

**MARCH 2006**

## CAIIA Announces 2006 SEED and FCSPR Seminar Dates

The CAIIA will be conducting the annual Fair Claims Settlement Practices Regulations (FCSPR) Seminars and the SEED Program training classes (Seminar for the Evaluation of Earthquake Damage) in May this year. SEED seminars will be held in Sacramento on May 18<sup>th</sup> and in Los Angeles/Orange County on May 25<sup>th</sup>. Fair Claims Settlement Practices Regulations Seminars will be held in San Ramon, Fresno, Glendale and San Diego during the week of May 8<sup>th</sup>.

If you are an insurer writing residential property coverages, be sure to have any property adjusters, supervisors, or managers who will be adjusting, investigating, supervising or otherwise involved in earthquake claim files, be trained before the next earthquake strikes! As a California Department of Insurance (CDI) approved education provider (#20638), the CAIIA will satisfy the requirements currently in place by the CDI.

FCSPR's recertification will again be offered at the two SEED locations at the beginning of the session day. Attendees can come just for the FCSPR's recertification (the first hour of the session) or attend the total SEED program, which will be one day.

Registration forms will be sent with the next Status Report and will soon be available on our website, [www.caiia.com](http://www.caiia.com)

### In Memory of Robert J. Sieber

Your editor received the following e-mail from Eric Sieber of EJ Sieber and Company, Rancho Cucamonga, CA, about our past president, Bob Sieber.

Eric writes:

*Sterrett,*

*I am in Nevada at my father's house and due to problems with my laptop do not have access to my email address book using his computer. I am thus asking your help in spreading this sad news to the CAIIA and AAI.*

*My father Robert Sieber, Past President of the CAIIA in 1984-1985 while with R.J. Sieber & Company, passed away today in Henderson, Nevada. He was a man who loved the claims profession and helping people, devoting 47 years of his life to handling claims and the profession of the independent adjuster. Dad devoted much of his time and energy to many local claims associations and of course the "CEE-YEH-EYE-EYE-YEH" (CAIIA in Dadspeak). Many AAI members not from California met Dad at the Las Vegas convention a few years ago.*

*He will be greatly missed as my mentor, my teacher, my best friend and my hero.*

*Thank you Sterrett . . .*

*Best regards,*

*Eric Sieber CPCU, AIC, RPA*

*E.J. Sieber & Company*

*Claims Investigation*

The Status Report and all of the CAIIA send our condolences to Eric and his family.

PUBLISHED MONTHLY BY  
**California Association of  
 Independent Insurance Adjusters**



*An Employer  
 Organization of  
 Independent  
 Insurance Adjusters*

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### Status Report Now Available by E-mail

If you would like to receive the *Status Report* via e-mail please send your e-mail address to [info@caiia.org](mailto:info@caiia.org).

### CAIIA Newsletter

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■ **PRESIDENT'S MESSAGE**

Today I am pleased to mark my 32<sup>nd</sup> anniversary. When I started on March 1, 1974, property policies had disappearing deductibles. Property contractors would contact two or three sub-contractors so they could compile a bid for reconstruction. You had to visit two to three auto body shops to get estimates for repairs, etc.

In today's computerized technology we have the direct vendor program and a contractor in a very short time can prepare a detailed estimate. You can simply drive your car into an approved auto body shop and everything is handled electronically.

The one thing that has not changed is the service invoice. The service invoice is like a Proof of Loss. Adjuster's services, clerical, photographs, mileage, etc. briefly recap the work of the adjuster. Similar to a Statement of Loss, a timesheet is submitted. This indicates the work of the adjuster in order to bring the claim to a proper conclusion.

Independent adjusters are actually part time "employees" of the insurer. However, unlike an employee the insurer is not paying the fringe benefits which include vacations, all insurances including workers comp, liability, etc. When a carrier needs an independent adjuster they are readily available regardless of the time of the year and very rarely have to worry about an adjuster going on vacation leaving no one to handle the file.

The independent adjuster stays abreast of changes within the industry and in the last 32 years there have been many, many changes. Information is absorbed by the adjuster and is used on a daily basis.

Continuing education is extremely important which is the reason that the CAIIA hosts the Mid-Term Conference which is being held as you are reading this Status Report and we will have



a presence at the 18<sup>th</sup> annual combined Claims Conference March 14<sup>th</sup> and 15<sup>th</sup> in City of Industry, California. The CAIIA encourages all member firms to participate in the C.C.C. Stop by our booth and say hello, stop by our booth and volunteer to help.

You will also notice information regarding our SEED Program and Recertification for the California Fair Claims Practice Regulations. These will be held in May. While we realize that the regulations may again be changed this year, it is still uncertain as to when that change will take place.

We encourage any and all to visit our web site [www.caiia.org](http://www.caiia.org). Our web site is constantly updated by a web-site master, Thad Eaton. And what a great job he is doing.

Looking forward to seeing some of you at the Mid-Term meeting Conference and many of you at the combined Claims Conference. Have a great month of March

**STEVE WAKEFIELD**

*President - CAIIA 2005-2006*

# ■ When You Need to Know What Really Happened

*Submitted by Garrett Engineers, Inc. - Forensic Division*

## Case of the Month

The case involves a two car traffic collision. The insured's vehicle rear-ended the plaintiff's vehicle. After the accident, the plaintiff was unable to work and eventually had spinal surgery, which she claimed was the result of a 50 mph collision. Her lawsuit for more than \$2 million was for medical costs, and lost future earnings. The process of evaluating her claims required two disciplines.

First, an accident reconstructionist calculated the impact speed of the insured into the claimant vehicle and the g-forces experienced. He reviewed photographs, police reports, vehicle specifications, and the repair work orders for the two cars. He then calculated the speeds and g-forces of the collision. His conclusion was that the striking speed was about 10 mph. The speed change, or Delta V to the claimant vehicle was about 7 mph. The Delta G, or force as applied to the rear of the claimant vehicle was about 11.5 G's.

Secondly, a biomechanist used these numbers to evaluate the probability of injury from the accident.

The first step was to carefully examine the details of the accident. In summary, the plaintiff was stopped at a red traffic light and did not see the insured until she was hit. The insured had been slowing as he approached the red light but overestimated his stopping power and struck her car. The plaintiff's car did not strike the car ahead of her. Both vehicles were driven away from the scene of the accident. The mechanics of the accident, including the path that the plaintiff traveled within her car, were carefully analyzed and documented.

Next, the medical history of the plaintiff was examined. She was a middle aged woman who had worked as a nurse prior to the accident. She had no prior accidents or surgeries. The responding officer stated in his report that at the scene of the collision she complained of soreness, but refused any medical aid. She told him that she was okay and did not need an ambulance or medical assistance. Later in the day her husband took her to a Community Hospital for complaints of general muscular pain. She was examined and her back was x-rayed. The x-rays showed no acute fractures, but revealed chronic degenerative disc disease. She was discharged with prescriptions for muscle relaxants, pain killers, and an anti-inflammatory.

She then sought follow-up treatment from her chiropractor, Dr. 1 for continued complaints of pain. In addition to his treatments, he referred her to Dr. 2 for an orthopedic evaluation. Dr. 2 felt that she had sustained soft tissue injuries from the accident, and started her on physical therapy, which she continued for several months.

He then referred her for MRI examinations of her spine. The MRI examinations confirmed the degenerative changes noted in the earlier x-rays. Dr. 2 referred her for neurological examinations to Dr. 3. He found her neurological functions to be completely intact. He found degenerative disc disease in both the cervical and lumbar spine.

A few months later Dr. 4, an orthopedic surgeon examined her. He felt that she suffered from a cervical strain and sciatica. Following additional physical therapy, Dr. 4 prescribed cervical spine epidural injections. Dr. 5 then examined her for pain management. Dr. 5 also discussed possible surgical options with her.

Dr. 6 (a neurosurgeon) then examined her. At the time of the examination, she had neck pain that radiated to her right upper extremity and lower back pain that radiated to her right lower extremity. Dr. 6 performed a posterior lumbar interbody fusion on the plaintiff (L4-L5), which reduced her pain to pre-accident levels.

The biomechanist's next phase was analysis: occupant motion (i.e. occupant kinematics) and the injury biomechanics of low-speed, rear-impact collisions are well documented and well understood because of numerous human volunteer studies. In rear-impact collisions the apparent motion of the head and torso is toward the rear of the vehicle. As her vehicle accelerated forward from the rear-end impact, the seatback and headrest moved into her.

The seatback and headrest acted to maintain the postural relationship of the driver's spinal elements by limiting extension of the cervical and lumbar spine and by preventing differential motion between spinal segments. In her rear-impact collision with the given delta velocity there was no potential for injury during the initial rearward movement of the occupant.

The seatback and headrest also absorbed energy, thereby limiting the forward bounce-back acceleration of the driver and the energy available to produce differential motion in cervical and lumbar spinal segments, this time in flexion. In a rear-impact collision, the head moves into the headrest and may then rebound. Although the peak acceleration of the head occurs as the head moves backward (in relation to the vehicle) and produces maximum deformation of the headrest, the potential for injury comes during the rebound phase. Numerous studies demonstrate that at the speeds involved in this crash there was no potential for injury during the rebound phase. Other injury mechanisms were evaluated and then ruled out as being inconsistent with the facts of this particular accident.

His conclusion was that she experienced delayed onset muscle soreness following the accident. Such muscle strain, however, would have resolved without treatment. Acute cervical or lumbar spinal trauma, or aggravation of previous spinal pathology, was absolutely inconsistent with the maximum loading that she experienced during the accident. Her degenerative disc disease would have ended her nursing career regardless of the accident. His report referenced thirty studies that supported his opinion.

The jury agreed, and awarded the plaintiff \$60,000.

# ■ Weekly Law Resume

Prepared by Low, Ball & Lynch, Attorneys at Law

## Bad Faith - Failure To Investigate - UM Claim

*Reagan Wilson v. 21st Century Insurance Company*

Court of Appeal, Second District - January 30, 2006

The nature and extent of any investigation conducted of an uninsured motorist claim varies from case to case. In this case, the Court intimated there may be a duty to contact an insured's treating physician in order to assess the value of a case, and to use "Colussus" to assist in evaluating the claim.

Reagan Wilson injured her neck and spine in November, 2000, after a collision caused by a drunk driver. The drunk driver had bodily injury insurance limits of \$15,000. 21st Century Insurance Company provided underinsured motorist coverage limits to Ms. Wilson of \$100,000. After payment of the \$15,000 by the drunk driver's insurer, Ms. Wilson requested the remaining policy limits from 21st Century. Her attorney sent the police report, photographs, medical reports, and treating physician reports, including reports from Dr. Southern, Ms. Wilson's orthopedist. Ms. Wilson's attorney valued the case between \$500,000 and \$1,500,000. 21st Century rejected the policy limit demand, stating that Ms. Wilson had been fully compensated by payment of the drunk driver's policy limits plus \$5,000 received under Ms. Wilson's medical payment coverage.

Two years ensued where treating doctors diagnosed Ms. Wilson with cervical disc changes, but disagreed as to the course of treatment. Some recommended therapy while others recommended surgery. In June, 2003, a neurosurgeon retained by 21st Century examined Ms. Wilson, and concluded that surgery was required. At that point, 21st Century paid the remaining policy limits. Ms. Wilson thereafter sued for breach of contract and for breach of the covenant of good faith and fair dealing arising from unreasonable delay in paying the policy limits. An issue that arose in discovery was whether 21st Century used "Colossus" for purposes of evaluating the injury. This is a software program which provides insurance companies help in assessing damages for personal injury claims.

21st Century moved for summary judgment. The trial court granted the motion and entered judgment for 21st Century. Ms. Wilson appealed.

The Court of Appeal reversed, finding triable issues of fact as to whether 21st Century breached its duty of care. The Court held that 21st Century was under a duty to have the insured examined by a doctor of its choice or to consult with the insured's treating physician within a reasonable period of time. The Court stated that this raised an issue of fact as to whether 21st Century's own in-house determination of the nature and extent of the injuries was reasonable. 21st Century could not rely solely on the insured to produce evidence of the injury. It had an independent duty to seek information relevant to the claim, including consulting with the insured's own physician.

The Court stated that Ms. Wilson had the burden of proof of showing that an initial thorough investigation would have resulted in a higher settlement offer. The Court further felt that consultation with a personal injury attorney regarding the value of the case should have occurred initially. While not imposing a per se rule that required this in every case, the Court felt that this was one factor for a jury to consider with respect to whether there was bad faith.

The Court further felt that 21st Century failed to objectively evaluate the information it did have. The Court felt also that Ms. Wilson's attorney should have been allowed to question the adjuster who handled the file about the use of the "Colussus" software program in 21st Century's claims practices. Citing law review articles and cases from other states, the Court stated that Ms. Wilson should have been entitled to explore whether good claims practices had indicated that the "Colussus" software program should have been used in evaluating the claim, even though 21st Century claimed that it was not used in this case.

Finally, the Court found no bad faith in the offset taken for medical payments in the initial offer nor in any offset for sums received from the other driver in the final payment that was made. The Court concluded that there were triable issues of fact that remained as to the issue of bad faith.

The judgment was reversed, and remanded to the trial court with directions to permit Ms. Wilson to seek discovery regarding "Colussus", and then thereafter to proceed with this case.

### COMMENT

This case will likely spur discovery into a carrier's use of "Colussus" in bad faith cases. We assume that this battle will be vigorous, as most carriers take the position that such discovery is irrelevant.

## Glendale Chiropractor Arrested for Insurance Fraud

*Northridge Resident Accused of Submitting and Receiving Payment of Over \$200,000 for Fraudulent Homeowners Insurance Estimates*

NORTHRIDGE – The California Department of Insurance (CDI) announced that Michael Keklikian, DC, 38, was arrested today, by investigators from the Department of Insurance Fraud Division. Keklikian was arrested on a \$30,000 felony warrant charging him with one count of Penal Code Section 550 (a) (1), insurance fraud. If convicted, Keklikian could face up to five years in state prison and/or a fine of up to \$50,000 or double the amount of the fraud.

"Homeowners insurance fraud robs all policyholders by forcing us to pay higher premiums," said Insurance Commissioner John Garamendi. "My investigators remain committed to working with our local government and industry partners in this collaborative fight. We will discover the fraud and you will be prosecuted."

According to investigators, Michael Keklikian, a licensed Chiropractor with a practice in Glendale, CA, suffered a water loss on July 7, 2004 at his residence in Northridge, CA. The loss resulted in damage to several rooms in the residence. Dr. Keklikian submitted an estimate for repairs to State Farm Insurance in the amount of \$168,443. The estimate was on the letterhead of contractor Martin Nehme (DBA: Universal Tile). State Farm paid the claim based on the estimate. Dr. Keklikian contacted State Farm and advised that he had additional damage and provided a supplemental estimate in the amount of \$38,604. The supplemental estimate was also submitted on the letterhead of contractor Martin Nehme.

The investigation revealed that both estimates submitted by Dr. Keklikian were fraudulent. Contractor Martin Nehme was interviewed and he stated he did not prepare or sign the estimates submitted by Dr. Keklikian. Nehme stated that he was hired by Dr. Keklikian to perform tile work repair and only provided a contract for \$13,000 for the completed work. The case was completed by Investigators from CDI's Valencia Regional Office and is being prosecuted by the Los Angeles County District Attorney's Office.

## CAIF Dishonors 2005's Worst Insurance Con Artists

January 25, 2006

Scalpel-wielding surgeons, klutzy grave robbers, a pretend princess and murderous arsonist were among the eight worst insurance swindlers of 2005, the Coalition Against Insurance Fraud (CAIF) reported.

They were elected to the Insurance Fraud Hall of Shame, which spotlights the year's largest, most-brazen, tragic or stupid convicted insurance criminals. All had legal closure during 2005.

Insurance fraud is an \$80-billion crime annually, and has grown more violent, invasive and costly in recent years. The Scheme Team reflects that trend.

According to the CAIF:

**Burning with desire** -- Norma Galindez died when she fell from the burning Palomar tenement hotel in Hollywood. Owner Juan Ortiz had torched it for insurance money. Four fire fighters also were hurt. Ortiz' brother helped set the fire and died when gasoline exploded.

**Surgery patients cut no breaks** -- Tam Vu Pham paid more than 5,000 healthy people to have surgeons operate on them so his Southern California medical clinic could fraudulently bill insurers more than \$96 million. Surgeons performed colonoscopies, sweaty-palm surgery and other invasive procedures.

**Truth decay** -- Dentist Alireza Asgari did hundreds of painful, worthless and botched surgeries on patients to steal nearly \$370,000 in insurance money. The Wilkes-Barre, Pa. dentist did unneeded root canals, cavities and extractions.

**Princess was pauper** -- Antoinette Millard pretended she was a Saudi Princess and hobnobbed with Manhattan society. Millard actually was the daughter of a Buffalo steelworker. She couldn't afford the swanky living, and tried to raise cash by lying to Chubb Insurance that a thief stole \$226,000 worth of her jewels.

**Sick health plans** -- William Paul Crouse and Carmello Zanfei sold fake health insurance to tens of thousands of victims through their sham firm, TRG Marketing. Florida roofer Rusty Baker committed suicide when TRG wouldn't pay his medical bills. Champion NASCAR driver Pete Orr died of cancer after delays in finding new coverage.

**Blight of the living dead** -- Molly and Clayton Daniels dug up the body of an elderly woman, dressed her in Clayton's clothes, put her in his car, torched it and pushed it off a cliff near Georgetown, Tex. They faked Clayton's death for \$110,000 in life-insurance money. Clayton returned disguised as her new boyfriend.

**Blind ambition** -- Brian Calen made a small fortune in insurance money by lying that he lost his right eye on three separate boat cruises. The Manhattan day trader claimed the sun filter fell off a ship's telescope while he was looking through it, a champagne bottle exploded on another cruise, and he was hit by a flying toy disc on a third cruise.

**Unhealthy health switch** -- Brian Shechtman bilked more than 1,200 Florida seniors out of at least \$4 million. He told them they'd bought discount health coverage but actually sold overpriced life insurance. Many seniors gave up their real health coverage, and some lost their homes and savings to pay medical bills themselves.

### ■ News of Members

**JOHN GLENN ADJUSTERS & ADMINISTRATORS, INC.** is pleased to announce that the Walnut Creek Headquarters has relocated to a new office location effective February 1, 2006.

Please update your records with our new mailing address.

**JOHN GLENN ADJUSTERS & ADMINISTRATORS, INC.**

2440 Camino Ramon Suite. 295  
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925-277-1742 Facsimile

### ■ CAIA Calendar

#### ■ Mid-Winter Meeting

March 2 & 3, 2006

Contact Steve Wakefield at 559-485-0441

#### ■ Combined Claims Conference

March 14 & 15, 2006

Contact Brenda at 888-811-6933

#### ■ CAIA Annual Convention

October 11-13,

Contact Sharon Glenn at 925-277-9320

#### ■ Claims Conference of Northern California

September 2006



**CAIIA REGISTRATION FORM**  
 California Association of Independent Insurance Adjusters  
 ANNUAL MID-TERM BUSINESS MEETING - March 2-3, 2006  
 Chukchansi Gold Resort & Casino  
 711 Lucky Lane, Coarsegold, CA 93614  
 (559) 692-5200 Fax (559) 692-5330 [www.chukchansigold.com](http://www.chukchansigold.com)  
 CAIIA Room Rate \$89 Single/Double  
 Group I.D. # 2042

Attendees must make their own hotel reservations. Hotel Cut-off Date is Thursday, February 16, 2006

Your Name \_\_\_\_\_ Significant Other \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**Please specify which events you and your significant other/mate will actually attend by placing a check mark in the box next to the event. Complete a separate form each registrant, except for spouses.**

EVENT	COST	#TICKETS
Registration Package - members with spouse/mate	\$ 75.00	_____
Registration Package - members without spouse*	\$ 50.00	_____

\*Spouse/mates includes Erna's Elderberry House or Ahwahnee Hotel Tour in Yosemite Valley

SCHEDULED EVENTS	You	Mate	Please make your checks payable to CAIIA
3/2 - 6:00 P.M. Registration/Hosted Reception	[ ]	[ ]	or pay by credit card. Mail or E-Mail Registration form and payment to: Steve Wakefield Ronald Bolt & Associates 414 N. Broadway, Fresno, CA 93701 <a href="mailto:boltadj@msn.com">boltadj@msn.com</a>  Credit Card: AMEX ___ VISA ___ M/C ___  Cardholder _____  Card No. _____  Expiration Date: _____  Signature: _____
3/2 - 7:00 P.M. Dinner	[ ]	[ ]	
3/3 - 8:00 A.M. Continental Breakfast	[ ]	[ ]	
3/3 - 9:00 A.M. Business Meeting	[ ]	[ ]	
3/3 - 12:00 P.M. Lunch	[ ]	[ ]	
3/3 12:00 P.M. During and following lunch, CAIIA members will be entitled to a 2006 Fair Claim Act Recertification session, included in the Registration Package at no extra charge.			
Any Questions, call:			
Steve Wakefield (559) 485-0441 (559) 485-0444			

**Cut-off date is February 27, 2006. Any registration after that date is subject to a \$35.00 late fee.**



18th Annual Combined Claims Conference - March 14-15, 2006

Education - Passport to Success

Pacific Palms Conference Center - City of Industry, CA

Two complete days of sessions on Property, Casualty and Workers' Compensation
Continuing Education Credits for CPCU, RPA, MCLC, CPJ and California Department of Insurance

Tuesday, March 14, 2006

Wednesday, March 15, 2006

Registration grid for Tuesday, March 14, 2006. Sessions include: General Session Negotiations (9:00 am - 10:30 am), Track 1 - Property Avoiding the Set-up: Handling Policy Limit Demands (11:00 am - Noon), Track 2 - Liability Collapse, Track 3 - Workers' Compensation Work Comp BINGO (11:00 am - Noon), Track 1 - Property Theft and Export of Autos (1:30 pm - 2:30 pm), Track 2 - Liability Building Codes Affecting Coverage, Track 3 - Workers' Compensation Utilization Reviews (1:30 pm - 2:30 pm), General Session Screaming Callers (3:00 pm - 4:30 pm).

Registration grid for Wednesday, March 15, 2006. Sessions include: General Session Claim File Notes Your Best Friend or Worst Enemy!? (9:00 am - 10:30 am), Track 1 - Property Witness Preparation (11:00 am - Noon), Track 2 - Liability Reservation of Rights, Track 3 - Workers' Compensation Medicare Set Asides Mandate or Myth? (11:00 am - Noon), Track 1 - Property Auto Insurance Fraud (1:30 pm - 2:30 pm), Track 2 - Liability Understanding Business Interruption, Track 3 - Workers' Compensation Fraud Update (1:30 pm - 2:30 pm), General Session Vehicle Additional Equipment Demonstration (3:00 pm - 4:30 pm).

P.O. BOX 7204, SAN JOSE, CA 95150-7204 PHONE: (888) 811-6933 • FAX: (888) 969-6922

Please fill out this registration form completely One registration form per person. Photocopies accepted

If paying by check, mail with the appropriate fee to the above address. If paying by credit card, either mail or fax with appropriate authorization for payment to the above address or fax number.

Conference registrations include parking at the conference center, continental breakfast, breaks and lunch on the day(s) you are attending as well as admission to all sessions, any handouts provided, and a conference program.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Badge Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Conference registration is discounted for certain fields in the insurance and claims industry. The nature of my work is:

- Claims Insurance Carrier Risk Management Attorney Private Investigation

I do work in the fields checked above. Please register me for the following rate:

I do not work in the fields listed above. Please register me for the following rate:

Table with 2 columns: Registration Type and Rate. Rows: Two Day Conference Registration (\$150.00), One Day (Tuesday, March 14, 2006) (\$75.00), One Day (Wednesday, March 15, 2006) (\$75.00).

Table with 2 columns: Registration Type and Rate. Rows: Two Day Conference Registration (\$400.00), One Day (Tuesday, March 14, 2006) (\$200.00), One Day (Wednesday, March 15, 2006) (\$200.00).

Conference Fees: \$ \_\_\_\_\_ Payment Method  Check  Visa  MasterCard

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Substitutions and Cancellations: Registrants may send a replacement or substitute at any time prior to the conference at no additional fee. Registrants who must cancel will receive a full refund (minus a \$10 administration fee) prior to February 28, 2006. Individuals who do not attend or do not cancel in advance are liable for the entire conference fee. Cancellations must be in writing.

WWW.COMBINEDCLAIMS.COM



## EXECUTIVE OFFICE DUTY DISTRIBUTION AND COMMITTEES

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Finances/Budget .....	Pete Vaughan, RPA .....	707-745-2462 .....	<a href="mailto:pvaughan@pacbell.net">pvaughan@pacbell.net</a>
By-Laws .....	Steve Wakefield, RPA .....	559-485-0441 .....	<a href="mailto:boltadj@msn.com">boltadj@msn.com</a>
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Legislation .....	Bill Scheler III .....	408-266-2300 .....	<a href="mailto:dunlapclaims@comcast.net">dunlapclaims@comcast.net</a>
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