



ARBITRATION FORUMS, INC.
Membership driven. Innovation focused.

E-Subro Hub Revised Add Demand Reference Guide

July 2021

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E-Subro Hub Revised Add Demand

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Published: July 2021

Introduction

Arbitration Forums, Inc. (AF) is in the process of transitioning the E-Subro Hub program to the TRS platform to more closely align with the view and performance of the arbitration version.

This document is to provide a reference from the former Add Demand view to the new TRS path. It is important to note that the claim entries in the E-Subro Hub TRS version will not deviate from what members are used to seeing in an existing E-Subro Hub demand.

To begin, go to www.arbfile.org. Log in by clicking **Go to My Arbfile**.



Enter your user ID and password, and click **Login**.

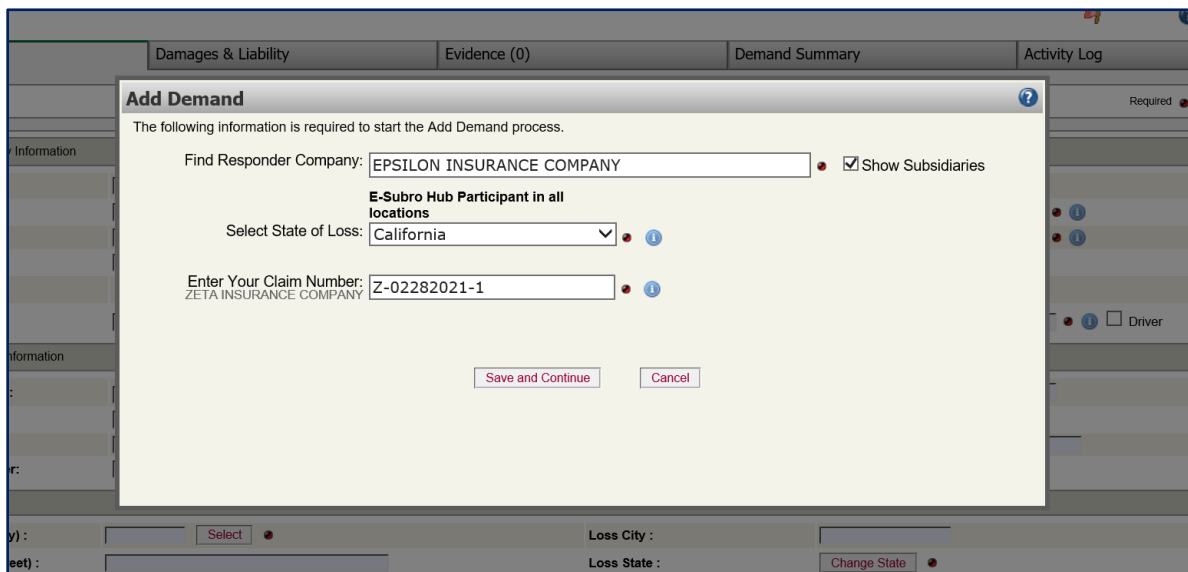
TRS E-Subro Hub – Add Demand

Previously, the path to create a new demand was to click the E-Subro menu then Add Demand.



To create a new demand, select “Add Demand” from the E-Subro Hub drop-down menu.

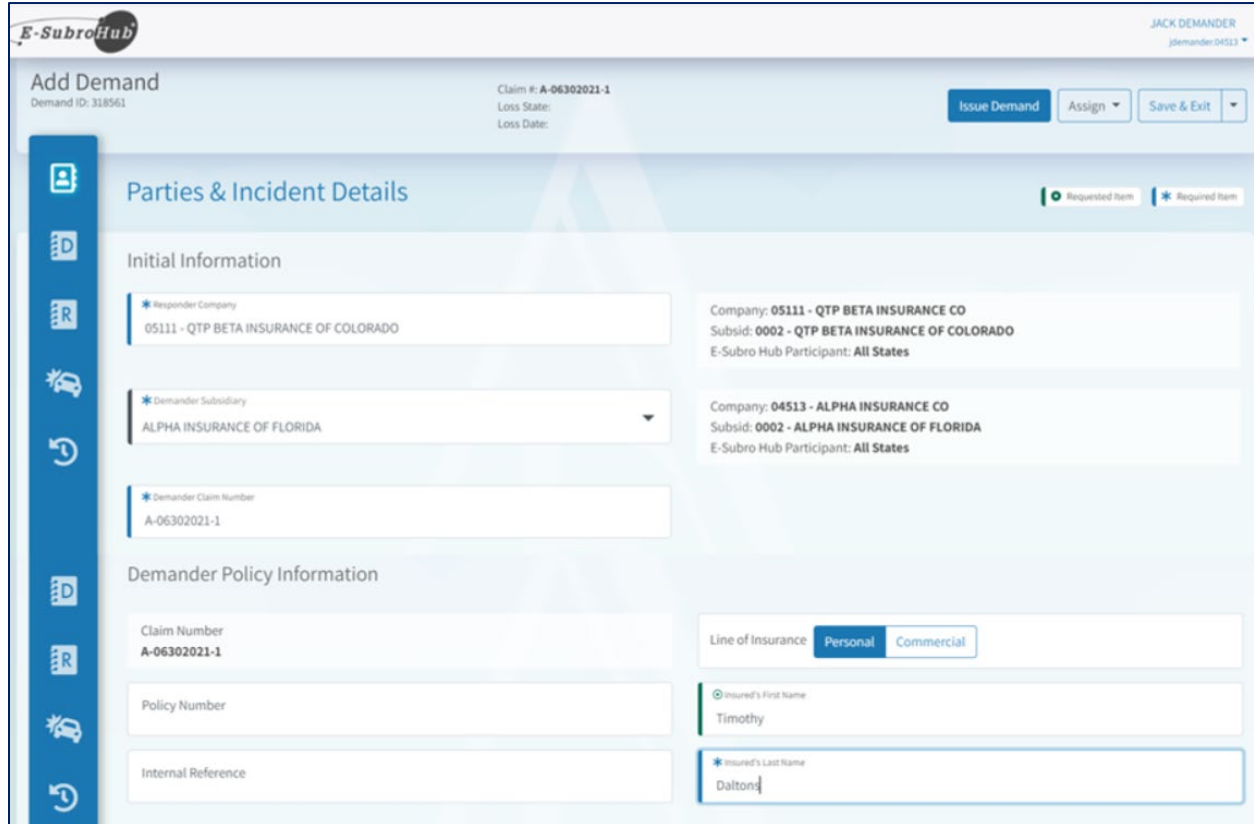
The former Add Demand initial entries included a Search for the Responding Company, State of Loss, and Demanding Party Claim Number.



Party & Incident Details

The TRS Add Demand initial entry includes a Search for the Responding Company on the Party & Incident Details page. The filer can scroll down to the four sections on this page: Initial Information, Demander Information, Incident Details, and Responder Information.

After selecting an active Responder company, the Demander information will be completed (Demander Subsidiary, Demander Claim Number, Line of Insurance, and Insured Name).



E-Subro Hub JACK DEMANDER (Demander: 04513)

Add Demand Demand ID: 318561 Claim #: A-06302021-1 Loss State: Loss Date:

Parties & Incident Details [Requested Item] [Required Item]

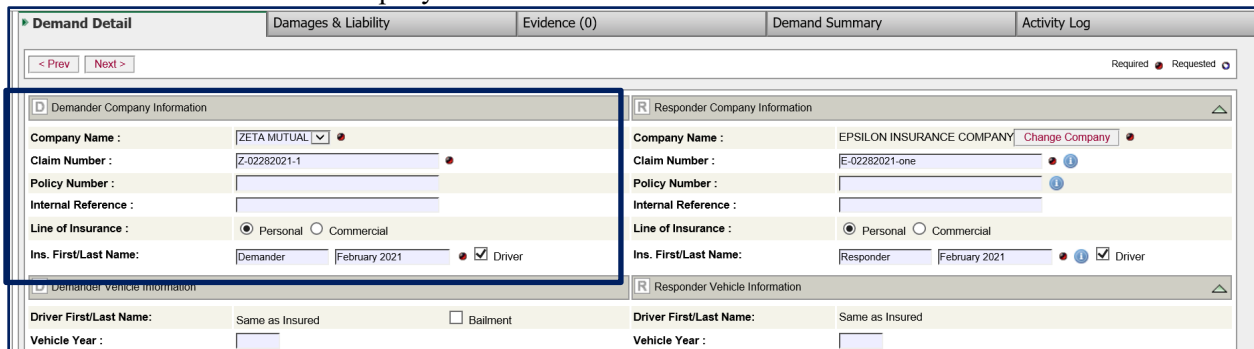
Initial Information

- Responder Company:** 05111 - QTP BETA INSURANCE OF COLORADO
Company: 05111 - QTP BETA INSURANCE CO
Subsid: 0002 - QTP BETA INSURANCE OF COLORADO
E-Subro Hub Participant: All States
- Demander Subsidiary:** ALPHA INSURANCE OF FLORIDA
Company: 04513 - ALPHA INSURANCE CO
Subsid: 0002 - ALPHA INSURANCE OF FLORIDA
E-Subro Hub Participant: All States
- Demander Claim Number:** A-06302021-1

Demander Policy Information

- Claim Number:** A-06302021-1
- Line of Insurance:** Personal Commercial
- Policy Number:**
- Internal Reference:**
- Insured's First Name:** Timothy
- Insured's Last Name:** Dalton

Former View – Demander Company Information

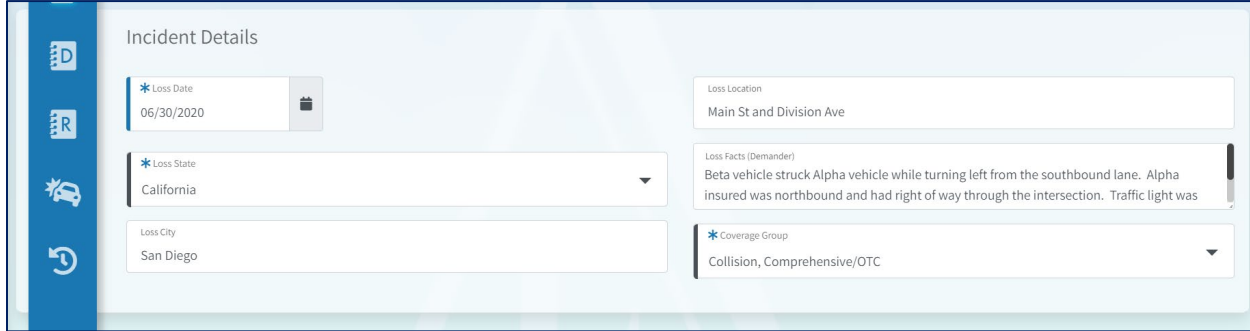


Demand Detail Damages & Liability Evidence (0) Demand Summary Activity Log

< Prev Next > Required Requested

D Demander Company Information	R Responder Company Information
Company Name : ZETA MUTUAL	Company Name : EPSILON INSURANCE COMPANY Change Company
Claim Number : Z-02282021-1	Claim Number : E-02282021-one
Policy Number :	Policy Number :
Internal Reference :	Internal Reference :
Line of Insurance : <input checked="" type="radio"/> Personal <input type="radio"/> Commercial	Line of Insurance : <input checked="" type="radio"/> Personal <input type="radio"/> Commercial
Ins. First/Last Name: Demander February 2021 <input checked="" type="checkbox"/> Driver	Ins. First/Last Name: Responder February 2021 <input checked="" type="checkbox"/> Driver
D Demander Vehicle Information	R Responder Vehicle Information
Driver First/Last Name: Same as Insured <input type="checkbox"/> Bailment	Driver First/Last Name: Same as Insured
Vehicle Year :	Vehicle Year :

The Add Demand process proceeds by filling in the appropriate Incident Details to issue a subrogation demand. Complete the Required (*) and Requested (o) entry fields.



Incident Details

* Loss Date: 06/30/2020

Loss Location: Main St and Division Ave

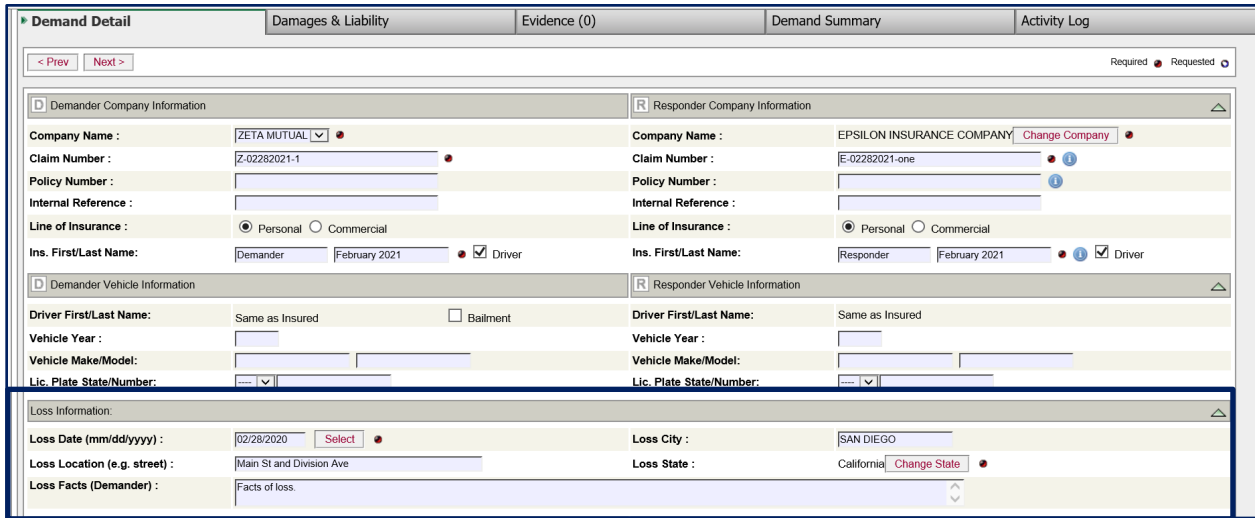
* Loss State: California

Loss Facts (Demander): Beta vehicle struck Alpha vehicle while turning left from the southbound lane. Alpha insured was northbound and had right of way through the intersection. Traffic light was

Loss City: San Diego

* Coverage Group: Collision, Comprehensive/OTC

Former View – Incident Details



Demand Detail | Damages & Liability | Evidence (0) | Demand Summary | Activity Log

< Prev | Next > | Required • Requested o

D Demander Company Information | **R** Responder Company Information

Company Name : ZETA MUTUAL • | **Company Name :** EPSILON INSURANCE COMPANY Change Company •

Claim Number : Z-02282021-1 • | **Claim Number :** E-02282021-one • i

Policy Number : | **Policy Number :** i

Internal Reference : | **Internal Reference :**

Line of Insurance : Personal Commercial | **Line of Insurance :** Personal Commercial

Ins. First/Last Name: Demander February 2021 • Driver | **Ins. First/Last Name:** Responder February 2021 • i Driver

D Demander Vehicle Information | **R** Responder Vehicle Information

Driver First/Last Name: Same as Insured Bailment | **Driver First/Last Name:** Same as Insured

Vehicle Year : | **Vehicle Year :**

Vehicle Make/Model: | **Vehicle Make/Model:**

Lic. Plate State/Number: | **Lic. Plate State/Number:**

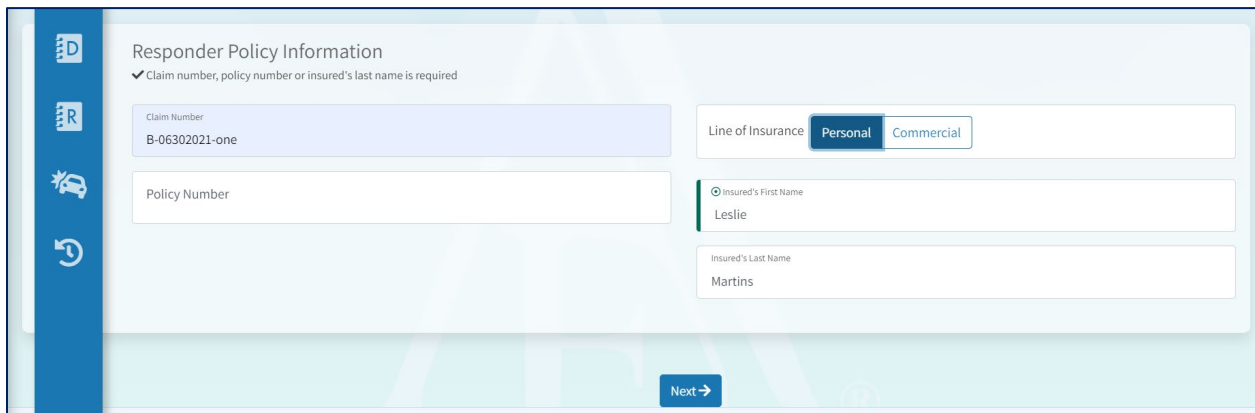
Loss Information:

Loss Date (mm/dd/yyyy) : 02/28/2020 Select • | **Loss City :** SAN DIEGO

Loss Location (e.g. street) : Main St and Division Ave | **Loss State :** California Change State •

Loss Facts (Demander) : Facts of loss.

The Responder Company claim information (Claim/Policy Number, Line of Insurance, and Insured Information) will be entered at the bottom of the Party & Incident page.



Responder Policy Information

✓ Claim number, policy number or insured's last name is required

Claim Number: B-06302021-one

Line of Insurance: Personal Commercial

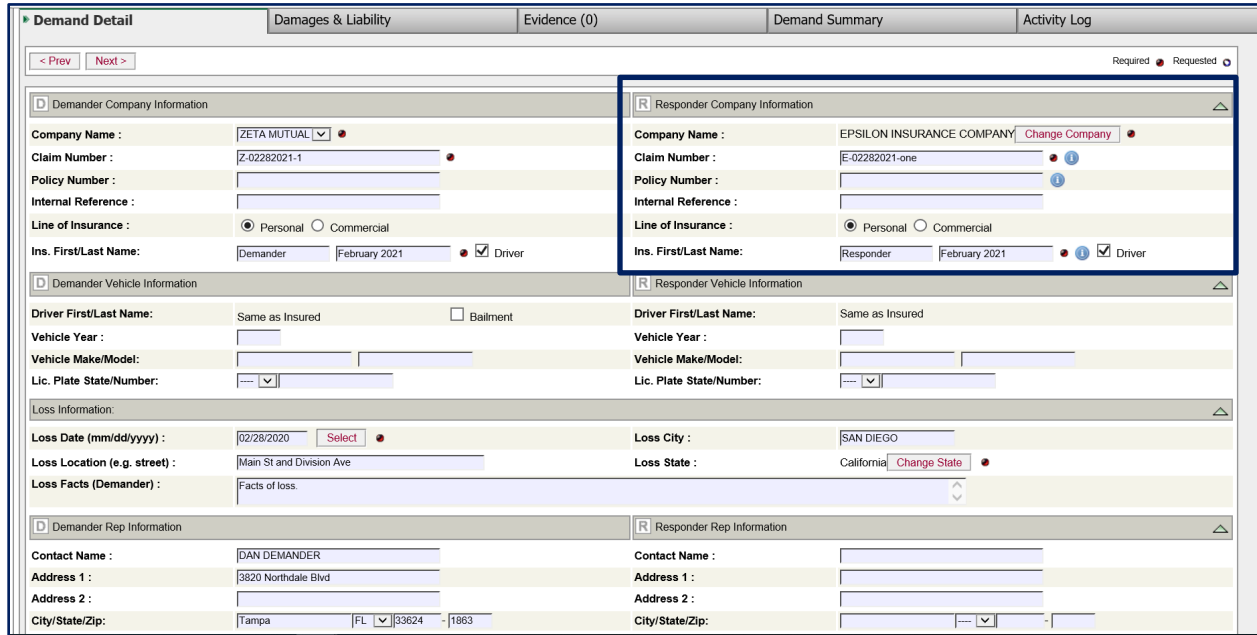
Policy Number:

Insured's First Name: Leslie

Insured's Last Name: Martins

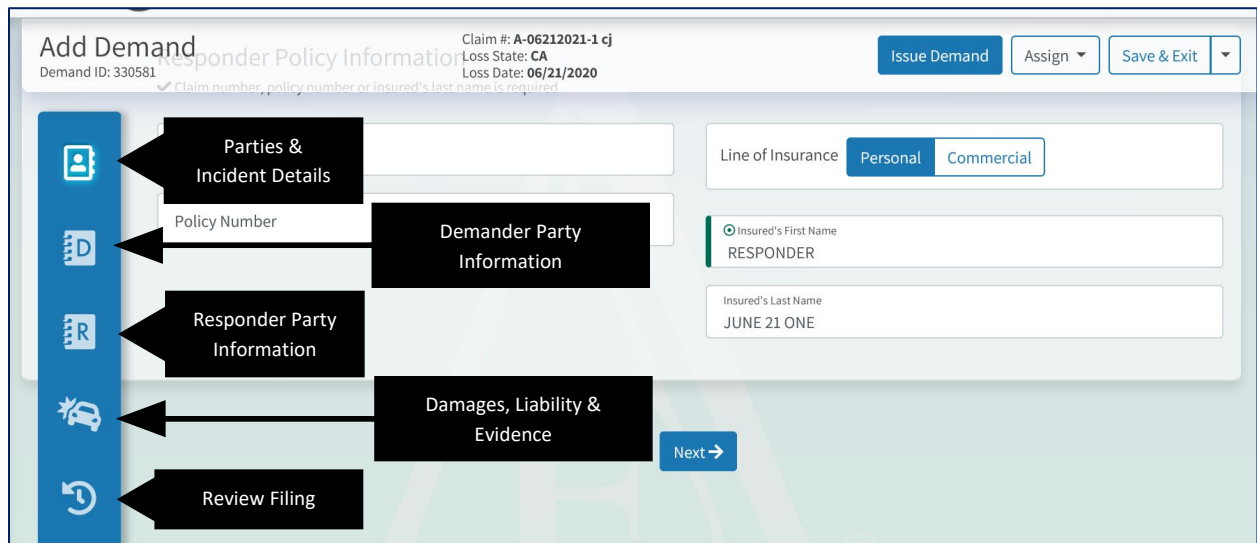
Next →

Former View – Responder Company Info.



The screenshot shows a web application interface for adding a demand. It features a top navigation bar with tabs: Demand Detail, Damages & Liability, Evidence (0), Demand Summary, and Activity Log. Below the navigation are navigation buttons: < Prev, Next >, and Required/Requested status indicators. The main content area is divided into four sections: Demander Company Information, Responder Company Information, Demander Vehicle Information, and Responder Vehicle Information. The Responder Company Information section is highlighted with a blue box. It contains fields for Company Name (EPSILON INSURANCE COMPANY), Claim Number (E-02282021-one), Policy Number, Internal Reference, Line of Insurance (Personal/Commercial), and Ins. First/Last Name (Responder, February 2021). Other sections include Demander Vehicle Information, Demander Rep Information, and Responder Rep Information.

The subrogating user can click “Next” to move to the following page or click a navigation icon on the left side of the page.



This screenshot shows the 'Add Demand' form with a navigation sidebar on the left. The sidebar contains icons for Parties & Incident Details, Policy Number, Responder Party Information, Damages, Liability & Evidence, and Review Filing. The main content area shows the 'Responder Policy Information' section, which includes fields for Line of Insurance (Personal/Commercial), Insured's First Name (RESPONDER), and Insured's Last Name (JUNE 21 ONE). A 'Next' button is visible at the bottom right of the main content area. The top of the form displays the Claim #: A-06212021-1 cj, Loss State: CA, and Loss Date: 06/21/2020. Buttons for 'Issue Demand', 'Assign', and 'Save & Exit' are also present.

Demander Information

The Demander Vehicle Information will not be a Required Field, but may be a Requested Field.

The Driver Information and Bailment settings are in this section. The driver can be the “Same as Insured” or a new “Other” entry.

The Demander Rep Information will automatically populate based on the User Profile.

Demander Information

● Requested Item ★ Required Item

Feature

Vehicle Year 2020	Who was the driver? Same as Insured Other
Vehicle Make Honda	Drivers First Name Richard
Vehicle Model Accord	Drivers Last Name Daltons
License Plate #	Does Bailment Apply? Yes No
License Plate State	

Demander Rep Information

Address Verified ✓

Contact Name JACK DEMANDER		Phone	
Address 1 Possible Duplicate		Address 2 1 Rockefeller Plz	
City New York	State New York	Zip Code 10020	Zip +4 2003
Country USA			

Former View – Demander Vehicle and Rep Information

Demand Detail	Damages & Liability	Evidence (0)	Demand Summary	Activity Log
Required ● Requested ○				
D Demander Company Information Company Name: ZETA MUTUAL Claim Number: Z-02282021-1 Policy Number: Internal Reference: Line of Insurance: <input checked="" type="radio"/> Personal <input type="radio"/> Commercial Ins. First/Last Name: Demander February 2021 <input checked="" type="checkbox"/> Driver		R Responder Company Information Company Name: EPSILON INSURANCE COMPANY Change Company Claim Number: E-02282021-one Policy Number: Internal Reference: Line of Insurance: <input checked="" type="radio"/> Personal <input type="radio"/> Commercial Ins. First/Last Name: Responder February 2021 <input checked="" type="checkbox"/> Driver		
D Demander Vehicle Information Driver First/Last Name: Same as Insured <input type="checkbox"/> Bailment Vehicle Year: Vehicle Make/Model: Lic. Plate State/Number:		R Responder Vehicle Information Driver First/Last Name: Same as Insured Vehicle Year: Vehicle Make/Model: Lic. Plate State/Number:		
Loss Information: Loss Date (mm/dd/yyyy): 02/28/2020 Select Loss Location (e.g. street): Main St and Division Ave Loss State: California Change State Loss Facts (Demander): Facts of loss.				
D Demander Rep Information Contact Name: DAN DEMANDER Address 1: 3820 Northdale Blvd Address 2: City/State/Zip: Tampa FL 33624 1863		R Responder Rep Information Contact Name: Address 1: Address 2: City/State/Zip:		

At the bottom of the Demander Information page, the Remittance Information will be completed once and automatically populated for subsequent demands.

Click “Next” or the “Responder Party Information” icon to move to the next page.

Former View – Remittance Address

Responder Information

The Responder Information page will not include Required Fields, but may have Requested Fields. The Respondent driver can be the “Same as Insured” from page one or a new “Other” entry.

The Responder Rep Information will populate by the ownership assignment that will occur by the Responding party. There are no entries for the Demander to complete.

Responder Information Requested Item Required Item

Feature

Vehicle Year: 2016

Vehicle Make: Toyota

Vehicle Model: Tacoma

License Plate #

License Plate State

Who was the driver? **Same as Insured** Other

Former View – Responder Rep Information

D Demander Rep Information

Contact Name : DAN DEMANDER

Address 1 : 3820 Northdale Blvd

Address 2 :

City/State/Zip: Tampa FL 33624 - 1883

Phone : 813.496.7060

R Responder Rep Information

Contact Name :

Address 1 :

Address 2 :

City/State/Zip: -- --

Phone :

D Remittance Information

Remit Payment To : ZETA INSURANCE COMPANY

Address 1 : 3820 Northdale Blvd

Address 2 :

Attention :

City/State/Zip: Tampa FL 33624 - 1883

Phone : 813.496.7060

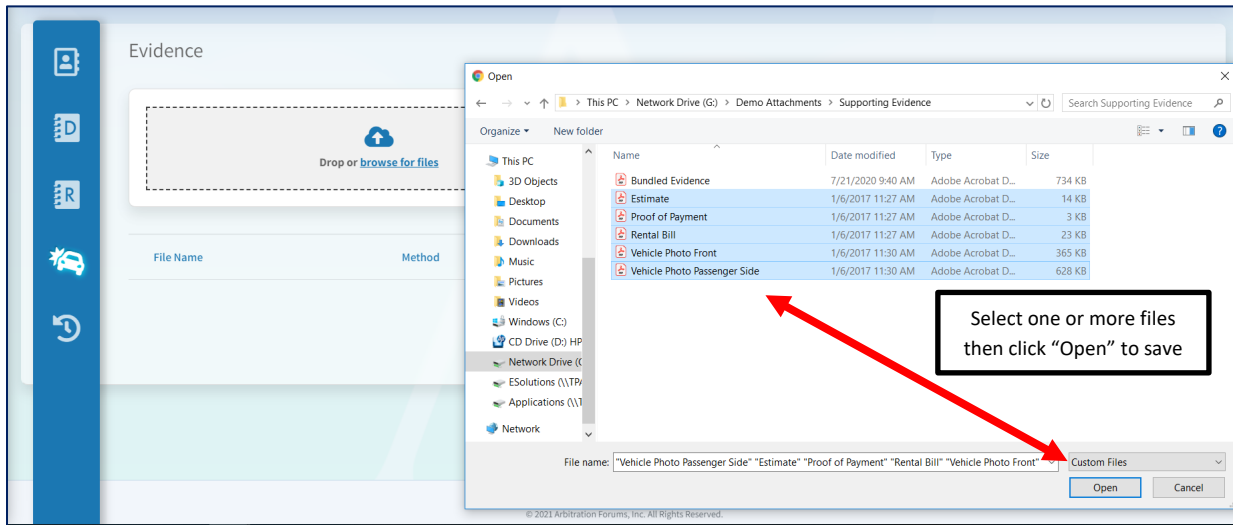
Damages, Liability, and Evidence

The Coverage (Collision or Comp [OTC]) and Total Loss selection will be completed on this page. The subrogating user will enter the relevant damage amounts with a required Negotiation Message.

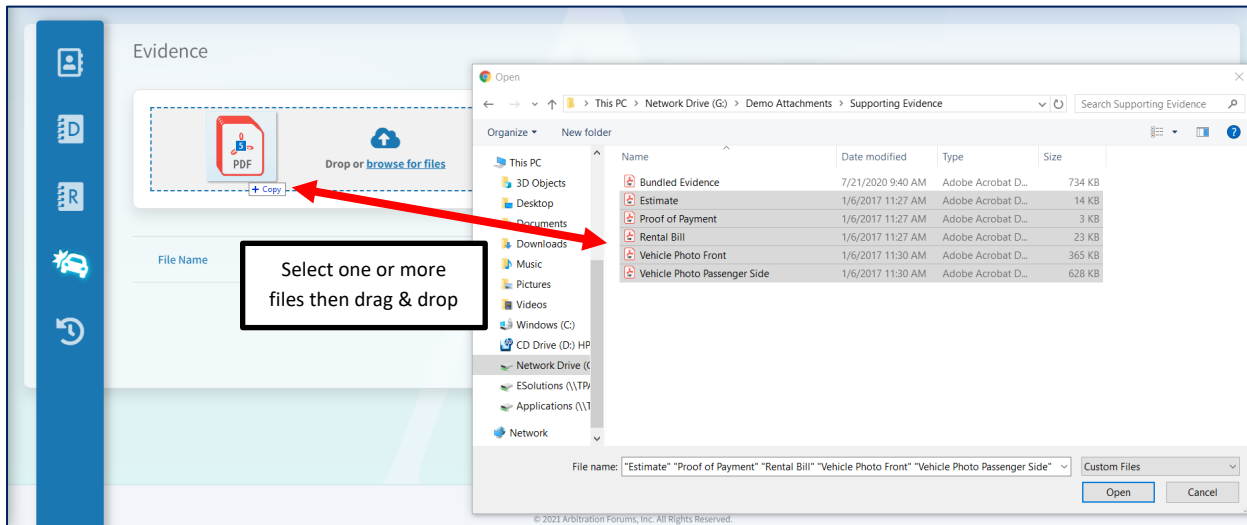
Former View – Damages & Liability

Evidence can be attached to the E-Subro Hub demand in several ways. AF Client and Data Integration will continue to allow users to print drive documents directly to the claim. The use of AF Client does require software deployed by the member’s technology department.

The “Browse for Files” is a direct upload method that is available to all users. The “Browse for Files” process is similar to attaching a document to an email. If several evidence items are stored in a single folder, holding the Ctrl button and clicking multiple files will bring them to the demand in one step.



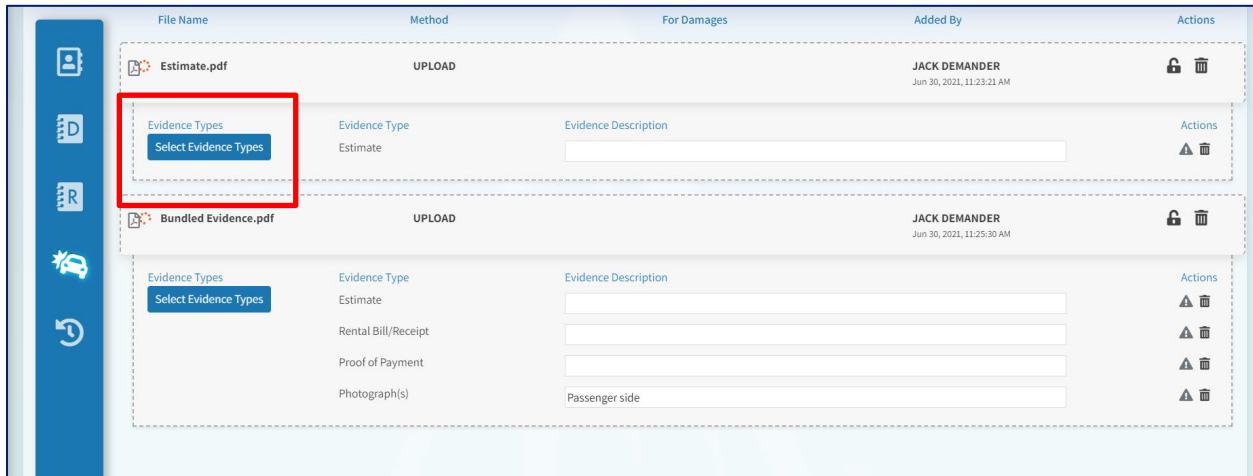
This new page will give associates the option to “drag and drop” a document from a folder into the “Drop Box.” If several evidence items are stored in a single folder, holding the Ctrl button and clicking multiple files will “drag” them to the demand in one step.



Former View – Add Evidence

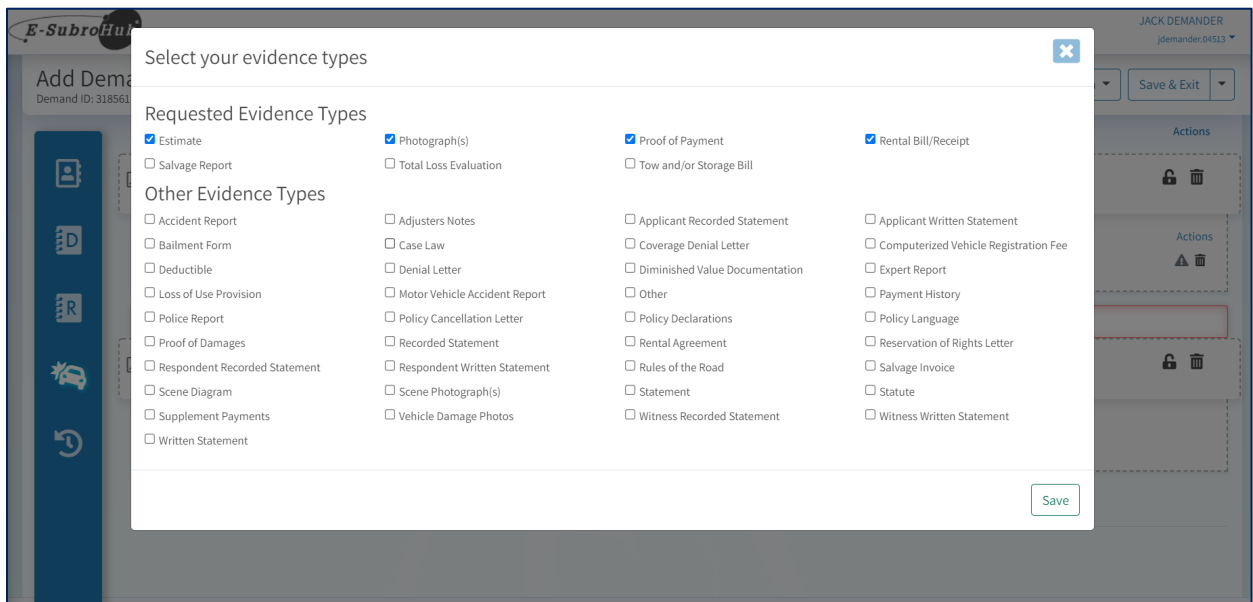
Demand Detail		Damages & Liability		Evidence (2)		Demand Summary		Activity Log																									
<p>< Prev Next > Add Evidence</p> <p>Your company requests the following evidence: Estimate, Photograph(s), Rental Bill/Receipt.</p> <p>2 evidence documents found, displaying all evidence documents.</p> <table border="1"> <thead> <tr> <th>Date Added</th> <th>Added By</th> <th>Method</th> <th>Document Type/Description</th> <th>Status</th> <th>Private</th> <th>For Damages</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>2/25/2021 18:17 EST</td> <td>DAN DEMANDER (D)</td> <td>Upload</td> <td>Estimate</td> <td>Received</td> <td></td> <td>Orig : \$3,400.00 (02/25/2021)</td> <td>view edit delete</td> </tr> <tr> <td>2/25/2021 18:17 EST</td> <td>DAN DEMANDER (D)</td> <td>Upload</td> <td>Rental Bill/Receipt</td> <td>Received</td> <td></td> <td>Orig : \$3,400.00 (02/25/2021)</td> <td>view edit delete</td> </tr> </tbody> </table>										Date Added	Added By	Method	Document Type/Description	Status	Private	For Damages	Actions	2/25/2021 18:17 EST	DAN DEMANDER (D)	Upload	Estimate	Received		Orig : \$3,400.00 (02/25/2021)	view edit delete	2/25/2021 18:17 EST	DAN DEMANDER (D)	Upload	Rental Bill/Receipt	Received		Orig : \$3,400.00 (02/25/2021)	view edit delete
Date Added	Added By	Method	Document Type/Description	Status	Private	For Damages	Actions																										
2/25/2021 18:17 EST	DAN DEMANDER (D)	Upload	Estimate	Received		Orig : \$3,400.00 (02/25/2021)	view edit delete																										
2/25/2021 18:17 EST	DAN DEMANDER (D)	Upload	Rental Bill/Receipt	Received		Orig : \$3,400.00 (02/25/2021)	view edit delete																										

Click “Select Evidence Type” to determine the type of evidence.



Check one or more options depending if the file holds a single piece of evidence or is a bundle of items. Requested Evidence Types will be listed at the top of the page.

Click “Save” to complete the Evidence Type.



Click the “Lock” icon to make a document “Private” or “Public.”

The “Evidence Description” entry can be used to provide more detail about a piece of evidence.

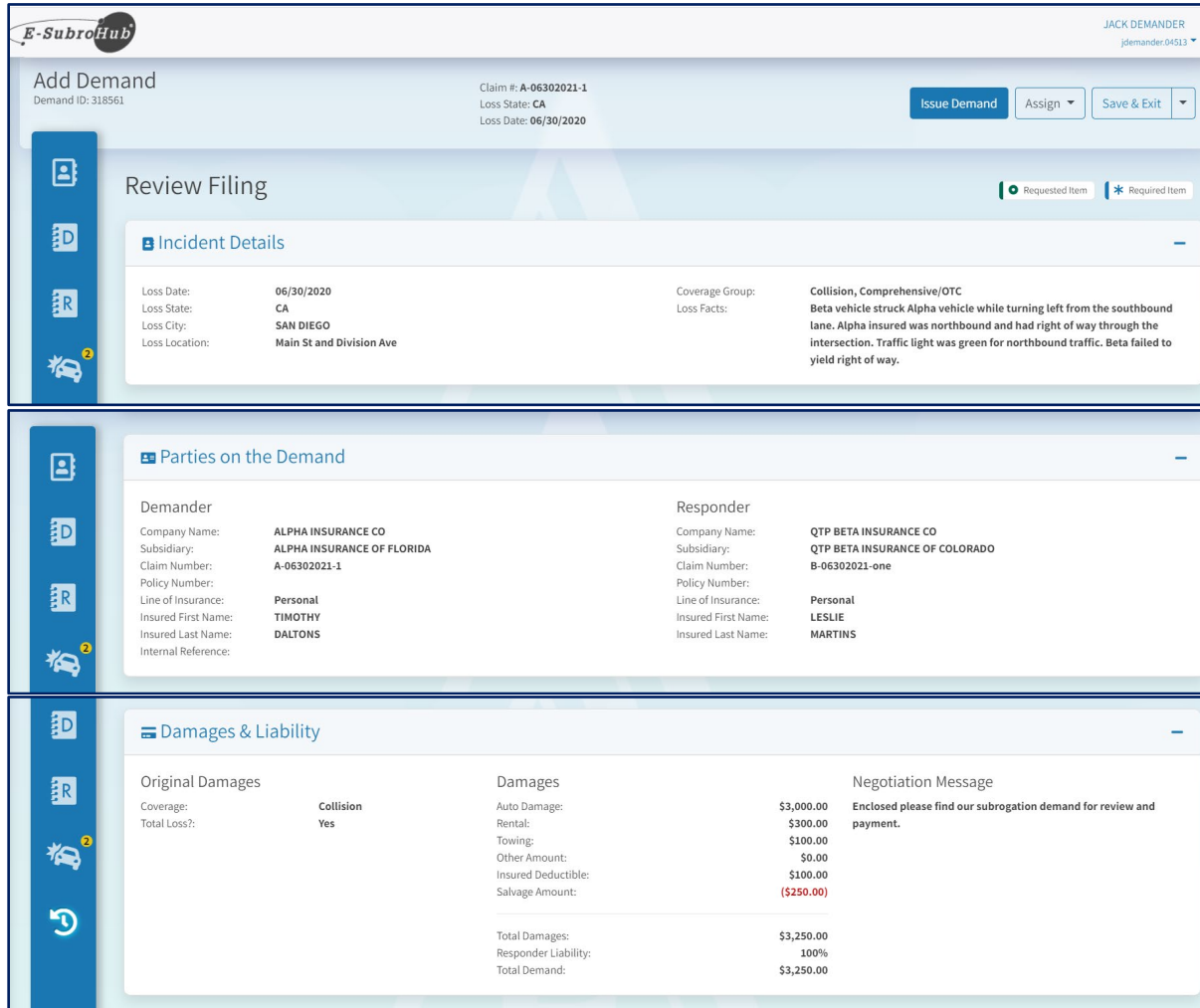
The “Trash Can” icon can delete a piece of evidence prior to issuance.

The screenshot displays a list of evidence items in a table-like format. Each item includes a document icon, filename, upload status, amount, and user information. Below each item are fields for 'Evidence Types', 'Evidence Type', and 'Evidence Description', along with an 'Actions' menu.

Document Icon	Filename	Upload	Amount	User	Date/Time	Actions
	Policy Information Page.pdf	Upload	\$3,400.00	JACK DEMANDER	Jun 30, 2021, 4:55:56 PM	Lock, Trash, Actions
Evidence Types: Select Evidence Types Evidence Type: Policy Declarations Evidence Description: <input type="text"/>						Private = Locked Public = Unlocked
	Vehicle Photo Driver Side.pdf	Upload	\$3,400.00	JACK DEMANDER	Jun 30, 2021, 4:54:06 PM	Lock, Trash, Actions
Evidence Types: Select Evidence Types Evidence Type: Photograph(s) Evidence Description: Passenger Side Damage						Delete Evidence Item
	Proof of Payment.pdf	Upload	\$3,400.00	JACK DEMANDER	Jun 30, 2021, 4:54:06 PM	Lock, Trash, Actions
Evidence Types: Select Evidence Types Evidence Type: Proof of Payment Evidence Description: <input type="text"/>						Actions

Review Filing

The final page can be used to review the claim file prior to submission. The demand could also be issued once the required pages have been completed by clicking the “Issue Demand” button at the top of the page.



E-SubroHub JACK DEMANDER
jdemandr.04513

Add Demand
Demand ID: 318561

Claim #: A-06302021-1
Loss State: CA
Loss Date: 06/30/2020

Issue Demand Assign Save & Exit

Review Filing

Requested Item Required Item

Incident Details

Loss Date:	06/30/2020	Coverage Group:	Collision, Comprehensive/OTC
Loss State:	CA	Loss Facts:	Beta vehicle struck Alpha vehicle while turning left from the southbound lane. Alpha insured was northbound and had right of way through the intersection. Traffic light was green for northbound traffic. Beta failed to yield right of way.
Loss City:	SAN DIEGO		
Loss Location:	Main St and Division Ave		

Parties on the Demand

Demander		Responder	
Company Name:	ALPHA INSURANCE CO	Company Name:	QTP BETA INSURANCE CO
Subsidiary:	ALPHA INSURANCE OF FLORIDA	Subsidiary:	QTP BETA INSURANCE OF COLORADO
Claim Number:	A-06302021-1	Claim Number:	B-06302021-one
Policy Number:		Policy Number:	
Line of Insurance:	Personal	Line of Insurance:	Personal
Insured First Name:	TIMOTHY	Insured First Name:	LESLIE
Insured Last Name:	DALTONS	Insured Last Name:	MARTINS
Internal Reference:			

Damages & Liability

Original Damages	Damages	Negotiation Message
Coverage: Collision	Auto Damage: \$3,000.00	Enclosed please find our subrogation demand for review and payment.
Total Loss?: Yes	Rental: \$300.00	
	Towing: \$100.00	
	Other Amount: \$0.00	
	Insured Deductible: \$100.00	
	Salvage Amount: (\$250.00)	
	Total Damages: \$3,250.00	
	Responder Liability: 100%	
	Total Demand: \$3,250.00	

📁
Attached Evidence
-

Estimate.pdf	Upload	\$3,250.00	JACK DEMANDER <small>Jun 30, 2021, 11:35:15 AM</small>	🔒
Evidence Type	Evidence Description	Actions		
Estimate		⚠️		

Bundled Evidence.pdf	Upload	\$3,250.00	JACK DEMANDER <small>Jun 30, 2021, 11:35:15 AM</small>	🔒
Evidence Type	Evidence Description	Actions		
Estimate		⚠️		
Rental Bill/Receipt		⚠️		
Proof of Payment		⚠️		
Photograph(s)	Passenger side	⚠️		

🚗
Feature Information
-

Demander

	Year	Make	Model	Plate	Bailment
Feature	2020	Honda	Accord		No
Driver Status:	Other				
Driver:	RICHARD DALTONS				

Demander Rep

Contact Name: **JACK DEMANDER**

Phone:

Address 1: **Possible Duplicate**

Address 2: **1 Rockefeller Plz**

City, State Zip: **New York, NY 10020-2003**

Country: **US**

Responder

	Year	Make	Model	Plate
Feature	2016	Toyota	Tacoma	
Driver Status:	Same as insured			
Driver:	LESLIE MARTINS			

Remittance Information

Remit Payment to: **ALPHA INSURANCE CO**

Attention:

Phone: **813-496-7060**

Address 1: **3820 Northdale Blvd**

Address 2: **Ste 200A**

City, State Zip: **Tampa, FL 33624-1856**

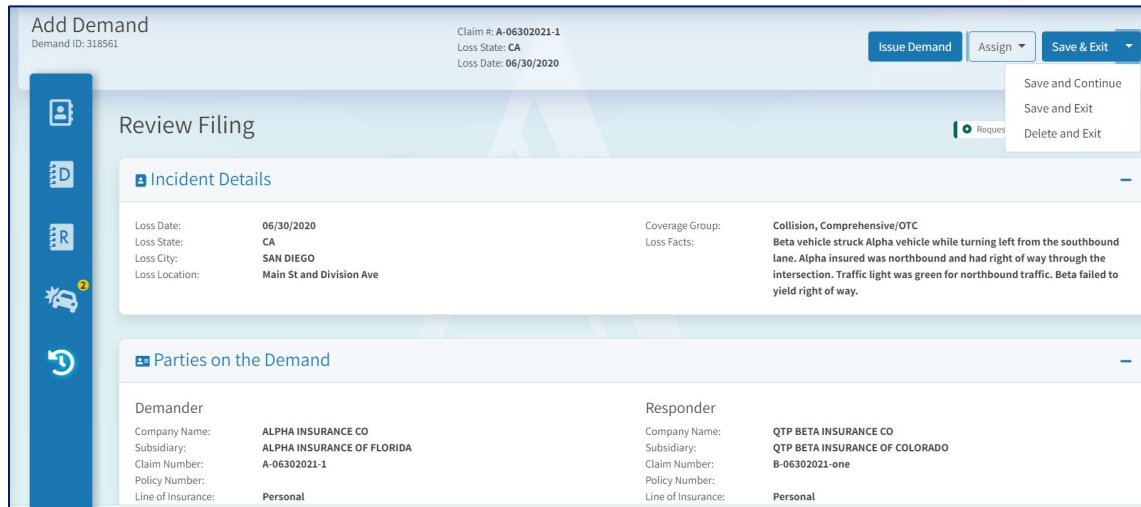
Country: **US**

🔗
Related Demands
-

No Related Demands

← Back

If the required pages cannot be completed in the current session, the demand can be saved by clicking the “Save & Exit” option at the top of the page. This will put the demand on the user’s Work List in a “New” status where it can be opened and finalized later.



Add Demand
Demand ID: 318561

Claim #: A-06302021-1
Loss State: CA
Loss Date: 06/30/2020

Review Filing

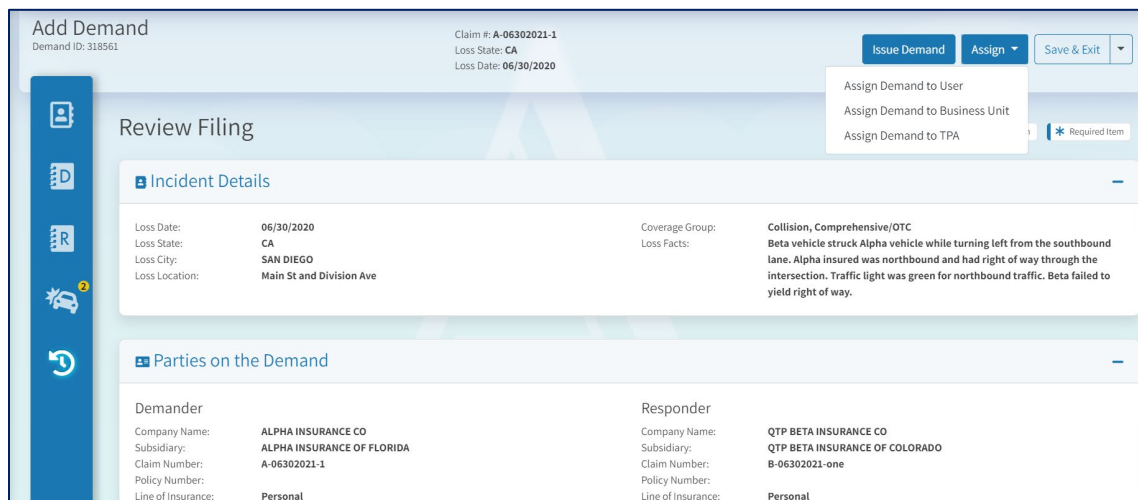
Incident Details

Loss Date:	06/30/2020	Coverage Group:	Collision, Comprehensive/OTC
Loss State:	CA	Loss Facts:	Beta vehicle struck Alpha vehicle while turning left from the southbound lane. Alpha insured was northbound and had right of way through the intersection. Traffic light was green for northbound traffic. Beta failed to yield right of way.
Loss City:	SAN DIEGO		
Loss Location:	Main St and Division Ave		

Parties on the Demand

Demander		Responder	
Company Name:	ALPHA INSURANCE CO	Company Name:	QTP BETA INSURANCE CO
Subsidiary:	ALPHA INSURANCE OF FLORIDA	Subsidiary:	QTP BETA INSURANCE OF COLORADO
Claim Number:	A-06302021-1	Claim Number:	B-06302021-one
Policy Number:		Policy Number:	
Line of Insurance:	Personal	Line of Insurance:	Personal

The demand can be assigned to a different owner prior to submission by clicking “Assign” at the top of the page.



Add Demand
Demand ID: 318561

Claim #: A-06302021-1
Loss State: CA
Loss Date: 06/30/2020

Review Filing

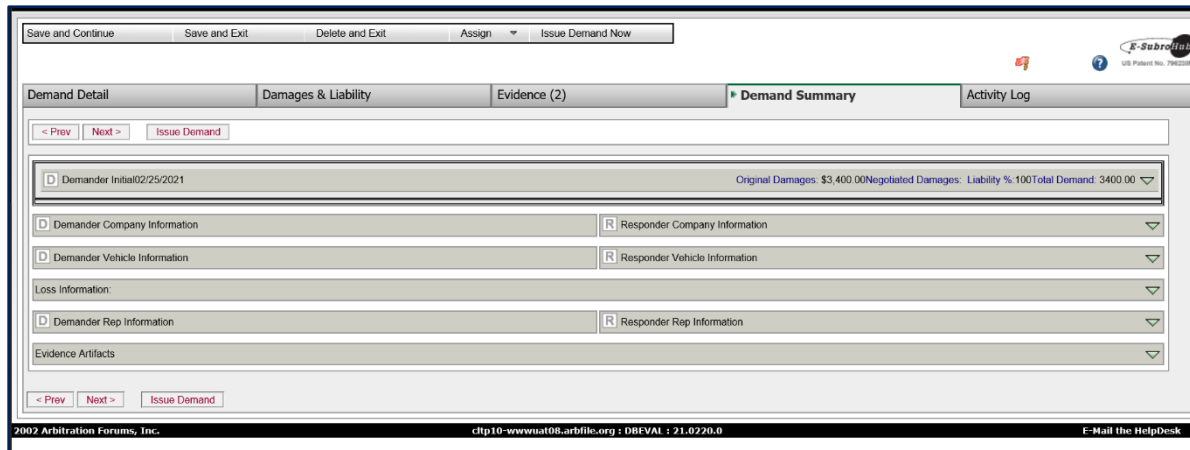
Incident Details

Loss Date:	06/30/2020	Coverage Group:	Collision, Comprehensive/OTC
Loss State:	CA	Loss Facts:	Beta vehicle struck Alpha vehicle while turning left from the southbound lane. Alpha insured was northbound and had right of way through the intersection. Traffic light was green for northbound traffic. Beta failed to yield right of way.
Loss City:	SAN DIEGO		
Loss Location:	Main St and Division Ave		

Parties on the Demand

Demander		Responder	
Company Name:	ALPHA INSURANCE CO	Company Name:	QTP BETA INSURANCE CO
Subsidiary:	ALPHA INSURANCE OF FLORIDA	Subsidiary:	QTP BETA INSURANCE OF COLORADO
Claim Number:	A-06302021-1	Claim Number:	B-06302021-one
Policy Number:		Policy Number:	
Line of Insurance:	Personal	Line of Insurance:	Personal

Former View – Demand Summary



Save and Continue | Save and Exit | Delete and Exit | Assign | Issue Demand Now

Demand Detail | Damages & Liability | Evidence (2) | **Demand Summary** | Activity Log

< Prev | Next > | Issue Demand

D Demander Initial02/25/2021 Original Damages: \$3,400.00 Negotiated Damages: Liability % 100 Total Demand: 3400.00

D Demander Company Information	R Responder Company Information
D Demander Vehicle Information	R Responder Vehicle Information
Loss Information:	
D Demander Rep Information	R Responder Rep Information
Evidence Artifacts	

< Prev | Next > | Issue Demand

2002 Arbitration Forums, Inc. | clp10-wwwiat08.arbfile.org | DBEVAL : 21.0220.0 | E-Mail the HelpDesk

