Develop an action plan and set of tactics to advocate for yourself and get a fair claim.

STAND UP FOR YOURSELF & FIGHT FOR A FAIR CLAIM

Like many responsible Americans, you’ve been dutifully paying insurance premiums to protect your property. If you’ve suffered a loss & your insurance carrier has underpaid or outright denied your claim, you may be in shock or feel like you are all alone & have no options.

You are NOT alone & you DO have options! Unfortunately, many Americans are going through exactly what you’re experiencing at this very moment. The average consumer is just not equipped to stand up to a large insurance company that has vast resources, teams of high powered law firms, & does this every day. Many people have had success hiring a public adjuster or an attorney to pursue their rights with the insurance company. If you choose this route, we recommend that you select a professional that is an APA member. APA membership shows that a given professional has made a personal commitment to stand up for consumers and they back that commitment with their time and money to support the APA's mission to protect you from insurer fraud.

Many consumers, not knowing how to advocate for themselves, just wind up accepting whatever their carrier offers. To make up the difference, they may spend down their savings, take on debt, or even dip into their children’s college funds & their own retirement money. Before you let your insurance company off the hook & resort to such drastic measures, you should understand that there are options you can pursue to advocate for yourself & fight for a fair claim. Many people in your situation have found that by following these simple steps, they have been able to get a fair claim paid by their insurance carrier.

ALWAYS USE A CONTRACTOR, PUBLIC ADJUSTER, & ATTORNEY WHO IS AN APA* MEMBER. THESE PROFESSIONALS SIGN AN ETHICS PLEDGE TO PLACE THE BEST INTERESTS OF THE POLICYHOLDER FIRST AND TO DEFEND AGAINST INSURER FRAUD.

*The APA is not a referral service & does not recommend specific vendors.
STEPS TO HELP GET A FAIR CLAIM PAID BY YOUR INSURANCE CARRIER

1  STEP ONE
DETERMINE YOUR GOALS & COMMITMENT

Write out your parameters - Determine up front what you’re fighting for and what would define victory. What is it you are trying to accomplish? How much do you absolutely need to cover your loss, repair your property etc? How much are you willing to settle for?

Know this information up front & make sure everyone involved on your side is on the same page. Commitment and determination are everything. Steel yourself for a potentially difficult battle.

Make sure your honesty & integrity are beyond question. Some people are tempted to artificially inflate or “Pad” their claim by exaggerating values or adding illegitimate items; this is against the law and not only puts your claim at risk, but also comes with serious legal consequences. Integrity in the insurance market is important to us all. Do we not want your insurer to pay out a dollar less than they owe, and not a dollar more.

Some of those involved in adjusting your claim may seem like experts at delaying tactics and like they are quite aware that the longer your life is disrupted, the more likely you will be to throw in the towel. Tell yourself that you will not quit no matter what. Do not allow yourself to be intimidated or made to feel unreasonable; All you are asking is that the insurance company honor the commitment they made when they accepted your premiums.

Understand that you are not fighting just for yourself; other people are suffering under similar circumstances and you will be their voice as well. Congratulations for being the type of person who stands up to injustice. You want to be an example to your children, to your family, and in your community of someone who stands up for what’s right, regardless of how big the challenge. These are the principles of justice and fairness that America was founded upon & it is in all of our DNA to defend them.

2  STEP TWO
WRITE UP A TIMELINE OF YOUR CASE

Write up a timeline of your case including dates, facts, who you spoke to, etc. Keep it concise and to the point.

Do not dwell on emotions, too many details or long tangents-you can always add in more details later that are specific to your intended audience. You can use this timeline as the basis for future communication with the insurance department, elected officials, carrier CEOs office, press, etc. & customize it as needed.

3  STEP THREE
CREATE A STRATEGY USING CONTACTS & PRESSURE POINTS

Most people are not effective in fighting for a fair claim because they just don’t know where to start or who to talk to. Calling the insurance company’s Customer Service line will only get you so far. Mapping out a strategy of who to reach out to & when is a critical part of your battle plan.

Here is a list of where you can go to apply pressure as well as tactics on how to negotiate. These are in no particular order and some people have chosen to start with one pressure point and ‘escalate’ to the next if they don’t get results, while others prefer the ‘shotgun approach’ of contacting several (or all) at the same time.

YOUR AGENT

Your Insurance agent most likely lives in your community and expects the policy he or she sold you to pay an honest claim just as much as you do. While the agent does not actually adjust your claim when you have a loss, he/she earned a commission on the sale of your policy and so you should hold the agent accountable for the lack of responsiveness from their company. I’m sure it wasn’t explained to you at the point of sale that when you need them most, the carrier will be difficult and uncooperative. In cases where your agent dropped the ball and did not give you appropriate coverage, or did not adequately explain the limitations of the coverage you have, you can go after E&O coverage. This is the insurance agent’s version of malpractice insurance and filling a claim puts a lot of pressure on the agent. Eventually agents will be more careful with the coverage they select and how they explain it. Given a choice of multiple carriers to sell you a policy from, they will start to steer clear of the carriers that have hurt their reputation or cost them customers in the past. This will apply financial pressure to those carriers as they get negative feedback from agents & their sales decrease.

JOIN THE APA

Put potential fraudsters on notice that you are part of a national consumer advocacy organization that fights fraud. Membership for policyholders is free.

APASSOCIATION.ORG/JOIN

AMERICAN POLICYHOLDER ASSOCIATION
SOCIAL MEDIA COMPLAINTS

Insurers rely heavily on social media for marketing and sales. You can utilize this high-visibility outlet to have your issues addressed by leaving comments on your insurer’s social media pages. These include Facebook, LinkedIn, Instagram, YouTube, and Twitter. The high-visibility of social media comments means your complaints can impact insurance company sales & pressure them to hear you. This may also help other policyholders who may be experiencing similar issues, and encourage them to post.

It is important for your comment to be as objective and fact-based as possible, without revealing personal information such as addresses, and claim and policy numbers. Write out your comment in advance, then cut & paste to multiple accounts for your insurer. Accounts to post to include local, state, and national level pages for the insurance company, the insurance carrier’s CEO, and your agent’s social media accounts. For extra pressure points, you can consider “tagging” your state’s Department of Insurance, Attorney General, and Insurance Commissioner’s social media accounts. Finally, make sure that you are posting to the public page rather than direct messaging.

Your complaint needs to be visible to others to spur action. Once you post a comment, it is common for a customer service representative from the insurance carrier to contact you.

INSURANCE CARRIER CEO’s OFFICE

File a complaint directly to the executive suite. Sometimes rather than asking for supervisors & working your way up the ladder from the bottom, it’s easier to start at the top. In some carriers this is known as a “Presidential Complaint” & the lower level employees who are handling your claim are compelled to respond to the executive suite & justify their actions. Claims managers tend to be more fair when they know there’s more outside scrutiny on a case.

STATE DEPARTMENT OF INSURANCE

File a complaint directly with your state’s DOI. Keep your story focused, concise, with only relevant details and include as much documentation/proof as possible. Follow up with them regularly asking for progress on the case so they don’t just bury your file or depend on the carrier to handle it. They must be held accountable to defend the citizens they are paid to protect and as with all things, the squeaky wheel gets the oil. Your state’s DOI info can be found in the ‘Tools’ section of the APA website by selecting ‘Reporting Options & Agencies’ or by going directly to: apassociation.org/state-departments-of-insurance/

ELECTED OFFICIALS

Find out who your congressman is or either of your state’s two US senators and call in to their constituent services office. Some elected officials are more responsive than others, so you need to push. In some cases, just a phone call from their office can make the insurance company more responsive to you & understanding that there are watchful eyes on your case can make them more cooperative.

MEDIA

This is an outside chance but if you do have any contact with a member of the press (ie: if you worked on a story with a reporter before or have a friend/family member in the media), sometimes a phone call from the press asking questions will get the carrier moving. Some media outlets, especially TV news shows have some version of consumer outreach like “7 on your side” where they will intercede in a dispute & force your carrier to action. They don’t all make the news, but again, sometimes just the fact that the press is nosing around & their might be a story makes the carriers respond. Policyholder abuse thrives on darkness & anonymity. The light of exposure is your ally.

STATE ENGINEERING BOARD

Insurers are hiring engineers more often and earlier in the claims process to determine the cause of a loss. While most engineers are honest professionals, we receive many complaints of insurer-hired engineers whose bias toward their employer may lead them to produce dishonest reports to understake damage. Some engineering firms have even been caught committing outright fraud. If your carrier assigns an engineer to your claim we recommend that you notify the engineer in advance that: 1) They need an appointment to come inspect your property 2) Your contractor, public adjuster, or attorney will be present, and 3) The full inspection will be videotaped.

Be sure to get a business card and check ID (driver’s license etc) to confirm the identity of anyone trying to inspect your property. Engineers have to be licensed by your state’s engineer licensing board. These boards have strict ethics codes requiring honest professional conduct. The APA has developed the AEREP tool (APA Engineer Report Evaluation Program) to alert consumers and professionals to possible ethical or legal violations in engineer reports. AEREP can be found in the ‘Tools’ section of the APA website. In addition, you will find the ‘APA Engineer Research & Complaint Portal’ which allows you to determine if an engineer is licensed in your state, research any past disciplinary history the engineer may have, and a simple process to file a complaint with your state’s engineer licensing board. Keep in mind that you may have your own bias to overcome and just because you don’t like the engineer’s findings, does not mean that they aren’t legitimate. However, if an engineer was used in your claim, we strongly recommend that you insist on getting a copy of that report and having it evaluated for accuracy, as well as legal or ethical violations.

ADJUSTER LICENSING BOARD/AGENCY

In some states adjusters have to be licensed, so find out if your state requires that and who is the licensing agency (Department of insurance, etc.). Follow same tactics as listed above with engineers.

GRASSROOTS CONSUMER ADVOCACY ORGANIZATIONS

Engage with your community. There may be some already in your area, especially if there’s been a large loss event such as a Natural Disaster that impacted many people. Check for social media groups. If there isn’t one, start one! Coalescing power among voters-taxpayers gets a lot of attention from elected officials and media. It’s also reassuring to see that you were not the only one being denied a fair claim. Having more people involved to discuss their issues can start to reveal a specific pattern: Carriers, & the vendors they hire, often use an identifiable set of tactics to short or deny a broad range of claims across the board.

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DISCUSSION & NEGOTIATION TIPS

Understand that you are up against a large bureaucracy: Layers of management, confusing policies, multiple employees of diverse quality and motivations, and often times the left hand doesn’t know what the right hand is doing.

Dealing with a large corporation or government entity presents a special challenge. The process can be incredibly frustrating and many people are driven to throw up their hands & quit (some have suggested that this is the point of the bureaucracy’s tactics). There is, however, a method for dealing with it. A special challenge requires a specific skillset to gain favorable results. Below are a few tips and tactics you can use that will help you develop your abilities to advocate for yourself if your being treated unfairly by your carrier.

NEVER QUIT

You are not asking for anything you’re not entitled to: you paid for your coverage and you have every right to expect to be treated fairly when you have a claim. They are counting on you to just be quiet and go away. Your response is to be louder and more persistent with phone calls, letters etc. Remember, while many carrier employees are ethical & conscientious, you may be dealing with low level employees who are unmotivated or lazy & are just looking for the easiest way to put you behind them so they can move on to the next case (or lunch / quitting time etc.). View it as though their job is to get you to settle for less & go away. Your job is to let them know you will fight to get them to honor the obligation they made when they accepted your premium & the only way to get you to go away is to do just that.

IDENTIFY COMPASSIONATE, SYMPATHETIC EMPLOYEES WHO ARE WILLING TO HELP

Once you run into someone like this, ask for their full name, direct phone number, & reach out to them the next time. If they don’t have a direct line, ask for them by name instead of playing “Customer Service Line Roulette” & having to tell your whole story for the 8th time to whatever random rep answers the phone. Use that persons name when you speak to them & express your gratitude for their help. You want to recognize & encourage good behavior just as much as you want to punish bad behavior.

KEEP A RECORD OF EVERYTHING

Create and maintain a ‘Claim Diary’. Basic protocol in fighting bureaucracy is that every time you speak to somebody you have a notepad and pen handy. You log the date, time, name of the person you spoke to and a summary of the conversation. This accomplishes several objectives: 1) You dont let people be anonymous bureaucrats, they know you have their name & will hold them accountable for what they tell you. 2) You can identify & point out inconsistencies if, as often happens, you get different stories from multiple employees. 3) It enhances your credibility when you speak to the next person. They will take you more seriously when you project yourself as organized & informed. A common tactic carrier employees will use to bring your credibility into question when you point out their contradicting stories is to ask “Who told you that?”. They back down pretty quickly when you snap out the person’s name as well as the date & time from your notes. 4) Many companies record conversations so your records makes it easier to track down the recording to confirm what you’re saying. (Note: while many companies will say “This is a recorded line, they don’t always record or recordings adverse to the company’s position are often ‘not found’. One well known credit card company even has a conspicuous beep every 20 seconds or so to give the illusion of recording!)

Be firm, calm, and resolute. Let them know you paid for your coverage, you have suffered an insurable loss, and you will not go away until they honor the commitment they made when they accepted your premium.

REMAIN CALM

Do not portray yourself as an unreasonable “crack pot”. This will allow them to dismiss you & turn a deaf ear to you. Do not yell, use profanity, breakdown so you can’t be understood or drag out your story with unnecessary tangents, repetitions, or drama. Keep your story concise and on track. Reference names and dates of people you spoke to and be ready to produce documents, proof, evidence etc. It’s OK to be firm, even to have a sense of outrage at how you’re being treated, just don’t get carried away.

NEVER ACCEPT “NO” FOR AN ANSWER

Always ask for a supervisor’s name and carry the fight to the next level. It may appear that their job is to wear you down and make you quit so you accept less than you’re entitled to. Your job is to teach them that you’re not that kind of person... The ONLY way to make you go away is to pay out an honest claim and allow you to get back to rebuilding your life.

OTHER RESOURCES


REPORT INSURER FRAUD TO THE APA

If you suspect that your insurance company or the adjustor, third party administrator, or engineer hired by your insurer has committed criminal fraud, report it immediately to the APA’s Special Investigation Unit. You can submit your complaint for investigation by our SIU via the APA Fraud Reporting System on our webpage apassociation.org/file-a-report/

ABOUT THE APA

The American Policyholder Association is a non-profit 501c4 watchdog organization that promotes integrity, honesty and best practices in the property loss adjustment sector of the insurance industry.

The APA is primarily focused on protecting consumers from insurer fraud and professional licensing violations which occur during the claims process and also can be rampant after Natural Disasters. The APA is comprised of property owner policyholders, non-profit organizations, and advocates whose mission it is to provide aid to property owners seeking benefits at the time of loss. The APA has been active in individual claims and natural disasters all over the country. We work in conjunction with Attorneys General, Prosecutors, and Licensing Disciplinary Boards in our Consumer Protection mission.