



## Risk Claims Administrator

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### **Summary**

Responsible for the investigation and adjustment of all public entity claims, as the City deems necessary. Negotiate and settle claims and litigation defined by the City within established procedures and authority.

### **Class Characteristics**

General supervision is provided by the Risk Manager; responsibilities may include the direct or indirect supervision of support staff.

This classification is a journey level position. Positions in this classification are assigned difficult and complex support duties using independent judgment in the application of practices and procedures of the department or division in which they are assigned. The Risk Claims Administrator is expected to know, understand, and apply practices and procedures, and to resolve problems and deviations from the general work flow without assistance, but may refer to the supervisor for decision or action on new or unusual work situations.

### **Essential Duties, Skills, and Demands of the Position**

*The duties, skills, and demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with a disability to perform the essential duties, skills, and demands.*

#### Duties:

Investigate all circumstances surrounding public entity claims for or against the City; prepare and compile detailed reports of all such investigations, including interview with claimants, doctors, nurses, police officials, attorneys, insurance adjusters, and others.

Prepare legal documents and provide litigation support services and oversight, with the approval of the Risk Manager and City, in connection with the settlement of damage claims for or against the City.

Confer with City legal representatives in regards to litigation strategy, costs, and support. For claims involving court litigation, arrange for the presentation of physical documentary evidence for use at trials and make arrangements for the court appearance of expert testimony at trials. Attend court sessions and testify for the City when necessary.

Confer with attorneys, doctors, insurance adjusters, and other qualified experts in obtaining specialized professional or technical reports for use in settling claims; may call upon the services of professional or technical personnel to aid in investigation of claims with the approval of the Risk Manager.

Investigate and resolve miscellaneous complaints such as defective, dangerous, and nuisance conditions involving current or potential City or private property damage claims and make sound recommendations for their settlement.

Develop, compile, and publish financial and statistical reports; prepare accurate and factual investigative reports and maintain related records and files.

Meet and deal effectively with the public and City staff; handle delicate public relations problems with considerable tact.

Provide information to departments on losses and potential liabilities and claim frequency/severity as obtained through the Risk Management, information systems, on-site inspections, or other means of loss information.

Perform related duties as assigned.

Skills/Abilities:

Research, analyze, and evaluate service delivery methods, procedures and techniques.

Comprehend and apply federal, state, and local policies, procedures, laws, and regulations.

Respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community.

Read, analyze, and interpret common scientific and technical journals, financial reports, and legal documents.

Effectively present information to management, public groups, and or committees.

Identify problems, collect data, establish facts, and draw valid conclusions.

Comprehend an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

Detect and manage effectively, potential fraudulent claims.

Communicate effectively both verbally and in writing.

Establish and maintain effective working relationships with those contacted in the course of the work.

Physical Demands and Work Environment:

While performing the duties of this job, the employee is regularly required to sit, use the computer keyboard and mouse, use hands to finger, handle, or feel, reach with hands and arms, talk or hear, stand, walk, and stoop, or crouch. Occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus. The employee occasionally works with use of vehicle. Requires the ability to work in an office environment where the noise level is usually moderate.

**Qualifications**

Knowledge of:

Methods and techniques regarding the investigation and settlement of personal injury and property damage claims

Methods and techniques of subrogation recovery.

California tort law and the California litigation processes.

Public liability, claims investigation, and administration.

The California litigation system to include tort, public entity, contract, labor, and other relevant areas of law.

Employee safety programs.

Special investigation techniques and procedures.

Laws, ordinances, codes and departmental rules and regulations applicable to personal injury and property damage claims.

Legal and medical terminology and court procedures relating to public entity claims.

Education and Experience

*Any combination equivalent to the education and experience likely to provide the required knowledge and abilities would be qualifying. A typical way to gain such knowledge and abilities would be:*

Education:

A Bachelors degree with major work in public administration, insurance administration, finance, or a closely related field.

Experience:

Four years of responsible experience in the investigation of personal injury or property damage claims cases. Two years responsible experience in the investigation of personal injury or property damage claims cases may be substituted for one year of education up to a maximum of two years of education.

Certifications/Licenses:

Possession of a valid California Class C driver's license.

California Fair Claims Practices Certifications

California insurance adjustors and/or private investigators license is highly desirable.

A.I.C. /or R.P.A. professional designations are highly desirable.

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