



**DRAFT 12/1/2025**

**Job title:** Intake Associate  
**Reports to:** Claims Manager  
**Location:** Cincinnati, Ohio (office based initially; hybrid option after 6 months)  
**Salary:** \$40,000 - \$50,000 (depending on skills, experience, education)  
**Benefits:** Health insurance (medical/dental), paid time off; paid holidays, 401(K) plan (including safe harbor contribution).

### **WHO WE ARE**

We are an independent risk management and claims management firm based in Cincinnati (Sharonville), Ohio. We have provided high-level consulting services in the region for over thirty (30) years. Our clients are the reason we exist, and we have developed the following principles that guide our relationships with clients and the interactions with the people and communities our clients serve.

### **WE BELIEVE IN**

- Honesty: We deliver the truth, even when it may be difficult to hear.
- Dignity: From clients to claimants, we earn respect by giving it first.
- Communication: We drive clarity and transparency from the get-go and always follow through.
- Collaboration: Working as a team — with each other and with clients — is how we nail the details.

### **WHO WE'RE LOOKING FOR**

To serve as the first point of contact for customer service incoming calls; to handle standard calls with normal supervision; and to provide information regarding general claims policies. You will need to be comfortable in a busy office environment and have very good or better communication skills (telephone based and written) who can interact with a variety of people, including homeowners, business owners, contractors, insurance companies, and utility company field technicians, be organized, have a problem-solving attitude, and be able to work independently.

### **ON A TYPICAL DAY, YOU'LL:**

- Answer phone calls from homeowners, business owners, contractors, (who have experienced damage to their property), insurance companies, and utility company field technicians.
- Enter claims information into databases (internal and external) to facilitate the correction to damage claims involving utility company equipment and facilities.
- Seek guidance from team members to resolve issues and identify appropriate issues for escalation.
- Contribute to business goals, performance metrics, and effectively use tools and technology.

### **STUFF YOU SHOULD KNOW**

- Our office is open from 8:30 AM to 5:00 PM Monday through Friday
- Minimum of 30 hours, up to 40 hours/week
- This position is office based, with the option to work 1-2 days remotely after six months

**ESSENTIAL FUNCTIONS AND RESPONSIBILITIES**

- Answers incoming calls for the claims team, including calls from clients, claimants, contractors and others.
- Enters claims data into claims management system upon requesting the appropriate information and analyzing the responses. Following up when necessary.
- Document or log all relevant phone or email communications into the claims management system.
- Process automobile and general liability claims into the management system in a timely and accurate manner
- Communicate claim action/processing with claimants and clients
- Maintain professional client relationships
- Other duties as directed

**QUALIFICATIONS MINIMUM:**

- High school diploma, GED, or relevant work experience.

**QUALIFICATIONS PREFERRED:**

- Associate degree, or equivalent work experience
- Claims management or customer service industry experience

**SKILLS & KNOWLEDGE**

- Good customer service skills
- Good listening and comprehension skills
- Excellent oral and written communication
- PC literate, including Microsoft Office / 365 products
- Analytical and interpretive skills
- Strong organizational skills
- Excellent interpersonal skills
- Ability to work in a team environment
- Ability to meet or exceed Performance Competencies

Note, this position will primarily be based on working at a computer, and demonstrated understanding of correct ergonomic practices should be adhered to

Pre-employment drug screenings and criminal background checks are mandatory.