

## Claims Adjuster

BCM Insurance Company is a thriving member of the Ontario Mutual Community, serving Niagara and Surrounding areas. Our office is based in Welland, Ontario and was formed in 1880 to service farmers in the fire insurance landscape. BCM has seen substantial growth since its inception and has seen several rebrands over the Company's history.

**OUR CORE VALUES:** Trust, Kindness, Service and Professionalism, and these form and guide our organization.

**OUR MISSION:** To ensure kind and professional service within our communities, by building trust, while respecting our legacy.

**OUR VISION:** To provide the best insurance experience by protecting our communities through trust, respect, and mutuality.

Our goal is to Provide the best insurance experience possible, by protecting our communities through trust, respect and mutuality.

One of our top priorities is our people. We have been recognized, and certified, as a **Great Place to Work**, and have made a commitment to the **Ontario Living Wage Network**.

Our work environment includes:

- Modern office setting
- Growth & Training Opportunities
- Community Volunteering
- Active Social Committee
- Thriving Culture
- Social Responsibility Commitment
- Community Grant Program

With a commitment to personalized service, we offer insurance products covering home, auto, farm and commercial, all handled by our team of dedicated Insurance Advisors & Associates. At BCM, we're not just about insurance—we're about fostering lasting relationships with our policyholders. We are on the lookout for a new member to join our fast-growing team!

**Reporting to the Claims Manager, the Claims Adjuster is responsible for evaluating, monitoring, and settling claims, while following BCM Guidelines, processes and procedures. The Claims Adjuster will assess and review coverage, assign vendors, and ensure claims are settled within established timeframe, while maintaining clear and consistent communication. The Claims Adjuster will utilize their strong sense of urgency, excellent customer service skills and attention to detail to successfully adjust claims. The Intermediate Claims Adjuster is responsible for the adjustment of lower complexity to moderate complexity claims, by telephone or on occasion in person.**

**QUALIFICATIONS WE ARE LOOKING FOR:**

- Post-secondary education in an insurance focused program or related field
- Actively pursuing the CIP Designation
- Valid Ontario driver's license and insurability
- Knowledge of Guidewire is an asset.
- Communicates effectively with others, both verbally and in writing.
- Ability to manage time, meet deadlines and prioritize tasks.
- Attention to detail.
- Flexible and adaptable to change.
- Uphold the highest standard in respecting personal privacy and maintaining company and client's confidentiality.

**THE SUCCESSFUL CANDIDATE WILL:**

- Receives and promptly responds to reports of claims from Insurance Advisors and policyholders.
- Accepts new claims reports, assess coverage and where required, assign appropriate vendor to assess damage
- Assesses and verifies the quantum of work to be completed, established timeframes, and ensures clarity of policyholder understanding
- Review and make decisions for policy rescission, after discussion with underwriting. Adjudicate contested and complex accident, life, critical illness, cancer, and sickness disability claims.
- Communicate decisions to policyholders in a clear and timely manner
- Maintain and develop key relationships both internally and externally
- Raise difficult and complex items, and customer complaints or inquires to the Claims Manager as required.
- quantity to establish oversight on staff performance, policy holder satisfaction and equitable distribution of workload

- Interprets and administers policy provisions including, but not limited to eligibility, definition of total disability, and pre-existing investigations.
- Approve, deny, or inquire further for necessary information from claimants, doctors or hospital to assess claimant's eligibility for benefits.
- Ensures compliance with the Statutory Accident Benefits requirements and guidelines, if these claims are assigned
- Complies with BCM policies, procedures and standards while controlling severities and expenses
- Ensures compliance with Large Loss and Reinsurance reporting file procedures
- Reviews and investigates lower complexity to moderate complexity claims, primarily by telephone
- Adjudicate contested and complex accident, life, critical illness, cancer, and sickness disability claims.
- Arrange and manage vendors for investigation (IA's, surveillance, defense legal, defense medicals)
- Accurately assess and reserve the claim in line with Corporate protocols and guidelines
- Investigate, evaluate, negotiate automobile and property tort loss of moderate complexity
- Manage claims in litigation, participate in mediations, pre-trials and trials
- Maintain control of expenses through pro-active handling techniques
- Manage challenging coverage claims with tact and professionalism
- Handling auto and property claims via telephone and in-person
- Review incoming correspondence concerning existing claims.

**Experience:**

- 3-5 years of progressive claims experience

**Work Location:** In person/hybrid

**Job Type:** Full-time, Permanent

**Schedule:** Monday to Friday