



ARBITRATION FORUMS, INC.  
*Membership driven. Innovation focused.*

## Total Recovery Solution® (TRS®) Navigation Guide for Filers

---

## Contents

TRS Glossary of Terms .....	3
Filing a Case in TRS .....	5
Initiating a TRS Case through E-Subro Hub .....	5
Filing a Case Directly in TRS .....	6
TRS Workflow Steps .....	7
Incident Details and My Party Information .....	7
Case Qualifiers (New York PIP only) .....	10
Select Coverages .....	11
Add Additional Parties.....	11
Party Information (Adverse Party).....	13
Your Liability/Recovery Arguments .....	14
Insert, Attach, or Placeholder for Evidence .....	15
Placeholder for Evidence .....	21
Coverage Information – Applicable Coverage Group .....	21
(Collision, Comprehensive/OTC, PIP, Med Pay, New York PIP, or Property) .....	21
Feature Information – Feature 1 .....	23
Counterclaim Response Assertions.....	30
Select Features to Submit.....	34
Filing Options and Billing .....	35
Review and Submit .....	36
Appeal Process (Property only) .....	37
Deferments .....	38
Revisits.....	40
Supplements .....	42

## TRS Glossary of Terms

Term	Description
<b>Adverse Party</b>	The party from whom you are seeking to recover damages.
<b>Attached Evidence</b>	The collection of all the evidence items attached to a section of the case ( <i>Liability Arguments, Damages, Jurisdictional Exclusions, etc.</i> ).
<b>Case</b>	A collection of liability arguments and damages for a set of parties involved in the occurrence.
<b>Case ID</b>	The numeric identifier for a collection of recovery and response submissions that belong together (i.e., under the same liability decision).
<b>Coverage</b>	The scope of protection provided under an insurance policy under which a company has paid a claim.
<b>Discontinued</b>	Status of an occurrence when no further activity is allowed, but the occurrence information is still searchable and viewable to the parties.
<b>Evidence Attachment</b>	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.
<b>Extension</b>	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.
<b>Feature</b>	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.
<b>Filing ID</b>	The numeric identifier for a decision on a case.
<b>Insert Evidence Attachment</b>	An option to link evidence within your liability argument. Arbitrators must comment on all inserted evidence.
<b>Jurisdictional Exclusion</b>	Argument that does not address dispute itself, but rather raises an objection to compulsory arbitration's jurisdiction.
<b>Occurrence</b>	An event that results in an insured loss.
<b>Placeholder</b>	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.
<b>Revisit/Rebut</b>	Allows a party to address issues raised by the adverse party regarding damages, jurisdictional exclusions, newly impleaded parties, and policy limits.
<b>Void Decision</b>	Removes a decision from a case. Voiding a liability decision will discontinue the occurrence.
<b>Withdraw</b>	To remove a feature from arbitration prior to hearing. This may be done because the damages have been settled, the wrong company was named, the responding company denied coverage, or the policy has a liability deductible or a self-insured retention; or it is discovered that the case does not qualify for TRS.



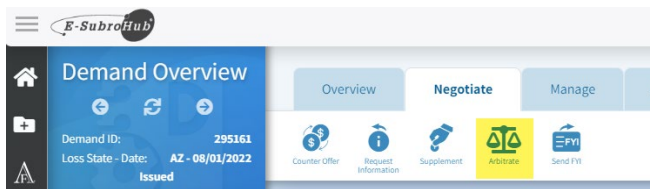
## Filing a Case in TRS

There are two ways to file a case in TRS. Users can file by:

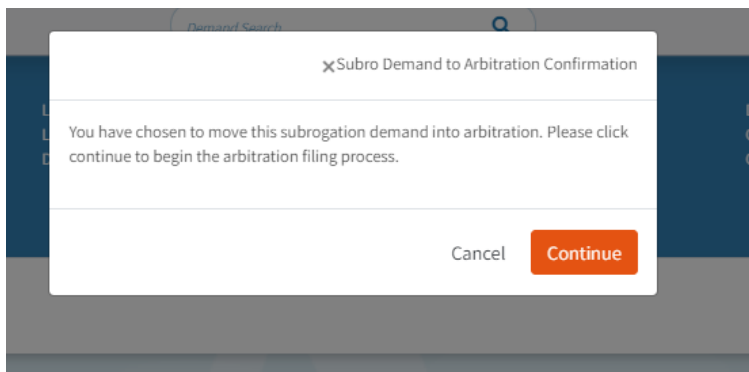
- Pushing an E-Subro Hub demand to TRS (Collision, Comprehensive/OTC only)
- Selecting “File New Damages” within TRS

## Initiating a TRS Case through E-Subro Hub

To push the E-Subro Hub demand to arbitration using TRS, access the demand and select the **Negotiate** tab and then **Arbitrate**.



The following message will appear. Select **Continue** to move the demand into arbitration via TRS.



Once the demand is moved into TRS, select the blue ellipsis and **Enter Filing** from the drop-down menu. Enter pertinent information into each workflow step, and select **Submit** to file arbitration.

Note: Information previously entered from the E-Subro Hub demand along with uploaded evidence will automatically migrate into the arbitration filing.

Case Overview

Loss State: Arizona  
Loss Date: 8/7/2021

Filing Parties: (2) \* ALPHA INSURANCE OF FLORIDA (JARED SMITH)  
BETA INSURANCE OF COLORADO (HARRY STYLES)

AF Case ID: A21000048E5-C1  
Negligence Laws: Pure Comparative

Show All Fields Case Actions Evidence Manager

Case Summary: A21000048E5-C1  
Coverage Group: Collision, Comprehensive/OTC

Company	Feature	Claim Rep	Due Date	Status
04513 ALPHA INSURANCE OF FLORIDA Insured: JARED SMITH	Collision   2019 FORD Claim #: 982021A	JACK DEMANDER		In Progress
04514 BETA INSURANCE OF COLORADO Insured: HARRY STYLES	No Features			

Assign Claim Rep  
Enter Filing

Incident Details

Loss Date	8/7/2021
Loss State	Arizona
Negligence Law	Pure Comparative

## Filing a Case Directly in TRS

Login to [www.arbfile.org](http://www.arbfile.org) and go to TRS Arbitration.

Welcome | Log Out

Search

Home My Arbfile Member Directory Member Access E-Subro Hub **TRS Arbitration** Administration Reports

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

Latest News

See the latest news from AF.

Webinars and Training Tutorials

Practical application of the rules, regulations, and procedures of each arbitration program... available at **NO COST TO YOU!**

Learn More

File Online Now!

Select the appropriate forum below.

Automobile	Property
Medpay	Special
PIP	UM
NY PIP	

Case Lookup

To search for cases by AF ID, File Number, or Insured Info, [click here](#).

My Watches

To view a listing of all of your dockets, [click here](#).

Home | Member Directory | Rules & Agreements | FAQ | Terms of Use | Privacy Policy | Sitemap | Careers | About | Contact

1-866-977-3434

© Copyright Arbitration Forums, Inc. All Rights Reserved.

tpaprod01-www20.arbfile.org : DBTPA : 23.0304.1

Now select **+File New Damages** to start a new TRS case.

Worklist

Home / Worklist

My Cases My Company's Cases My Watched Cases

Needs Attention Recovering Responding Open Closed


View As Order by Filter by

+ File New Damages

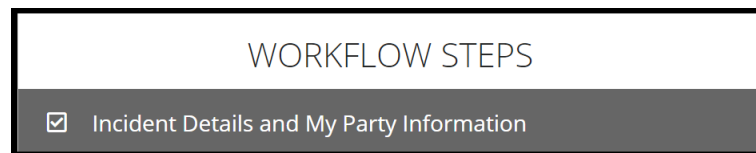
Users will enter case information starting with **Incident Details** and **My Party Information**.  
 (See the first step in TRS Workflow Steps.)

## TRS Workflow Steps

**WORKFLOW STEPS** is a navigation window that allows Filers to easily find where they are in the filing process.

The steps outlined below enable Filers to submit a case in TRS. As each step is completed, a check mark  will appear.

## Incident Details and My Party Information

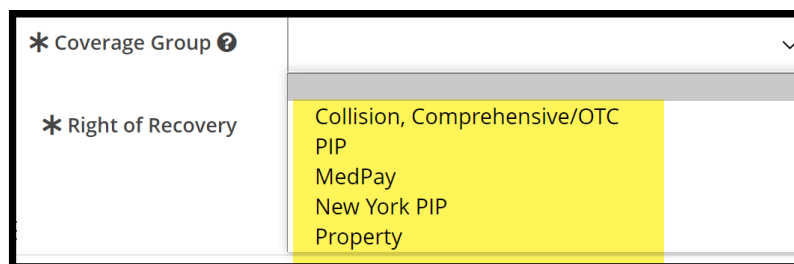


The filing company will enter the required information.

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

Under **Case Type**, select the **Coverage Group** using the drop-down menu.

Note: Separate Coverage Groups must be submitted separately.



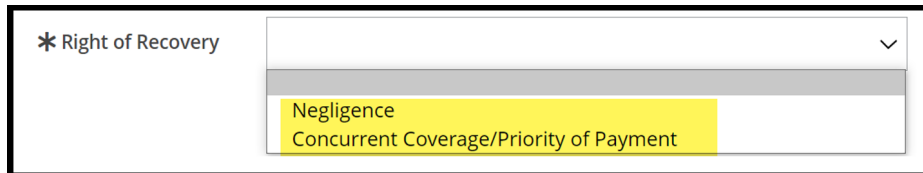
Drop-Down options include:

- Collision, Comprehensive/OTC
- PIP
- MedPay
- New York PIP
- Property

Next, select the **Right of Recovery** using the drop-down arrow. Options vary depending on the Coverage Group selected.

The following **Right of Recovery** options will appear when the following **Coverage Groups** are selected:

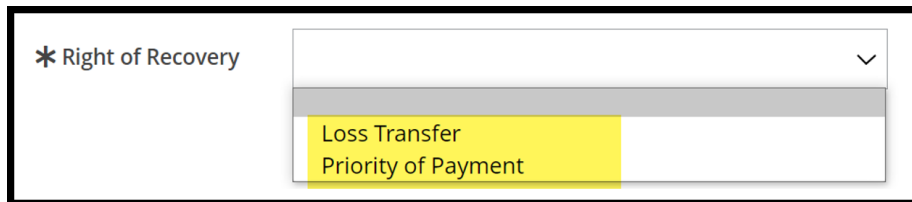
**Collision, Comprehensive/OTC, PIP, or MedPay:**



\* Right of Recovery

- Negligence
- Concurrent Coverage/Priority of Payment

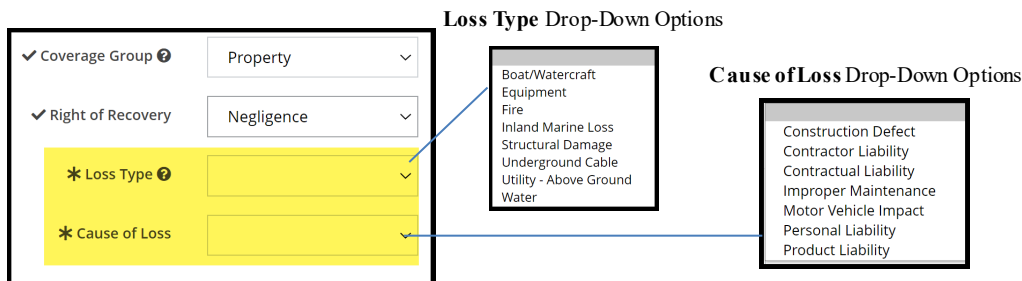
**New York PIP:**



\* Right of Recovery

- Loss Transfer
- Priority of Payment

When selecting the **Property Coverage Group**, additional fields will appear for you to complete.



**Loss Type Drop-Down Options**

- Boat/Watercraft
- Equipment
- Fire
- Inland Marine Loss
- Structural Damage
- Underground Cable
- Utility - Above Ground
- Water

**Cause of Loss Drop-Down Options**

- Construction Defect
- Contractor Liability
- Contractual Liability
- Improper Maintenance
- Motor Vehicle Impact
- Personal Liability
- Product Liability

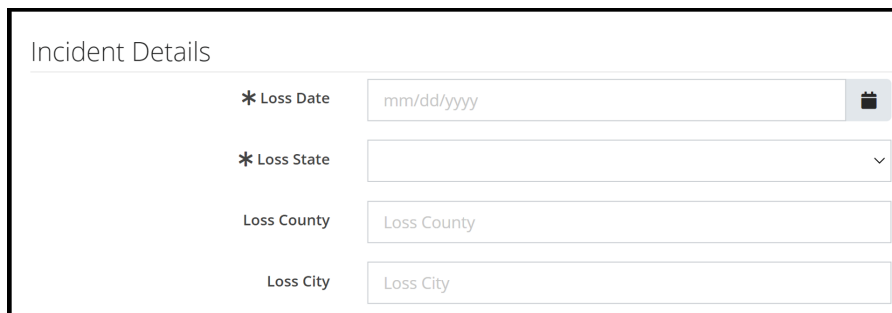
✓ Coverage Group ⓘ Property

✓ Right of Recovery Negligence

\* Loss Type ⓘ

\* Cause of Loss ⓘ

Enter **Incident Details** including the Loss Date and Loss State. The fields with an asterisk are required. Entry fields for Loss County and Loss City are optional.



Incident Details

\* Loss Date mm/dd/yyyy

\* Loss State

Loss County Loss County

Loss City Loss City

## New York PIP view:

\* Loss Date

✓ Loss State

Loss County

Loss City

New York PIP only. The Loss State is automatically pre-filled.

**Party Information** is auto filled based on user login credentials.

**Party Information**

<b>Company</b>	04513 - ALPHA INSURANCE CO
<b>Subsidiary</b>	0002 - ALPHA INSURANCE OF FLORIDA

## Third-Party Administrators (TPA)

For TPAs, there is an additional step in the filing process. When filing on behalf of a member company, select the down arrow. A drop-down menu appears where you will select the Company and Subsidiary Name.

**Party Information**

Admin Company	04515 - PARADOX INSURANCE SERVICES		
Admin Subsidiary	0002 - PARADOX INSURANCE SERVICES OF CALIFORNIA		
✓ Company	<input type="text" value="04513 - ALPHA INSURANCE CO"/>	▼	
✓ Subsidiary	<input type="text" value="0002 - ALPHA INSURANCE OF FLORIDA"/>	▼	

Please Select a Company

- 00002 - ONE BEACON GROUP
- 00074 - SAFECO INSURANCE COMPANIES
- 00232 - LIBERTY MUTUAL COMPANIES
- 03592 - PERMANENT GENERAL ASSURANCE CORPORATION
- 04513 - ALPHA INSURANCE CO
- 04514 - BETA INSURANCE CO
- 05110 - QTP ALPHA INSURANCE CO
- 05111 - QTP BETA INSURANCE CO
- 05473 - QTP DI ALPHA INSURANCE

Enter 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

Policy Number

Policy Issue State

✓ Line of Insurance ☒ Personal/Individual ☐ Commercial/Business

✓ Insured's First Name

✓ Insured's Last Name

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

**Policy Information**

Claim Number

Policy Number

Policy Issue State

✓ Line of Insurance ☐ Personal/Individual ☒ Commercial/Business

✓ Insured's Company Name

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

## Case Qualifiers (New York PIP only)

WORKFLOW STEPS

☒ Case Qualifiers

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 weighs over 6,500 lbs. unloaded
- Involves a vehicle-for-hire used principally for the transportation of persons or property (including livery)

Select **Yes** if one of the above qualifiers apply. Provide a justification in the field provided and attach evidence. Evidence should support the case qualifier selected. For example, a police report is attached to support the vehicle involved in the incident is a taxicab.

Please confirm this filing satisfies one of the above qualifiers

☒ Yes, this filing arises from an accident or occurrence that meets at least one of the required qualifiers  
☐ No, this filing does not arise from an accident or occurrence that meets at least one of the required qualifiers

Justification

You may optionally provide a justification. It is required that you attach evidence in support of your claim.

Supporting evidence for Case Qualifiers is required.

Attached Evidence ?

+ Attach Evidence

Evidence items have not been attached.

If **No** is selected, the filing cannot proceed.

Case Qualifiers ?

Loss Transfer cases are filed to recover No-Fault Payments made to an injured party as a result of an accident or occurrence that meets at least one of the following criteria:

- Involves a vehicle that weighs over 6500 lbs. unloaded
- Involves a vehicle-for-hire used principally for the transportation of persons or property (Including livery)

Please confirm this filing satisfies one of the above qualifiers

☐ Yes, this filing arises from an accident or occurrence that meets at least one of the required qualifiers  
☒ No, this filing does not arise from an accident or occurrence that meets at least one of the required qualifiers

If none of the above qualifying criteria apply, the filing cannot proceed under. Please review the above qualifying criteria.

## Select Coverages

WORKFLOW STEPS	
<input checked="" type="checkbox"/>	Select Coverages

Select Collision, Comprehensive/OTC, PIP, Med Pay, New York PIP, or Property as the coverage. Once selected, it will appear on the right side. You can add/delete coverage. To add coverage, click the **+Select** tab. To delete coverage, select the red trashcan icon.

## Add Additional Parties

WORKFLOW STEPS	
<input checked="" type="checkbox"/>	Add Additional Parties

To add a party, simply enter the company code/name in the field titled **Search Companies**.

Case Parties ?

Search Companies Enter the company name of the adverse party

Select Parties ? Can't find a company? Selected Parties (0)

The company will populate under the **Select Parties** section. To add the party, select the **+Add** tab.

Select Parties ? Can't find a company?

04514 BETA INSURANCE CO 1 of 1 subsidiaries

04514-0002 BETA INSURANCE OF COLORADO + Add

It will then appear on the right side of the page. To remove the party selected, click the red trashcan found to the right.

Select Parties ? Can't find a company? Selected Parties (1)

04514 BETA INSURANCE CO 1 of 1 subsidiaries

04514-0002 BETA INSURANCE OF COLORADO + Add

BETA INSURANCE OF COLORADO

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

Adverse Parties ?

Search Companies beta

39 results found for beta

Select Parties ? Can't find a company? Selected Parties (1)

00261 BETA COMPANY 1 of 1 subsidiaries

00261-0002 BETA COMPANY Non-Sig + Add

BETA INSURANCE OF COLORADO Non-Sig

When filing a **Concurrent Coverage/Priority of Payment** case, the following message appears:

Case Parties ?

This is a Concurrent Coverage/Priority of Payment filing. Do not add parties being pursued under Negligence. To recover under a Negligence path, submit a new case with a Negligence recovery type.

Search Companies 04514

1 results found for 04514

Select Parties ? Can't find a company? Selected Parties (0)

04514 BETA INSURANCE CO 1 of 1 subsidiaries

04514-0002 BETA INSURANCE OF COLORADO + Add

← →

This is a Concurrent Coverage/Priority of Payment filing. Do not add parties being pursued under Negligence. To recover under a Negligence path, submit a new case with a Negligence recovery type.



Concurrent Coverage/Priority of Payment filings raise coverage arguments as to primacy and should not include the addition of negligent parties to the case.

## Party Information (Adverse Party)

WORKFLOW STEPS

☒ Party Information - Adverse Party

The **Non-Signatory Company Consent** section appears **only** when a non-signatory party is added to the filing.

The Filer will answer the **Prior Consent to Arbitrate** question by answering the following question:

Do you have evidence of prior consent? Yes or No.  
Non-signatory parties **must** consent to arbitration.

Prior Consent To Arbitrate

The non-signatory parties on this case **must** consent to arbitration.  
If you do not provide evidence of prior consent to arbitrate, the filing will proceed with a fee incurred. However, this party may object to arbitration which will prevent you from recovering damages from them

\* Do you have evidence of prior consent? ☐ Yes ☐ No

When answering “Yes,” a Written Consent Letter is required.

✓ Do you have evidence of prior consent? ☒ Yes ☐ No

Written Consent Letter required

Attach evidence to support the non-signatory party has given consent to participate. If evidence is not provided of prior consent to arbitrate, the filing will proceed with a fee incurred. However, the non-signatory party may object to consent to arbitration, which will prevent the Filer from recovering damages for them.

Prior Consent To Arbitrate

The non-signatory parties on this case **must** consent to arbitration.  
If you do not provide evidence of prior consent to arbitrate, the filing will proceed with a fee incurred. However, this party may object to arbitration which will prevent you from recovering damages from them

✓ Do you have evidence of prior consent? ☒ Yes ☐ No Written Consent Letter required

Attached Evidence ?

Evidence items have not been attached.

+ Attach Evidence

Enter 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.

The screenshot shows the 'Policy Information' form. The 'Claim Number' field is filled with '8312022B'. The 'Policy Number' field is empty. The 'Policy Issue State' dropdown is set to 'NY'. Under 'Line of Insurance', the 'Personal/Individual' radio button is selected and highlighted with a blue box. The 'Insured's First Name' field is filled with 'HARRY' and the 'Insured's Last Name' field is filled with 'GREEN'.

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

The screenshot shows the 'Policy Information' form. The 'Claim Number' field is filled with '8312022B'. The 'Policy Number' field is empty. The 'Policy Issue State' dropdown is set to 'NY'. Under 'Line of Insurance', the 'Commercial/Business' radio button is selected and highlighted with a blue box. The 'Insured's Company Name' field is filled with 'ABC BUSINESS'.

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

Note: The claim number should not be changed from the original E-Subro Hub demand to the TRS case. Changing the claim number could cause identification errors.

## Your Liability/Recovery Arguments

The screenshot shows the 'WORKFLOW STEPS' screen. The 'Your Liability Arguments' step is selected, indicated by a checkmark in a box next to the text.

The screenshot shows the 'WORKFLOW STEPS' screen. The 'Recovery Arguments' step is selected, indicated by a checkmark in a box next to the text.

**Your Liability Arguments** will appear in the Workflow Steps when **Negligence** or **Loss Transfer** (NY PIP only) is selected as the **Right of Recovery**.

**Recovery Arguments** will appear in the Workflow Steps when **Concurrent Coverage/Priority of Payment** is selected as the **Right of Recovery**.

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, Attach, or Placeholder for Evidence

## Insert Evidence

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

✓ Arguments ⓘ

**B** *I* U ~~S~~ A **A** *I*<sub>x</sub>          Insert Evidence Attachment

Beta ran the red light. 1

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



**B I U S** A  *T*          **Insert Evidence Attachment**

Filers will choose specific evidence items from the **Evidence Manager**, if added previously. 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**.

Attach Evidence

Drop or [browse for files](#), or [create a placeholder](#)

Evidence Types <a href="#">(show descriptions)</a>	Pages	File Name	Received Date
<input checked="" type="radio"/> Adjusters Notes	<input type="text"/>	Adjuster Notes.pdf	3/13/2018 
<input type="radio"/> Police Report	<input type="text"/>	Police Report.pdf	3/13/2018 

Cancel

Attach

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

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.

Liability Arguments ?

\* Arguments

Normal B I U S A [icon] [icon] [icon] [icon] [icon] Insert Evidence

Admitted liability

Please answer what percentage of liability you admit to for damages to the following parties:

\* ALPHA INSURANCE OF FLORIDA (KOKKM KJIOK) admits  % liability for BETA INSURANCE OF COLORADO (KMJKM LKLKM)'s damages.

- **Negligence Right of Recovery** view:

Admitted liability

Please answer what percentage of liability you admit to for damages to the following party(ies):

✓ ALPHA INSURANCE OF FLORIDA (JUSTIN CASE) admits  % liability for BETA INSURANCE OF COLORADO (NAOMI PRICE)'s damages.

- **Loss Transfer (NY PIP only) Right of Recovery** view:

Admitted liability

ALPHA INSURANCE OF FLORIDA (HARRY WILLIAMS) does not need to admit liability for any adverse parties' damages.

When **Concurrent Coverage/Priority of Payment** 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.

Recovery Arguments ?

Show Adverse Party's Arguments

\* Arguments

Normal B I U S A [icon] [icon] [icon] [icon] [icon] Insert Evidence

Attached Evidence ?

+ Attach Evidence

Evidence items have not been attached.

The **Admitted Liability** question is not present under Recovery Arguments.

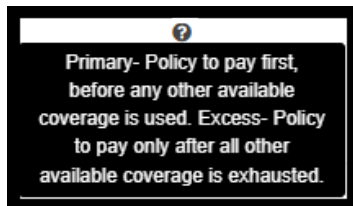
Answer **Yes** or **No** to the Primary/Excess question by selecting the radio button. The system automatically defaults to **No**. (Does not apply to **New York PIP** or filings where **Concurrent Coverage/Priority of Payment Right of Recovery** is selected).

Primary/Excess

✓ Are you alleging to be excess and that another party is primary for liability coverage?

☐ Yes
☒ No

Help Text is available when selecting the  icon.






## 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.

Attached Evidence

+ Attach Evidence

View	ID	Evidence Types (show description)	Pages	Detach
	<div>1</div>	Adjusters Notes		

To select evidence not inserted in Arguments, click the radio button and select **Attach**.

Attach Evidence

Drop or [browse for files](#), or [create a placeholder](#)

Evidence Types (show descriptions)	Pages	File Name	Received Date
<input checked="" type="radio"/> Adjusters Notes		Adjuster Notes.pdf	3/13/2018
<input type="radio"/> Police Report		Police Report.pdf	3/13/2018

Cancel Attach

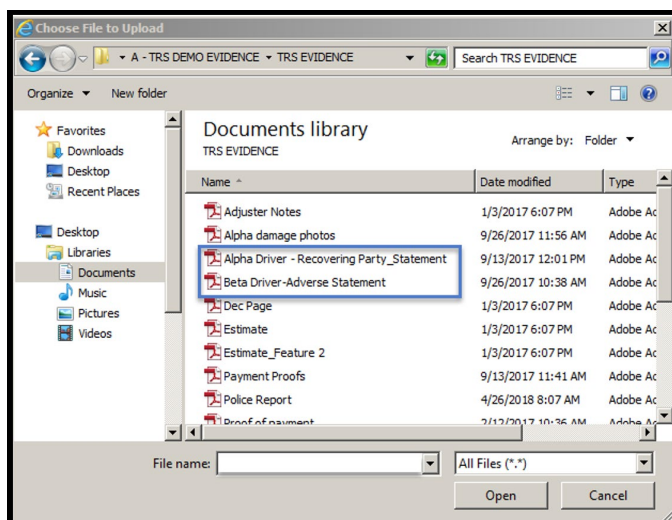
To attach evidence not previously uploaded from E-Subro Hub, drag and drop them into the window or select **browse for files**.

Attach Evidence

Drop or [browse for files](#), or [create a placeholder](#)

Cancel Attach

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 filers are required to give it a type. Click the red link to reveal the evidence type options.

<input type="checkbox"/> Evidence Types (show descriptions)	File Name	File Size	Received Date
<input checked="" type="checkbox"/> <a href="#">Add Evidence Types</a>	Vehicle Damage Photo.pdf	94.89 KB	

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.

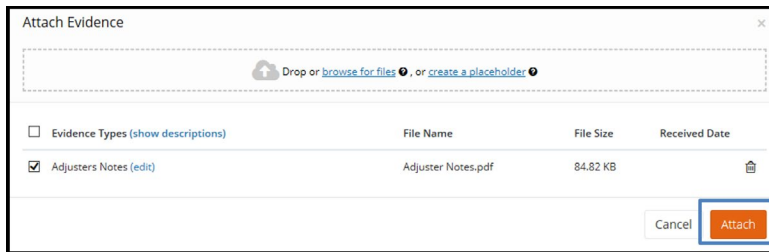
Search:

<input checked="" type="checkbox"/> Adjusters Notes	<input type="checkbox"/> Scene Photograph(s)
<input type="checkbox"/> Computerized Vehicle Registration Fee	<input type="checkbox"/> Statement
<input type="checkbox"/> Coverage Denial Letter	<input type="checkbox"/> Statement - Other Driver
<input type="checkbox"/> Estimate	<input type="checkbox"/> Statement - Witness

Filers can scroll through the **Evidence Types** list. Check the box next to the corresponding type, and click **Save** to bring it into the **Evidence Manager**.

<input checked="" type="checkbox"/> Adjusters Notes	<input type="checkbox"/> Proof of Damages
<input type="checkbox"/> Appraisal	<input type="checkbox"/> Proof of Litigation Filing
<input type="checkbox"/> Bailment Form	<input type="checkbox"/> Proof of Loss
<input type="checkbox"/> Bill of Ladings	<input type="checkbox"/> Purchase Invoice
<input type="checkbox"/> Denial Letter	<input type="checkbox"/> Statement - Other Passenger
<input type="checkbox"/> Diminished Value Documentation	<input type="checkbox"/> Statement - Passenger
<input type="checkbox"/> Employee Statement	<input type="checkbox"/> Wage Verification
<input type="checkbox"/> Engineer's Report	<input type="checkbox"/> Written Consent Letter
<input type="checkbox"/> Expert Report	<input type="checkbox"/> Written Statement
<input type="checkbox"/> Explanation of Benefits	

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



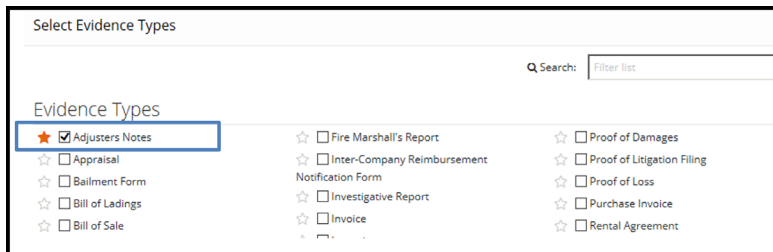
Attach Evidence

Drop or browse for files, or create a placeholder

<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	

Cancel Attach

Filers can also search for evidence types via the **Favorite Types** list. To use this as a search option, Filers 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.



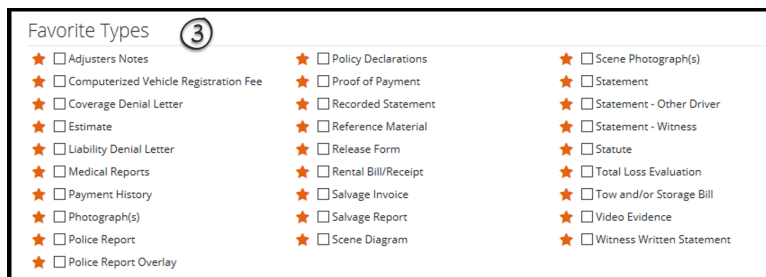
Select Evidence Types

Search: Filter list

Evidence Types

<input checked="" type="checkbox"/> Adjusters Notes	<input type="checkbox"/> Fire Marshall's Report	<input type="checkbox"/> Proof of Damages
<input type="checkbox"/> Appraisal	<input type="checkbox"/> Inter-Company Reimbursement Notification Form	<input type="checkbox"/> Proof of Litigation Filing
<input type="checkbox"/> Bailment Form	<input type="checkbox"/> Investigative Report	<input type="checkbox"/> Proof of Loss
<input type="checkbox"/> Bill of Ladings	<input type="checkbox"/> Invoice	<input type="checkbox"/> Purchase Invoice
<input type="checkbox"/> Bill of Sale		<input type="checkbox"/> Rental Agreement

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



Favorite Types ③

<input checked="" type="checkbox"/> Adjusters Notes	<input checked="" type="checkbox"/> Policy Declarations	<input checked="" type="checkbox"/> Scene Photograph(s)
<input checked="" type="checkbox"/> Computerized Vehicle Registration Fee	<input checked="" type="checkbox"/> Proof of Payment	<input checked="" type="checkbox"/> Statement
<input checked="" type="checkbox"/> Coverage Denial Letter	<input checked="" type="checkbox"/> Recorded Statement	<input checked="" type="checkbox"/> Statement - Other Driver
<input checked="" type="checkbox"/> Estimate	<input checked="" type="checkbox"/> Reference Material	<input checked="" type="checkbox"/> Statement - Witness
<input checked="" type="checkbox"/> Liability Denial Letter	<input checked="" type="checkbox"/> Release Form	<input checked="" type="checkbox"/> Statute
<input checked="" type="checkbox"/> Medical Reports	<input checked="" type="checkbox"/> Rental Bill/Receipt	<input checked="" type="checkbox"/> Total Loss Evaluation
<input checked="" type="checkbox"/> Payment History	<input checked="" type="checkbox"/> Salvage Invoice	<input checked="" type="checkbox"/> Tow and/or Storage Bill
<input checked="" type="checkbox"/> Photograph(s)	<input checked="" type="checkbox"/> Salvage Report	<input checked="" type="checkbox"/> Video Evidence
<input checked="" type="checkbox"/> Police Report	<input checked="" type="checkbox"/> Scene Diagram	<input checked="" type="checkbox"/> Witness Written Statement
<input checked="" type="checkbox"/> Police Report Overlay		



### Evidence Sharing for Collision, Comprehensive/OTC cases only

Attach evidence relevant to the liability arguments section, for example, a police report, recorded statement, scene photos, etc.

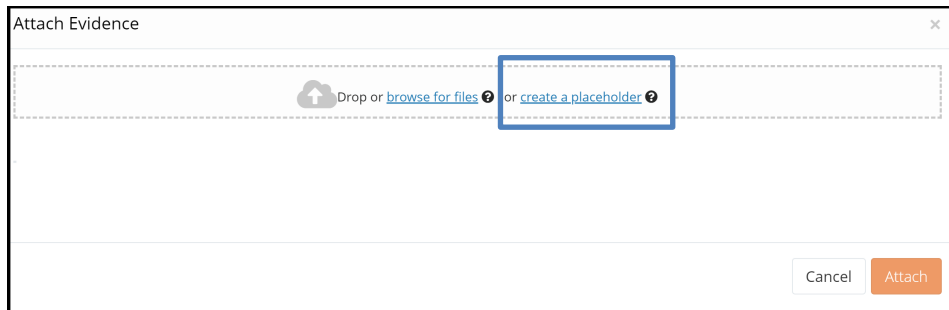
Evidence supporting **Feature Damages** sought should be attached at the Damage Recovery Workflow Step. Once attached, it is viewable to the responding party(ies) (Rule 2-1).

Failure to attach evidence supporting the **Feature Damages** sought in the appropriate section may cause a reduction in the award if a damage dispute is raised by the responding party.



## Placeholder for Evidence

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

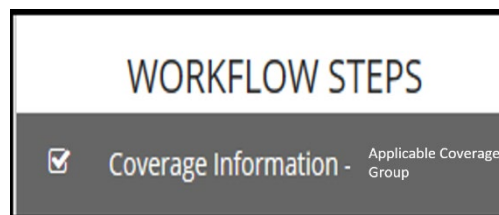


This workflow allows filers to create a placeholder for evidence not yet received when filing a TRS case. To create a placeholder, select the evidence type, provide a description, and save. (See **Insert, Attach or Placeholder for Evidence to learn how to attach evidence.**)


The specific evidence item must replace the placeholder and must be attached to the case prior to submission.

## Coverage Information – Applicable Coverage Group

(Collision, Comprehensive/OTC, PIP, Med Pay, New York PIP, or Property)



Answer **Yes** or **No** to the Joint and Several Liability question by selecting the radio button. The system will automatically default to **No**. (Does not apply to **New York PIP** or **Concurrent Coverage/Priority of Payment Right of Recovery**).

Help text is available by selecting the question mark icon  .

**Coverage - Collision** ?

✓ Does joint and several liability apply to this coverage? ☐ Yes ☒ No

When multiple parties can be held liable for the same event or act and be responsible for all restitution required.

Answer **Policy Limits** questions by selecting each radio button as **Yes**, **No**, or **I'm not sure**.  
(Does not apply to **New York PIP** or **Concurrent Coverage/Priority of Payment**).

**Policy Limits**

✓ Will you accept the policy limits as final settlement of your claim? ☒ Yes ☐ No ☐ I'm Not Sure ?

✓ Will you accept the Pro-Rata Share? ☒ Yes ☐ No

✓ Will you accept the remaining balance? ☒ Yes ☐ No

✓ Do you agree to reimburse your insured for out-of-pocket expenses (excluding your Insured deductible that is included in this filing) relating to the Coverage sought? ☒ Yes ☐ No

The question below appears when PIP or Med Pay are selected as the Coverage Group.

\* Will you accept the coverage level policy limits and the per-person policy limits as final settlement of your claim? ☐ Yes ☐ No ☐ I'm Not Sure ?

This question applies to only **Collision, Comprehensive/OTC, or Property** as the Coverage Group.

Selecting "I'm not Sure" allows the Filer to revisit the case if the Adverse Party asserts policy limits.

Use the Policy Limits Notes section to enter any statutory policy limit information.

Policy Limits Note ?

Please use this field to enter any statutory policy limit information

**For New York PIP** filings, the Optional Basic Economic Loss (OBEL) question appears.

OBEL coverage provides a person with an additional \$25,000 of coverage beyond the no-fault PIP \$50,000 limit.

- Select **Yes** if OBEL applies to your policy. Attach evidence to support this assertion.

- Select **No** if OBEL does not apply to your policy.

## Feature Information – Feature 1

Enter vehicle year/make/model (Collision, Comprehensive/OTC) if not previously saved from E-Subro Hub.

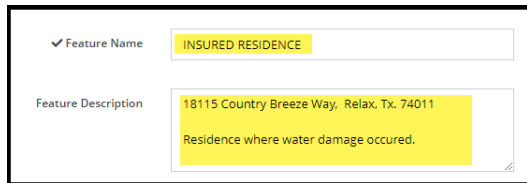
Entering vehicle information is required only when filing Collision, Comprehensive/OTC cases. PIP, Med Pay, New York PIP, or Property cases do not require this information.

For **Property**, enter the **Feature Name** and **Description**.

### Boat Loss:

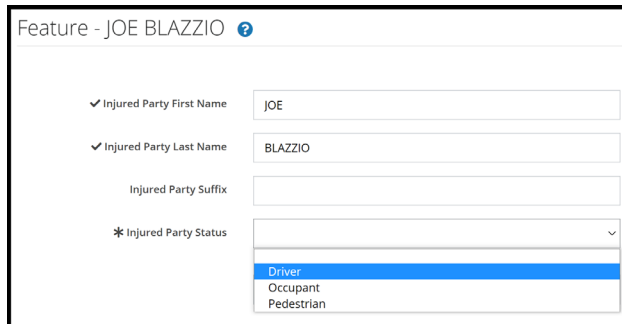
**Feature Name** should include the type of property damaged in the accident, occurrence, or event. Next, enter the description of the damaged property in the **Feature Description** field.

## Water Loss:



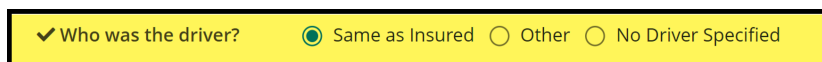
For PIP, Med Pay, and New York PIP, enter the injured party's first/last name and party status.

- Driver
- Occupant
- Pedestrian



Answer the question regarding the driver.


Select: Same as Insured, Other, No Driver Specified (Collision, Comprehensive/OTC).



Vehicle color is **not** required.

Select **Yes** or **No** to the following questions:

- Does Bailment apply? (Collision, Comprehensive/OTC, Property)
- Does Spoliation apply? (Collision, Comprehensive/OTC, PIP, Med Pay, and Property with Negligence selected as the Right of Recovery).
- Does not apply to the Concurrent Coverage/Priority of Payment Right of Recovery.

Help text is available by selecting the question mark icon .

Does bailment apply? ☐ Yes ☒ No

✓ Does spoliation of evidence apply? ☐ Yes ☒ No

**Bailment:**

A change in possession of property without a change in ownership. The owner expects property returned in as good or better condition.

**Spoliation:**

The intentional, reckless, or negligent withholding, hiding, altering, fabricating, or destroying of evidence. Spoliation of evidence will only be asked on coverages that map to auto, special, and property.

Remittance Address is saved based on the Filer's login information.

Remittance Address ✓ Verify Address

Attention

✓ Address 1

Address 2

✓ City, State

✓ Zip, Country

Enter Company-Paid Damages if not previously saved from E-Subro Hub (Collision, Comprehensive/OTC only). Additional damages can be added/changed.

Collision, Comprehensive/OTC, or Property damages do not include the insured's deductible. The deductible is entered in a different field.

For Collision, Comprehensive/OTC, the following **Company-Paid Damages** fields will be present:

Company-Paid Damages

Total Loss ☐ Yes ☒ No

Auto Damage	\$ 2,500.00
Rental	\$ 500.00
Loss of Use	
Towing	
Storage	
Personal Property	
Diminished Value	

Calculated Company-Paid Damages \$3,000.00

Do not combine the insured's deductible amount to the Auto Damages section. Enter the deductible separately, where indicated.

Insured Deductible

Deductible \$ 250.00

Legal Fees

Legal Fees

### Proof of Damages vs. Proof of Payment

**Proof of Damages** = Estimates, invoices, medical bills, etc.

**Proof of Payment** = Checks, Drafts, Electronic Funds Transfer (EFT), Payment ledgers, etc.

In arbitration, either **Proof of Damages** or **Proof of Payment** can be submitted to support the Feature Damages sought. Proof of Damages is needed only when the Responding Party disputes specific damages.

When a damage dispute is raised, Filers should submit Proof of Damages to include a detailed breakdown of charges. This is also true when submitting electronic/digital invoices.

For **Property**, the following **Company-Paid Damages** field will be present:

Company-Paid Damages

Total Loss ☐ Yes ☒ No

Debris Removal	<input type="text"/>	Other Structure	<input type="text"/>
Emergency Repairs/Mitigation	<input type="text"/>	Personal Property	<input type="text"/>
Government Code Upgrades	<input type="text"/>	Property of Others	<input type="text"/>
Additional Living Expense	<input type="text"/>	Cargo Losses - Inland Marine	<input type="text"/>
Loss of Use	<input type="text"/>	Business/Commercial Property	<input type="text"/>
Repair Cost	<input type="text"/>	Loss of Business Income/Rent	<input type="text"/>
Shipping Charge	<input type="text"/>	Extra Expense	<input type="text"/>
Salvage Expense	<input type="text"/>	Towing	<input type="text"/>
Salvage/Owner Retained	<input type="text"/>	Builder's Risk	<input type="text"/>
Dwelling	<input type="text"/>		

Damage categories will vary for the **Company-Paid Damages** based on the Coverage Group selected.

For **Total Losses** (Collision, Comprehensive/OTC, and Property), the following **Company-Paid Damages** fields are present when *Yes* is selected:

Company-Paid Damages

Total Loss ☒ Yes ☐ No

Valuation  \* ☐ ACV ☐ RCV

Add to Valuation

Prior Damage

Tax Amount

Fees

Teardown

Salvage/Owner Retained

Salvage Expense

Rental

Loss of Use

Towing

Storage

Personal Property

When entering **Valuation** amounts, do not include the deductible paid. This field should **only** include the valuation minus the deductible. Enter the deductible separately, where indicated.

Select either ACV/RCV. This is a required field denoted by the asterisk. This indicates if the amount entered is based on **Actual Cash Value (ACV)** or **Replacement Cost Value (RCV)**.

When *Yes* is selected, a total loss worksheet is provided. This worksheet provides common total loss fields, including prior damages, taxes, and teardown along with salvage recovery calculations.

If you do not have a total loss, select *No*. Damage categories will list common itemized damages fields associated with vehicle repairs (as noted above).

For **Med Pay**, the following **Company-Paid Damages** fields will be present:

Company-Paid Damages

Medical Expenses

Replacement Benefits and Services

Death Benefit

Funeral Expense Benefit

No deductible field is present for Med Pay cases.

For **PIP**, the following **Company-Paid Damages** will be present:

Company-Paid Damages	
Medical Expenses	
Lost Wages	
Replacement Benefits and Services	
Death Benefit	
Funeral Expense Benefit	
Allocated Expenses	
Unallocated Expense	
No Fault Other (NFO)	
Filing Fee (Massachusetts Only) ⓘ	

Answer the following question: “Do you have the right to recover the deductible?” **Yes** or **No**.  
If **Yes**, provide the deductible amount and justification.

Deductible	
Do you have the right to recover the deductible on behalf of your insured? ⓘ <input checked="" type="radio"/> Yes <input type="radio"/> No	
* Deductible	
* Justification	

For **New York PIP**, the following **Company-Paid Damages** will be present:

Company-Paid Damages	
Medical Expenses	
Lost Wages	
Replacement Benefits and Services ⓘ	
Death Benefit	
Allocated Expenses ⓘ	
Workers Comp Legal Fees	

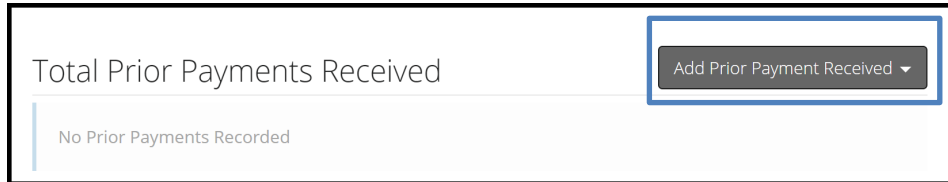
No deductible field is present with this Coverage Group.



## Total Prior Payment Received

This section allows Filers to list any previous payments received and accepted. This amount will be deducted from the award, if favorable.

When a Responding Party issues a payment for amounts sought by you for your insured's damages, and you have accepted (deposited) the payment(s), enter the amount by selecting **Add Prior Payment Received**.

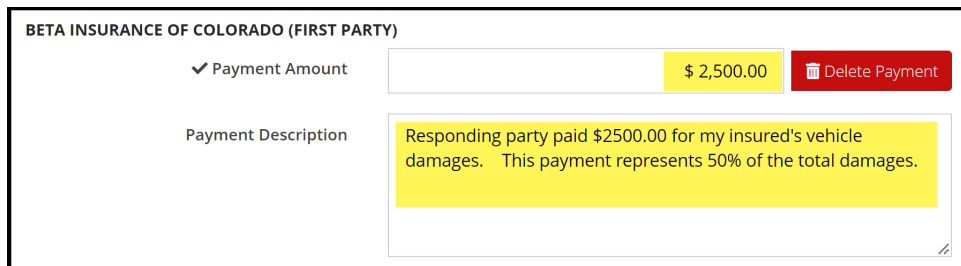


Total Prior Payments Received

Add Prior Payment Received

No Prior Payments Recorded

Next, enter payment amount and description.

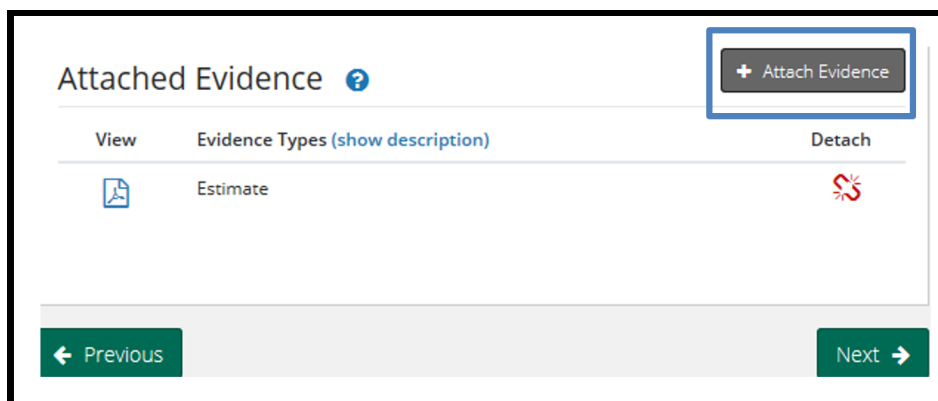


BETA INSURANCE OF COLORADO (FIRST PARTY)

✓ Payment Amount	\$ 2,500.00	Delete Payment
Payment Description	Responding party paid \$2500.00 for my insured's vehicle damages. This payment represents 50% of the total damages.	

Note: Even when a partial payment is made by the Adverse Party, enter the total damages sought in the Company-Paid Damages section.

Attach evidence supporting the company-paid damages. (See **Insert, Attach, or Placeholder for Evidence**.)



Attached Evidence ?

View	Evidence Types (show description)	Detach
	Estimate	

← Previous

Next →

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

Attach evidence supporting the **Feature Damage** sought, for example, an estimate, rental, tow, or storage bill.

Evidence attached to this section is viewable to the Responding Party. Likewise, evidence attached by the Responding Party supporting disputed damages is viewable to the Recovering Party.

Failure to attach evidence supporting the **Feature Damages** sought may cause a reduction in awards. This is especially true when a Responding Party disputes damages paid by the Recovering Party (**Rule 2-5**).

## Counterclaim Response Assertions

**WORKFLOW STEPS**

 Counterclaim Response Assertions

Answer the following Counterclaim Response Assertions questions (Does not include **New York PIP**).


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

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

If **No**, Filers are prompted to answer an additional question as to who holds the liability policy (Collision, Comprehensive/OTC only).

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. 

New parties will be added to the case as a placeholder and will only become active if a counterclaim is filed.

-- Select Party --

+ Add Party

If **No**, the following pop-up message appears. Select **Cancel** or **Confirm** to proceed.

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

Proceed by answering the next series of questions.

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

✓ Was there lack of notice/municipality immunity?
☐ Yes ☒ No

✓ Do you wish to assert your liability policy limit?
☐ Yes ☒ No

If **Yes** is selected for any of the above questions, Filers 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 **Property** selected as the Coverage Group, an additional question regarding liability deductibles will appear. Select **Yes** or **No**.

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

✓ Do you wish to raise a liability deductible?
☐ Yes ☒ No

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

✓ Was there lack of notice/municipality immunity?
☐ Yes ☒ No

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

If **Yes** is selected, Filers will enter the **Liability Deductible Amount** in the field provided and attach supporting evidence.

✓ Do you wish to raise a liability deductible?
☒ Yes ☐ No

✓ Liability Deductible Amount

\$ 100,000.00

Supporting evidence for your liability deductible is required.

**Supporting evidence is required.**

By checking the **Revisit** box, Filers can review their case if a counterclaim is raised by the adverse party.

☒ I need to revisit the filing if a counterclaim is raised.

When selecting **Yes** to assert your liability policy limits, an additional field will appear. Enter your Property Damage (PD) limits from your Declarations Page (Does not apply to **Concurrent Coverage/Priority of Payment Right of Recovery**. Coverage Group includes **Collision, Comprehensive/OTC, and Property**.)

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

\* Policy Limit Amount

For **PIP and Med Pay** cases, when asserting your coverage policy limits, Filers are required to select the **Policy Limit** type (Does not apply to the **Current Coverage/Priority of Payment Right of Recovery**).

- **Per-Person/Per-Incident**
- **Combined Single Limit**

✓ 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

When selecting **Combined Single Limit**, Filers 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

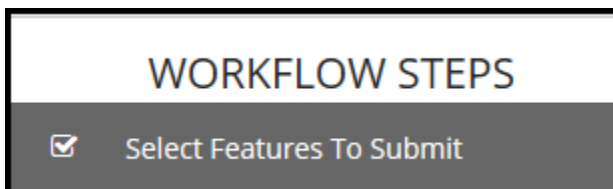
**Add Additional Exposures** outside of the parties in the current case. The field should only be used when your liability policy limits (for counterclaims) are at risk and where exposures exist to parties not named in the current filing.

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

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

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

## Select Features to Submit



Select the Feature for recovery. Check the appropriate boxes if you want to **Revisit** responses that raise:

- Policy Limits
- Jurisdictional Exclusions
- Damage Disputes

Collision

☐ I need to revisit responses that raise Policy Limits for this coverage [Collision]

---

☒ Include In Filing      2018 FORD      Total Damages Sought: \$4,500.00

☐ I need to revisit responses that raise Jurisdictional Exclusions

☐ I need to revisit responses that raise Damage Disputes

Revisits for Policy Limits apply only to Collision/Comprehensive (OTC), PIP, Med Pay, and Property cases. Not applicable to New York PIP.

A Revisit allows Filers to accept or decline policy limits raised by the adverse party as well as enter a rebuttal for jurisdictional exclusions and damages disputes.

For Collision, Comprehensive/OTC, the vehicle year and make is listed as a **Feature**.

Collision

☐ I need to revisit responses that raise Policy Limits for this coverage [Collision]

---

☒ Include In Filing      2018 FORD      Total Damages Sought: \$4,500.00

☐ I need to revisit responses that raise Jurisdictional Exclusions

☐ I need to revisit responses that raise Damage Disputes

For **Property**, the damaged property is listed as a **Feature**.

Property

☐ I need to revisit responses that raise Policy Limits for this coverage [Property]

---

☒ Include In Filing      INSURED RESIDENCE      Total Damages Sought: \$51,000.00

☐ I need to revisit responses that raise Jurisdictional Exclusions

☐ I need to revisit responses that raise Damage Disputes

In PIP, Med Pay, and New York PIP, the injured party's name is listed as the **Feature**.

<input checked="" type="checkbox"/> Include in Filing	<b>JOE BLAZZIO</b>	Total Damages Sought:	\$5,000.00
<input type="checkbox"/> I need to revisit responses that raise Jurisdictional Exclusions <input type="checkbox"/> I need to revisit responses that raise Damage Disputes			

## Filing Options and Billing

WORKFLOW STEPS

☒ Filing Options & Billing

Filers can request a Panel of Three on qualifying cases exceeding \$15,000.00 (Does not include **New York PIP**). If a case does not qualify, Filers will receive the following message, “No features qualify to request a Panel of Three.”

Filing Options & Billing

Filing Options

Panel of Three ?

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.

Panel of Three ?

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

☐ JOE BLAZZIO F

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

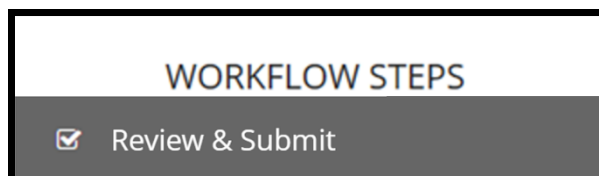
Personal Rep

Personal Rep at Hearing? ☐ Yes ☒ No

Billing

☒ Billing Code to be Invoiced 004513 - ALPHA INSURANCE CO

## Review and Submit



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

The screenshot shows the 'Review & Submit' section. It contains several expandable sections, each with a down arrow icon on the right. The sections are: 'Incident Details' (expanded), 'Parties on this Case' (collapsed), 'ALPHA INSURANCE OF FLORIDA (KIM KINDLY) Liability' (collapsed), 'My Arguments' (collapsed), and 'Admitted Liabilities' (collapsed). The 'Incident Details' section shows information such as 'Loss Date: 8/1/2022', 'Loss State: Arizona', 'Negligence Laws: Pure Comparative', 'Coverage Group: Collision, Comprehensive/OTC', and 'Recovery Type: Negligence'.

Proofread for spelling or grammatical errors. To correct an error, navigate to the specific section from the Workflow Steps.

The sidebar shows the 'Workflow Steps' list. The steps are: 'Confirm Incident Details and My Party Information', 'Add Additional Parties', 'Liability Arguments', 'Coverage Response - Collision' (selected with a grey background), 'Feature Response - 2018 FORD', 'Add My Damages', 'Filing Options & Billing', and 'Review & Submit'.

The screenshot shows the 'Coverage Response - Collision' section. It contains three questions with radio button options: 'Was there a liability policy in effect at the time of loss?' (Yes selected), 'Do you deny liability coverage for your insured?' (No selected), and 'Do you wish to assert your liability policy limits?' (No selected).

Update the appropriate section from within the Workflow Step.

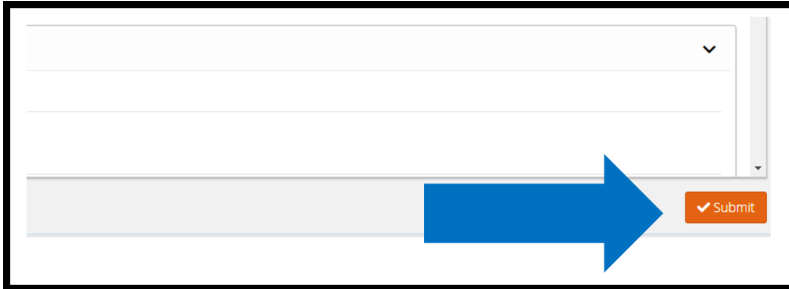
**Example:**  
**Error:** Yes was selected.

**Correction:** Changed Yes to No.

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



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



A screenshot of a web form interface. It features a large, light gray rectangular area for text input. To the right of this area is a small dropdown menu with a downward arrow. Below the input area is a long, thin gray bar. A large, solid blue arrow points from the left towards an orange button labeled 'Submit' with a white checkmark icon.

## Appeal Process (Property only)

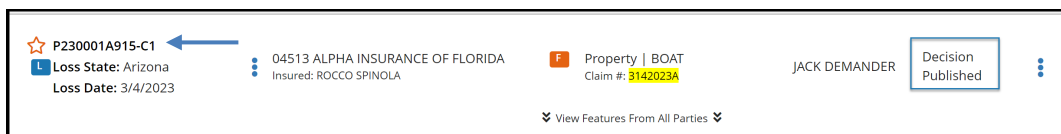
Currently, appeals are offered in TRS for Property cases only. To request an appeal, the Company Claim Amount must be \$10,000.00 or above and a charge of \$1000.00 was incurred by the requesting party.

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.



A screenshot of a case overview card. It contains the following information: Case ID 'P230001A915-C1' with a blue arrow pointing to it; 'Loss State: Arizona' and 'Loss Date: 3/4/2023'; '04513 ALPHA INSURANCE OF FLORIDA' and 'Insured: ROCCO SPINOLA'; 'Property | BOAT' and 'Claim #: 8142023A'; 'JACK DEMANDER'; and a box labeled 'Decision Published' with a blue border. At the bottom, there is a link 'View Features From All Parties'.

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

The screenshot shows the 'Decisions' section of the interface. On the left is a sidebar with a 'Decisions' tab selected. The main content area displays 'Decision Summary - Filing ID: P230001A915-C1-D1 Published 3/14/2023'. Below this, it shows 'ALPHA INSURANCE OF FLORIDA (ROCCO SPINOLA) Liability Decision / Recovery'. A 'Decision Actions' dropdown menu is open, showing options: 'Appeal Decision' (highlighted in yellow), 'Create Post Decision Inquiry', 'Unpaid Award', 'View Decision', and 'View Decision (PDF)'. The background shows details for a liability decision where BETA INSURANCE OF COLORADO (BAXSTER WHITTON) is admitted to 0% liability for ALPHA INSURANCE OF FLORIDA's damages.

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.

The screenshot shows the 'Appeal Decision' screen. It includes a 'Decision Summary' section with a 'View Decision' button. Below this is a table showing liability percentages for two parties: ALPHA INSURANCE OF FLORIDA (ROCCO SPINOLA) at 50% and BETA INSURANCE OF COLORADO (BAXSTER WHITTON) at 50%. At the bottom is a 'Damage Recovery' section with a table showing 'Total Damages Sought' and 'Total Damages Awarded' for 'Property - BOAT'. A blue arrow points to the 'Submit' button. Numbered callouts are present: 1 points to the 'Appeal Position' text area, 2 points to the 'Decision Summary' header, and 3 points to the 'Damage Recovery' section. A grey box on the left contains instructions: '1 Enter an appeal explanation in the field provided.', '2 Decision Summary displays each party's proven liability percent.', and '3 Damage Recovery provides the Total Damages Awarded.'

Once an explanation is entered, select the Submit tab.

## Deferments

Parties can postpone (one year) a hearing by adding a **deferral**.

The documents linked below provide step-by-step instructions on how to complete this process.

[How to Request a Deferral](#)

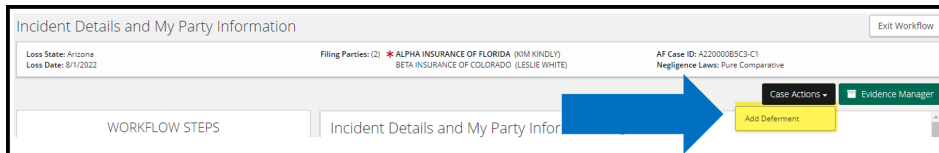
[How to Add or Edit a Feature or Damages While Case Is Deferred](#)

## [How to Challenge a Deferment](#)

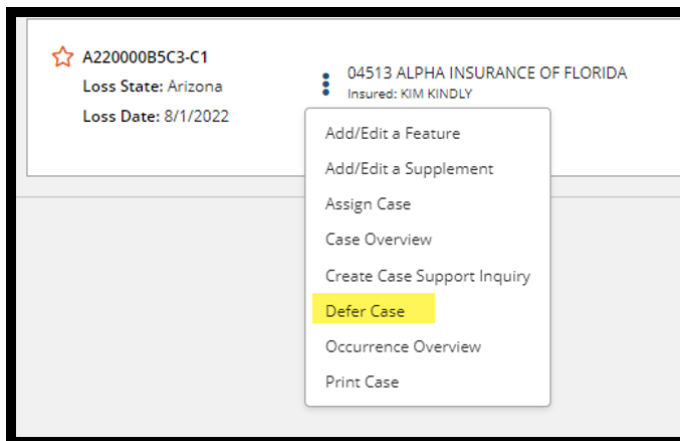
## [How to Withdraw a Deferment](#)

There are two ways to add a deferment to a case:

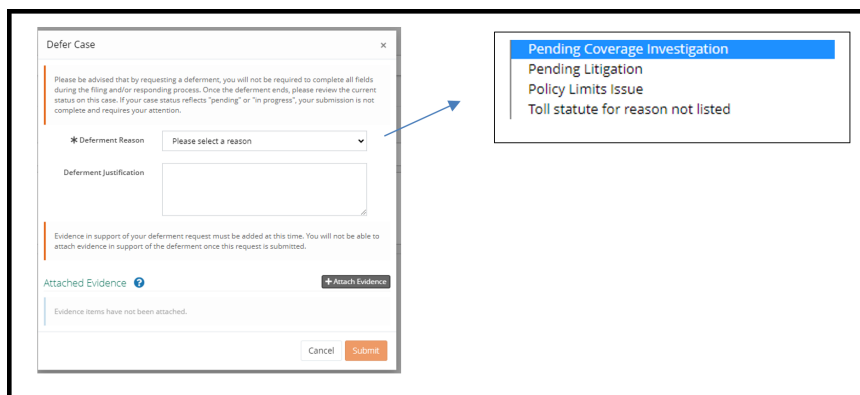
- From the **Case Actions** Tab, select **Add Deferment**, or



- 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.

Send Date: 08/29/2022 04:01:04 PM  
Subject: Your File Number: 8262022A; Case Deferred; Your Insured: KIM KINDLY; AF Case Number: A220000B5C3-C1

This serves as notice that your case has been deferred. If you submitted any features or responses with or during the deferment, you will be required to resubmit them once the deferment has ended.

**Case Information:**  
AF Case Number: A220000B5C3-C1  
Recovery Type: Negligence  
Your File Number: 8262022A  
Your Policy Number:  
Your Insured: KIM KINDLY  
Date of Loss: 08/01/2022  
Loss State: AZ

**Deferment Information:**  
Party Requesting the Deferment: 04513-ALPHA INSURANCE OF FLORIDA (KIM KINDLY)  
Deferment Reason: Pending Coverage Investigation  
Deferment Expiration Date: 08/29/2023

You can view additional case details using the following link:  
<https://trsuat08.arbfile.org/trs/web/overview/46251>

AF is dedicated to ensuring that our people, products, processes, and services provide best-in-class member service. Please visit [www.arbfile.org](http://www.arbfile.org) or contact us at 1-866-977-3434 with specific inquiries.

DO NOT reply or forward this e-mail as responses are not monitored.

A deferment verification is also confirmed by the case status.

A220000B5C3-C1  
Loss State: Arizona  
Loss Date: 8/1/2022

04513 ALPHA INSURANCE OF FLORIDA  
Insured: KIM KINDLY

Collision | 2018 FORD  
Claim #: 8262022A

CINDY

Deferred - Submitted

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

A220000B5F5-C1  
Loss State: Arizona  
Loss Date: 8/4/2022

04513 ALPHA INSURANCE OF FLORIDA  
Insured: CHUCK JONES

Collision | 2020 FORD  
Claim #: 8292022A

View Features From All Parties

Add/Edit a Feature  
Assign Case  
Case Overview  
Create Case Support Inquiry  
Occurrence Overview  
Print Case  
Withdraw Deferment

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

Case Deferred: The case has been deferred by ALPHA INSURANCE OF FLORIDA due to Pending Litigation until 8/30/2023. Once the deferment ends, please review the current status on this case. If your case status reflects "Pending" or "In Progress", your submission is not complete and requires your attention.

Withdraw Deferment

Case Summary: A220000B5F5-C1  
Coverage Group: Collision, Comprehensive/OTC

## Revisits

The video link below provides step-by-step instructions on how to complete this process.

[Revisits](#)

Filers 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 an adverse party has raised a damage dispute, asserted policy limits, or jurisdictional exclusion).

For New York PIP cases, a revisit is automatic when the responding party disputes a case qualifier.

Case ID	Company	Feature	Claim Rep	Due Date	Status
★ I220000D369-C1 Loss State: New York Loss Date: 9/3/2022	04513 ALPHA INSURANCE OF FLORIDA Insured: JJ RIDER	RV Rebut qualifier dispute		10/7/2022	Revisit
		F NYPIP   JJ RIDER Claim #: 9302022A	JOHN DEMANDER		Submitted
View Features From All Parties					

Filers have seven calendar days to revisit their 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.

Worklist	Case Search	Jack Demander
Home Worklist		
My Cases	My Company's Cases	My Watched Cases
Needs Attention	Recovering	Responding
Open	Closed	
Showing 1 - 3 of 3 Case(s) for Needs Attention	View As	Order by
	Filter by	
First	Previous	Next
	1	Last

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

★ 18000009A7-C1 Loss State: Arizona Loss Date: 3/1/2018	04513 ALPHA INSURANCE OF FLORIDA Insured: JOEY PACTONE	F Collision   2018 NISSAN 01-8686	JACK DEMANDER	3/19/2018	Revisit
		R Collision   2017 FORD 01-8686	JACK DEMANDER	3/19/2018	In Progress
View Features From All Parties					

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

Revisit	
Add Supplement	
Assign Claim Rep	
Revisit	
Withdraw Feature	

## Supplements

The video link below provides step-by-step instructions on how to complete this process.

### [How to File a Supplement](#)

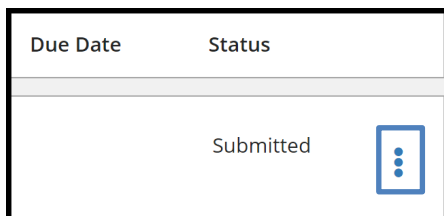
Additional payments, known as supplements, can be filed so long as they were paid **on or after** the initial filing submission date (Rule 5-3).

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

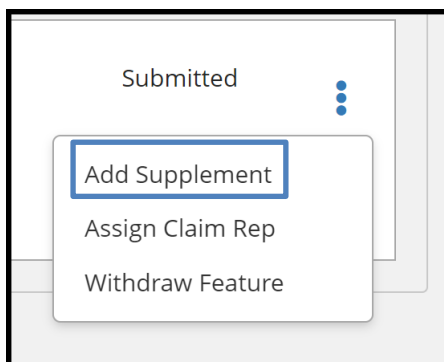
There are two ways to add supplements depending on the case status **Submitted** or **Decision Published**.

#### Case Status: Submitted

When a supplement is paid **on or after** the submitted date, the filing company will select the blue ellipsis.

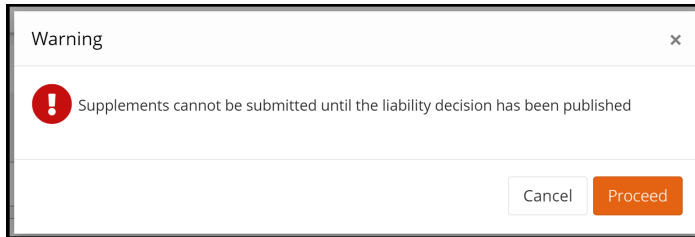


From the drop-down menu, select **Add Supplement**.



The following message appears. To save time, Filers can add supplements but cannot submit them **until** the liability decision is published. This avoids unnecessary review of cases involving supplements where liability has not been proven, improving arbitrator cycle time.

Select **Proceed** and continue to add supplements.



Complete each workflow step to add a supplement to a case.

The first Workflow Step, **Select Features**, is automatically pre-filled. This is verified by the word **Added** displayed next to the **Available Feature**. Go to the next step: **Coverage Information**.

### Collision, Comprehensive/OTC view:

Select Features for Supplement ?

Available Features	Add All	Selected Features (1)	Remove All
2022 FORD Collision	ADDED	2022 FORD Collision	Remove

WORKFLOW STEPS

☒ Select Features

### Property view:

Select Features for Supplement ?

Available Features	Add All	Selected Features (1)	Remove All
INSURED RESIDENCE Property	ADDED	INSURED RESIDENCE Property	Remove

### PIP or Med Pay view:

Select Features for Supplement ?

Available Features	Add All	Selected Features (1)	Remove All
HENRY SMITH MedPay	ADDED	HENRY SMITH MedPay	Remove

Change previously submitted answers by selecting the applicable radio button. If there are no changes, go to the next step: **Supplement Information**.

WORKFLOW STEPS

☒ Coverage Information - Collision

Supplement Coverage - Collision ?

✓ Does joint and several liability apply to this coverage? ? ☐ Yes ☒ No

Policy Limits

✓ Will you accept the policy limits as final settlement of your claim? ☒ Yes ☐ No ☐ I'm Not Sure ?

✓ Will you accept the Pro-Rata Share? ☒ Yes ☐ No

✓ Will you accept the remaining balance? ☒ Yes ☐ No

✓ Do you agree to reimburse your insured for out-of-pocket expenses (excluding your insured deductible that is included in this filing) relating to the Coverage sought? ☒ Yes ☐ No

Policy Limits Note ?

From the **Supplement Information** Workflow step, scroll down to the **Company-Paid Damages** section; enter the **Date of First Payment for this Supplement**. This date must be on or after the initial filing submission date.

Next, enter supplement(s) amounts in the appropriate fields.

Company-Paid Damages

Total Loss ☐ Yes ☒ No

\* Date of First Payment for this Supplement

Auto Damage ?	
Rental	
Loss of Use	
Towing	
Storage	
Personal Property	
Diminished Value ?	

Auto Damage ? \$ 752.43

**Property View:**

Total Loss ☐ Yes ☒ No

✓ Date of First Payment for this Supplement

Debris Removal

Emergency Repairs/Mitigation

Government Code Upgrades

Additional Living Expense

Add supplement to the corresponding category.

**Attach evidence** to support supplement amounts. (See Insert, Attach, or Placeholder for Evidence to learn how to attach evidence.) Evidence attached to support Feature Damages is viewable to the responding party(ies) (Rule 5-3).

Attached Evidence ? + Attach Evidence

View	Evidence Types (hide description)	Detach
	Estimate	Supplement #1



The next workflow step, **Select Supplements to Submit**, indicates the damage decision must be published before you can submit the supplement. Exit the workflow and wait for the decision to publish.

WORKFLOW STEPS  
☐ Select Supplements to Submit

Supplement Selection ?

Select the damage sets to include in this submission.

Collision

☐ I need to revisit responses that raise Policy Limits for this coverage [Collision]

☐ Include in Filing
 

2022 FORD  
 The following issues must be corrected in order to submit this supplement:  

- The damage decision must be published before you can submit.

Total Damages Sought: \$752.43

If the liability decision is favorable, submit your supplement damages. (See Case Type: Decision Published for workflow.)

### Case Status: Decision Published

Once a decision is published, supplements can be submitted for review by an arbitrator. To add supplements, follow the previous steps outlined under Case Status: Submitted.

★ A220000B799-C1

Loss State: Arizona

Loss Date: 9/1/2022

04513 ALPHA INSURANCE OF FLORIDA

Insured: TISH BLACKWELL

Collision | 2021 FORD

Claim #: 92020226

Decision Published

Add Supplement

Assign Claim Rep

View Decision

View Decision (PDF)

From the **Select Supplement to Submit** workflow step, notice the **Include in Filing** box is checked. This is an automatic process. Unchecking the box will cause your filing to go to hearing without including your damages.

WORKFLOW STEPS  
☐ Select Supplements to Submit

Supplement Selection ?

Select the damage sets to include in this submission.

Collision

☐ I need to revisit responses that raise Policy Limits for this coverage [Collision]

☒ Include in Filing
 

2021 FORD  
☐ I need to revisit responses that raise Jurisdictional Exclusions  
☐ I need to revisit responses that raise Damage Disputes

Total Damages Sought: \$752.43

Complete the remaining workflow steps and submit your supplement filing.

WORKFLOW STEPS  
☒ Filing Options & Billing

### Filing Options & Billing

#### Filing Options

Panel of Three

No features qualify to request a Panel of Three

#### Personal Rep

The representative may only clarify, at the arbitrator's request, its arguments and submitted evidence.

Personal Rep at Hearing? ☐ Yes ☒ No

#### Billing

✓ Billing Code to be Invoiced 004513 - ALPHA INSURANCE CO

### Review & Submit

Damage Recovery

Coverage - Collision

Does joint and several apply: No

Policy Limits Acceptance

Will you accept the policy limits as final settlement of your claim? Yes

Will you accept the Pro Rata Share? Yes

Will you accept the remaining balance? Yes

Do you agree to reimburse your insured for out-of-pocket expenses (excluding your insured deductible that is included in this filing) relating to the Coverage sought? Yes

#### Features

2021 FORD	Vehicle: 2021 FORD MUSTANG	Remittance Address: 3820 Northdale Blvd Tampa, FL 33624-1863
Driver: TISH BLACKWELL	Claim Rep: CINDY CALHOUN 813-496-7039 ccalhoun@arbfile.org	
Claim Number: 9202022A		

Does spoliation apply: No

Damages Sought: \$752.43

First Payment Paid Date: 9/21/2022

#### WORKFLOW STEPS

☐ Review & Submit

Submit your supplement filing.

Once submitted, the supplement filing appears on the Worklist indicated by an “S”.

A220000B799-C1 Loss State: Arizona Loss Date: 9/1/2022	04513 ALPHA INSURANCE OF FLORIDA Insured: TISH BLACKWELL	Collision   2021 FORD Claim #: 9202022A  Collision   2021 FORD Claim #: 9202022A	Decision Published  Submitted
--------------------------------------------------------------	-------------------------------------------------------------	----------------------------------------------------------------------------------------------	-------------------------------------

View Features From All Parties