

The Florida Medical Malpractice Joint Underwriting Association ("FMMJUA") is seeking to hire a General Manager.

Date Posted: Monday, February 12, 2018

Job Title: General Manager

Location of Job: Florida Medical Malpractice Joint Underwriting Association
1836 Hermitage Blvd., Suite 201
Tallahassee FL, 32308

Salary: Commensurate with experience and qualifications.

Posting Closing Date: Candidates must submit: (1) a cover letter, (2) completed application (attached hereto), and (3) signed "Authorization to Obtain a Consumer Report" (attached hereto), via electronic mail or hard copy to the General Counsel at the following physical address or email address, no later than 5:00 p.m. on Monday, March 5, 2018:

Karen Asher-Cohen, Esq.
The Radey Law Firm
P.O. Box 10967
Tallahassee, FL 32302
850-425-6654
karen@radeylaw.com

This is a position at the Florida Medical Malpractice Joint Underwriting Association ("FMMJUA") in Tallahassee, Florida, that would be responsible for the day-to-day operations of the FMMJUA and for carrying out the purposes and objectives of the FMMJUA consistent with the Board of Governors, Florida law, and the FMMJUA Plan of Operations.

Candidates are directed to the full Job Description, attached hereto, including the position requirements, qualifications, and responsibilities. Information about the FMMJUA can be found on this website, or at section 627.351(4), Florida Statutes.

Candidates requiring a reasonable accommodation, as defined by the Americans with Disabilities Act, must notify the FMMJUA General Counsel at the telephone number or email address above. Notification to the General Counsel must be made in advance to allow sufficient time to provide the accommodation.

Notice to Candidates:

Successful completion of a full background screening is required for this position. See the Fair Credit Reporting Act Disclosure, attached. Candidates may be required to complete additional consent forms and submit fingerprints for the background screening.

Candidates will be required to sign a Conflict of Interest Statement.

The FMMJUA may conduct one or more interviews of qualified candidates. However, the FMMJUA is not required to interview any candidates.

All applications become the property of the FMMJUA and will be a matter of public record subject to the provisions of Chapter 119, Florida Statutes.

The Florida Medical Malpractice Joint Underwriting Association
JOB DESCRIPTION

Job Title: GENERAL MANAGER

Location: Tallahassee, FL

Position Purpose: Responsible for the day-to-day operations of the FMMJUA and for carrying out the purposes and objectives of the FMMJUA consistent with the Board of Governors, Florida law, and the Plan of Operations.

Main Duties and Responsibilities:

The General Manager's responsibilities include, but are not limited to, oversight and management of the following activities as applicable:

The General Manager is required to manage Board of Governors and policyholder expectations and relations; develop primary goals, operating plans, policies and short and long range objectives for the FMMJUA; maintain a broad spectrum of industry and business relationships; cultivate effective relationships and working partnerships with other carriers and the financial community, insurance regulators, insurance producers, state legislators, and claims and policy administration vendors.

Present JUA reports at the Board of Governors meetings.

Direct and coordinate activities of a statewide medical malpractice insurance organization to achieve the most productive use of financial resources – maintenance of sufficient assets to avoid an assessment of policyholders.

Establish organizational structure; provide operational and administrative leadership; oversight; and delegate authority to subordinates to achieve the FMMJUA's objectives.

Set standards, negotiate, and manage contracts with key vendors, subject to the approval of the Board of Governors (Service Provider, Auditor, Actuary, General Counsel, Investment Manager, and Systems Consultant).

Meet with and advise other executives, Board of Governors' key committee members, outside counsel, members of the legislature and Cabinet, and regulators, on FMMJUA/residual market matters.

Review activity and claims reports and financial statements to determine progress and make recommendations to Board for adjustments in operating plans, programs, and short-term objectives, when necessary to meet the needs of all stakeholders.

Challenges

- Maintaining solvency.
- Predicting the volatility of the voluntary market as the size of the FMMJUA is directly dependent upon what the voluntary market is unwilling to write at any particular time.
- Providing coverage at an appropriate price when the residual market is so small that fixed expenses, not loss, becomes the driving force in rate need.
- Settling claims in an increasingly litigious environment.
- Preventing fraud and successfully prosecuting it when discovered.
- Managing sudden volume expansion and contraction while providing a high standard of service.
- Monitoring litigation.
- Managing grant program.

Essential Position Functions & Principal Accountabilities / Expectations

- Provide medical malpractice insurance to health care providers who are unable or unwilling to procure it in the voluntary market.
- Ensure that policyholders and claimants receive quality service.
- Provide coverage and service efficiently and establish rates that are actuarially sound and reasonably expected to ensure the ongoing solvency of the residual market mechanism without future policyholder assessments.
- Monitor the FMMJUA Plan of Operation and Operating Principles; draft amendments, when necessary, and obtain Board of Governors and the Florida Office of Insurance Regulation ("OIR") approval.
- Consistently set direction by defining goals and objectives.
- Organize and set agendas for quarterly and Annual Board and committee meetings, in consultation with Board and committee Chairs
- Report to Board regarding operations, claims activity, budget, and related issues
- Effectively manage expenses through directing an efficient operation, negotiating and managing efficient contracts with service providers (policy administration, auditor, investment manager, actuary, tax consultant, General Counsel, service provider, systems consultant, etc.).
- Develop and monitor all necessary rate and/or form filings with the OIR, and work with all necessary vendors on same.
- Plan for, attract and build staff necessary to deliver agreed upon plans, capitalize on growth and provide for succession.
- Monitor legislative initiatives that affect the medical malpractice insurance industry and policyholders.

- Interpret federal and state legislation and regulation changes and make necessary adjustments to the Plan of Operation; products and services; and strategies.
- Promote the FMMJUA residual market experience as the success that it is to appropriate persons including state legislators, regulators, agents, associations, and other carriers by attending meetings, testifying, and making presentations, when necessary.

Authority

Oversees the operations of the FMMJUA in accordance with the guidelines and direction established by the Board of Governors and the appropriate committees of the Board of Governors.

Contacts

Internal: All employees

External: Board members, general counsel, service providers (all levels), state agencies (all levels), agents/brokers, and vendors

Position Requirements / Qualifications - Requisite Skills

- Bachelor degree in business, accounting, or related field.
- Extensive knowledge of and current experience in the business of insurance, and specifically, medical professional liability insurance.
- Excellent leadership skills with a minimum of five years management experience.
- Excellent communication skills, both oral and written.
- Strong interpersonal and collaborative skills to build effective working relationships with service providers; state agencies; producers; other carriers; etc.
- Operational management and leadership skills to establish and monitor goals and objectives, performance expectations, and results.
- Working knowledge of reinsurance programs and practices.
- Working knowledge of claims practices, policy administration processes, systems operations, and accounting practices.
- Strong analytical skills.
- Working knowledge of reserve analysis and rate making.
- Ability to react to a rapid change in volumes while effectively managing expenses.
- Ability to maintain an overview while effectively delegating details and suggestions to subordinates.
- 5 – 10 years' experience in the insurance industry, in a regulatory capacity, or in an insurance or other financial institution.

Competencies / Characteristics / Performance Skills

- Honesty and Integrity.
- An independent leader who articulates the vision for this business that coincides with the vision of the Board of Governors; who possesses a good sense of who she/he is that fits with the perception of others.
- 'Bottom line' focused, achievements- oriented and personally works hard to attain goals.
- Is technology-oriented.
- Has the confidence to admit failures, rework projects and products, and encourages others to do the same.
- A team builder that genuinely takes pride in sharing credit and, by example, encourages others to do so.
- Can manage multiple projects simultaneously.
- A logical and strategic thinker and planner, but is a pragmatic decision-maker.
- Seeks accountability and responsibility.
- Possesses a sense of urgency, a sustained drive and a high energy level.
- Flexible.

Reporting

Reports to: FMMJUA Board of Governors (Chair)

Supervises: Executive Assistant

Staff Liaison to: Board of Governors and Committees; OIR and the Florida Department of Financial Services; service provider and other vendors

Salary Range To be determined.

APPLICANT NAME _____
DATE _____

**Florida Medical Malpractice Joint Underwriting
Association (“FMMJUA”)
1836 Hermitage Blvd., Suite 201
Tallahassee, FL 32308**

APPLICATION FOR EMPLOYMENT

PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING APPLICATION

- We are an equal opportunity employer. All applicants will be given equal consideration regardless of race, color, creed, religion, sex, sexual orientation, age, national origin, citizenship status, marital status, veteran status, disability or handicap. We are committed to maintaining a work environment which promotes the health, safety and productivity of our employees.
- Falsification of any information on this application will subject applicant to disqualification for consideration or will result in termination of an applicant subsequently employed by the FMMJUA.
- Be sure to answer all questions. Resumes are no substitute. **Incomplete applications will not be accepted for consideration.**

PLEASE PRINT

Personal Information		
LAST NAME	FIRST NAME	MIDDLE NAME/INITIAL
PRESENT ADDRESS (HOUSE NO. STREET, CITY, STATE, ZIP CODE)	HOW LONG?	TELEPHONE NO.
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS)	HOW LONG?	TELEPHONE NO.
IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE A WORK PERMIT THAT ALLOWS YOU TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? (IF YES, FOR WHAT, WHERE, WHEN) <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE TO START WORK	
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS AUTOMOBILE AVAILABLE FOR BUSINESS USE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Education History					
SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU TAKING ANY COURSE OF STUDY NOW? (GIVE DETAILS) <input type="checkbox"/> YES <input type="checkbox"/> NO				DATE TO BE COMPLETED	
LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS, PROFESSIONAL ORGANIZATIONS, PROFESSIONAL DESIGNATIONS					
LIST EXTRA CURRICULAR ACTIVITIES (ATHLETICS, MANAGERIAL, ELECTED OFFICES, ETC. INCLUDING HOBBIES)					

Employment History

Please account for all periods of employment, including U.S. Armed Forces experiences, periods of travel, self-employment and unemployment. List present or last employer first. If more space is desired, please use additional application.

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	FROM
				/	/
				MO	YR
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE		DEPARTMENT	
POSITION OR TITLE		REASON FOR LEAVING			
YOUR NAME AT TIME (IF DIFFERENT)					

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	FROM
				/	/
				MO	YR
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE		DEPARTMENT	
POSITION OR TITLE		REASON FOR LEAVING			
YOUR NAME AT TIME (IF DIFFERENT)					

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	FROM
				/	/
				MO	YR
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE		DEPARTMENT	
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				FROM	FROM
				/	/
				MO	YR
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE		DEPARTMENT	
POSITION OR TITLE		REASON FOR LEAVING			
YOUR NAME AT TIME (IF DIFFERENT)					

LIST SPECIFIC SOFTWARE YOU HAVE A PROFICIENCY USING:

ARE YOU EMPLOYED WITH ANY OTHER COMPANY THAT REQUIRES WORK OF YOU? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN
ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN
DESCRIBE ANY OTHER EXPERIENCE WHICH MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION.

References

(Four business and three personal, indicate reference's relationship to you, such as superior, co-worker, personal, etc.)

NAME	RELATIONSHIP	POSITION	ADDRESS	TELEPHONE

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE IN ALL RESPECTS, AND I AGREE THAT IF THE INFORMATION GIVEN IS FOUND TO BE FALSE OR INACCURATE IN ANY WAY, THE FMMJUA CAN REFUSE FURTHER CONSIDERATION OF MY APPLICATION AND TERMINATE MY EMPLOYMENT, IF ANY. I AUTHORIZE THE USE OF ANY INFORMATION TO VERIFY MY STATEMENTS IN THIS APPLICATION, AND I AUTHORIZE PAST EMPLOYERS, ALL REFERENCES, AND ANY OTHER PERSONS TO ANSWER ALL QUESTIONS ASKED CONCERNING MY ABILITY, CHARACTER, REPUTATION AND PREVIOUS EMPLOYMENT RECORD. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION. I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE FMMJUA AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVISION OF ANY BENEFIT. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE FMMJUA UNLESS MADE IN WRITING. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND I WILL BE EMPLOYED "AT WILL" WHICH MEANS I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND THAT THE FMMJUA RETAINS THE SAME RIGHT. I FURTHER UNDERSTAND THAT IF AN OFFER OF EMPLOYMENT IS TENTATIVELY MADE TO ME, IT MAY BE CONDITIONED UPON MY SUCCESSFUL COMPLETION OF A BACKGROUND CHECK AND DRUG SCREEN.

SIGNATURE OF APPLICANT	DATE
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FAIR CREDIT REPORTING ACT DISCLOSURE (FLORIDA)

The Florida Medical Malpractice Joint Underwriting Association ("FMMJUA") may wish to obtain a *consumer report* from a *consumer reporting agency* in considering your application for employment. The FMMJUA seeks your consent to obtain a *consumer report* because:

- The terms *consumer*, *consumer reporting agency*, and *consumer report* are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. Under the FCRA, you are a *consumer*.
- A *consumer reporting agency* is a person which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on *consumers* for the purpose of furnishing *consumer reports* to third parties, and which uses any means or facility of interstate commerce for the purpose of preparing or furnishing consumer reports.
- A *consumer report* is any written, oral, or other communication of any information by a *consumer reporting agency* bearing on a *consumer's* credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the *consumer's* eligibility for employment purposes.

If the FMMJUA obtains a *consumer report* about you, and if it considers any information in the report when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the *consumer report* and a summary of your rights under the FCRA before the decision is finalized. You may also contact the Federal Trade Commission about your rights under the FCRA. Before the FMMJUA can obtain a *consumer report* about you, you must give your consent in writing.

AUTHORIZATION TO OBTAIN A CONSUMER REPORT

By signing below, I, _____, acknowledge that I have read the above section entitled "Fair Credit Reporting Act Disclosure." I authorize the FMMJUA to obtain a *consumer report* about me from a *consumer reporting agency*. I also authorize the FMMJUA to consider the *consumer report* when making decisions regarding my employment at the FMMJUA and that I have rights under the FCRA, including the rights discussed above. I further agree that a photocopy or electronic copy of this authorization shall be as valid as the original.

Signature of Applicant

Date