MetLife Auto & Home®
Claim Customer Bill of Rights

- You have the right to 24/7/365 good faith claim-handling service.
- You have the right to courteous, honest and nondiscriminatory service from people who care about your needs.
- You have the right to choose a repair shop or rental company. If you need assistance, we can recommend one convenient to you.
- You have the right to an appointment for a vehicle inspection that is convenient for you (when your car is safely drivable, i.e., at your place of business, residence, etc.)
- You have the right to guarantee of vehicle repairs made at a Guaranteed Repair Shop (even if you move out of state) as long as you own the vehicle.
- You have the right to request assistance in locating a home repair contractor.
- You have the right to a two-year warranty on any home repairs completed by our General Contractor Network.
- You have the right to the service of a dedicated National Catastrophe Response Team following a natural disaster.
- You have the right to a complete explanation of your settlement.
- You have the right to voice your compliments and concerns about your claim handling.
- You have the right to leverage partnerships we have formed that promote safety awareness and product discounts.

Thank you for being a MetLife Auto & Home® customer.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its Affiliate, Warwick, RI

Top Ten Claim Differentiators at Point of Sale

1. 24/7 Claim Service
2. Guaranteed Repair shops to assist in getting autos repaired quickly
3. Customer contact within 24 hours of the time the claim is reported
4. Insureds speak with an employee of MetLife Auto & Home
5. Coverage Plus included free of charge (except MetGen)
6. Deductible Savings Benefit (except MetGen)
7. Coverage A+: provides uncapped replacement cost for the insured's home
8. GrandProtect offers one deductible even if more than one kind of property is damaged
9. Regional Field Claim Offices to handle our customer’s claims
10. Use eSERVICE, www.eservice.metlife.com, to check claim status

Top-Twelve Sales Questions about Claims

Below are the Top-Twelve questions agents ask most about MetLife Auto & Home's claim process.

To see the question and answer, place your mouse pointer on the question then hold down your Crtl button and click on the question. You will be taken directly to the question and answer.

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1. Describe the claim process from start to finish.

Auto:
Quick answer:

1. Customer sustains a loss and calls MetLife Auto & Home to report the loss.
2. The first notice of loss (FNOL) is taken by our Initial Action Team (IAT) located in St.Louis, MO or Freeport, IL.
3. An IAT representative uses a script to help obtain facts regarding the loss.
4. An IAT representative creates a new claim in our CHARLIE claim system.
5. If the customer has substitute transportation coverage and his or her vehicle is not drivable a rental can be set up. IAT may set up an assignment for a Guaranteed Repair Shop (GRP) or a staff inspection.
6. The claim is electronically transferred to a field claim office (FCO) to confirm coverage and set reserves.
7. If an assignment was not made by the IAT the FCO makes the appropriate inspection assignment. If needed and coverage is afforded a rental reservation is made.
8. A thorough investigation into the facts of the loss is conducted by the FCO.
9. Damages are evaluated for appropriate payment to the customer. We work with the shop of the customers choice to ensure repairs are completed properly and in a timely fashion. Further evaluation is completed taking into account any liability for potential payment to a third party.
10. Settlement is negotiated and checks are issued to the appropriate parties.

Details:
1. A claim may be reported by calling 1-800-854-6011 anytime of the day or night. The FNOL is taken by our Initial Action Team (IAT) located in St.Louis, MO or Freeport, IL.(FNOL) The report may come from the customer, claimant, agent, attorney etc. If the information is mailed in, it is entered into our claim system. Our preference is to receive the information by phone as soon as the loss is discovered so there is no delay in reacting to the loss by the claims department.
2. If the loss is reported by phone the IAT asks the caller a series of detailed questions from a script to obtain all available facts regarding the loss to allow them to setup the claim in our claim system. The IAT records the location of vehicles, names, addresses and phone numbers of involved parties (including passengers and witnesses), police report information, and any injury information. All of this information is recorded in the claim file. If the insured has substitute transportation coverage and his or her vehicle is not drivable a rental can be arranged. The IAT may set up an assignment for a Guaranteed Repair Shop (GRP) or a staff inspection. If the shop is in our guaranteed repair network, the insured can go to the shop and we will work directly with the shop through the repair process. GRP repair work is guaranteed for as long as the insured owns the car.
If the insured chooses a shop outside our network an appraiser may be assigned to inspect the damages or we may review the estimate so we can reach an agreement with the shop for the cost of related repairs. Any additional damages found during the course of repair may necessitate a reinspection by the appraiser who will reach a revised agreement with the repair shop. While we can not anticipate delays resulting from parts orders, we will work with the shop to ensure that the repairs are completed as quickly as possible.
3. The claim report is electronically transferred to a Field Claim Office (FCO) to confirm coverage and set the necessary reserves. We have adjusters working in the field across the United States and 9 FCOs. The FCOs are located in Albany, NY; Charlotte, NC; Dallas, TX; Freeport, IL; Lowell, MA; Bloomfield, CT; St. Louis, MO; Tampa, FL; and Warwick, RI. We have many specialists that may handle a part of the claim. The claim representative reviews the policy and endorsement information to confirm coverage. If there are coverage issues, an investigation is conducted.
4. If an assignment was not made by the IAT the FCO will make the appropriate inspection assignment. If needed and coverage is afforded a rental reservation can be made.
5. The FCO conducts a thorough investigation into the facts of the loss which may include the following depending on the type of loss: contact with all parties to obtain the facts of the accident from their points of view, a review of the police report (if available), an inspection of the damaged vehicle(s), a review and evaluation of the physical damage to the vehicle(s), scene photos or a scene investigation, and gathering of medical information (if necessary).
6. The damages will be evaluated for appropriate payment(s) to the insured. After we receive the FNOL, the insured tells us which body shop is preferred for repairs. If the shop is in our GRP, the insured can go to the shop and we will work directly with the shop through the repair process, and guarantee the work for as long as the insured owns the car. If the insured chooses a shop outside of our network, we will assign an adjuster to review the estimate and most likely inspect the damages to reach an agreement with the shop for the cost for related repairs. Any additional damages found during the course of repair may necessitate a reinspection by the appraiser who will reach a revised agreement with the repair shop.

While we cannot anticipate delays resulting from parts orders, we will work with the shop to ensure that the repairs are completed as quickly as possible.
Further evaluation based on the information compiled from the investigation is completed taking into account any liability for potential payment to a third party.
7. If it is determined that we are liable for part or all of the damages sustained by a third party (taking jurisdictional information into account), a settlement will be negotiated with the claimant or his or her representative. The check(s) will be issued to the appropriate individuals. If the insured is not at-fault for the accident, the file is transferred to our subrogation department to facilitate the recovery process.

Home:

Quick answer:

1. Customer sustains a loss and calls MetLife Auto & Home to report the loss.
2. The first notice of loss (FNOL) is taken by our Initial Action Team (IAT) located in St. Louis, MO or Freeport, IL.
3. An IAT representative uses a script to help obtain facts regarding the loss.
4. New claim is created in our CHARLIE claim system.
5. A licensed adjuster contacts the customer within 24 hours of the time the claim is reported to review the details of the claim, policy coverage, deductibles and the scope of damage.
6. If a field assignment is necessary to generate the repair scope this request is created by the inside adjuster. Depending on the state and type of loss the damage may be inspected by a staff adjuster, general contractor or independent adjuster.
7. The estimate for the repairs will be combined with the coverage details and any other facts necessary to help conclude the claim.
8. The adjuster reviews the coverage determination with the customer and the estimate associated with the covered repairs. Any limitations, deductibles, and depreciation is reviewed at this time with the customer.
9. A settlement letter, copy of the estimate and any payments are issued to the customer.

Details:
1. Our customer may report a claim by calling 1-800-854-6011 anytime of the day or night. The customer provides the FNOL to one of our IATs. We have two IAT locations; St. Louis, MO and Freeport, IL.
2. The IAT walks the customer through a series of questions that are keyed into our claim system called Charlie. The Charlie system includes scripting and many fields that help us capture the key facts related to the loss. If the type of loss or loss report indicates that emergency services are needed the IAT representative will offer assistance. MetLife Auto & Home has a national agreement with ServiceMaster to provide emergency mitigation service. If this option is accepted by the customer the IAT will immediately make the referral to ServiceMaster and within 30 minutes (in most cases) the vendor will make contact with the customer to confirm immediate response. Most of the time the mitigation contractor is at the loss in less than four hours from the FNOL. Once the assignment is completed a claim number is generated and next steps are reviewed with the customer.
3. The report is then electronically transferred to the appropriate field claim office (FCO) to confirm coverage(s) and set reserves. We have adjusters working in the field across the United States and five FCOs. The FCOs are located in Albany, NY; Charlotte, NC; Dallas, TX; Freeport, IL; and Bloomfield, CT. We also have additional specialization, including Property Loss Specialists (service major losses), the National Homeowner Team (service for theft, subrogation, inside catastrophe), and the National Catastrophe Team (field catastrophe response).
4. A licensed adjuster will contact the customer within 24 hours of the time the claim is reported to the IAT to review the details of the claim, policy coverage(s), deductibles, and the scope of damage. The adjuster gathers additional information relative to the loss and damage to the home or personal property.
5. If the scope of the investigation or damage estimate can't be concluded on the phone a field assignment may be generated. Depending on the state and type of loss the damage may be inspected by a staff adjuster, general contractor or independent adjuster.
6. The adjuster evaluates the information gathered to support the settlement of the claim including the estimate for the repairs, coverage details, police/expert reports, and any other facts necessary to help conclude the claim.
7. The adjuster will contact the customer to review the claim report and discuss the settlement of the loss. This discussion could include coverage determinations, a review of the estimate for damages for the covered repair. Any limitations, deductibles, and depreciation are reviewed at this time with the customer. Most MetLife Auto & Home policies provide for actual cash value (ACV) settlement pending the completion of the repairs. If the customer has a replacement cost (RC) policy the adjuster will discuss how the customer can recover the depreciation applied to the loss estimate.

8. The adjuster forwards a settlement letter, copy of the estimate and any payments owed to the customer. The customer is encouraged to contact the adjuster with questions he or she may have once they receive this information.

No Fault/Personal Injury Protection (PIP)/Auto Medical Expense:

Quick answer:

1. Customer sustains a loss and calls MetLife Auto & Home to report the loss.
2. The first notice of loss (FNOL) is taken by our Initial Action Team (IAT) located in St. Louis, MO or Freeport, IL.
3. The report is then electronically transferred to the appropriate field claim office (FCO). If there is an Eligible Injured Person (EIP), the file is split to a first party adjuster. The property damage portion remains with the property adjuster.
4. The claim representative collects information by contacting the EIP, his or her attorney, and/or his or her treating provider.
5. Bills are submitted and reviewed for reasonableness, causal relationship and medical necessity. Bills are audited for proper coding and are applied a fee schedule as appropriate.
6. Each file is medically managed by monthly monitoring until treatment is complete. If treatment or testing is questionable the file is referred for an impartial medical review or exam.
7. The file is closed when treatment is complete or benefits are exhausted.

Details:
1. The first notice of loss (FNOL) is taken by our Initial Action Team (IAT), located in St. Louis, MO and Freeport, IL. The report may come from the customer, claimant, agent, attorney, adverse carrier, etc. If the information is mailed in, it will be entered into our claim system. Our preference is to receive the information by phone as soon as the loss is discovered so there is no delay in reacting to the loss by the claims department.
2. If the loss is reported by phone the IAT asks the caller a series of detailed questions from a script to obtain all available facts regarding the accident to allow them to setup the claim. The IAT records the location of vehicles, names, addresses, and phone numbers of involved parties. The IAT also asks questions about passengers, witnesses, police report information, and some injury information. All of this information is recorded in the claim file.
3. We have many specialists that may handle a part of the claim. The report is electronically transferred to an FCO to confirm coverage and set reserves. The claim representative reviews the policy and endorsement information to confirm coverage. If there are coverage issues an investigation is completed. The claim representative explains the coverages and claim process to the customer. If there is an Eligible Injured Person (EIP), the file is split to a first party adjuster. The property damage handling remains with the property adjuster. Auto medical claims are handled in the same FCO as is the property damage claim.
4. Upon initial handling, the first party adjuster makes contact with the EIP or attorney to determine the current injury, prior injury history, preexisting conditions, details on treating providers and income loss. The treating provider is contacted to determine the EIP's treatment plan and status. A PIP application, medical authorization, and wage verification forms are mailed to the EIP to be completed and returned in order to begin the claim process.
5. When medical bills are received by the adjuster they are reviewed for reasonableness, causal relationship, and medical necessity. In addition medical bills are audited for review of appropriate coding, duplicate charges, usual and customary charges, and against a fee schedule. Usually medical records are also required before the bills are considered for payment.
6. Monthly follow-up contacts are made to the EIP, attorney, and provider. Treatment is reviewed for frequency and duration. If there is questionable testing or treatment an independent impartial review or exam is requested.
7. The file is closed when treatment is complete or benefits are exhausted.

2. Do customers speak to a MetLife Auto & Home adjuster or to an independent adjuster? Where are MetLife Auto & Home adjusters located? What is the difference between a property and a casualty loss?

Quick answer: When a call is made to report a new loss, the customer speaks with one of our Initial Action Teams (IATs) located in St. Louis, MO and Freeport, IL. IAT associates are MetLife Auto & Home employees. Once a claim has been recorded it is transferred to a field claim office (FCO).

Details: When a call is made to report a new loss, the customer speaks with one of our Initial Action Teams (IATs) located in St. Louis, MO and Freeport, IL. IAT associates are MetLife Auto & Home employees. Once a claim has been recorded it is transferred to a field claim office (FCO) for further investigation and resolution. FCOs are located in Albany, NY; Charlotte, NC; Dallas, TX; Freeport, IL; Lowell, MA; Bloomfield, CT; St. Louis, MO; Tampa, FL; and Warwick, RI. Customers speak with employees of MetLife Auto & Home that will complete an investigation and explain the claim process in more detail. The MetLife Auto & Home adjuster may need to enlist the services of one of our staff appraisers (MetLife Auto & Home employees) or an independent adjuster. This is dependent on the type of loss and location of the claim.

A property claim deals with the physical damage to vehicles, real estate and fixed property. (Eg: if the insured hits a building, or light pole). A casualty claim involves bodily injury.

3. Explain how a total loss to a home or a vehicle is handled. Do customers get to choose their own architect and rebuild themselves? What is the best way for customers to prove what belongings they lost? Do they use pictures/videos/receipts? Does MetLife Auto & Home prefer one method of documentation over another?

Quick answer:
An auto total loss is inspected by an appraiser, and the value is determined based on the actual cash value (ACV) of the vehicle based on its options, condition, and mileage.

Details--Auto total losses:
An auto total loss is inspected by an appraiser, and the value is determined based on the actual cash value (ACV) of the vehicle based on its options, condition, and mileage. Our goal is to inspect the damages, assess the value, and offer a settlement within 48 hours of the first notice of loss (FNOL). The value of the vehicle is based on comparable vehicles that are for sale or have sold in the same geographic area. A full report of the evaluation of the ACV is offered to the customer and includes comparable vehicles for his or her reference, along with specific information about how we reached the ACV for the insured vehicle. Loss payment includes tax, title, transfer fees, and all necessary incurred expenses like towing and reasonable storage charges. If substitute transportation coverage is available on the policy, we will generally ask that the owner return the rental within five days following our settlement offer.

Details--Home total losses:
Following the first notice of loss (FNOL), major losses are elevated within the claim handling process. Based on the location of the loss and resource availability, a Property Loss Specialist (PLS) may be assigned to the loss. The PLS or adjuster will attempt to make immediate contact with the customer and schedule a visit to the loss location. Generally, the PLS will be on the site in 24-48 hours following the FNOL, but the location of the claim may impact this goal. The PLS meets with the customer to review his or her emergency needs, to explain coverage and determine the scope of repairs. The scope of the damage, local building codes, and site conditions will all influence the scope of the repairs and the need for professional services such as architects, engineers, and designers. The PLS is dedicated to assisting customers through the complex process that follows a major loss to the customer's property. Each major loss, is unique and the PLS partners with the customer to determine the necessary experts required to get the repairs to the home completed.

The PLS works with the customer to develop a detailed list of damaged items. These lists include a description, replacement cost, age/condition, and actual cash value. Photos, video, receipts, or electronic inventory are all very helpful when generating the personal property loss estimate. We value as much detail as possible and encourage customers to share this information during the claim process. A detailed inventory list that includes photo documentation is very useful and can be critical following a major loss where it is difficult to determine what items were in the damaged space. Storing this documentation in a fire proof safe, off property in a safe deposit box or electronically in a secure network location is encouraged.

4. Water damage is always mentioned. If a home is damaged by a surge of water brought by wind is the cause of loss considered wind or flood? For example, hurricane winds blow water which damages the home. Example 2 : Please provide additional information on Coverage 13- Back up of Sewer/Sump/Drain? I live in an apartment building. The tenant in the apartment above me has a water leak that damages some of my personal property. Would this be covered under the liability portion of the tenant's policy? If the tenant does not have insurance would this be covered under my renter's contract? Would it only be covered if I carried Coverage 13? If a main sewer line is blocked and backs up into a home is this covered? Is Coverage 13 needed for this to be covered? Does Coverage 13 only cover finished basements?

Quick answer: ***The response to this detailed question is broken into sections below.***

Q: If a home is damaged by a surge of water brought on by wind is the cause of loss considered wind or flood? For example, hurricane winds blow water that damages a home.

Quick answer:
All claims are investigated to determine the facts and to review them in relation to the coverage provided by the insured's policy, as well as, any jurisdictional issues that may impact a loss. If a home is damaged by a surge of water or flood caused by, such as that from a hurricane,, the loss would not be covered. The water damage exclusion would apply to losses caused by water from storm surge.

Q: Example 2: Please provide additional information on Coverage 13- Back up of Sewer/Sump/Drain?

Quick answer:
There are three water damage exclusions in the policy - 1) flood/surface water 2) back-up/sump pump 3) subsurface/ground water. With the "back up/sump pump" coverage, the endorsement basically removes exclusion #2, and that water damage is now covered if the source of the water is through the sump pump pit or sewer line.

Q: I live in an apartment building. The tenant in the apartment above me has a water leak that damages some of my personal property. Would this be covered under the liability portion of the tenant's policy?

Quick answer:
There are many variables to this situation. The tenant has to be negligent, and the tenants carrier would have to agree to pay. We have no control over the tenant or his or her carrier. If the tenant or carrier offered to pay the insured, more likely than not they will offer to pay the actual cash value (ACV) instead of the replacement cost.

Q: If the tenant does not have insurance would this be covered under my renter's contract?

Quick answer:
Our customer could present a claim to us regardless of whether or not the tenant has insurance. Coverage for water damage to the customer’s personal property caused by a water leak from the unit above depends on the facts of the loss and the policy the customer has. A named-peril policy would cover damage caused by one of the perils listed, of which one is discharge or overflow of water from within a plumbing system.

Q: Would it only be covered if I carried Coverage 13?

Quick answer:
Coverage 13 only removes the sewer/sump/drain portion of the exclusion from the major water damage exclusion. Generally, coverage 13 would not have a bearing on a loss caused by a water leak in the unit above the insured's unit.

Q: If a main sewer line is blocked and backs up into a home is this covered?

Quick answer:
The facts of the loss will determine coverage for the damage caused by the water that backed up. Part of the facts include the difference between a back up and an overflow, and how the back-up exclusion is contrasted to the peril of accidental discharge of water or overflow. Most overflow situations arise from stopped-up drains because the primary water system is usually pressurized. Our approach is "water which backs up through sewers or drains" is flowing in the direction opposite from normal, so when sewage is backing up (flowing in reverse) through the city sewer system into the dwelling, the water damage exclusion applies. When the customer's toilet, sink, tub, etc. overflows because the drain (or drain pipe) is clogged and can't handle any more water, it would not be considered a back up. Basically, if the water originates outside of the customer's plumbing system, the exclusion applies. The policy wouldn't exclude coverage where the water originates from within the customer's plumbing system.

Q: Is Coverage 13 needed for this to be covered?

Quick answer:
Coverage 13 is needed to have coverage for a back up through a sewer or drain, or an overflow from a sump pump well. To clarify sump pump failure in relation to a back up and overflow as pointed out above, sump pump failure is not a back up, since the water doesn't back up, or flow in the reverse of its usual direction. When the sump pump fails, the well overflows similar to the manner a bath tub, or toilet, might if the drain were clogged.

Q: Does Coverage 13 only cover finished basements?

Quick answer:
There is no language in Coverage 13 that requires a basement to be finished. The loss or damage could be to dwelling or personal property items.

5. What are the average settlement times for losses?

Quick answer: We are committed to providing timely, accurate and fair claim service. Our goal is to respond as quickly as possible to support the handling of every claim. In the last year we have decreased our average service time over 11% and continue to focus on this important measure. We service every customer and claim on an individual basis. However, it is important to note that each is unique. We encourage you to speak with your adjuster to review the projected handling associated with a specific claim to determine the service time answer on an individual basis.

Details: There are many variables that impact the service time of a claim including the type of loss, complexity of the damages and the variables associated with third parties that may be part of the claim settlement process. These third parties include mitigation vendors, engineers, contractors, and other experts. Another variable that can impact the settlement time on a claim is claim volume generated by a major catastrophic event. The following table provides some average service times linked to the peril. Please speak directly with your adjuster to secure an approximate cycle time projection for the specific claim.

Claim Type	Settlement Time
Minor Structure Loss (tree on fence)	6 - 8 days
Moderate Structure Loss	7 - 12 days
Water Loss within Home	10 - 18 days
Theft of Personal Property	10 - 15 days
Major Fire Loss	30 - 45 days

6. How do Coverage Plus and Deductible Savings Benefit (DSB) features impact the claim handling process?

Details: Total losses: If the loss occurs within the first year of ownership of a new vehicle or within the first 15,000 miles (whichever comes first), we will first pay the actual cash value (ACV) less the deductible. If the vehicle is actually replaced by the customer, we will pay any remaining balance due to the customer because of the coverage plus endorsement. If the replacement vehicle is the same as the accident vehicle, we will pay the difference between the ACV and the replacement cost. If the replacement vehicle is different than the accident vehicle but was at a higher cost than the ACV, we will evaluate what the replacement cost would have been for a like-kind vehicle and then pay the difference between that cost and the ACV. If the vehicle is replaced by a less expensive vehicle, no additional payment is made. Tax, title, and transfer fees are included in the settlement.
Rental Cars: We will pay expenses for loss of use, diminished value, and reasonable fees and charges which a customer becomes legally obligated to pay as a result of direct and accidental damage to a commercially rented automobile. The appropriate documentation must be submitted to support the claim.
Replacement Cost for Special Parts: We will not take a deduction for depreciation for loss to, steering and suspension components, brake parts, electrical wiring and components, batteries, and tires if repair or replacement results in a better part than was damaged. This does not apply to theft of tires or batteries, unless the entire vehicle is stolen.

The Deductible Savings Benefit (DSB) is designed to reward safe driving and customer loyalty. The DSB credit provides special savings for our customers through an “offset” to the policy deductible. It reduces the out-of-pocket costs for collision or comprehensive losses by refunding $50, up to a maximum of $250, of the deductible at the time of payment for collision and comprehensive damages.

The DSB is offered at no cost to our customers and is not applicable on Towing and Glass claims.

7. When and how is coverage paid for loss of use: is it reimbursement or paid up front?

Quick answer: Generally, we can set up a direct-bill payment agreement with a rental company of our customer’s choice. In fact, our field claim offices (FCOs) have on site Enterprise representatives to assist our customers with their rental experiences.

Details: A loss-of-use claim or rental claim is paid in accordance to the jurisdictional restraints by state. If the customer has purchased substitute transportation coverage (rental coverage) we can authorize a direct bill for a rental vehicle for the period of time that is necessary to complete the repairs to the vehicle. If the vehicle is drivable and repairable, we authorize the direct bill to begin once the parts have arrived at the designated shop that will conduct repairs. If it is determined that the vehicle is a total loss, we generally authorize five additional days of rental after an offer has been made to the customer. If the vehicle is a total theft, the substitute transportation coverage begins 48 hours after the loss is reported to **us.** In some states if there is a theft claim the substitute transportation is handled on a reimbursement basis. It is critical to be familiar with the policy written in your geographical area to properly address this situation. In addition in the 6010 policy, there is a provision that allows for a payment of $12 if the customer chooses not to rent from an auto rental agency to cover expenses such as taxi, bus, etc. In most policies there is a daily limit as well as an overall limit that applies to substitute transportation coverage: e.g., $30/900. This means that the most we will pay per day is a maximum of $30. The overall limit is $900, and it is not limited to 30 days. If the customer rents a vehicle for $20/day that will extend the time of the rental to the maximum amount of $900.

8. Do we use aftermarket parts for automobile repairs ? What's the criteria?

The appraiser ensures that the parts are like kind and quality to those that were on the vehicle prior to the loss. Many recycled parts come with a guarantee from the seller, and we guarantee all new aftermarket parts for as long as the customer owns the vehicle. If the repair facility, or the customer, has a concern about any parts used during the course of repair we will work with them to resolve all legitimate issues.

9. How are deductibles applied in section 1 Special limitations for specific items? For example $2,000 theft of jewelry with a $1,000 limit and $1,000 deductible do I get zero payout.

Quick Answer:
The insured would receive $1,000.00. The covered loss is $2,000.00 minus the insured's $1,000.00 deductible equals $1,000.00 which is within the $1,000.00 special limitation.

Detailed Answer:
With a covered loss, the deductible is subtracted from the amount of the entire loss. This practice is often referred to as "absorbing the deductible". If the amount of damage or loss exceeds the special limitation by at least the amount of the deductible, the deductible is said to be "absorbed" by the covered loss over the special limitation. It is important to distinguish the situation involving uncovered losses from situations involving special limits.

Is this the same for the additional coverages?

Quick Answer:
Not necessarily. The facts and circumstances and the specific additional coverage can make a difference. With the additional coverages it is important to remember that the deductible will not apply to the Section I - Additional Coverages, except where specified in the Additional Coverage.

10. Provide examples of PIP and Uninsured Motorist claims.

Quick answer: No Fault and/or Medical payments coverages for the eligible injured person are reviewed and paid based upon the terms of the auto contract and applicable state statutes. Contacts are made with the injured person, his or her attorney ,and the treating providers throughout the claim to monitor the injury(ies) and treatment.

Details: Depending on the state it would be either No Fault (NF) coverage or Medical Payments (Med Pay) coverage. In some states No Fault and Med Pay coverage is not mandatory so there may be no first party coverage at all.

Eligibility for NF and Med Pay benefits also varies by state.

No Fault coverage typically includes but may not be limited to: medical benefits, lost wages ,and essential services coverage. There are varying policy limits and coverage availability. Med Pay covers medical bills only and is only available for up to three years post loss. Policy limits and handling guidelines vary by state. Funeral benefits is an additional coverage available under the first party claim.

When the first notice of loss (FNOL) is called in and the eligible injured person reports an injury, the file will be split to a No Fault or Med Pay adjuster. The adjuster requests injury(ies) information, prior injury(ies), and any preexisting condition information. The adjuster asks about medical treatment to date, and the names of the providers and facilities. He or she will ask if any time was missed from work and who the employer is. Based on the type of coverage, the adjuster will forward paperwork to the injured party or his or her attorney that will need to be returned with signatures and potentially includes a PIP (No Fault) application and medical authorization. If there is missed time from work, a disability note from a physician and a wage and salary verification form filled out by the employer is required before reimbursement. Medical bill payment is based on medical necessity and causal relationship to the accident. In addition, a bill review for accuracy of coding, duplication, usual and customary charges or fee schedule may apply. Preferred Provider Organization (PPOs) networks can also be a component of the bill review process. Subrogation potential is dependent upon factors that vary by state.

The claim representative follows up with the injured person and treating provider by phone or mail to monitor ongoing treatment and treatment plans.

The best resource for state specific coverage application is the local claim representative handling the claim.

11. In the rare event of a dissatisfied claim customer, when is an inquiry considered to be official complaint and what is the disposition process?

Complaint Definition:
A Complaint is any ***written*** communication, including e-mail, which expresses a grievance or dissatisfaction about MetLife Auto & Home products and /or services. Written complaints can originate from any number of sources, e.g. customers, claimants, Insurance Departments, the news media, etc.

Complaint Identifiers:
Copy or mention of any of the following:

- State Insurance Department
- Attorney
- President of the company
- Better Business Bureau
- Media involvement
- The word *complaint* is used in the letter.
- Expressed desire to elevate the concerns to management.

Procedure:

- All complaints should be forwarded to the Problem Resolution Team:
  - E-Mail address is: ins_complaints@metlife.com
  - Phone Number is: 937-384-3282
  - Address is: 9797 Springboro Pike
Dayton OH 45448
- Once received the Problem Resolution Team will assign the complaint to the appropriate department for research and response.
- The responding department will generally respond to the complainant in the same manner in which the complaint was directed to the company. In other words if the complainant wrote to the company using the E-mail format then the responding department will write back to the customer using the same format.
- The responding department will copy the Problem Resolution Team on the response, and this document will be retained by the company meeting RIM requirements.
- Should an associate or agent need to refer back to a closed complaint, they can contact the Problem Resolution Team for a copy.

12. What happens to my customer's policy once a claim has been reported? Do my customers automatically get surcharged or cancelled?

If a claim results in a payment, there is a possibility that your customer's policy may have an increase in premium resulting either from a surcharge or from the reduction or elimination of claim free or other discounts that may currently apply to the policy. The specifics around the loss will dictate the elimination of discounts.

The dollar amount that needs to be paid before any surcharge is added to a policy will vary based on state law and type of policy.

We rarely cancel or nonrenew policies because one claim is filed. However, before any decisions are made, the entire policy would be reviewed and your customer would receive a notice in advance of any cancellation or nonrenewal to give them the opportunity to secure insurance with another company.

For more information about whether or not a surcharge, policy increase, removal of discount(s) or cancellation would apply, contact our Customer Response Center at one of the numbers listed below (or your Independent Agent):
Retail Customers – ADG, PCS and IM: 1-800-422-4272, 8am to 11pm Monday through Friday, and Saturday 9am to 5pm (ET).
Group Customers -- 1-800-GETMET1, 8am to 11pm Monday through Friday, and Saturday 9am to 5pm (ET).
IA Customers -- You may want to discuss this with your Independent Agent.