WHEN MOTHER NATURE SHAKES THINGS UP

Insuring the UNINSURABLE

DEALING WITH ACIDIC ATTITUDES

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Editor’s Note

“It is those who concentrate on but one thing at a time who advance in this world. The great man or woman is the one who never steps outside his or her specialty…”
- Og Mandino

Motorcycles, recreational vehicles, watercraft, antique vehicles, ATVs, high value homes and rentals – all of these things require added protection. Losing a one-of-a-kind item like a unique vehicle to fire or theft or suffering damage in a flood is bad enough, but learning that your insurance doesn’t cover the replacement of the item would make a heart-breaking situation even worse.

That’s where specialty insurance comes in – where the more difficult and unusual risks are written. Because specialty lines insurers tend to be more unusual or higher risk, much of the specialty lines market is characterized by a high degree of specialization. Insurers participating in this market have “specialized expertise and experience in underwriting and rating insurance for a wide range of risks”. Another example of a potential claim.

Insurance in the specialty lines market is provided on a licensed basis or a surplus lines basis. I have found various estimates of the current market size, but I believe it is somewhere in excess of $50 billion in total premium volume.

In the electronic Winter issue of Today’s Insurance Professionals we focus on the latest trends in Specialty Lines and what this means to insurance professionals, and how it affects the industry as a whole.

Remember to share your ideas and best practices on our social media sites Facebook, Twitter and our NEW LinkedIn group, so that we may continue …

...Connecting Members… Building Careers.

Betsy Blimline
Editor, Today’s Insurance Professionals Magazine

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As much as we may wish we could, we cannot be everything to everybody….not in our homes, not in our communities, and definitely not in our professions. To quote author and columnist Virginia Postrel, “Rising living standards – whether in a village, a region, a nation, or the world – depend first on specialization: on letting people concentrate on what they do best and trade with others who specialize in other things”.

The complexity of managing risk in today’s world is why specialty markets are essential. You may be the best in the business when it comes to providing your customer with advice and products for insuring their tract home or their retail business, but what do you do when that customer decides to move into a treehouse and open a sky diving school or a shooting range? These extreme risk exposures require a high degree of specialization and carriers willing to cover them. That’s where the specialty market steps in. Without them, customers with unusual or high risk exposures would have great difficulty finding the kind of insurance coverage they need.

One of the great benefits of being a member of IAIP is access to the network of insurance industry experts in our ranks. When you have a special risk that needs coverage you don’t have to offer, you can always tap into the wealth of specialists within our association, and within our online directory: Insurance Connections Place. You will either find what you’re looking for or find someone who does. That’s one of the things that makes your membership in IAIP so unique and valuable.

...Connecting Members... Building Careers.

Tish Riley
CIIP, DAE, CLP
IAIP President 2016-2017

West Bend is proud to support the International Association of Insurance Professionals and their goal of providing our industry with a network of insurance professionals who help each other, teach each other, and support each other.

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It’s often said that mistakes provide great learning opportunities, but it’s much better to make mistakes in the first place! In this article, we’re looking at 10 of the most common leadership and management errors, and highlighting what you can do to avoid them. If you can learn about these here, rather than through experience, you’ll save yourself a lot of trouble!

1. Not Providing Feedback
Sarah is a talented insurance representative, but she has a habit of avoiding the phone in an unprofessional manner. Her boss is aware of this, but he’s waiting for her performance review to tell her where she’s going wrong. Unfortunately, until she’s been alerted to the problem, she’ll continue putting off potential customers.

According to 1,400 executives polled by The Ken Blanchard Companies, failing to provide feedback is the most common mistake that leaders make. When you don’t provide prompt feedback to your people, you’re depriving them of the opportunity to improve their performance.

To avoid this mistake, learn how to provide regular feedback to your team.

“Experience is the name every one gives to their mistakes.”
- Oscar Wilde

2. Not Making Time for Your Team
When you’re a manager or leader, it’s easy to get so wrapped up in your own workload that you don’t make yourself available to your team.

Yes, you have projects that you need to deliver. But your people must come first—without you being available when they need you, your people won’t know what to do, and they won’t have the support and guidance that they need to meet their objectives.

Avoid this mistake by blocking out time in your schedule specifically for your people, and by learning how to listen actively to your team. Develop your emotional intelligence so that you can be more aware of your team and their needs, and have a regular time when “your door is always open,” so that your people know when they can get your help.

Once you’re in a leadership or management role, your team should always come first—it’s this, at heart, what good leadership is all about!

3. Being Too “Hands-Off”
One of your team has just completed an important project. The problem is that he misunderstood the project’s specification, and you didn’t stay in touch with him as he was working on it. Now, he’s completed the project in the wrong way, and you’re faced with explaining this to an angry client.

Many leaders want to avoid micro-management. But going to the opposite extreme (with a hand-offs management style) isn’t a good idea either—you need to get the balance right.

4. Being Too Friendly
Most of us want to be seen as friendly and approachable to people in our team. After all, people are happier working for a manager that they get along with.

However, you’ll sometimes have to make tough decisions regarding people in your team, and some people will be tempted to take advantage of your relationship if you’re too friendly with them.

This doesn’t mean that you can’t socialize with your people. But, you do need to get the balance right between being a friend and being the boss.

5. Failing to Define Goals
When your people don’t have clear goals, they muddle through their day. They can’t be productive if they have no idea what they’re working for, or what their work means. They also can’t prioritize their workload effectively, meaning that projects and tasks get completed in the wrong order.

Avoid this mistake by learning how to set SMART goals for your team.

6. Misunderstanding Motivation
Do you know what truly motivates your team? Here’s a hint: chances are, it’s not just money! Many leaders make the mistake of assuming their team is only working for monetary reward. However, it’s unlikely that this will be the only thing that motivates them.

For example, people seeking a greater work/life balance might be motivated by telecommuting days or flexible working. Others will be motivated by factors such as achievement, extra responsibility, praise, or a sense of camaraderie.

7. Hurrying Recruitment
When your team has a large workload, it’s important to have enough people “on board” to cope with it. But filling a vacant role too quickly can be a disastrous mistake. Hurrying recruitment can lead to recruiting the wrong people for your team: people who are uncooperative, ineffective or unproductive.

You can avoid this mistake by learning how to recruit effectively, and by being particularly picky about the people you bring into your team.

8. Not “Walking the Walk”
If you make personal telephone calls during work time, or speak negatively about your CEO, can you expect people on your team not to do this too? Probably not! As a leader, you need to be a role model for your team. This means that if they need to stay late, you should also stay late to help them. Or, if your organization has a rule that no-one apart from their representative, but she has a habit of avoiding the phone in an unprofessional manner.

To avoid this mistake, learn how to provide regular feedback to your team.

“Experience is the name every one gives to their mistakes.”
- Oscar Wilde

9. Not Delegating
Some managers don’t delegate, because they feel that no-one apart from themselves can do key jobs properly. This can cause huge problems as work bottlenecks around them, and as they become stressed and burned out.

Delegation does take a lot of effort up front, and it can be hard to trust your team to do the work correctly. But unless you delegate tasks, you’re never going to have time to focus on the “broader-view” that most leaders and managers are responsible for. What’s more, you’ll fail to get the work/life balance right so that they can take the pressure off you.

10. Misunderstanding Your Role
Once you become a leader or manager, your responsibilities are very different from those you had before.

However, it’s easy to forget that your job has changed, and that you now have to use a different set of skills to be effective. This leads to you not doing what you’ve been hired to do—leading and managing.

Key Points
We all make mistakes, and there are some mistakes that leaders and managers make in particular. These include not giving good feedback, being too “hands-off,” not delegating effectively, and misunderstanding your role.

It’s true that making a mistake can be a learning opportunity. But, taking the time to learn how to recognize and avoid common mistakes can help you become productive and successful, and highly respected by your team.

About the Author

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Dealing with ACIDIC ATTITUDES: Help for Your Managers

by Tim Gould

Every workplace has negative people who erode morale. They’re not always easy to pick out of a crowd, but they can do an amazing amount of damage over time. Most of the time, these folks don’t make the big mistakes that call attention to themselves. They’re frequently pretty good at their jobs, so they’re not called on the carpet too often. But like a virus running in the background of a computer program, their acidic personalities eat away at the goals – and ultimately the bottom line – of the company week after week, year after year. Who are these people? They’re the employees who:

- continually find things to complain about and exaggerate the seriousness of co-workers’ mistakes
- spread gossip and start rumors that pit employees against each other
- talk behind co-workers’ backs
- undermine supervisors’ authority with a never-ending flow of criticism that stays under-the-radar so it’s rarely recognized and corrected
- make a difference in morale and productivity?

Managers should identify the actions of negative people – and make it clear those actions will no longer be tolerated. An example: A Midwestern company established a “no jerk” policy. It included the statement: Each employee will demonstrate professional behavior that supports team efforts and enhances team performance. And it provides the negative behaviors to avoid.

HANDLING TOUGH CONVERSATIONS WITH ACIDIC EMPLOYEES

Establishing policy is a solid first step; it creates a good framework. But managers need practical advice that gets to the heart of the problem for everyone concerned. A manager can start by saying “We have a problem” or “We need to change.” This helps the person realize the behavior is important, without finger-pointing. “We need to talk about your attitude.” The point here is, while it is OK to use the word “you,” using it continually in a negative way kills the conversation. Instead, try “We need to talk about your attitude.”

Avoid overusing “you.” Putting all the responsibility on the employee is a conversational black hole that’s impossible to escape. The constant use of the word you, as in “You have a bad attitude and everyone knows it” is an invitation for a fight. Instead, try “We need to talk about your attitude.” The point here is, while it is OK to use the word “you,” using it continually in a negative way kills the conversation.

Avoid using “but.” Some managers believe that if they lead with a compliment, it’s easier to wade into the problem. That conversation looks something like this: “You’ve done a good job, but ...” and then the manager lowers the boom. That often angers people and leaves them thinking, “Why can’t he ever just say something positive and leave it at that?” Consider substituting “and” for “but” and “however,” and the conversation is likely to go smoother, as in: “You’re doing a good job and we need to talk about how to get you to show more respect for customers.”

Avoid “however” and “but.” Some managers believe that if they lead with a compliment, it’s easier to wade into the problem. That conversation looks something like this: “You’ve done a good job, but ...” and then the manager lowers the boom. That often angers people and leaves them thinking, “Why can’t he ever just say something positive and leave it at that?” Consider substituting “and” for “but” and “however,” and the conversation is likely to go smoother, as in: “You’re doing a good job and we need to talk about how to get you to show more respect for customers.”

Don’t feel as if you have to fill the silence. In a tense situation, a manager may be tempted to fill every gap in the conversation. Don’t. Stay silent when there’s a lull. Obligate the other person to fill in the silence. It’s surprising the amount of information a manager can get without ever asking a question just by remaining silent.

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Looking for Answers - 4 Key Questions

So what’s to be done? The experts say managers should move away from the vague “bad attitude” discussion to the hard facts of employee behavior. The key questions:

- What’s the impact of the employee’s behavior?
- How do the person’s actions differ from the standards set for overall employee behavior?
- What’s the effect of this individual’s behavior on the people who work with him/her?
- If this person acted according to accepted standards, could it make a difference in morale and productivity?

Managers should try to gather specific examples of negative things the employee has said in the past, and use those in the discussion for clarity.

Try to use “we.” Work to get across the notion that the issue is a problem for everyone concerned. A manager can start by saying “We have a problem” or “We need to change.” This helps the person realize the behavior is important, without finger-pointing.

Avoid overusing “you.” Putting all the responsibility on the employee is a conversational black hole that’s impossible to escape. The constant use of the word you, as in “You have a bad attitude and everyone knows it” is an invitation for a fight. Instead, try “We need to talk about your attitude.”

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Management Roles VS Leadership

Management Roles are important for a business owner who wants to do everything. One aspect of the management role is to focus on giving directions and supervising performance. Another role is building relationships with your employees to work together as a team towards a common goal.

What is the difference between being a manager and being a leader? Management focuses on the delegation of tasks and the effective use of resources, including money, supplies and personnel. A leader motivates people to achieve their goals. The leader will coach and listen to help people develop in their jobs. Good managers strive to acquire both management and leadership skills.

Managers often focus on the bottom line. Issues like: how much compensation is affordable to offer an employee, and how to price your product to offset production costs and produce a profit for the company are paramount. This is different for a manager to accomplish without the correct resources and understanding of business operations and financial analysis. Decisions need to be made on reliable data to produce a profit; so managers need to know who in their organization can provide the data that is needed.

Managers that use a leadership style to guide their management decisions are goal oriented. Goals and objectives are determined for each employee. They manage for results, measuring the performance of each employee to determine if objectives are achieved. The objectives or goals are directly related to their organizational mission statement.

Leaders and managers prepare for problems differently. Managers prepare for difficult times; during this time the leader is to make sure that the organization survives and can adapt as needed. Leaders insist loyalty to the employees where the manager cannot because he or she must maintain the rules and regulations of the organization. Leaders focus on the reasons to follow certain procedures and in making decisions. The manager follows on how, and when these decisions are to be made. The manager is comfortable when they can execute plans without upsetting the apple cart. They do not deviate from the plan even if failure is the outcome. A leader would learn from the failure and know what to do and not do the next time a decision must be made.

Good human relationship skills can change a manager into a leader. They can learn how to change from dictating to guiding, from always being in competition to working with others to bring about mutual results, and to change their perspective on their employees from an expense to an asset. Some of the traits of a good leader are boldness, imagination, spiritedness, confidence, passion, unconventional thinking, aggressiveness, and inspirational. Forbes recently stated that these are five qualities that a manager must have to be great. These are:

- Follow from the front. Empower people instead of managing.
- Understand technology.
- Lead by example. Instill the very best in your people.
- Embrace vulnerability. Be open and transparent.
- Believe in sharing—not keeping everything a secret.
- Believe in sharing—not keeping everything a secret.
- Avoid conflict, and remain vital, fulfilled and paid.

In conclusion, good managers should be able to lead their employees. They must be able to communicate well, listen, be organized, know how to plan and solve problems, and take responsibility for a problem instead of blaming others.

About the Author
Pamela M Holt, AIS, AINS, DAE, CLP, CIIP, Insurance Professionals of Greater Knoxville

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– Judy Bush
Am I insured to Value?

We were watching nervously as the flames got closer and closer to the large barn on the outside edge of our pasture. We could only hope the wind would change before the fire got everything we had. The crowd could not believe their eyes when the bright red Subaru plowed into the corner of the building. Only moments later, the building collapsed, destroying the building and everything in it.

The risk of a catastrophic loss is very real. It is easy to convince yourself and your clients that this risk is relatively low or even impossible due to their current location, the type of construction or the distance between buildings. But losses do happen, and before they do, it is important to make sure you have the correct values in place to allow the client to receive a satisfactory recovery after the loss.

This article is not designed to provide a complete list of terms or issues related to values to the issue of proper insurance valuation, but more to provide a foundation for you and your agency to assist your client with proper values and to provide an understanding of common terms and how they are applied during a loss. For this we will look at Actual Cash Value, Replacement Cost, Co-insurance, Blanket Limits and how to get proper values.

Actual Cash Value (ACV):

Actual Cash Value is computed by subtracting depreciation from the replacement cost. In some states ACV is determined by the value for which an item of a certain kind and quality is sold on the open market (Fair Market Value). This is an important distinction and can make a huge difference in the claim amount paid as determined by the insurance company.

Most policies offer ACV as an option in a loss payout prior to the insured replacing the property. An example would be a 20-year-old roof with a 40-year shingle that has a replacement value of $10,000 would be paid $5,000 ACV payment prior to replacement and be offered the remaining $5,000 when the company or adjuster receives proof of replacement. If the policy was based only on ACV the insured would be paid $5,000 (half of the $10,000 replacement cost for the roof) and nothing more.

In short, ACV seems very simple but in the event of a loss can be very complex and even detrimental. If you have this coverage on a policy it is very important to understand the insurance code for adjusting these losses in your particular state and to relate that information to the policy language.

Replacement Cost (RC):

Replacement Cost is the value it costs to replace the structure up to limits provided on the policy including all enhancement coverages. It is common for a company to offer an ACV payment on a claim until the property has been replaced.

It is common for an insured and sometimes an agent to believe they have proper values if they have replacement cost as the payment condition of the policy. The term RC doesn’t mean they will get full replacement of their property; it means they will get up to the full value of their policy limit. If it costs more to replace the structure than the limit on the policy, then the insured can be responsible for the remainder of the cost to replace.

Furthermore, if they have a co-insurance policy on the property they can receive an even lower payment if they are not insured to the co-insurance requirement of the form. Replacement Cost is good, but if the values are not adequate, we again end up in a messy situation in the event of a loss.

Co-Insurance:

Co-insurance is one of the most misunderstood concepts of insuring to value. A co-insurance penalty is applied in a claim when the actual replacement value of the structure is higher than the insured value under the policy conditions. Co-insurance can be applied from 50% to 100%, For example, 80% co-insurance means that the building or property must be insured up to 80% of the replacement value. Many times agents request 90% or even 100% co-insurance, not understanding that the higher the percentage of co-insurance, the value must be insured to at least that percentage to avoid a penalty.

Co-insurance penalties are assessed by dividing the policy limit for the property by the actual replacement cost of the property to determine the co-insurance percentage. This factor is then multiplied by the amount of loss, resulting in an adjusted value of the claim. Here is an example:

Let’s say you have a building that you believe should cost $100,000 to replace and insure that building with 80% co-insurance. A fire loss causes $60,000 worth of damage and you submit a claim. The insurance company adjusts the loss and determines that the replacement cost of the building is actually $150,000. They decide to utilize the co-insurance penalty on the policy in the following way:

You are insured for $100,000 and your building is worth $150,000.

$150,000 x 80% co-insurance = $120,000

$100,000 divided by $120,000 = .8333

$.8333 x $60,000 = $50,000 the amount you will be paid for the loss.

Insurance Value

Replacement cost x Loss

If the property was insured for $120,000 he would have avoided the penalty.

While the determination of co-insurance is not difficult, it can sneak up on you if you are not insured properly.

Blanket Limits:

A blanket limit is a single value applied to multiple properties on a policy. This can provide many advantages. The insured may only need one policy versus several. If personal business property is insured, this limit would apply to all of their locations allowing the transfer of property from one location to the next. Blanket limits can make insuring many locations easier, providing only one single limit of insurance. However, this isn’t an invitation to reduce limits on all locations believing that you would be covered in the event of a loss and that your risk is spread. This is a very common misconception about blanket limits of insurance.

For example: a franchise owner has 10 locations and each location is worth $1 million. He gets a blanket policy for $2 million but has a total insurable value of $10 million. His policy has an 80% co-insurance provision on replacement cost. He and his agent believe he is insured properly because they don’t believe any one location will ever exceed $2 million in value and they don’t think they will ever lose more than one location in the event of a claim. If he suffered a loss, he may only get 20% of the total value of the loss. $2 million + $10 million = 20%.

Co-insurance can be applied to blanket limits and in this case they were required to have $10 million blanket coverage as they had $10 million in building values. They only had $2 million in coverage or 20% so they only received 20% of the loss payment.

How do I get the proper values?

There are a few easy methods for getting insured to the proper value. The best method is by building replacement appraisal. A building appraiser familiar with the replacement values in that area can do a formal report dictating the proper value for insurance. If a building was just constructed, you have an excellent method for determining replacement. Please be aware of the method of construction and who did the work. An insurance company will assess and approve the insurer for doing the work as a single structure.

Marshall Swift: This is an easy to use report that determines the value by the type of building, the square footage and the current construction and material costs. It is not difficult, it can sneak up on you if you are not insured properly.

While it may be tempting to sell a policy that has a lower value to get a lower premium for the insured, it can create several problems for both the agent and the insured if the values are not correct. Having proper values and understanding how those values work with the policy provisions can save the insured and help eliminate surprises in the event of a loss. While this article is by no means a complete list of all issues or terms related to insurance values, I hope it provides a foundation for this concept for you and your agency.

About the Author

Don Strong is a Broker for Sierra Specialty Insurance Services
Laptop Users
1. Set your laptop to hibernate. Though it will take a few more seconds for your computer to wake up, this will lengthen the life of your battery.
2. Use adaptive brightness. Many newer computers (and smartphones) have light sensors built in that allow you to take advantage of the adaptive brightness option, which will brighten your screen in well-lit room, and dim it in a darker room. This is another battery-saving feature you should consider.
3. Remove “bloatware”. Most new computers—particularly laptops—come with many programs you don’t need or want. If you pull that new laptop out of the box and notice about 20 icons on your desktop, or if you look at the bottom right near your clock and you have a lot or unfamiliar programs, know that these will slow your computer down. Removing unwanted programs should improve your laptop's performance.

Wi-fi
4. Although the speed of wi-fi has improved greatly in recent years, in nearly all cases wi-fi is still slower than a wired connection. Plus, the more people you have on wi-fi, the slower the speed, so keep laptops at your office wired when possible.
5. If you’ve had the same access points and devices for many years, consider replacing them with newer ones that offer higher speeds. (But again, even this will not provide anything close to a gigabit wired connection.)
6. Placement of access points is still critical. Some people mistakenly think that, because wireless has improved so much, the placement of access point is not nearly as important as it used to be. But even today, the further you are from your wi-fi, the slower it is going to be, which is by design to ensure a stable connection.

Free (even for business use!) Software
Most free software is not free for business use. These two are free for commercial use as well:
12. Ctrl + Shift + Esc will open the Task Manager
13. 7-Zip (www.7-zip.org) is a file archiver with a high compression ratio. It helps you extract compressed files and create your own compressed files in several different formats.
14. PDFCreator (www.pdfforge.org/pdfcreator) although it is not a PDF editor, this free software allows you to print to PDF and combine multiple documents.

Cool Built-In Windows Tools You Didn’t Know You Have
15. Reliability Monitor – This tool in the Control Panel displays a list of your computer’s errors, allowing you to pinpoint what changed in your system and when so that you can “undo” something you may have done accidentally. (In the search box, type “reliability” to access)
16. Snipping Tool – Allows you to take screen shots by highlighting areas of your screen. (In the search box, type “snipping” to access)
17. Steps Recorder – In the past, users would have to write out or try to explain in detail a software problem they were having. Steps Recorder is great for recording actions taken by a user on a computer. Once recorded, the video can be sent to the company or individual helping you troubleshoot. (In the search box, type “steps” to access)
18. Windows 10 comes with Cortana, which allows you to talk to your computer, similar to Apple’s Siri. If you haven’t tried it out, you should. Just make sure you invest in a good microphone, not a Bluetooth one.
19. If you want a more robust product, try Dragon Naturally Speaking, which used to be a dictation tool but allows you to now talk to your computer.

PDF Editor Alternative
20. We are often asked about PDF alternatives. One good PDF creator and editor is Bluebeam Revu. (http://www.bluebeam.com/) which is about half the price of Adobe and has all the features you need.

Increase Smartphone Performance
23. Turn off all the great features, such as eye tracking, hand gesture tracking, and pickup/move actions. The more of those you have on, the slower your phone goes.
24. Fewer notifications will make your phone run faster. If you are constantly getting popups, this means a lot of software is running in the background and tying up resources; shutting off your notifications will help your smartphone perform better.
25. Android phones have a hidden option under Settings > Developer Options > Animation Scale. If your phone seems slow, it might be the animation speed. With this option you can slow down your animation speed or even turn it off. In most cases, this will improve your smartphone’s performance.

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5. If you’ve had the same access points and devices…
6. Placement of access points is still critical.
7. Windows 10 comes with Cortana, which allows you to talk to your computer, similar to Apple’s Siri.
8. If you want a more robust product, try Dragon…
9. We are often asked about PDF alternatives.
10. One good PDF creator and editor is Bluebeam Revu.
11. Android phones have a hidden option under Settings…

About the Author
Jerry Fetty is founder and CEO of SMART I.T. Services, Inc., an Information Technology service company that specializes in helping independent insurance agencies increase their productivity and profitability by harnessing the power of technology. He can be reached at (586) 238-0650 or jerry.fetty@smartservices.com.
Innovation in Software Development: Automated Regression Testing

by: Phil Reynolds

The world depends on software. Today computers perform a huge number of tasks better, faster, and cheaper than the processes of previous decades. Most insurance carriers have widely adopted IT systems to efficiently manage business processes.

Along with performance and capability gains, computers also brought increased dependency on critical systems that are very complex. As business and consumer demands have grown over time, these systems have expanded to manage policy administration, claims, billing, reporting, payment processing, analytics, rating, distribution, document imaging, workflow, download and upload, consumer self-service, and much more.

Furthermore, the pace of change is accelerating. The next three to five years will see as much progress as the last decade in technology. As we attempt to provide ongoing innovation, we are faced with a dilemma. Growing systems and infrastructure bring growing dependencies and complexity. Increasing complexity tends to reduce stability resulting in a cycle where new features and releases break existing functionality. The struggle between stability and innovation leads many carriers and software providers to slow the pace of development which over time produces stale products and services. Fortunately, we can solve the problem in the same way we created it — with software. Automated Regression Testing (ART) offers a solution that promotes innovation and stability concurrently.

What is ART?

Regression testing is the process of testing and validating established functionality against pending changes in a software package. In the early days of software development, this was done through user testing. Human users would load a pending software release and click through screens to validate that the new releases preserved critical behavior from prior versions of the software. However, this manual process was extremely time consuming and error prone as software became more complex.

To solve this problem, computer scientists developed tools to automate the regression testing process. These tools allow a software engineer to clone a working copy of the current environment, apply pending updates, and reproduce the user interaction that humans would otherwise perform. Automated regression tests then assert specific conditions in the test instance. For example, a simple regression test in a policy administration system might click on “Issue a Policy”, then assert that a new policy exists in the database with a specific ID number.

The Benefits (and Costs) of ART

Despite these long-term benefits of automated regression testing, many insurance IT systems in production today do not implement broad test coverage. This lack of testing is due primarily to pressure from user groups to deliver cheap software quickly. The time required to build and validate automated tests increases initial development costs and timelines.

Regression testing commonly adds 25% to the total resource requirements on a project. This time and expense is a long-term investment. As testing gradually expands to surround all critical functionality, support volume plummets freeing up resources to focus on new feature development. Down the road, initial implementation costs are a small percentage of the time and money saved by rock solid stability.

Automated regression testing works, but it takes time to drive significant progress. At my own company, regression testing was implemented in 2013, and caused a 20-30% increase in development overhead. However, six months later support began falling steadily. We have seen a consistent 1%-3% monthly decline in support volume since testing was implemented which has in turn allowed us to double our focus on new feature development.

These benefits can be realized by any engineering team working on any platform if the user base supports the initiative. If you currently utilize software that lacks regression testing and are frustrated with stale progress and a high rate of defects, reach out to the development team and ask what you can do to promote automated regression testing.

Software engineers are typically excited to try new things and dislike support issues as much as you do. They will almost universally embrace an opportunity to increase quality and reduce risk if given the chance to do so. Every user group can benefit from a productive conversation surrounding quality and innovation. Automated Regression Testing is an excellent place to start the conversation.

About the Author

Phil Reynolds is the CEO and co-founder of Intuitive Web Solutions, creators of the BriteCore insurance processing system. Phil currently serves as the committee chairman for PAMIC’s Information Technology Committee.
The Doctor Will See You Now

What you need to know about telehealth medicine, tech innovations and the new exposures they create.

As the healthcare landscape shifts from fee-for-service to fee-for-value, companies and physicians providing telehealth services are becoming essential in improving access to care. Businesses like American Well, Doctor on Demand and Teladoc are part of a growing marketplace that reached $14 billion in 2014. Telehealth is also gaining political support. Twenty-nine states have passed legislation to support private pay for physicians providing services through telehealth platforms. From an insurance perspective, this creates a unique combination of product liability for the manufacturer, medical professional liability for the physician and cyber liability for the healthcare practice.

While demand for telehealth medicine is growing and the service is becoming more mainstream, telehealth physicians are being left at risk. Many standard market medical malpractice underwriters are not yet on board with covering telemedicine simply because the exposures are new, different and more expansive. Here is what you need to know to help keep your medical professional clients covered.

Patient-Centered Tools = Heightened Exposures

Telehealth services improve healthcare by offering after-hours access to physicians, second opinions, access to off-site specialists and enhancing available medical care. For many physicians, joining a telehealth company is a savvy way to supplement income as payments from traditional sources shrink. Whether a physician is seeing patients in person or via a telehealth platform, they are required to carry medical malpractice coverage. This errors and omissions professional liability policy is designed to protect medical professionals from exposures that contribute to harm or death. Telehealth has heightened exposures due to errors or misdiagnoses that can occur when the patient and physician are not in the same room.

When a physician begins serving patients through a telehealth platform, it isn’t always clear if those same risk exposures are covered by the hospital’s professional liability, the delegated medical facility or the telehealth provider. Doctors are offering additional services, but can’t get medical malpractice coverage,” said Karl Olson, Vice President, Professional Liability Regional Practice Leader, at Burns & Wilcox Brokerage. “It’s important to talk to clients about how their practice is changing and to check to see if their current medical malpractice includes telemedicine.”

Retail brokers and agents can use an annual meeting to discuss expanded services and understand if their client’s needs are changing. Before meeting with a physician or healthcare provider, Olson suggests reviewing the news on the American Telehealth Association site. This resource will prepare retail brokers and agents to discuss industry trends and may even help clients find ways to grow their practice.

Privacy and Security

Aside from telehealth, physician interactions with patients are improving thanks to technological innovations. This includes advancement in personal devices allowing the detailed collection of medical information, like a blood sugar monitor or even just a laptop camera, that facilitate the medical providers’ review of personal health information (PHI) including heart rate and blood samples. Patients and physicians can now create and share more data between devices and electronic health records. As a result, cyber liability exposures have increased.

“From an insurance perspective, this creates a unique combination of product liability for the manufacturer, medical professional liability for the physician and cyber liability for the healthcare practice,” said Olson. “As PHI becomes more valuable on the black market and surpasses credit cards, medical professionals have greater exposures to data thieves and need to be working with brokers to have proper coverage.” According to a report by Infosec, hackers are using stolen PHI for corporate extortion or for complete identity fraud. While a stolen credit card can be canceled, medical data is much longer lasting and therefore more useful for criminals.

In the face of rapidly changing technologies for both patient engagement and PHI transfer, retail brokers and agents must work with physicians to properly assess and limit exposures through the right combination of coverage. Take time during meetings with physicians and healthcare groups to discuss where their business is heading and what new exposures they might find.

This article was provided courtesy of Burns & Wilcox and was originally published at insurancemarketsource.com.
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On January 17, 1994 at 4:31AM a magnitude 6.7 earthquake hit the Northridge area of Los Angeles. The epicenter was in Reseda, a neighborhood in the San Fernando Valley. The earthquake only lasted around 10-20 seconds but was estimated it caused $13 - $40 billion in property damages. It was felt as far as Las Vegas 220 miles away. The death toll was 57 with over 8,700 people injured. One of my good friends and co-workers' mother was one of those killed while she slept in her apartment which collapsed. Many buildings, roads, bridges and freeway networks were damaged. It literally stopped the ability to commute between southern and central California on the Santa Monica freeway, the Newell Pass interchange of Interstate 5 and State Route 14. They all collapsed or had severe damage to the structural integrity of the roadways.

This earthquake created an unusual respiratory condition developed because of the inhalation of airborne spores or fungus. It was thought that this fungus was carried in clouds of dust created by the landslides which occurred during the earthquake. Earthquakes cause property damage, medical conditions and death, all of which must be considered.

Earthquakes are catastrophic natural events which can be devastating to families, individuals and businesses. The damages caused by an earthquake won't be covered under your homeowners or business policy. Natural disasters such as earthquakes, floods or landslides are excluded from these policies.

How do you decide if you need earthquake coverage? There are several factors which need to be considered. First, are you in an earthquake prone area? When you think of earthquakes, you think of California and Alaska; however, about 90% of us live in areas where earthquakes have occurred. Earthquakes can happen anywhere in the country. According to the U. S. Geological Survey there are roughly 200,000 earthquakes each year. The majority of them are so small you wouldn't even notice them, and they cause very little damage, if any. However, some are catastrophic. One can be devastating to a family, community or business. Second, you need to consider the costs of recovery from an earthquake. How would you pay to repair or rebuild your home or business? How would you pay for living expenses or the interruption of your business while your building is being repaired or rebuilt? Finally, the construction of your building determines how much potential damage you can expect from an earthquake. Homes and buildings constructed of brick or stone and multi-story buildings are more prone to severe damage or destruction than single story frame structures. Earthquake coverage can be added to your homeowners or business owners policy by endorsement or a separate policy can be issued.

Now that you realize you might need earthquake coverage, exactly what would be covered?

Let's look at the coverages that would be provided under the personal policy. Earthquake insurance will provide coverage and pay for reasonable costs that you sustain from the loss of your residence due to the covered cause of loss. Coverage would take care of cracks in the walls, ceiling and foundation. The dwelling coverage would also extend to other structures such as a garage. Policies have a sublimit for things such as pools, spas, hot tubs, fences, chimneys, walls, driveways and retaining walls. The policy would also provide coverage for damaged personal property. This would include furniture, electronics and personal belongings. Just about anything can fall under this category. The personal property limit and deductible would be separate from the dwelling limit and deductible.

Another coverage is additional living expenses while your home is being repaired or rebuilt. Additional living expenses covers a variety of things. Your insurance company might reimburse you or pay for temporary rental of a home or hotel, meals that you need at a restaurant, moving and storage expenses. The policy might extend to cover the increased cost of construction due to current building codes as well as the removal of debris. Each company is different in what is covered under their Earthquake policy.

Several causes of loss are excluded under the Earthquake policy. Most likely they are covered under the Homeowners policy. Limits and deductibles should be evaluated carefully so no cost insurance policies are experienced. These exclusions would include:

- Fire. Any loss due to a fire after an earthquake is excluded under the Earthquake policy. Coverage for fire would be included under the Homeowners policy.
- Land. Damage to your land, such as sinkholes or cracks are excluded under the Earthquake policy. However, the Earthquake policy might provide coverage for engineering expenses to stabilize the land under your home.
- Vehicles. Damage to your vehicles—even in the garage—are excluded under the Earthquake policy. Most automobile policies would provide coverage for this loss.
- Pre-existing Damage. Any damage to your house that existed prior to the earthquake is excluded.
- External Water Damage. Floods or tsunamis are common after an earthquake, but the damage caused by them would be excluded under the Earthquake policy. These exposures would be covered under a Flood policy.

What about your business? Will you lose everything and be unable to continue your operation? Will you lose key employees that keep your business going? Will you lose your customers?

Because of the nature of the risk, insurers exclude earthquake losses under business insurance policies including the Business Owners Policy (BOP). The coverage can be added to the BOP by endorsement or a separate earthquake policy can be purchased. Like earthquake for residential exposures, rates for commercial exposures are based on location as well as construction of the building. Frame structures would carry a lower rate than buildings built of brick and stone. Building codes allow for updates to the building which can help to reduce the cost of the loss.

The business earthquake policy generally will cover damages to your building and business property, including inventory. Some policies will also cover the loss of business income caused by an earthquake. Other business insurance policies may cover earthquake, losses without being endorsed. Most commercial automobile policies cover loss or damage caused by an earthquake including damage from falling debris or fire. Workers Compensation policies cover injury to employees caused by an earthquake.

Earthquake insurance carries a deductible in the form of a percentage rather than a dollar amount. Deductibles can range from 2% to 20% of the replacement value of the structure. Premiums differ by location, insurer and the type of structure that is covered. Generally, older buildings cost more to insure.
than new ones. Wood frame structures usually benefit from lower rates than brick buildings because they tend to withstand quake stresses better. Regions are graded on a scale of one to five for likelihood of quakes, and this may be reflected in insurance rates offered in those areas. The cost of Earthquake insurance is calculated on “per $1,000 basis.” In conclusion, let’s review what to do after an earthquake changes your peaceful day into a chaotic day.

• Expect aftershocks and prepare for them. They can continue for days or weeks after a severe earthquake.

• Make sure you have a way to communicate and listen for emergency instructions. Have a family plan on how to communicate with each family member if you are not together when the earthquake happens.

• Check utilities and appliances. Open windows if you smell gas and turn off the main gas valve. Also, turn off the main breaker on your electric panel to prevent a fire.

• Prevent any further damage to your structure and property if possible.

• Call your agent as soon as possible. Remember, he or she probably will be busy with other policyholders, so if your policy documents are available get them out and review them for coverages.

• Most importantly, stay calm—especially around children. They will follow your lead which can be very helpful in your family’s recovery.

Earthquake is most certainly a coverage that should be considered if you are in an earthquake zone. A loss from this type of event can ultimately destroy your home or business. It could put you out of business permanently and end your source of income in the blink of an eye. Earthquakes are not discriminatory on where they hit and do damage, so be prepared for the worst.

About the Author
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Umbrellas, Excess and Reinsurance Coverage

by: Pamela M Holt, AIS, AINS, DAE, CLP, CIIP

Umbrella and Excess Liability policies provide coverage over the limits of underlying coverage or the basic insurance policy. These two policies are designed to pay for losses that exceed the insured’s underlying policy limits and provide coverage which may not have been available under the basic policy if it isn’t an exclusion under the broader Umbrella or Excess policy. This type of insurance coverage is to prevent the insured from a potential devastating business loss in the case of a catastrophic event. It is also available to protect your personal exposures.

COMMERCIAL

The basic distinction between Umbrella and Excess Liability coverage is:

Umbrella policies are a type of excess liability that not only provides additional limits but the true “umbrella” will also provide coverage for losses that are not included in the underlying policy. When additional coverage is provided by the umbrella policy, it is usually subject to a self-insured retention, or retained limit, normally, $10,000 to $25,000.

An umbrella policy has three basic functions: to provide excess coverage extending the limits of one or more primary policies; to drop down and replace primary coverage once the underlying aggregate limits are exhausted; and to afford broader coverage for additional exposures not covered under the primary policies, subject to a retention limit. Umbrella policies are usually written to provide excess coverage over commercial general liability, business auto and employers liability. There are ways to protect the excess property values also.

Excess Liability policies provide higher limits of coverage over one or more underlying policies once the underlying limits have been exhausted. “Following form” is similar to Excess Liability, as it provides higher limits of coverage but follows the terms and conditions of the underlying policy. Actually, the excess liability coverage could even be more restrictive than the underlying policies’ coverage.

An excess policy has basically two functions: to provide excess coverage extending the limits of one or more underlying policies; and to drop down coverages once the underlying aggregate limits have been exhausted. Both policies require underlying liability limits of $1 million. If some exposures are higher for the business, such as advertising or personal injury, the umbrella company may require higher limits under the primary policy. The policy conditions require that the insured maintain the underlying coverage before the umbrella will pay on a loss. One exception to this rule is when an underlying policy limits are totally exhausted by the payment of a claim. When this occurs the umbrella policy “drops down” to replace the exhausted underlying protection.

Commercial umbrella policies may be broader than the underlying coverage. An example of this is in the territory provisions. The umbrella policies may include a worldwide coverage territory, which is often broader than what is provided in the underlying liability policies. Excess liability policies do not provide broader coverage and generally follow only the terms of the underlying policies. Be aware, however, that all umbrella policies are not following form. Umbrella policies may be “stand alone,” which means that these umbrella policies are subject to their own insuring agreements, conditions, definitions, and exclusions.

The umbrella “other insurance condition” is very different from the “other insurance condition” found in underlying policies. The primary and non-contributory wording can be very confusing. Usually, the other insurance provision states that a loss that is covered by this policy will be excess. Some umbrella insurers are willing to amend the “other insurance condition” to provide primary and noncontributory coverage in some circumstances. This is one area that needs extra attention to make sure the insured understands the procedures in the event of a loss.
The next area of importance is in the duty to defend. Usually the underlying insurers have a Duty to Defend an insured with the cost of defense paid by the underlying insurance in addition to the policy limit; there are many occasions in which it may be critical for the umbrella or excess liability insurer to defend an insured. However, whether an umbrella insurer has a Duty to Defend, and when that duty is imposed on the insurer is a very important umbrella coverage consideration. A few umbrella insurers state that they have no duty to be involved in any defense of any claim, suit, or proceeding.

There are a few more options available in the Duty to Defend.

1. No Duty to Defend but the Right to Associate in the Defense:
   - The right gives the umbrella insurer the right to Assume Charge of the Defense if the underlying claim may reach the policy limit; there are many occasions in which it may be critical for the umbrella or excess liability insurer to defend an insured. However, whether an umbrella insurer has a Duty to Defend, and when that duty is imposed on the insurer is a very important umbrella coverage consideration. A few umbrella insurers state that they have no duty to be involved in any defense of any claim, suit, or proceeding.

   2. No Duty to Defend but the Right to Associate in the Defense:
      - There are a few more options available in the Duty to Defend.

   3. Duty to Defend Under Limited Circumstances:
      - The umbrella insurer is obligated to defend when the underlying insurance does not provide coverage but this duty is restricted. The umbrella insurer has no obligation to defend an insured against a suit for which there is no potential coverage under the umbrella policy, even if the underlying insurer does not provide coverage.

Another important aspect of the Umbrella policy is the coverage for dependent children. This is especially important if you have underage drivers that might be involved in an automobile accident. One serious accident could wipe out your assets and ruin your family’s future.

It is important to know what isn’t covered. Since it is a Personal Umbrella policy it won’t provide coverage for business activities. It might not cover all types of vehicles such as recreational motor vehicles, vehicles exceeding 12,000 pounds, and vehicles that are owned by the policy holder. Other exclusions under the Personal Umbrella are intentional acts, such as sexual harassment, discrimination, intentional bodily injury or property damage. Also, it doesn’t provide coverage over any health insurance.

Certain activities will increase the likelihood of the need for a Personal Umbrella policy. Activities such as: a long commute, excessive time driving during rush hour when the potential for an accident is greater, the ownership of animals—especially certain breeds, a swimming pool on the home premises, and/or frequent guests staying for long periods of time. Anything that would increase the potential for a serious loss occurring.

**EXCESS PROPERTY & REINSURANCE**

Excess property insurance is protection for large property risks, such as multi-story commercial buildings, shopping malls, manufacturing plants, and very large apartment complexes, just to name a few. The excess property coverage provides a layer of coverage above the primary layer on the property policy. The primary property policy will cover most property losses up to its limits on the policy and then the excess coverage would pay any losses over and above the primary limits.

Excess property limits depend on how much insurance the primary company can retain. Let’s say the value of the building is $15M and your primary carrier can only retain $5M, the excess $10M will be covered by an excess policy, or reinsurance. Reinsurance is purchased by a company (the “ceding company”) from one or more other insurance companies (the “reinsurer”) as a way to manage the risk. The ceding company and the reinsurer enter into a reinsurance contract which spells out the conditions upon which the reinsurer will pay a share of the claims incurred by the ceding company.

There are two basic methods of reinsurance:

1. **Facultative Reinsurance** is negotiated separately for each insurance policy that is reinsured. Facultative Reinsurance is normally provided by ceding companies for individual risks when their reinsurance treaties limits are insufficient to cover the required limits of the risk.

2. **Treaty Reinsurance**. The ceding company and the reinsurer negotiate and execute a contract under which the reinsurer covers the specified share of all the insurance policies issued by the ceding company. The treaty contract can be proportional or non-proportional. Under proportional reinsurance, the reinsurer’s share of the risk is defined for each separate policy, while under non-proportional reinsurance the reinsurer’s liability is based on the aggregate claims incurred by the ceding office. Under proportional reinsurance, one or more reinsurers take a percentage share of each policy that an insurer issues. The reinsurer will then receive that percentage of the premium that will pay the percentage of claims. The contract may be based on a “quota share” or “variable quota share treaty.”

Under a quota share arrangement, a fixed percentage of each insurance policy is reinsured. Under a variable quota share arrangement, the ceding company decides on a retention limit. The ceding company retains the full amount of each risk—up to that retention limit per policy or per risk—and the balance of the risk is reinsured. Under non-proportional reinsurance the reinsurer only pays out if the potential claims suffered by the insurer in a given period exceed a stated amount, which is called the retention amount.

Almost all insurance companies have a reinsurance program. The goal of the program is to reduce the company’s exposure to loss by passing part of the risk of loss to a reinsurer or a group of reinsurers. With reinsurance, the insurer can issue policies with higher limits than would otherwise be allowed—thus being able to take on more risk—because some of that risk is now transferred to the reinsurer.

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Some risks are tougher to place than others. Like the story of Goldilocks and the Three Bears, the risk may be too large, too new, or have too many losses to be acceptable to the standard or admitted markets. For such risks, the non-admitted, or excess/surplus lines market (surplus lines) is often the only answer. Terms and rates used by surplus lines carriers are usually non-standard, and not required to be filed with the state insurance departments. This offers greater flexibility in tailoring coverage as well as premiums charged, thereby making the risk acceptable to the carrier.

The economy also plays a role in the prevalence of surplus lines coverage. During periods of economic growth, admitted carriers may loosen underwriting guidelines to bring in more premium dollars for investing. Conversely, during downturns, extra scrutiny is placed on new or riskier ventures. Some surplus lines risk also includes exposures that may be too unique, represent an increased hazard (such as amusement park liability), or be very large, such as property coverage for a skyscraper. New types of coverage, such as cyber liability, may also be offered first in the surplus lines market. The surplus lines carrier, the broker, or agent may be dismissed if coverage cannot be provided.

Regardless of whether the risk is being placed with a surplus lines insurance company, it is essential for the agent or broker to research the carrier carefully. Surplus lines policies are not protected by state guarantee funds. Both surplus lines and excess/surplus Lines market include a disclosure to that effect. Sometimes, surplus lines carriers are exclusively for pay claims, the policyholder does not have any options other than to accept the carrier’s settlement. Additional parties can mean additional liabilities. For adjusters, it is essential to understand the difference in policy language that is usually found in surplus lines policies.

Surplus lines carriers may offer their own specialized policies, and they can differ dramatically from the filed programs used by admitted markets. Surplus lines can be the proving ground for new types of coverage that are not yet readily available in the standard market. Some examples include emerging areas such as cyber liability and drones. Surplus Lines markets—by their very flexible nature will entertain and provide coverage for exposures not anticipated by admitted carriers. This is a challenge to surplus lines carriers, since, as coverage for the newest and unique risks becomes more common, the market for the surplus lines carriers will shrink. This may also be true during swings in the economy.

When interest and investment rates are high, standard carriers may expand their appetite for more challenging risks, in order to write an increased premium volume and take advantage of investment opportunities.

Some of the best-known insurers are major players in the surplus lines market. For example, the two largest United States surplus lines carriers in 2014 were American International Group (AIG) and Nationwide (www.nationalinsure.com). In addition to providing necessary coverage for unusual or problem risks to continue operation, surplus lines can be a market of last resort for risks unable to find coverage elsewhere. The surplus lines market offers risks an option to residual markets or fail plans.

Claims handling for surplus lines clients can be more complicated than with a standard carrier due to the fact that there are usually multiple involved parties interested in a claim. With an admitted carrier, there is usually a mortgagee/lienholder, broker and one or more managing general agents. Additional parties can mean additional insurance and policy forms and endorsements.

About the Author

Sue C. Quimby, CPCU, AU, CIC, CPW, DAE, AVP/Media Editor, Client Services & Training; Senior Product Development Analyst, MSO, NJ Council of State Administrators (ASLI) designation is offered by The Institutes for those looking for “in depth knowledge about the surplus lines market” (www.asli.org). In addition, there are multiple state associations. Many of these organizations offer education and resources to the brokers and agents of those in the surplus lines industry. The Association of Surplus Lines Insurance (ASLI) designation is offered by The Institutes for those looking for “in depth knowledge about the surplus lines market” (www.asli.org).

Just like Goldilocks, a client needing insurance must try several markets (standard, residual, and surplus lines) to find the one that is just right for them.

Regarding the use of insurance


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Shirena Greenlaw
Michelle Longley, ACSRP
Michele Luthbringer
Beth Miller, AINS, API, MIRA
Paula Murray
Renee Nuvia, CLTC
Carissa Olink, CLCS, CRIS
Therese Pauelle
Michele Potter
William Quimick
Lynne Quinlan-Hill, AAI, CRC
Lauren Rose, CLCS
Melissa Salamini, ACRP-AAI
Debra Santilli, AIAF, CLU, CIC
Lauri Oakden
Sharon Simonsen
Karyn Touchette
Carolyne Wightman, CSIR
Catherine Wofford

REGION II

Catherine Wolford
Margaret Wildi
Ohio Council Meeting

REGION III

Whitney Adkins, AINS, API
Lillian Bodor, AVA, AAI, CPIA
Rachel Bryant
Lyndaay Colbert
Gena Curcany
Shari Green
Lisa Hammett
Stephanie Hawkins
Miranda Hill
Teresa Hiltson
Angie Hudson, CSIR
Sherei Langham
Kamini Patel
Angelina Rivera Melendez
Alicia Rosier

REGION IV

Aimee Bassett
Amanda Brown
Daniela Battaglini-ReVeals, ARM, CSIR
Alexis Danger
Sharon Fernandez, CPCU
Jodi Gray
Jackie Heatherly
Rachel Joarder
Jaini Millikan, AIS
Ashley Monahan
Jacqueline Nichols, CPCU, API, AINS
Michelle Phillips

REGION V

Kasey Aanenson
Ellen Ames
Amanda Broke
Martha Brunner
Kasey Aanenson
Danica Butts-Jackson-ReVels, ARM, CSIR
Aimee Bassett
Michele Phillips
Jacqueline Nichols, CPCU, API, AINS
Michelle Phillips

REGION VII

Crystal DePascual, CISR

REGION VIII

Jacqueline Goven, CISR

REGION IX

Jacqueline Nichols, CPCU, API, AINS
Michelle Phillips

A NOTE TO OUR SUPPORTERS:

We appreciate your generous donations to the Legacy Foundation, and we want to recognize everyone accordingly with 100% accuracy.

If we have inadvertently made an error, please contact the Legacy Foundation at 800-766-6249 ext. 1 with concerns or corrections.

Welcome our new members from September 2, 2016 through December 1, 2016
IAIP offers the following prestigious industry designations:

Certified Insurance Industry Professional (CIIP)

Diversified Advanced Education (DAE)

Certified Leadership Professional (CLP)

To learn more about these designations, including how to qualify, visit insuranceprofessionals.org and click on Designations under the Education tab. Contact Rebecca Clusserath, Director of Education at 800-766-6249 for more information.

NEW CLPs

Kim Cameron, CPW, CLP - Region VII
Danny Douglas, AINS, AIS, API, ACS, CIIP DAE, ACSR, CLP - Region V
Sarah Gregg, M.S., CLP - Region I
Sarah Jara, CLP - Region VII
Elizabeth Lyons, CIIP CLP - Region I
Marlys Maciona, CPCU, AU, ARM, AMIM, AAI, AIS, CLG CLP - Region V
Cynthia Matras, CIIP CSR, CPSR - Region V
Angela Palko, CIC, CRM, CIIP DAE, CLP - Region III
Teresa Pickard, AIS, AT, CLP - Region IV
Tina Roush, CLP - Region V

NEW CIIPs

Amanda Ausborn, ACSR, CIIP - Region III
Kathy Kelly, AINS, CIIP - Region III
Elizabeth Lyons, CIIP CLP - Region I
Marlys Maciona, CPCU, AU, ARM, AMIM, AAI, AIS, CLP CLP - Region V
Laura Ollden, RWCS, CLE, CLIP CLP - Region VII

CONGRATULATIONS!

I had a work anniversary on August 1st: 11 years at Glenn Insurance. I was recently promoted to Senior Commercial Underwriter and I am in the process of charity fundraiser for the Leukemia/Lymphoma Society “Light the Night” walk at Washington Park in Sewell, NJ. My team set a goal of $2,000 and we are more than half way there.

Lisa Estadt, CSR
Glenn Insurance

I recently celebrated 30 years of service in the insurance industry with Fraser Brothers Group.

Marlene Swiderski
Fraser Brothers Group

I earned my 3rd designation the MLIS from IRMI.

Christine E. Taylor,
ACSR, CRS, MLIS
Glen Insurace Inc.

I celebrated 25 years with ISO/Verisk on April 29th. Also, Jackie Bruno (who is my identical twin sister) and I are board members of the Shirley Mae Breast Cancer Foundation. Every year we run several events to raise money for the fund. For the past few years we have been running the October meetings for our IAIP group. The meeting is all geared towards breast cancer and health. Jackie and I will be running our meeting this month on Oct. 19th – we have an oncologist coming to talk to our group. The theme will be “Think Pink” of course everything will be pink that night – Jackie and I will decorate so the meeting looks very festive all geared towards breast cancer. We have some goodies for all of the members and it should be an awesome night. We will raffle off some prizes for donations to the foundation. We will continue to do this every year as long as our president allows us to.

Francine Yotko, AIS, CIIP
Verisk Insurance Solutions

Verisk announces the promotion of Jackie Bruno to Survey Services Manager, Northeast Region. Jackie’s new responsibilities will include managing field operations throughout Virginia, West Virginia, Maryland and DC. She will also be responsible for developing and maintaining business opportunities as part of our Strategic Account Manager program. Jackie began her career with Verisk as a Field Representative and quickly distinguished herself with outstanding individual performance in the areas of productivity, product quality and on-time delivery of services. She has also achieved her certification as a member of the World Safety Organization based in Pennsylvania. Currently Jackie is pursuing her CPCU with several modules already completed. Along with her work credentials, Jackie is also very involved in several charitable groups including the Shirley Mae Breast Cancer Assistance Fund. She has served as a board member for five years and has been a committee member since 2002.

Jacqueline Bruno
Verisk

The most precious jewels are not made of stone but of people. That was the theme for the 30th Annual California Council Event held in San Diego on Sept. 9th and 10th. The event was hosted by the San Diego Association of Insurance Professionals during its 80th Anniversary year.

Awards Winners

Jolene Gilbert: Member of the Year (MAL)
Helen Hang: Rookie of the Year (SFLA)
Tina Lee: Gayle Reskin Angel Award (MAL)
Minula Patel: Mentor of the Year (SFLA)
Steven Wasylkiw: CWC Speak Off Winner (SDAIP)
IPS: Northern CA Retention Award
MALCS: Central CA Retention Award
IPS/GV: Southern CA Retention Award

Also, the by-laws were amended to provide for a two-year term starting July 1st, 2018 for the Council Director, PR Chair and MD Chair. The premise for this gala, which was created by the input of an entire committee was perseverance, fellowship and education!

Meg Lee, CIIP (independent contractor)

On August 26th I celebrated 14 years with Risk Placement Services, Inc.

Felicia A. Brobson
Risk Placement Services, Inc.

On October 10th, I celebrated five years as a Sr. Account Executive at NFP Property and Casualty Services, Inc. in New York City.

Regina Kustowski, CIC
NFP Property & Casualty Services, Inc.

I celebrated my 25th anniversary at MSO, Inc. on November 18th.

Sue C. Quimby,
PCU, AU, CIC, CPW, DAE, MGD, Inc.

Meg Lee, CIIP (independent contractor)
The Legacy Foundation was formed in 2006 as the philanthropic arm of the International Association of Insurance Professionals, best known for providing insurance education, skills enhancement and leadership development to its members. Make a contribution by mail or online at:

Legacy Foundation
c/o IAIP
3525 Piedmont Road
Building Five, Suite 300
Atlanta, GA 30305

or visit [www.insuranceprofessionals.org](http://www.insuranceprofessionals.org)

The NAIW (International) Legacy Foundation is an IRS approved 501(c)3 foundation.

Contributions to the NAIW (International) Legacy Foundation are tax deductible as a charitable contribution.