

# E-Subro Hub Add Demand Reference Guide

March 2024



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# **E-Subro Hub Add Demand**

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### Introduction

Arbitration Forums, Inc. (AF) has redesigned the E-Subro Hub program to more closely align with the view and performance of Total Recovery Solution<sup>®</sup> (TRS<sup>®</sup>).

This document provides a reference to the Add Demand process.

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



Enter your user ID and password, and click Login.

USER LOGIN	
ccalhoun	
•••••	
Forgot Password	
LOGIN	
Cancel to Home	



### TRS E-Subro Hub - Add Demand

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



#### **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 jdemander:04513 *
Add De Demand ID: 3		Claim #: A-06302021-1 Loss State: Loss Date:	Issue Demand Assign 👻	Save & Exit
₽	Parties & Incident Details		Requested liter	A Required from
D	Initial Information			
R	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	
<b>%କ</b> ଜ	* 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			
D	Demander Policy Information			
R	Claim Number A-06302021-1		Line of Insurance Personal Commercial	
*	Policy Number		⊚ insured's First Name Timothy	
ত	Internal Reference		* Insured's Last Name Daltons	

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.

D	Incident Details	
<b>R</b>	★Loss Date 06/30/2020	Loss Location Main St and Division Ave
*23	*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
ত	Loss City San Diego	Collision, Comprehensive/OTC

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.



,D	Responder Policy Information  Claim number, policy number or insured's last name is required	
R	Claim Number B-06302021-one	Line of Insurance Personal Commercial
*@	Policy Number	⊙ Insured's First Name Leslie
Э		Insured's Last Name Martins
		Next ->

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

Add De Demand ID: 3	and Claim number, policy number or	Claim #: <b>A-06212021-1 cj</b> DrmatiorLoss State: <b>CA</b> Loss Date: <b>06/21/2020</b> insured's last name is required	Issue Demand Assign ▼ Save & Exit ▼
	Parties & Incident Details		Line of Insurance Personal Commercial
D.	Policy Number	Demander Party Information	⊙ Insured's First Name RESPONDER
R.	Responder Party Information		Insured's Last Name JUNE 21 ONE
*@	4	Damages, Liability & Evidence	Next →
3	Review Filing		



#### **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 iter	m 🕻 🛊 Required Item
	Feature				
D	Vehicle Year 2020		Who was the driver? Same as Insured Oth	er	
R	Vehicle Make Honda		Drivers First Name Richard		
*@	Vehicle Model Accord		Drivers Last Name Daltons		
Э	License Plate #		Does Bailment Apply? Yes No		
	License Plate State	-			
D	Demander Rep Information				Address Verified 🗸
R	Contact Name JACK DEMANDER			Phone	
*	Address 1 Possible Duplicate		Address 2 1 Rockefeller Piz		
	City New York	State New York	Zip Code 10020	2003	
3	Country USA				

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.

	Remittance Information			Address Verified ✔
<b>D</b>	Remit Payment To ALPHA INSURANCE CO		•	Phone 813-496-7060
R	Attention			
*@	Address 1 3820 Northdale Blvd		Address 2 Ste 200A	
5	City Tampa	State Florida	▼ Zip Code 33624	Zip+4 1856
	Country USA			



#### **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	O Requested Item
	Feature	
D	Vehicle Year 2016	Who was the driver? Same as Insured Other
ĒR	Vehicle Make Toyota	
*@	Vehicle Model Tacoma	
ত	License Plate #	
	License Plate State	

#### 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.

	Original Damages		
2	Coverage Collision Comp (OTC)	Auto Damage \$ 3,000.00	Responder Liability %
D	Total Loss? Yes No	Rental	* Total Demand
R	Total Loss? Yes No	\$ 300.00	\$ 3,250.00
		Towing \$100.00	
*		Other Amount \$ 0.00	★ Negotiation Message Enclosed please find our subrogation demand for review and payment.
5			
		Insured Deductible \$100.00	
		Salvage Amount	
		\$ 250.00 Total Damages: \$3,250.00	

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" option 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.

	Evidence								
			💿 Open						×
			$\leftarrow$ $\rightarrow$ $\checkmark$ $\uparrow$ ] $\rightarrow$ This	s PC > Network Drive (G:) > Demo Attachment	s > Supporting Evider	ce	∨ ບໍ່ Search	Supporting Evide	nce 🔎
D		<b>A</b>	Organize 👻 New folder						
		Drop or browse for files	. This PC	Name	Date modified	Туре	Size		
			🔓 3D Objects	🛃 Bundled Evidence	7/21/2020 9:40 AM	Adobe Acrobat D	734 KB		
R			E Desktop	🛃 Estimate	1/6/2017 11:27 AM	Adobe Acrobat D	14 KB		
			Documents	Proof of Payment	1/6/2017 11:27 AM	Adobe Acrobat D	3 KB		
			Downloads	E Rental Bill	1/6/2017 11:27 AM	Adobe Acrobat D	23 KB		
*	File Name	Method	Music	Vehicle Photo Front	1/6/2017 11:30 AM	Adobe Acrobat D	365 KB		
			E Pictures	Vehicle Photo Passenger Side	1/6/2017 11:30 AM	Adobe Acrobat D	628 KB		
			Videos						
			🛀 Windows (C:)			Select	one or n	nore files	
5			CD Drive (D:) HP						
			Network Drive (C			then c	ick "Ope	n" to save	2
			ESolutions (\\TP/						
			Applications (\\1						
			Applications (\\)						
			🐠 Network 🗸 🧹						
									_
			File name	e: "Vehicle Photo Passenger Side" "Estimate" "Pro	oof of Payment" "Renta	I Bill" "Vehicle Photo Fr	ont" Custor	n Files	~
							C	Open (	Cancel
			© 2021 Arbitration F	orums, Inc. All Rights Reserved.					

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.

	Evidence								
-			💿 Open						×
			- ← → × ↑ 📕 > Th	is PC > Network Drive (G:) > Demo Attachments	> Supporting Eviden	ce	マ じ Search	Supporting Evidence	ce 🔎
D			Organize • New folde	r				8≡ • [	• •
		DF Drop or browse for files		Name	Date modified	Туре	Size		
		- + Copy -	👆 3D Objects	Bundled Evidence	7/21/2020 9:40 AM	Adobe Acrobat D	734 KB		
R		1 copy	Le Desktop	🛃 Estimate	1/6/2017 11:27 AM	Adobe Acrobat D	14 KB		
			Documents	Proof of Payment	1/6/2017 11:27 AM	Adobe Acrobat D	3 KB		
			Downloads	🚖 Rental Bill	1/6/2017 11:27 AM	Adobe Acrobat D	23 KB		
*	File Name		Music	Vehicle Photo Front	1/6/2017 11:30 AM	Adobe Acrobat D	365 KB		
	<b>?</b>	Select one or more	Pictures	🛃 Vehicle Photo Passenger Side	1/6/2017 11:30 AM	Adobe Acrobat D	628 KB		
		files then drag & drop	Videos						
			Windows (C:)						
L S			CD Drive (D:) HP						
			🥪 Network Drive ((						
			Solutions (\\TP/						
			Applications (\\1						
			🔹 Network 🗸						
			File nan	ne: "Estimate" "Proof of Payment" "Rental Bill" "Ve	hicle Photo Front" "Veh	nicle Photo Passenger S	ide" ~ Custor	n Files	~
							С	lpen Ca	incel

Click "Select Evidence Type" to determine the type of evidence.



	File Name	Method	For Damages	Added By	Actions
	Estimate.pdf	UPLOAD		JACK DEMANDER Jun 30, 2021, 11-23-21 AM	6 1
D	Evidence Types Select Evidence Types	Evidence Type Estimate	Evidence Description		Actions
R	Bundled Evidence.pdf	UPLOAD		JACK DEMANDER Jun 30, 2021, 11:25:30 AM	£ ±
*	Evidence Types Select Evidence Types	Evidence Type Estimate	Evidence Description		Actions
3		Rental Bill/Receipt			A
		Proof of Payment			A 🖬
		Photograph(s)	Passenger side		<b>A ū</b>

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.

<b>E</b>	-Subro	e Huk	Select your evidence types			×	JACK DEMANDER jdemander:04513 🔻
	Add De		Requested Evidence Types				Save & Exit
			✓ Estimate	Photograph(s)	Proof of Payment	Rental Bill/Receipt	Actions
		ſ	□ Salvage Report	Total Loss Evaluation	Tow and/or Storage Bill		
	2	[	Other Evidence Types				<b>6 ā</b>
	_		C Accident Report	□ Adjusters Notes	Applicant Recorded Statement	C Applicant Written Statement	
	D		Bailment Form	Case Law	Coverage Denial Letter	Computerized Vehicle Registration Fee	Actions
			Deductible	Denial Letter	Diminished Value Documentation	Expert Report	<b>A ū</b>
	20		□ Loss of Use Provision	Motor Vehicle Accident Report	Other	Payment History	i
	ĒR		Police Report	Policy Cancellation Letter	Policy Declarations	Policy Language	
		ſ	Proof of Damages	C Recorded Statement	C Rental Agreement	C Reservation of Rights Letter	
	*		C Respondent Recorded Statement	C Respondent Written Statement	□ Rules of the Road	□ Salvage Invoice	6
			Scene Diagram	Scene Photograph(s)	□ Statement	□ Statute	
			Supplement Payments	Vehicle Damage Photos	UWitness Recorded Statement	UWitness Written Statement	
	3		U Written Statement				
						Save	

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.



	Policy Information Page.pdf Upload		\$3,400.00	JACK DEMANDER Jun 30, 2021, 4:55:56 PM	<b>≜ ≅</b>
	Evidence Types Select Evidence Types	Evidence Type Policy Declarations	Evidence Description	Private = Locked Public = Unlocked	Actions
Ø	Vehicle Photo Driver Side.pdf	Upload	\$3,400.00	JACK DEMANDER Jun 30, 2021, 4:54:06 PM	£ 1
	Evidence Types Select Evidence Types	Evidence Type Photograph(s)	Evidence Description Passenger Side Damage		Actions Delete Evidence
Ø	Proof of Payment.pdf	Upload	\$3,400.00	JACK DEMANDER Jun 30, 2021, 4:54:06 PM	ltem
	Evidence Types Select Evidence Types	Evidence Type Proof of Payment	Evidence Description		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.

SubroH	u b				JACK DEMANDE jdemander.04
dd Den			Claim #: <b>A-06302021-1</b> Loss State: <b>CA</b> Loss Date: <b>06/30/2020</b>		Issue Demand Assign 👻 Save & Exit
2	Review Filin	g			O Requested Item
D	B Incident De	tails			
₽ ₽	Loss Date: Loss State: Loss City: Loss Location:	06/30/2020 CA SAN DIEGO Main St and Division Ave		Coverage Group: Loss Facts:	Collision, Comprehensive/OTC 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.
	Parties on t	he Demand			
D	Demander Company Name: Subsidiary: Claim Number: Policy Number:	ALPHA INSURANCE CO ALPHA INSURANCE OF FLORIDA A-06302021-1		Responder Company Name: Subsidiary: Claim Number: Policy Number:	QTP BETA INSURANCE CO QTP BETA INSURANCE OF COLORADO B-06302021-one
R	Line of Insurance: Insured First Name: Insured Last Name: Internal Reference:	Personal TIMOTHY DALTONS		Line of Insurance: Insured First Name: Insured Last Name:	Personal LESLIE MARTINS



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

2	Ø	Attached Evidence				
Ð	ß	Estimate.pdf	Upload	\$3,250.00	JACK DEMANDER Jun 30, 2021, 11:36:15 AM	۵
R		Evidence Type Estimate	Evidence Description		Actions	
*~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	۵	Bundled Evidence.pdf	Upload	\$3,250.00	JACK DEMANDER Jun 30, 2021, 11-35-15 AM	6
3		Evidence Type Estimate	Evidence Description		Actions ▲	
		Rental Bill/Receipt			A	
		Proof of Payment			A	
		Photograph(s)	Passenger side		<b>A</b>	

	Reature In	nformation						-
D		Year 2020	Make <b>Honda</b>	Model Accord	Plate	Bailment <b>No</b>	Demander Rep Contact Name: Phone:	JACK DEMANDER
R	Feature	Driver Status: Driver:	Other RICHARD D	DALTONS			Address 1: Address 2: City, State Zip: Country:	Possible Duplicate 1 Rockefeller Plz New York, NY 10020-2003 US
*~~2	Responder	Year	Маке	Model	Plate		Remittance Information	
Э	Feature	2016	Toyota	Tacoma	Flate		Remit Payment to: Attention: Phone:	ALPHA INSURANCE CO 813-496-7060
	Feature	Driver Status: Driver:	Same as in LESLIE MA				Address 1: Address 2: City, State Zip: Country:	3820 Northdale Blvd Ste 200A Tampa, FL 33624-1856 US
*~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<i>𝔅</i> Related D	emands				No Related Demands		-
Э								
						← 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 Der Demand ID: 318			Claim #: <b>A-06302021-1</b> Loss State: <b>CA</b> Loss Date: <b>06/30/2020</b>		Issue Demand Assign  Save & Exit Save and Continue
	Review Filin	g			Save and Exit Reques Delete and Exit
₽D	Incident De	tails			-
R R	Loss Date: Loss State: Loss City: Loss Location:	06/30/2020 CA SAN DIEGO Main St and Division Ave		Coverage Group: Loss Facts:	Collision, Comprehensive/OTC 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.
Э	Parties on t	he Demand			
	Demander			Responder	
	Company Name: Subsidiary:	ALPHA INSURANCE CO ALPHA INSURANCE OF FLORIDA		Company Name: Subsidiary:	QTP BETA INSURANCE CO QTP BETA INSURANCE OF COLORADO
	Claim Number:	ALPHA INSURANCE OF FLORIDA A-06302021-1		Claim Number:	B-06302021-one
	Policy Number: Line of Insurance:	Personal		Policy Number: 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 Der Demand ID: 318			Claim #: <b>A-06302021-1</b> Loss State: <b>CA</b> Loss Date: <b>06/30/2020</b>		Issue Demand Assign -	Save & Exit 💌
	Review Filin	g			Assign Demand to Business Unit Assign Demand to TPA	Required Item
D	B Incident De	tails				-
R R	Loss Date: Loss State: Loss City: Loss Location:	06/30/2020 CA SAN DIEGO Main St and Division Ave		Coverage Group: Loss Facts:	Collision, Comprehensive/OTC Beta vehicle struck Alpha vehicle while turning left fr lane. Alpha insured was northbound and had right of intersection. Traffic light was green for northbound tr yield right of way.	way through the
Э	Parties on t	he Demand				
	Demander			Responder		
	Company Name: Subsidiary:	ALPHA INSURANCE CO ALPHA INSURANCE OF FLORIDA		Company Name: Subsidiary:	QTP BETA INSURANCE CO OTP BETA INSURANCE OF COLORADO	
	Claim Number:	A-06302021-1		Claim Number:	B-06302021-one	
	Policy Number: Line of Insurance:	Personal		Policy Number: Line of Insurance:	Personal	



# **Demand Issued Confirmation**

Once the "Issue Demand" action is completed, the associate will see a confirmation page with an assigned Demand ID.

There is an option to "Return to this Demand, "Go to My Worklist, or "File a New Demand."

E-Subro	tu b	Demand Search	٩	DAN DEMANDER 05475 UAT08.ddemand.05475 *
Demar Demand ID: 5	nd Issued <sup>H391</sup>		Claim #: <b>2-02292024-2</b> Loss State: <b>CA</b> Loss Date: <b>02/28/2023</b>	-
	Demand Issued			
	Your demand has been issued successfully. Demand ID: 54391			
	Return to This Demand Go to My Warklist File New Demand			