

David L. Perry

INSURANCE CLAIM EXECUTIVE, LEGAL ANALYST AND EXPERT WITNESS

Analytical and strategic thinker with exceptional ability to transform organizations, solve problems, improve results, communicate effectively, build relationships, and apply strong leadership to influence and inspire others. Broad areas of legal and insurance subject matter expertise, including coverage analysis, bad faith, medical malpractice, management liability, professional liability, class actions and mass torts. Collaborates effectively with lawyers, drawing on several decades of experience as a client and consumer of legal services and as a practitioner who represented plaintiffs, defendants, insurers, and commercial clients in a wide variety of areas of practice.

- Analytical Skills
- Persuasive Advocate
- Vendor Management
- Communication Skills
- Risk Analysis
- Staff Development
- Strategic Leadership
- Negotiation
- Legal Acumen

PROFESSIONAL EXPERIENCE

STRATAGEM ADVISORS LLC, Washington, DC

1/2021 – Present

Co-Founder and Principal of boutique firm providing a wide-variety of insurance-related consulting services to insurers, policyholders, litigation funding firms, law firms and insurance agents and brokers.

CNA INSURANCE, Chicago, IL and Washington, DC

6/2001-10/2020

Assumed positions of increasing responsibility as a Senior Claim Executive at one of the nation's largest commercial insurers that provides a broad range of standard and specialized property and casualty insurance products and services for businesses and professionals in the United States, Canada, and Europe.

Senior Vice President, Specialty Claim, Coverage and Litigation Counsel (11/2017 – 10/2020)

Led team of 500+ claim professionals, defense and coverage lawyers, paralegals and support staff working from 62 locations who were responsible for investigating, evaluating, defending and resolving annually more than 35,000 liability claims, hundreds of non-litigated and litigated coverage disputes and tens of thousands of pending lawsuits generated by a \$3+ billion book of diversified Management Liability, Financial Lines, Healthcare and Professional Liability insurance products sold to more than 1 million policyholders.

- Led major restructuring and talent upgrade of Healthcare Claim unit to respond to deterioration in severity and profitability, delivering significantly improved financial outcomes, superior reserving practices and improved internal communication with business partners, as measured by decrease in paid legal and paid loss, increases in Quality Assurance and Net Promoter scores and material refinements to risk selection and product terms and conditions.
- Designed and implemented new processes and procedures to permit quicker identification and more aggressive and successful management of highest severity and most volatile claims, improving accuracy of reserving while decreasing time to initial substantive reserves on large losses, often, from more than one year to less than 180 days from notice.
- Designed, implemented, and led Claim Watchlist and Roundtable processes used to identify, review, reserve, manage and resolve an evolving portfolio of hundreds of high-profile, challenging, high exposure claims.

Senior Vice President, Specialty Claim and Coverage (6/2016 – 10/2017)

- Right sized and rationalized annual spend on coverage litigation after evaluating capabilities of internal talent, clarifying roles and responsibilities, and developing new productivity and workload standards, thereby allowing for reduction of internal headcount from 84 to 57 while simultaneously reducing annual spend on external coverage counsel from more than \$16M to \$4.6M.
- Launched new Quality Assurance program and developed new suites of metrics and dashboards to permit more objective, timely and accurate assessment of the performance and results delivered by Claim, including trends over time, thereby driving improved Quality and claim outcomes.

Senior Vice President, Specialty Claim (7/2007 – 5/2016)

- Introduced and embedded a new culture focused relentlessly on customer service resulting in industry-leading Net Promoter Scores (75%+ on open and closed claims), consistently high retention of customers and the elimination of virtually all regulatory and executive complaints.
- Created new situational leadership tools and expectations to improve performance management and ability to attract, retain and develop the industry's top talent. Introduced "values based" leadership and other diagnostic tools to help leaders build self-awareness and connect effectively to coach team members, thereby improving employee engagement survey results, increasing internal mobility, and broadening career paths while flattening the organization and retaining more than 95% of highest rated employees.
- While serving two terms on CNA's Human Capital Committee, worked with the CHRO, EVPs and other senior leaders and Human Resources professionals to create and deploy new performance evaluation and talent development processes. Routinely served as a mentor to several high-potential employees, a speaker at leadership classes and an advocate for employee resource groups working to create a more diverse and inclusive culture.

Vice President, Professional Services/Affinity Claim (6/2001 – 6/2007)

- Increased subject matter expertise and business acumen by assuming positions of greater and different responsibilities, moving from leading a team of 40 Architects & Engineers Claim Professionals to an expanded role with global responsibilities for a variety of other professional liability and E&S lines and programs, including Accountants, Lawyers and Real Estate Claims.
- Supervised and personally participated in analysis and resolution of hundreds of high-stakes claims and coverage matters, including cases resulting in \$100M+ verdicts, cases with 8-figure settlement demands that resulted in defense verdicts, litigation that generated significant media attention and cases involving services rendered by a wide variety of professionals in North America, Europe, Asia, Australia, and the Middle East.
- Collaborated with underwriters, actuaries, and others to analyze claim data, identify trends, and design underwriting and claim handling initiatives to help drive the profitable growth of several lines of business with annual GWP more than \$600 million.

ROSS, DIXON & BELL, LLP, Litigation Associate/Partner, Washington, DC and Irvine, CA 10/1989 – 6/2001

A Washington, DC-based law firm of litigators specializing in the representation of insurance industry and other commercial clients which grew from 37 to 120+ lawyers (now part of Troutman Pepper).

- Extensive experience in nationwide trial and appellate work, including representation of a diverse mix of clients (e.g., insurers, real estate developers, accountants, non-profit corporations, lawyers, inventors, entrepreneurs) as plaintiffs and defendants in a wide variety of substantive areas of the law.
- Emphasis on defense of professionals in malpractice actions and counseling and representation of insurers in complex coverage disputes, "bad faith" litigation and class action securities litigation.
- Participated in firm management as Chair of Recruiting Committee and Associate Development Partner.

EDUCATION AND PROFESSIONAL DEVELOPMENT

University of Pennsylvania School of Law, Juris Doctorate, With Honors
Editor, University of Pennsylvania Law Review Philadelphia, PA

Allegheny College, Bachelor of Arts, cum laude, Economics and Political Science
Phi Beta Kappa Meadville, PA

Columbia University Graduate School of Business, Advanced Management Program New York, NY

PROFESSIONAL AFFILIATIONS

Board of Advisors, RAND Institute for Civil Justice
Faculty Member, CLM Claim College