



ARBITRATION FORUMS, INC.
Membership driven. Innovation focused.

Total Recovery Solution® (TRS®)
Navigation Guide for Arbitrators in
New York PIP

October 2022

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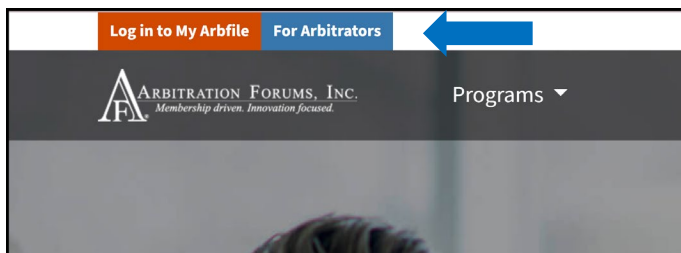
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Arbitration Forums, Inc. (AF) is excited to announce the transition of New York PIP from Online Filing (OLF) to Total Recovery Solution (TRS®). Members are able to take advantage of a customized PIP application specific to the state of New York, along with the benefits of an intuitive user interface and the reduced cycle time associated with TRS®.

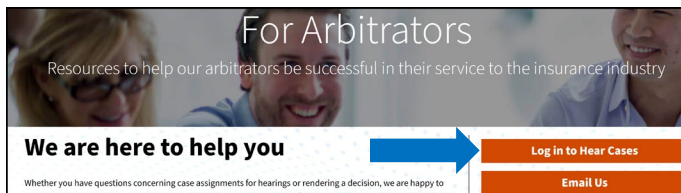
This guide will help arbitrators navigate TRS by providing step-by-step instructions on completing each Workflow Step in the hearing process.

Accessing TRS

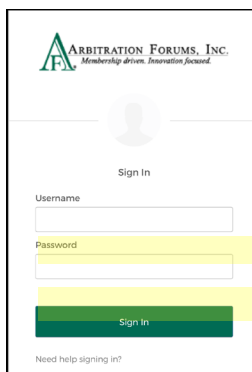
To login as arbitrator, select the tab labeled **For Arbitrators**.



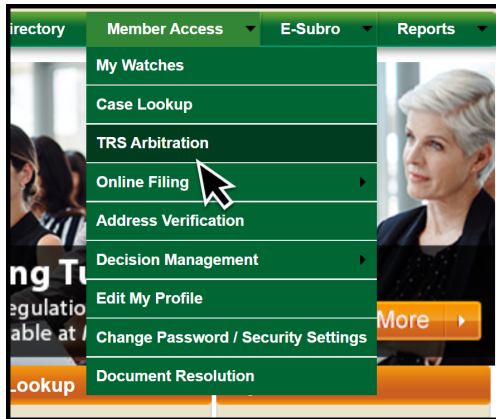
Next, select the **Login to Hear Cases** (orange tab).



Enter your arbitrator Username and Password.



After logging in, go to the **Member Access** tab and select **TRS Arbitration** from the drop-down menu.

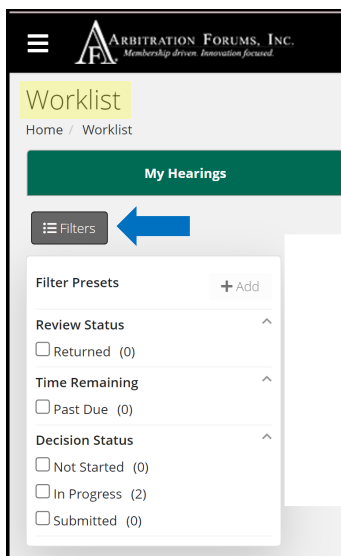


Once in TRS, go to the **My Hearings** tab.



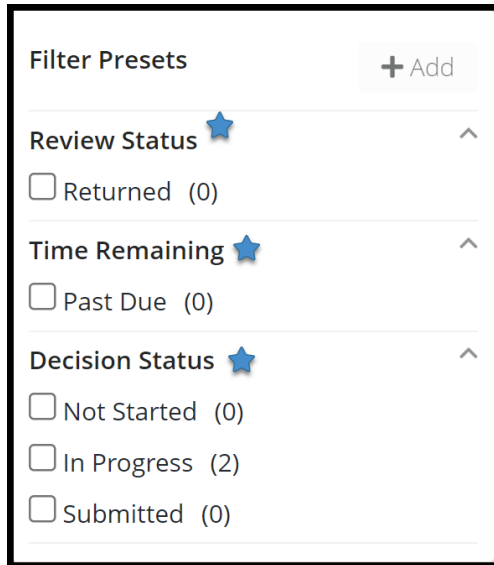
Note: TRS is intuitive. It will default to the location previously visited. To navigate to hearings, select the **My Hearings** tab.

From the arbitrator **Worklist**, a **Filters** tab is visible.



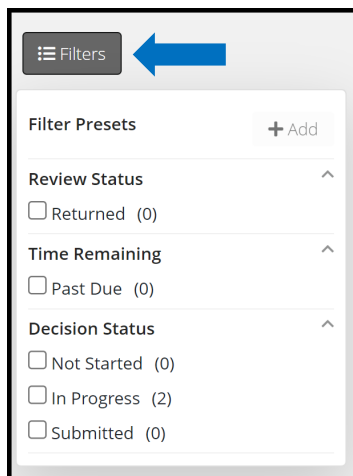
Filters include:

- Review Status
- Time Remaining
- Decision Status

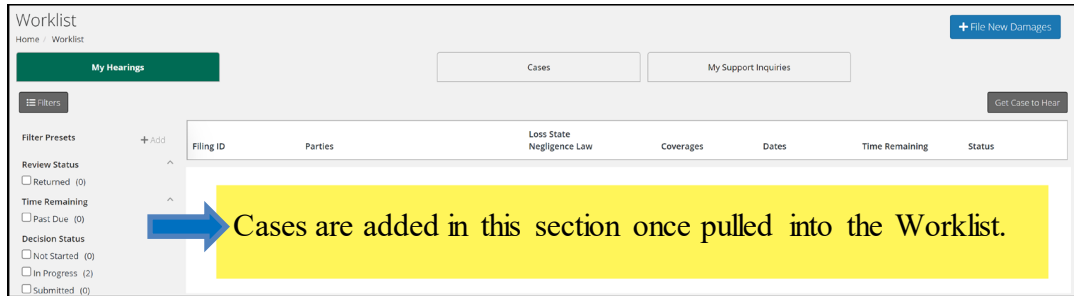


Filter options can be expanded or collapsed using the arrows found to the right of each section.

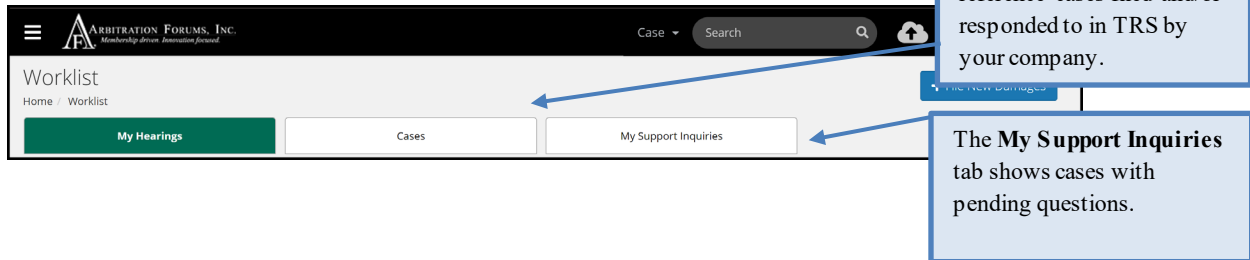
The **Filters** tab offers an easy way to filter your search using the most important properties available. Arbitrators can close the **Filters** tab by clicking it once. Clicking it a second time brings it back.



The arbitrator's Worklist will be blank upon login (first time users). Once a case is pulled from the queue, it will be visible in the section highlighted below.

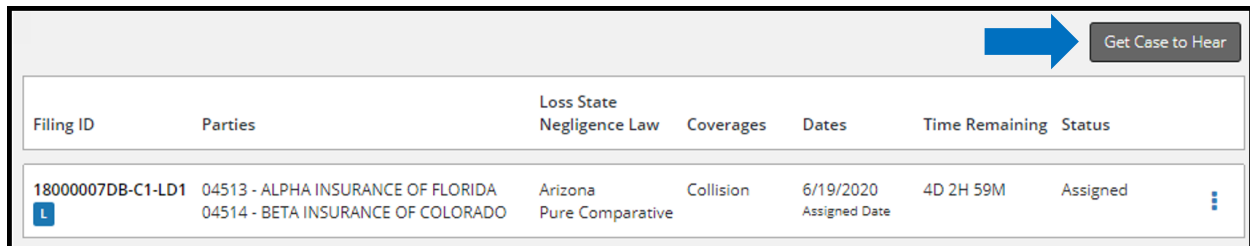


Additional Worklist tabs include **Cases** and **My Support Inquiries**.



Get Cases to Hear

To retrieve a case to hear, select **Get Case to Hear**. For personally represented and three person panels, cases will be assigned to you by a field arbitrator manager and will be displayed on the Worklist.




If this tab is not visible, contact arbitrator@arbfile.org. Your arbitrator profile form requires activation in the system pending arbitrator onboarding and testing results.

Cases are assigned based on the criteria identified from the arbitrator profile form.

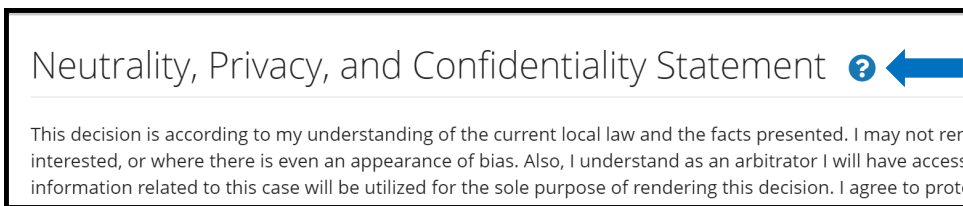
Note: To manage the arbitrator’s caseload, get one case at a time and hear it before getting another case. This will help to ensure cases are heard by the due date.

Identifying Characters of a TRS Case ID Number

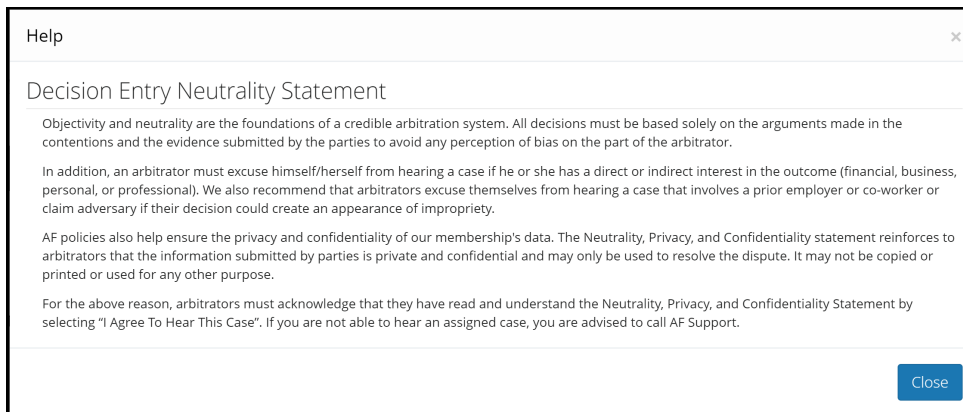
AF Case ID	AF Filing ID	AF Feature ID
<p>19002G73BA-C1</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid #ccc; padding: 5px; width: 45%;"> <p>Year Occurrence was created. (2019)</p> </div> <div style="border: 1px solid #ccc; padding: 5px; width: 45%;"> <p>Case created under the occurrence. (The first Case)</p> </div> </div>	<p>19002G73BA-C1-D1</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%;"> <p>Damages filed in the first case.</p> </div>	<p>19002G73BA-C1-P1-F1</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%;"> <p>P1 is Party 1, the initial recovering party. F1 indicates there is one feature (a set of damages from a claim).</p> </div>
<p>19002G73BA-C2</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%;"> <p>C2 indicates a subsequent filing such as a separate case for Collision, Comprehensive/OTC.</p> </div>		<p>19002G73BA-C1-P1-F2</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%;"> <p>The addition of F2 means the Filer has added another feature.</p> </div>

Help Text

Help text provides additional assistance in completing the TRS hearing workflow steps. To reveal Help text, select the blue question mark.



A Help dialog will appear with relevant information.



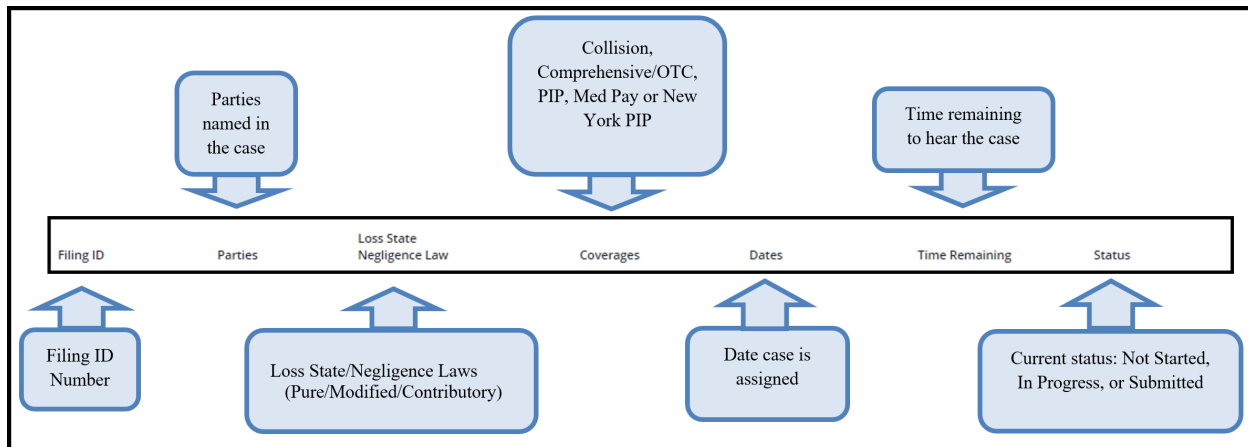
Badges found under the Case ID Number identify the case type.

18000007DB-C1-LD1	04513 - ALPHA INSURANCE OF FLORIDA 04514 - BETA INSURANCE OF COLORADO	Arizona Pure Comparative	Collision	6/19/2020 Assigned Date	4D 2H 59M	Assigned	⋮
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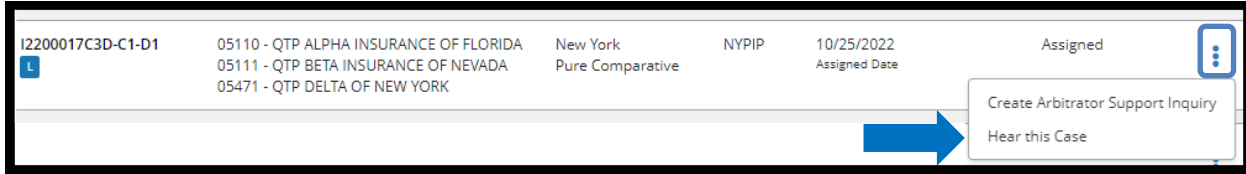
Badge Icon	Badge Description
L	Indicates a Liability Decision is needed in the case.
D	Indicates a Damage Dispute is needed in the case.
CC	Indicates a Concurrent Coverage/Priority of Payment dispute.
PR	Indicates a Personal Representative appearance is requested.
DC	Indicates a Deferment Challenge in the case.
PO3	Indicates a Three Person Panel requested in the case.
PoP	Indicates a Priority of Payment case (New York PIP) .

Note: For **Damage Dispute** arbitrators, “L” will appear when liability is disputed or when liability is not disputed, but the responder has not specifically entered 100% in the **Admitted Liability** field.

Case identifiers include:



To access case details, select the blue ellipsis. A drop-down menu will appear; select **Hear this Case**.

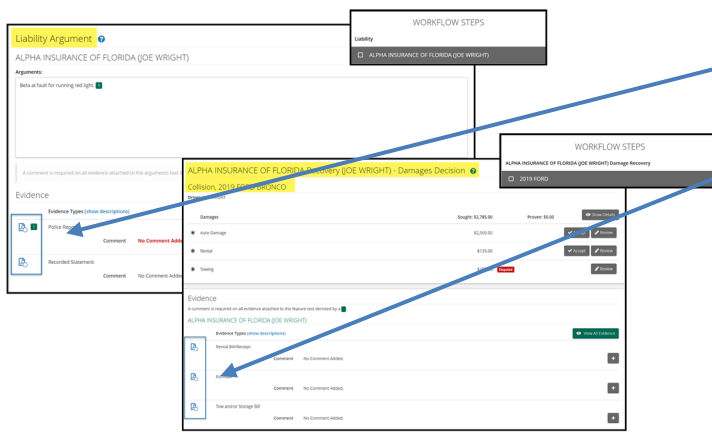


After selecting **Hear this Case**, arbitrators are taken to the hearing workflow steps .

How to Review Evidence

Parties in arbitration should attach evidence to support their arguments/assertions.

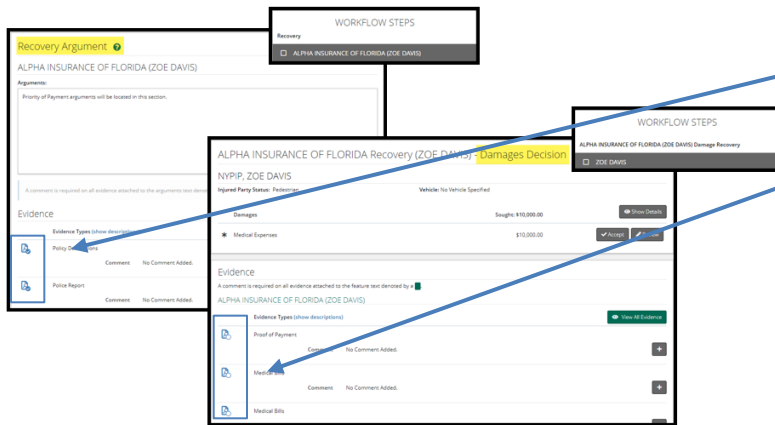
Evidence is typically attached to relevant sections within each workflow step for arbitrator review and consideration.



Loss Transfer Examples:

Evidence supporting a party's liability arguments can be found under the **Liability Workflow Step**.

Evidence supporting damages can be found under the **Damage Recovery Workflow Step**.

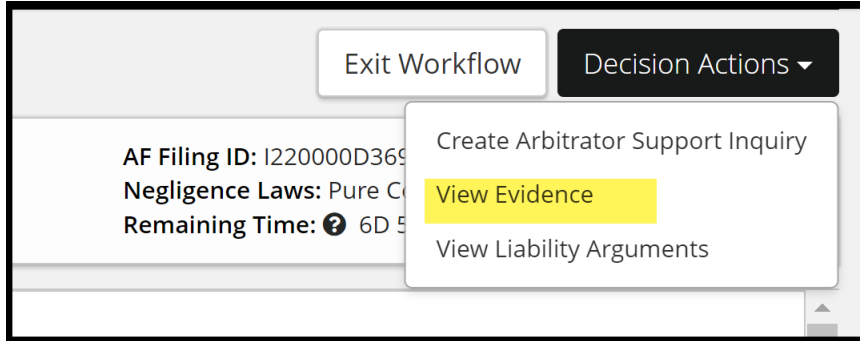


Priority of Payment Examples:

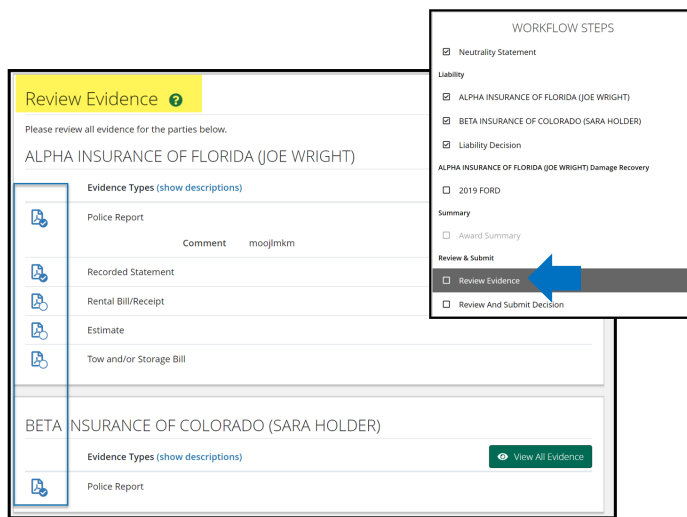
Evidence supporting a party's recovery arguments can be found under the **Recovery Workflow Step**.

Evidence supporting damages can be found under the **Damage Recovery Workflow Step**.

Arbitrators can also view evidence in one location by selecting **Decision Actions** and **View Evidence** from the drop-down.

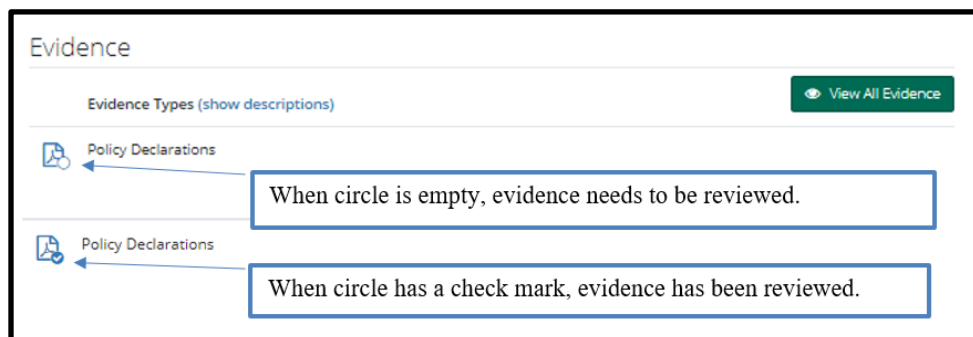


Evidence is also visible under **Review Evidence** found in the **Workflow Steps**.



As an arbitrator, you must review all evidence attached to the case.

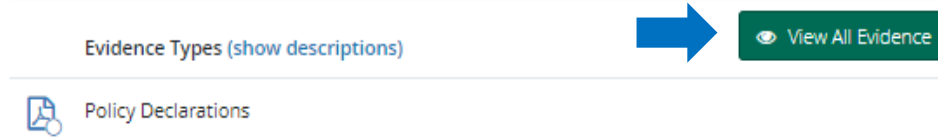
This is achieved by selecting the **PDF icon** adjacent to the **Evidence Type**.



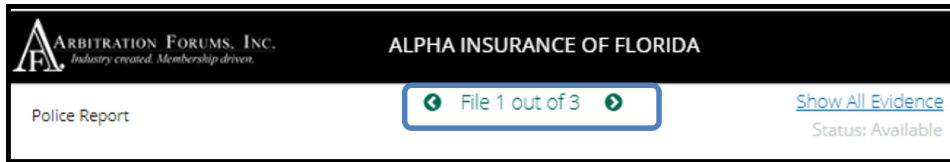
Selecting **View All Evidence** opens all evidence in that section at once.



Evidence



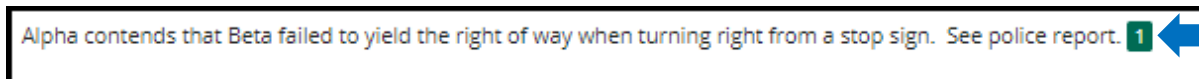
When selecting **View All Evidence**, click the left or right arrow to scroll through each evidence item attached to the case.



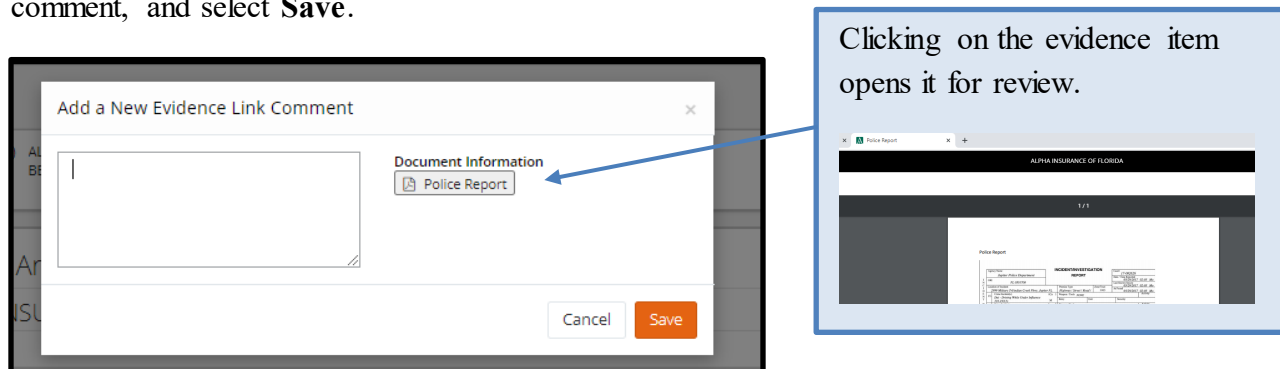
Hovering over the PDF icon reveals **View Document** or **Viewed** as the current status of the evidence item. Evidence must be in “Viewed” status before a decision can be submitted.



Evidence denoted with a green box can be viewed as noted above or can be viewed by selecting the green box within the **Liability Arguments** section.



After clicking the green box, a window appears for the arbitrator to view the evidence, make a comment, and select **Save**.



Enter Comments

Evidence denoted with a green box **requires** a comment. If evidence is inserted into the liability/recovery arguments section, a green box will appear (see below). Select the green box that appears in this section.

ALPHA INSURANCE OF FLORIDA (ZACK EFRON)

Arguments:

Alpha contends that Beta failed to yield the right of way when turning right from a stop sign. See police report. 1

A comment is required on all evidence attached to the liability argument text denoted by a [green box icon]

The following pop-up will appear. To learn how to view evidence, go to **How to Review Evidence** in this guide.

Once the evidence is viewed, enter comments in the field provided and select **Save**.

Add a New Evidence Link Comment

Page 2 of the report indicates Beta's driver was cited for failure to yield.

Document Information

Police Report

Cancel Save

After saving the comment, a comment bubble appears.

ALPHA INSURANCE OF FLORIDA (ZACK EFRON)

Arguments:

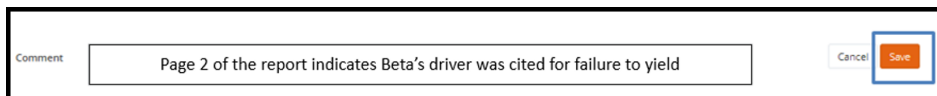
Alpha contends that Beta failed to yield the right of way when turning right from a stop sign. See police report. 1

Comments can also be entered when evidence is attached to the **Evidence** section. To enter a comment, select the **+ icon**.

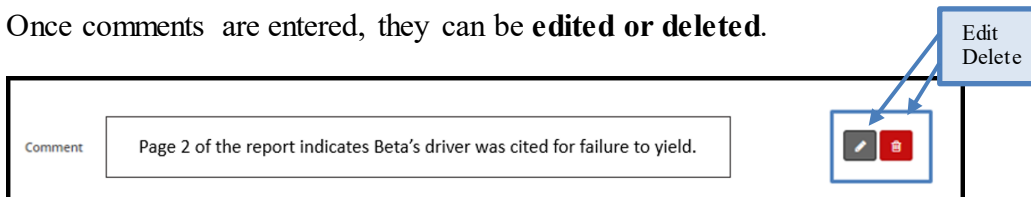


Comments should include how and why the evidence proved or failed to prove the arguments raised.

Enter comments and select **Save**.

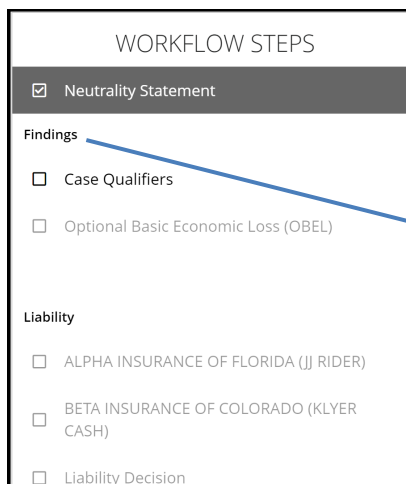


Once comments are entered, they can be **edited or deleted**.



Workflow Steps (Loss Transfer cases)

Workflow Steps (found on the left side of the page) are visible once the case is accessed. The **Workflow Steps** help arbitrators navigate the steps in the decision process ensuring completion of each section.

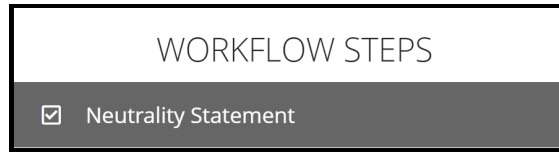


As the steps are completed, the boxes are automatically checked as complete. If a box remains unchecked, this is an indication that a field within a step is not complete, and the decision cannot be submitted. Go back to the step and complete the field.



This feature reduces decision errors, improving case cycle time.

Neutrality, Privacy, and Confidentiality Statement



The first workflow step is the **Neutrality Statement**. Read and affirm your understanding of the statement, and check the box to agree.

The Blue Question Mark denotes **Help Text**.

Neutrality, Privacy, and Confidentiality Statement ?

This decision is according to my understanding of the current local law and the facts presented. I may not render a decision on a case where I or my company is directly or indirectly interested, or where there is even an appearance of bias. Also, I understand as an arbitrator I will have access to confidential material involving company and/or insured information. All information related to this case will be utilized for the sole purpose of rendering this decision. I agree to protect the privacy, security, and confidentiality of all information related to this case.

As a security precaution, please be advised that external URLs are not allowed in arbitration cases and are not to be opened/viewed when hearing a case.

Parties Involved

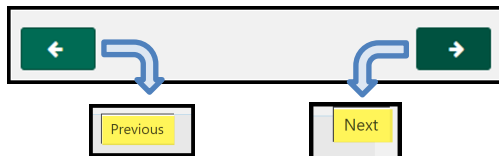
- 04513 - ALPHA INSURANCE OF FLORIDA
- 04514 - BETA INSURANCE OF COLORADO

I affirm that I have read and understand the above.

CINDY CALHOUN 05472 - GAMMA INSURANCE COMPANY

I Agree To Hear This Filing. ←

To navigate to each step, use the Workflow Steps or the arrows found at the bottom of the page.



Findings/Jurisdictional Exclusions (JE)

Jurisdictional exclusions (JE) are arguments that do not address the dispute itself but rather raise an objection to compulsory arbitration’s jurisdiction. This step allows the arbitrator to enter decisions on jurisdictional exclusions raised by adverse parties.

A case “in jurisdiction” means it **does** meet AF’s compulsory agreements, and the arbitrator will hear the case and render an award.

A case “out of jurisdiction” means it does **not** meet AF’s compulsory agreements, and the party raising the Jurisdictional Exclusion (JE) cannot have a decision rendered against them.

A list of **jurisdictional exclusions (JE)** are below:

New York PIP Coverage Group Add Exclusion ▾

- Federal Vehicle
- Filed under wrong coverage
- Incorrect Right of Recovery
- Inter-Company Reimbursement Notification Form (IRN) Not Received
- Not Writing Business in Loss State
- Self-Insured Retention
- Statute of Limitations

When hearing a case, **jurisdictional exclusions** will appear in the **Hearing Workflow Steps** as **Findings**. The **Findings** step will appear when a jurisdictional exclusion (JE) is asserted by adverse parties.

WORKFLOW STEPS

Findings

- Case Qualifiers
- Optional Basic Economic Loss (OBEL)

Case Qualifiers

In New York PIP, filings must meet one of the following qualifiers for arbitration eligibility:

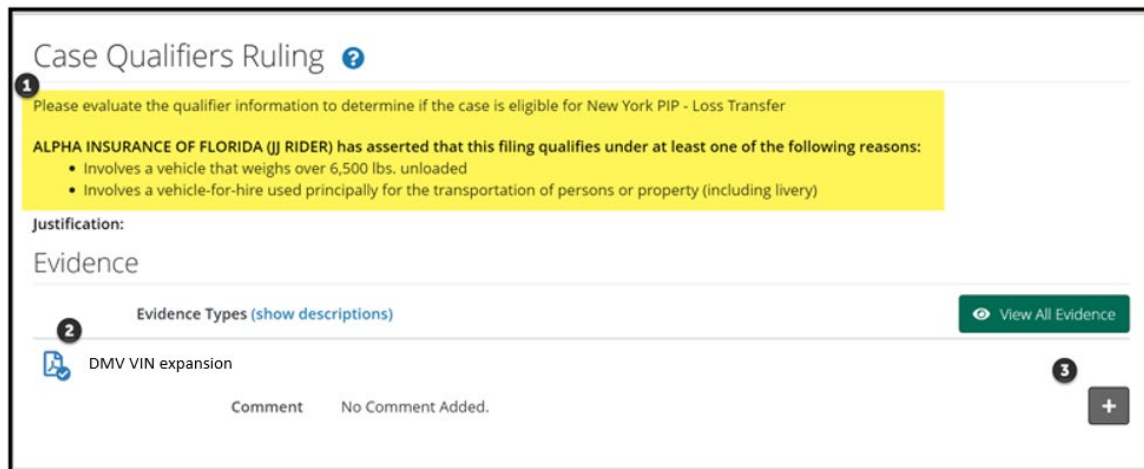
- Involves a vehicle that weighs over 6,500 lbs. unloaded
- Involves a vehicle-for-hire used principally for the transportation of persons or property (including livery)

When a responding party disputes this eligibility, arbitrators must enter a **Finding**.

Step 1: Evaluate the qualifier information to determine if the case is eligible for New York PIP – Loss Transfer (highlighted in yellow).

Step 2: Review the attached **evidence**.

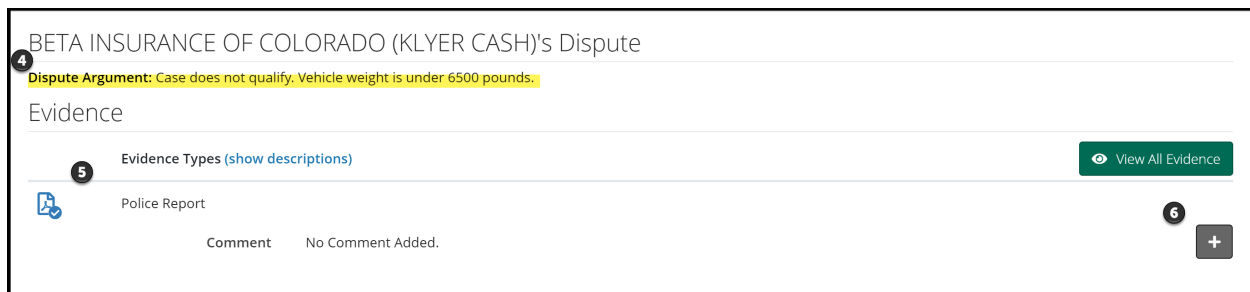
Step 3: Enter comments by selecting the + **tab**. Explain how the evidence proves or disproves the qualifier.



Step 4: Review the adverse party’s dispute regarding case qualifiers.

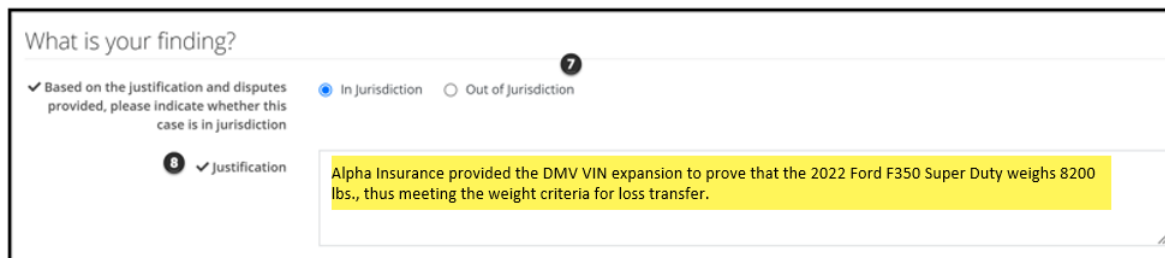
Step 5: Review the attached **evidence**.

Step 6: Enter comments by selecting the + **tab**. Explain how the evidence proves or disproves the qualifier.



Step 7: Enter your **Finding** based on the dispute and evidence submitted. An **In Jurisdiction** finding means the case qualifies for arbitration, whereas an **Out of Jurisdiction** finding bars a ruling on the case.

Step 8: Provide a **Justification** for your Finding as seen in the example.



What is your finding?

7

✓ Based on the justification and disputes provided, please indicate whether this case is in jurisdiction

In Jurisdiction Out of Jurisdiction

8 ✓ Justification

Alpha Insurance provided the DMV VIN expansion to prove that the 2022 Ford F350 Super Duty weighs 8200 lbs., thus meeting the weight criteria for loss transfer.

Optional Basic Economic Loss (OBEL)

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

In the case of optional basic economic loss, OBEL coverage gives injured parties the ability to decide which expenses get paid. In some cases, regular no-fault insurance won't provide coverage if psychiatric, physical, or occupational treatments are needed following an accident. OBEL coverage for basic economic loss can be used to pay lost earnings and medical bills but could also be used to cover expenses of in-home help or physical therapy.

Disputes most commonly arise when the filing party pays more than the state allowance of \$50,000 but cannot prove OBEL exists on the policy. When the responder disputes OBEL, arbitrators will complete the following steps.

Step 1: Evaluate the filing company's request of OBEL.

Step 2: Review the **evidence** to support this request.

Step 3: Enter your **Finding** based on the dispute and evidence submitted. An **In Jurisdiction** finding means that OBEL applies on the policy, whereas an **Out of Jurisdiction** finding means OBEL does not apply .

Step 4: Enter a **Justification** to support your finding as seen in the example.

1 Optional Basic Economic Loss (OBEL) Finding - NYPIP ?

Please evaluate ALPHA INSURANCE OF FLORIDA (JJ RIDER)'s Optional Basic Economic Loss (OBEL) request.

ALPHA INSURANCE OF FLORIDA (JJ RIDER)

2 Evidence

Policy Declarations

Comment No Comment Added.

3 What is your finding?

Based on the evidence provided, does Optional Basic Economic Loss (OBEL) apply on this policy? Yes No

4 ✓ Justification

The Filing Company's Declarations Page shows OBEL listed for an additional \$25,000 of coverage.

Deferments

WORKFLOW STEPS

Findings

Deferment

A deferment is a postponement of a decision for one year from the deferment submission date. A deferment is typically submitted when coverage or a lawsuit is pending, and issues must be resolved prior to the arbitration case being heard.

Any party may defer a case. Parties may also challenge the deferment if they believe the one-year postponement is not needed. When a deferment is challenged, arbitrators will determine the validity of the challenge request.

When reviewing a deferment challenge (DC) case, a banner will display at the top providing arbitrators with information regarding which party requested the deferment along with a deferment reason.

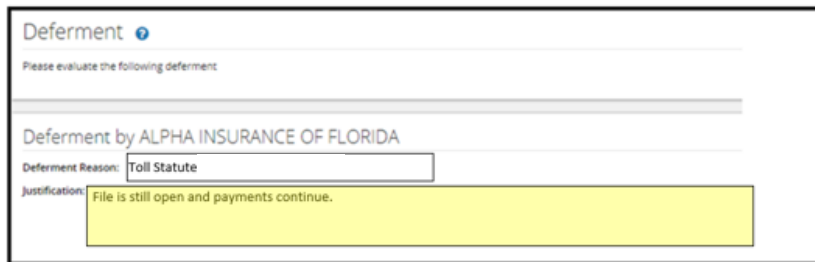
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Neutrality, Privacy, and Confidentiality Statement

Loss State: New York Filing Parties: (2) ALPHA INSURANCE OF FLORIDA (JEFF FRY)
 Loss Date: 10/3/2022 BETA INSURANCE OF COLORADO (MIKE PIZZA)
 Filed On: 10/4/2022

Case Deferred: This case has been deferred by Alpha Insurance of Florida to toll statute.

The party deferring the case should explain why the case needs to be deferred for one year.



Deferment

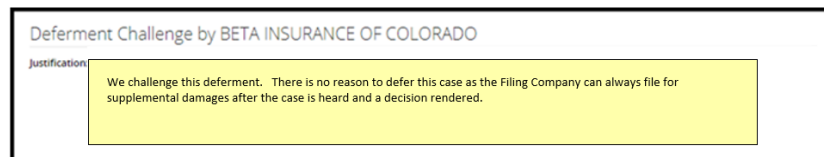
Please evaluate the following deferment

Deferment by ALPHA INSURANCE OF FLORIDA

Deferment Reason: Toll Statute

Justification: File is still open and payments continue.

Likewise, the challenging party should explain why the one-year deferment is not needed.



Deferment Challenge by BETA INSURANCE OF COLORADO

Justification: We challenge this deferment. There is no reason to defer this case as the Filing Company can always file for supplemental damages after the case is heard and a decision rendered.

After considering the deferment by the requesting party and the challenge raised by the adverse party, review any supporting evidence. See **How to Review Evidence** for more information.

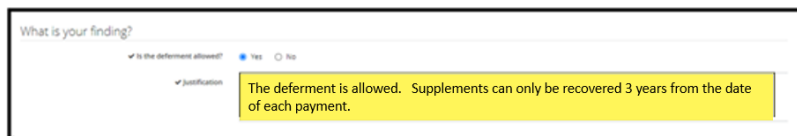


Evidence

Rules and Regulations

After reviewing the evidence, enter your **Finding**.

If the deferment is allowed, select **Yes** and provide a **Justification**. The case remains in deferred status.

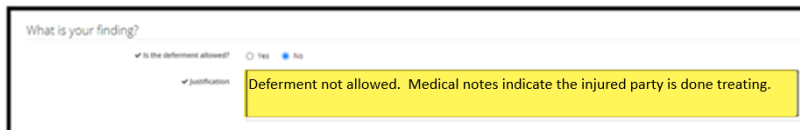


What is your finding?

Is the deferment allowed? Yes No

Justification: The deferment is allowed. Supplements can only be recovered 3 years from the date of each payment.

If the deferment is not allowed, select **No** and provide a **Justification**. The deferment ends and the parties are notified.



What is your finding?

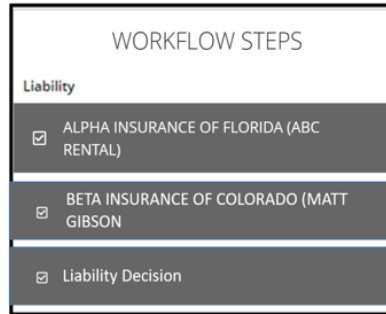
Is the deferment allowed? Yes No

Justification: Deferment not allowed. Medical notes indicate the injured party is done treating.

Cases involving a deferment challenge will appear on the arbitrator Worklist with a deferment challenge (DC) badge.

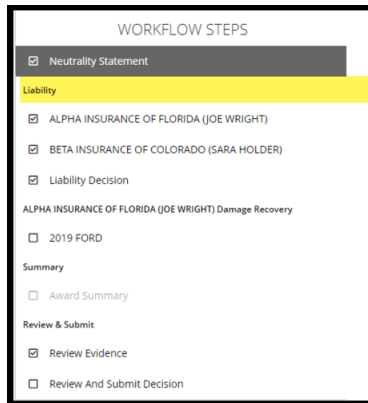
I220000D373-C1-D1 DC	04513 - ALPHA INSURANCE OF FLORIDA 04514 - BETA INSURANCE OF COLORADO	New York Pure Comparative	10/5/2022 Assigned Date	5D 22H 56M	Assigned	⋮
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Liability



Liability is the next **Workflow Step**. This section contains arguments and evidence submitted by the **Recovering** and **Adverse Parties**.

Liability will display in the Worklist when **Loss Transfer** is selected as the **Right of Recovery**.



Arbitrators can view each party's arguments in a single view.

Liability Arguments (Single View)

Liability Argument ? Show Adverse Party's Arguments

ALPHA INSURANCE OF FLORIDA (LISA JO) **Recovering Party**

Arguments:

Alpha Insurance contends that Beta's driver failed to yield right of way causing this accident.

Liability Argument ? Show Adverse Party's Arguments

BETA INSURANCE OF COLORADO (KATHY HOGAN) **Adverse Party**

Arguments:

Beta Insurance contends that Alpha's driver is the party that actually ran the red light, as confirmed by a witness listed on the police report.

Arguments can also be viewed side-by-side by selecting **Show Adverse Party's Arguments**.

Show Adverse Party's Arguments

Arguments:

Liability Arguments (Side by Side View)

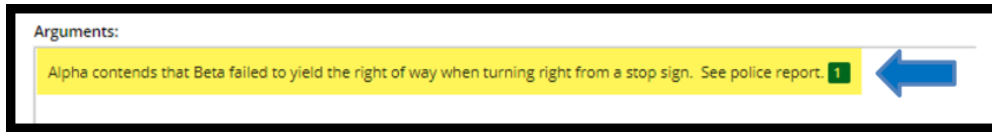
Recovering Party **Adverse Party**

Liability Argument ? Hide Adverse Party's Arguments

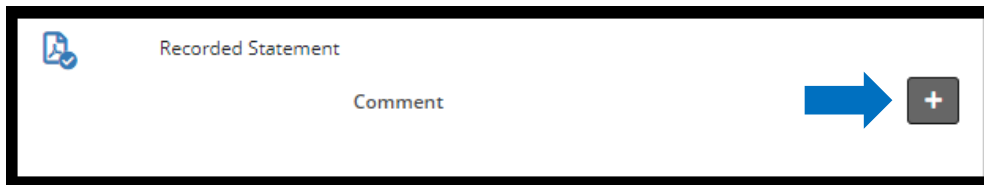
ALPHA INSURANCE OF FLORIDA (LISA JO)	BETA INSURANCE OF COLORADO (KATHY HOGAN)
Arguments: Alpha Insurance contends that Beta's driver failed to yield right of way causing this accident.	Arguments: Beta Insurance contends that Alpha's driver is the party that actually ran the red light, as confirmed by a witness listed on the police report.

When reviewing **arguments**, a green box may be present. This denotes evidence is directly inserted into the arguments. Arbitrators are required to make comments when a green box is present.

Comments can be entered directly from the green box found in the **Arguments** section. To enter comments select the green box. See **Enter Comments** for more information.



They can also be entered from the **Evidence** section found at the bottom of the **Workflow Step** by selecting the **plus sign (+)**.



Review evidence listed for the parties and enter comments where appropriate. See **Enter Comments** for more information on how to complete this step.

Liability Decision

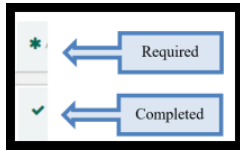
Liability Decision is the next workflow step.

This section is to record the arbitrator's assessment on liability.

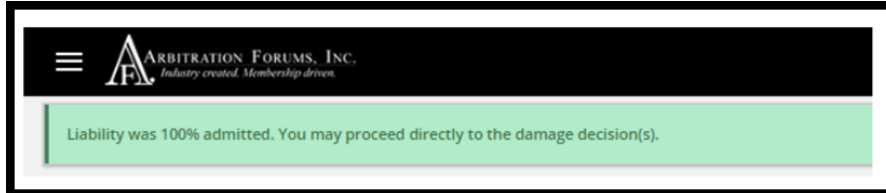
When hearing a case involving **Loss Transfer**, arbitrators will enter the Adverse Party's percentage of liability. When responding parties have admitted liability in the system, these fields are pre-filled.

The screenshot shows the 'Liability Decision' interface. At the top, it says 'ALPHA INSURANCE OF FLORIDA (ZECHARIAH FLATLEY)'. Below this, a green checkmark indicates 'BETA INSURANCE OF COLORADO (KATLYN RENNER) is 100% liable for ALPHA INSURANCE OF FLORIDA (ZECHARIAH FLATLEY)'s damages. A callout box labeled 'Example' points to the '100' with the text: 'Beta Insurance of Colorado (KatyIn Renner) is 100% liable for Alpha Insurance of Florida (Zechariah Flatley)'s damages.' Below this, it says 'has already admitted 10% for ALPHA INSURANCE OF FLORIDA (ZECHARIAH FLATLEY)'s damages.' Further down, it says 'ALPHA INSURANCE OF FLORIDA (ZECHARIAH FLATLEY) is 0% liable for their own damages' with a 'Modify Contribution' button. At the bottom, it says 'BETA INSURANCE OF COLORADO (KATLYN RENNER)' with a 'No Decision Required' button. A callout box points to this button with the text: 'As no counterclaims are permitted in NY PIP, arbitrators are not required to enter a decision on behalf of the Adverse Party.'

When required sections are completed, the asterisk becomes a check mark.



If 100% liability is admitted by the Adverse Party, a green banner will appear at the top of the page advising arbitrators to proceed directly to the damages section. However, in New York PIP, arbitrators need to complete the Case Qualifiers and OBEL workflow steps first.



If Adverse Parties do not respond to a case, arbitrators will see **Did Not Respond** in red under the Liability Decision section.



Note: There are **no default judgements** in arbitration. The Recovering/Filing Party does not automatically prevail when Adverse Parties do not submit a response. Arbitrators must review the arguments and evidence submitted to determine if the elements of proof were established.

The "Modify Contribution" button allows arbitrators to change the percentage of liability, when applicable.



Fields are provided to enter the **Duties Breached** in support of your liability assessment.

Enter only the breach of duty(ies) proven. This section is not intended for addressing the evidence or rationale for the decision. These fields are pre-filled when the adverse party enters 100% admitted liability in the system.

Duties Breached

ALPHA INSURANCE OF FLORIDA (ZECHARIAH FLATLEY)

✓ Duties Breached No duties breached.

BETA INSURANCE OF COLORADO (KATLYN RENNER)

✓ Duties Breached failing to yield right of way.

The **Liability Decision Justification** field is your opportunity to expand your comments on the evidence, developing a cohesive decision rationale.

What evidence items proved to you that the breach of duty(ies) you listed were the cause of the accident?

What key elements contained within the evidence influenced your decision?

What conclusions did you reach when comparing the arguments and supporting evidence?

Liability Decision Justification

✓ Comment

Beta is 100% negligent. This is based on the following evidence:

The police report confirms Beta failed to yield. Vehicle damage photos support that Alpha could not avoid the collision.

The recorded statement also confirms Alpha saw Beta roll through the stop sign but it was too late to avoid.

Completing your **Liability Decision Justification** is aided by the visibility of the comments you entered initially from the previous workflow step and can be found at the bottom of the **Liability Decision Workflow Step**.

The comments should address conclusions made during the initial analysis of the evidence.

Evidence

Evidence Types (show descriptions)

Police Report

Comment: On page 2, Beta was cited for failure to yield.

Photograph(s)

Comment: The vehicle photos show damage to the passenger side front bumper. This confirms Beta failed to yield from the stop sign.

Recorded Statement

Comment: On Page 5, alpha driver said, "I was driving in the curb lane going the speed limit when I saw the other vehicle roll through the stop sign. When Beta rolled through the stop sign, I was already in the intersection and was unable to avoid".

When completing the **Liability Decision Justification**, arbitrators can reference the original comments to help justify their decision.

Comments can be copied/pasted into the **Liability Decision Justification**.

Comments are preserved for the life of the case and can be viewed by the parties named in the arbitration. For these reasons, it is important to maintain a high level of professionalism when entering comments. This section is pre-filled if the adverse party enters 100% admitted liability in the system.

Damage Recovery



The **Damage Recovery Workflow Step** addresses the damage recovery being sought in arbitration and is dependent on the liability outcome determined by the arbitrator (previous workflow step).

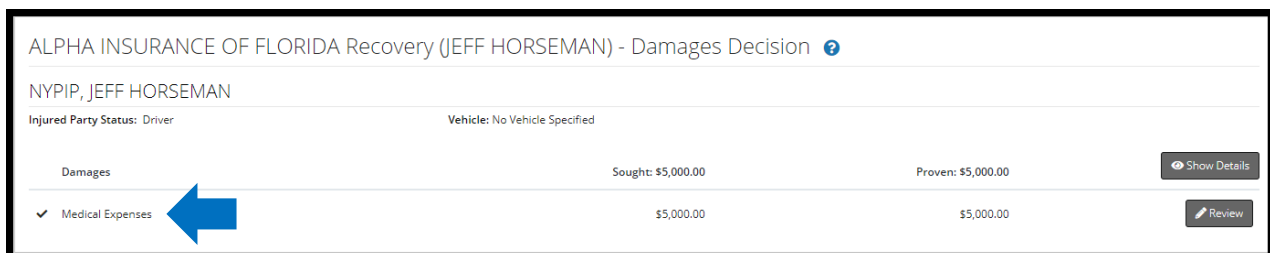
TRS recognizes recovery based on the liability assessment. When a decision is favorable to the Filing Party, this step is enabled.

When the decision is not favorable to the Filing Party, it is disabled. This is denoted with the red strikethrough. Proceed to the next step in the workflow.



This intuitive programming reduces errors enabling arbitrators to hear cases faster, decreasing cycle time and improving recovery outcomes for our members.

Start by reviewing the damages.



Select the **Accept** tab after reviewing the evidence **and only when the amount sought is proven and not disputed by the adverse party.**

Damages	Sought	Proven	Show Details
* Medical Expenses	\$2,000.00		Accept Review

Damage Disputes

When damages are disputed, as denoted by the red **Dispute** badge, arbitrators will select the **Review** tab.

ALPHA INSURANCE OF FLORIDA Recovery (BENJI SNOW) - Damages Decision			
NYPIP, BENJI SNOW			
Injured Party Status: Driver		Vehicle: No Vehicle Specified	
Damages	Sought: \$27,000.00	Proven: \$0.00	Show Details
* Medical Expenses	\$22,000.00		Review
* Lost Wages	\$5,000.00		Review

The **Review** tab lists information relating to the damage dispute such as the proposed amount, dispute type, and the adverse party's justification.

Example:

BETA INSURANCE OF COLORADO (JESSICA CHASTAIN)
Proposed Amount: \$2,000.00
Dispute Types: Expenses Included
Justification:
Beta seeks a reduction of the payment to Dr. Gamma for \$800.00 since the payment was made a year after the date of service. No evidence was provided to prove that the amount paid was principal only.

Determine Damage Amount

After reviewing the proposed amount and justification, confirm or reduce the amount.

Determine Amount

Confirm Amount Reduce Amount

Confirm Amount

When selecting this option, arbitrators are confirming the amount sought by the Recovering Party with no deductions.

Reduce Amount

When selecting this option, arbitrators will reduce the amount sought to the amount proven.

When reducing damages, enter the amount proven in the field provided.

Determine Damage Amount

Confirm Damages Sought (\$1000.00) Reduce Amount *

To determine the new damage amount, take the original amount sought by the Recovering Party and subtract it by the amount reduced by the arbitrator.

Example:

Original amount sought for MRI is \$1000.00 - \$200.00 (reduced amount) = \$800.00. Enter this amount in the reduced amount field.

Determine Damage Amount

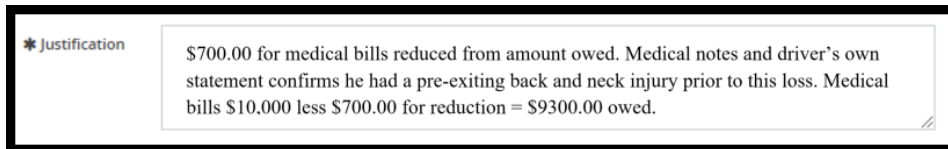
Confirm Damages Sought (\$1000.00) Reduce Amount

The third option, **Not Proven**, should be selected when the Filing Company has not proven amounts sought.

Determine Amount

Confirm Amount Reduce Amount Not Proven

Next, enter the required **Justification** in the field provided.



*Justification

\$700.00 for medical bills reduced from amount owed. Medical notes and driver's own statement confirms he had a pre-existing back and neck injury prior to this loss. Medical bills \$10,000 less \$700.00 for reduction = \$9300.00 owed.

The **Justification** field allows you to provide the rationale behind your damages decision. For an award of all damages, explain how the Recovering Party proved all of its damages and why you are rejecting the damages challenge from the Adverse Party.

If you did not confirm the amounts, explain why you felt that some or all of the disputed damages were unreasonable and document what evidence supported these findings. **Show the math** that resulted in the reduced damages amount, so there is no confusion regarding the reduced damages figure.

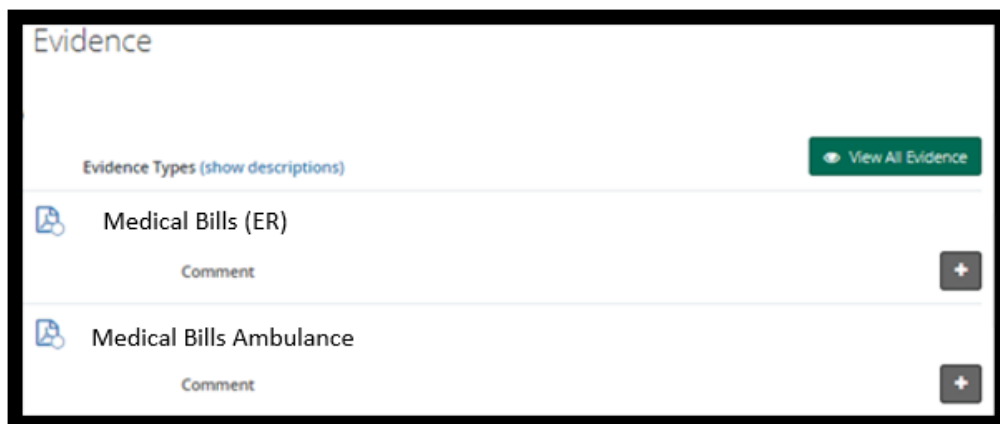
After providing the justification, select **Done**.



Done

Evidence

Prior to accepting or reviewing damages, review each party's evidence and enter comments (See **How to Review Evidence** and **Enter Comments** for more information).



Evidence

Evidence Types (show descriptions) [View All Evidence](#)

- Medical Bills (ER)
Comment [+](#)
- Medical Bills Ambulance
Comment [+](#)

Payments

This section is for payments made from the Adverse Party to the Recovering Party. If the Recovering Party acknowledged the payment, no review is needed. TRS will automatically deduct it from the award. If the Recovering Party has not acknowledged the payment, the arbitrator will need to review and confirm it has been cashed/deposited. This is also true when the Adverse Party asserts a higher payment amount than what the Recovering Party acknowledged.

Payments				
Party	Acknowledged: \$0.00	Alleged: \$1,500.00	Proven: \$0.00	Hide Details
* BETA INSURANCE OF COLORADO (KIM BASSINGER)		\$1,500.00		Review

To confirm the payment, review the evidence. Verify the check has cleared. If it is sent via electronic funds transfer (EFT), make sure the status shows sent. Next, select **Review**. Enter the proven amount and justification, and then select **Done**.

This amount will automatically be deducted from the award.

Payment

BETA INSURANCE OF COLORADO (KIM BASSINGER) has alleged payment of \$1,500.00
 Description:

Determine Proven Payment

✓ Enter Proven Amount

✓ Justification

Cancel Done

Do not enter a justification as it relates to the Recovering Party’s proven amounts. The intent of the Payments section is to verify and deduct previous payments made to the Recovering Party to avoid situations where they are paid twice for the same damages.

Note: This section should only include payments made to the Recovering Party or its insured **for damages being sought in the case.**

Payment Justification (Correct)

The justification below explains the review of check #1343 showing a status of “deposited/cashed.” This is an indication that the Recovering Party has accepted the payment.

The arbitrator enters \$350.00 and provides a justification. When done correctly, the system will automatically deduct it from the award to eliminate duplicate payments.

The screenshot shows a 'Payment' form for 'BETA INSURANCE OF COLORADO (GEORGE FLACO) has alleged payment of \$350.00'. Under 'Determine Proven Payment', the 'Enter Proven Amount' is \$350.00. The justification text is: 'Confirmed check # 1343 for \$350.00 was deposited by the Recovering Party for damages sought in this filing and will be reduced from the final award.' A blue callout box points to the justification text with the text: 'The payment of \$350.00 is automatically deducted from the award.'

Payment Justification (Incorrect)

The justification below explains how the Recovering Party’s damages are proven but does not address the payment of \$350.00 that the Adverse Party has allegedly paid.

The screenshot shows the same 'Payment' form. The 'Enter Proven Amount' is \$350.00. The justification text is: 'Recovering Party's medical bills for \$350.00 proven.' A blue arrow points to the 'BETA INSURANCE OF COLORADO (GEORGE FLACO) has alleged payment of \$350.00' text.

Award Summary

Located at the bottom of the **Damage Recovery Workflow Step**, this field summarizes the award and percentage of liability owed to the recovering party.

Award Summary ?			
Applicable Findings			
Damage Award Summary	Damages	Payments	Total Owed
BETA INSURANCE OF COLORADO (BETTYJO SMITH), 100% Liable	\$5,000.00	—	\$5,000.00
Company Totals	\$5,000.00	—	\$5,000.00

When OBEL is asserted by the Recovering Party, the following banner appears with an indicator as to whether OBEL applies to the award, **Yes** or **No**.

Award Summary ? Modify Awards

Applicable Findings

Policy limits apply. Please use the Modify Awards button to award the correct amount.
 OBEL Applies: Yes

Damage Award Summary	Damages	Payments	Total Owed
BETA INSURANCE OF COLORADO (BETTYJO SMITH), 100% Liable	\$5,000.00	—	\$5,000.00
Company Totals	\$5,000.00	—	\$5,000.00

Award Summary ? Modify Awards

Applicable Findings

Policy limits apply. Please use the Modify Awards button to award the correct amount.
 OBEL Applies: No

Damage Award Summary	Damages	Payments	Total Owed
BETA INSURANCE OF COLORADO (BETTYJO SMITH), 100% Liable	\$5,000.00	—	\$5,000.00
Company Totals	\$5,000.00	—	\$5,000.00

This is based on the arbitrator’s ruling found under the **Findings - OBEL Workflow Step**.

What is your finding?

Based on the evidence provided, does Optional Basic Economic Loss (OBEL) apply on this policy? Yes No

✓ Justification Verified OBEL applies to the policy.

WORKFLOW STEPS

Findings

Optional Basic Economic Loss (OBEL)

Select the **Modify Awards** tab when OBEL applies to the policy and the award exceeds \$75,000.00 (\$50,000 NY PIP Threshold and \$25,000 OBEL max). Otherwise, go to the next workflow step.

Award Summary ? Modify Awards

Applicable Findings

Policy limits apply. Please use the Modify Awards button to award the correct amount.
 OBEL Applies: Yes

Damage Award Summary	Damages	Payments	Total Owed
BETA INSURANCE OF COLORADO (CLARK WILLIAMS), 100% Liable	\$80,000.00	—	\$80,000.00
Company Totals	\$80,000.00	—	\$80,000.00

Enter the correct amount in the field provided.

Award Summary ? Cancel Save Modifications

Applicable Findings

Policy limits apply. Please use the Modify Awards button to award the correct amount.
 OBEL Applies: Yes

Damage Award Summary	Damages	Payments	Total Owed
BETA INSURANCE OF COLORADO (CLARK WILLIAMS)	\$ 80,000.00		\$80,000.00
Company Totals	\$80,000.00	—	\$80,000.00

Damages of \$80,000 would be changed to \$75,000 to meet the maximum recovery amount in New York for PIP.

Next, provide a **Justification** for this modification and select **Save Modifications**.

NYPIP - HILLARY NOBLE
 ALPHA INSURANCE OF FLORIDA (HILLARY NOBLE) Claim Number: OCT272022A

Injured Party Status: Driver
 OBEL Applies: Yes Cancel Save Modifications

Award Allocation	Recoverable Amount	Proven Payments	Award Owed
BETA INSURANCE OF COLORADO (CLARK WILLIAMS), 100% Liable	\$ 75,000.00	—	\$80,000.00
Company Totals	\$80,000.00	\$0.00	\$80,000.00

Justification

Damages reduced to the maximum recovery allowance in New York PIP.
 \$50,000 NY PIP threshold + \$25,000 in OBEL coverage = \$75,000.00 max.


Award Summary

WORKFLOW STEPS

Summary


Award Summary


The **Award Summary** page recaps the total award. The summary itemizes the recoverable amount less any proven payments, resulting in the award owed.

Award Summary 

The final award summary page is shown by features. You can click on the 'Modify Award' button to override the award


NYPIP - HILLARY NOBLE
 ALPHA INSURANCE OF FLORIDA (HILLARY NOBLE) Claim Number: OCT272022A

Injured Party Status: Driver
 OBEL Applies: Yes  Modify Awards

Award Allocation	Recoverable Amount	Proven Payments	Award Owed 
BETA INSURANCE OF COLORADO (CLARK WILLIAMS), 100% Liable	\$75,000.00	—	\$75,000.00
Company Totals	\$75,000.00	\$0.00	\$75,000.00



Modify Award


Awards can be further modified, if applicable by selecting the **Modify Awards** tab. Follow the steps previously outlined in this guide.

Award Summary 

The final award summary page is shown by features. You can click on the 'Modify Award' button to override the award

NYPIP - HILLARY NOBLE
 ALPHA INSURANCE OF FLORIDA (HILLARY NOBLE) Claim Number: OCT272022A


Injured Party Status: Driver
 OBEL Applies: Yes   Modify Awards

Award Allocation	Recoverable Amount	Proven Payments	Award Owed 
BETA INSURANCE OF COLORADO (CLARK WILLIAMS), 100% Liable	\$75,000.00	—	\$75,000.00
Company Totals	\$75,000.00	\$0.00	\$75,000.00

Review Evidence

WORKFLOW STEPS

Review & Submit

 Review Evidence

This page presents the opportunity to review the evidence files and the comments made about the evidence. In so doing, you can verify that the comments correctly refer to the evidence it is associated with and that it correctly reflects your thoughts about that evidence item.



Review Evidence ?

Please review all evidence for the parties below.

ALPHA INSURANCE OF FLORIDA (ZACK EFRON)

Evidence Types (show descriptions) View All Evidence

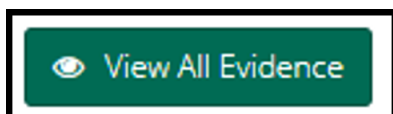
Police Report

Comment The police report, page 2 cites Beta for failure to yield.
 [less]

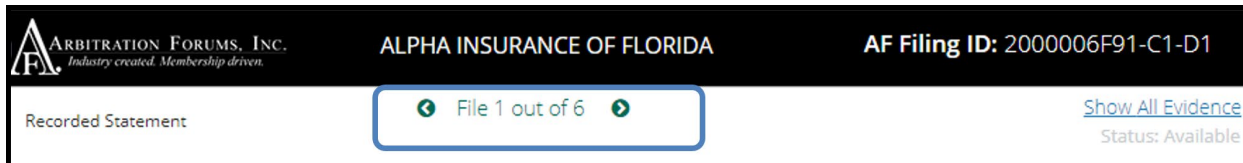
Recorded Statement

Comment Alpha's driver statement, page 5 said, "I was driving in the curb lane going the speed limit when I saw the other driver roll through the stop sign. I was already in the intersection and was unable to avoid."

The **View All Evidence** tab opens all evidence items and displays them in one window.



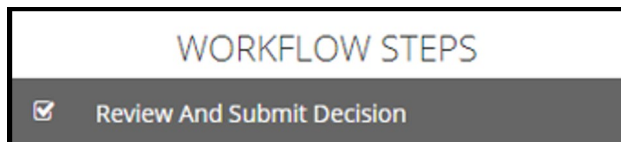
Use the arrows to transition through each evidence item on this page.



ARBITRATION FORUMS, INC. *Industry created. Membership driven.* ALPHA INSURANCE OF FLORIDA AF Filing ID: 2000006F91-C1-D1

Recorded Statement File 1 out of 6 Show All Evidence
Status: Available

Review and Submit Decision



WORKFLOW STEPS

Review And Submit Decision

The final workflow step is to **Review and Submit Decision**. Review the decision for accuracy, and select **Submit**.

Decision Summary - Filing ID: I220000D5AD-C1-D1 In Progress

Findings

Case Qualifiers

ALPHA INSURANCE OF FLORIDA (HILLARY NOBLE) has asserted that this filing qualifies for New York PIP Loss Transfer under at least one of the following reasons:

- 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)

In Jurisdiction: Yes
 Justification: The case involves a vehicle weighing over 6,500 pounds.

Optional Basic Economic Loss (OBEL) - NYPIP

Raised by: ALPHA INSURANCE OF FLORIDA (HILLARY NOBLE)

Optional Basic Economic Loss (OBEL) Ruling

Finding: Yes
 Justification: OBEL is verified on the policy.

ALPHA INSURANCE OF FLORIDA (HILLARY NOBLE) Liability Decision / Recovery

Liability Decision

Party	Duties Breached
BETA INSURANCE OF COLORADO (CLARK WILLIAMS) Admitted: 100% liability for ALPHA INSURANCE OF FLORIDA's damages. Proven: 100% liable for ALPHA INSURANCE OF FLORIDA (HILLARY NOBLE) damages.	100% liability admitted.

Submit

The decision has now been submitted.

Workflow Steps (Priority of Payment)

Workflow Steps (found on the left side of the page) are visible once the case is accessed. The **Workflow Steps** help arbitrators navigate the steps in the decision process ensuring completion of each section.

WORKFLOW STEPS

Neutrality Statement


Recovery

ALPHA INSURANCE OF FLORIDA (ZOF DAVIS)

BETA INSURANCE OF COLORADO (JAVIER BATISE)

Priority of Payment Decision

As the steps are completed, the boxes are automatically checked as complete. If a box remains unchecked, this is an indication that a field within a step is not complete and the decision cannot be submitted. Go back to the step and complete the field.



This feature reduces case turn-around time and decision errors.

Neutrality, Privacy, and Confidentiality Statement

WORKFLOW STEPS

Neutrality Statement

The first **Workflow Step** is the **Neutrality Statement**. Read and affirm your understanding of the statement, then check the box to agree.

The Blue Question Mark denotes **Help Text**.

Neutrality, Privacy, and Confidentiality Statement ?

This decision is according to my understanding of the current local law and the facts presented. I may not render a decision on a case where I or my company is directly or indirectly interested, or where there is even an appearance of bias. Also, I understand as an arbitrator I will have access to confidential material involving company and/or insured information. All information related to this case will be utilized for the sole purpose of rendering this decision. I agree to protect the privacy, security, and confidentiality of all information related to this case.

As a security precaution, please be advised that external URLs are not allowed in arbitration cases and are not to be opened/viewed when hearing a case.

Parties Involved

- 04513 - ALPHA INSURANCE OF FLORIDA
- 04514 - BETA INSURANCE OF COLORADO

I affirm that I have read and understand the above.

CINDY CALHOUN 05472 - GAMMA INSURANCE COMPANY

I Agree To Hear This Filing. ←

Navigate using the **Workflow Steps** or the arrows located at the bottom of the page.

←
}
→

Previous
Next

Fin **urisdictional Exclusions (JE)**

Jurisdictional exclusions (JE) are arguments that do not address the dispute itself but rather raise an objection to compulsory arbitration’s jurisdiction. This step allows the arbitrator to enter decisions on jurisdictional exclusions raised by adverse parties.

A case “in jurisdiction” means it **does** meet AF’s compulsory agreements, and the arbitrator will hear the case and render an award.

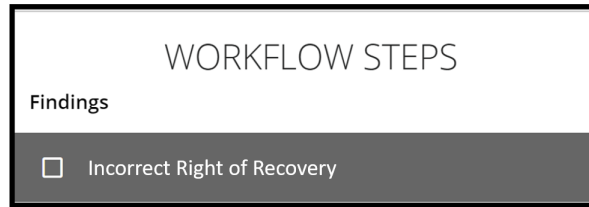
A case “out of jurisdiction” means it does **not** meet AF’s compulsory agreements, and the party raising the Jurisdictional Exclusion (JE) cannot have a decision rendered against them.

A list of jurisdictional exclusions (JE) are below:

New York PIP Coverage Group Add Exclusion ▼

- Federal Vehicle
- Filed under wrong coverage
- Incorrect Right of Recovery
- Inter-Company Reimbursement Notification Form (IRN) Not Received
- Not Writing Business in Loss State
- Self-Insured Retention
- Statute of Limitations

When hearing a case, jurisdictional exclusions will appear in the Hearing Workflow Steps as **Findings**. The **Findings** step will appear when a jurisdictional exclusion (JE) is asserted by adverse parties.

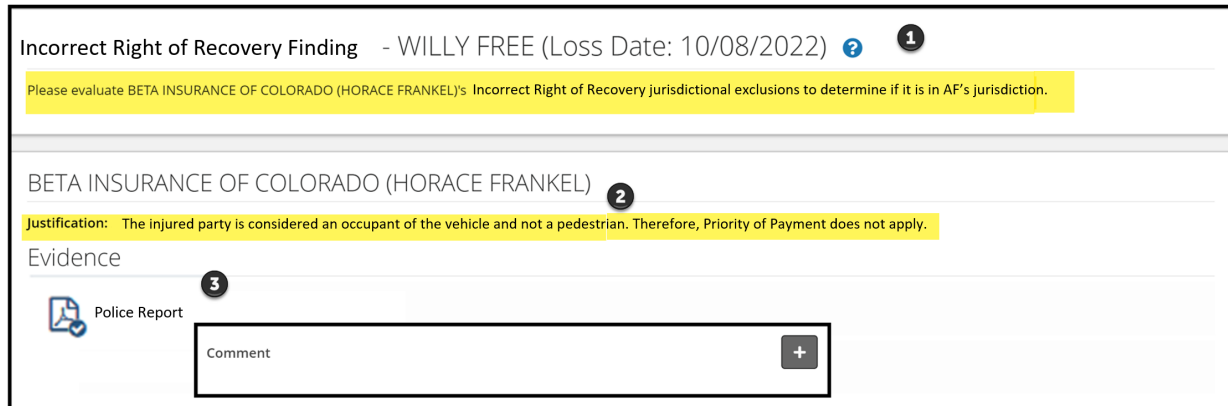


When jurisdictional exclusions are raised, arbitrators will determine if the case is **in jurisdiction** or **out of jurisdiction**.

Step 1: Review the jurisdictional exclusion raised by the Recovering Party.

Step 2: Open and review the attached evidence.

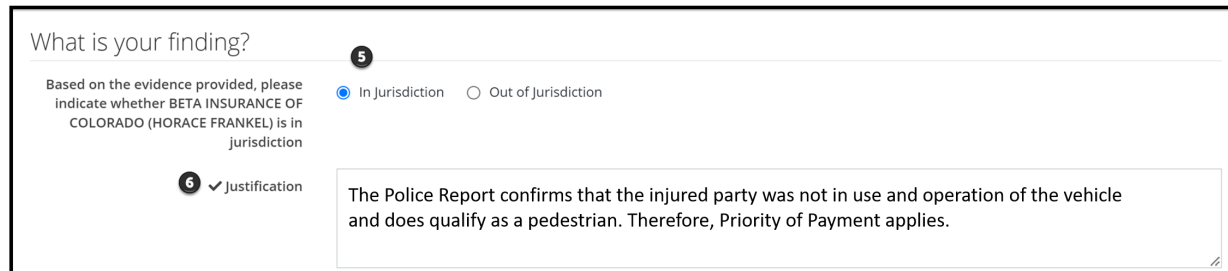
Step 3: Add comments that explain how the evidence proves or disproves the exclusion asserted.



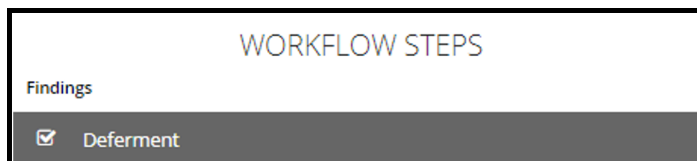
After reviewing the evidence, arbitrators will complete the Findings section.

Step 5: Enter **In Jurisdiction** or **Out of Jurisdiction**.

Step 6: Provide **Justification** for the finding.



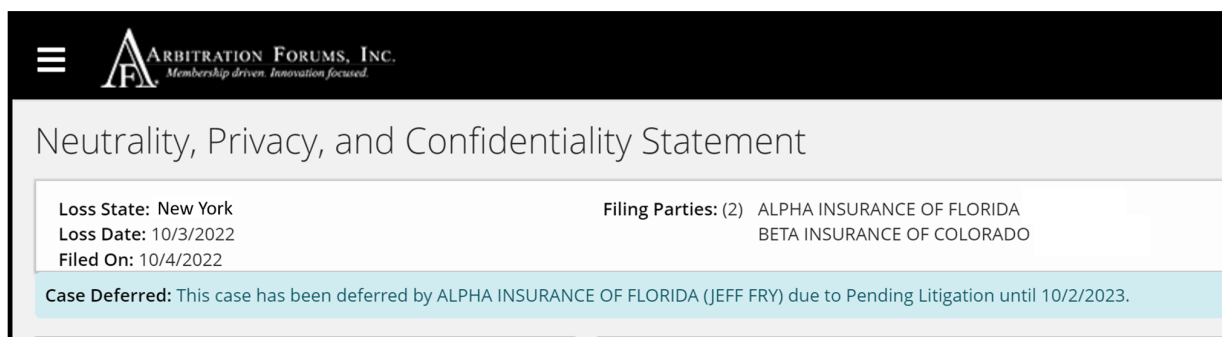
Deferments



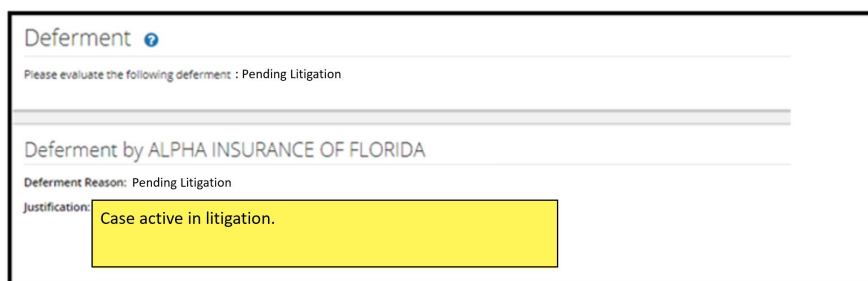
A deferment is a postponement of a decision for one year from the deferment submission date. A deferment is typically submitted when coverage or a lawsuit is pending, and issues must be resolved prior to the arbitration case being heard.

Any party may defer a case. Parties may also challenge the deferment if they believe the one-year postponement is not needed. When a deferment is challenged, arbitrators will determine the validity of the challenge request.

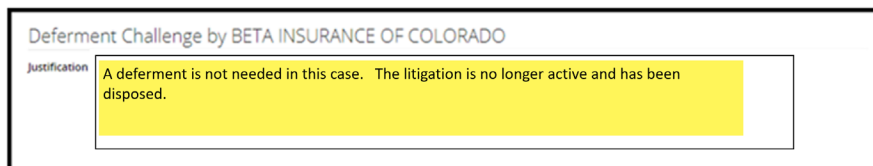
When reviewing a deferment challenge (DC) case, a banner will display at the top providing arbitrators with information regarding which party requested the deferment along with a deferment reason.



The party deferring the case should explain why the case needs to be deferred for one year.



Likewise, the challenging party should explain why the one-year deferment is not needed.

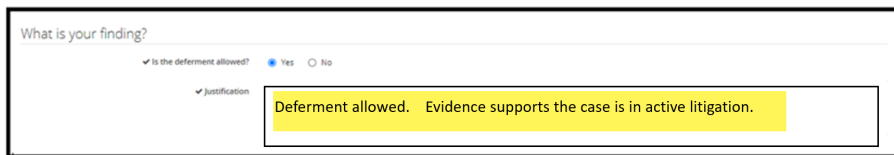


After considering the deferment by the requesting party and the challenge raised by the adverse party, review any supporting evidence. See **How to Review Evidence** for more information.

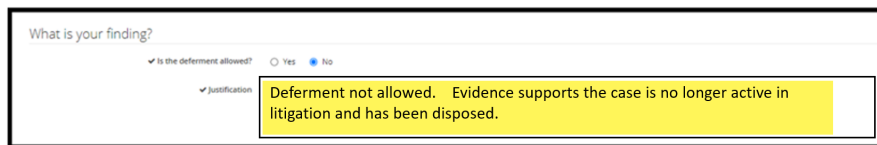


After reviewing the evidence, enter your **Finding**.

If the deferment is allowed, select **Yes** and provide a **Justification**. The case remains in deferred status.



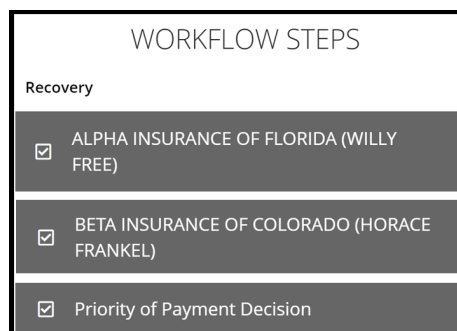
If the deferment is not allowed, select **No** and provide a **Justification**. The deferment ends and the parties are notified.



Cases involving a deferment challenge will appear on the arbitrator Worklist with a deferment challenge (DC) badge.



Recovery



Recovery is the next **Workflow Step**. This section contains arguments and evidence submitted by the Recovering and Adverse Parties.

Recovery will display in the Worklist when **Priority of Payment** is selected as the **Right of Recovery**.

WORKFLOW STEPS

- Neutrality Statement
- Findings
- Statute of Limitations
- Recovery**
- ALPHA INSURANCE OF FLORIDA (WILLY FREE)
- BETA INSURANCE OF COLORADO (HORACE FRANKEL)
- Priority of Payment Decision

Arbitrators can view each party’s arguments in a single view.

Recovery Arguments (Single View):

ALPHA INSURANCE OF FLORIDA (WILLY FREE)

Recovery Argument ?
Recovering Party

ALPHA INSURANCE OF FLORIDA (WILLY FREE)

Arguments:

This filings is for Priority of Payments. Alpha Insurance paid an injury claim after Beta’s Insured swerved to avoid another vehicle, colliding with our insured forcing us to hit a pedestrian.

BETA INSURANCE OF COLORADO (HORACE FRANKEL)

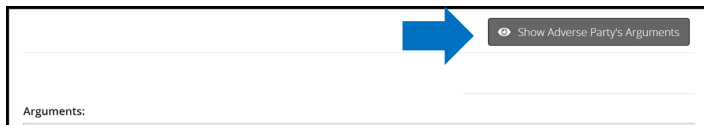
Recovery Argument ?
Adverse Party

BETA INSURANCE OF COLORADO (HORACE FRANKEL)

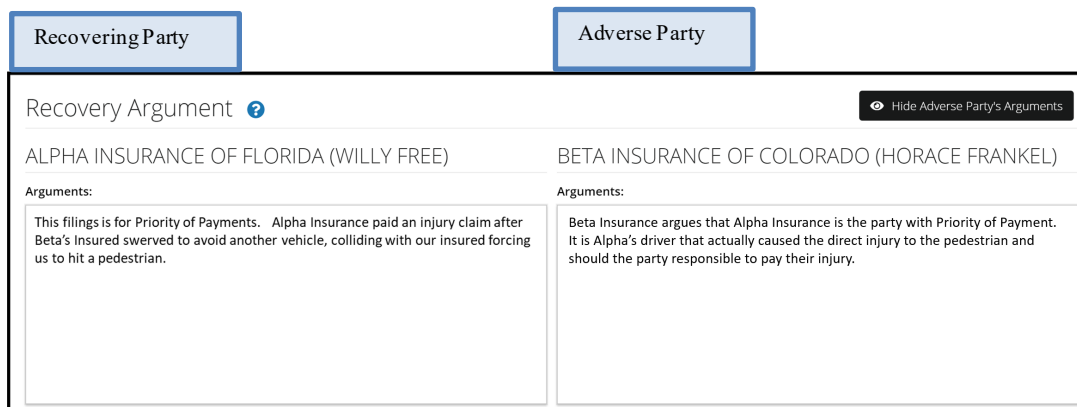
Arguments:

Beta Insurance argues that Alpha Insurance is the party with Priority of Payment. It is Alpha’s driver that actually caused the direct injury to the pedestrian and should the party responsible to pay their injury.

Arguments can also be viewed side-by-side by selecting **Show Adverse Party's Arguments**.

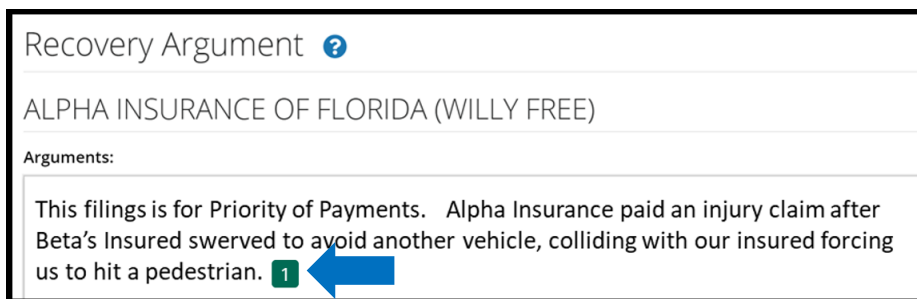


Recovery Arguments (Side by Side View):

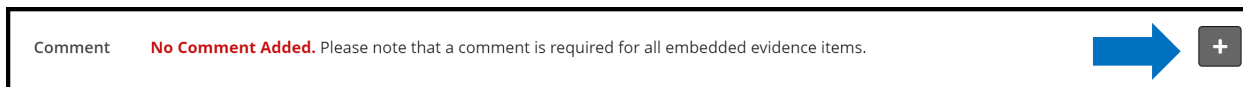


When reviewing **Arguments**, a green box may be present. This denotes evidence is directly inserted into the arguments. Arbitrators are required to make comments when a green box is present.

Comments can be entered directly from the green box found in the **Arguments** section. To enter comments, select the green box. See **Enter Comments** for more information.



They can also be entered from the **Evidence** section found at the bottom of the **Workflow Step** by selecting the **plus sign (+)**.



Review evidence listed for the parties and enter comments where appropriate. See **Enter Comments** for more information on how to complete this step.

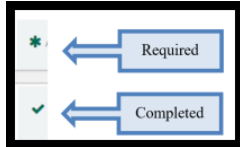
Priority of Payment Decision

WORKFLOW STEPS

Priority of Payment Decision

Priority of Payment Decision is the next **Workflow Step**.

Required fields are denoted with an asterisk. Once complete, a check mark will appear.



When hearing this type of dispute, arbitrators will evaluate and determine who has Priority of Payment.

Step 1: Determine who has Priority of Payment for the Filing Company.

Step 2: Enter the Priority of Payment Justification.

Priority of Payment - WILLY FREE

Who has priority of payment for ALPHA INSURANCE OF FLORIDA (WILLY FREE) - WILLY FREE?

	Party	Is a Primary Carrier?	Share of Damages
1	<input checked="" type="checkbox"/> ALPHA INSURANCE OF FLORIDA (WILLY FREE)	<input checked="" type="radio"/> Yes <input type="radio"/> No	50%
	<input checked="" type="checkbox"/> BETA INSURANCE OF COLORADO (HORACE FRANKEL)	<input checked="" type="radio"/> Yes <input type="radio"/> No	50%

2

Priority of Payment Justification

Per the New York Insurance Department, the recovery by the pedestrian's vehicle insurer is not based on which vehicle struck the pedestrian or which vehicle is at fault. Under the sources of mandatory personal injury protection benefits provisions of 11 NYCRR 65-3.12, first party benefits paid to the pedestrian would be recoverable from the insurers of vehicle A and vehicle B as both vehicles were being used or operated at the time of the collision.

To complete the sections listed above, review the evidence attached to the case found at the bottom of this step.

Evidence

Evidence Types (show descriptions)

- Police Report
- Witness Written Statement
- NY PIP Provisions 11 NYCRR 65-3.12

Damage Recovery

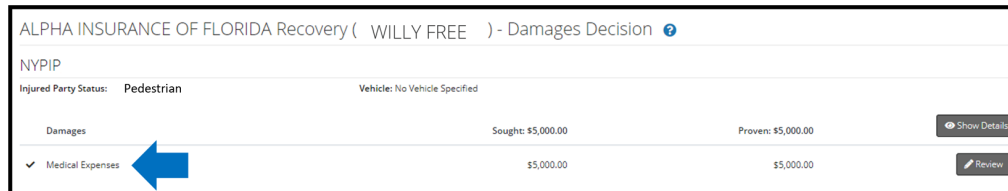


The **Damage Recovery Workflow Step** addresses the damage recovery being sought in arbitration and is dependent on the Priority of Payment outcome.

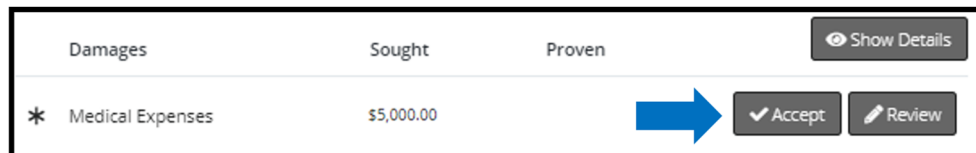
When a decision is favorable to the Filing Party, this step is enabled. When the decision is not favorable, it is disabled. This is denoted with the red strikethrough. Proceed to the next step in the workflow.



When recovery is permitted, the **Damage Recovery Workflow** step will be enabled for arbitrators to accept or review the damages sought.



Select the **Accept** tab after reviewing the evidence **and only when the amount sought is proven and not disputed by the adverse party.**



Damage Disputes

When damages are disputed, as denoted by the red Dispute badge, arbitrators will select the Review tab.

Damages	Sought: \$27,000.00	Proven: \$0.00	
* Medical Expenses	\$22,000.00		Disputed Review
* Lost Wages	\$5,000.00		Disputed Review

The **Review** tab lists information relating to the damage dispute such as the proposed amount, dispute type, and the adverse party's justification.

Example:

BETA INSURANCE OF COLORADO (JESSICA CHASTAIN)
 Proposed Amount: \$2,000.00
 Dispute Types: Expenses Included
 Justification:
 Beta seeks a reduction of the payment to Dr. Gamma for \$800.00 since the payment was made a year after the date of service. No evidence was provided to prove that the amount paid was principal only.

Determine Damage Amount

After reviewing the proposed amount and justification, confirm the amount or reduce the amount.

Determine Amount

Confirm Amount Reduce Amount

Confirm Amount

When selecting this option, arbitrators are confirming the amount sought by the Recovering Party with no deductions.

Determine Amount

Confirm Amount Reduce Amount

Reduce Amount

When selecting this option, arbitrators will reduce the amount sought to the amount proven.

Determine Amount

Confirm Amount Reduce Amount

When reducing damages, enter the amount proven in the field provided.

To determine the new damage amount, take the original amount sought by the Recovering Party and subtract it by the amount reduced by the arbitrator.

Example:

Original amount sought for MRI is \$1000.00 - \$200.00 (reduced amount) = \$800.00. Enter this amount in the reduced amount field.

The third option, **Not Proven**, should be selected when the filing company has not proven amounts sought.

Next, enter the required **Justification** in the field provided.

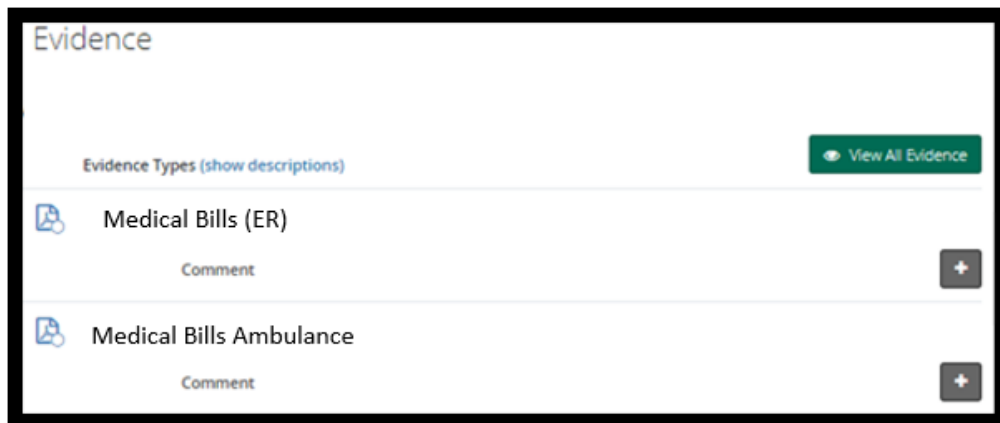
The **Justification** field allows you to provide the rationale behind your damages decision. For an award of all damages, explain how the Recovering Party proved all of its damages and why you are rejecting the damages challenge from the Adverse Party.

If you did not confirm the amounts, explain why you felt that some or all of the disputed damages were unreasonable and document what evidence supported these findings. **Show the math** that resulted in the reduced damages amount, so there is no confusion regarding the reduced damages figure.

After providing the justification, select **Done**.

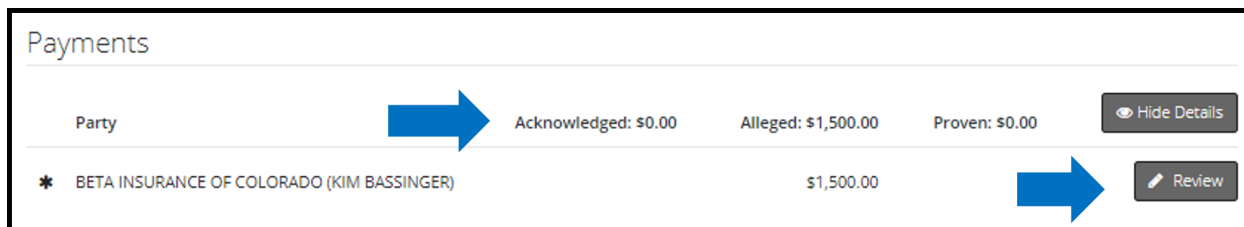
Evidence

Prior to accepting or reviewing damages, review each party’s evidence and enter comments (See **How to Review Evidence** and **Enter Comments** for more information).



Payments

This section is for payments made from the Adverse Party to the Recovering Party. If the Recovering Party **acknowledged** the payment, no review is needed. An acknowledged payment will automatically be deducted from the award. If the Recovering Party has not **acknowledged** the payment, the arbitrator will need to review it and confirm it has been cashed/deposited. This is also true when the adverse party asserts a higher payment amount than what the recovering party acknowledged.



To confirm the payment, review the evidence. Verify the check has cleared. If it is sent via electronic funds transfer (EFT), make sure the status shows “sent.” Next, select **Review**. Enter the proven amount and justification, and then select **Done**.

This amount will automatically be deducted from the award.

Payment

BETA INSURANCE OF COLORADO (KIM BASSINGER) has alleged payment of \$1,500.00
 Description:

Determine Proven Payment

✓ Enter Proven Amount

✓ Justification

Cancel Done

Do not enter a justification as it relates to the Recovering Party’s proven amounts. The intent of the Payments section is to verify and deduct previous payments made to the Recovering Party to avoid situations where they are paid twice for the same damages.

Note: This section should only include payments made to the Recovering Party **for damages being sought in the case.**

Payment Justification (Correct)

The Justification below explains the review of check #1343 showing a status of “deposited/cashed.” This is an indication the Recovering Party has accepted the payment. The arbitrator enters \$350.00 and provides a justification. When done correctly, the system will automatically deduct it from the award to eliminate duplicate payments.

Payment

BETA INSURANCE OF COLORADO (GEORGE FLACO) has alleged payment of \$350.00
 Description:

Determine Proven Payment

✓ Enter Proven Amount

✓ Justification

Cancel Done

\$350.00 is automatically deducted from the award.

Payment Justification (Incorrect)

The Justification below explains how the Recovering Party’s damages are proven but does not address the payment of \$350.00 that the Adverse Party has allegedly paid.

Award Summary

Located at the bottom of the **Damage Recovery Workflow Step**, this field summarizes the award and percentage of liability owed to the recovering party.

Damage Award Summary	Damages	Payments	Total Owed
BETA INSURANCE OF COLORADO (BETTYJO SMITH), 100% Liable	\$5,000.00	—	\$5,000.00
Company Totals	\$5,000.00	—	\$5,000.00

Awards can be modified, when warranted, by selecting the **Modify Awards** Tab.

Damage Award Summary	Damages	Payments	Total Owed
BETA INSURANCE OF COLORADO (FLORIDA JEFFERSON), 50% Share Priority of Payment: Primary Carrier	\$23,500.00	\$25,000.00	\$0.00
Company Totals	\$23,500.00	\$25,000.00	\$0.00

Complete the following fields.

Step 1: Enter the modified amount in the field marked **Recoverable Amount**.

Step 2: Provide a **Justification** for the modification.

Step 3: Select the **Save Modifications** tab.

Injured Party Status: Occupant Cancel ³ Save Modifications

Award Allocation	Recoverable Amount	Proven Payments	Award Owed [?]
BETA INSURANCE OF COLORADO (FLORIDA JEFFERSON), 50% Share ¹	\$ 23,500.00	\$25,000.00	\$0.00
Company Totals	\$23,500.00	\$25,000.00	\$0.00

² *Justification

Award Summary

WORKFLOW STEPS

Summary

Award Summary

The **Award Summary** Workflow Step recaps the total award. The summary itemizes the recoverable amount less any proven payments, resulting in the award owed.

Award Summary [?]

The final award summary page is shown by features. You can click on the 'Modify Award' button to override the award

NYPIP - HILLARY NOBLE
 ALPHA INSURANCE OF FLORIDA (HILLARY NOBLE) Claim Number: OCT272022A

Injured Party Status: Driver
 OBEL Applies: Yes

Award Allocation	Recoverable Amount	Proven Payments	Award Owed [?]
BETA INSURANCE OF COLORADO (CLARK WILLIAMS), 100% Liable	\$75,000.00	—	\$75,000.00
Company Totals	\$75,000.00	\$0.00	\$75,000.00

Modify Award


Awards can be further modified, if applicable, by selecting the **Modify Awards** tab. Follow the steps previously outlined in this guide.

Award Summary [?](#)

The final award summary page is shown by features. You can click on the 'Modify Award' button to override the award

NYPIP - HILLARY NOBLE
 ALPHA INSURANCE OF FLORIDA (HILLARY NOBLE)

Injured Party Status: Driver
 OBEL Applies: Yes

Claim Number: OCT272022A
 [Modify Awards](#)

Award Allocation	Recoverable Amount	Proven Payments	Award Owed ?
BETA INSURANCE OF COLORADO (CLARK WILLIAMS), 100% Liable	\$75,000.00	—	\$75,000.00
Company Totals	\$75,000.00	\$0.00	\$75,000.00

Review Evidence

WORKFLOW STEPS

Review & Submit

Review Evidence


This page presents the opportunity to review the evidence files and the comments made about the evidence. In doing so, you can verify that the comments correctly refer to the evidence they are associated with and that they correctly reflect your thoughts about that evidence item.

Review Evidence [?](#)


Please review all evidence for the parties below.

ALPHA INSURANCE OF FLORIDA (ZACK EFRON)

Evidence Types (show descriptions) [View All Evidence](#)

 Police Report

Comment The police report, page 2 cites Beta for failure to yield.
[\[less\]](#)

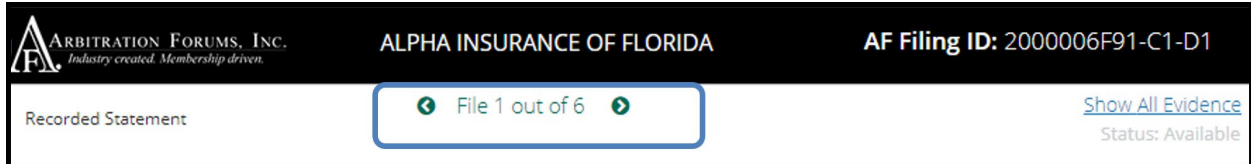
 Recorded Statement

Comment **Alpha’s driver statement, page 5 said, “I was driving in the curb lane going the speed limit when I saw the other driver roll through the stop sign. I was already in the intersection and was unable to avoid.**

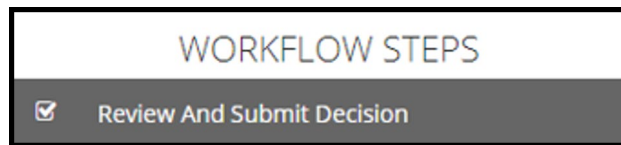
The **View All Evidence** tab opens all evidence items and displays them in one window.



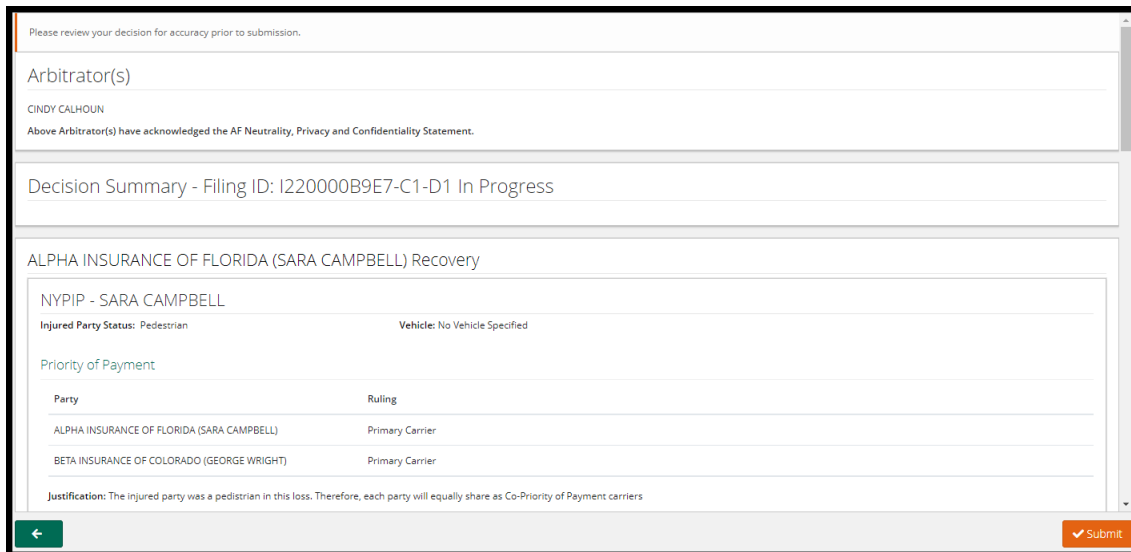
Use the arrows to transition through each evidence item on this page.



Review and Submit Decision



The final workflow step is to **Review and Submit Decision**. Review the decision for accuracy, and select **Submit**.

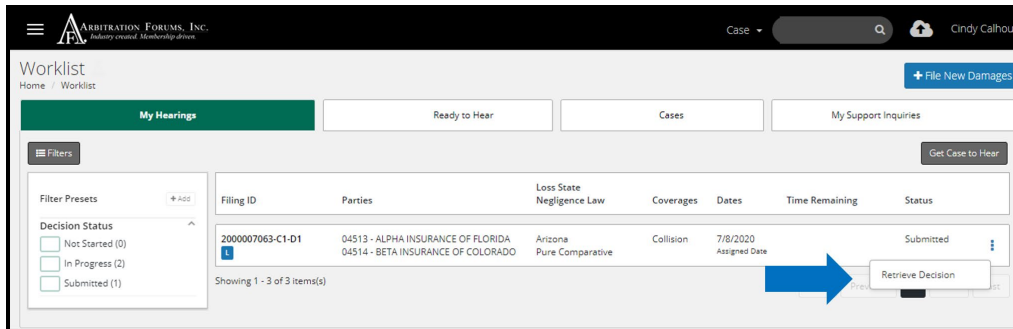
A screenshot of a web form for reviewing a decision. It includes fields for "Arbitrator(s)" (CINDY CALHOUN), "Decision Summary - Filing ID: I220000B9E7-C1-D1 In Progress", and "ALPHA INSURANCE OF FLORIDA (SARA CAMPBELL) Recovery". Below this is a table for "Priority of Payment" with columns for "Party" and "Ruling". The table lists "ALPHA INSURANCE OF FLORIDA (SARA CAMPBELL)" and "BETA INSURANCE OF COLORADO (GEORGE WRIGHT)" as "Primary Carrier". A justification note at the bottom states: "The injured party was a pedestrian in this loss. Therefore, each party will equally share as Co-Priority of Payment carriers". There are back and submit buttons at the bottom.

The decision has now been submitted.

Retrieve Decisions

Arbitrators will have two hours to retrieve a submitted decision to make changes. To do this, go to the Arbitrator Worklist and find the submitted case.

From the blue ellipsis, select **Retrieve Decision**.



Retrieving the decision changes the status from submitted to **In Progress**.

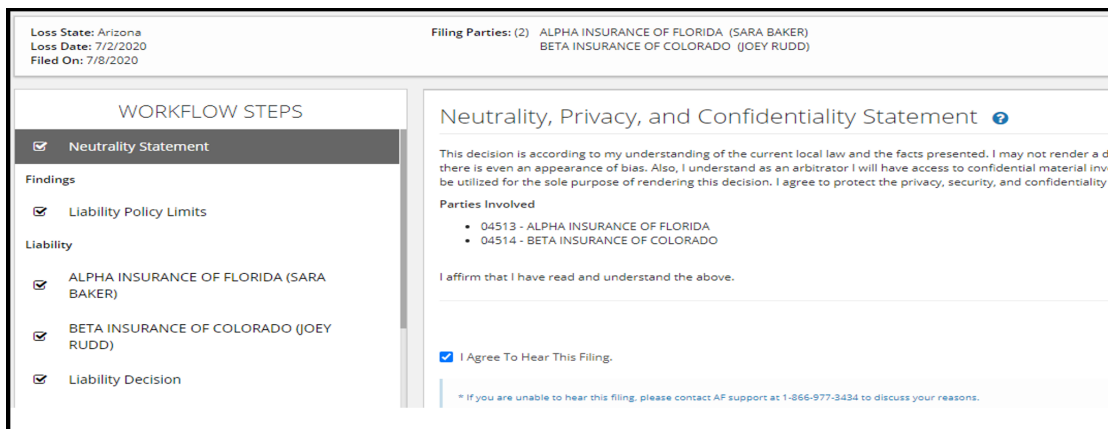


From the blue ellipsis, select **Hear this Case**.



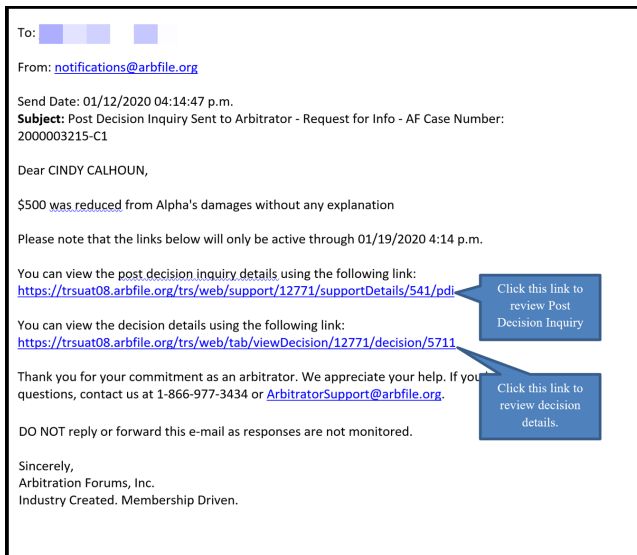
All the information entered from the previously submitted case is saved. Simply go to the workflow step and make changes, if desired.

Once completed, resubmit the decision.



How to Access Post-Decision Inquires (PDIs)

When a member has questions about a decision, they create a post-decision inquiry (PDI). If a PDI has been created on a decision you made, the following email is sent to you:

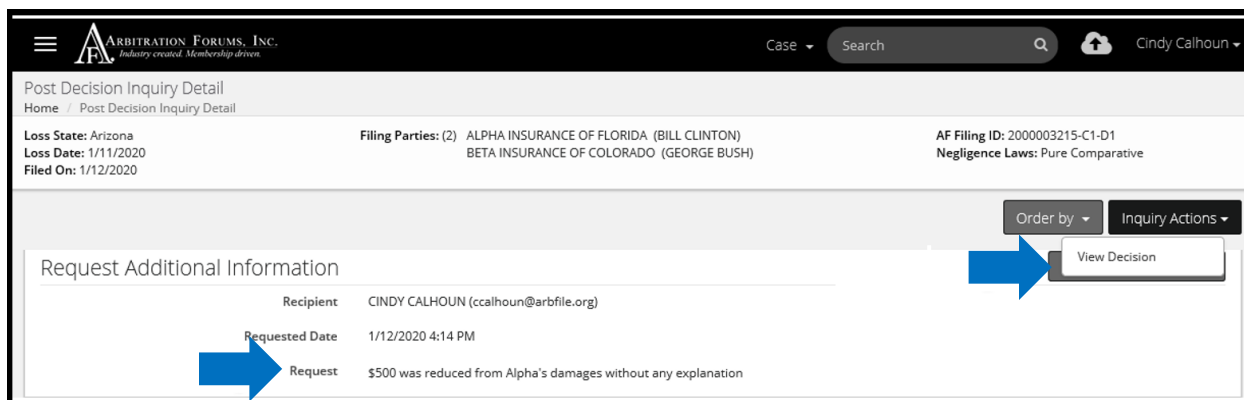


For timely handling of the PDI, please respond to all requests within **24 hours** of receipt. For questions, please contact 1-866-977-3434 or send an email to arbitratorssupport@arbfile.org.

The email also indicates **not** to reply to or forward the email, as they are not monitored. To enter your decision, respond from within the TRS system.

Below are the steps on how to enter your post-decision inquiry response.

To respond to the inquiry, click the **post-decision inquiry** link (noted above) that takes arbitrators to the following screen:

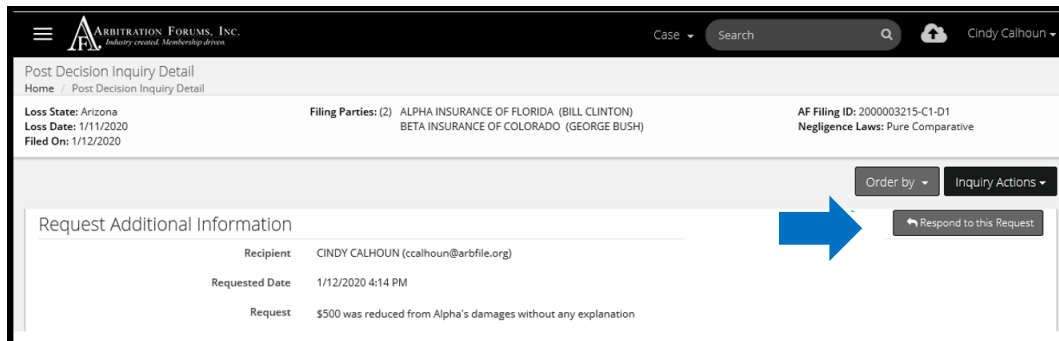


The **Request for Additional Information** screen provides the following details:

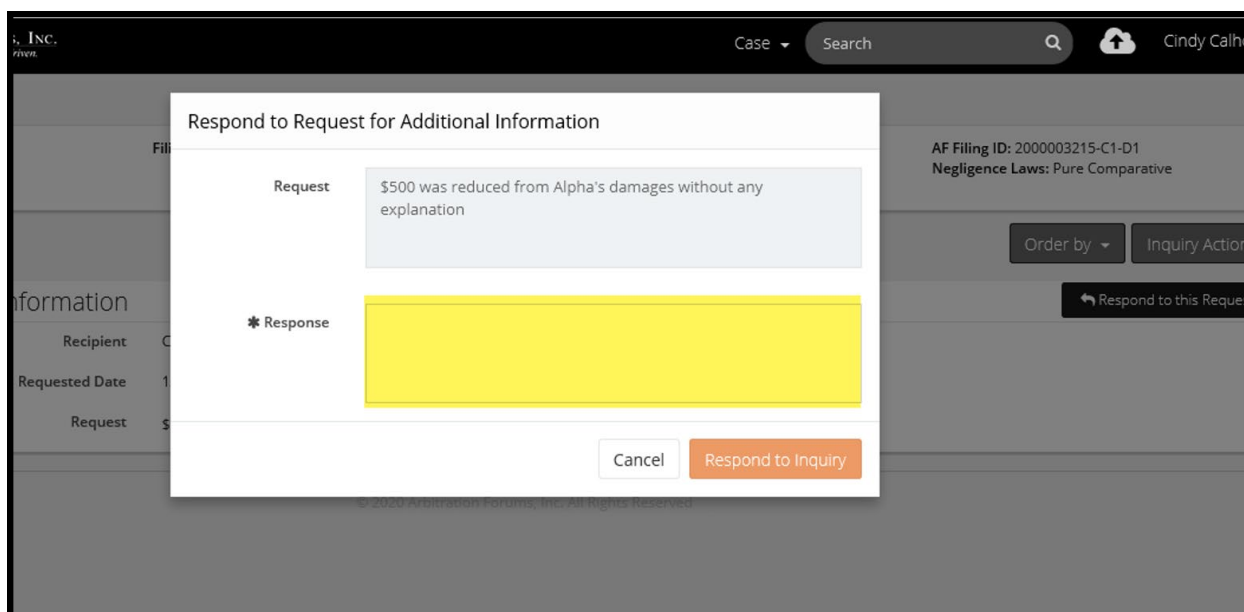
- **Recipient:** Provides the arbitrator's name
- **Requested Date:** Date the request was made
- **Request:** Provides the reason for the inquiry from the member

To begin, select the **View Decision** tab to review your initial decision.

After viewing the decision details, select the **Respond to this Request** tab to provide an additional explanation for this decision.



Enter additional information in the **Response** field (highlighted below) and select **Respond to Inquiry**.



Arbitrator Support

For questions on how to complete the **TRS Arbitrator Hearing Workflow Steps**, please email or call us at 1-866-977-3434 or ArbitratorSupport@arbfile.org.