 **Administrator’s Questionnaire**

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| Administrator Name |  | | | | |
| Address |  | | | | |
| City |  | State |  | Zip |  |
| Phone Number |  | Website |  | | |

|  |  |
| --- | --- |
| State(s) where doing business |  |
| Number of years administering claims |  |
| List other lines currently being managed |  |
| Total number of self-insured accounts currently managed |  |
| Number of accounts you anticipate to add in the next year? |  |
| Number you anticipate to add in the next 5 years? |  |
| Average pending case load per adjuster? |  |

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| Which of the following programs are currently in place? | |
| Medical Bill Review | Fee Schedule |
| Preferred Physican List | Other (please attach information) |

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| What is your philosophy on fighting claims versus settlement? |  |
| How are reserves determined? |  |
| What is the dollar threshold for large loss reports? |  |
| What reserving method is used? |  |
| How frequently are reserves and payments reconciled? |  |
| How do you handle inherited claims? |  |
| What computer system do you use? |  |
| Do you use outside vendors for loss record data storage? |  |
| URL of website |  |

Do you offer any additional services such as loss control? yes no

Do you utilize any outside vendors for loss control or surveillance services? yes no

Are there any subsidiaries or parent companies you are associated with? yes no

Are claims guidelines or procedures followed when a claim is received? yes no

Do you consider client input when establishing a reserve amount? yes no

Do you have meetings with customers in regards to claim reserves? yes no

Do you use outside vendors for loss record data storage? yes no

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| Please attach copies of the following documentation to complete this questionnaire: | |
| Claims Guidelines or Procedures | Litigation Guidelines |
| Large Loss Report | Organization Chart/Claims Staff Resumes |