of Loss
☆ 🗋 Bill of Ladings	☆ □ Purchase Invoice
🟠 🗌 Denial Letter	☆ □ Statement - Other Passenger
🟠 🗌 Diminished Value Documentation	☆ □ Statement - Passenger
🟠 🗌 Employee Statement	☆ □ Wage Verification
🟠 🗌 Engineer's Report	🟠 🗌 Written Consent Letter
🟠 🗌 Expert Report	☆ □ Written Statement
😭 🗌 Explanation of Benefits	

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

Attach Evidence			×
Drop or	browse for files O , or <u>create a placeholder</u> O		
Evidence Types (show descriptions)	File Name	File Size	Received Date
Adjusters Notes (edit)	Adjuster Notes.pdf	84.82 KB	l
			Cancel Attach

Responders can also search for evidence types via the **Favorite Types** list. To use this as a search option, Responders 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.

Select Evidence Types		
		Q Search: Filter list
Evidence Types		
🚖 🗹 Adjusters Notes	☆ 🗋 Fire Marshall's Report	☆ □ Proof of Damages
🏠 🗌 Appraisal	😭 🗌 Inter-Company Reimbursement	😭 🗌 Proof of Litigation Filing
🟠 🔲 Bailment Form	Notification Form	🟠 🗌 Proof of Loss
🟠 🔲 Bill of Ladings	😭 🗌 Investigative Report	🟠 🗌 Purchase Invoice
☆ 🗋 Bill of Sale		🏠 🗌 Rental Agreement

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





Note: Evidence Sharing for Collision and Comprehensive/OTC Cases Only

Attach evidence relevant to the liability arguments. Do not dispute damages or attach evidence regarding a damage dispute in this section (Liability Arguments Workflow Step).

Damage Dispute evidence attached to the **Supporting Evidence for Feature Response** section is viewable by the Recovering Party. Likewise, evidence attached to the Feature Damages sought section by the Recovering Party is viewable to the Responding Party **(Rule 2-1)**.

Arguments not properly raised will not be considered by the arbitrator (Rule 2-5).

Placeholder for Evidence

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



Attach Evidence		×
	Drop or <u>browse for files</u> or <u>create a placeholder</u>	
	Cancel	Attach

This workflow will allow you to identify the evidence types and optional description and save. Follow the Insert/Attach Evidence workflow.

Note: Evidence must replace the placeholder and be attached to the case prior to submission.

Coverage Response – Applicable Coverage Group

This section applies to Collision, Comprehensive/OTC, PIP, Med Pay, New York PIP, Property, Workers' Compensation Subrogation, Third-Party Contribution, or Non-Compulsory.



Answer the Coverage Response questions by selecting Yes or No.

Coverage Response 🛛 🕢			Select the blue question mark to reveal Help Text.	
★ Was there a liability policy in effect at the time of loss?	⊖ Yes ⊖ No			
st Do you deny liability coverage for your insured?	🔵 Yes 🔵 No			
Do you wish to assert your liability policy limits?	🔵 Yes 🔵 No			



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

✔ Was there a liability policy in effect at	🔘 Yes 🔵 No	This question appears when Negligence or Contribution Among Co-defendants is selected
the time of loss?		

If **No**, Responders are prompted to confirm they do not provide liability coverage for the named insured, are unable to locate a liability policy for the named insured, or the liability policy for the named insured expired prior to the date of loss. Select **Confirm**.

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.	
seeking recovery of damages against you in arbitration.	Cancel Confirm

Once **Confirm** is selected, an additional question as to who holds the liability policy appears. If **Yes**, enter the party(ies) carrying the liability policy at the time of loss.

\checkmark Do you know who holds the liability policy?	● Yes ○ No
★ Select all parties who had the liability policy in effect at the time of loss. �	Please add a party to the case and then select the party as a Liability Carrier.
	If a party you wish to name as a carrier is not on this list return to Add Additional Parties and add them to this case.

If **No** is selected, all remaining questions will remain disabled. Proceed to the next workflow step.

✔ Was there a liability policy in effect at the time of loss?	🔿 Yes 💿 No	
\checkmark Do you know who holds the liability policy?	🔿 Yes 💿 No	
* Do you deny liability coverage for your insured?	🔿 Yes 🚫 No	
Do you wish to assert your liability policy limits?	🔿 Yes 🔵 No	

When **Yes** is selected in regards to a liability policy that was in effect at the time of loss, additional questions appear.

These questions apply to Workers' Compensation Subrogation and Third Party Contribution disputes



✓ Do you deny liability coverage for your insured?	🔿 Yes 💿 No
✔ Do you wish to assert your liability policy limits?	🔿 Yes 💿 No

If **Yes** is selected for the above questions, Responders are required to provide a **Justification**. Attach evidence to support your assertions.

Justification	Attached Evidence 💡	+ Attach Evidence
	Evidence items have not been attached.	
	 ← Previous	Next 🗲

For **Collision, Comprehensive/OTC, Property,** or **Third-Party Contribution** where the coverage response includes **property damage**, Responders will enter the Property Damage (PD) limits from the Declarations Page. This field appears only when **Yes** is selected to assert your liability policy limits.

Do you wish to assert your liability policy limits?	● Yes 🔵 No
\star Policy Limit Amount	Property Damage (PD)

For PIP, Med Pay, Workers' Compensation Subrogation, or Third-Party Contribution

cases where the coverage response includes **bodily injury**, Responders are required to select the **Policy Limit** type. This field appears only when **Yes** is selected to assert your liability policy limits.

✔ Do you wish to assert y	ur liability 💿 Yes 🔿 No
p	icy limits?
Policy Limit Type	Per-Person/Per-Incident O Combined Single Limit

Per-Person/Per-Incident

✓ Do you wish to assert your liability policy limits?		● Yes 🔿 No
	✓ Policy Limit Type	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.

✓ Do you wish to assert your liability policy limits?	● Yes 🔿 No
✔ Policy Limit Type	● Per-Person/Per-Incident ○ Combined Single Limit
★ Per-Person Policy Limit Amount	Per-Person Bl Limit
★ Per-Incident Policy Limit Amount	Per-Incident BI Limit

Combined Single Limit

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

✔ Policy Limit Type	○ Per-Person/Per-Incident ⓒ Combined Single Limit
$oldsymbol{st}$ Combined Single Limit Amount	Combined BI Limit

Next, add **Additional Exposures**, if known, by selecting the +**Add** tab to the right. This section appears only when policy limits have been asserted.

Additional Exposures 🛛	+ Add
No additional exposures	

This field should only be used when your liability policy limits 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).

Additic	onal Combined Single Limit Exposures
No a	Additional combined single limit exposures are Occurrence exposures which are outside of this arbitration and not part of this case



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

			When additional exposures are known
			prior to arbitration, enter the amount in
			the field provided.
Additional Exposu	ures ×		\$1,000.00
Enter additional exposu filed against you in arbit	ures not included in this case. Do not include exposures for anything currently		
nieu against you in arbi		_	Next, select Paid Exposure as the type
* Amount	Undetermined Exposure Amount		if an actual payment is made.
			n an actual payment is made.
⊁ Туре	O Paid Exposure O Unpaid Exposure		If payment has not been made, select
	Enter known exposures which are already paid or known but unpaid		Unpaid Exposure as the type.
	in this section. It is recommended that you attach evidence in support of the payments claimed.		Onpaid Exposure as the type.
* Description			
	Cancel Save		

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

Additional Exposure	s not included in this case. Do not include exposures for anything currently	If the additional exposure is unknown/undetermined , check the box.
Amount	☑ Undetermined Exposure Amount	
✓ Description	Damage to a tree.	
	Cancel Save	

For **New York PIP Priority of Payment** as the **Right of Recovery**, the following questions appear. Answer **Yes** or **No** by selecting the adjacent radio button.



Coverage Response - NYPIP 🝞			If Yes is selected, move to the next question. If No is selected, the following message will appear. Select Confirm if
✔ Was there a policy or contract in effect at the time of loss?	• Yes O No		you are sure there was no policy or contract in effect at the time of loss. Proceed? Are you sure there was not a policy or contract in effect at the time of loss? This will prevent parties from seeking recovery of damages against you in arbitration.
✓ Do you deny coverage for your insured?	⊖Yes 💿 No ►		Cancel Confirm
		Work: requir attach	is selected, move to the next flow Step. If Yes is selected, you are ed to provide a Justification and evidence supporting this assertion.

For New York PIP Loss Transfer as the Right of Recovery, the following questions appear.

Answer Yes or No by selecting the adjacent radio button.

	If Yes is selected, move to the next question.
Coverage Response - NYPIP 🛛	If No is selected, the following message will appear. Select Confirm only if you do not provide the liability coverage for the named
✓ Was there a liability policy in effect at the time of loss?	insured, are unable to locate a liability policy, or the policy was expired on the date of loss.
✓ Do you deny liability coverage for your insured? ○ Yes ● No	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.
If No is selected, move to the next Workflow Step. If Yes is selected, you are required to provide a Justification and attach evidence supporting this assertion.	Cancel Confirm



Feature Response - Vehicle or Injury Party



The filing company's feature information, located at the top of the page, includes the driver and vehicle information (Collision, Comprehensive/OTC), a feature description, (Property or Non-Compulsory) or injured party information (PIP, Med Pay, New York PIP, Workers' Compensation Subrogation, or Third-Party Contribution). Other information includes:

- Claim Number
- Claim Representative (Name, Phone Number, and Email Address)
- Remittance Address

Collision, Comprehensive/OTC view:



Property or Non-Compulsory view:

Feature Response - B	DAT (ALPHA INSURANCE OF FLORIDA) 🧿	
Feature Description: damage to boat Bailment: No		
Claim Number: 2142023A	Claim Rep: JOHN X. DEMANDER	Remittance Address: ATTN: Arbitration Forums 3820 Northdale Blvd Ste 200A Tampa, FL 33624-1856

PIP, Med Pay, New York PIP, Workers' Compensation Subrogation, and Third-Party Contribution (bodily injury) view:





Responding Party information includes your claim number, which has been pre-filled from the Incident Details screen. If this number differs, you have the option to update it in this section. In addition, the **Internal Reference** allows the option to add a unique reference ID for routing purposes.

Responding Party Information (BETA INSURANCE OF COLORADO)				
✔ Claim Number:	9132022B	Internal Reference: Internal Reference: Any internal reference added to a claim number for routing purposes.	✓ Claim Rep:	BETA INSURANCE CO BEN RESPONDER ✓ 800-967-8889 ✓ bresponder.beta_04514_rep@arbfile.org Edit

Jurisdictional Exclusions

Jurisdictional exclusions (JE) are reasons why a Responding Party's case does not qualify to be heard by Arbitration Forums, Inc. To assert a jurisdictional exclusion, select the **Add Exclusion** Tab.

Jurisdictional Exclusions	Add Exclusion 👻
No Exclusions	

A list of exclusions will appear based on the Coverage Group selected:



Once an exclusion is selected, Responders are required to complete the description field.



Jurisdictional Exclusions		
Filed under wrong coverage		Delete Exclusion
✓ Description	Enter Jurisdictional Exclusion (JE) description in this field. Explain why this JE was selected.	
		2

If the incorrect exclusion is selected or is no longer needed, select **Delete Exclusion**.

Next, attach evidence in support of the exclusion asserted by selecting +Attach Evidence and follow the necessary steps (See Insert, Attach, or Placeholder for Evidence to learn more).

Supporting Evidence for Jurisdictional	Exclusions	8	+ Attach Evidence

Damage Disputes

The Recovery Sought section allows Responders to review the damages sought by the filing company. Responders can also dispute damages from this section.

Recovery Sought					
Company-Paid Damages					
Auto Damage	\$3,500.00	- Dispute			
Rental	\$500.00	✓ Dispute			
Total Sought	\$4,000.00				
Total Proposed	\$4,000.00				
Difference	\$0.00				

Each itemized damage item can be disputed. To dispute damages, select the **Dispute** tab adjacent to the item.



Auto Damage	\$3,500.00	✓ Dispute
Rental	\$500.00	✓ Dispute

Once the **Dispute** tab is selected, the damage item will expand, allowing you to enter the required information: Proposed Amount, Dispute Type(s), and Justification.

	ery Sought y-Paid Damages	Enter the Proposed Ar \$250.00 for rental versu Filer is seeking of \$500	us the amount the		
Auto Da	mage			\$3,500.00 🗸 Dispute	
Rental				\$500.00 Delete Dispute	
	★ Proposed Amount	\$250.00 * Justification	Normal 🗘 B P Insert Evidence Enter Justification H	IUSA X E ⊞ here.	
Dispute Type(s) Expands to reveal a drop-down menu to select Dispute Type	No Subro Receive		section als support yo relationshi evidence is arbitrator t paid to the payment r	t a damage dispute, provide an ex o allows you to Insert Evidence our arguments. Inserting evidence p between the argument and evid s assigned a numerical value and to make a comment. Do not inclu e filing company in this section made for damages sought by th red under the Prior Payments	to better creates a lence. Inserted requires the ide payments . Enter any e filing party

The example below shows how inserted evidence appears in the Damage Dispute Justification section. A numerical value is automatically assigned to each inserted item.

Normal	ŧ	в	I	U	S	<u>A</u>	A	X	123	≔	
🔗 Insert Ev	idence										
The rental The estima we are willi the Filing C	ite calc ing to r	ulates eimbu	s a 5 Irse \$	day i \$250.	repair .00 <u>ar</u>	: At \$	50.00 <u>h</u> e \$!) a da	y (com	nparab	le vehicle)

At any time on this page, you are able to **Delete Dispute** and confirm to proceed.



Rental \$500.00 🔟 Delete Dispute

As you work your way through this section, the Total Sought, Total Proposed, and Difference are calculated accordingly.

Company-Paid Damages													
Auto Damage												\$3,500	00 - Dispute
Rental												\$500	00 🗊 Delete Dispute
✓ Proposed Amount		\$ 250.00	✓ Justification	Normal	÷ E	з I	U	9 .	A	X	1 =	≣ &	nsert Evidence
✓ Dispute Type(s)	Rentalx	٥		The rental invoice was not sent in the Filing Company's subrogation demand. The estimate calculates a 5 day repair. At \$50.00 a day (comparable vehicle) we are willing to reimburse \$250.00 and not the \$500.00 being requested by the Filing Company. (see rental bili RET),				lling to reimburse \$250.00					
Total Sought												\$4,000.	00
Total Proposed												\$3,750.	00
Difference												\$250.	00

When **Concurrent Coverage/Priority of Payment** is selected as the Right of Recovery, Responders will enter a deductible amount in the field provided, if applicable.

Deductible Applicable to This Concurrent Coverage / Priority of Payment Feature					
Responding Party Deductible Amount					

Prior Payments Made

As a Responder, you can add **Prior Payments Made** to the filing company prior to arbitration. Any payment(s) made towards the filing party's damages or its insured (including deductibles), for the claim/damages sought in the filing, should be entered and supported by evidence showing the payment has **cleared** (cashed, deposited).

Prior Payments Made	+ Add Prior Payment Made
ALPHA INSURANCE OF FLORIDA has not accepted prior payments from BETA INSURANCE OF COLORADO.	

This is especially true when there is a policy limit. This ensures the recovering party's award amount is adjusted for the prior payment and/or the remaining balance of policy limits is awarded accordingly (Does not include New York PIP).



When entering a payment dollar amount, describe what the payment is for (vehicle damages, outof-pocket rental, property, deductibles, medical bills, lost wages, etc.).

★ Payment Amount	🔟 Delete Payment
Payment Description	
	1.

Entering payments to parties other than the filing party or its insured should be entered as an additional exposure (Does not include New York PIP). This will ensure award allocations do not exceed an Adverse Parties policy limits.

Attached Evidence

The attached evidence list is a collection of the evidence for the page/section you are on.

The adverse party(ies) will have access to view the evidence attached to the feature damages, damage disputes, and damage dispute rebuttals section only.

When known evidence needs to be attached to the case, but it is unavailable at the time of entry, you can create a placeholder. This workflow will allow you to identify the evidence types and optional description and save.

The evidence must be attached prior to submission (See Insert, Attach, or Placeholder for Evidence).

Supporting	Evidence fo	r Feature Response 🔞		+ Attach Evidence
View	ID	Evidence Types (show description)	Pages	Detach
ß	RE1	Rental Bill/Receipt	ø	8

Note: Evidence Sharing for Collision, Comprehensive/OTC Cases Only

Attach Damage Dispute evidence to the **Supporting Evidence for Feature Response** section. Evidence attached here is viewable to the Recovering Party. Likewise, evidence attached to the **Feature Damages** sought section by the Recovering Party is viewable to the Responding Party (**Rule 2-1**).

Arguments not properly raised will not be considered by the arbitrator (Rule 2-5).

Add My Damages (Does Not Include New York PIP)

This workflow step allows Responders to enter damages paid to their insured and recover from negligent parties.

If you have damages, simply indicate **Yes** and proceed to the next Workflow Step: **Select Coverages. (See <u>TRS Navigation Guide for Filers.)**</u>

My Damages 📀	
Add damages?	es ○ No

If you do not have any damages, continue to next Workflow Step: Filing and Billing Options.

My Damages	3		
	Add damages?	🔿 Yes 💿 No	

Filing and Billing Options



Responders can request a **Panel of Three** on qualifying cases exceeding \$15,000.00 (does not include **New York PIP**). For qualifying cases, a box will appear for Responders to select.

Panel of Three ? < I would like to request a Panel of Three hearing for the following qualified features 2022 FORD R - ALPHA INSURANCE OF FLORIDA	Panel of Three Q Requesting a Panel of Three will result in a scheduled hearing where three panelists will hear this filing collaboratively. A separate fee applies. A Panel of Three can only be requested for features with damages of at least
If you choose to request a Panel of Three hearing, a fee will apply.	\$15,000.00.



If a case does not qualify, Responders 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.

Panel of Three 😮	
I would like to request a Panel of Three hearing for the following qualified features	
BENJI SNOW R - ALPHA INSURANCE OF FLORIDA (BENJI SNOW)	

Responders can request to personally appear virtually at the hearing by selecting Yes or No.

Per	sonal Rep	
ті	he representative may only clarify, at the	arbitrator's request, its arguments and submitted evidence.
	Personal Rep at Hearing?	🔿 Yes 💿 No



Review and Submit



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

Review & Submit 👩		
Incident Details		~
Loss Date: 8/1/2022 Loss State: Artona Negligence Laws: Pure Comparative Coverage Group: Collizion, Comprehensive/OTC Recovery Type: Negligence		
Parties on this Case		~
ALPHA INSURANCE OF FLORIDA Insured: KIM KINDLY Claim Number: 8263022A Line of Insurance: Personal/Individual	BETA INSURANCE OF COLORADO Insured: LESUE WHITE Claim Number: 82620228 Line of Insurance: Personal/Individual	
ALPHA INSURANCE OF FLORIDA (KIM KINDLY)	Liability	~
My Arguments		
njmkl;		
Admitted Liabilities		

Proofread for spelling or grammatical errors.



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

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



	~
	_
	Submit

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 must be \$10,000.00 and above for Property and the Total Settlement Amount must be \$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.



Summary Incident Details	Decisions	~
Decisions Decision Summary : P230001A915-C1-D1	Decision Summary - Filing ID: P230001A915-C1-D1 Published 3/14/2023	Decision Actions 🗸
ALPHA INSURANCE OF FLORIDA (ROCCO SPINOLA) BETA INSURANCE OF COLORADO (BAXSTER WHITTON)	ALPHA INSURANCE OF FLORIDA (ROCCO SPINOLA) Liability Decision / Recovery	Appeal Decision Create Post Decision Inquiry Unpaid Award View Decision
Liability ALPHA INSURANCE OF FLORIDA (ROCCO SPINOLA)	Party Duties Breached	View Decision (PDF)
BETA INSURANCE OF COLORADO (BAXSTER WHITTON)	BETA INSURANCE OF COLORADO (BAXSTER WHITTON) Admitted: 0% liability for ALPHA INSURANCE OF FLORIDA's damages.	
Damages		
ALPHA INSURANCE OF FLORIDA (ROCCO SPINOLA)		

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.

Appeal Decision Home / Case Overview / Appeal Decision		← Back to Case
Appeal Decision 😧		Î
When an appeal is submitted, the decision will be brought before an appeals board who will decide if the decision should be affirmed or not. The case will be pieced on hold during the process. Appeals are only means for disputing a decision in which you believe the arbitrator has made an error in fact or law. If the error is a clental processing error, couldred submitting a volt Decision negative structure.	Decision Summary	View Decision
✓ Decision Filing ID: P230001A915-C1-D1 Published Mar 14, 2023 ✓	Liability Decision	~
* Appeal Position	Recovering: ALPHA INSURANCE OF FLORIDA (ROCCO SPINOLA)	
Please explain your inquiry with at least 10 characters.	Party	Proven Liability %
Provide support good integery when on easys to characterize	BETA INSURANCE OF COLORADO (BAXSTER WHITTON)	50%
As per rule 2-12, appealing a decision incurs a cost of \$1,000.	ALPHA INSURANCE OF FLORIDA (ROCCO SPINOLA)	50%
Enter an appeal explanation in the field provided.	Recovering: BETA INSURANCE OF COLORADO (BAXSTER WHITTON)	Proven Liability %
2 Decision Summary displays each party's proven liability percent.	ALPHA INSURANCE OF FLORIDA (ROCCO SPINOLA)	50%
	BETA INSURANCE OF COLORADO (BAXSTER WHITTON)	50%
Damage Recovery provides the Total Damages Awarded.	Damage Recovery	~
	ALPHA INSURANCE OF FLORIDA (ROCCO SPINOLA) Recovery Total Damages Sought	Total Damages Awarded
	Property - BDAT \$11,000.00	\$5,500.00
		-
		Submit

Once an explanation is entered, select the Submit tab.

Deferments

The documents linked below provide step-by-step instructions on how to request, withdraw, or challenge a deferment.

Request a Deferment

How to Withdraw a Deferment

How to Challenge a Deferment



Parties can postpone a hearing (for one year) by adding a **deferment.** There are two ways to add a deferment to a case:

• From the Case Actions Tab and Add Deferment or,

Incident Details and	d My Party Information				Exit Workflow
Loss State: Arizona Loss Date: 8/1/2022		Filing Parties: (2) * ALPHA INSURANCE OF FLORIDA (KIM KINDLY) BETA INSURANCE OF COLORADO (LESLIE WHITE)	AF Case ID: A220000 Negligence Laws: Pr		
				Case Actions +	Evidence Manager
WORK	FLOW STEPS	Incident Details and My Party Infor		Add Deferment	*

• 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.

Defer Case		×	Pending Coverage Investigation
during the filing and/or respon	esting a deferment, you will not be required to complete al ding process. Once the deferment ends, please review the : status reflects "pending" or "in progress", your submission ention.	current	Pending Litigation Policy Limits Issue Toll statute for reason not listed
★ Deferment Reason	Please select a reason	•	
	ferment request must be added at this time. You will not b	// e able to	
Attached Evidence 😮	+ Attac	th Evidence	
Evidence items have not been	attached.		
	Cancel	Submit	



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

Send Date: 08/29/2022 04:01:04 PM Subject: Your File Number: 8262022A; Case Deferred; Your Insured: KIM KINDLY; AF Case Number: A22000085C3-C1
This serves as notice that your case has been deferred. If you submitted any features or responses with or during the deferment, you will be required to resubmit them once the deferment has ended.
Case Information: AF Case Number: A220000B5C3-C1 Recovery Type: Negligence Your File Number: 8262022A Your Policy Number: Your Insured: KIM KINDLY Date of Loss: 80/01/2022 Loss State: AZ
Deferment Information: Party Requesting the Deferment: 04513-ALPHA INSURANCE OF FLORIDA (KIM KINDLY) Deferment Reason: Pending Coverage Investigation Deferment Expiration Date: 08/29/2023
You can view additional case details using the following link: https://trsuat08.arbfile.org/trs/web/overview/46251
AF is dedicated to ensuring that our people, products, processes, and services provide best-in-class member service. Please visit <u>www.arbfile.org</u> or contact us at 1-866-977-3434 with specific inquiries.
DO NOT reply or forward this e-mail as responses are not monitored.

A deferment verification is also confirmed by the case status.

A220000B5C3-C1	 04513 ALPHA INSURANCE OF FLORIDA 	Collision 2018 FORD	CIND	Deferred - Submitted
Loss State: Arizona Loss Date: 8/1/2022	Insured: KIM KINDLY			

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

A220000B5F5-C1	04513 ALPHA INSURANCE O	F FLORIDA	Collision 2020 FORD
Loss State: Arizona	Insured: CHUCK JONES		Claim #: <mark>8292022A</mark>
Loss Date: 8/4/2022	Add/Edit a Feature Assign Case Case Overview Create Case Support Inquiry Occurrence Overview Print Case Withdraw Deferment	S View	v Features From All Parties 🍣

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





Revisits

Parties 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 a party raises a damage dispute, asserted policy limits, or jurisdictional exclusion).

You have seven calendar days to revisit your 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.

ABBITRATION FORUMS, INC.	Case - Search	۹ 🔒 Jack Demander	
Worklist Home / Worklist			
My Cases	My Company's Cases	My Watched Cases	
Needs Attention tecovering Responding Open Closed		View As 💌	Order by 🔹 Filter by 💌
Showing 1 - 3 of 3 Case(s) for Needs Attention		First	ous 1 Next Last

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	:

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





Supplements

Arbitration should not be filed until a claim is concluded. That said, AF realizes that supplemental damages may arise after an initial filing is submitted or heard.

When this occurs, the responding party is strongly encouraged to voluntarily reimburse the damages based on the initial liability decision. Arbitration may be filed, however, if the damages are disputed.

Rule 5-3 outlines when a company can file for supplemental damages. Payments must be made on or after the initial filing submission date. It is also important to note that for new Auto filings, evidence submitted by the parties to support or dispute the supplement damages will be viewable by the parties. This is intended to facilitate and expedite settlement of the claim, since many times a supplement demand is not sent.

In all forums, the original liability decision is binding unto the parties. The sole issue for the arbitrator to consider in the new filing is the supplemental damages.

When the Filing Company files for additional damages, the Responder has 7 days to submit a response.



To enter a response, select Enter Response from the blue ellipsis to the right.

A220000B799-C1	04514 BETA INSURANCE OF COLORADO Insured: ABBEY FAYE	R	R Collision 2021 FORD Claim #: 92020208		Decision Published	:
Loss Date: 9/1/2022		R	Collision 2021 FORD S Claim #: <mark>92020208</mark>	9/29/2022	In Progress	:
		💙 Viev	w Features From All Parties 🛠		Assign Claim Rep	
					Enter Response	



From the **Coverage Response** Workflow Step, Responders can change previously entered information by selecting the appropriate radio button.

		WORKFLOW STEPS
Coverage Response - Col	llision 😮	Coverage Response - Collision
Was there a liability policy in effect at the time of loss?	Yes	
✓ Do you deny liability coverage for your insured?	🔿 Yes 💿 No	
✓ Do you wish to assert your liability policy limits?	🔿 Yes 💿 No	

When responding to supplement damages, liability is not at issue. The only issue in dispute is damages. To dispute damages, complete the **Supplement Response** workflow step.

Recovery Sought		WORKFLOW STEPS		
Company-Paid Damages			Supplement Response - 2021 FORD	
Auto Damage	\$752.43	✓ Dispute)	
Total Sought	\$752.43			
Total Proposed	\$752.43			
Difference	\$0.00			

Select the **Dispute** Tab and follow the steps outlined earlier in this guide under **Damage Disputes.**