

CLIENT SUCCESS STORY:

Team-Driven Results in a Complex Insurance Claim

Client: Leading Insurance Carrier | Industry: Insurance

BACKGROUND:

A leading insurance carrier was tasked with managing a large-scale claim resulting from a significant hurricane loss affecting a prominent hotel resort in Florida. The hotel had involvement from numerous different insurance carriers in the claim process.

The risk was a market insurance program as insurance carriers accepted various amounts of financial responsibility throughout the different layers of insurance coverage. In the first and second layer companies covered a percentage of losses up to the first \$100 million, with additional carriers adding additional coverage percentages in layers extending from \$100 million to \$150 million. The third layer, covering the \$100 to \$150 million range, was not notified immediately that the loss might breach their layer. Typically, when a loss is projected to fall under a particular threshold, carriers at higher levels are not informed as the loss would not impact their coverage. However, in this case, the third-layer carriers would be impacted, but they were notified much later than usual, long after the experts had already been selected for the earlier stages of the claim.

AT A GLANCE

Benefits:

- Early Engagement
- Seamless Collaboration
- Clear Data Presentation
- Successful Outcome

Challenges:

- Dynamic Adjustment Process
- Time Sensitive Deadlines
- Complex Financial Review

By the time the third-layer carriers were alerted, the carrier involved was facing significant financial exposure, with a 25% share of the \$100 million to \$150 million layer. This delay in notification created a complex situation, as the claims process had already progressed significantly without their involvement.

Given the size and complexity of the claim, the insurance carrier sought an unbiased, expert analysis to ensure fairness and transparency throughout the process. The involvement of established experts for the lower layers, such as forensic accounting professionals for the \$0 to \$100 million range, had already created dynamics that added to the challenge. The need for a thorough, objective review was critical to avoid conflicts of interest and ensure a fair resolution for all parties involved.

THE CHALLENGE:

- Providing complex and thorough analysis under extremely short deadlines.
- External scrutiny may naturally be resisted and can create a challenging environment to ensure objective oversight throughout the claim process.
- The insurance carrier needed independent expertise to navigate the financial complexities and manage potential conflicts, ensuring that the claim was handled fairly while protecting their interests.

OUR APPROACH:

Meaden & Moore's forensic accounting team was retained by the insurance carrier to provide independent oversight, analysis, and expert financial reporting.

- **Detailed Analysis:** We conducted an in-depth review of all financial documentation related to the claim, ensuring that all financial aspects were carefully considered.
- **Clear Communication:** We facilitated transparent, professional communication between all involved parties, including the adjuster, to encourage cooperation and minimize tensions.
- **Objective Reporting:** Our unbiased financial assessments were provided to the insurance carrier, ensuring that their interests were represented fairly, while fostering trust and collaboration with the policy holder and the adjuster.
- **Team Approach:** We created a cross-office team specific for this project to ensure that we sufficiently met the time-driven demands without compromising our reputation of providing high quality client service. Multiple Meaden & Moore experts across the country leveraged technology and collaborated to prepare our unbiased financial assessment.

“At Meaden & Moore, we pride ourselves on navigating complex disputes with precision and integrity. Our team’s ability to provide clear, objective analysis and maintain strong client relationships ensures trust and confidence throughout the resolution process.”

— Robert Hernandez,
CPA, CFE

THE OUTCOME:

- Our independent analysis ensured the claim was handled fairly and in line with ethical standards, providing the insurance carrier with the transparency and confidence they needed to make an informed decision.
- The carrier was able to resolve the claim efficiently as our analysis and timely service allowed leadership to proceed with confidence towards a fair and accurate final settlement.
- This case reinforced the value of independent expertise in navigating complex financial claims and the importance of impartiality in ensuring all parties involved were treated equitably.

MEADEN & MOORE'S DIFFERENTIATORS:

What differentiates Meaden & Moore in cases involving insurance carriers is our steadfast commitment to independence, objectivity, and ethical standards. As forensic accountants, we specialize in conducting complex financial analyses and providing thorough assessments within tight timeframes. We focus on delivering transparent, fact-based analysis that ensures fairness for all parties involved.

Our experienced professionals bring specialized expertise in fraud investigation, litigation support, and economic damages. We tailor solutions to address the unique financial challenges of large-scale claims, proactively identifying risks and opportunities to safeguard our clients' interests. As trusted advisors, we work closely with insurance carriers to navigate the complexities of financial disputes and claims, offering clear, actionable insights.

With a global reach and personal attention, we leverage resources and collaborate across offices to efficiently deliver high-quality results. Our extensive experience with high-value, complex financial cases ensures that we meet tight deadlines without compromising quality. We have a deep understanding of both the financial and operational aspects of insurance claims, allowing us to maintain confidentiality, uphold professional standards, and protect our clients' interests throughout the entire process.



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ROBERT HERNANDEZ'S PERSPECTIVE

"We were able to provide valuable insights into the case as part of the forensic accounting team. Our independence allowed us to focus solely on the facts of the claim, offering unbiased analysis and ensuring fairness in the process. This case truly underscores the critical role of objectivity in financial disputes.

Working with the insurance carrier, we were able to navigate the complexities of the claim while maintaining trust and professionalism throughout the entire resolution process."