



Grace Beaumont

Senior Claims Adjuster

Bringing 11 years of multi-line claims investigation experience and a record of resolving over 870 files per year while detecting fraudulent claims through analysis of recorded statements, medical documentation, and repair invoices. Holds the CPCU designation and a Resident All-Lines Adjuster License (6-20), with hands-on skill in Xactimate, ISO policy forms, reserve analysis, and settlement negotiation within a \$24,700 per-file authority.



Palatka, FL 12345



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KEY SKILLS

- Multi-line claims investigation
- Claims management software
- Xactimate
- Microsoft Excel
- ISO policy forms
- Fair claims practices regulations
- Reserve analysis
- Recorded statement techniques
- Subrogation recovery
- Settlement negotiation

CERTIFICATIONS

- Resident All-Lines Adjuster License (6-20), Florida Department of Financial Services, Florida Department of Financial Services, 2015
- Chartered Property Casualty Underwriter, The Institutes, 2019

PROFESSIONAL EXPERIENCE

SENIOR CLAIMS ADJUSTER | PELLICER CREEK INSURANCE GROUP, ST. AUGUSTINE, FL 2020 – PRESENT

- Resolved 874 claims in the past year by investigating, evaluating, and settling multi-line property and casualty files ranging from water damage to commercial liability.
- Detected 23 fraudulent claims over 12 months by analyzing inconsistencies in recorded statements, medical documentation, and repair invoices, referring each to the special investigations unit.
- Mentored 4 junior adjusters on coverage analysis and ISO policy forms, reducing their average file turnaround from 19 days to 11 days within 6 months.
- Interviewed claimants, witnesses, and physicians on complex bodily injury files, preparing settlement recommendations within 5 business days of assignment.

CLAIMS ADJUSTER | MATANZAS INLET CASUALTY COMPANY, PALM COAST, FL 2017 – 2020

- Resolved 631 claims per year on homeowner and auto lines, coordinating field inspections and negotiating settlements within a \$24,700 per-file authority.
- Identified 14 fraudulent claims over a 2-year span by cross-referencing loss histories in claims management software and requesting supplemental documentation.
- Examined questionable claims flagged by initial adjusters, authorizing or denying payments after reviewing police reports, repair estimates, and policy declarations.
- Corresponded with attorneys and medical providers on 37 bodily injury files per quarter, gathering treatment records to evaluate settlement ranges within 72 hours.

CLAIMS ADJUSTER | TOMOKA RIVER MUTUAL INSURANCE, DAYTONA BEACH, FL 2015 – 2017

- Resolved 418 claims in the first full calendar year by investigating property and auto losses, documenting findings, and issuing payments under supervisor review.

- Flagged 7 suspicious claims for the special investigations unit after identifying duplicate billing patterns and inconsistent damage photographs.
- Scheduled and tracked follow-up deadlines on 93 open files using a diary system, ensuring no file exceeded state-mandated contact intervals.

EDUCATION

- Bachelor of Business Administration in Finance
University of North Florida, Jacksonville, FL | 2011 – 2015