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"A professional organization dedicated to the ongoing education of the claims community. Providing an arena for member interaction and the sharing of resources."

Next Regular Meeting: January 16, 2015
 Time: 11:30am Location: Billy Baroo's
 See inside for more details

A Different Kind of Resolution

By Tom Williams, PSAA President, Partners Claim Service

Happy New Year! 2015 has arrived with all of its potential and uncertainty. I always enjoy a new year with a new beginning. I always seem to make resolutions too, as do most people that I know. Mostly, our resolutions revolve around weight loss, vocational and financial goals, getting organized, quitting a bad habit, or learning something new. These are all great resolutions.

Statistics show that nearly half of Americans make resolutions but less than 8% ever actually follow through and successfully complete their resolution. So, the odds are not really all that favorable that we will be successful in what we resolve to do this year. Not a great way to start off a new year. Statistics also show that 40% of people in their 20's successfully keep their resolutions versus 14% of people in their 50's that actually keep their resolutions. I think this just shows that the longer you make resolutions and break them, the easier it becomes as you age. Plus, it's just harder to change when you get older.....I know.

One reason I think it is so easy to break resolutions is because they are generally focused on ourselves. (I want to quit a bad habit, I want to lose weight, I want to improve myself, or I want to make more money this year.) When we break a promise to ourselves, it's just easier. After all, we are simply letting ourselves down, not someone else. So, maybe that is one key to keeping a resolution. Don't make it about yourself. Make it about others.

Perhaps if we focused our resolutions on others, friends, family, co-workers etc, there might be more incentive for us to follow through. Maybe we resolve to help a co-

— See Resolution... continued on page 3



Please advise us when your email address changes! Thank you!

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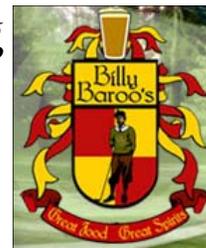
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Happy New Year!

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Carol Brackman, Chair

Symposium:

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Golf North:

Deborah Jette, Chair

Golf South:

Lizzy Adkins, Chair

Additional Meeting Information

Please keep in mind that we'd like to start and end promptly during our monthly meetings. Here is the timeline for each meeting:

- 11:30 a.m. Registration
- 11:45 a.m. Buffet
- 12:00 p.m. Meeting Called to Order
- 1:00 p.m. End of Meeting

Please arrive on time and have your cash or check (payable to PSAA) ready, or provide your online payment receipt. We appreciate your cooperation and assistance.

DON'T FORGET TO RSVP!

Please let us know you will be attending our next meeting by submitting an RSVP! See above for how/where to RSVP!



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Resolution...

(Continued from front page)

worker on a regular basis, or help a friend out with one or more problems they are struggling with. Or, maybe it's resolving to be more intentional in how we relate to our spouse or kids. All of these things take effort. However, the end result is a thankful co-worker, or a friend that can't think of how they would have made it through a difficult time without you. Or, it's the reward of a renewed relationship with your spouse or children. In any event, the reward that comes from helping another person is something that will stay with you forever. It will most likely prompt you to resolve to continue with this new "tradition" in the years ahead.

There is nothing inherently wrong with trying to work on improving ourselves or our circumstances. That's a perfectly normal thing to do. However, I think that when we really focus our time on improving another person's circumstances, it just has a way of making us healthier emotionally, which in turn improves us physically as well.

So, I challenge you all to make a new tradition when it comes to New Year's Resolutions. Resolve to make a difference in someone else's life. It just might make the biggest difference in yours. ❖



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Claims Conversation

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

It's the quiet ones you've got to watch out for.

PSAA President Tom Williams' monthly PSAA Newsletter columns speak to our better self, and compel us to honor our higher calling so that we might accidentally become better claims professionals. His message is neither stridently superior nor piously preachy, but a friendly conversation sharing his own life's lessons in a way that resonates with our own experiences. He elevates our profession by elevating our expectations of how we might live our life to our greatest potential and contribution.

In acquiescing to Tom's leadership and guidance, I will share some relevant observations from *The Charge: Activating the 10 Human Drives that Make You Feel Alive* by Brendan Burchard, a Portland-based author, motivational speaker, and corporate trainer. The author proclaims that "this book reveals how you can feel more alive, productive and fulfilled in a chaotic world by mastering the very drives that make you most human and happy". And as we all know, the claims profession is by definition "a chaotic world", so we may feel more alive and empowered by actively addressing the following:

These are our five basic drives:

1. **CONTROL:** monitor our outlook and character, effectively manage our workflow, and seek out new experiences to keep us fresh.
2. **COMPETENCE:** cultivate a desire to learn, set a real challenge, plan for success, and integrate success into our character.

(See **Claims Conversation...** continued on page 5)

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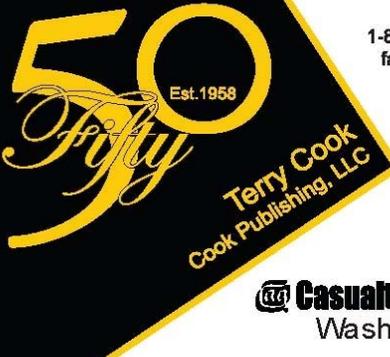
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Claims Conversation... (Continued from page 3)

3. **CONGRUENCE:** establish new standards for our self, take responsibility for our mood, and endeavor to keep our word by following-through on our commitments.
4. **CARE:** take care of our well-being, be more vulnerable, and be more present, interested, and attentive to others (what Tom Williams said in HIS column).
5. **CONNECTION:** define and design our ideal relationship (starting with the relationships we're already in), practice positive projection, and seek out friends who promote our positive growth.

These are our five forward drives:

6. **CHANGE:** make change about the gains, not the losses; successful change requires getting clarity, thinking big, and being bold; and make REAL choices to accomplish what we REALLY want.
7. **CHALLENGE:** choose fulfilling challenges, focus on the journey and don't fear rejection, and set monthly challenges that can be accomplished (but not easily) within 30 days.
8. **CREATIVE EXPRESSION:** amplify our creativity in all aspects of our life, study people and design different from what we are used to, and in order to create more be willing to share more.
9. **CONTRIBUTION:** give of our self in ways that are deeply meaningful, and seek out opportunities to mentor others (our depth of \valuable knowledge and experience is greater than we think).
10. **CONSCIOUSNESS:** live in wonder of the world and all the different kinds of people we encounter, focus our consciousness, and transcend our own self-consciousness.

The "basic drives" seem to be foundational to the

(See Claims Conversation... continued on page 7)

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Claims Conversation... *(Continued from page 5)*

“forward drives”; otherwise, these ten human drives are not necessarily sequential or hierarchal. At any given time and/or circumstance, one or more of the basic and forward drives will require more of our focus than the other drives. It is the nature of our work as insurance claims professionals to constantly challenge our sense of control, competence, congruence, care, and connection, and that explains our familiarity with change, challenge, creative expression, contribution, and connection.

Remember, life (and claims) is what happens while we’re making other plans.

Speaking of life happening while we’re making other plans, plan to kick off 2015 by attending the January 16th PSAA Meeting at Billy Baroo’s... because you won’t want to miss what’s happening. ❖

Medical Notes

Lumbar Epidural Steroid Injections

By Franklin Wong, MD, Physical Medicine & Rehabilitation
Reprinted from INFORM Software Corp Newsletter December 2014

Injections of corticosteroids into the epidural space were first recorded in 1952 and have now become a routine treatment option for radicular and low back pain. Since then, over 40 clinical trials evaluating Epidural Steroid Injections (ESI) have been published, but reported “success rates” have varied from 18% to 90% effective. Many of the studies done prior to 2000 were done without the benefit of fluoroscopic guidance; this procedure flaw probably affected the overall success rate. Since 2000, ESIs are routinely done with fluoroscopy to confirm needle placement.

Mechanism of Action:

Low back pain is thought to be related to inflammation following an injury to the disc. Radicular pain is thought to be due to a mechanical compression and/or a chemical irritation to the nerve root. Corticosteroids are used because of their known anti-inflammatory properties.

All approaches are now performed with the aid of fluoroscopy. The performance of ESI without fluoroscopy is not recommended as studies have shown that misplacement of the needle can range from 26% to 39%, even with an experienced physician.

There are three major point-of-entry options to perform an ESI:

- **Interlaminar:** The needle is introduced directly into the epidural space. This is a less specific approach in its location and distribution of the steroids.
- **Caudal:** The needle is introduced through the sacrococcygeal ligament located over the sacrum into the epidural space. This, like the interlaminar approach, is a less specific approach.
- **Transforaminal:** The needle is introduced into the specific nerve root foramen at a specific level, i.e.: Left L4 nerve root. The transforaminal approach is probably now the most commonly used technique because of its specificity and effectiveness.

A variation of the transforaminal injection is a “selective nerve root block,” which is even more specific because it uses a smaller amount of the steroid, and avoids overflow to other nerve roots.

(See Medical Notes... continued on page 9)



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Medical Notes... *(Continued from page 7)*

With multiple-level pathology, the physician may elect to utilize the interlaminar or caudal approach.

Clinical Perspective:

- **Lumbar radiculopathy:** The use of ESI in documented lumbar radiculopathy is now an accepted community standard although there is still a lack of randomized clinical studies. The role of ESI in the treatment of lumbar radiculopathy with disc protrusion/herniation should not be used in isolation, but as part of a comprehensive non-operative treatment plan including an aggressive functional restoration program.
- **Spinal stenosis:** The use of ESI does appear to provide benefit for patients with a component of claudication (lameness) associated with their spinal stenosis.
- **Axial pain:** The growing use of ESI for axial pain without radicular pain is controversial and its role is yet to be clarified. In the theory, the biochemical mechanisms that play a role in radicular pain are responsible for axial pain and thus should respond to corticosteroids.

Risk and Complications:

In addition to the usual risks and complications of such a procedure, the physician needs to also be aware of the potential of:

- Transient substantial hyperglycemia (elevated blood sugar)
- It has yet to be determined what is the accepted maximum number of ESIs that a patient can receive in one year, and what is the reasonable time period between injections. If done with fluoroscopy to assure proper needle placement, no further injections are clinically indicated if there is no positive response following an injection.
- Chronic steroid use: The physician does need to monitor the amount of steroid being administered and should also take into account that the patient may also be receiving other corticosteroid injections for their anti-inflammatory properties.

Summary:

ESIs do appear to provide short-term effective pain management for documented disc protrusions/herniations with nerve root compression, but they should not be used in isolation, but as a part of a comprehensive non-operative program.

The role of the repetitive use of ESI in spinal stenosis, axial pain, discogenic pain, and chronic pain syndromes is less clear and controversial. ❖



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Enforcing Release and Waiver of Liability Agreements for Health Clubs — By Joshua Hayward



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From the desk of Joshua Hayward: Under Washington law, a release and waiver of liability clause is valid unless: (1) it violates public policy; (2) the defendant's breach constitutes gross negligence; or (3) the clause is so inconspicuous that a reasonable person could find it was signed unwittingly. Is a workout gym's membership application that includes a release and waiver provision printed on the backside of the application enforceable against a member of the gym who is injured on the gym's premises?

Claims Pointer: Here, the court concluded that while a health club membership is beneficial, it is not an indispensable necessity and therefore the release and waiver clause did not violate public policy; the YMCA's breach did not constitute gross negligence; and the release and waiver clause was conspicuous. Therefore, the health club's re-

(See Case Study... continued on page 11)



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Case Study... (Continued from page 9)

lease and waiver signed by the injured member was enforceable and barred the member's negligence claims against the health club.

DeAsis v. Young Men's Christian Ass'n of Yakima, 2014 WL 4376038 (Sept. 4, 2014) [Unpublished Opinion].

Danny DeAsis ("DeAsis") slipped and fell on a puddle of water in a hallway outside the swimming pool office, which resulted in a dislocated knee. DeAsis sued the YMCA, in part, for negligence. The YMCA filed a motion for summary judgment arguing that DeAsis' action for negligence was barred by a release and waiver of liability signed by DeAsis.

When DeAsis applied for a membership at the YMCA in 2010, DeAsis completed the club's two-sided membership application form. He completed the front side with required personal and credit card information. The back side of the form was a printed full-page agreement, the greater part of which was captioned: "RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT." The bottom of the agreement included language: "I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE," followed by a line for the applicant's signature and the date.

DeAsis failed to sign and date the backside of the form when he originally completed the membership paperwork. However, YMCA records indicated that when DeAsis returned the following day, DeAsis was presented with the form and signed it. DeAsis admitted that it was his signature on the YMCA membership agreement form but testified that he did not read the document before signing it.

Approximately nine months later, the YMCA aquatics supervisor was working when he noticed that a swimmer had just left the pool and had dripped water down the hallway outside the pool office door. The supervisor headed to the pool office where he knew there were towels to clean up the water. Just as the supervisor was bringing the towels back, he saw DeAsis, who was leaving the building after his workout, slip and fall on the wet floor. DeAsis was taken to the hospital where he was diagnosed with a dislocated kneecap.

DeAsis then sued the YMCA, in part, for negligence. The YMCA filed a motion for summary judgment arguing that DeAsis' action for negli-

(See Case Study... continued on page 13)

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Case Study...*(Continued from page 11)*

gence was barred by a release and waiver of liability signed by DeAsis. The trial court granted the YMCA's summary judgment motion and dismissed DeAsis' negligence claim. DeAsis appealed.

Under Washington law, a release and waiver of liability clause is valid unless it: (1) violates public policy; (2) the defendant's breach constitutes gross negligence; or (3) the clause is so inconspicuous that a reasonable person could find it was signed unknowingly. DeAsis argued that all three exceptions apply to render the release that he signed unenforceable.

First, the court advised that public policy does not prevent parties from releasing one or the other from liability for negligence. Prior Washington cases conclude that release agreements that are found to be void against public policy generally deal with essential services—e.g., hospitals, housing, public utilities, and public education. Washington courts have previously held that a gym is not subject to the public policy exception, and that there is no public interest in adult recreational activities. While health club membership is beneficial, it is not an indispensable necessity as a matter of public policy. Accordingly, the court concluded that the public policy exception did not apply to render the YMCA agreement unenforceable.

Second, the court concluded that the YMCA release language was conspicuous. The court found that the release and waiver clause was set apart by the use of boldface print or capital letters, it contained repeated cautionary and warning language; and it stated above the signature line, "I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE." Accordingly, the court concluded that the YMCA release did not fall within this exception to enforcing release provisions.

Third, the court concluded that the language of the YMCA release and waiver provision clearly conveyed the parties' intent to shift the risk of loss. Further, DeAsis failed to show any evidence that he was denied the opportunity to read the release or was misled about its terms. The court advised that a person who signs an agreement without reading it is bound by its terms as long as there was ample opportunity to examine the contract in as great a detail as the signor cared, and the signor failed to do so for his own personal reasons.

The court rejected DeAsis' argument that the release was an unenforceable adhesion contract. The court concluded that people interested in recreation and exercise have many alternatives; and the "take it or leave it" nature of the YMCA membership agreement did not render it unenforceable. Accordingly, the court dismissed DeAsis' negligence claim.

Finally, the court addressed DeAsis' contention that the YMCA was grossly negligent, and therefore the release and waiver of liability could not effectively bar his claims. Gross negligence, the court advised, has been defined as negligence substantially and appreciably greater than ordinary negligence. Here, the court concluded that the YMCA was not grossly negligent and therefore it dismissed DeAsis' gross negligence claim as well. ❖

Note: This opinion has not been published. It is provided to demonstrate how the court approaches the issues involved in the case. It cannot be cited as authority to a court of law.

— If you would like to be notified of new cases or see the full opinion on this case, send an email to: caseupdate@smithfreed.com.

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The Insurance Claims Adjuster's 'Black Box'

By Ken Brownlee

Reprinted from www.propertycasualty360.com

Every profession has some motto and a few secrets hidden in a special place. For physicians, the essence of the Hippocratic Oath is "Do no harm." Their black box is likely a black bag with a stethoscope and other tools. For attorneys, the motto may be "Litigate the issue!" and the black box is a case for briefs. We adjusters also have a black box, but it's most often in our head. Our tools are the policy, other contracts, a recorder, a camera, maybe a tape measure, a smart phone and a computer. It is what is in that black box that gives adjusters a basic understanding of what we do: it consists of six words and our motto is: "Never assume!"

Six words can adjust any type of claim: property, casualty, marine or life, and health insurance. Investigate, evaluate, and negotiate (or resolve) are the first three words. The next three are: Coverage, liability, and damages. These must be done in the proper order: Investigate the coverage first, and negotiate the damages last. The contents of this little black box will keep the adjuster out of trouble.

Until the coverage issues are investigated, evaluated and resolved, one cannot determine liability, because if there is no coverage, liability doesn't matter. Obviously it is not always that simple. If a coverage problem cannot be immediately resolved, it may be necessary to proceed and investigate the type of liability or the nature of the damages under a Reservation of Rights in order to determine if coverage applies. But that is part of the investigation of the coverage.

Waiver and Estoppel

The fastest way for an adjuster to get into trouble and end up paying claims not owed is to give the

(See Adjuster's Black Box... continued on page 17)

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Adjuster's Black Box...*(Continued from page 15)*

impression that coverage is in order, that there is liability, and the damages will be paid. But when it is determined that there is no coverage or no liability, the adjuster has made a big "oops!" Coverage defenses are waived and the insurer is estopped from using its defenses. Whether liability for damages is first-party or third-party, coverage is the most important factor.

How many adjusters can recite, word for word, the policy language for every policy under which they handle a claim? Those policies keep changing, and each may come with endorsements or conditions different from the "standard." There is only one way to be certain that the coverage matches the claim and that is to look at the claim in light of the policy language.

Assuming that we understand the coverage and that it will apply to the loss, we adjusters can get ourselves and our principals into trouble. Joe works at the ABC Company. Joe is injured at work. A simple workers' compensation claim is submitted and paid – and then the adjuster learns that Joe actually works for an independent contractor. Oops!

Mary reports a claim to her auto insurance agent about an intersection accident. Jim's car was damaged and Jim has called the insurer to see where he can have his car repaired. The adjuster tells him where he can have his car repaired and authorizes a rental for the repair time. Then the police report is received and, by golly, it was Jim who was at fault. Oops! These are simple claims, but mistakes are easy.

Too Many Oopses!

We've all had "oops!" moments. Unless someone constantly monitors our files, we may get away with an occasional "oops," but if they occur too often, some day that oops will be a disaster and our principal will end up in court trying to explain to a judge or jury what went wrong. The answer lies in that black box; the adjuster forgot to open it and look inside to see what was there. On airliners the black box – although orange or red – reveals mistakes that pilots may have made that caused a crash.

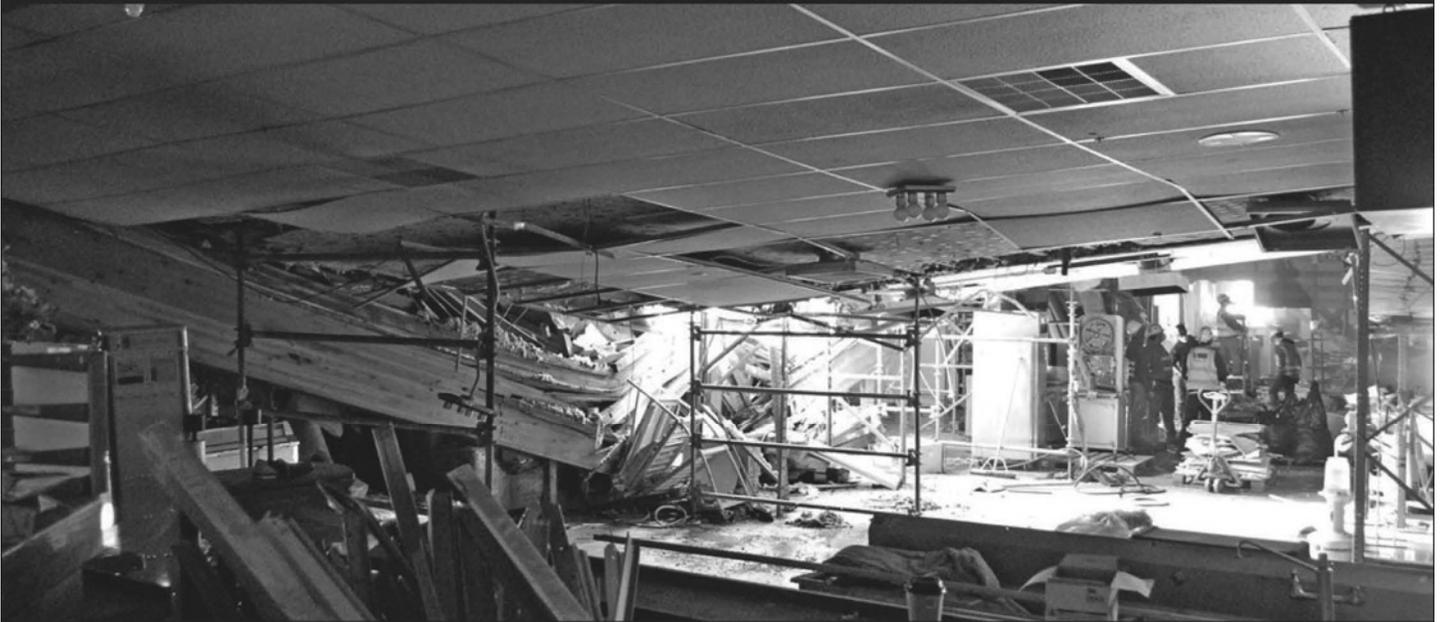
The adjuster's black box can do the same – but it can also prevent that crashing "oops!" It's low-tech, but it works, saving a lot of misery. ❖



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Claims Ethics

By Gary Jennings
 Reprinted from www.propertycasualty360.com

Recently, I was in the office of our family orthopedist and saw the group's mission statement on a poster. As I read the commitments listed there, it occurred to me that all of these could also apply to claims management, but two of them were especially applicable:

- We will make our patients our highest priority.
- We will conduct ourselves professionally and ethically.

While we would need to replace the word "patients" with "clients" or "policyholders, the theme still holds true. It should also be our commitment as claims professionals to conduct ourselves professionally and ethically. But what are ethics, and how do they apply to claims management?

The Definition of Ethics

I recently reviewed some of the materials of the Ethics 311 and 312 classes offered by The Institutes, and it stated that "Ethics entail knowing what to do when a situation presents more than one 'right' an-

swer." I reviewed several other definitions, and the Merriam-Webster definition simply stated that ethics is "the discipline dealing with what is good and bad and with moral duty and obligation."

Our clients, whether they are policyholders or self-insured entities that have retained us or our third-party administrators (TPAs) to manage claims, deserve our efficiency, honesty and professionalism while managing the claims. We must also keep in mind that state laws, case law, administrative procedures, and "unfair claims settlement practices acts" as defined by states and by the National Association of Insurance Commissioners (NAIC) also apply. It has always bothered me that laws and standards must be passed to clarify what we must not do, rather than what we should do, but some of the practices describe not only what we should not do, but also remind us of procedures, documents, and communications that should accompany our work to prove without any hesitations that we have properly and fully performed our duties.

How do Ethics Apply to Claims Management?

The claims department may be a client's first and only contact with the insurer or third-party administrator (TPA), so the claims organization not only has

(See **Claims Ethics...** Continued on page 20)



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Claims Ethics... *(Continued from page 19)*

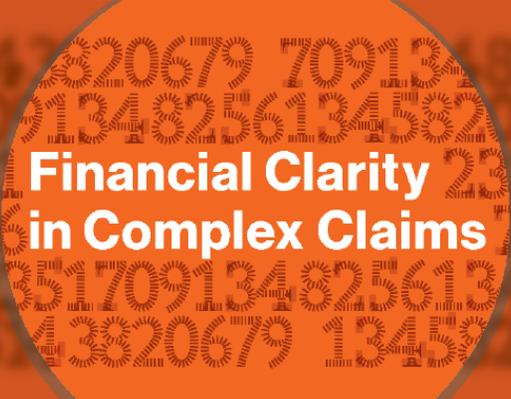
the responsibility to act ethically and responsibly on obvious matters, but must also maintain the appearance of integrity and honesty in all dealings. Policyholders, whether purchasers of commercial lines or personal lines insurance policies, typically have no dealings with anyone in the insurance industry other than the agent or broker until a loss occurs. They do not interact with underwriting or with other departments except perhaps loss control, which may inspect the property or business premises to confirm that the exposure and risk match the information provided on the policy application.

There are often many parties involved in claims management activities, and this sometimes makes decisions more complicated, but we need to ensure that we make our policyholders our highest priority.

For example, a liability claim may involve insurers, policyholders, claimants, reinsurers, attorneys, appraisers, and many other professionals. We must ensure that all of these parties perform their duties in the best interest of the policyholder, and that any potential or perceived conflicts of interest are identified and properly managed to achieve an objective outcome. Transparency is a desirable trait and has become an increasingly important characteristic in the business world, and it certainly applies to claims management.

We must also recognize that in some cases we must tell clients or policyholders what they do not want to hear, which may lead to unpleasant conversations with those we have given the highest priority. Even in these circumstances we should ensure that our clients and policyholders hear objective expertise from us rather than our acquiescing to the client's every requirement.

For example, some policyholders or clients may insist that we obtain their approval before increasing reserves beyond a predetermined value. While clients certainly have the right to be informed of reserve increases based on our professional knowledge and expertise, we should resist agreeing to obtain their approval. Our clients, or a particular client representative may decide to inappropriately depress reserve values, which almost always comes back to haunt the client and us at some later point. When that occurs, not only will our client appear to have manipulated reserves, but that same shadow will fall on us as claims professionals.



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You can find additional information and examples on this reserving issue in the February 2010 issue of Claims magazine in an article titled "Under Pressure: The Temptation to Reduce Reserves Can Increase in a Poor Economy."

As claims professionals, we should always strive to provide the highest level of service. Inherent in this goal is to:

- Develop and maintain a high degree of knowledge and expertise in areas of concentration.
- Rely upon others, such as supervisors, attorneys, and other specialists, when their expertise will augment ours. After all, it is impossible for anyone to be an expert in all fields of insurance claims.
- Have well-documented procedures for the claims programs so that the claims staff is consistent and thorough in its work.
- Keep clients informed throughout the lives of the claims, which will necessarily require more information-sharing if the claims are more complex or severe.
- Protect clients from themselves when it is needed, using your expertise and objective findings to present an accurate assessment to your client.
- Resist instructions from clients or policyholders that may lead to inappropriate pressures and direction, or even the appearance of inappropriate pressure.

These guidelines, along with strict adherence to state requirements and actions to be avoided based on the "Unfair Claims Settlement Practices," will help claims professionals render service that represents the utmost in strong ethics. ❖



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Adjusters to the Rescue: Trash Can Still Be Treasure, When Properly Restored

By Kristi Capps
Reprinted from www.propertycasualty360.com

As adjusters we didn't always think about how many items could be easily restored for a reasonable cost. With our eyes opened to the ease and benefits of restoration, we are amazed at how frequently salvageable items are tossed away as trash. When items like furniture, cabinets, millwork, fireplace mantles, and hardwood floors can be repaired and restored, insurers can save money over complete replacement and owners are usually thrilled that their treasure has been restored.

Adjusters who know about the expertise available and benefits of repair and restoration over replacement can effectively boost their bottom line and have more satisfied clients. The education process includes learning the options... it's not just furniture that can be restored, but dinged walls from moving, spills, puppy chews, scratched leather, chair caning, cabinets and more. If ever in doubt about whether it can be fixed, simply ask.

Customers are typically overjoyed when we can restore a family heirloom because we all know you just can't put a price on sentimental, one-of-a-kind items. When adjusters call to see if there's anything we can do to save a treasure from the trash, usually the answer is "yes."

See next page for a few examples of successful repair projects.

Fireplace Mantle

Before



After



Smoke and fire damage on the mantle was repaired and it was restored to pre-loss condition using precision repair, wood fill and color matching. Since just one corner incurred damage, money was saved by repair in lieu of complete tear out and replacement.

(See Restore... continued on page 24)

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Restore... (Continued from page 23)

Wooden Cabinet

Before



After



Water damage to the cabinet top was repaired and the original wood luster restored. Note the wear and tear above the door opening was also repaired. With sanding and polishing, the piece was restored to its original look and feel.

Sofa Table

Before



After



This family heirloom sofa table was nearly ruined by fire. Not including the sentimental value, this piece would have cost at least \$1,000 to replace but was repaired to like new for \$500.

Dining Chair

Before



After



Harsh chemicals damaged the arm of this dining chair. Expert color matching, wood fill technique, careful repeated sanding, and polishing restored the piece to like new condition.

Many types of contents can be cleaned and restored cost-effectively by knowledgeable profes-

sionals, saving claims costs for insurers and precious memories for their clients. When selecting restoration professionals, check to see what kinds of certifications they hold, what types of training they've had, and whether or not they belong to any professional organizations. ❖



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Los Angeles Police Department and National Insurance Crime Bureau Issue Bandit Tow Truck Scam Warning

— The Los Angeles Police Department and the National Insurance Crime Bureau are warning motorists of a problem with unauthorized tow truck operators in the LA area.

In a release, the National Insurance Crime Bureau noted it is illegal for a tow truck operator to respond to an accident scene without being requested. (Section 22513 (b) California Vehicle Code).

"These bandit tow truck drivers are breaking the law by responding without being requested," said Lt. Chris Waters, commanding officer of the Commission Investigation Division. "They often arrive before our officers and pressure the accident victim to sign a release that allows them to take the damaged vehicle. Once that form is signed and the vehicle is towed, getting it back is expensive."

"Towing charges, which should amount to a few hundred dollars, often skyrocket to a few thousand dollars once the bandit tow truck operator hauls the vehicle away from the accident scene," said NICB Special Agent Doreen Sanchez. "The drivers may say they will take the vehicle to a location of the owner's choice, but they then take it to an un-

disclosed body shop that is paying them a kick-back. In addition to the exorbitant towing charges, the body shop will add on storage fees while the vehicle sits there as the owner and the insurance company are left in the dark as to where it was taken. All of this is designed to maximize the bill to the consumer."

The LAPD and NICB recommend motorists never allow an unknown tow truck operator to tow your vehicle. If you did not request it, reject it.

The LAPD also warns motorists that these bandit tow truck operators also work private parking lots, paying attendants for tips on cars to hook up and haul off to unauthorized locations. If the driver shows up on the scene, the tow truck driver will refuse to unhook the vehicle unless they are given cash to release it.

According to California law: Upon request by the owner of the vehicle, a tow driver must immediately and unconditionally release a vehicle that is not yet removed from private property and in transit. (Section 22658 (B) California Vehicle Code)

LAPD and NICB recommend:

- If you are in a non-injury accident, contact police and your insurance company or motor club to request an authorized tow truck.

- Your insurance company or road side service should provide the name of the tow truck company and expected arrival time. If a tow truck arrives unexpectedly, a call back to the road side service center should be considered to confirm the tow company is the correct company dispatched.

- Do not be pressured or intimidated into dealing with a tow truck driver that was not requested.

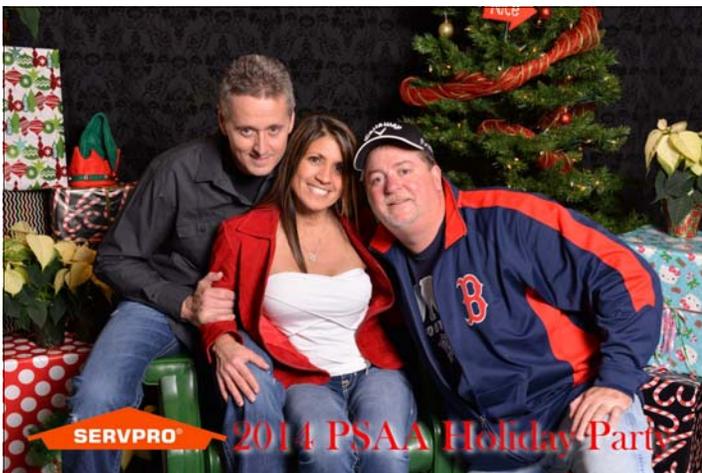
- Do not sign any towing release form that does not clearly spell out the charges involved and the exact location where you want the vehicle taken.

- Use your cell phone to take pictures of any tow truck operator and equipment that shows up on the scene.

- Take pictures of the damage to the vehicles. Some unscrupulous body shops will enhance the damage once they get the vehicle to inflate the repair charges.

- If you are injured in the accident, do not be forced into signing a release. Let the police handle the tow. ❖

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