



ARBITRATION FORUMS, INC.
Membership driven. Innovation focused.

Total Recovery Solution® (TRS®) Guide for Responders

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TRS Glossary of Terms

Term	Description
Adverse Party	The party from whom you are seeking to recover damages.
Attached Evidence	The collection of all the evidence items attached to a section of the case (<i>Liability Arguments, Damages, Jurisdictional Exclusions, etc.</i>).
Case	A collection of liability arguments and damages for a set of parties involved in the occurrence.
Case ID	The numeric identifier for a collection of recovery and response submissions that belong together (i.e., under the same liability decision).
Coverage	The scope of protection provided under an insurance policy under which a company has paid a claim.
Discontinued	Status of an occurrence when no further activity is allowed, but the occurrence information is still searchable and viewable to the parties.
Evidence Attachment	An evidence item that the party has inserted into the damages or liability section to support specific arguments. Arbitrators are required to comment on any evidence linked in the <i>Liability Arguments</i> section.
Extension	A postponement of the response due date by a responding party to prepare and submit its response. Only one extension may be requested by a responding party; a fee is incurred.
Feature	A set of damages for a claim. For Automobile Collision and Comprehensive/OTC damages, a feature is identified by the vehicle year, make, and model. For PIP and MedPay, a feature is identified by the injured party's first and last name.

Filing ID	The numeric identifier for a decision on a case.
Insert Evidence Attachment	An option to link evidence within your liability argument. Arbitrators must comment on all inserted evidence.
Jurisdictional Exclusion	Argument that does not address dispute itself, but rather raises an objection to compulsory arbitration’s jurisdiction.
Occurrence	An event that results in an insured loss.
Placeholder	An indicator for known evidence that is not available during the initial entry and is identified in the case. The evidence must be uploaded to the placeholder prior to submission.
Revisit/Rebut	Allows a party to address issues raised by the adverse party regarding damages, jurisdictional exclusions, newly impleaded parties, and policy limits.
Void Decision	Removes a decision from a case. Voiding a liability decision will discontinue the occurrence.

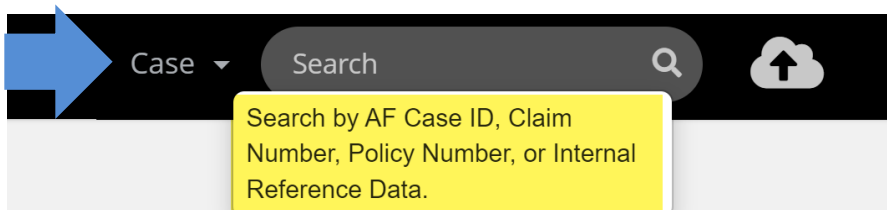
Responding to a Case in TRS

When a case is filed in TRS, the Adverse Party (Responder) receives an email notification. To respond, login to www.arbfile.org and select **TRS Arbitration**.

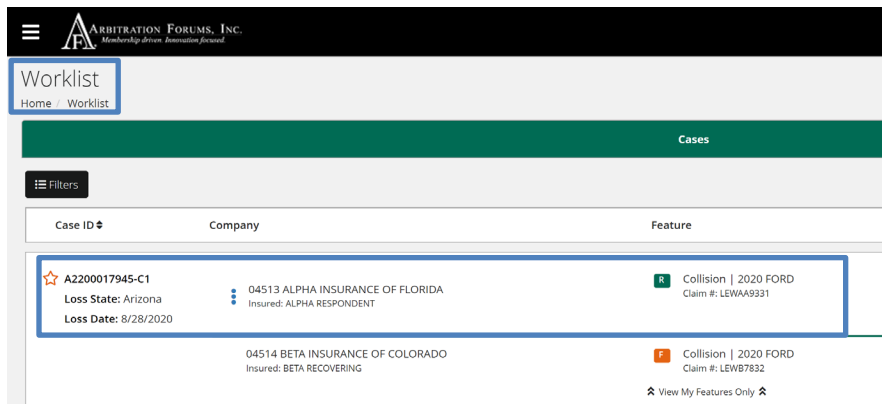


The screenshot shows the 'My ARBFILE' dashboard. At the top, it says 'Welcome BEN RESPONDER | Log Out'. The navigation menu includes Home, My Arbfile, Member Directory, Member Access, E-Subro, TRS Arbitration, and Reports. A search bar is located in the top right. Below the navigation, there are sections for 'Helpful Links' (Member Directory, How to Join, Rules & Agreements, Reference Guides, Training Tutorials, FAQs, Becoming an Arbitrator, Arbitrator Certification, Fee Schedule, Latest News, Careers), 'E-Subro Hub' (List of Participating Companies, Industry Guidelines), and 'Latest News' (See the latest news from AF). A large banner for 'Webinars and Training Tutorials' is present, along with three columns: 'File Online Now!' (Automobile, Medpay, PIP, NY PIP, Property, Special, UM), 'Case Lookup' (To search for cases by AF ID, File Number, or Insured Info, click here.), and 'My Watches' (To view a listing of all of your dockets, click here.). The footer contains various links and the phone number 1-866-977-3434.

Search for a case by entering the AF Case ID, Claim Number, Policy Number, or Internal Reference Data in search field.



Once found, the case will display in the Worklist.



The screenshot shows the 'Worklist' page. It features a table with columns for Case ID, Company, and Feature. The first row is highlighted with a blue border:

Case ID	Company	Feature
A2200017945-C1 Loss State: Arizona Loss Date: 8/28/2020	04513 ALPHA INSURANCE OF FLORIDA Insured: ALPHA RESPONDENT	Collision 2020 FORD Claim #: LEWAA9331
	04514 BETA INSURANCE OF COLORADO Insured: BETA RECOVERING	Collision 2020 FORD Claim #: LEW67632

At the bottom of the table, there is a link: 'View My Features Only'.

Each party's case is identified through TRS® Badges.

- The green “R” badge is the Responder’s case.
- The orange “F” badge is the Filer’s case.

Selecting the arrows expands or collapses case information.

- View Features From All Parties (Collapsed View)
- View My Features Only (Expanded View)

As Responder, you have 30 days to submit a response. This is denoted by the Due Date. To respond, select **Enter Response** from the the blue ellipsis drop-down menu.

9/9/2022 In Progress

Assign Claim Rep

Enter Response

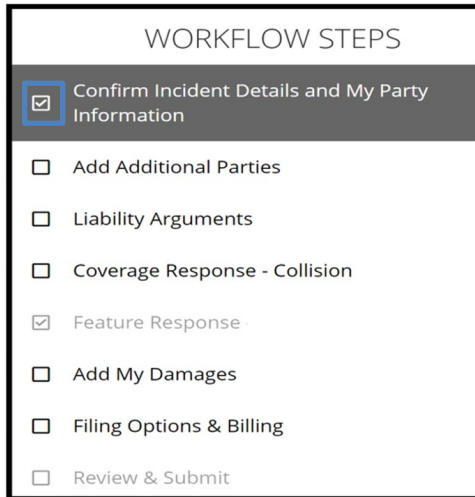
Using the **Filters Tab** is another way to search for cases.

Arrows expand to reveal more filter options.

Reduce search time using different filter options such as Case Status, Coverage Group, etc.

TRS Workflow Steps

Once in the case, the Responding Party will complete **workflow steps** found to the left. Completion of these steps is required in order to submit the case. As each step is completed, TRS® will automatically mark it as complete. This is denoted by a check mark. Once all workflow steps are marked as complete, the case can be submitted.



A screenshot of a 'WORKFLOW STEPS' menu. The menu is titled 'WORKFLOW STEPS' and contains a list of steps, each with a checkbox. The first step, 'Confirm Incident Details and My Party Information', is checked. The other steps are: 'Add Additional Parties', 'Liability Arguments', 'Coverage Response - Collision', 'Feature Response' (checked), 'Add My Damages', 'Filing Options & Billing', and 'Review & Submit'.

Confirm Incident Details and My Party Information




A screenshot of the 'WORKFLOW STEPS' menu, similar to the one above, but with the first step, 'Confirm Incident Details and My Party Information', highlighted in a dark grey background. The checkbox for this step is checked.

The Responder will confirm the information entered by the Filing Party.

Note: Required fields are denoted with an (*). Once the field is completed, it becomes a ✓.

Under **Case Type**, confirm the **Coverage Group** selected by the Filing Party is correct.

Case Type

Coverage Group  New York PIP

Options include:

- Collision, Comprehensive/OTC
- PIP
- MedPay
- New York PIP
- Property
- Workers' Compensation Subrogation (Special Arb)
- Third-Party Contribution (Special Arb)
- Non Compulsory (Special Arb)

Next, confirm the correct **Right of Recovery** is selected.

Right of Recovery Loss Transfer

Options include:

- Negligence (Collision, Comprehensive/OTC, PIP, Med Pay, Property or Workers' Compensation Subrogation)
- Concurrent Coverage/Priority of Payment (Collision, Comprehensive/OTC, PIP, Med Pay, Property, or New York PIP)
- Contribution Among Co-defendants or Contribution for Concurrent Coverage (Third-Party Contribution)
- Non-Compulsory
- Loss Transfer (New York PIP only)

If the incorrect **Coverage Group** or **Right of Recovery** is selected, assert the appropriate **Jurisdictional Exclusion** (see **Jurisdictional Exclusions** to learn how to **Add Exclusion**).

Confirm **Incident Details** including the Loss Date and Loss State.

If the information entered is incorrect, select **Request Incident Details Change**.

The following pop-up appears. Enter the correct **Loss Date** and/or **Loss State** in the fields provided. A **Reason** is required for this change. Attach evidence supporting the change and select **Submit Request**. Requests are verified by Arbitration Forums, Inc (AF). If approved, AF will update the case with the correct information.

Confirm the correct **Party Information** is displayed. This information is pre-filled based on login credentials. Ensure the correct Subsidiary is selected.

Party Information	
Company	04514 - BETA INSURANCE CO
Subsidiary	0002 - BETA INSURANCE OF COLORADO

Confirm the **Policy Information** starting with the Claim Number, Line of Insurance, and Insured's information. The Policy Number and Policy Issue State are **not** required.

Policy Information	
Claim Number	8312022B
Policy Number	
Policy Issue State	
Line of Insurance	<input checked="" type="radio"/> Personal/Individual <input type="radio"/> Commercial/Business
Insured's First Name	HARRY
Insured's Last Name	GREEN

When Personal/Individual is selected, enter your Insured's First/Last Name.

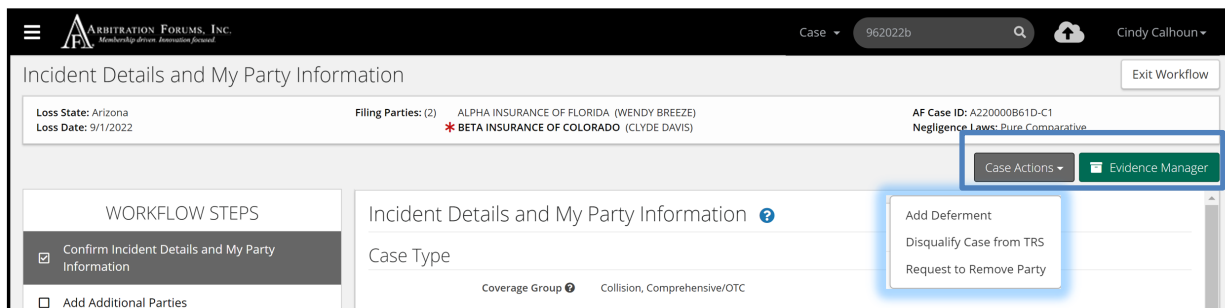
Policy Information	
Claim Number	8312022B
Policy Number	
Policy Issue State	
Line of Insurance	<input type="radio"/> Personal/Individual <input checked="" type="radio"/> Commercial/Business
Insured's Company Name	ABC BUSINESS

When Commercial/Business is selected, enter your Insured's Company Name.

The **Case Actions** tab allows Responders to:

- Add a deferment
- Request to remove a party

The **Evidence Manager** is where evidence is stored for use later in the case (See **Insert, Attach, or Placeholder for Evidence** for more information on how to attach evidence to a case).



Add Additional Parties

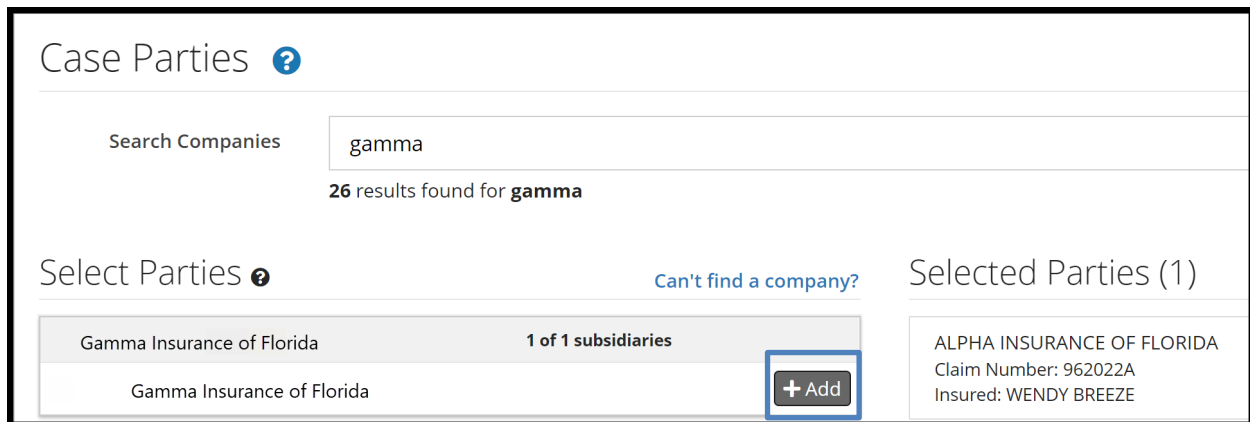


The filing company’s name appears under **Selected Parties**. To add additional parties, enter the company code/name in the **Search Companies** field. This information is transferred from E-Subro Hub if the demand was pushed to TRS for arbitration (Collision, Comprehensive/OTC).



The company will populate under the **Selected Parties** section.

To add the party, select the **+Add** tab.



It will then appear on the right side of the page. To remove the party, select the red trash icon found to the right.

Case Parties ?

Search Companies 26 results found for gamma

Select Parties ? Can't find a company?

Selected Parties (2)

ALPHA INSURANCE OF FLORIDA
Claim Number: 962022A
Insured: WENDY BREEZE

Gamma Insurance

For non-signatory companies, a Non-Sig badge will appear next to their name. Select the **+Add** tab to add them to the case (Does not include NY PIP).

Adverse Parties ?

Search Companies 39 results found for beta

Select Parties ? Can't find a company?

Selected Parties (1)

BETA INSURANCE OF COLORADO Non-Sig

00261 BETA COMPANY 1 of 1 subsidiaries
00261-0002 BETA COMPAN Non-Sig + Add

Note: When adding a non-signatory party to a case, they **must** give consent. To confirm consent is given, attach a copy of the **Written Consent Letter** as evidence. If evidence is not provided of prior consent to arbitrate, the filing will proceed. However, the non-signatory party may object to consent to arbitration, which will prevent any recovery from this party even when it is found negligent for the accident or occurrence. When the loss occurs in a mandatory arbitration state, consent is **not** required.

WORKFLOW STEPS

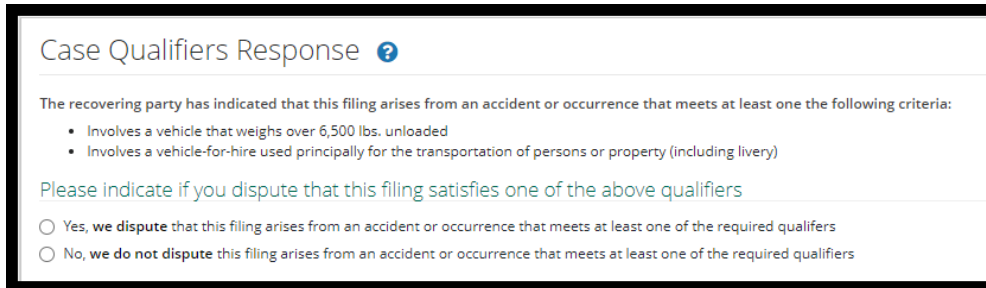
Case Qualifiers Response

In **New York Loss Transfer** cases, no-fault payments made to an injured party are recoverable so long as the accident or occurrence meets one of the following criteria:

- Involves a vehicle that weights over 6,500 lbs. unloaded

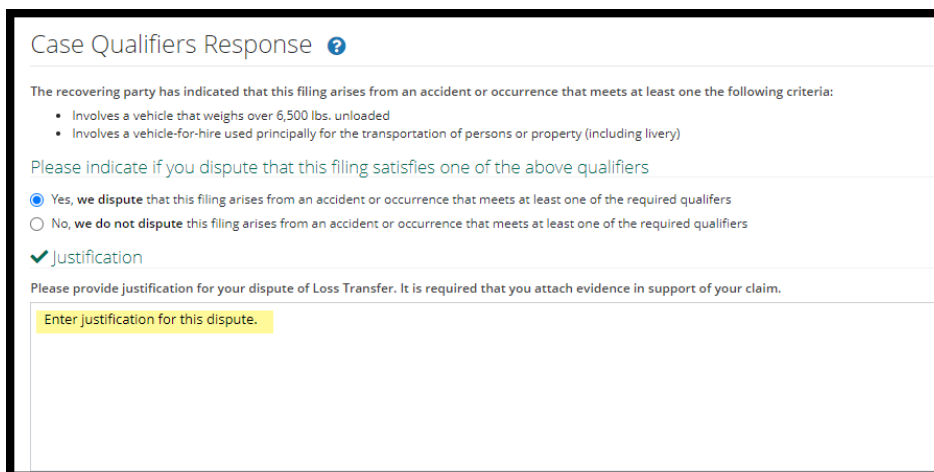
- Involves a vehicle-for-hire used principally for the transportation of persons or property (including livery)

Indicate if this filing satisfies one of the above qualifiers.



The screenshot shows a form titled "Case Qualifiers Response" with a help icon. Below the title, it states: "The recovering party has indicated that this filing arises from an accident or occurrence that meets at least one the following criteria:" followed by two bullet points: "Involves a vehicle that weighs over 6,500 lbs. unloaded" and "Involves a vehicle-for-hire used principally for the transportation of persons or property (including livery)". Below this, it asks: "Please indicate if you dispute that this filing satisfies one of the above qualifiers" with two radio button options: "Yes, we dispute that this filing arises from an accident or occurrence that meets at least one of the required qualifiers" and "No, we do not dispute this filing arises from an accident or occurrence that meets at least one of the required qualifiers".

Select **Yes** if you dispute this filing arises from one of the above case qualifiers. Provide a **Justification** in the field provided and **Attach Evidence**. Evidence should support your claim.

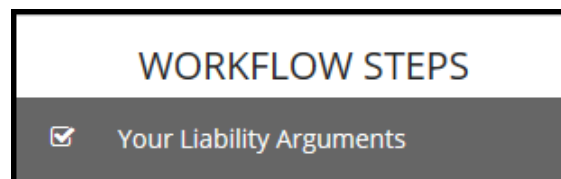


This screenshot shows the same "Case Qualifiers Response" form as above, but with the "Yes, we dispute" radio button selected. Below the radio buttons, there is a section titled "Justification" with a checkmark icon. It contains the text: "Please provide justification for your dispute of Loss Transfer. It is required that you attach evidence in support of your claim." Below this text is a text input field with a yellow placeholder that says "Enter justification for this dispute."

Select **No**, if you do not dispute this filing arises from one of the case qualifiers.

If **Priority of Payment for New York PIP** is selected as the **Right of Recovery**, this workflow step will not be present. Proceed to the next step.

Your Liability/Recovery Arguments



The screenshot shows a box titled "WORKFLOW STEPS". Below the title, there is a list of steps. The first step, "Your Liability Arguments", is checked with a checkmark icon.



Your liability arguments will appear in the workflow steps when **Negligence, Loss Transfer (NY PIP only), or Contribution Among Co-Defendants** is selected as the **Right of Recovery**.

Recovery arguments will appear in the workflow steps when **Concurrent Coverage/Priority of Payment, Contribution for Concurrent Coverage or Non-Compulsory** is selected as the **Right of Recovery**.

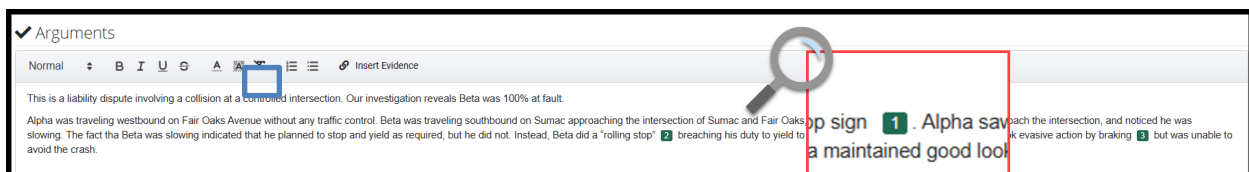
Insert, Attach, or Placeholder for Evidence

Enter either liability or recovery arguments and insert evidence, if desired.

Note: Arbitrators are required to make a comment about specific evidence items inserted in this section.

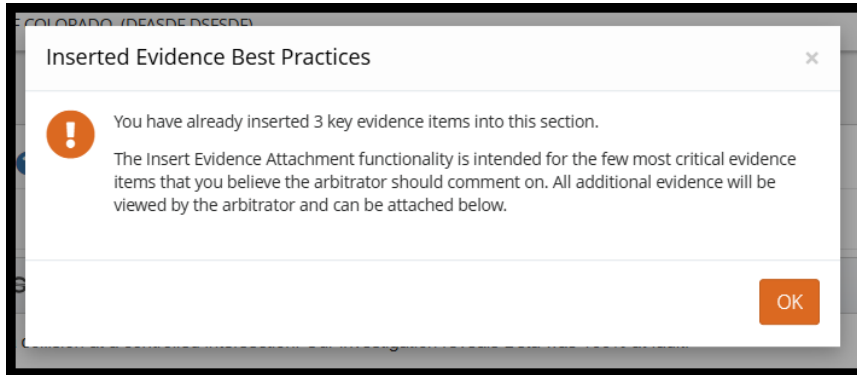
Insert Evidence

Inserted evidence will appear in the arguments section as a “green box” with a number assigned.



As a best practice, Responders should insert no more than three (3) evidence items into the liability arguments section. Inserting too many items defeats the purpose of emphasizing critical evidence that is most important to proving your liability or damages position to the arbitrator.

The following pop-message appears when attempting to insert more than three (3) items into your liability arguments.

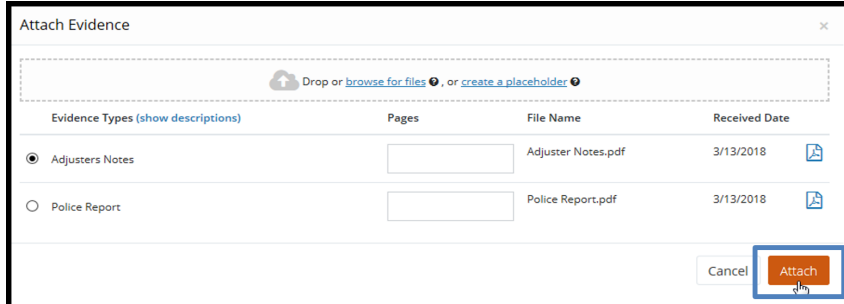


To insert evidence, select **Insert Evidence**.



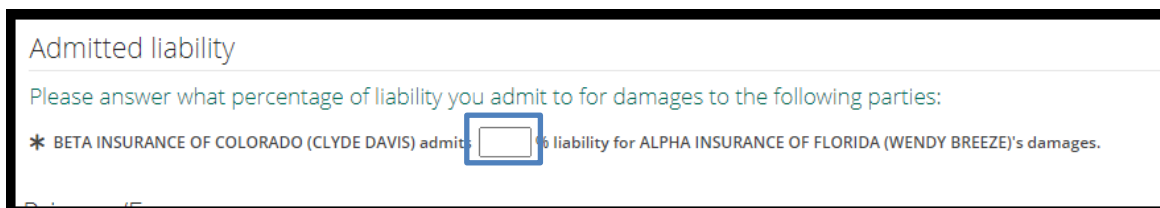
Responders will choose specific evidence items from the **Evidence Manager**, if added previously, or browse for files saved in your database. See **Attach Evidence** to learn how to upload and attach evidence to a case.

Choose a specific evidence item by selecting the adjacent radio button and select **Attach**.

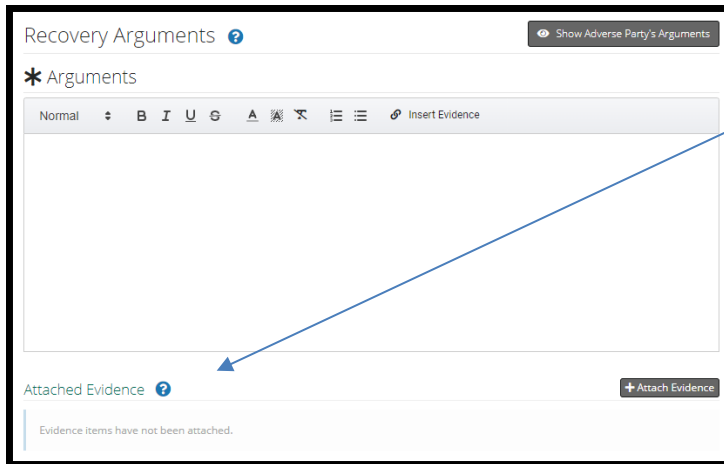


Note: Evidence uploaded from E-Subro Hub will automatically be saved in Evidence Manager. Responders will need to manually attach it to the case.

Next, enter the percentage of liability admitted. If no liability is admitted enter “0”. This section will appear when **Negligence** or **Loss Transfer Right of Recovery** is selected.



When **Concurrent Coverage/Priority of Payment, Contribution Among Co-defendants or Non-Compulsory** is selected as the **Right of Recovery**, the admitted liability section will *not* be present. Arguments raised under this Right of Recovery relate only to coverage disputes and not liability.

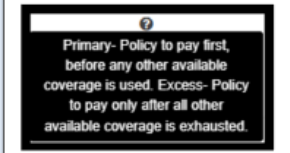


The **Admitted Liability** question is not present when the Right of Recovery is Concurrent Coverage/Priority of Payment.

Answer **Yes** or **No** to the Primary/Excess question by selecting the radio button. The system automatically defaults to **No**. (Does not apply if **New York PIP, Concurrent Coverage/Priority of Payment Right of Recovery, or Contribution for Concurrent Coverage** is selected).



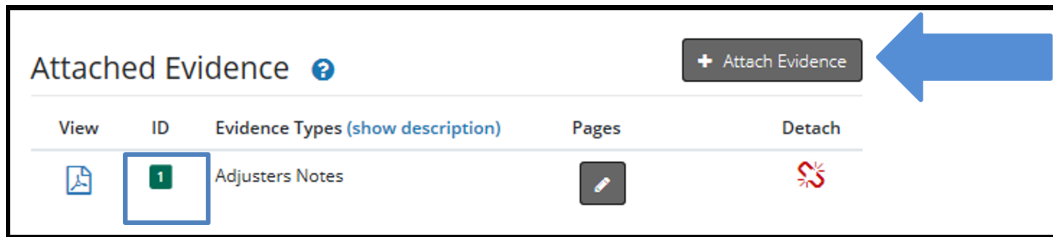
Help Text is available when hovering over the question mark.



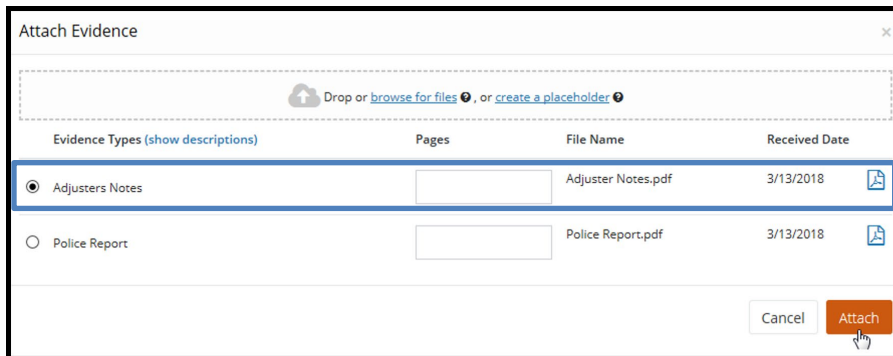
Attach Evidence

Next, attach evidence not previously inserted into the arguments section. To attach evidence, select the **Attach Evidence** tab.

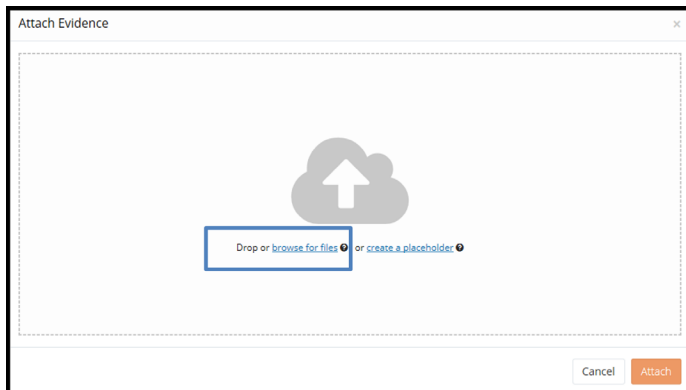
Note: Evidence inserted into Arguments will automatically appear in the Attached Evidence section as a green box.



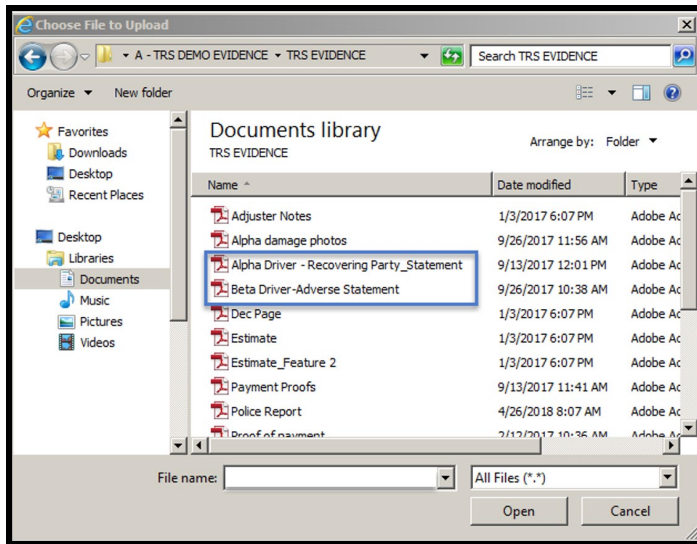
To add evidence not inserted into Arguments, choose the radio button with the relevant evidence type and select **Attach**.



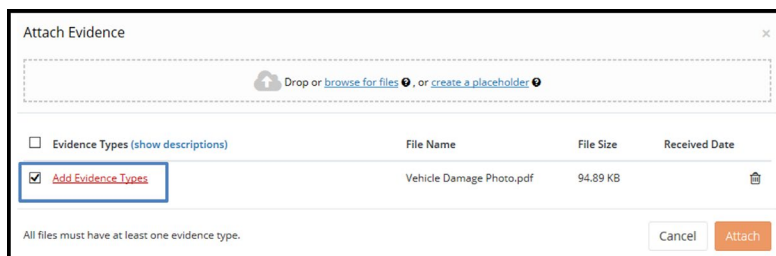
To attach evidence not previously uploaded from E-Subro Hub, drag and drop them into the window or select **browse for files**.



Select evidence items stored in your claims system by double-clicking on the desired evidence item.

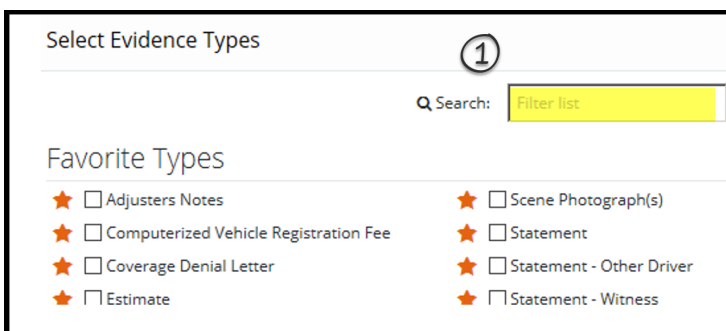


This brings the evidence into the Evidence Manager where responders are required to give it a type. Select the red link to reveal the evidence type options.



There are three ways to search for evidence types.

The **Search** box uses an incremental search to progressively find and filter through text. Enter the first few characters to identify a type from the list.



Responders can scroll through the **Evidence Types** list until evidence is located. Check the box next to the corresponding type and **Save** to bring it into the **Evidence Manager**.

Once evidence is saved in the **Evidence Manager**, Responders will need to select **Attach** to save evidence to the filing.

<input type="checkbox"/>	Evidence Types (show descriptions)	File Name	File Size	Received Date
<input checked="" type="checkbox"/>	Adjusters Notes (edit)	Adjuster Notes.pdf	84.82 KB	

Responders can also search for evidence types via the **Favorite Types** list. To use this as a search option, Responders must first save the evidence type to “Favorites” by selecting the gold star. Next, select the box adjacent to the evidence item and select save. Once saved, it will appear on your **Favorite Types** list.

Evidence saved as a favorite is placed in a separate section for quicker access.

Favorite Types 3

<ul style="list-style-type: none"> ★ <input type="checkbox"/> Adjusters Notes ★ <input type="checkbox"/> Computerized Vehicle Registration Fee ★ <input type="checkbox"/> Coverage Denial Letter ★ <input type="checkbox"/> Estimate ★ <input type="checkbox"/> Liability Denial Letter ★ <input type="checkbox"/> Medical Reports ★ <input type="checkbox"/> Payment History ★ <input type="checkbox"/> Photograph(s) ★ <input type="checkbox"/> Police Report ★ <input type="checkbox"/> Police Report Overlay 	<ul style="list-style-type: none"> ★ <input type="checkbox"/> Policy Declarations ★ <input type="checkbox"/> Proof of Payment ★ <input type="checkbox"/> Recorded Statement ★ <input type="checkbox"/> Reference Material ★ <input type="checkbox"/> Release Form ★ <input type="checkbox"/> Rental Bill/Receipt ★ <input type="checkbox"/> Salvage Invoice ★ <input type="checkbox"/> Salvage Report ★ <input type="checkbox"/> Scene Diagram 	<ul style="list-style-type: none"> ★ <input type="checkbox"/> Scene Photograph(s) ★ <input type="checkbox"/> Statement ★ <input type="checkbox"/> Statement - Other Driver ★ <input type="checkbox"/> Statement - Witness ★ <input type="checkbox"/> Statute ★ <input type="checkbox"/> Total Loss Evaluation ★ <input type="checkbox"/> Tow and/or Storage Bill ★ <input type="checkbox"/> Video Evidence ★ <input type="checkbox"/> Witness Written Statement
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Note: Evidence Sharing for Collision and Comprehensive/OTC Cases Only

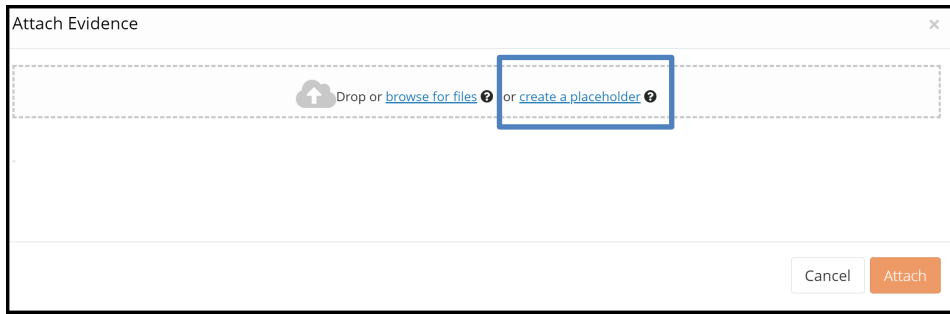
Attach evidence relevant to the liability arguments. Do not dispute damages or attach evidence regarding a damage dispute in this section (Liability Arguments Workflow Step).

Damage Dispute evidence attached to the **Supporting Evidence for Feature Response** section is viewable by the Recovering Party. Likewise, evidence attached to the Feature Damages sought section by the Recovering Party is viewable to the Responding Party (**Rule 2-1**).

Arguments not properly raised will not be considered by the arbitrator (**Rule 2-5**).

Placeholder for Evidence

When a piece of evidence is known but unavailable at the time of responding, **Create a Placeholder**.



This workflow will allow you to identify the evidence types and optional description and save. Follow the Insert/Attach Evidence workflow.

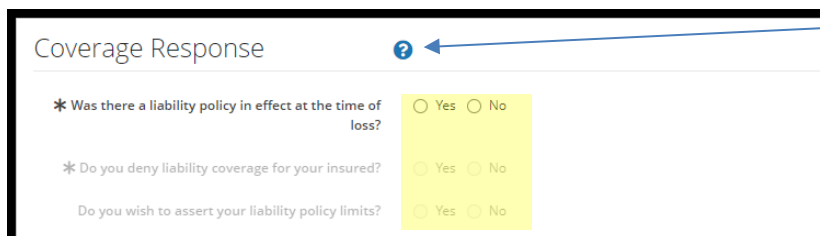
Note: Evidence must replace the placeholder and be attached to the case prior to submission.

Coverage Response – Applicable Coverage Group

This section applies to Collision, Comprehensive/OTC, PIP, Med Pay, New York PIP, Property, Workers’ Compensation Subrogation, Third-Party Contribution, or Non-Compulsory.



Answer the **Coverage Response** questions by selecting **Yes** or **No**.



Select the blue question mark to reveal **Help Text**.

Select **Yes** or **No** depending on whether there is a liability policy in effect at time of loss.
 If **Yes**, go to the next question.

✓ Was there a liability policy in effect at the time of loss? Yes No

This question appears when **Negligence** or **Contribution Among Co-defendants** is selected

If **No**, Responders are prompted to confirm they do not provide liability coverage for the named insured, are unable to locate a liability policy for the named insured, or the liability policy for the named insured expired prior to the date of loss. Select **Confirm**.

Proceed?

You should select Confirm only if you: do not provide liability coverage for the named insured, are unable to locate a liability policy for the named insured, or your liability policy for the named insured expired prior to the date of loss.

By selecting 'confirm' below, you are confirming the above is true and parties will be prevented from seeking recovery of damages against you in arbitration.

Once **Confirm** is selected, an additional question as to who holds the liability policy appears. If **Yes**, enter the party(ies) carrying the liability policy at the time of loss.

✓ Do you know who holds the liability policy? Yes No

* Select all parties who had the liability policy in effect at the time of loss. ⓘ Please add a party to the case and then select the party as a Liability Carrier.

If a party you wish to name as a carrier is not on this list return to [Add Additional Parties](#) and add them to this case.

If **No** is selected, all remaining questions will remain disabled. Proceed to the next workflow step.

✓ Was there a liability policy in effect at the time of loss? Yes No

✓ Do you know who holds the liability policy? Yes No

* Do you deny liability coverage for your insured? Yes No

Do you wish to assert your liability policy limits? Yes No

When **Yes** is selected in regards to a liability policy that was in effect at the time of loss, additional questions appear.

These questions apply to **Workers' Compensation Subrogation** and **Third Party Contribution disputes**

Do you deny liability coverage for your insured? Yes No
 Do you wish to assert your liability policy limits? Yes No

If **Yes** is selected for the above questions, Responders are required to provide a **Justification**. Attach evidence to support your assertions.

Justification

Attached Evidence + Attach Evidence

Evidence items have not been attached.

← Previous
Next →

For **Collision, Comprehensive/OTC, Property, or Third-Party Contribution** where the coverage response includes **property damage**, Responders will enter the Property Damage (PD) limits from the Declarations Page. This field appears only when **Yes** is selected to assert your liability policy limits.

Do you wish to assert your liability policy limits? Yes No

 * Policy Limit Amount

For **PIP, Med Pay, Workers' Compensation Subrogation, or Third-Party Contribution** cases where the coverage response includes **bodily injury**, Responders are required to select the **Policy Limit** type. This field appears only when **Yes** is selected to assert your liability policy limits.

Do you wish to assert your liability policy limits? Yes No

 Policy Limit Type Per-Person/Per-Incident Combined Single Limit

Per-Person/Per-Incident

Do you wish to assert your liability policy limits? Yes No

 Policy Limit Type Per-Person/Per-Incident Combined Single Limit

When selecting **Per-Person/Per-Incident**, enter the limit of coverage per-person. Next, enter the limit of coverage per-incident.

Do you wish to assert your liability policy limits? Yes No
 Policy Limit Type Per-Person/Per-Incident Combined Single Limit
 * Per-Person Policy Limit Amount
 * Per-Incident Policy Limit Amount

Combined Single Limit

When selecting **Combined Single Limit**, Responders are prompted to enter only the single limit amount for property damage and injury combined for the occurrence.

Policy Limit Type Per-Person/Per-Incident Combined Single Limit
 * Combined Single Limit Amount

Next, add **Additional Exposures**, if known, by selecting the **+Add** tab to the right. This section appears only when policy limits have been asserted.

Additional Exposures ?
 No additional exposures

This field should only be used when your liability policy limits are at risk and where exposures exist to parties *not* named in the current filing.

To add an additional exposure select the **+ Add** tab.
 (Does not apply to NY PIP filings).

Additional Combined Single Limit Exposures ?
 No a Additional combined single limit exposures are Occurrence exposures which are outside of this arbitration and not part of this case

Enter the amount of the exposure, if known. Select the **Paid** or **Unpaid** Exposure radio button and provide a **Description**.

The screenshot shows a form titled "Additional Exposures" with a close button (X) in the top right. Below the title is a instruction: "Enter additional exposures not included in this case. Do not include exposures for anything currently filed against you in arbitration." The form has three main sections:

- * Amount:** A text input field with a value of "\$1,000.00" and a checkbox labeled "Undetermined Exposure Amount" which is currently unchecked.
- * Type:** Two radio buttons: "Paid Exposure" (which is selected and highlighted in yellow) and "Unpaid Exposure".
- * Description:** A large text area with a placeholder text: "Enter known exposures which are already paid or known but unpaid in this section. It is recommended that you attach evidence in support of the payments claimed."

 At the bottom right of the form are "Cancel" and "Save" buttons.

When additional exposures are known prior to arbitration, enter the amount in the field provided.

\$1,000.00

Next, select **Paid Exposure** as the type if an actual payment is made.

If payment has not been made, select **Unpaid Exposure** as the type.

If undetermined, check the **Undetermined Exposure Amount** box. Next, enter a description and add evidence to support it (for example, a police report).

This screenshot shows the same "Additional Exposures" form, but with different selections:

- The "Amount" field is now greyed out, and the "Undetermined Exposure Amount" checkbox is checked.
- The "Type" section is not visible, as the "Undetermined Exposure Amount" checkbox is checked.
- The "Description" field contains the text "Damage to a tree."

 The "Cancel" and "Save" buttons remain at the bottom right.

If the additional exposure is **unknown/undetermined**, check the box.

For **New York PIP Priority of Payment** as the **Right of Recovery**, the following questions appear. Answer **Yes** or **No** by selecting the adjacent radio button.

Coverage Response - NYPIP ?

✓ Was there a policy or contract in effect at the time of loss? Yes No

✓ Do you deny coverage for your insured? Yes No

If **Yes** is selected, move to the next question. If **No** is selected, the following message will appear. Select **Confirm** if you are sure there was no policy or contract in effect at the time of loss.

Proceed?

Are you sure there was not a policy or contract in effect at the time of loss? This will prevent parties from seeking recovery of damages against you in arbitration.

Cancel Confirm

If **No** is selected, move to the next Workflow Step. If **Yes** is selected, you are required to provide a **Justification** and attach evidence supporting this assertion.

✓ Do you deny coverage for your insured? Yes No

✓ Denial justification

Enter justification

Please provide a description for denying coverage and attach your coverage denial letter and any additional relevant evidence.

Attached Evidence

Evidence items have not been attached.

Back Evidence

For **New York PIP Loss Transfer** as the **Right of Recovery**, the following questions appear. Answer **Yes** or **No** by selecting the adjacent radio button.

Coverage Response - NYPIP ?

✓ Was there a liability policy in effect at the time of loss? Yes No

✓ Do you deny liability coverage for your insured? Yes No

If **Yes** is selected, move to the next question. If **No** is selected, the following message will appear. Select **Confirm** only if you do not provide the liability coverage for the named insured, are unable to locate a liability policy for the named insured, or the policy was expired on the date of loss.

Proceed?

You should select Confirm only if you: do not provide liability coverage for the named insured, are unable to locate a liability policy for the named insured, or your liability policy for the named insured expired prior to the date of loss.

By selecting 'confirm' below, you are confirming the above is true and parties will be prevented from seeking recovery of damages against you in arbitration.

Cancel Confirm

If **No** is selected, move to the next Workflow Step. If **Yes** is selected, you are required to provide a **Justification** and attach evidence supporting this assertion.

✓ Do you deny liability coverage for your insured? Yes No

✓ Denial justification

Enter justification

Please provide a description for denying coverage and attach your coverage denial letter and any additional relevant evidence.

Attached Evidence

Evidence items have not been attached.

Back Evidence

Feature Response - Vehicle or Injury Party

WORKFLOW STEPS

Feature Response - Vehicle or Injured Party

The filing company’s feature information, located at the top of the page, includes the driver and vehicle information (**Collision, Comprehensive/OTC**), a feature description, (**Property or Non-Compulsory**) or injured party information (**PIP, Med Pay, New York PIP, Workers’ Compensation Subrogation, or Third-Party Contribution**). Other information includes:

- Claim Number
- Claim Representative (Name, Phone Number, and Email Address)
- Remittance Address

Collision, Comprehensive/OTC view:

Feature Response - 2021 HONDA (ALPHA INSURANCE OF FLORIDA) ?

Driver: WENDY BREEZE	Vehicle: 2021 HONDA ACCORD	Bailment: No
Claim Number: 962022A	Claim Rep: Sally Jo Butterfield 813-574-4738 sjbutterfield.company.com	Remittance Address: 3820 Northdale Blvd Tampa, FL 33624-1863

Property or Non-Compulsory view:

Feature Response - BOAT (ALPHA INSURANCE OF FLORIDA) ?

Feature Description: damage to boat	Bailment: No	
Claim Number: 2142023A	Claim Rep: JOHN X. DEMANDER 813-967-8889 jdemand.alpha_04513_profile@arbfile.org	Remittance Address: ATTN: Arbitration Forums 3820 Northdale Blvd Ste 200A Tampa, FL 33624-1856

PIP, Med Pay, New York PIP, Workers’ Compensation Subrogation, and Third-Party Contribution (bodily injury) view:

Feature Response - WILLIAM THORTON (ALPHA INSURANCE OF FLORIDA) ?

Injured Party Name: WILLIAM THORTON	Injured Party Status: Driver	Vehicle: No Vehicle Specified
Claim Number: 9132022A	Claim Rep: JOHN X. DEMANDER 813-967-8889 jdemand.alpha_04513_rep@arbfile.org	Remittance Address: ATTN: Juan Camaney 3820 Northdale Blvd Tampa, FL 33624-1863

Responding Party information includes your claim number, which has been pre-filled from the Incident Details screen. If this number differs, you have the option to update it in this section. In addition, the **Internal Reference** allows the option to add a unique reference ID for routing purposes.

Jurisdictional Exclusions

Jurisdictional exclusions (JE) are reasons why a Responding Party’s case does not qualify to be heard by Arbitration Forums, Inc. To assert a jurisdictional exclusion, select the **Add Exclusion** Tab.

A list of exclusions will appear based on the Coverage Group selected:

Once an exclusion is selected, Responders are required to complete the description field.

Jurisdictional Exclusions

Filed under wrong coverage Delete Exclusion

✓ Description Enter Jurisdictional Exclusion (JE) description in this field.
Explain why this JE was selected.

If the incorrect exclusion is selected or is no longer needed, select **Delete Exclusion**.

Next, attach evidence in support of the exclusion asserted by selecting **+Attach Evidence** and follow the necessary steps (See **Insert, Attach, or Placeholder for Evidence** to learn more).

Supporting Evidence for Jurisdictional Exclusions + Attach Evidence

Damage Disputes

The Recovery Sought section allows Responders to review the damages sought by the filing company. Responders can also dispute damages from this section.

Recovery Sought

Company-Paid Damages

Auto Damage	\$3,500.00	▼ Dispute
Rental	\$500.00	▼ Dispute
Total Sought	\$4,000.00	
Total Proposed	\$4,000.00	
Difference	\$0.00	

Each itemized damage item can be disputed. To dispute damages, select the **Dispute** tab adjacent to the item.

Auto Damage	\$3,500.00	▼ Dispute
Rental	\$500.00	▼ Dispute

Once the **Dispute** tab is selected, the damage item will expand, allowing you to enter the required information: Proposed Amount, Dispute Type(s), and Justification.

Recovery Sought

Company-Paid Damages

Auto Damage	\$3,500.00	▼ Dispute
Rental	\$500.00	Delete Dispute

* Proposed Amount:

* Dispute Type(s):

* Justification:

Enter the **Proposed Amount**. Example: \$250.00 for rental versus the amount the Filer is seeking of \$500.00.

Dispute Type(s)

Rental x

- Select All
- No Subro Received/No Invoice
- Rental
- Unnecessary/Unreasonable Operations

Expands to reveal a drop-down menu to select **Dispute Type**.

To support a damage dispute, provide an explanation. This section also allows you to **Insert Evidence** to better support your arguments. Inserting evidence creates a relationship between the argument and evidence. Inserted evidence is assigned a numerical value and requires the arbitrator to make a comment. **Do not include payments paid to the filing company in this section. Enter any payment made for damages sought by the filing party or its insured under the Prior Payments section.**

The example below shows how inserted evidence appears in the Damage Dispute Justification section. A numerical value is automatically assigned to each inserted item.

Normal

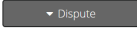

The rental invoice was not sent in the Filing Company's subrogation demand. The estimate calculates a 5 day repair. At \$50.00 a day (comparable vehicle) we are willing to reimburse \$250.00 and not the \$500.00 being requested by the Filing Company. (see rental bill **RE1**),

At any time on this page, you are able to **Delete Dispute** and confirm to proceed.

Rental	\$500.00	
--------	----------	---

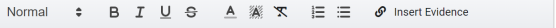
As you work your way through this section, the Total Sought, Total Proposed, and Difference are calculated accordingly.

Company-Paid Damages

Auto Damage	\$3,500.00	
Rental	\$500.00	

Proposed Amount
 Justification

Dispute Type(s)

Normal **B I U**  Insert Evidence

The rental invoice was not sent in the Filing Company's subrogation demand. The estimate calculates a 5 day repair. At \$50.00 a day (comparable vehicle) we are willing to reimburse \$250.00 and not the \$500.00 being requested by the Filing Company. (see rental bill **RET**),

Total Sought	\$4,000.00
Total Proposed	\$3,750.00
Difference	\$250.00

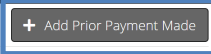
When **Concurrent Coverage/Priority of Payment** is selected as the Right of Recovery, Responders will enter a deductible amount in the field provided, if applicable.

Deductible Applicable to This Concurrent Coverage / Priority of Payment Feature

Responding Party Deductible Amount

Prior Payments Made

As a Responder, you can add **Prior Payments Made** to the filing company prior to arbitration. Any payment(s) made towards the filing party's damages or its insured (including deductibles), for the claim/damages sought in the filing, should be entered and supported by evidence showing the payment has **cleared** (cashied, deposited).

Prior Payments Made 

ALPHA INSURANCE OF FLORIDA has not accepted prior payments from BETA INSURANCE OF COLORADO.

This is especially true when there is a policy limit. This ensures the recovering party's award amount is adjusted for the prior payment and/or the remaining balance of policy limits is awarded accordingly (Does not include New York PIP).

When entering a payment dollar amount, describe what the payment is for (vehicle damages, out-of-pocket rental, property, deductibles, medical bills, lost wages, etc.).

* Payment Amount

Payment Description

Delete Payment

Entering payments to parties other than the filing party or its insured should be entered as an additional exposure (Does not include New York PIP). This will ensure award allocations do not exceed an Adverse Parties policy limits.

Attached Evidence

The attached evidence list is a collection of the evidence for the page/section you are on.

The adverse party(ies) will have access to view the evidence attached to the feature damages, damage disputes, and damage dispute rebuttals section only.

When known evidence needs to be attached to the case, but it is unavailable at the time of entry, you can create a placeholder. This workflow will allow you to identify the evidence types and optional description and save.

The evidence must be attached prior to submission (See **Insert, Attach, or Placeholder for Evidence**).

Supporting Evidence for Feature Response ?

+ Attach Evidence

View	ID	Evidence Types (show description)	Pages	Detach
	RE1	Rental Bill/Receipt		

Note: Evidence Sharing for Collision, Comprehensive/OTC Cases Only

Attach Damage Dispute evidence to the **Supporting Evidence for Feature Response** section. Evidence attached here is viewable to the Recovering Party. Likewise, evidence attached to the **Feature Damages** sought section by the Recovering Party is viewable to the Responding Party (**Rule 2-1**).

Arguments not properly raised will not be considered by the arbitrator (**Rule 2-5**).

Add My Damages (Does Not Include New York PIP)

This workflow step allows Responders to enter damages paid to their insured and recover from negligent parties.

If you have damages, simply indicate **Yes** and proceed to the next Workflow Step: **Select Coverages**. (See [TRS Navigation Guide for Filers](#).)

My Damages ?

Add damages? Yes No

If you do not have any damages, continue to next Workflow Step: **Filing and Billing Options**.

My Damages ?

Add damages? Yes No

Filing and Billing Options

WORKFLOW STEPS

Filing Options & Billing

Responders can request a **Panel of Three** on qualifying cases exceeding \$15,000.00 (does not include **New York PIP**). For qualifying cases, a box will appear for Responders to select.

Panel of Three ?

I would like to request a Panel of Three hearing for the following qualified features

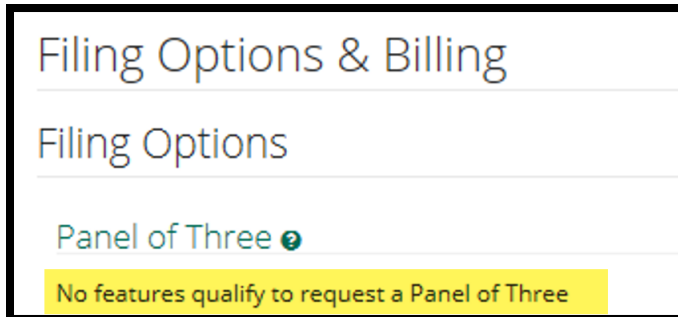
2022 FORD **R** - ALPHA INSURANCE OF FLORIDA

If you choose to request a Panel of Three hearing, a fee will apply.

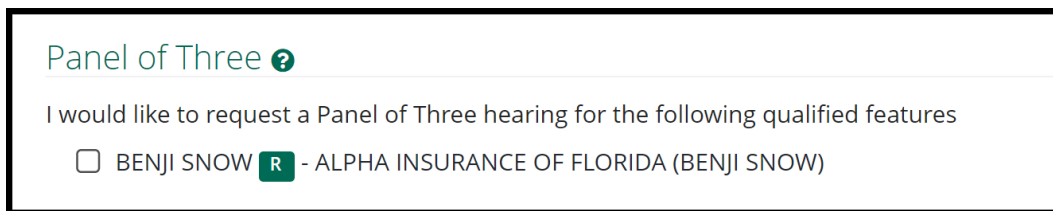
Panel of Three ?

Requesting a Panel of Three will result in a scheduled hearing where three panelists will hear this filing collaboratively. A separate fee applies. A Panel of Three can only be requested for features with damages of at least \$15,000.00.

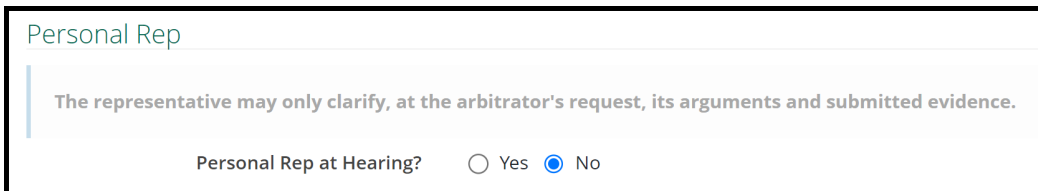
If a case does not qualify, Responders will receive the following message, “No features qualify to request a Panel of Three.”



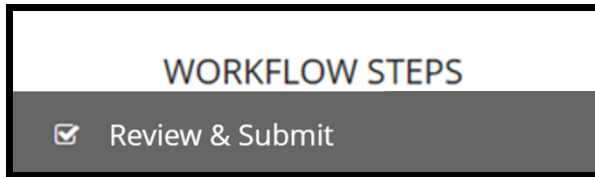
In **New York PIP**, a Panel of Three can be requested without a qualifying dollar amount. Select the box to make the request next to the appropriate feature. If you select a Panel of Three, this will result in a scheduled hearing where three panelists will hear the filing collaboratively.



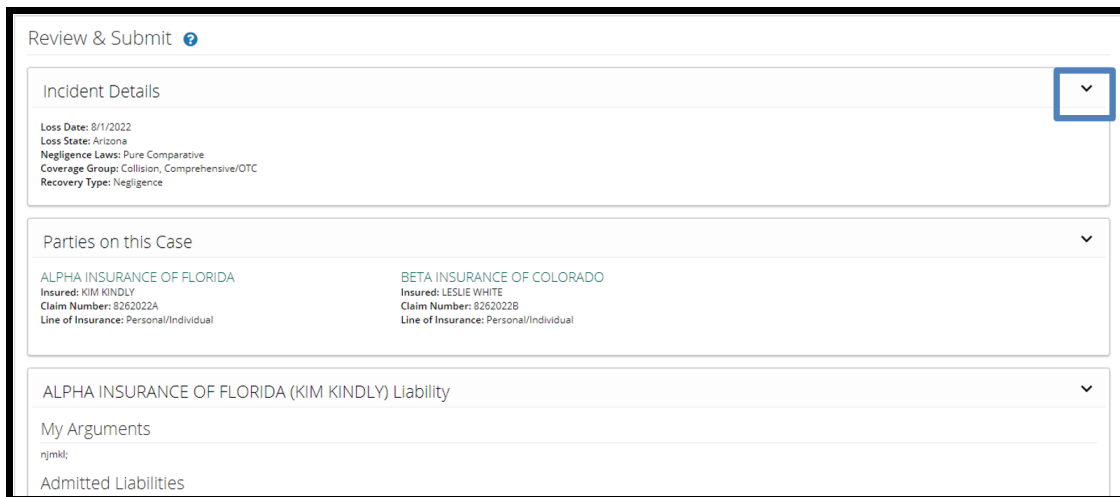
Responders can request to personally appear virtually at the hearing by selecting **Yes** or **No**.



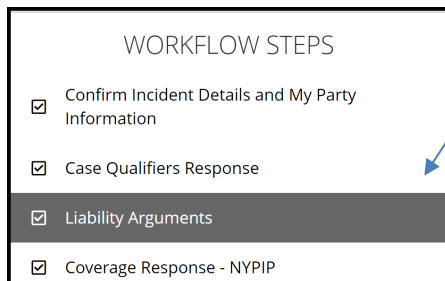
Review and Submit



Each section is expanded or collapsed using the down arrow to the right of the page.



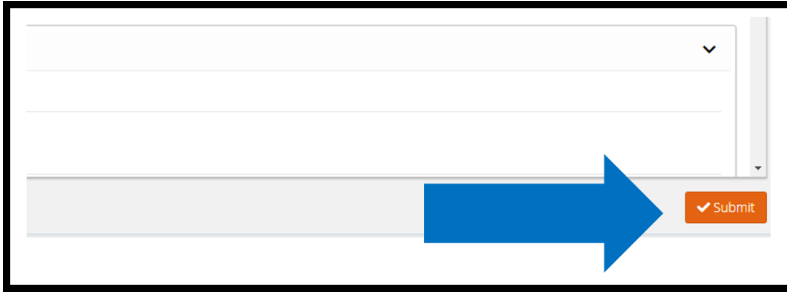
Proofread for spelling or grammatical errors.



To correct or update an area, navigate to the specific section via the **Workflow Steps** and update the necessary information.

Note: All corrections must be made prior to submitting the case. There are no amendments in TRS.

Select **Submit**. Your response is now complete. Once submitted, no amendments can be made. You can only revisit the case for specific reasons (See **Revisits**).



Appeal Process (Property and Special Only)

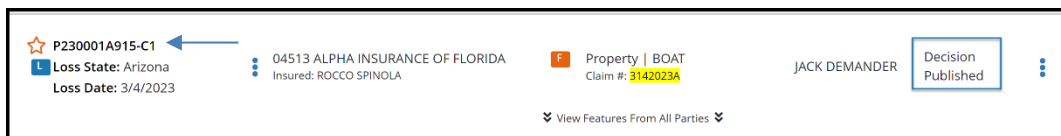
Currently, appeals are offered in TRS for Property and Special disputes only. To request an appeal, the Company Claim Amount must be \$10,000.00 and above for Property and the Total Settlement Amount must be \$100,000.00 and above for Special. A charge of \$1,000.00 is incurred by the requesting party.

The appeal process is not intended to simply facilitate another chance to prevail. Under Rule 2-12, appeals can be requested when an actual error by the original arbitrator or panel is made. Examples include the erroneous interpretation of submitted case law or misreading of evidence.

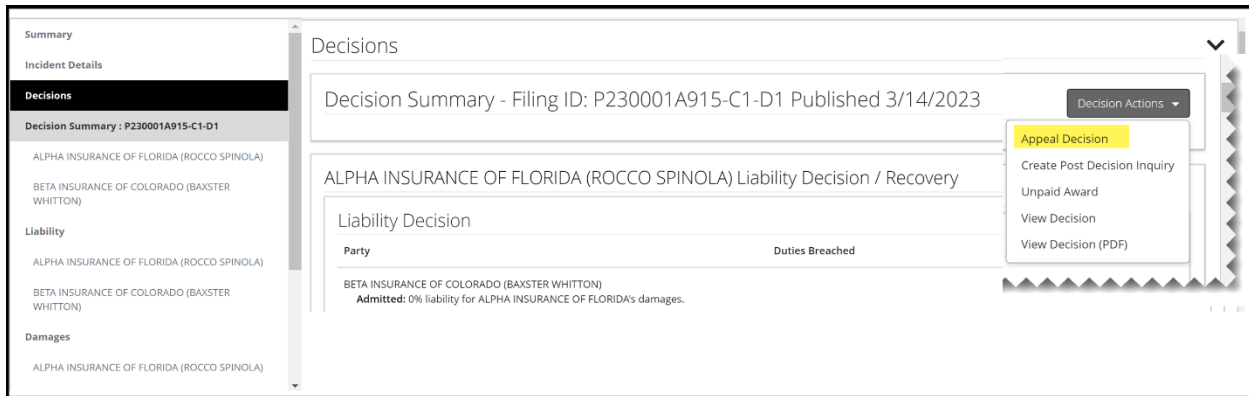
The right to appeal a decision is limited to the parties that “participated” in the original hearing. In other words, if a Responder did not respond, it may not appeal the decision.

To start the appeal process, the decision must display a status of **Decision Published**. Appeal requests must be made within 30 days of the Decision Publication date.

Select the Case ID number to access the Case Overview page.

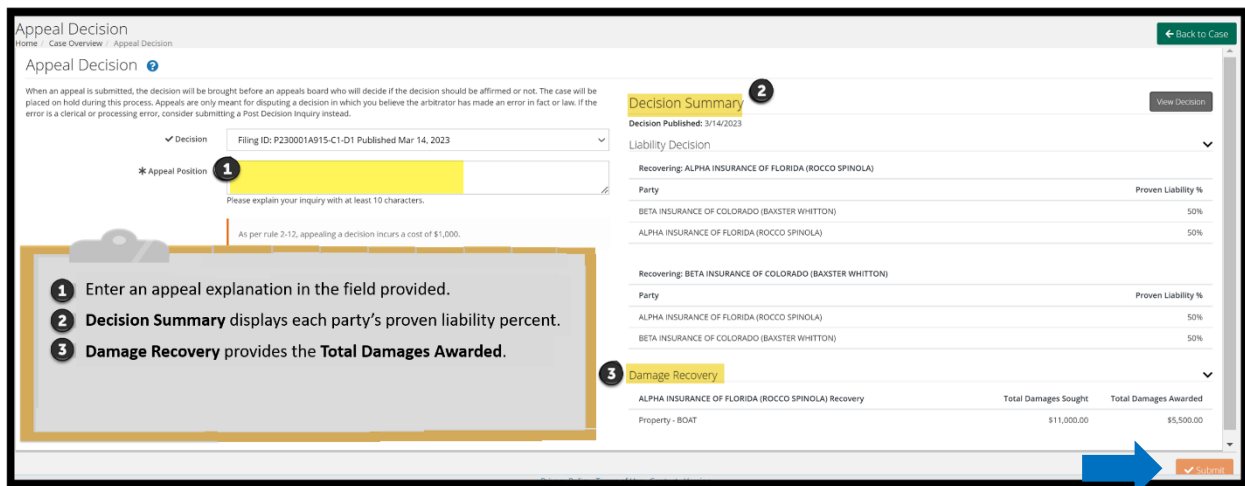


From Case Overview, navigate to **Decisions** and select **Appeal Decision** from the **Decision Actions** drop-down menu.



From the Appeal Decision screen:

1. Enter an appeal explanation in the field provided.
2. Review each party's proven liability percentages.
3. Review the Total Damages Awarded.



Once an explanation is entered, select the Submit tab.

Deferments

The documents linked below provide step-by-step instructions on how to request, withdraw, or challenge a deferment.

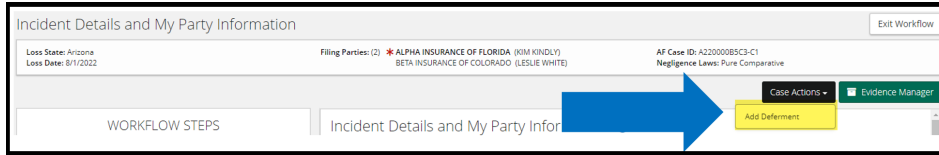
[Request a Deferment](#)

[How to Withdraw a Deferment](#)

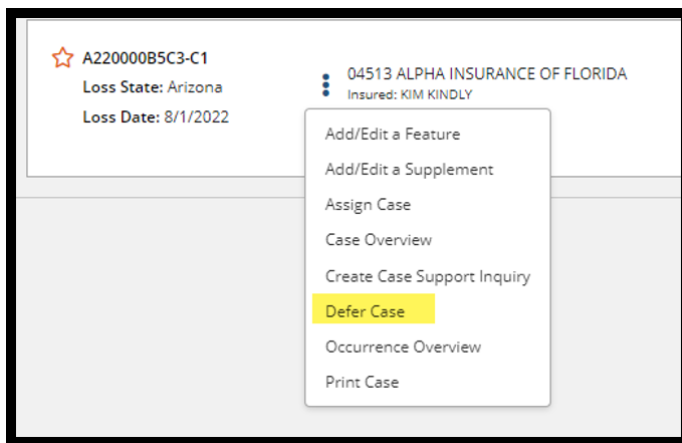
[How to Challenge a Deferment](#)

Parties can postpone a hearing (for one year) by adding a **deferment**. There are two ways to add a deferment to a case:

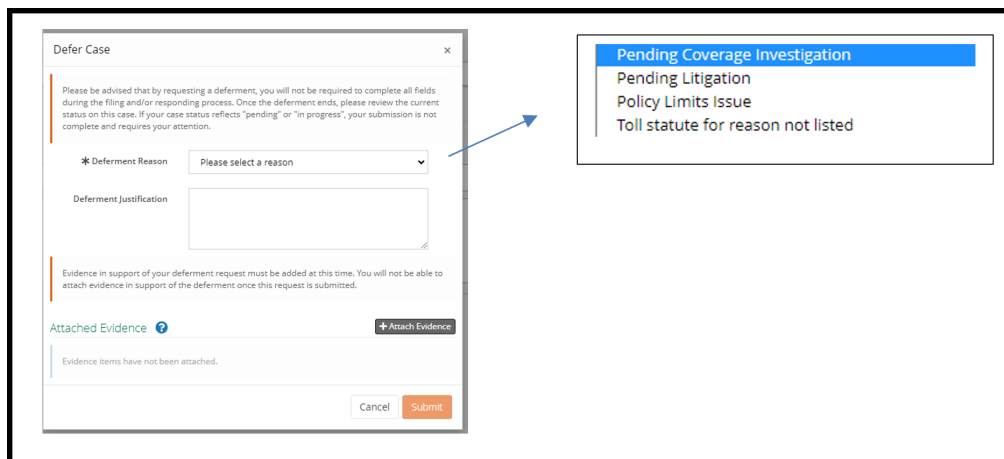
- From the **Case Actions** Tab and **Add Deferment** or,



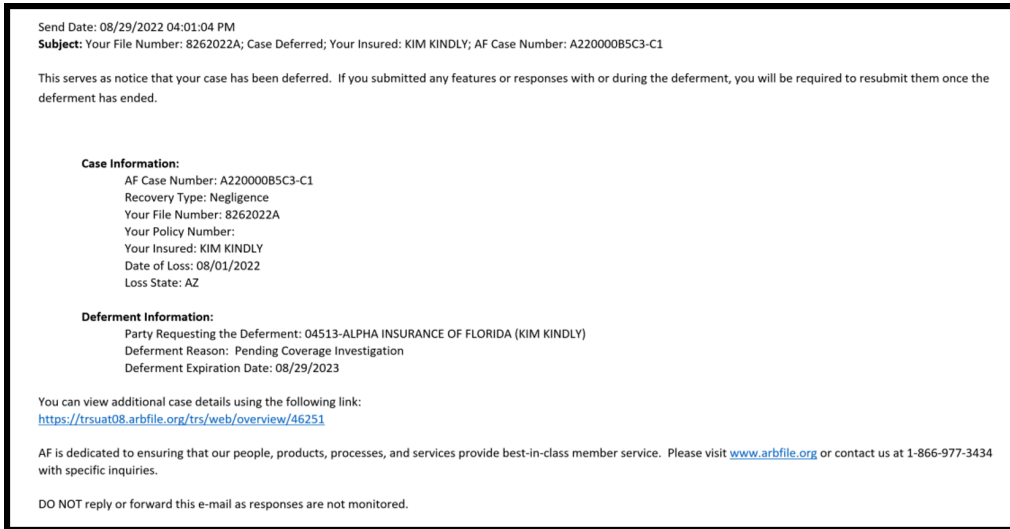
- From the blue ellipsis drop-down menu, select **Defer Case**.



Select a **Deferment Reason** and provide a **Justification**. **Attach Evidence** to support the reason for the selected deferment.



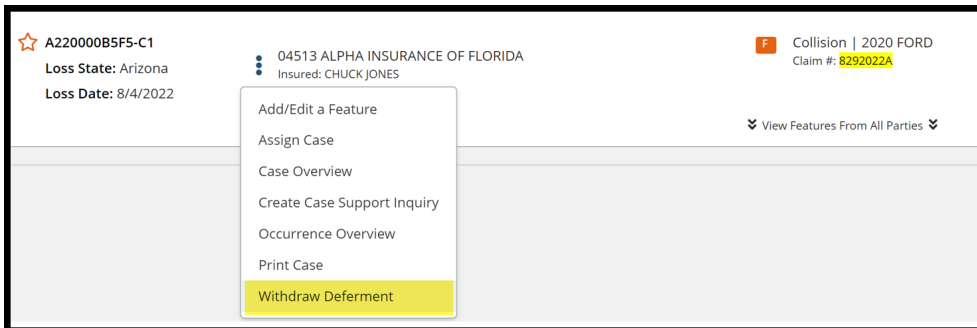
To confirm the deferment is added, an email notification is sent.



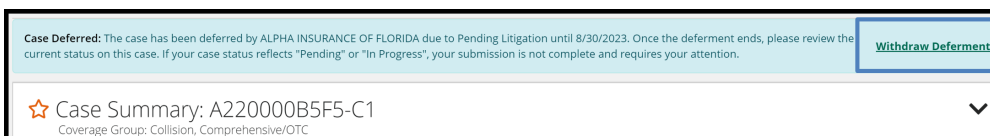
A deferment verification is also confirmed by the case status.



To withdraw a case **before** the one year expiration, select **Withdraw Deferment** from the blue ellipsis.



Deferments can also be withdrawn from within the case by selecting **Withdraw Deferment** from the blue banner.

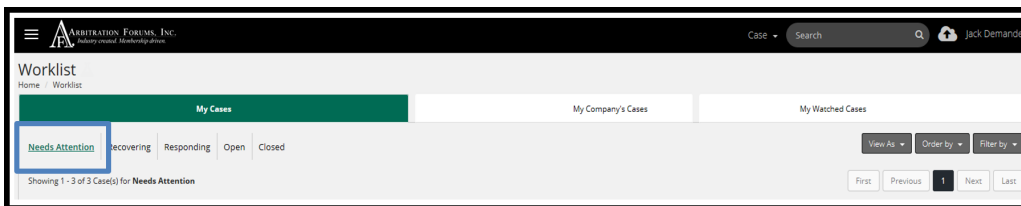


Revisits

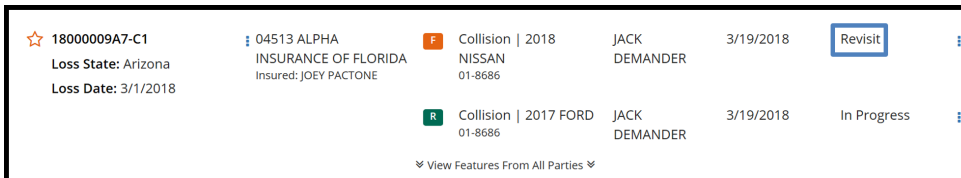
Parties have limited circumstances in which to **revisit** a filing (i.e., update filing information for a new impleaded party, review cases where counterclaims are filed, or where a party raises a damage dispute, asserted policy limits, or jurisdictional exclusion).

You have seven calendar days to revisit your case and update/change or enter a rebuttal.

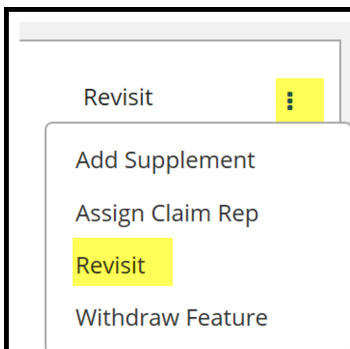
To view files with a revisit, go to the TRS Worklist. Under **My Cases**, filter search by selecting cases that need attention.



If a case has a revisit, it will appear on the right side.



Select the blue ellipsis to the right, and then select **Revisit**.



Supplements

Arbitration should not be filed until a claim is concluded. That said, AF realizes that supplemental damages may arise after an initial filing is submitted or heard.

When this occurs, the responding party is strongly encouraged to voluntarily reimburse the damages based on the initial liability decision. Arbitration may be filed, however, if the damages are disputed.

Rule 5-3 outlines when a company can file for supplemental damages. Payments must be made on or after the initial filing submission date. It is also important to note that for new Auto filings, evidence submitted by the parties to support or dispute the supplement damages will be viewable by the parties. This is intended to facilitate and expedite settlement of the claim, since many times a supplement demand is not sent.

In all forums, the original liability decision is binding unto the parties. The sole issue for the arbitrator to consider in the new filing is the supplemental damages.

When the Filing Company files for additional damages, the Responder has 30 days to submit a response.

Note: Evidence to support or dispute supplement damages are **viewable** by the parties.

The screenshot shows a case card for 'A220000B799-C1' with a 'Loss State: Arizona' and 'Loss Date: 9/1/2022'. The insurer is '04514 BETA INSURANCE OF COLORADO' with 'Insured: ABBEY FAYE'. There are two claims listed: 'Collision | 2021 FORD' with 'Claim #: 9202020B'. The first claim is 'Decision Published'. The second claim is 'In Progress' with a date of '9/29/2022' and a yellow 'S' badge. A callout box points to the 'S' badge, stating: 'The "S" Badge indicates a supplement has been filed in this case.' Another callout box points to the date '9/29/2022', stating: 'The due date is found by pulling up the case from the Worklist.'

To enter a response, select **Enter Response** from the blue ellipsis to the right.

This screenshot is identical to the previous one but includes a blue ellipsis menu to the right of the 'In Progress' claim. The menu is open, showing two options: 'Assign Claim Rep' and 'Enter Response', with 'Enter Response' highlighted in yellow.

From the **Coverage Response** Workflow Step, Responders can change previously entered information by selecting the appropriate radio button.

WORKFLOW STEPS
 Coverage Response - Collision

Coverage Response - Collision ?

Was there a liability policy in effect at the time of loss? Yes

Do you deny liability coverage for your insured? Yes No

Do you wish to assert your liability policy limits? Yes No

When responding to supplement damages, liability is not at issue. The only issue in dispute is damages. To dispute damages, complete the **Supplement Response** workflow step.

WORKFLOW STEPS
 Supplement Response - 2021 FORD

Recovery Sought

Company-Paid Damages

Auto Damage	\$752.43	<div style="border: 1px solid blue; padding: 2px; display: inline-block;"> ▼ Dispute </div>
Total Sought	\$752.43	
Total Proposed	\$752.43	
Difference	\$0.00	

Select the **Dispute** Tab and follow the steps outlined earlier in this guide under **Damage Disputes**.