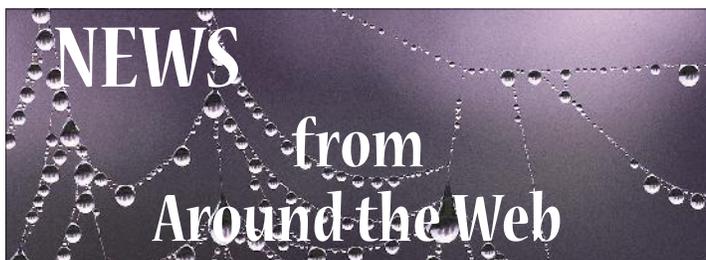




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Distracted Driving Habit is Proving Tough for Americans to Break

Reprinted from www.insurancejournal.com

Nearly eight in 10 consumers talk on the phone while driving and more than 30 percent admit to having been in a near-miss crash because they were distracted.

Also, although distracted driving poses potential liability risks for companies, many expect employees to remain connected and do little to discourage such behaviors behind the wheel.

Travelers Companies announced these and other results of its 2019 Travelers Risk Index, which surveyed more than 2,000 consumers and executives about distracted driving and the reasons behind it.

The Travelers Risk Index identified common distractions when behind the wheel, including:

-)] Typing a text or email (44 percent).
-)] Using social media (23 percent).
-)] Recording videos or taking photos (22 percent).
-)] Shopping online (15 percent).

"It's startling to see that drivers continue to engage in potentially life-threatening habits," said Chris Hayes, second vice president of Transportation, Risk Control at Travelers. "Whether driving for work or on personal time, many drivers overlook risks that make our roads more dangerous for all of us."

Some drivers say it would be difficult to stop such behaviors. Thirteen percent of respondents say they would find it very difficult to stop reading texts or

emails while driving, and 11 percent say it would be difficult to stop typing texts or emails while driving. In addition, five percent of respondents say they would find it very difficult to stop shopping online while driving.

Nineteen percent say they would still drive distracted even if it was against the law.

(Recent research out of the School of Public Health at Texas A&M University and published in the American Journal of Public Health — Texting-While-Driving Bans and Motor Vehicle Crash-Related Emergency Department Visits in 16 US States: 2007–2014— suggests that laws against texting may make a difference. The study found that crash-related emergency room visits fell four percent on average from 2007 to 2014 in states that prohibit texting while driving. Crash-related injuries dropped eight percent in states that placed primary bans on texting while driving, the study found.)

Although many smartphones have settings to help drivers stay focused, most drivers do not use these features. Consistent with last year's index from the insurer, only 12 percent of consumers set their phones to Do Not Disturb while driving. In fact, of those respondents who do not activate the Do Not Disturb feature, 41 percent actively choose not to turn it on, while others simply forget to turn it on or find it inconvenient to do so (35 percent), according to the survey.

Workplace Accountability

The 2019 index also suggests that many workplaces do not consider the full consequences of distracted driving. According to the National Safety Council, the average economic cost of a crash is more than \$1 million per death and more than \$78,000 per nonfatal disabling injury. However, 12 percent of executives surveyed do not worry about the liability associated with a crash caused by a distracted employee, and most (74



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News... *(Continued from front page)*

percent) do not consider distracted driving to be of great concern.

The connected culture and mounting workplace expectations may be contributing to distracted driving. While most businesses report being at least somewhat concerned about employees' use of mobile devices on the road, an overwhelming majority (87 percent) of executives expect workers to be sometimes or frequently reachable outside of the office. Employees feel this pressure, as 20 percent of respondents who admit to replying to work-related messages while driving say they do so because they worry about upsetting their boss. Further, nearly half of those same respondents say they always need to be available or do not want to miss a work-related emergency. Lastly, 17 percent say drive time is when they get a lot of work done.

"The pressure to always be online and connected can be deadly," added Hayes. "Even though distraction-related crashes occur frequently, some companies continue to expect constant connectivity without considering what's at stake."

According to Travelers, three out of four workplaces have implemented distracted driving policies. However, just 18 percent of businesses advise employees to set their phones to Do Not Disturb before driving, and only 40 percent report knowing of an employee who was disciplined for not complying with company policy.

Passive Passengers

According to the survey, having conversations about driving behavior can make a difference. Sixteen percent of consumers say they rarely or never speak up while in a car with a distracted driver, yet more than half (54 percent) say they would likely cease distracted driving behaviors if they were asked to do so.

Some conversations about distracted driving are already happening: Two-thirds of parents have spoken to their children about distracted driving, and the same amount of companies say they have an employee education program about the dangers of distracted driving and how to avoid it. ❖

About the Travelers survey: Hart Research conducted a national online survey of 1,000 consumers, ages 18 to 69, in March 2019. Separately, Hart surveyed 1,050 executives from businesses of all sizes. Both surveys were commissioned by Travelers.

Busy Week Brings 3 Guilty Pleas, 2 Arrests for Insurance Fraud

Reprinted from www.claimsjournal.com

Three Washington state residents pleaded guilty to charges after investigations by state fraud investigators last week, while two other people were charged with filing false claims.

Stephanie Pepper Snider, 42, of Renton, pleaded guilty in King County Superior Court to one felony count of filing a fraudulent insurance claim for a diamond ring, Insurance Commissioner Mike Kreidler's office said. Snider was sentenced to 240 hours of community service and ordered to repay State Farm Insurance \$10,617.

According to an investigation by the insurance commissioner's Criminal Investigations Unit, Snider filed a \$10,617 claim with State Farm in August 2016 for a two-carat diamond ring she said she lost the day before. In June 2017, Snider filed a claim with Allstate Insurance for the same ring, stating it had been stolen from her apartment.

When Allstate questioned Snider about the State Farm claim, she said she not aware of the claim or payment. Allstate denied the claim and referred the case to Kreidler's CIU.

In April 2018, Snider's former fiancé showed detectives the ring, receipt, diamond certificate and a photo of Snider wearing the ring in October 2016, after State Farm paid her claim. The man said he was not aware that Snider had filed the 2016 claim with State Farm.

In Kitsap County, a married couple will avoid prosecution on misdemeanor insurance fraud charges by entering a pre-trial diversion, Kreidler's office said. Jason McCown and Taijae McCown each were charged with one count of filing a false insurance claim.

According to the investigation, Taijae McCown filed a claim with USAA on Feb. 3, 2018 after damaging her car when she hit a curb. USAA denied the claim because the policy had been canceled for nonpayment four days earlier.

On Feb. 7, Jason McCown reinstated the policy and then filed a claim on Feb. 9 for damage that matched the earlier claim, saying it was a different collision. USAA denied the claim and referred the case to Kreidler's CIU.

The McCowns agree to repay \$971 to USAA for rental car expenses it paid before denying the claim, \$200 each in court fees and avoid criminal law violations for one year. If they meet these terms,

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the charges will be dismissed in March 2020.

An exorbitant number of claims prompted an investigation that led to the arrest of Rebecca Tabares Garza, 53, of Yakima. She was charged with filing a false insurance claim, forgery and second-degree theft.

According to the CIU, Garza purchased an accident-only policy for herself and her family from American Fidelity Insurance in 2013. The policy provides coverage for injury or death as a result of an accident.

From 2013 until 2017, Garza submitted 27 injury claims. Based on the number of claims, American Fidelity opened an investigation into Garza. The insurer identified three claims in 2017 totaling \$5,175 for herself and her adult children that she substantiated with falsified medical documentation. American Fidelity canceled Garza's policy and referred the case to Kreidler's CIU.

A separate investigation led to the arrest of Roberto Roman-Salgado, 22, of Granger. He was charged in Yakima County Superior Court with first-degree attempted theft and filing a false insurance claim.

According to the investigation, Roman-Salgado totaled his uninsured car on Sept. 28, 2018, in Yakima Valley when he fell asleep while driving. He purchased auto insurance from Progressive on Oct. 2 and filed a \$10,131 claim the next day. Progressive found tow records showing the collision happened before the policy was purchased and denied the claim. Progressive referred the case to Kreidler's CIU.

Source: Washington state Office of the Insurance Commissioner

Mother and Foster Daughter Accused of Scamming AFLAC for \$400K

Reprinted from www.claimsjournal.com

Two Washington state women are accused of scamming more than \$400,000 from AFLAC by filing



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multiple fraudulent claims from 2012 to 2015, according to Insurance Commissioner Mike Kreidler's office.

Darcy Nicole Brioso and Delta Lynn Jackson were charged in Clark County Superior Court in connection with an insurance fraud investigation by the insurance department.

Brioso, 44, was charged with first-degree theft and first-degree identify theft. Jackson, 24, was charged with first-degree theft. Brioso is Jackson's foster mother, according to the state attorney general's office.

According to the investigation, Brioso and Jackson filed claims involving fake medical bills for injuries, surgeries, hospital stays and medical treatments. The bills listed medical providers in Washington state, Idaho, Oregon and Montana. Many of the alleged bogus injuries also involved subsequent short-term disability claims, the insurance commissioner's office said.

Investigators said the woman filed a variety of claims. Brioso collected \$91,000 for fraudulent claims for an ankle fracture during an all-terrain vehicle accident, a pneumonia diagnosis, broken bones from a car accident and short term disability. Jackson collected \$34,000 for broke bones sustained in a car accident, a liver cyst and short-term disability. She also received \$20,000 in medical bills for short-term disability claims filed on behalf of a former employee and roommate for a broken hip sustained in a car accident.

Brioso and Jackson were scheduled to appear in Clark County Superior Court on March 26. ❖

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WA Dog Bite Stats:

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Of those people, there were nearly 10,600 children two years old or younger who visited emergency rooms as a result of dog bites.

In 2018, insurers paid \$675 million in claims related to dog bites, according to estimates from the Insurance Information Institute. ❖



Case Study

Inconsistent Testimony Leads to Summary Judgment Against an Injured Tourist



From the desk of Tom McCurdy:



Summary judgment is appropriate when a party is unable to provide enough evidence to establish the existence of an essential element of their case. Oftentimes, a party against whom summary judgment is sought will use a declaration to provide enough evidence of the elements of their case. What if a

party's declaration is contradicted by their earlier deposition testimony? Will they still be able to overcome summary judgment? Read on to find out.

Case Pointer: In this personal injury lawsuit, a tourist was injured when she allegedly tripped on a manhole cover in a crosswalk in Seattle. The city filed a motion for summary judgment, arguing that the plaintiff had failed to provide sufficient evidence to create a triable issue of fact as to whether she actually tripped on the manhole. The trial court granted the motion, finding that plaintiff's self-serving declaration was inconsistent with her earlier testimony and, accordingly, could not be used to establish that she tripped on the manhole cover. The Washington Court of Appeals agreed, affirming the trial court's disregard of her self-serving declaration due to her inconsistent testimony. Because plaintiff provided no other evidence to show that the manhole cover actually caused her fall, summary judgment was appropriate.

Barbara Arntz v. City of Seattle, Wash. Ct. of App., No. 77504-9-1 (February 25, 2019) (unpublished)

In August of 2014, Barbara Arntz ("Plaintiff"), a German citizen, was injured when she tripped and fell in a crosswalk on her way to Pike Place Market in Seattle. About eight months later, she filed a lawsuit against the City of Seattle (the "City") arguing that she had tripped and fallen because of a defective "sunken" manhole cover.



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After depositions, the City filed a motion for summary judgment, arguing that Plaintiff had failed to present sufficient evidence to prove that the manhole cover caused her fall. The City relied on testimony from Plaintiff's deposition wherein she stated that she didn't actually know what caused her fall, only that she assumed it was the manhole cover and that she likely tripped on the cover because it was higher than the surrounding pavement.

The City also relied on testimony from Plaintiff's expert, who had testified that neither the level of the manhole cover nor its rings constituted a trip hazard. Furthermore, the expert couldn't conclude what part of the manhole cover Plaintiff tripped on because, in his words, Plaintiff herself didn't know.

In opposition to the City's motion, Plaintiff filed a newly prepared declaration and a revised report supplied by her expert witness. The new expert report concluded that the manhole cover "appeared to be mismatched with the ring" leaving a slight gap between the cover and the pavement, which constituted a trip hazard. Plaintiff apparently revised her recollection of the events in drafting her declaration in order to reflect the expert's conclusion, stating (in direct contradiction to her deposition testimony) that she had noticed that

the manhole cover was sitting below the surrounding pavement after her fall. The trial court, noting that Plaintiff's testimony had changed, agreed with the City and granted summary judgment.

Plaintiff appealed, arguing that the trial court erred in failing to find that her declaration and/or the expert report created a genuine issue of material fact as to whether the manhole caused her fall.

The court noted that, because it reviews summary judgment issues de novo, it was required to construe the evidence and reasonable inferences in the light most favorable to Plaintiff. However, the court also noted that "[t]he mere occurrence of an accident and an injury does not necessarily lead to an inference of negligence" and if the nonmoving party "fails to make a showing sufficient to establish the existence of an element essential to that party's case...summary judgement is proper."

The court began its review of the matter by concluding that Plaintiff was required to supply proof that she tripped on the recessed lid of the manhole cover. From that premise, the court determined that Plaintiff had failed to provide any evidence "that her foot actually made contact with the recessed lid or any other part of the manhole cover."

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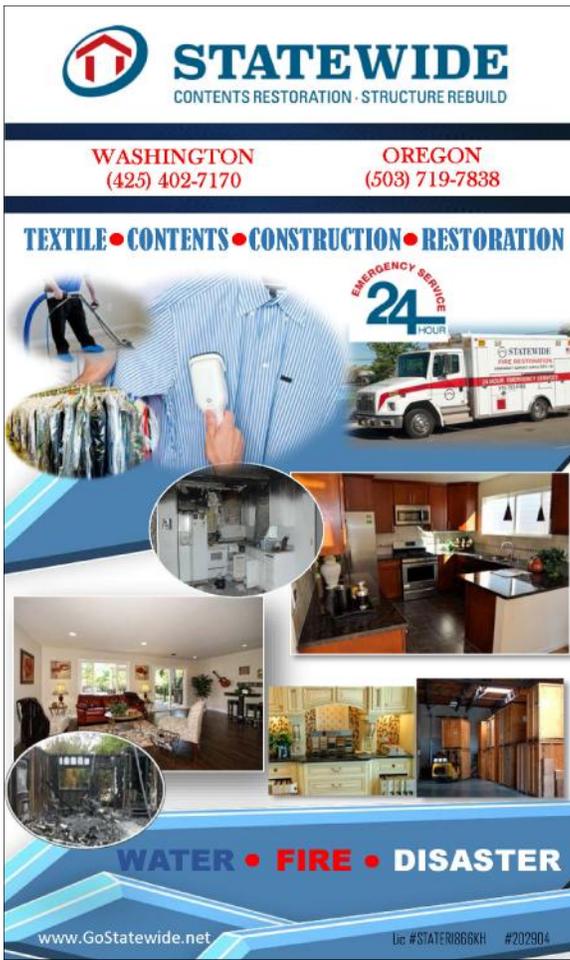
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First, the court examined Plaintiff's declaration, finding that "[i]n an apparent effort to reconcile her testimony with [the expert's] opinion" Plaintiff testified in her declaration facts that were in direct contradiction to her deposition testimony. Unfortunately for Plaintiff, however, "[a] self-serving declaration that contradicts earlier deposition testimony does not create a question of fact for trial." Accordingly, because the declaration directly contradicted her earlier testimony, her declaration was insufficient to provide proof that the manhole cover caused her fall.

Second, the court concluded that, while the expert's report did state that the recessed manhole violated industry standards and created a trip hazard, the report did not state that the recessed lid caused Plaintiff to fall. Accordingly, because the expert's report provided no actual evidence that the manhole caused Plaintiff's fall, it did not provide sufficient evidence to overcome summary judgment.

Although an expert did testify that the manhole cover posed a trip hazard, Plaintiff provided no evidence to support her theory that the manhole caused her fall. Accordingly, the City prevailed in arguing that Plaintiff had failed to provide any proof that the manhole caused her fall. ❖

NOTE: This opinion has not been published. It is provided to demonstrate how the court approaches the issues involved in the case. There are limitations on citing unpublished opinions in WA, consult GR14.1(a)-(d) prior to relying on unpublished opinions. — View full opinion at: <https://www.courts.wa.gov/opinions/pdf/775049.pdf>



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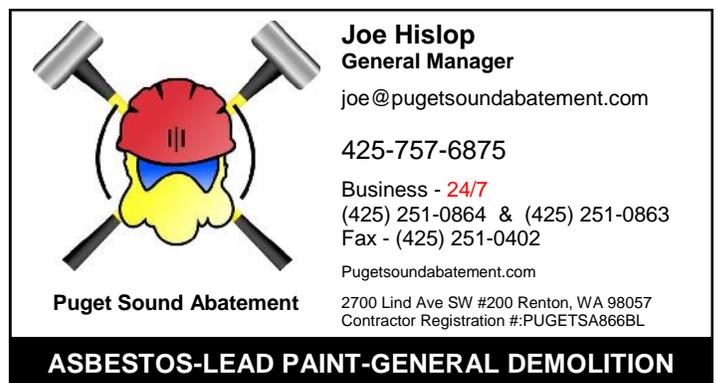
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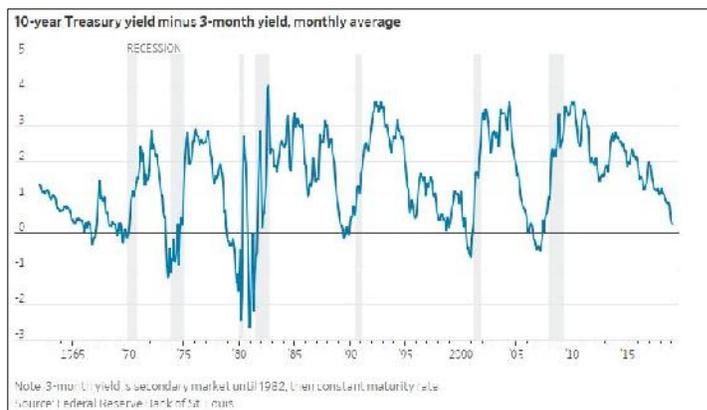
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The Treasury Yield Curve Inverted. What Does It Mean For Insurance?

Reprinted from www.iii.org. The Triple-I Blog. March 27, 2019.

The Treasury yield curve inverted last weekend and many are concerned: Sustained inverted yield curves are often harbingers of recession. Insurers could also feel the impact, since the yield curve can influence an insurer's rates, profits, and portfolio structure.



What's next?

An inverted yield curve may be cause for concern. According to the Federal Reserve Bank of San Francisco, an inverted yield curve preceded all nine U.S. recessions since 1955. The Fed estimates that typically a recession occurs within two years of the inverted yield curve.

An inverted yield curve is not a perfect predictor of future recessions. There has been one false positive, in late 1966, in which an inverted yield curve was followed by an economic slowdown, not a recession. There have also been several "flattenings" of the curve, which did not lead to recession.

But what makes last week's shift in the 1-year Treasury curve worrisome is the convergence of other negative signals over the last year – including expected macroeconomic considerations such as the waning of the 2017 tax reform.

How might insurance be impacted by a sustained inverted yield curve?

An inverted yield curve has multiple implications for insurance, some of which depend on the nature of an insurance company's liabilities and investment profile.

Lower long-term rates hurt insurers whose claims take a long time to settle, like workers compensation. The money set aside to settle those claims gets invested in long-term securities. When those rates fall, insurers enjoy less investment income, which lowers profits. This puts pressure on insurers to raise



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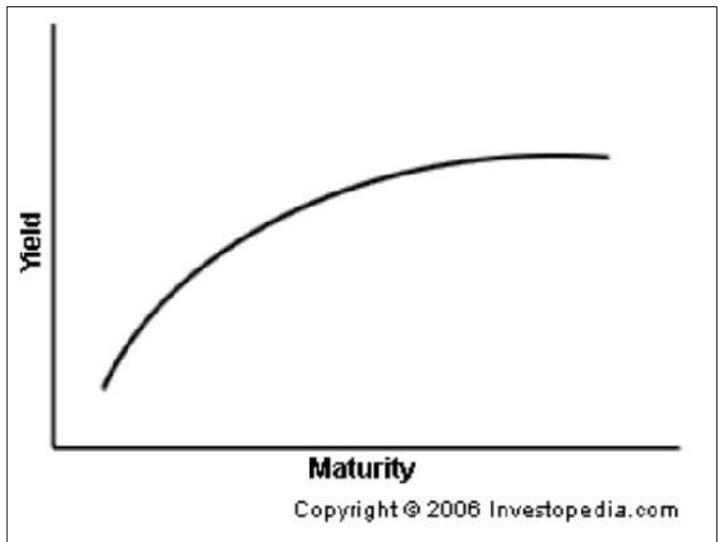
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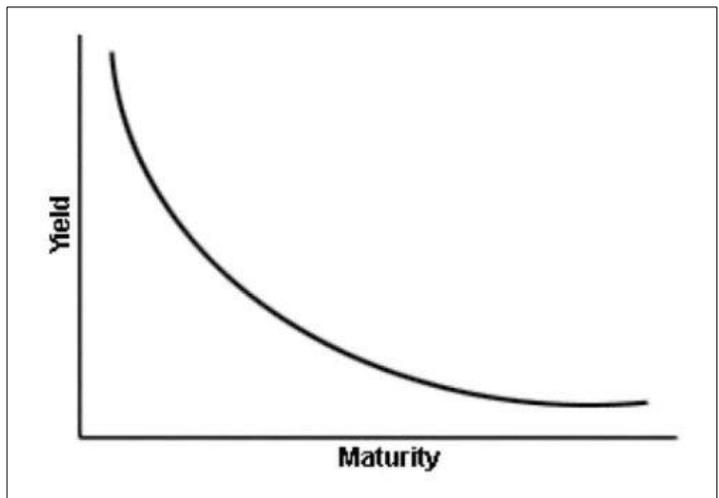
The inverted yield curve also has implications for insurer investments. Given investments in fixed income and real estate, an inverted yield curve will require adjustments to avoid mismatch in obligations and revenues. Remedial actions could include selling assets to realize capital gains because the asset value of the bonds that had been bought at higher rates would now be more valuable.

The yield curve: a brief primer

The "yield curve" is a relationship between 10-year Treasury bond yields and three-month bond yields. Usually, the 10-year bonds have higher yields than three-month bonds, to compensate investors for longer-term risks.



But when there is recession risk and fears of falling interest rates, investors will invest in longer-term bonds to "lock in" at yields that are currently higher than they think will exist in the future. This increased demand for longer-term bonds will, paradoxically, lower yields since bond prices and interest rates are inversely related. At the same time, short-



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term bond demand goes down (since everyone is running to the long-term bonds), which increases yield.

If this happens, the three-month bonds will have lower yields than the 10-year bonds. And voila: the “normal” yield curve inverts.

The longer the inversion lasts, the higher the odds of a recession in the following quarter. For example, according to the Federal Reserve Bank of Cleveland, the yield curve inverted in August 2006 prior to the onset of the Great Recession in December 2007.



Top 10 Causes of Most Serious Workplace Injuries

Reprinted from www.insurancejournal.com

The annual Liberty Mutual Workplace Safety Index documents the top 10 causes of the most serious workplace injuries – those causing an employee to miss five or more days from work – and ranks them by their direct cost to employers, which consists of medical and lost-wage payments.

The insurer’s report also identifies the top causes of serious workplace injuries by key industries.

According to the 2019 Liberty Mutual index, the 10 most costly causes of workplace injuries and illnesses are:

Injury Cause:	Cost (billions):	Percentage:
Overexertion involving outside sources	\$13.11	23.65%
Falls on same level	\$10.38	18.72%
Struck by object or equipment	\$5.22	9.42%
Falls to lower level	\$4.98	8.99%
Other exertions or bodily reactions	\$3.69	6.65%
Roadway incidents involving motorized vehicle	\$2.70	4.88%
Slip or trip without falling	\$2.18	3.93%
Caught in or compressed by equipment or objects	\$1.93	3.48%
Repetitive motions involving microtasks	\$1.59	2.87%
Struck against object or equipment	\$1.15	2.07%
Cost of the top 10 most disabling workplace injuries	\$46.93	84.66%
Total cost of the most disabling workplace injuries	\$55.43	100%

The 2019 Liberty Mutual Workplace Safety Index is the first to also report the causes and costs of the most serious workplace injuries for eight specific industries that account for a high proportion of all



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workplace injuries: Manufacturing, Healthcare, Construction, Professional Services, Retail, Wholesale, Transportation & Warehousing, Leisure & Hospitality.

The top causes by key industries:

ogy, training, and strategic risk management. Insurance companies and brokers can be a key ally in these efforts," he said.

The annual Liberty Mutual Workplace Safety Index is based on information from Liberty Mutual, U.S. Bu-

Industry	Ranking of Cause of Loss				
	1st	2nd	3rd	4th	5th
All Industries	Overexertion, outside sources	Falls, same level	Struck by object or equipment	Falls, to lower level	Other exertions or bodily reactions
Construction	Falls, to lower level	Struck by object or equipment	Overexertion, outside sources	Falls, same level	Slip or trip without a fall
Prof. Services	Falls, same level	Overexertion, outside sources	Falls, to lower level	Roadway incidents	Struck by object or equipment
Manufacturing	Overexertion, outside sources	Falls, same level	Struck by object or equipment	Caught in, compressed by equipment	Repetitive motions, micro tasks
Healthcare	Overexertion, outside sources	Falls, same level	Intentional injury by person	Roadway incidents	Other exertions or bodily reactions
Retail	Overexertion, outside sources	Falls, same level	Struck by object or equipment	Other exertions or bodily reactions	Falls, to lower level
Transport & Warehousing	Overexertion, outside sources	Falls, same level	Roadway incidents	Other exertions or bodily reactions	Falls, to lower level
Wholesale	Overexertion, outside sources	Struck by object or equipment	Falls, to lower level	Falls, same level	Other exertions or bodily reactions
Leisure & Hospitality	Falls, same level	Overexertion, outside sources	Struck by object or equipment	Struck against object or equipment	Other exertions or bodily reactions

James Merendino, general manager, Risk Control, National Insurance, Liberty Mutual, said the index helps employers understand the root causes of the most serious workplace injuries they face. "Only then can they effectively mitigate and manage these through work design, system controls, technol-

reau of Labor Statistics and the National Academy of Social Insurance. The 2019 index is based on non-fatal 2016 injury data, with more than five days away from work. To allow for cost development, every index has been based on claims data three years prior to publication. ❖

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WA Official Wants to Raise Insurance Tax to Help Fight Wildfires

Reprinted from www.insurancejournal.com.

With an increasing number of forest fires scorching portions of Washington each year, the Legislature is considering a proposal to create a fund dedicated to preventing and battling wildfires.

In March, Commissioner of Public Lands Hilary Franz and state Senate Democrats proposed to increase the tax on premiums for property and casualty insurance in order to raise \$62.5 million annually to pay for wildfire suppression and prevention.

“Never before have we faced a wildfire crisis of this magnitude,” Franz told lawmakers recently. “And one way or another, we are going to pay for our wildfires and dying forests. The question is whether we are going to pay to react as we deal with smoke and flames, or pay to be proactive.”

The state’s insurance industry pushed back on the proposal, saying it amounted to a 20 percent tax increase that unfairly targeted insurers.

Franz countered that more than 2.2 million homes in Washington are exposed to wildfire, and the cost to fight such fires has averaged \$153 million per year over the past five years. “It’s getting harder to keep our communities and our firefighters safe,” she said.

The proposal would help the state modernize its wildland firefighting forces, as well as help restore 1.25 million acres of forests to make them more fire resistant, she said.

The money would come from raising the tax on premiums for property and casualty insurance from 2 percent to 2.52 percent. Franz said the increase would cost the average household less than \$2 per month.

Washington needs dedicated funds for wildfire suppression and to restore the health of diseased and dying forests, Franz told the Senate Ways and Means Committee, which held a hearing on the bill last week.

Several lawmakers agreed with her.

“We’re seeing wildfires that are bigger and harder to contain, and we’re seeing them far more often,” said Sen. Kevin Van De Wege, D-Sequim. “What should have been beautiful skies over the Olympic Peninsula last summer were gray and overcast. The air around Puget Sound was so unhealthy, people had to stay indoors.”

“In eastern Washington, people lost homes and other valuable property,” he said. “If we don’t take action now, this is what we can expect every summer in the years to come.”

Sen. Christine Rolfes, D-Bainbridge Island, agreed. “Year



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after year, we rely on our state's rainy day fund to reimburse catastrophic fire response. It's time for the state to plan responsibly in order to protect communities and invest in healthy forests" Rolfes said.

Mel Sorensen of the American Property and Casualty Insurance Association opposes the proposal. "This is a societal priority, not just an insurers' priority. A different funding source should be found," he said.

The tax will apply to all manner of property and casualty insurance, including renters, vehicles, medical malpractice and other sorts of insurance, Sorensen said.

Clark Sitzes, representing the Professional Insurance Agents of Washington, said insurance buyers are very price sensitive and a few dollars may prompt some people not to buy policies.

The insurance representatives also questioned the estimated cost of \$2 per month, saying that sounded low considering the variety of policies held by many residents.

Last year was the Department of Natural Resources' busiest fire season ever. The agency responded to more than 1,850 wildfires, and 440,000 acres burned across Washington. Forty percent of those fires were west of the Cascades.

In March, the state saw 50 unseasonal wildfires, 49 of them in western Washington, lawmakers were told. ❖

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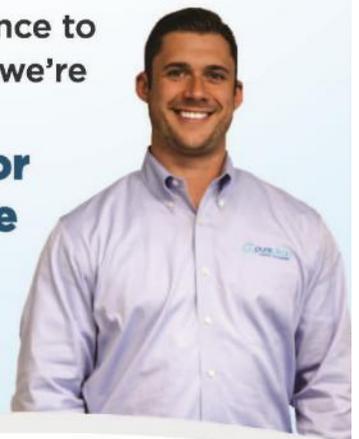
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Claims Conversation

with **Roger Howson**, Claims Dispute Resolution, PSAA Newsletter Editor & Education Chair, TCAA Past President

PSAA meetings are usually a good Friday, but not when they fall on Good Friday. So, if you're at the Seattle Renaissance Hotel wondering why there's no room location listed for the April 19th PSAA meeting, that's because the PSAA Board (okay, it was Lizzy) punted this month's meeting until the PSAA Past Presidents and Vendor Appreciation meeting on May 17th.

Now that you've been forewarned, there's no excuse for not attending that May 17th meeting to show your appreciation for the many vendors who keep this organization going. The Past Presidents don't require any show of appreciation because they're just happy to be getting a free lunch. PSAA believes that if you serve on the PSAA Board for four (uncompensated) years you DESERVE one free lunch every year for the rest of your life. That must be what the PSAA past presidents mean when they say, "You couldn't PAY me to do that job ever again!"

Another good reason to show up to the May 17th meeting is that this is when PSAA members nominate, vote, and swear in next year's PSAA Board. Attendance at this meeting is an act of pragmatic self-defense, as many a past president had the misfortune to be out of the room when they were nominated to serve on the PSAA Board.

In fact, past president Heather Schiller was voted in as PSAA Vice President at her very first PSAA meeting EVER. The experience was so traumatic that she eventually changed her name (it was Heather Stariha at the time) but not before disbanding the claims organization (it was the Tacoma Claims Adjusters Association at the time). Unfortunately for Heather, TCAA combined with SCAA to form the Puget Sound Adjusters Association whose members promptly voted her and Deborah Jette (who also eventually changed HER name to Deborah Susan) in as PSAA co-presidents.

Heather and Deborah served TWICE as PSAA Presidents, but they still only get ONE lunch each. They asked PSAA to also pay for ongoing counseling, but since counseling is not in our budget, we offered to seat them at this year's Past Presidents luncheon right next to PSAA members Dave and Susan Mandt who agreed to (pretend to) listen to their myriad PSAA-induced traumas.

Now that I've warned you up to the idea, please consider serving on the PSAA Board with incoming PSAA President Deanna Boras. This is your opportunity to have an impact on the local claims community. PSAA enables you to make a difference in the claims profession. Ask any PSAA past president how they found the PSAA Board experience every bit as rewarding as it was challenging... just make sure that you wait for them to stop twitching before you engage them in conversation.

Please note that there may be no PSAA meeting in April, but you can STILL sharpen your claims skills and knowledge at the April 25th OCAA Symposium at the Holiday Inn in Wilsonville, Oregon. You can make a long weekend of this trip to the Willamette Valley and visit several of the outstanding wineries in the area. At the very least, you can cheer on your PSAA cohorts John Walker Jr., Deanna Boras, and Alex Boras during their OCAA presentation of "Are You Smarter Than Your Phone?"

More information can be had by visiting the OCAA website at:

www.oregoncasualtyadjusters.org/calendar.html

We hope to see many of you at the OCAA Symposium on April 25th. Otherwise, we'll see the rest of you all at the May 19th PSAA meeting where you may or may not be voted onto the PSAA Board.

Take care, be well... and get involved! ❖

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