

# Ebony C. Lowd

DATA ANALYSIS • INSURANCE UNDERWRITING • CLAIMS MANAGEMENT & ADJUSTING

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## PROFESSIONAL SUMMARY

Highly accomplished, customer-centric, results-oriented professional with experience balancing data analytics with human intuition. Showcase both quantitative and qualitative reasoning, and the ability to develop, grow, and maintain diversified books of business while working closely with agents and brokers to assess risks, determine premiums, set conditions, and negotiate deals that maximize profitability and meet business goals. Capable of marketing, underwriting, and servicing independent agents, brokers, and small to mid-sized commercial transactional accounts within an assigned territory. Excellent rapport-building skills, able to build and maintain positive relationships focusing on relationship building rather than transactional sales. Ready to utilize business and financial acumen to perform primary credit underwriting and financial/risk analysis, provide recommendations, and make decisions on new and existing accounts. Excited about this excellent opportunity to join a top company that focuses on its employees and customers first.

## AREA OF EXPERTISE

- Multi-Line Insurance Products
- Insurance Finance & Actuarial Concepts
- Analytical & Problem-Solving
- Territory Management
- Continuous Improvement Processes & Tools
- Claim Handling & Investigation
- Risk Assessment & Mitigation
- Damage Assessment
- Policy Interpretation
- Claims Report & Documentation
- Time Management
- Attention to Detail
- Customer Service
- Prioritization & Problem-Solving
- Flexibility & Adaptability
- Administrative Support
- Improving Customer Experience
- Microsoft Office Applications
- Valuation Knowledge
- Conflict Resolution
- Supervision, Oversight & Accountability

## HIGHLIGHT OF QUALIFICATIONS

- **Strategic Account Management:** Ensure a profitable book of Property and Casualty insurance by writing new accounts, growing successful agent and broker relationships, and pursuing renewals.
- **Problem-solving:** Crunch the numbers and review the data to determine risk selection, premiums, policies, and conditions, as well as identify opportunities for improved growth, profit, and diversification.
- **Collaboration & teamwork:** Contribute to overall team success, capable of providing mentorship to underwriters in both a technical and professional capacity—sharing best practices and identifying opportunities for continuous improvement.
- **Conscientiousness:** Understand that the deal isn't done until the paperwork is complete, capable of documenting account reviews, state-compliant sign-offs, referrals, and letters of authority, and follow underwriting guidelines.
- **Data Analysis:** Proven analytical ability to evaluate and judge underwriting risks within the scope of responsibility.
- **Verbal & Written Communication Skills:** Demonstrated ability to effectively communicate complex analyses and information in understandable written and/or oral directives to other persons in the organization for underwriting or training purposes.
- **Excellent Interpersonal Skills:** Demonstrated effective communication and interpersonal skills in dealing with agents, brokers, etc., while presenting proposals, negotiating deals, and obtaining approvals.
- **Relevant Knowledge:** Thorough Knowledge of commercial insurance products, underwriting, risk selection, pricing, and marketplaces, as well as regulatory issues in relevant territories. Understanding of contract language, including regulatory and policy differences among applicable states.

## PROFESSIONAL EXPERIENCE

### Disability Verification Specialist

April 2022 – Current

The Hartford

- Responsible for claim investigations of Permanent Total Disability or Disability Extension claims, as well as Life Insurance Waiver of Premium.
- Work with internal and external customers to retrieve and relay information relevant to Premium Waiver.
- Gather information, make sound decisions, and draw appropriate conclusions using critical thinking and mathematical aptitude.
- Ensure claim adjudication is based on ethical evaluations and sound analysis.
- Collaborate with claimants, physicians, and employers to gather necessary medical and coverage information.
- Help to create a positive team environment that achieves Group Benefit Claims Diversity and Inclusion initiatives and objectives.
- Maintain a dedication to meeting the expectations and requirements of internal and external customers.
- Leverage sound business knowledge and subject matter expertise to make claim decisions.
- Gather and analyze critical and complex medical information which allows them to properly evaluate an individual's ability to perform functional work.
- Partner with resources in the Long-Term Disability department, and Medical/Vocational Case Managers.

**Casualty Adjuster**

June 2021 – March 2022

Allstate

- Communicated with claimants and insureds to gather and record information on the facts of the loss to determine liability.
- Managed and investigated claims, interpreted policy contract language, and rendered insurance decisions from onset to closing.
- Explained policy information such as coverage, limits of coverage, medical claims process, and benefit entitlement.
- Evaluated evidence, claim statements, and intricate claims details then liaises with Special Investigative Units for fraud and subrogation investigations.
- Completed thorough investigation, including interviewing claim participants and witnesses, and requesting police reports, crash reports, and medical records to determine liability.
- Processed claim expenses such as vehicle damage, repairs, towing, and other claims-related expenses and used the information to make claims settlement decisions.
- Negotiated claims settlements with claimants, insureds, and third-party insurance companies.
- Assisted claims participants with navigating mobile apps and website functionality to upload claims evidence claims documents, check claims status, etc.
- Protected company and policyholders' assets from unnecessary exposure or loss while paying what's owed.
- Responded adequately to heightened workloads, increasing knowledge and expertise as required while meeting quality goals.
- Explored solutions to assist in customer claims and effectively resolve issues related to claims.

**PIP Adjuster**

April 2016 – June 2021

State Farm

- Received incoming calls from internal and external customers to record the first notice of loss.
- Accurately recorded facts of loss opened first-party coverage when applicable and facilitated the coordination of emergency services such as temporary housing or immediate mitigation.
- Ensured claims are routed to the correct downstream segment by correctly indicating injuries, property damage, involved parties, etc.
- Educated claimant or insured on terms and conditions such as mitigating damage, coverage limits, deductibles, and applicable coverage.
- Handled escalation calls, including service complaints, and settlement disputes.
- Provided customers with first-party coverage as applicable and assisted with rental reservations, repair assignments, vehicle inspection appointments, towing assignments, and potential total loss procedures as needed.
- Assisted customers with claims information and the next steps in the claims process and routed out-of-scope callers to the appropriate group.
- Trained new associates by shadowing, sharing best practices, and coaching on proper procedures.
- Remained abreast of insurance policy and related laws to uphold organization and customer safety.

**Sales Consultant**

February 2013 – March 2016

AT&amp;T

- Responsible for all pricing and marketing analytics for a business unit with over \$200M in annual revenue.
- Provided exceptional customer service by providing friendly greetings upon client arrival, assessing their needs, and providing solutions in person and via telephone.
- Built relationships with other departments to investigate and resolve service issues, billing issues, and equipment malfunctions.
- Conducted research to find resolutions and used resources and creativity to turn negative experiences into successful outcomes.
- Maintained detailed records of customer interactions and steps taken to resolve customer complaints and disputes.
- Resolved customer issues and escalations while maintaining a positive and professional attitude to ensure customer retention and increase the rate of win-back customers.
- Exceeded quarterly sales targets by developing and implementing effective sales strategies.

**Bank Teller**

November 2012 – February 2013

PNC Bank

- Performed essential accounting functions such as balancing drawers, balancing deposits, and withdrawals, and auditing financial paperwork.
- Received payment information via phone and in person, inputting transactions in POS systems quickly and accurately.
- Enforced federal reporting guidelines and internal transactional limit guidelines to process and execute financial transactions.
- Worked closely with management to strategize sales techniques to exceed branch production and customer service goals.
- Researched new company products and services to remain up to date on all company offerings.

**EDUCATION****High School Diploma**

Crockett Technical High School

**LICENSES****Licensed Property Damage Adjuster** in FL, TX, and KY