



ARBITRATION FORUMS, INC.
Membership driven. Innovation focused.

E-Subro Hub Add Demand Reference Guide

March 2024

Table of Contents

E-Subro Hub Add Demand.....	3
Introduction.....	4
TRS E-Subro Hub – Add Demand.....	5
Party & Incident Details.....	5
Responder Information.....	9
Damages, Liability, and Evidence.....	9
Review Filing.....	12
Demand Issued Confirmation.....	15

E-Subro Hub Add Demand

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Introduction

Arbitration Forums, Inc. (AF) has redesigned the E-Subro Hub program to more closely align with the view and performance of Total Recovery Solution® (TRS®).

This document provides a reference to the Add Demand process.

To begin, go to www.arbfile.org. Log in by clicking **Go to My Arbfile**.



Enter your user ID and password, and click **Login**.

A screenshot of the 'USER LOGIN' form. The form has a green header with 'USER LOGIN' in white. Below the header are two input fields: the first contains the text 'ccalhou' and the second contains a series of dots representing a password. Below the password field is a blue link for 'Forgot Password'. At the bottom of the form is a large green button labeled 'LOGIN' and a smaller grey button labeled 'Cancel to Home'.

TRS E-Subro Hub – Add Demand

To create a new demand, select “Add Demand” from the E-Subro Hub drop-down menu.



Party & Incident Details

The TRS Add Demand initial entry includes a Search for the Responding Company on the Party & Incident Details page. The filer can scroll down to the four sections on this page: Initial Information, Demander Information, Incident Details, and Responder Information.

After selecting an active Responder company, the Demander information will be completed (Demander Subsidiary, Demander Claim Number, Line of Insurance, and Insured Name).

The Add Demand process proceeds by filling in the appropriate Incident Details to issue a subrogation demand. Complete the Required (*) and Requested (o) entry fields.

The Responder Company claim information (Claim/Policy Number, Line of Insurance, and Insured Information) will be entered at the bottom of the Party & Incident page.

Responder Policy Information
 ✓ Claim number, policy number or insured's last name is required

Claim Number: B-06302021-one

Policy Number: _____

Line of Insurance: **Personal** Commercial

Insured's First Name: Leslie

Insured's Last Name: Martins

Next →

The subrogating user can click “Next” to move to the following page or click a navigation icon on the left side of the page.

Add Demand
 Demand ID: 330581

Claim #: A-06212021-1 cj
 Loss State: CA
 Loss Date: 06/21/2020

Issue Demand Assign Save & Exit

✓ Claim number, policy number or insured's last name is required

Line of Insurance: **Personal** Commercial

Insured's First Name: RESPONDER

Insured's Last Name: JUNE 21 ONE

Next →

Navigation Menu:

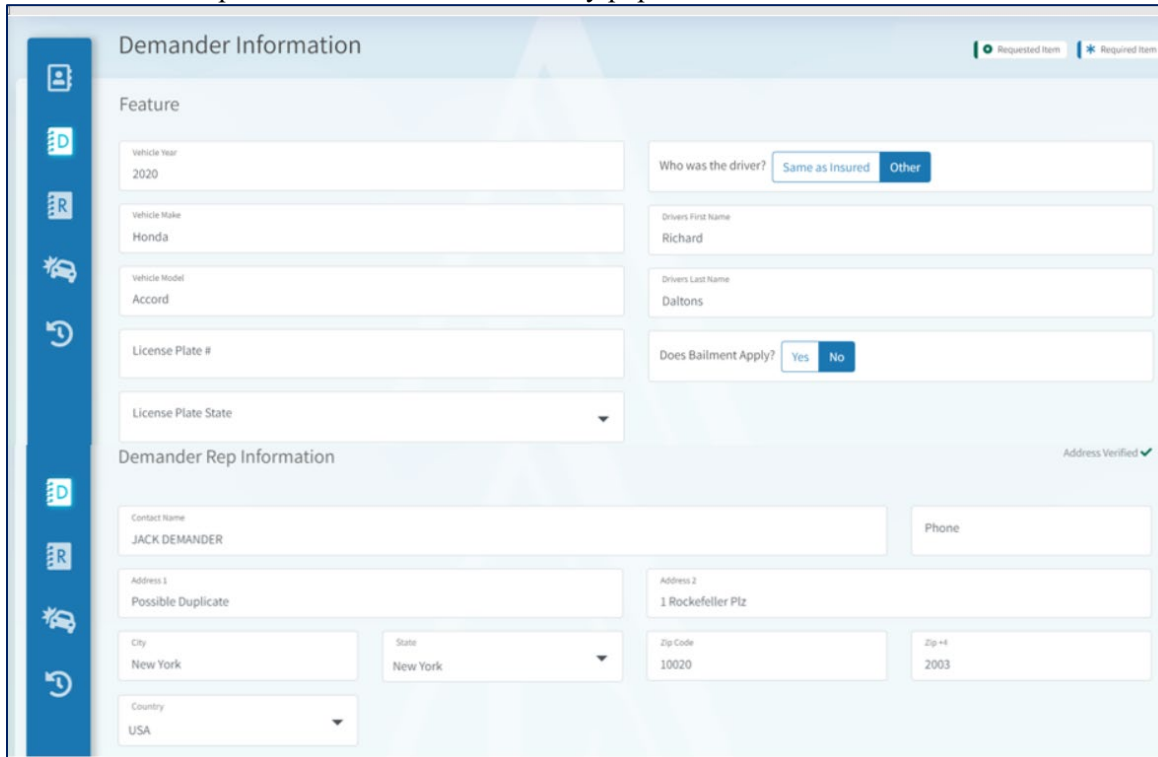
- Parties & Incident Details
- Demander Party Information
- Responder Party Information
- Damages, Liability & Evidence
- Review Filing

Demander Information

The Demander Vehicle Information will not be a Required Field, but may be a Requested Field.

The Driver Information and Bailment settings are in this section. The driver can be the “Same as Insured” or a new “Other” entry.

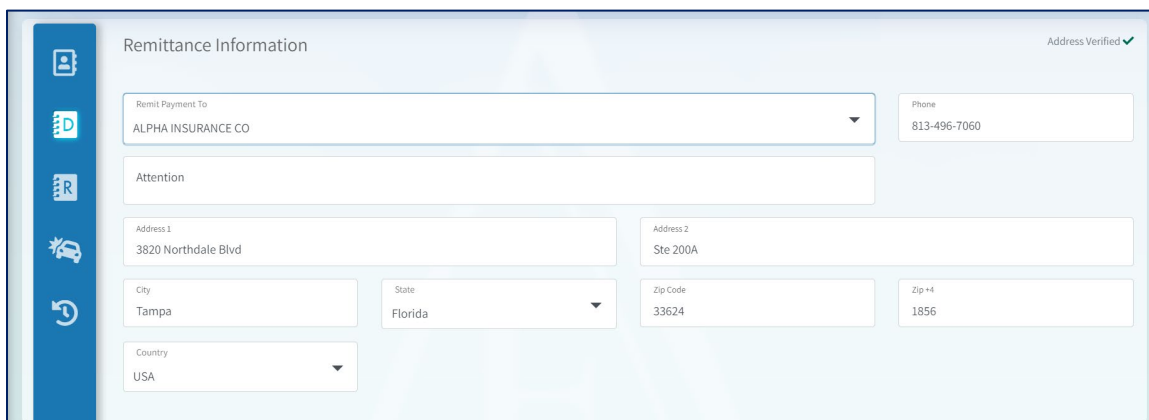
The Demander Rep Information will automatically populate based on the User Profile.



The screenshot shows the 'Demander Information' form. It includes a sidebar with navigation icons and a main content area. The 'Feature' section contains fields for Vehicle Year (2020), Vehicle Make (Honda), Vehicle Model (Accord), License Plate #, License Plate State, and Who was the driver? (Same as Insured, Other). The 'Demander Rep Information' section includes Contact Name (JACK DEMANDER), Address 1 (Possible Duplicate), City (New York), State (New York), Zip Code (10020), and Country (USA). There are also fields for Phone, Address 2 (1 Rockefeller Plz), and Zip +4 (2003). A green checkmark indicates 'Address Verified'.

At the bottom of the Demander Information page, the Remittance Information will be completed once and automatically populated for subsequent demands.

Click “Next” or the “Responder Party Information” icon to move to the next page.



The screenshot shows the 'Remittance Information' form. It includes a sidebar with navigation icons and a main content area. The 'Remittance Information' section includes fields for Remit Payment To (ALPHA INSURANCE CO), Attention, Address 1 (3820 Northdale Blvd), City (Tampa), State (Florida), Zip Code (33624), and Country (USA). There are also fields for Phone (813-496-7060) and Address 2 (Ste 200A). A green checkmark indicates 'Address Verified'.

Responder Information

The Responder Information page will not include Required Fields, but may have Requested Fields. The Respondent driver can be the “Same as Insured” from page one or a new “Other” entry.

The Responder Rep Information will populate by the ownership assignment that will occur by the Responding party. There are no entries for the Demander to complete.

The screenshot shows the 'Responder Information' form. On the left is a blue sidebar with icons for Home, Add Demand, Responder, Evidence, and History. The main form area has a title 'Responder Information' and two status indicators: 'Requested Item' (green circle) and 'Required Item' (blue asterisk). The form contains the following fields:

- Vehicle Year: 2016
- Vehicle Make: Toyota
- Vehicle Model: Tacoma
- License Plate #: (empty)
- License Plate State: (dropdown menu)
- Who was the driver?: Same as Insured (selected), Other

Damages, Liability, and Evidence

The Coverage (Collision or Comp [OTC]) and Total Loss selection will be completed on this page. The subrogating user will enter the relevant damage amounts with a required Negotiation Message.

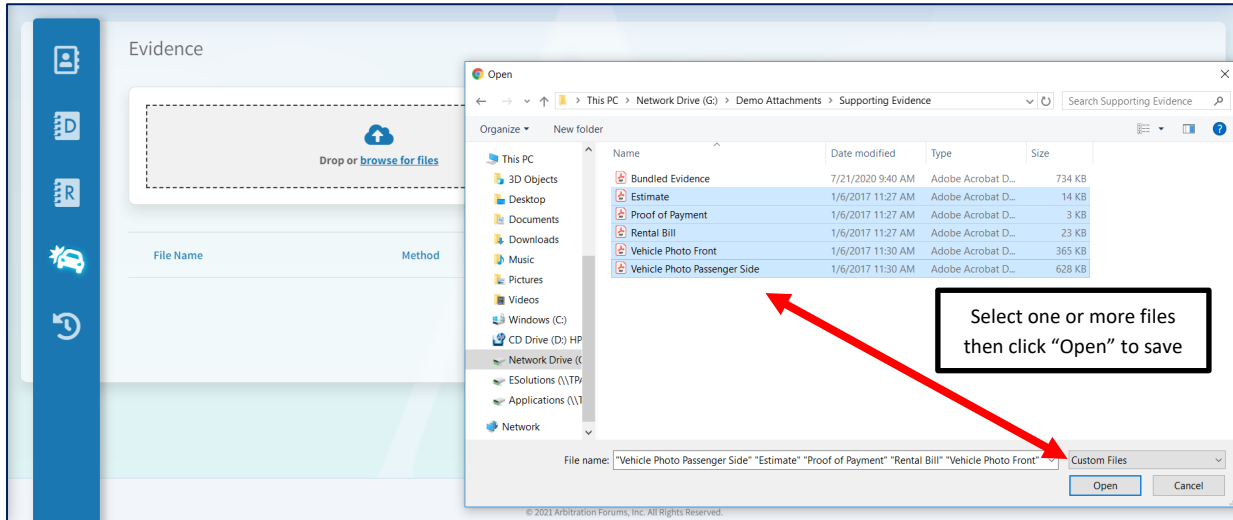
The screenshot shows the 'Original Damages' form. On the left is the same blue sidebar as in the previous screenshot. The main form area has a title 'Original Damages' and the following fields:

- Coverage: * Coverage (selected), Collision, Comp (OTC)
- Total Loss?: Yes, No
- Auto Damage: \$ 3,000.00
- Rental: \$ 300.00
- Towing: \$ 100.00
- Other Amount: \$ 0.00
- Insured Deductible: \$ 100.00
- Salvage Amount: \$ 250.00
- Responder Liability %: 100
- Total Demand: * Total Demand \$ 3,250.00
- Negotiation Message: * Negotiation Message Enclosed please find our subrogation demand for review and payment.

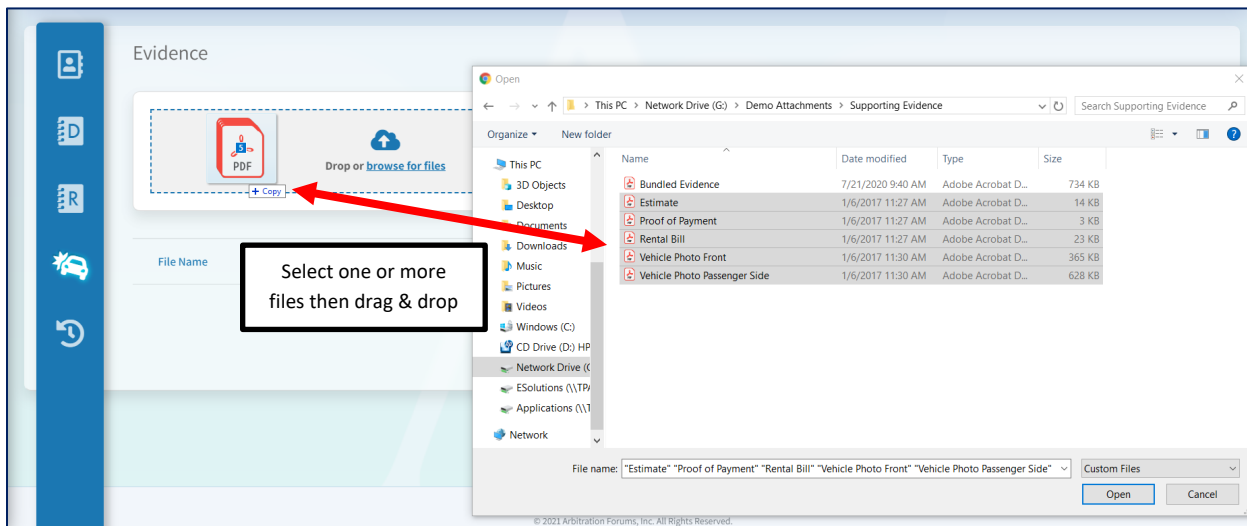
Total Damages: \$3,250.00

Evidence can be attached to the E-Subro Hub demand in several ways. AF Client and Data Integration will continue to allow users to print drive documents directly to the claim. The use of AF Client does require software deployed by the member’s technology department.

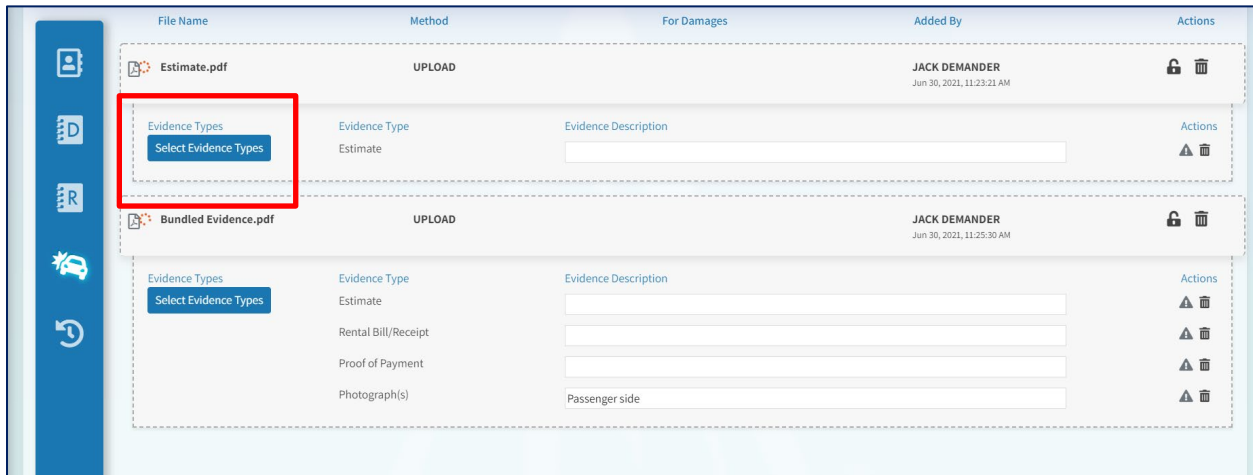
The “Browse for Files” option is a direct upload method that is available to all users. The “Browse for Files” process is similar to attaching a document to an email. If several evidence items are stored in a single folder, holding the Ctrl button and clicking multiple files will bring them to the demand in one step.



This new page will give associates the option to “drag and drop” a document from a folder into the “Drop Box.” If several evidence items are stored in a single folder, holding the Ctrl button and clicking multiple files will “drag” them to the demand in one step.

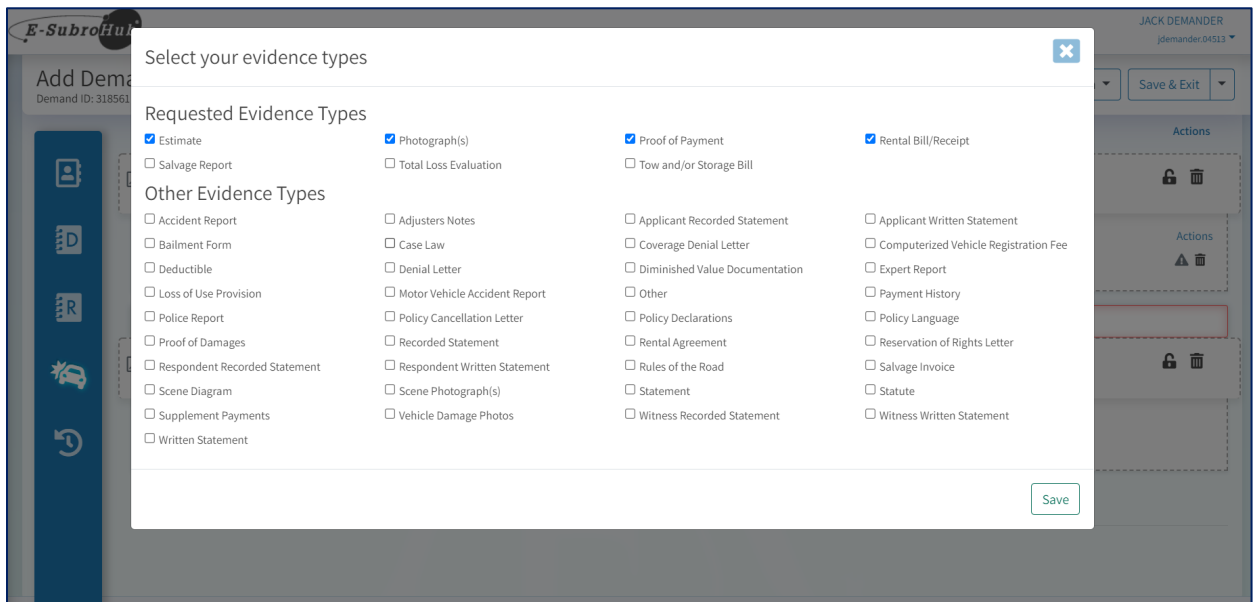


Click “Select Evidence Type” to determine the type of evidence.



Check one or more options depending if the file holds a single piece of evidence or is a bundle of items. Requested Evidence Types will be listed at the top of the page.

Click “Save” to complete the Evidence Type.



Click the “Lock” icon to make a document “Private” or “Public.”

The “Evidence Description” entry can be used to provide more detail about a piece of evidence.

The “Trash Can” icon can delete a piece of evidence prior to issuance.

Review Filing

The final page can be used to review the claim file prior to submission. The demand could also be issued once the required pages have been completed by clicking the “Issue Demand” button at the top of the page.

Add Demand
 Demand ID: 318561
 Claim #: A-06302021-1
 Loss State: CA
 Loss Date: 06/30/2020

Review Filing

Incident Details

Loss Date:	06/30/2020	Coverage Group:	Collision, Comprehensive/OTC
Loss State:	CA	Loss Facts:	Beta vehicle struck Alpha vehicle while turning left from the southbound lane. Alpha insured was northbound and had right of way through the intersection. Traffic light was green for northbound traffic. Beta failed to yield right of way.
Loss City:	SAN DIEGO		
Loss Location:	Main St and Division Ave		

Parties on the Demand

Demander		Responder	
Company Name:	ALPHA INSURANCE CO	Company Name:	QTP BETA INSURANCE CO
Subsidiary:	ALPHA INSURANCE OF FLORIDA	Subsidiary:	QTP BETA INSURANCE OF COLORADO
Claim Number:	A-06302021-1	Claim Number:	B-06302021-one
Policy Number:		Policy Number:	
Line of Insurance:	Personal	Line of Insurance:	Personal
Insured First Name:	TIMOTHY	Insured First Name:	LESLIE
Insured Last Name:	DALTONS	Insured Last Name:	MARTINS
Internal Reference:			

Damages & Liability

Original Damages		Damages		Negotiation Message	
Coverage:	Collision	Auto Damage:	\$3,000.00	Enclosed please find our subrogation demand for review and payment.	
Total Loss?:	Yes	Rental:	\$300.00		
		Towing:	\$100.00		
		Other Amount:	\$0.00		
		Insured Deductible:	\$100.00		
		Salvage Amount:	(\$250.00)		
		Total Damages:	\$3,250.00		
		Responder Liability:	100%		
		Total Demand:	\$3,250.00		

Attached Evidence

Evidence Type	Evidence Description	Amount	Uploader	Date	Actions
Estimate.pdf	Upload	\$3,250.00	JACK DEMANDER	Jun 30, 2021, 11:35:15 AM	🔒
Estimate					⚠️
Bundled Evidence.pdf	Upload	\$3,250.00	JACK DEMANDER	Jun 30, 2021, 11:35:15 AM	🔒
Estimate					⚠️
Rental Bill/Receipt					⚠️
Proof of Payment					⚠️
Photograph(s)	Passenger side				⚠️

Feature Information

Year	Make	Model	Plate	Bailment
2020	Honda	Accord		No

Demander

Driver Status: **Other**
Driver: **RICHARD DALTONS**

Demander Rep

Contact Name: **JACK DEMANDER**
Phone:
Address 1: **Possible Duplicate**
Address 2: **1 Rockefeller Plz**
City, State Zip: **New York, NY 10020-2003**
Country: **US**

Year	Make	Model	Plate
2016	Toyota	Tacoma	

Responder

Driver Status: **Same as insured**
Driver: **LESLIE MARTINS**

Remittance Information

Remit Payment to: **ALPHA INSURANCE CO**
Attention:
Phone: **813-496-7060**
Address 1: **3820 Northdale Blvd**
Address 2: **Ste 200A**
City, State Zip: **Tampa, FL 33624-1856**
Country: **US**

Related Demands

No Related Demands

[← Back](#)

If the required pages cannot be completed in the current session, the demand can be saved by clicking the “Save & Exit” option at the top of the page. This will put the demand on the user’s Work List in a “New” status where it can be opened and finalized later.

Add Demand
Demand ID: 318561

Claim #: A-06302021-1
Loss State: CA
Loss Date: 06/30/2020

Issue Demand Assign Save & Exit

Review Filing

● Reques

Incident Details

<p>Loss Date: 06/30/2020 Loss State: CA Loss City: SAN DIEGO Loss Location: Main St and Division Ave</p>	<p>Coverage Group: Collision, Comprehensive/OTC Loss Facts: Beta vehicle struck Alpha vehicle while turning left from the southbound lane. Alpha insured was northbound and had right of way through the intersection. Traffic light was green for northbound traffic. Beta failed to yield right of way.</p>
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Parties on the Demand

<p>Demander</p> <p>Company Name: ALPHA INSURANCE CO Subsidiary: ALPHA INSURANCE OF FLORIDA Claim Number: A-06302021-1 Policy Number: Line of Insurance: Personal</p>	<p>Responder</p> <p>Company Name: QTP BETA INSURANCE CO Subsidiary: QTP BETA INSURANCE OF COLORADO Claim Number: B-06302021-one Policy Number: Line of Insurance: Personal</p>
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The demand can be assigned to a different owner prior to submission by clicking “Assign” at the top of the page.

Add Demand
Demand ID: 318561

Claim #: A-06302021-1
Loss State: CA
Loss Date: 06/30/2020

Issue Demand Assign Save & Exit

Review Filing

* Required Item

Incident Details

<p>Loss Date: 06/30/2020 Loss State: CA Loss City: SAN DIEGO Loss Location: Main St and Division Ave</p>	<p>Coverage Group: Collision, Comprehensive/OTC Loss Facts: Beta vehicle struck Alpha vehicle while turning left from the southbound lane. Alpha insured was northbound and had right of way through the intersection. Traffic light was green for northbound traffic. Beta failed to yield right of way.</p>
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Parties on the Demand

<p>Demander</p> <p>Company Name: ALPHA INSURANCE CO Subsidiary: ALPHA INSURANCE OF FLORIDA Claim Number: A-06302021-1 Policy Number: Line of Insurance: Personal</p>	<p>Responder</p> <p>Company Name: QTP BETA INSURANCE CO Subsidiary: QTP BETA INSURANCE OF COLORADO Claim Number: B-06302021-one Policy Number: Line of Insurance: Personal</p>
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Demand Issued Confirmation

Once the “Issue Demand” action is completed, the associate will see a confirmation page with an assigned Demand ID.

There is an option to “Return to this Demand, “Go to My Worklist, or “File a New Demand.”

