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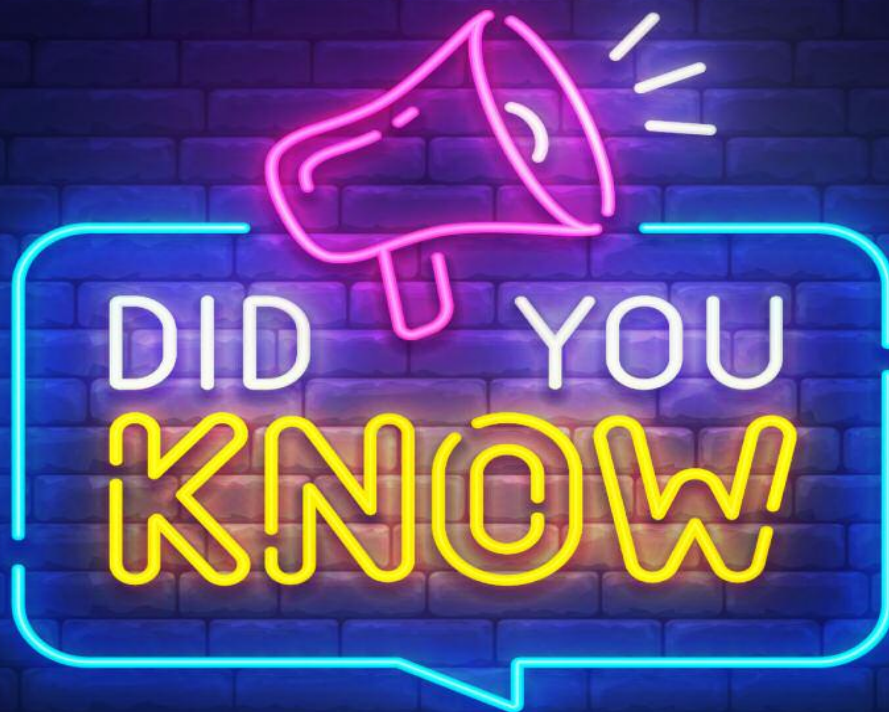
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# OIAA Zoom Trivia Night

February 16, 2022 at 7pm



Cost for a team of 5 will be \$100 (member) and \$150 (non-member)

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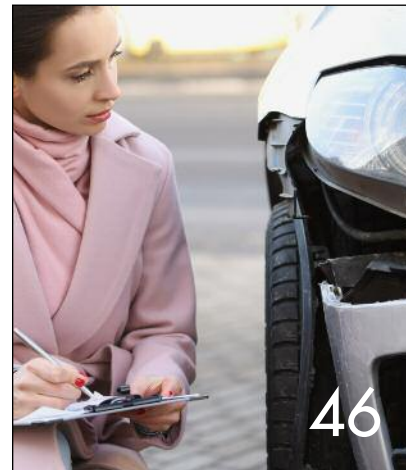


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**Rhu Sherrard**  
President, OIAA

## President's Message

**Happy Family Day, Happy Valentine's Day, and Happy Galantines Day;** it's a thing celebrated on February 13th with friends. So, if it's safe to do so, go spoil yourselves. Also, remember self-love and self-care are just as important.

We all deserve some relaxation, calm, and peace during this challenging time. I am truly optimistic and hopeful the pandemic finally morphs into an endemic. Or maybe even at some point this year it morphs into an "end"emic!

February at our place is quite busy. Both our children celebrate birthdays (21 and 19), my father and father-in-law also celebrate their respective birthdays in February. It's a time to celebrate love and laughter. Love is Love.

The Winter Olympics are expected to proceed from Friday February 4 to Sunday February 20, 2022, in Beijing, China. Canadian Athletes are getting ready to shine on the podium. They have worked extremely hard, devoted many hours to the love of their sport and along the way have had to alter their training schedules during the past two years. But they have preserved and managed to succeed regardless of the challenges facing them. Let's go TEAM CANADA.

**BEIJING 2022**



### **OIAA 2022 update – Mark your calendars.**

**Trivia Night's February 16, 2022** – A fun night "in" and great opportunity for team building with your co-workers and/or various insurance professionals.

**Cancelled** – Due to Covid19. OIAA Past Presidents' Night, March 31, 2022. We hope to celebrate with all our Past Presidents in the upcoming 2022-2023 year.

**SAVE the DATE June 3, 2022**, OIAA - 9 & Dine at Cardinal Golf and Country Club.

**COME BACK TO TOWN** October 4-6th, 2022, visit [www.oiaa.com](http://www.oiaa.com) for more information on registration and sponsorship opportunities.

I/we would like to take this opportunity to congratulate Zohair Nassur our current WP Editor on his Engagement - Fantastic news and all the best on the upcoming nuptials.

The OIAA is grateful for all the support of our members, insurance partners and the dedicated volunteers at our various chapters throughout the province. These individuals thrive to bring you the best product and experiences they can, especially during the past two years.

*"Kindness is words creates confidence, kindness in thinking creates profoundness, kindness in giving creates love" — Lao Tzu*

*"Love recognizes no barriers. It jumps hurdles, leaps fences, penetrates walls to arrive at its destination full of hope" — Maya Angelou*

### **Rhu Sherrard**

President, Ontario Insurance Adjusters Association  
E-mail: [president@oiaa.com](mailto:president@oiaa.com)





# Upcoming Monthly Webinars

Mark these dates down on your calendar

**DON'T MISS THEM!**

## February 17, 2022

Presented by **Keith Elliott**, Reed Research  
Topic - Scams & Schemes in the New Normal?  
Or is it the Same as Always?

## March 24, 2022

Presented by **Lisa Armstrong** and **Krista Groen**,  
Strigberger Brown Armstrong LLP  
Topic - Family Law Act Damages: An Update

## April 21, 2022

Presented by **Sandra Cramb**, SCM Insurance Services  
Topic - Social Host Liability

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Golf Tournament	Carrie Evans	Jason Saucier, Jordan Tremblay
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*Mediation For Claims Professionals (page 8)*

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### Victoria Hanson

*Introduction to TPA/Corporate Account Management (page 22)*

Victoria Hanson currently holds the position of Director of Sales, National TPA (Canada), at Crawford & Company (Canada) Inc. In this strategic role, she specializes in partnering with corporate clients facing various risks conducting business in the Canadian market and providing unique solutions in managing and mitigating their risks.



### Jose Landrove

*Small Doesn't Equal Simple (page 38)*

Jose Landrove is an Executive General Adjuster for Sedgwick's Major & Complex Loss Division; he is also Canada's Lead for the Equipment Break-down specialty, and Canada's contact for Sedgwick's Global Power Practice network. Having completed studies in Mechanical Engineering, specializing in Materials and Failure Mechanics, Jose started his Insurance career in 1998 in a role that combined Forensic Engineering and Loss Adjusting.



### Raffi Engeian

*Fraudulent Collision Claims in the Aftermath of COVID-19 (page 46)*

Raffi Engeian is a Senior Associate with the Collision Reconstruction Group at 30 Forensic Engineering. He graduated from the University of Windsor with a Bachelor in Applied Science (Mechanical Engineering) and a Master of Business Administration. Raffi has focused on motor vehicle collision reconstruction since 2007 and received his Professional Engineer designation in 2009. He has been a Forensic Engineer in the Collision Reconstruction Group at -30- since June of 2013.



### Nishan Perera

*Fraudulent Collision Claims in the Aftermath of COVID-19 (page 46)*

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# WP

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# Mediation For Claims Professionals (Part 1)



*By Jonathan Cooper,  
Cooper Mediation Inc.*





Is there such a thing as too much of a good thing when it comes to mediation? In January 1999, the Ontario Mandatory Mediation Program was launched in certain judicial venues (Toronto, Windsor and Ottawa). Initially, I believe this program/process truly did live up to the government's intent: "to help parties involved in civil litigation and estates matters attempt to settle their cases before they get to trial, thereby saving both time and money." These days, it seems mediation for some matters can be seen as more of a hindrance than a help. In this article, I would like to give a fresh perspective on what appears to be a recurring and frustrating issue among claims professionals involved in these cases. Hopefully, these tips and insights will help you make the most out of any mediation in which you're involved.

# PREPARING FOR A MEDIATION

## 1. Making A Serious Attempt At Resolution

When I'm retained and scheduled for a mediation, I send out a mediation agreement that everyone signs before we commence any discussion about the case. The very first clause states:

*Mediation is an informal settlement process by which the Parties try to reach a solution that is responsive to their interests. The signing of this agreement is evidence of the agreement of the Parties to make a **serious attempt** to resolve the outstanding issues.*

I believe my job as a mediator, as fellow I.A.M. member Steve Rottman puts it, is to help the parties in conflict find their way to a resolution that makes more sense than continuing with litigation. Mediation doesn't always have to end in resolution, but a serious attempt should be made to understand the cost-benefit and risk of settling versus continuing litigation. If it doesn't make sense for one party or the other to resolve the matter at mediation, don't.



There are some key questions to ask yourself. Where is the value of the case likely to go? Will it get better for your side over time? Will it get worse? Do we have enough evidence in terms of medical reports, surveillance and any other required proof to make an informed decision today? What is the value of this case on the best, worst and average days in court? Is it worth the risk of losing in court and having to pay higher fees, costs, and disbursements? The process of answering these questions and others I will pose in this article will give each party the best chance of resolution.

Recently, a lawyer I have worked with many times brought the "serious attempt" clause to my attention. The lawyer thought that a position taken by the defence not to indemnify the plaintiff does not constitute a "serious attempt" to resolve the outstanding issues. Is an attempt to settle only serious if money is involved? Resolving a file's outstanding issues does not necessarily need to be accomplished by monetary means - at least not initially. At some point, most of the time, it will likely take money to resolve claims in personal injury, long term disability, employment and contract law, these being the areas of my own mediation practice. However, other outstanding issues can also be resolved at the mediation even if money matters remain unsettled. If nothing else, the parties should leave the mediation with a better idea of the strengths and weaknesses of proceeding with the lawsuit. Before leaving mediation, ask yourself: Is there anything else I can do to help the other side make a fully informed decision? Does it make sense, both financially and psychologically to continue with the litigation?

For example, I can say confidently that most, if not all, claims profes-



*"Dear Peg, it's my third day back at the office and I'm so homesick. I miss you, I miss the dogs..."*



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sionals I meet at mediation, do not arrive at mediation looking forward to saying no or giving a \$0 offer to a plaintiff. Nevertheless, these professionals have various policies and procedures in place set by management that must be satisfied before they can make offers to settle that involve money.

If a plaintiff can produce evidence that shows a claims professional tangible exposure to risk for the defence, defendants will be far more likely to agree to resolve claims by paying money to the plaintiff. However, if documents/evidence to substantiate a claim for general damages are not produced, or are not persuasive, how can a plaintiff realistically and seriously expect a claims professional to put their own neck on the line? If their file is audited and the necessary evidence is absent, a claims professional could face serious consequences for making such an offer.

A plaintiff lawyer should be aware of what evidence is necessary before a mediation can delve into potential monetary settlements. This doesn't mean obtaining an expert report just to tick off a box. It means that the plaintiff should provide the necessary documents that the defendant requires. What is the best way to ensure you have this information well in advance of the mediation? Think about it this way: as Tom Cruise's character in Jerry Maguire says, "Help me, help you." A solid piece of advice for all claims professionals is to outline your requirements and timelines from the outset. This is the only way you will likely have everything you need on the day of the mediation to make an informed decision. However, before I get in too deep, let's start with some other points to consider before the mediation date is even set.

## 2. Court Case Wait Times

With the Supreme Court of Canada decision in *R. v. Jordan*, we saw wait times for personal injury court cases increase. Moreover, with courts being frozen out due to COVID-19 over the last number of months, wait times for trial and judgment will likely be even longer. Long wait times are a major strain on our

**Think about it this way:  
as Tom Cruise's character  
in Jerry Maguire says,  
"Help me, help you."**



***Have a process set up with your lawyer that details what you need and when you need it for each matter.***

justice system. To keep it from collapsing under the weight of such backlogs, I believe mediation, negotiation and settlements need to be at the forefront of plans for easing the load on the justice system. Ask yourself if this case needs to continue on your list for two to three years or more, or if you can settle it now and get one more item off your to do list. Timing is important; and so are the relationships you will forge among the parties and their counsel.

### **3. Forge Strong Relationships and Processes**

Relationships matter. As you will learn, if you haven't already, it's rare to have a "one and done" case with a plaintiff lawyer. More likely, you will meet each other at mediation and in court periodically. The key to having strong, authentic relationships is clear communication. As soon as a claim comes across your desk, make a vow to yourself that you will get off on the right foot. Have a process set up with your lawyer that details what you need and when you need it for each matter. For example, what do you need in terms of medical reports and assessments? Set clear and attainable timelines.

For simplicity sake, I will jump to the day when the examination for the discovery process concludes. If you aren't in attendance for the examination, ask your lawyer to speak with the opposing counsel (privately) to discuss the way your company generally views and evaluates cases. Without giving away trade secrets, your lawyer should be able to give a rough idea of what typically flies and what certainly doesn't.

Let's take past loss of income as an example. If applicable, it should be quantified with near certainty. What evidence needs to be produced for you, and your company, to be satisfied that a past loss of income exists and can be linked to the loss at hand? If the lawyers are on the same page prior to the mediation in terms of productions, there is a much better chance of resolution prior to judgment. I would say it's rare, almost "not possible," for a claim



**not** to settle at a mediation because of the calculation of a past loss of income. Assuming the parties are aware of the same set of facts and information, without issues of causation and liability, math is math, and the loss should be able to be quantified without the need for an income loss report. Save the tougher battles/disagreements for the more speculative claims, without crystal balls like future care needs and future economic losses. This should help keep disbursements low and allow you more room to negotiate if you choose to do so.

**4. Saving The Date And Choosing A Mediator**

Scheduling the mediation can be the start of the parties demonstrating an interest in working together to find common ground. They may discuss timelines for when they want or need a mediation to be held, who they would like to propose as a mediator, and whether there are any special considerations such as location (including via videoconference), technical support, or wheelchair accessibility needed.

Choose dates convenient to you and your lawyer, but give a range of options to the opposition. Once dates have been narrowed down, move on to whom the parties would like to conduct the mediation. Mediator availability, cost, and experience are always part of this decision. But think about relationships and a mediator’s communication style as well. Who would be able to get through to a plaintiff? Who do you like to work with? Most importantly, who do you and/or counsel trust? There is no “one size fits all” approach that works. At least not one that I know of.

***Scheduling the mediation can be the start of the parties demonstrating an interest in working together to find common ground.***



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Here's a trick that works to get a mediator you want while also earning goodwill from the plaintiff's counsel. If you ask opposing counsel for a list of three to five mediators they think would be well suited to mediate the matter, at least one of those names will be on your list as well. Rather than telling opposing counsel when and who you are going to mediate with, give them options to make a decision that does not feel forced on them. When it comes to your mediation list, make sure you select mediators based on the case details. Have a list for routine cases (roster-rate mediators, such as my colleague (Logan Cooper), more complex cases (senior mediators, like me!) and the most complex cases (such as my colleague Vance Cooper). Being prepared allows you to make a good first and lasting impression each time.



### **5. An Incentive For All Sides?**

In terms of your mediation protocols, I would like to propose what may sound like a crazy idea, but one that may provide an incentive for each side to arrive at the mediation with all the information they will need to make informed decisions. What if defendants agreed to pay for 100 per cent of the mediation, regardless of outcome, in situations where opposing counsel fulfilled all undertakings and provided the defence with everything they require well before the actual mediation date?

Imagine preparing for a mediation where there are no late reports, nothing coming in at the last minute (for the most part, knowing that sometimes it's out of our hands). We could build a process that is structured and has a foundation of trust attached. After all, it takes two to tango.

As a claims professional, if you set a timeline where the defence receives this information 45-60 days prior to the mediation (30 days would likely be the absolute minimum), you can set the reserves and receive authority that is in line with the evidence produced in a timely manner. Claims professionals tell me time and again that their job "is to assess risk based on the evidence." Without access to all of the supporting documentation/evidence, why would an adjuster try to connect the unconnected dots. If the file gets audited, the claims professional should be able to clearly explain why they paid what/where/when they did. Expert reports served right before the mediation date can often throw a wrench in the works. Typically they do more harm than good. Therefore, let plaintiff's counsel know that anything received after the 30 day period prior to the mediation will not be considered. This 30-day window, if used properly, should allow the parties to make key decisions well before a mediation.

If necessary, most of the time the parties should be able to cancel mediations with advance notice. Personally, I never feel good about sending out a cancellation account, but my policy, which is fairly common with other mediators, is that any cancellations within 30 days of a mediation date attracts a



cancellation fee. It bears repeating: make sure these protocols and rules are well known to the other side and to the mediator so that there is no question as to who will assume the cancellation fee if the mediation is called off by reason of a breach of protocols.

Finally, when thinking about timing, protocols and rules, and workback schedules, consider having your mediation case managed by the mediator. This service would allow the parties to mediate the matter early on, set the matter down and have a second mediation closer to the date of pre-trial, which may prove handy for matters in jurisdictions where mediation is mandatory (Toronto, Windsor and Ottawa).


**6. Strategy and Planning**

Working backwards from the mediation date, if necessary, make it clear to all parties (including plaintiff counsel as well as your representation) when you will be meeting with individuals or the committee within your company to obtain authority to deal with the matter at mediation. Sufficient time in advance must be allowed for you to receive a report on examinations for discovery, a report on or receipt of documents provided in answer to undertakings, expert reports and mediation memoranda. Special attention should be made to the plaintiff’s list of assessable disbursements prior to the meeting (even if it’s slightly out of date by the time of the mediation). This will assist you in obtaining appropriate authority to deal with the claim and the disbursements separately, so you don’t have to borrow from one to satisfy the other.


If schedules and timing allows, perhaps have a conversation with your counsel prior to the mediation to discuss strategy and tactics. In the plaintiff’s room, there is usually an unfamiliar decision maker. The less time a mediator spends in-between caucus rooms, waiting for defence offers or private conversations between claims representatives and defence lawyers, the better. The mediator will need time to explain the offer to the plaintiff and provide context that will help smooth the process. You don’t have to have every offer/number you plan on making charted out prior to the mediation, but if you are on the same page as your lawyer, making offers throughout the mediation should be done with ease.

While a half-day mediation typically is scheduled for three hours, I have found in the last five years that most half-day mediations end up lasting 4 hours. This often leads to a

***Special attention should be made to the plaintiff’s list of assessable disbursements prior to the meeting.***



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# Monthly Webinar Series February Edition

## Scams & Schemes in the New Normal? Or is it the Same as Always?

**Presented by: Keith Elliott, Reed Research**

**Date: February 17, 2022 – 10am**

**Member Cost: Free Non-Member Cost: \$50.00**

Over 22 months later, after all the world has changed, do you think those that would fraud, scam, or be opportunist have changed their ways? Be it ways to breach online security, access more data, or capitalize on a weakness or loophole, these persons have not stopped. Instead, they have evolved and brought new perspectives on everything. Keith will pinpoint the latest attempts at fraud, how this is evolving and what the modelling and experts say is to come. This session will detail the evolution of the latest trends in investigating claims and conducting surveillance in the pending and post-pandemic era. Keith will offer his insights into the trends and the latest efforts and best practices designed to help protect you, the claims process, and your company. This presentation was recently made to the Association of Certified Fraud Examiners Canadian Fraud conference in November 2021, and received a 93% approval rating, so don't miss this one.



**Keith Elliott** is the CEO of Reed Research Investigations Limited, a Professional Investigation firm based out of Toronto, Ontario, Canada.

He holds an Honours Degree in Law & Security Administration, and additional diplomas in Private Investigations, Advanced Interview Techniques, Close Protective Services and is designated as a Certified International Investigator (CII), as well as being Certified by the Council of Professional Investigators

Ontario as a Master Investigator. Keith's entertaining, humorous and energetic speaking style has made him a sought-out speaker at many events. He has over 80 public speaking engagements, across Canada and Internationally, including having been a Keynote presenter, various times, to audiences of over 1500 people.

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last minute shuffle and rushing to ensure all parties can make it to their next meetings. The final hour is often crucial to negotiations as parties have worked through the details of the case and are in the thick of finalizing the deal and reaching a settlement. It is with this in mind that I changed my half-day mediations from three hours to four hours. Consider making this one of your criteria when selecting a mediator. You may find that your pending case-load drops and your settlement rates increase.

Part 2 of this article will be in the next issue of WP.



*Jonathan T. Cooper is the taller, younger and non-bow-tied mediator with Cooper Mediation Inc. He mediates primarily, but not exclusively, in the area of personal injury and insurance. Jon was recently inducted as a Fellow of the International Academy of Mediators. The IAM is an invitation-only organization consisting of the most successful commercial mediators in the world who must adhere to the highest practice and ethical qualifications. Jon can be reached at jon@coopermediation.ca or at (647) 260-1236.*

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# OIAA Career Day Panel Presentation



The Ontario Insurance Adjusters Association is once again pleased to welcome students from Ontario Post Secondary Schools that are enrolled in Insurance related programs. This year, we are inviting you to attend a panel discussion with Insurance Industry Experts.

**WHEN:**  
February 16, 2022  
10am to 12pm

**WHERE:**  
Zoom – Link will be provided to school contact a week prior to the event.



## MEET THE PANELLISTS



**Laurie Walker**, CIP, CRM

Laurie Walker is the President of Walker Consulting & Auditing. She is both a Past President of the OIAA and former Editor of WP Magazine. She has been an adjuster for more than 35 years and now moved into a Compliance Auditor and Claims Specialty trainer. She works with more than 25 Insurers and Brokers to develop and review operational matters, claims matters and procedural oversight.



**Robert Holmes**

Rob is an Executive General Adjuster and the Complex Casualty Practice Leader for Crawford & Company (Canada) Inc. In addition to handling a caseload of large and complex claims nationally, Rob leads a team of 25 adjusters handling losses in various specialty fields such as professional liability, environmental impairment, product liability and product recall. Rob is a frequent contributor to insurance publications and industry speaking engagements and was recognized as a Rising Star by Insurance Business Canada in 2021.



**Kevin Foster**

Kevin Foster brings a wealth of underwriting knowledge having amassed almost 20 years of experience in the business. Throughout his career, he has held several roles developing into a Senior Underwriter and then through to an Executive Office Quality Assurance Analyst, Commercial Lines Manager and now as an Underwriting Technical Specialist. Kevin is committed and passionate about the Commercial Auto line of business, and moreover, the development of others and new capabilities. This combination continues to propel him along his Commercial Lines journey.



**Lisa Vercillo**, CIP, CRM

Lisa currently holds the position of Chair for the Southwestern Ontario Chapter of the Insurance Institute and Manager of the Magenta brand at McFarlan Rowlands Insurance Brokers. She is also involved with many community & non-profit organizations and volunteers her time generously. Lisa is passionate about the insurance industry and excited about what the industry can offer to future entrants as a career path.



**Steven Moro**, CIP, FCIP, CRM

Steven Moro is the Vice President, Operations at HUB International's HUB Customer Central (HCC) 500 seat national contact centre in Windsor, Ontario. Steven has been in the insurance industry for over 24 years and is also responsible for opportunity development and implementation where he focuses on digital group and affinity programs in addition to employee engagement, facilities and providing operation support to several of HCC's national programs/brokerages.



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# Introduction to TPA/Corporate Account Management





Third Party Administrator (TPA) programs also referred to as Corporate Accounts, differ in many ways from traditional Loss Adjusting. They may operate within insurance companies as separate departments, but more often these accounts are managed by independent claims adjusting firms.

This article reviews the many ways that corporate accounts are differentiated from traditional loss adjusting.

*By Victoria Hanson, BA, RVP, RRP, CVP, CRM, ACS, CIP,  
Director of Sales, National TPA (Canada), Crawford & Company*

## Introduction to TPA/Corporate Account Management

In the insurance industry, a corporate account refers to when the named insured on a policy is a corporate entity or a corporation. The size, scope and exposures of corporate accounts vary depending on the industry, philosophy of the risk management team and insurance program. While the investigation of any claim is guided by the basic claims handling rules, protocols and principles, the workflow here is more specific to a particular industry and client structure. The insured, insurer, broker and independent claims adjusting firm collaboratively develop detailed claims handling instructions. Specifically, these instructions outline the role of each stakeholder involved, the logistical details of the insured, as well as various protocols that guide the claims management process





The adjusting firm is an extension of their client and is of the utmost importance in protecting the client's brand. The corporate client will face various exposures in occupiers' liability, product liability, property damage, errors and omissions, as well as other general liability exposures. In industries such as retail or hospitality, claims may be brought forward by the insured's customers. These common situations magnify the importance of protecting their brand while maintaining good customer relations. This is most critical and must be handled properly.

The independent adjusting firm will assign a program manager, commonly known as a Client Service Manager (CSM) or control adjuster to manage the overall account and assign licensed adjusters to incidents that require investigation. A passion for customer service, data integrity and organization skills as well as expertise in the assigned industry (eg. Real Estate or Construction) is arguably more important than specialization in a certain type of claim.

Furthermore, the CSM significantly contributes to the overall experience of a corporate client when working with an independent adjusting firm. This person will offer the expertise of a senior adjuster with varied skillsets such as data interpretation and analytics, quantification of reserves, handling payments, as well as strong organizational skills and accuracy in data capturing as the claim progresses and is the one point of contact for the corporate client.

The CSM role manages many facets of the program that would be left internally within the corporate account's risk management team or an insurer for handling. Risk Managers are tasked with managing their insurance portfolio with high

deductibles or self-insured retentions and come with varying background experience in financial, claims, legal, health and safety, fleet management or customer experience management to list a few. Their role can likely include many responsibilities outside of traditional insurance and include health and safety, prevention, risk control and mitigation, employee claims (workers' compensation) policy development and possibly compliance. The overall make up of the Risk Management team, areas of expertise, number of employees and capacity will often dictate the need to engage a claims provider/independent claims adjusting firm. An independent adjusting firm compliments the risk management team in providing claims services and are an important part of the Risk and Insurance Management program.

***The CSM role manages many facets of the program that would be left internally within the corporate account's risk management team or an insurer for handling.***

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In general practice, all incidents that may give rise to a claim are reported and triaged for investigation by the CSM. Some corporate clients may wish to report all incidents, including those that may not qualify as a claim. The CSM will triage these incidents and assign as needed should they develop into an actual claim. Incidents reported may vary, and include customer injuries, property damage due to fire or vandalism, automobile accidents, as well as injury or illness to employees either through work-related (Workers' Compensation) incidents or non-work-related (non-occupational). The CSM will report to the insurance carrier when a loss meets certain pre-established criteria, such as a total incurred reached a pre-established percentage of the retention or claims involving a serious injury. Any claim meeting a certain threshold must be reported to the insurer promptly as this is truly an integral part of the claims handling process.

The CSM is responsible for making certain the program handling instructions, previously discussed, are current, accurate and are adhered to by any adjuster involved in the handling of claims for that particular client. In addition, the CSM must maintain data integrity for each

claim, which includes specific bordereaux capture to identify trends, and to ensure financial integrity including accurate reserving and posting of financial transactions.

Delegated authority is part of many corporate programs, and this includes levels of approval and denial, as well as responsibility to report to the insurer when needed. The CSM is responsible for overseeing and managing this piece of the workflow. The level of authority will vary depending on the philosophy of the client and their comfort level extending authority. The adjuster assigned to the claim will take their instructions and approvals within the authority level from the CSM assigned.

If the agreement is to have the TPA maintain and administer a loss fund, funds will flow more efficiently, and the claim file will have greater accuracy in loss runs. The Risk Manager, in partnership with their broker will rely on this data for not only insurance renewals, but often for internal reporting, corporate filings such as earnings reports and new business bids (eg. Construction client bidding on new work in a municipality will need to show their loss history). The fund will be reconciled and replenished on a regular basis.



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# THE WP RADIO

## PODCAST NETWORK

As 2022 gets underway, we would like to thank every supporter of the OIAA and listener of WP Radio over the last year. With the 2021 season commencing with a ton of great content from Arcon Forensic Engineers and the SCM Group of Companies, we can't thank them enough for their continued support of the OIAA and WP Radio's programming. Without companies like them, the content produced over the last year wouldn't be possible and the people behind these brands are all critical to WP Radio's success.

We are excited to announce that WP Radio has an exciting new roster of podcasts coming to your ears in 2022. We've been working behind the scenes with a variety of brands on putting together some really great plans in place, to make sure the content and interviews will continue to captivate and educate listeners.

Leading the network into a new season of podcasts, WP Radio will be focused on featuring brands that you may not have heard of, but who are essential to the Ontario insurance industry. These may come in the form of interviews from founders of companies, or company spotlights on emerging brands that all play important roles in their spaces.

WP Radio also still has options for brands to sponsor podcasts for the upcoming season. If you would like your company to be featured on the network, please reach out at your earliest convenience to speak about show opportunities.

We can't thank everyone enough for their continued support of WP Radio and look forward to seeing you all in 2022. Stay tuned for the latest updates by subscribing to WP Radio wherever you listen to podcasts.

For more information on sponsoring a show, please contact [kieran@doherty664.com](mailto:kieran@doherty664.com) or [terry.doherty@aviva.com](mailto:terry.doherty@aviva.com).

The role of a CSM and the adjusters working on corporate accounts is exciting and filled with lots of opportunity and areas to contribute one's knowledge and experience in the corporate claims' world. I invite you to check the next issue of WP, where a Risk Manager will be discussing the role of a TPA from their perspective.



Victoria Hanson currently holds the position of Director of Sales, National TPA (Canada), at Crawford & Company (Canada) Inc. In this strategic role, she specializes in partnering with corporate clients facing various risks conducting business in the Canadian market and providing unique solutions in managing and mitigating their risks.

Victoria acts as the main point of contact for key stakeholders and is responsible for liaising at a strategic level, acting as a point of escalation on any high level service issues, identifying and communicating trend information, cost savings opportunities and best practices. She provides leadership and direction using innovative strategies in restoring and enhancing lives, businesses and communities - delivering Crawford's value proposition every day.

Throughout the span of her 19-year career with Crawford, Victoria started in the Hamilton branch as a case manager and then quickly progressed to branch and regional management roles and then into more progressive leadership roles including business development, large TPA program implementation and account management. Her tech-

nical and business skills continue to be of tremendous value to both internal and external clients.

Victoria has been actively involved in the Insurance Institute of Canada, specifically the Hamilton Niagara chapter for the past 10 years. She is currently the Chair of the Hamilton Niagara chapter. Victoria holds a bachelor's degree in Psychology and Kinesiology, post graduate certificates in Human Resources and Career Consulting, is a Certified Vocational Professional(CVP), Registered Rehabilitation Professional(RRP), Registered Vocational Professional (RVP), Associate Customer Service(ACS), Chartered Insurance Professional (CIP) and a Canadian Certified Risk Manager(CRM).

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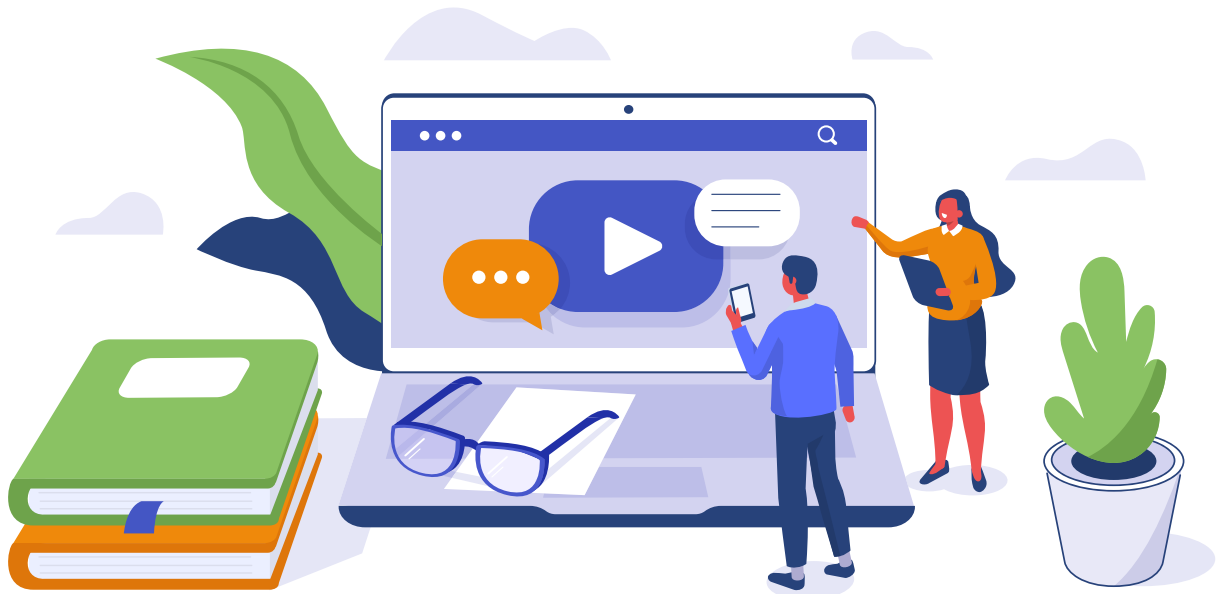
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# OIAA January Webinar

## *Expert Witness*

Presented by Barry Cox, Boghosian + Allen LLP



The OIAA would like to thank  
Barry Cox for his webinar  
presentation: *Expert Witness*



**Barry Cox** is Counsel at the law firm of Boghosian + Allen LLP. He has been certified by the Law Society of Ontario as a Specialist in Civil Litigation since 2013. In addition to representing Boghosian + Allen's municipal clients, Barry has a

diverse insurance defence practice encompassing personal injury, products liability and professional negligence matters. Prior to joining Boghosian + Allen in February 2016, Barry practiced with another prominent Toronto litigation firm. Over his 20 year career as a lawyer, he has acted for architects, engineers, insurance brokers, property developers, commercial property owners, paramedics, transportation companies and nursing homes.

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If you are an OIAA member or know of an OIAA member interested in running for this position, please contact **Simone Cybulski** at [Simone.Cybulski@sedgwick.com](mailto:Simone.Cybulski@sedgwick.com).

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- Recognition on OIAA website
- 1 Pass to the Networking Kick-Off Event on Tuesday October 4th, 2022

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# Get to know your Chapter

## OIAA Kitchener-Waterloo Chapter

The Kitchener-Waterloo chapter of the OIAA has been a staple in our region for over 50 years. The region is home to several respected insurers, adjusting firms, and industry vendors. True to our Bavarian style logo, at the end of September we are reminded that Oktoberfest is just around the corner with our annual trade show which kicks off our executive year.

Our chapter is dedicated to supporting a local charity. Money raised from our various events are distributed each June. This year, we selected Every Kid Counts which helps to make camp an option for every child and young person in Kitchener and Waterloo.

From September to June, we get together for several events. We eat, socialize, and learn. These include educational seminars where we bring in industry experts to navigate us through current issues in the property and casualty landscape.

In April, we host our annual Battle of the Bands. A night dedicated to giving insurance professionals a chance to become rock stars for a night and showcase their talent. This night also serves as our election night for the following executive year.

We conclude the year in June with our annual John McHugh Memorial Golf Classic, held at the Ariss Valley Golf and Country Club.

Throughout the pandemic the chapter has pivoted and continued to provide educational content and social interactions to our members. We continued to host webinars, and well it may have looked a little different than usual, we hosted our annual golf tournament in September. In December, we also launched our first annual virtual charity auction.

We have an amazing executive team. I want to start off by thanking our Toronto Delegate; Carrie Keogh, our Past President; Ellie Celestine, Vice President; Kayla Helmond, Treasurer; Mykal Reid, Secretary; Caroline Mansell, Social Directors; Warren Hamer and Matt Bowker, Directors; Keri Johnson and Jamie Renner, Financial Secretary; David Bushell, Social Media Director; Manish Patel, and Website Director; Paul Gullekson. Without your support and industry connections, we would not have such a great chapter! Thank you!

On behalf of the K-W OIAA, we would love to see you at one of our events and extend our sincere welcome! If you are interested in joining our chapter, or want to take part in our distribution email, please visit our website [www.kw-oiaa.ca](http://www.kw-oiaa.ca) for more information.

Have a safe 2022!

**Jeff Cronk**

OIAA Kitchener-Waterloo Chapter President



# Small Doesn't Equal Simple





In a rural part of Canada, a small mall suffered two wastewater treatment plant breakdowns in just six months. The cost of the subsequent claims for failure of mechanical components was surpassed by the significant additional expenses incurred while resolving the issues. And underwriters beware – breakdowns on this specific type of system might be more frequent than initially expected.

*By Jose Landrove, BEng, CIP, CRM,  
Executive General Adjuster,  
Sedgwick Canada*

*Photo credit: <https://www.yhenviro.com/showroom/dewatering-sludge-drying-machine-waste-water-treatment.html> (202009081435442115aa3826e74af5a34578c7bed3cd05, three-dimensional-structure-rotating30072061377)*

# Small Doesn't Equal Simple

## High Footfall

With a selection of around fifteen shops, restaurants and offices, all occupied by tenants, this mall is relatively small and remote. But situated right by a major highway, the footfall is significant, with customers visiting the gas station, fast food restaurant and coffee shop, all operating long hours, seven days a week. Many visitors make good use of the washroom facilities, and this is where much of the waste is generated.

The failure of the central RBC meant that the system would have to be regularly pumped out as the municipality wouldn't allow sewage to be dumped into the public network without treatment. Foul water could also start backing up into the various outlets in the mall.



Photo credit: RBC, Rogers Pass, BC <https://napier-reid.com/products/bio-rotortm-rotating-biological-contactor-rbc/> (DSC04498 - 6-Mono-Mills)



## The Rotating Biological Contactor

The RBC is a biological fixed-film treatment system. It's used following primary treatment, which removes grit, sand and coarse suspended material through a screening process.

The RBC then cleans the residual water to an acceptable standard for disposal into public sewers.

The system consists of a series of disks, made from plastic mesh (the media), bolted to circular metal frames, which are then attached to a central shaft. The shaft rests horizontally on several bearings and is partially submerged in a large basin, which collects the residual water from the mall.

The shaft is rotated by an electric motor through a simple chain-sprocket mechanism, circulating the water through the media so that bacteria and other microorganisms can 'eat' the organics in the water.

## Maintenance Contract

RBC systems are very simple in design and operation. There are quite a few standard models, but they are not always available as 'off the shelf' products, and, more often than not, they must be ordered well in advance.

The other issue is that existing designs tend to change, so when something breaks after six years in operation, it's highly possible that a specific system may have been discontinued – as was the case on this claim.

RBC systems are particularly effective in a small to medium community or industrial situation and should require little attention other than to check that the media continues to rotate. The mall has a long-running contract for the monitoring and maintenance of the RBC with a local

firm. And there's a CCTV system in place, with constant feeds to both the insured and the maintenance contractor's offices.

## First Breakdown

When the RBC failed on the first occasion, the original manufacturer was called in to inspect the system. They found that two flanges on the RBC's shaft, supporting two media packs, had fractured.

So, new flanges had to be welded to the shaft and the media packs replaced. This incident was defined as accidental mechanical failure and was covered under the insured's Equipment Breakdown Policy – the recommended property damages reserve was C\$8,000, less the policy deductible.

However, substantial additional costs were incurred during the downtime. The mall has an exemption on sewage charges from the municipality as their residual waters from the RBC system – when it's in operation – are treated. Following the RBC failure, they had to hire a contractor to pump the wastewater into trucks, and then dispose of the effluent.

This also put additional pressure on the maintenance company, as the basin levels had to be constantly monitored.

The septic cleaning service cost C\$595 per trip, and on days when the mall had been particularly busy, it was emptied twice a day. Costs totalled almost C\$25,000, across the period when the RBC was initially out of commission.

## Second Breakdown

Just over six months later, the RBC experienced another breakdown – this time, the main shaft had seized. We inspected the damaged shaft, after it had been removed from the



***To complicate matters, the RBC manufacturer had been acquired by another firm, and the original system design was being phased out.***

basin, and there was clear evidence of metal fatigue and corrosion. This had caused it to fracture, and the RBC would now have to be completely replaced. The manufacturer stated that it would take at least three months as new parts needed to be fabricated, and there was a significant lead time in the production schedule.

#### **Small Becomes Big**

To complicate matters, the RBC manufacturer had been acquired by another firm, and the original system design was being phased out. It was a change, rather than an 'upgrade,' but nevertheless, it required the complete replacement of the media packs – two of which were only a few months old. Given the condition of the previously replaced media packs, arguably, the two older discs needed replacing anyway.

Again, this was accidental mechanical failure and was covered under the terms of the insurance policy.

The recommended reserve to replace the equipment on this occasion was just over C\$116,000. And the additional costs of septic cleaning of the basin on a daily basis, while the RBC was out of commission, came in at just over C\$139,000.

So, the combined costs to rectify two relatively small and straightforward engineering failure issues were completely eclipsed by the expenses incurred on the wastewater pumping services which were needed to provide a temporary solution to the problem.

#### **Underwriting Notes**

Some brief research into this topic revealed that cracking, fatigue and



## **Black History Month in Canada**

Black History Month began in the United States in February 1926, through the work of African American scholar Dr. Carter G. Woodson. His aim was to raise awareness and understanding in the school curriculum of the African experience around the world. The United States began to formally celebrate Black History Month in the 1960s. Through community activities, organizers sought to present a more balanced and accurate picture of Black history.

In the 1950s, community organizations began to celebrate the importance of the history of the black community in Toronto. In 1979, Toronto became the first municipality in Canada to proclaim Black History Month through the efforts of many individuals and organizations such as the Ontario Black History Society. In 1995, Toronto Area MP Jean Augustine introduced a motion that was passed unanimously by the House of Commons to recognize Black History Month across Canada.

Black History Month is an opportunity for us at the OIAA to recognize the past and present contributions that African Canadians make not only to the Insurance Adjusters fraternity in Ontario but also in such areas as education, medicine, art, culture, public service, economic development, politics and human rights.

shaft collapse was a common cause of failure in RBC installations in the late 1990s.

Through further investigations, it became evident that this type of RBC breakdown might be more frequent than anticipated, given the working principle of the mechanism. Over time in operation, the bacteria grows within the media packs, and the sediment, grease and solids from the wastewater builds-up, making the discs heavier and heavier. This build-up isn't uniform and will very likely get to a point where the cyclical momentum creates imbalanced rotation, which puts the RBC shaft under additional stress.

Given the high footfall through this small but busy mall and the volume of wastewater being processed through the system, this would explain the cause of the two RBC shaft failures.

### Eyes and Ears

While both losses were covered under the terms of the policy, as the 'eyes and ears of insurers,' it's within our remit to alert clients to the aggravation of any type of risk. We subsequently provided insurers with loss scenarios, outlining how these systems 'behave' and how they can break, as well as the most frequent cause. Insurers can then reassess their position and introduce cutoff dates for when designs change and guidelines to accurately assess the soundness of the RBC when considering the risk.

This claim demonstrates how it doesn't pay to assume that just because the value of the equipment is low, or the location doesn't seem particularly high profile, it won't have the potential to create significant losses. And it's our job to make sure we highlight any risk character-

**While both losses were covered under the terms of the policy, as the 'eyes and ears of insurers,' it's within our remit to alert clients to the aggravation of any type of risk.**



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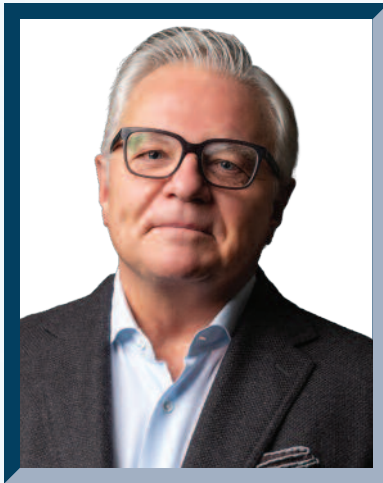
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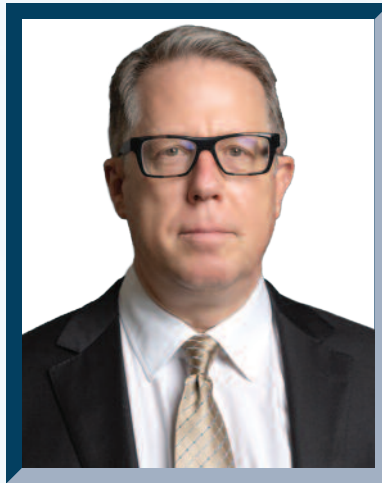


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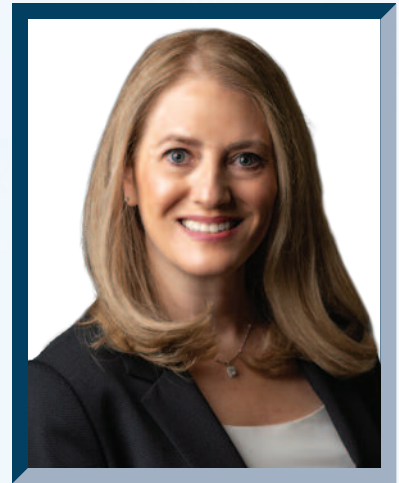
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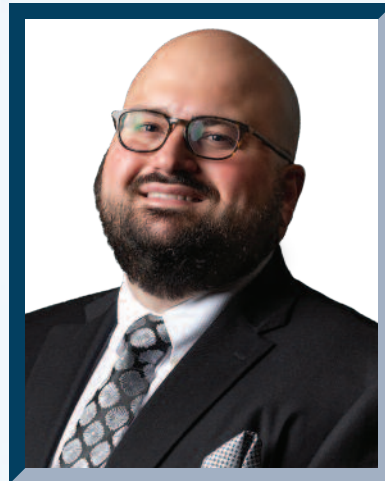
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istics that suggest losses might become more frequent and severe than expected at the outset.



*Jose Landrove is an Executive General Adjuster for Sedgwick's Major & Complex Loss Division; he is also Canada's Lead for the Equipment Breakdown specialty, and Canada's contact for Sedgwick's Global Power Practice network. Having completed studies in Mechanical Engineering, specializing in Materials and Failure Mechanics, Jose started his Insurance career in 1998 in a role that combined Forensic Engineering and Loss Adjusting. His education and experi-*

*ence have allowed him to handle basic to complex projects on both the Claims and Loss Control (Risk Assessment) areas. His professional focus has been on Boiler & Machinery, Energy and Engineering risks. He has also occupied diverse Claims roles, from Field Adjuster to Senior Management. Jose has also held Non-Destructive Testing and National Board licenses with practical field experience inspecting and diagnosing equipment of diverse nature. Passionate about his career, since 2014 Jose has been an Instructor for the School of Continuing Studies of the University of Toronto, teaching for their Risk Management Certificate, which students take towards their CRM designation.*

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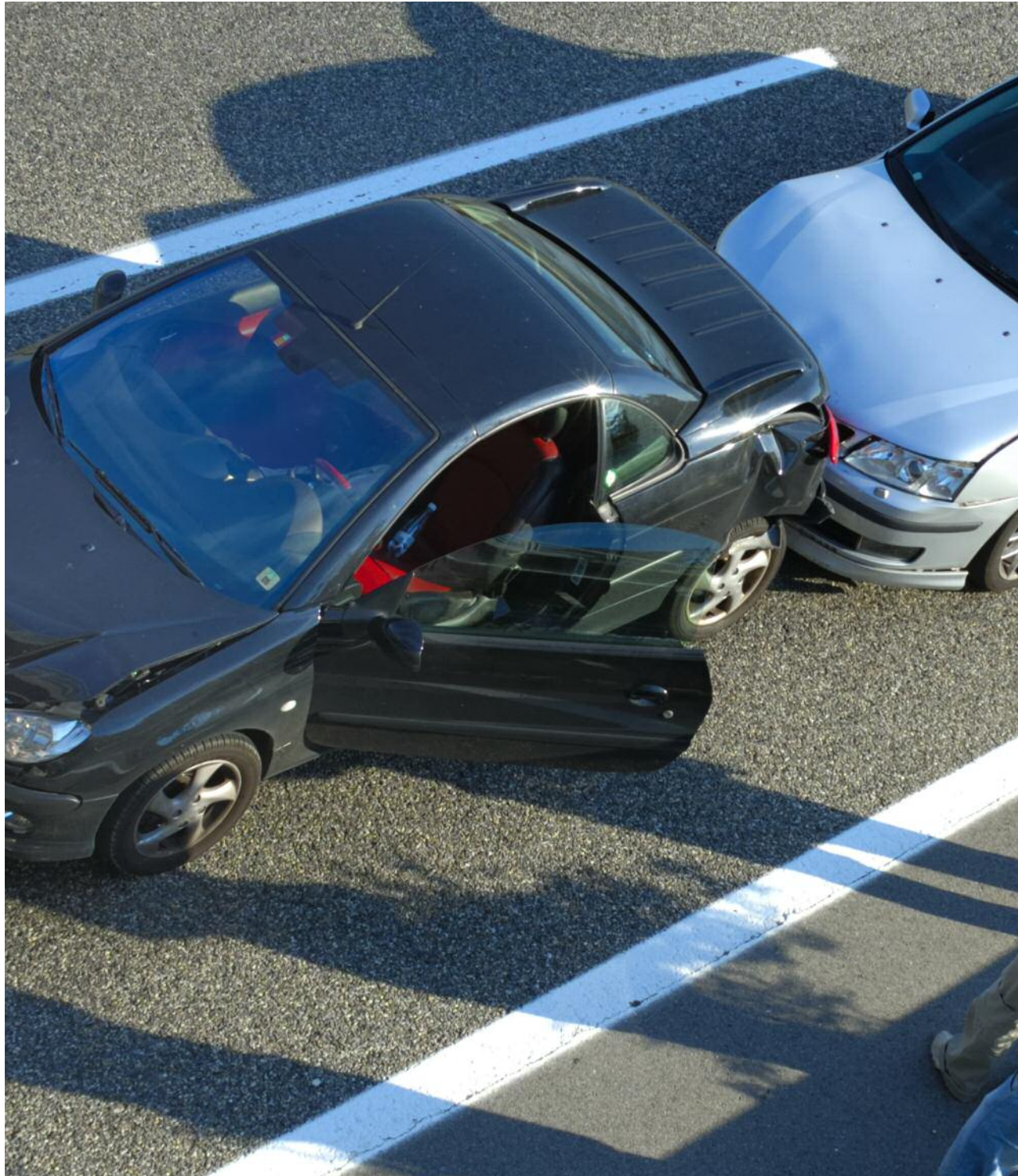
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# Fraudulent Collision Claims in the Aftermath of COVID-19





Experience has taught us that significant economic recession or industry policy changes can have a direct effect on the number of fraudulent collision claims. For example, we saw a surge of fraudulent collision claims in the aftermath of the 2008 recession and in response to insurance industry reforms in 2010, attributed to fraud rings. In 2014, some estimates put the cost of fraudulent claims as high as \$1.6 billion.<sup>1</sup>

*By Raffi Engeian, B.A.Sc., MBA, P.Eng.  
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Collision Reconstruction and  
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30 Forensic Engineering.*

## Fraudulent Collision Claims in the Aftermath of COVID-19

With the effects of COVID-19 expected to reach record levels and lead to unprecedented economic fallout, there is little doubt that the insurance industry will see a surge in fraudulent claims. The imposed lockdown on the economy and mandatory social distancing, while effective and necessary to combat the virus, has already led to job losses and public disenfranchisement. This may result in some folks resorting to desperate measures in an attempt to regain what they've lost, leading to opportunistic fraud, and others to take advantage of the system by more nefarious means, such as staged collisions or through the resurgence of fraud rings. We may very well see a surge in potentially fraudulent cases exceed what the industry currently experiences.





In any event, just as society has taken steps to prepare for the COVID-19 virus and has embraced efforts to ‘flatten the curve,’ so too must the insurance and legal industries prepare for the looming threat of fraudulent claims. As an expert, it is therefore imperative to maximize the use of the latest tools available to be able to differentiate between fraudulent claims and legitimate ones. Using specialized expertise, experience, and technology will be key in discerning fact from fiction. Hiring the right expert will prove invaluable in determining the nature of the incident while maintaining objectivity and fairness to ensure that would-be fraudsters do not take advantage of the system.

**Investigating Modern Day Fraudulent Collision Claims**

As collision reconstruction experts, we consult our clients on a wide variety of collision scenarios. Pedestrian impacts, low-speed rear-enders, intersection collisions, and centerline crossings make up just a portion of the types of collision scenarios we investigate. Such investigations typically focus on liability and who is at fault for the collision, and the collision itself is generally accepted as a fact.

One of the more contentious types of investigations we undertake are those relating to suspected fraudulent collision claims. In these cases, we are tasked to determine if a collision occurred as reported, if at all. In other words, the claim is suspected as potentially disingenuous, and therefore, open to denial. Denied claims of this type can be challenged in courtroom settings; surely, nobody wants to be labelled as a ‘fraudster,’ whether this be true or false.

***Using specialized expertise, experience, and technology will be key in discerning fact from fiction.***



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## Suspected fraudulent investigations require an additional level of expertise and experience as they can differ from traditional forms of collision reconstruction.

When trying to identify the nature of a vehicle's interaction with other vehicles or objects, attention to detail is of utmost importance.

Having investigated hundreds of suspected fraudulent collisions, we have identified several possible incident types, each with their own unique characteristics. These incident types are listed below:

1. Intentionally staged collisions (i.e., fake collisions and fraud rings);
2. Intentionally staged collisions with innocent third parties. These are real collisions that are set up by fraudsters to target an innocent person (i.e., 'swoop' in front of another vehicle and intentionally hit the brakes so that their vehicle is rear-ended, then blame the innocent party and initiate an injury claim);
3. Real collisions that are intentionally misrepresented (i.e., an individual is involved in a collision but reports it as a 'hit-and-run');
4. Real collisions that are honestly reported as a 'hit-and-run' (i.e., an individual unknowingly damages their car, then reports it as a 'hit-and-run');
5. Disingenuous injury claims arising out of rear-end collisions (often relating to low-speed collisions); and
6. Theft or vandalism claims.

The role of the expert is to dispassionately opine on the causes of vehicle damage and the physical circumstances surrounding an incident. The validity of the reported circumstances is tested against the physical evidence. In this sense, experts should not formulate opinions regarding intent; that should be left for the triers of fact to decide.

Fortunately, there are several methods that can be used to identify the validity of such reported claims, ranging from traditional collision reconstruction techniques to using the latest technologies, examples of which are described below:



Figure 1: View of an airbag control module from a passenger vehicle. This module's secondary function is an event data recorder (EDR) to capture collision related information.

### Hi-Tech Methods

Two technologies lend themselves particularly well to investigating suspected fraudulent claims, and both methods have been developed to access data recorded by vehicles.

The first of these technologies, the Bosch Crash Data Retrieval system,<sup>2</sup> accesses a vehicle's event data recorder or 'EDR' (also known as a 'black box,' as seen in Figure 1). EDR's have been integrated into vehicles since the 1990s but have pervaded the automotive industry only in recent years. These devices are a secondary function of a vehicle's airbag control module (responsible for deploying airbags, when neces-

sary). When a collision occurs, a snippet of vehicle- and impact-related data is captured and recorded by the EDR, including parameters such as speed and brake application in the moments before. While this information can be volatile or stored permanently, it can provide investigators with valuable information to aid in reconstructing collision circumstances.

The second technology, the Berla iVe system,<sup>3</sup> is a more recent technological advancement compared to the EDR. This system was initially developed to retrieve data from stand-alone GPS units, but has since been rejigged and repurposed to access information from vehicle 'infotainment' systems (Figure 2). Infotainment systems are now common in the automotive industry and are expected by modern day consumers to be present even in the base models of passenger vehicles. These systems act as a central hub for various vehicle controls, information, and entertainment, hence the name.

Unbeknownst to most people, infotainment systems record a variety of vehicle data as well as personal data that is almost always permanently recorded to memory. In a sense, your vehicle 'knows' a lot about you. Of particular interest, date-stamped GPS data can be captured, which can provide insight into where a vehicle is on a given date and time.

Once a mobile device or media player is connected to an equipped vehicle, other data can be automatically uploaded and stored, including contact logs and media playlists. Infotainment systems can also automatically store call logs, text messages, and media (such as videos).



Figure 2: View of a typical vehicle infotainment system interface 4 (original source: Honda).

**Pro-tip: Be mindful about connecting your mobile device next time you rent a vehicle; your personal data is likely to be uploaded to the vehicle's infotainment system and left for others to discover.**

<sup>1</sup> Harris, C. (September 30, 2012). "Target Fraud." Canadian Underwriter. Retrieved from <https://www.canadianunderwriter.ca/features/cc-target-fraud/>

<sup>2</sup> <https://www.boschdiagnostics.com/cdr/>

<sup>3</sup> <https://berla.co/>

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<sup>4</sup> Image retrieved from <https://www.cnet.com/roadshow/news/car-infotainment-system-automotive-tech-guide/>



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Mr. Nishan Perera is an Associate in the Collision Reconstruction team at 30 Forensic Engineering. He holds a Bachelor of Applied Science (Mechanical Engineering) with a focus on Automotive Engineering. He is specialized in the forensic video analysis of CCTV, cell phone and dashboard

camera footage, as well as the application of photogrammetric techniques to extract measurements and locations of objects from photographs. Nishan has been involved in conducting vehicle examinations and extracting 'Black Box' Data, as well as the investigation of numerous collisions involving, automobiles, motorcycles and pedestrians. Prior to his career in forensic engineering, Nishan specialized in tool and product design in the manufacturing industry and has investigated aerial lift failures and product liability issues relating to aerial lifts across the United States. Nishan can be contacted at [nperera@30fe.com](mailto:nperera@30fe.com)

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## ***From Around the World...***

### **Food Crime: A growing global issue**

COVID-19 is driving a 37% increase in food fraud cases globally. Worst hit are spirits, wine and honey, and they predict that the situation could be even worse.

Food crime – also referred to as ‘food fraud’ – is often only recognizable when it directly impacts you or those close to you. Reports suggest there has been a 37 % rise in food fraud cases, taken from both official sources and media reports when comparing the first half of 2020 to the same period in 2019. The worst-hit categories were spirits, wine and honey. Adulteration cases increased by 30 %, and counterfeit incidents by 47 %. Research by the Wageningen Food Safety Research Institute in the Netherlands, published in October 2020, also found that food supply chains were increasingly vulnerable to fraud due to the disruption caused by the pandemic.

#### **INTERPOL**

The issue has even reached Interpol. Jürgen Stock, Interpol Secretary-General at the time said: As countries around the world continue their efforts to contain COVID-19, the criminal networks distributing these potentially dangerous products show only their determination to make a profit. The scale and variety of food and drink seized serves as a reminder for members of the public to be vigilant about what they buy, and the need for continued vigilance and action by law enforcement.

#### **WHAT IS FOOD CRIME?**

It's the deliberate misrepresentation of food and drink for financial gain. It can lead to a serious risk of harm for

consumers, and in brand terms, financially impact businesses and the wider food industry. It occurs in various ways, ranging from isolated acts of dishonesty by individual offenders to organized illegal activity coordinated by criminal networks. There are seven basic food crime techniques: Adulteration – an extraneous substance is added to a food product, reducing its quality. This is done to lower the cost or fake a higher quality product while increasing volume. Substitution or dilution – part or all of a food product is replaced with a similar substance without necessarily altering the product's raw characteristics. Or a cheaper alternative is added to a high-value ingredient, therefore, diluting it. Misrepresentation – a product is labelled or marketed to portray its quality, origin, freshness or safety incorrectly, or the product or ingredients are illicitly produced as replicas of a genuine product. This deliberate act of deception claims that a product is something it's not, usually for economic gain. Theft –

food or drink misappropriated by illegal means for use or sale resulting in a profit. Unlawful processing – unapproved premises or unauthorized techniques used usually during the slaughter and preparation of meat. Document fraud – using false documents to sell or market a fraudulent product. Waste diversion – unlawfully diverting food, drink or feed meant for disposal back into the supply chain. And this is an area that can frequently involve insurers.

#### **IS FOOD CRIME NEW?**

Food crime isn't anything new. Previous high-profile cases include:

- 2009 – disgruntled worker spread peanuts around a nut-free factory
- 2013 – activist group threatened to maliciously contaminate major food and drink brands with hydrochloric acid
- 2018 – reports of needles hidden in strawberries in Australia

#### **HOW DOES IT HAPPEN?**

For food crime to happen, there has to be vulnerability in the food supply chain. There are three key components that give rise to food crime vulnerability:

- Opportunity – which depends on



two things: — Ease to commit the crime — Difficulty of detection

- Motivation – Common triggers are financial benefit, cultural influences, and behavioral factors.
- Absence of control measures – If a food fraudster recognizes the opportunity and is motivated to commit food crime, then lack of suitable control measures will create the opening. The missing control measures might include fraud monitoring and verification procedures, supplier auditing, quality control, whistleblowing guidelines and protection, and legal enforcement.

**WHEN DOES IT OCCUR?**

Food crime can occur at any stage in the food supply chain. From the early stages – such as harvest, manufacturing, packaging, and distribu-

tion processes – until the preparation and serving of the final food product. However, it's most likely to occur close to the start of the supply chain, as more opportunities exist, with less chance of quality control.

**HOW DOES THIS AFFECT INSURANCE COMPANIES?**

Food deemed unfit for human consumption, including food written off by an insurance company, can sometimes find its way back into the human food supply chain. Food that's thought to have been destroyed can be sold to unsuspecting businesses and consumers through various channels. If this food is then illegally placed on the market, the insurance company risks suffering reputational damage. A recent case in Ireland highlighted how food that was due to be

destroyed was smuggled back into the food chain, which clearly demonstrates the potential risk for insurers.

**BEST PRACTICE IS:**

- Request verifiable proof of destruction before settling a claim
- Understand and verify what's going to happen to food afterwards
- Food brokers must be registered with the local authority's environmental health service.
- If you are concerned that food unfit for human consumption has entered the supply chain – inform the necessary authorities.

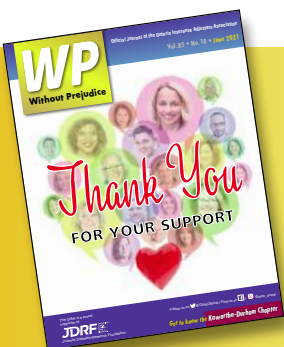
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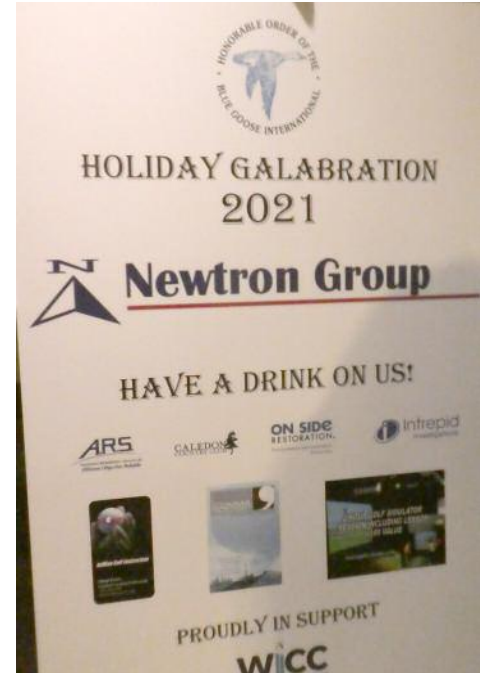
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On November 30, 2021, the Ontario Pond of the Blue Goose International hosted a Holiday Galabration at Cibo Wine Bar Yorkville in support of WICC (Women Insurance Cancer Crusade).

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If you have any inquiries or comments, please contact us.

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# Final Report .....

*Carrie Keogh, Kitchener-Waterloo Chapter Delegate*

Winter has finally arrived, thanks to a fresh dumping of snow – which resulted in transport trucks being stuck on the 401, neighbours helping each other dig their cars out and kids getting a “snow day” on their first day back in classes following a few weeks of online learning.

We are just around the corner of the 2-year mark of this pandemic (or at least since it started affecting us here in Ontario). I am amazed how we have all adapted to our continued “remote working” set-ups, safety protocols, parents having to work and help their kids with online school, research on the “best masks”, and even finding a new hobby.

And I know, as a parent who worked through it all, that WE ARE EXHAUSTED! Everyone I have talked to recently tells me the same thing: They just want this all over with, to get back to normal. No more Zoom meetings, no more restrictions. Letting kids be out with friends, being able to go to a restaurant with friends. And travel! And I get it all. I am just as exhausted! But I have also found some enjoyment in having some time off the rush and hustle of “pre-pandemic life”. My kids play hockey and I am used to 7am Saturday morning ice times but it is nice to have a bit of a break. We spent last summer camping more than any other year, enjoying what beautiful Ontario has to offer. Our last camping trip in 2021 was in September and it rained all weekend but it was quiet and relaxing and hikes to the lake, even in the rain, were just what I needed to recharge.

We know we still have time before “normal” is back in our lives. But I challenge you to find something new for yourself in 2022, something that focuses on your self-care. There are so many simple things out there like reading, hiking, puzzles, even taking 20 mins a week to have a bath! My goal is to find a new hiking trail every month with my family. I find my calm in the middle of the forest in the dead of winter, where all you can hear is birds and the creak of the trees. Clean and still, fresh air – 5 minutes alone is enough to get me through the next few days. And I’m always up for a hike, if you find yourself in Waterloo Region!

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Official Journal of the Ontario Insurance Adjusters Association

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I look forward to hearing from you.

**Tena Allen**, **WP** Advertising Manager

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