BEWARE OF FRAUD

PREVENTING Work Comp Fraud & FRIENDLY FRAUD & CHARGEBACK FRAUD

FRAUD: By the Numbers
Whether the loss is large or small, residential or commercial, your customers need immediate response to begin the recovery process. With Paul Davis as a resource you have instant access to our network of insurance restoration and reconstruction experts. And our streamlined claims resolution is designed to make the claims process as smooth as possible throughout every loss, every time. Our goal is to get your policyholders up and running as soon as possible.
By the Numbers: Fraud Statistics
Coalition Against Insurance Fraud

Friendly Fraud and Chargeback Fraud
Sue C. Quimby

Preventing Work Comp Fraud Takes a Focused Team Effort
Mike Bender

ASSOCIATION MANAGEMENT
6 Business Writing Skills
Kim Fitzgerald
8 Life as a Cat Herder - Leadership vs. Management
Claretta Clyatt
10 3 Steps for More Effective Negotiations
Lisa Hardin

CAREER DEVELOPMENT
12 Career Development with IAIP
Michelle Walter
14 Building Confidence
Skills You Need

INDUSTRY TRENDS
18 Internet of Things
Shanjeev Ramadass
20 Is Your Business Insured Against An Active Shooter
Katharine M. Nohr, J.D.
21 Climate Change
Marcella Reynolds Beasley

ASSOCIATION NEWS
4 President’s Letter
31 IAIP Corporate Partners
32 Congratulations New Designation Recipients
33 Welcome New Members
34 Thank You Legacy Foundation Donors
35 The Last Line
President’s Message

How Does Fraud Impact You?

Welcome to another edition of Today’s Insurance Professionals, the industry’s valued resource for risk management news and information, career development resources, and articles to help you become a better leader in all aspects of your personal and professional lives.

This issue takes a close look at fraud, a critical challenge facing the risk management industry today. Fraud impacts every one of us, through the impact on our companies’ performance and practices, to the premiums we pay for our own insurance, and even through the experiences we, or our customers will face as we navigate the process of filing, investigating, and settling covered losses.

We, the members of IAIP are so proud of our Today’s Insurance Professionals publication. Do you, like me, read it cover to cover as soon as it becomes available? Have you taken the opportunity to share your magazine with your colleagues in the field of risk management? Do you share it with your employer, so they can also see the value of IAIP membership? Subscriptions to the electronic version of Today’s Insurance Professionals are available free of charge to anybody who wishes to receive it. Spread the word today! Share your magazine with others who can benefit from the valuable information Today’s Insurance Professionals provides.

As we prepare this issue for distribution, we near the halfway mark of this fiscal year and the revitalization of IAIP to serve members of the risk management community for new generations. So, allow me to take this opportunity to thank the many volunteers who are investing their time, resources, and energy to the effort. Together we can reinforce our strong member-based foundation and add business value through additional products and services that will benefit the risk management industry for years to come. I look forward to continuing the journey with all of you!

In Fellowship,

...Connecting Members... Building Careers.

Cindy Prud’homme, AINS, CPIA, CIIP, CLP
IAIP President 2019-2020
In today’s fast-paced society, developing new skills and ways to deliver insurance products is always a priority. One way insurance professionals can stand out among competition in the marketplace is to seek out additional education and training. Professional designations are a well-recognized way to distinguish an insurance agent and achieve that differentiation. I am a Certified Leadership Professional (CLP) and recently renewed the designation. The new and refreshed content that IAIP has incorporated into the program is outstanding.

I love a challenge and jump at educational opportunities to learn more. When perusing the Career Development Module of the CLP courses catalogue to select my renewal qualifier, I decided on Solid Business Writing. The course focuses on sharpening skills, refreshing proper form and reminding insurance professionals that etiquette is paramount in all forms of communication. The ease and convenience of email, and other forms of electronic writing, has improved workflow. Completing tasks has become quicker, spontaneous and more efficient. Working through the business writing course, I was reminded that the ability to complete a quick update, send a quick reply, request, or inquiry is instinctive. But remaining mindful of proper spelling, grammar and etiquette requires a great deal of attention before hitting send.

The nature of electronic communication is fast; you have a thought and quickly send it off! As an insurance professional who does not want to keep any client, underwriter or colleague waiting for a response, I am diligent when it comes to prompt communication. In addition to being prompt in email exchange, I strongly dislike when emails pile up in my inbox.

On one hand, the benefit of email gives the capability to respond quickly. While this can be advantageous to appear prompt and efficient in the eyes of the client, it can also be a disadvantage. At times I’ve found that when replying too quickly, specific facts were omitted, thoughts were not well thought out, or other mistakes were made. The CLP business writing skills course reminds me to prioritize using well thought out, thorough ideas.

The beginning of the course walks through the basics of writing which includes creating an outline of your thoughts, writing a draft, and carefully proofreading the content. Business writing also stresses that the same practices apply to electronic communication. Taking it one step further, the course also emphasizes that reading electronic communications a few times before responding is perfectly acceptable, and often recommended. The same etiquette and basic writing skills apply to email and text messages. Taking the time to collect thoughts, verify facts and research the topic will help ensure the correct information is being sent in a response and eliminates the potential “back and forth” exchange for additional information.

IAIP has built the CLP designation for its members and leaders. This tool is exceptional. Taking the course Solid Business Writing was time well spent and has helped me improve my workflow at the office and prompted me to share my experience with my IAIP family. I hope you will all enjoy the course and utilize its benefits in your day-to-day!

About the Author
Kimberly M. Fitzgerald, is the Vice President of Montagno Insurance Agency, Inc., located in Waterbury, CT. It has been a family owned business for 53 years and she just started her 30th year with the company. She graduated from Bryant University where she received her bachelor’s degree in Business Administration, with a concentration in Marketing, and a minor in Psychology, in 1995. In 2011, after one of the agency’s principals retired, Kim purchased ownership in the agency. While her primary responsibilities are of an administrative nature, Kim’s favorite part of the job is working with clients. Building a comprehensive insurance portfolio for a client is a very rewarding experience. Personal care and attention are important aspects of an insurance transaction. Kim is an active member of IAIP and Waterbury Association of Insurance Professionals and served as Region I Vice President from 2015-2017. She is also a member of the CPCU Society. Outside of the office, Kim enjoys cooking and spending time with her son, Zachary. Their favorite sport is football and they enjoy watching on Sundays.
WE OFFER A FULL LINE OF FLOOD INSURANCE PRODUCTS:

Federal Flood, Excess Flood and Private Flood featuring

PFA+PLUS™ Expanded coverage alternatives with no EC required

The Private Flood Alternative (PFA)™ with savings up to 40%

Call us for flood choices. Wright Flood Marketing at
866-373-5663 or floodmarketing@weareflood.com
LIFE AS A CAT HERDER
Leadership vs. Management

The Differences and How to Be Good at Both

by: Claretta Clyatt
Running a successful business team is a lot like herding cats. You need a plan for how to get it done, and you need to know what you will be doing with all those cats! You don’t want to get them all in one place and then wonder, “What now?”.

Before the fur flies, you need to have a good idea of what your leadership style is. According to the Omnia Group, a behavioral assessment firm, there are 17 different styles, and each of them motivates in different ways. You can’t make your team work as a unit if you don’t understand who you naturally are as a leader. Are you more of a “lead from the trenches” type, waving a squeaky toy in front of the furry hordes, or a “big picture” person who manages from the back with a laser pointer? Are you more empathetic or more logical? Do you seek to build consensus or require a more structured system for getting things done?

Knowing who you are as a leader will help you be a cat whisperer, able to set goals effectively and motivate your team to work toward those goals. That, in turn, will increase your brand recognition and make your business more successful.

Now that you have the attention of all those cats and are communicating well with them, how do you keep them together long enough to finish the job without losing focus and wandering off?

Maybe some in your pride are assertive and want to explore the outdoors with little assistance, while others are happier sitting on a windowsill providing support. Perhaps others will need guidance using the scratching post because they are so focused on perfection. Still more may be inclined to make great leaps, knowing that if they fail they can shake it off and try again.

This is all about your management style: not only being able to apply what you know about yourself as a leader, but also your knowledge of the people on your team. Getting them to work together efficiently and harmoniously may sometimes seem like you’re trying to keep the cats off the counter. But once you understand who they are, what motivates them, (Is it treats? Do they need constant challenges to keep them from getting bored?) and are able to identify the right approach, it becomes a lot easier.

Understanding how to guide each employee separately as well as help them acclimate to your culture and positively interact with each other can make or break your success.

Leadership and management are often presented as being in conflict, two positions with different outlooks and goals for the future. “Leaders have followers” and “managers have subordinates,” are the classic lines of division. But these lines don’t really fit into today’s business culture where the roles are now intermingled. Being able to examine each separately and evaluate what they bring to the big picture is important, of course. But so is being able to see how leadership and management traits blend, so you can use both to become better at herding your own particular group of cats.

Leadership and management aren’t scratching and clawing at each other for survival. They are essential pieces that are needed for success. Leadership is about having the ability to influence while management oversees the operations and processes. You need them both, and those roles need each other to become the best that they can be. You can have processes in place, but if the people aren’t motivated it doesn’t matter. Conversely, you can have motivated people ready and eager to work, but if there is no clear direction nothing will get accomplished. Leadership and management are locked together, in purpose and intent.

It doesn’t matter if you are literally herding cats or if it just feels like it some days: self-awareness is key for leadership and management. Understanding and utilizing the aspects of who you are as both a manager and a leader will make you more efficient in all your roles. It helps you understand what you need from your team and helps you know what your team will need from you and one another.

About the Author
Carletta Clyatt, Senior Vice President at The Omnia Group brings over 19 years of business-to-business consulting experience to help companies effectively select, manage and engage their biggest asset – people. She can help you uncover the behavioral preferences that lead to top notch employee performance. She speaks and consults on topics such as Authentic Communication, Creating a Sales Culture and Power Interviewing. Carletta holds a Bachelor of Science Degree in Social Work from the University of South Florida and a certification in Negotiation for Senior Executives from Harvard Law School. Using her leadership and sales experience, she is dedicated to working with companies to hire right, decrease turnover, increase profitability and manage more effectively. She is continually seeking out new and innovative tools to help drive businesses forward.
Where to eat dinner. What time should the kids go to bed. Asking for a raise. Buying a car. When to retire. We negotiate every day. Whether the issue is big or small, being an effective negotiator is a skill that transcends our personal and professional lives.

The best negotiators are well prepared. They have a plan but can listen objectively and respond appropriately. Finally, they’re able to persuade the other side to accept the deal on the table. Let’s briefly look at each of these.

**PREPARE**

Being prepared means knowing what you’re negotiating and why. For example, you’re negotiating a contract with a new supplier because your current supplier can’t meet your time deadlines. Negotiating the contract is your “what” and having a supplier who can meet time deadlines is your “why”. The trick is to not focus so much on the “what” that you forget the “why” and ignore creative solutions. Understanding all your “whys” and which is most important helps narrow the discussion later.

Preparation involves research to understand your opposition. What are their “whys”? Did they recently gain or lose a big customer? Have you negotiated with them before? Identify what worked and what didn’t, and how you can change your approach. Research also involves developing alternatives in the event negotiations stall or come to an impasse. Identify your leverage. What can you provide in exchange for something you need?

**LISTEN**

Good negotiators use their eyes, ears and emotions to build a rapport with their counterpart. You need to be present and focused. When you listen, you’re gathering information from the other side to identify their priorities, their values, deadlines and ultimately their bottom-line. Use questions to obtain clarity, probe for more information so you can identify their “why”. Listening also prevents misunderstandings, which can lead to delays or even the breakdown of negotiations all together. Listening allows you to express empathy and understanding of opposing interests and helps you see how their interests may conflict or align with your own. This gives you the ability to respond appropriately to push-backs.

**PERSUADE**

After all the preparation and listening, the actual negotiations should be as easy as A B C D E:

**ACKNOWLEDGE MUTUAL NEEDS.**

Begin with a statement everyone can agree on, focusing on the end, not the process of negotiating. Ask for cooperation or advice on how to resolve an issue. If negotiating in person, avoid a seating arrangement that gives a combative perception such as both sides sitting on either side of a large conference table. You want to create a neutral and friendly environment.

**BE SILENT.**

Silence can get the other side to talk to fill the empty space and offer more information or even revise their position. Silence allows you determine the negotiating style of the other side. Are they focused on details or the big picture, things versus people, or are they more interested in results rather than the process? Who should make the first offer? If you let the other side go first, they may surprise you with an offer better than expected. But if you go first, you have a chance to set expectations. The best approach is determined by what you learned in your research and the negotiating style you identified.

**CONCEDE UNIMPORTANT THINGS.**

Offering a concession that’s unimportant to you but can be perceived as important to the other side increases your leverage. Concessions are also a way to maintain a special relationship. They don’t always have to be material, but still provide the other side with some leverage. However, don’t make concessions that
result in an agreement that doesn’t meet your underlying “why”. Make smaller concessions initially to see how the other side reacts. Tactfully state your concession so the other side understands what you're doing. In your research you developed alternatives, use these as leverage as well. For example, you found another provider with a lower price, however you like the work of the current provider, but can't afford the price increase they want. Use the relationship as leverage.

**DEFLECT DIRTY TACTICS.**
Some of these include Good Cop/Bad Cop, needing to seek higher authority, a take-it or leave-it proposal, or stalling. Don’t react to the tactic. Ask for an explanation how this tactic advances their interests? Calmly call them on it, but focus on the method, not the person. Recognize that some people aren’t intentionally trying to disrupt negotiations, but their style makes it difficult to work with. Do they attack or perhaps they’re passive-aggressive? Again, respond to the method and not the person. State your demands without offending. Use a reasonable tone of voice, don’t match theirs. Use your body language to encourage openness and friendliness.

Using assertive behaviors also helps deflect dirty tactics. Acknowledge you heard the other side. Use ‘I’ statements. Repeat your need or want. Ask questions to avoid jumping to conclusions. And provide validation.

**END.**
Once you’ve got an acceptable agreement on the table that meets all or most of your goals, it’s time to put everything in writing. This protects all the parties involved. The agreement should outline what you’re receiving, how much you’re paying, identify the parties involved and the duration of the agreement. But what if you're stuck? Find something new or unexpected to trade by re-visiting old issues. Take a break and gather more information; or recognize you’ve got other alternatives and be willing to walk away.

There you have it: three steps to more effective negotiations – Prepare, Listen and Persuade. This is just a brief overview of the negotiation process. For a more in-depth look, IAIP offers the course – **Effective Negotiation Skills** – as part of the Certified Leadership Professional (CLP) designation program.

**About the Author**
Lisa R Hardin, CPCU, CPIW, AIC, AIS, ASC, AINS, CCLS, DAE, CLP graduated from the University of Wisconsin-Stevens Point with a B.S. in Business Administration-Finance in 1988. She began her insurance career in 1990 at Sentry Insurance as a Commercial Lines Rater. She is currently a Claims Specialist handling large liability claims for Sentry’s National Accounts. Lisa joined IAIP in 1994 as a member of Mid-Wisconsin Insurance Association and is a Certified IAIP Trainer. In her spare time, Lisa enjoys spending time with her husband, traveling, biking, teaching martial arts, reading, playing trivia and attending concerts.

---

**EXPERIENCE THE POWER OF 3**

With ICW Group, your work comp clients can expect three things:

1. **FEWER CLAIMS**
   - Claim frequency **DROPS 18%** over 5 years.

2. **LESS COSTLY CLAIMS**
   - Claims beat industry costs by **28%** and close **27%** FASTER than the industry.

3. **LOWER EX-MODS**
   - Average ex-mod declines **25 POINTS** over 8 years.

icwgroup.com | 800.877.1111
Career Development

MOVING FORWARD WITH HELP FROM THE IAIP

by: Michelle Walter, CISR, CIIP, CLP, AINS

When I started my career in the insurance industry, I was coming from an 11-year career in the cabinet manufacturing industry. I had no idea what the difference was between an insurance policy and the Declaration of Independence. All I knew was, you had to have insurance – and that my grandfather liked to complain about it. A lot.

I started out as the receptionist, but luckily for me, my supervisor at the time saw potential in me and decided to let me run a small insurance program to cover a theater company’s performances. What started out as a one or two policy-per-month operation turned into one or two policies-per-day operation. I realized I should start educating myself.

With guidance from my coworkers, I decided that my first step would be to get my Property and Casualty producers license. Ironically, our instructor touched very quickly on farm equipment coverage because, according to her, we wouldn’t have many questions on farm equipment. As luck would have it, I had 15 questions on farm equipment and failed my exam the first time – by one question. Not one to give up easily, I went home and reread most of the manual, including the farm equipment portions, and passed the second time.

From there, I went on to get my Certified Insurance Service Representative (CISR) and Associate in General Insurance (AINS) designations. These courses taught me a great deal about insurance, including coverages and the new products that were emerging. I was truly amazed at how much there was to learn and just how many options are out there for insureds. During this time, I was promoted from the receptionist to a Renewal Account Executive. I was quite proud of myself and enjoyed getting to utilize my newly acquired knowledge.

I also took a course in business etiquette. While it may not seem important, when you are dining with your bosses or you are truly trying to impress those you are dining with, this is a priceless course. It taught me a lot about how we should word our emails to be less harsh when we need to convey news that may not be taken so well, and why replying to everyone is not always the best idea. My mentor is the one who taught this course, so she probably wasn’t too impressed when – right after the course – I proceeded to turn my napkin into a bib.

Two years ago, I made the decision to work on the Certified Leadership Professional (CLP) designation through IAIP. These 17 courses truly taught me what it takes to be a leader and set myself apart from others. Although it took quite a bit of time, it was truly worth the effort.

I’m glad my employer saw the value in the course and agreed to support this effort to improve myself, both personally and professionally.

Earlier this year, my hard work and dedication – and the knowledge I continue to gain through IAIP continuing education – paid off again as I was promoted to Senior Account Executive, Renewals. I firmly believe that the education offered by IAIP and my involvement in the organization has helped me to build my career to where it is today. With the support of my mentors and fellow members (that sometimes feel more like family), I hope to continue to grow in my career and within IAIP.

I believe that keeping education as a priority is the key to success in this endeavor.

About the Author:
Michelle Walter is a member of IAIP, and a Senior Account Executive - Renewals for Philadelphia Insurance Companies and has been employed there for 12 years. In her free time, Michelle enjoys volunteering in her community including being a leader with the United Youth Group.
“Do not go where the path may lead, go instead where there is no path and leave a trail.”

– Ralph Waldo Emerson

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.
BUILDING CONFIDENCE

by: Skills You Need
Confidence is not something that can be learned like a set of rules; confidence is a state of mind. Positive thinking, practice, training, knowledge and talking to other people are all useful ways to help improve or boost your confidence levels. Confidence comes from feelings of well-being, acceptance of your body and mind (your self-esteem) and belief in your own ability, skills and experience. Confidence is an attribute that most people would like to possess.

**What is Self-Confidence?**

Although self-confidence can mean different things to different people, in reality it simply means having faith in yourself. Confidence is, in part, a result of how we have been brought up and how we’ve been taught. We learn from others how to think about ourselves and how to behave – these lessons affect what we believe about ourselves and other people. Confidence is also a result of our experiences and how we’ve learned to react to different situations.

Self-confidence is not a static measure. Our confidence to perform roles and tasks and deal with situations can increase and decrease, and some days we may feel more confident than others.

Low-confidence can be a result of many factors including: fear of the unknown, criticism, being unhappy with personal appearance (self-esteem), feeling unprepared, poor time-management, lack of knowledge and previous failures. Often when we lack confidence in ourselves it is because of what we believe others will think of us. Perhaps others will laugh at us or complain or make fun if we make a mistake. Thinking like this can prevent us from doing things we want or need to do because we believe that the consequences are too painful or embarrassing.

Over-confidence can be a problem if it makes you believe that you can do anything – even if you don’t have the necessary skills, abilities and knowledge to do it well. In such situations, over-confidence can lead to failure. Being overly confident also means you are more likely to come across to other people as arrogant or egotistical. People are much more likely to take pleasure in your failure if you are perceived as arrogant.

Confidence and self-esteem are not the same thing, although they are often linked. Confidence is the term we use to describe how we feel about our ability to perform roles, functions and tasks. Self-esteem is how we feel about ourselves, the way we look, the way we think – whether or not we feel worthy or valued. People with low self-esteem often also suffer from generally low confidence, but people with good self-esteem can also have low confidence. It is also perfectly possible for people with low self-esteem to be very confident in some areas.

Performing a role or completing a task confidently is not about avoiding mistakes. Mistakes are inevitable, especially when doing something new. Confidence includes knowing what to do when mistakes come to light and therefore is also about problem solving and decision making.

**Ways to Improve Confidence**

There are two sides to improving confidence. Although the ultimate aim is to feel more confident in yourself and your abilities it is also worth considering how you can appear more confident to other people. The following list has lots of ideas on how to achieve this.

**Planning and Preparation**

People often feel less confident about new or potentially difficult situations. Perhaps the most important factor in developing confidence is planning and preparing for the unknown. If you are applying for a new job, for example, it would be a good idea to prepare for the interview. Plan what you would want to say and think about some of the questions that you may be asked. Practice your answers with friends or colleagues and gain their feedback.

There are many other examples of planning for an interview. Perhaps you should visit the hairdresser before you go. How are you going to travel to the interview and how long will the journey take? What should you wear? Take control of unknown situations the best you can, break down tasks into smaller sub-tasks and plan as many as you can.

In some situations, it may be necessary to also have contingency plans – backup plans if your main plan fails. If you had planned to travel to your interview by car but on the morning the car wouldn’t start how would you get there? Being able to react calmly to the unexpected is a sign of confidence.

**Learning, Knowledge and Training**

Learning and research can help us to feel more confident about our ability to handle situations, roles and tasks. Knowing what to expect and how and why things are done will add to your awareness and usually make you feel more prepared and ultimately more confident.

However, learning and gaining knowledge can sometimes make us feel less confident about our abilities to perform roles and tasks, and when this happens, we need to combine our knowledge with experience. By doing something we have learned a lot about we put theory to practice which develops confidence and adds to the learning and comprehension.

First-time parents-to-be may well feel nervous and less than confident about having a baby. They are likely to buy books or visit websites which can offer advice and dispel some of the mysteries. They are also likely to talk to other parents to gain knowledge and understanding.

In the workplace, training may be provided for staff to teach them how to manage or work with new systems and procedures. During a period of organizational change this is particularly important as many people will naturally resist changes. However, if those affected by the changes are given adequate information and training then such resistances can usually be minimized as the staff feel more prepared and therefore more confident with the new system.

**Positive Thought**

Positive thought can be a very powerful way of improving confidence. If you believe that you can achieve something then you are likely to work hard to make sure you do if, however, you don’t believe that you can accomplish a task then you are more likely to approach it half-heartedly and therefore be more likely to fail. The trick is convincing yourself that you can do something – with the right help, support, preparedness and knowledge.
There is a lot of information about positive thinking both online and in print. The basic rules of positive thinking are to highlight your strengths and successes and learn from your weaknesses and mistakes. This is a lot easier than it sounds, and we often dwell on things that we are not happy with from our past – making them into bigger issues than they need to be. These negative thoughts can be very damaging to confidence and your ability to achieve goals.

**Try to recondition the way you think about your life:**

- Know your strengths and weaknesses. Write a list of things that you are good at and things that you know need improvement. Discuss your list with friends and family as, inevitably, they will be able to add to the list. Celebrate and develop your strengths and find ways to improve or manage your weaknesses.

- We all make mistakes. Don’t think of your mistakes as negatives but rather as learning opportunities.

- Accept compliments and compliment yourself. When you receive a compliment from somebody else, thank them and ask for more details; what exactly did they like? Recognize your own achievements and celebrate them by rewarding yourself and telling friends and family about them.

- Use criticism as a learning experience. Everybody sees the world differently, from their own perspective, and what works for one person may not work for another. Criticism is just the opinion of somebody else. Be assertive when receiving criticism, don’t reply in a defensive way or let criticism lower your self-esteem. Listen to the criticism and make sure that you understand what is being said so you can use criticism as a way to learn and improve.

- Try to stay generally cheerful and have a positive outlook on life. Only complain or criticize when necessary and, when you do, do so in a constructive way. Offer others compliments and congratulate them on their successes.

**Talking to Others and Following Their Lead**

Find yourself a confidence role-model. Ideally this will be someone that you see regularly, a work colleague, a family member or a friend – somebody with a lot of self-confidence who you’d like to mirror. Observe them and notice how they behave when they are being confident. How do they move, how do they speak, what do they say and when? How do they behave when faced with a problem or mistake? How do they interact with other people and how do others react to them?
If possible, talk to them to learn more about how they think and what makes them tick. Speaking to and being around people who are confident will usually help you to feel more confident. Learn from others who are successful in fulfilling the tasks and goals that you wish to achieve – let their confidence rub off on you. As you become more confident then offer help and advice, become a role-model for somebody less confident.

**Experience**

As we successfully complete tasks and goals, our confidence that we can complete the same and similar tasks again increases. A simple example of this is driving a car. Most people who have been driving for some time do so almost automatically – they don’t have to think about which peddle to push or how to handle a junction in the road, they just do it. This contrasts to a learner driver who will probably feel nervous and have to concentrate hard. The learner lacks experience and therefore confidence in their ability to drive.

Gaining experience and taking the first step can, however, be very difficult. Often the thought of starting something new is worse than actually doing it. This is where preparation, learning and thinking positively can help.

Break roles and tasks down into small achievable goals. Make each one of your goals fit SMART criteria. That is to make goals Specific, Measurable, Attainable, Realistic and Timed. Whatever you do, aim to become as good as you can. The better you are at doing something the more confident you become.

**Be Assertive**

Being assertive means standing up for what you believe in and sticking to your principles. Being assertive also means that you can change your mind if you believe it is the right thing to do, not because you are under pressure from somebody else. Assertiveness, confidence and self-esteem are all very closely linked – usually people become naturally more assertive as they develop their confidence.

**Keep Calm**

There is usually a correlation between confidence and calmness. If you feel confident about a task, then you will likely feel calm about doing it. When you feel less confident you are more likely to be stressed or nervous. Trying to remain calm, even when you’re under stress and pressure, will tend to make you feel more confident.

To do this it is useful to learn how to relax. Learn at least one relaxation technique that works for you and that you can use if you’re feeling stressed. This may be as simple as taking some deliberate deep breaths both in and out.

**Avoid Arrogance**

Arrogance is detrimental to interpersonal relationships. As your confidence grows and you become successful, avoid feeling or acting superior to others. Remember – nobody is perfect and there is always more that you can learn. Celebrate your strengths and successes and recognize your weaknesses and failures. Give others credit for their work – use compliments and praise sincerely. Be courteous and polite, show an interest in what others are doing, ask questions and get involved.

Admit to your mistakes and be prepared to laugh at yourself!

**Developing Your Self-Confidence Skills**

Self-confidence can diminish over time if you don’t practice your skills or if you hit setbacks. As you become more self-confident you should continue to practice your skills to maintain and boost your confidence further.

Set yourself confidence targets that require you to step out of your comfort zone and do things that make you feel a degree of nervousness or apprehension.

**Potential confidence targets may include:**

- Start a task or project that you’ve been putting off for a long time. Often, we put off starting important tasks because they seem overwhelming, difficult or awkward to complete. Simply making a start on such a task can boost confidence and make you more inclined to complete it.
- Make a complaint in a restaurant if there is a problem with your order. If you would not usually complain about a problem, then doing so is a good way to improve your confidence and assertiveness skills.
- Stand up and ask a question at a public meeting or in a group. By doing this you are making yourself the center of attention for a few minutes.
- Volunteer to give a presentation or make a speech. For many people speaking to a group of people is a particularly scary prospect. The best way to overcome this fear and gain confidence is with experience.
- Introduce yourself to somebody new. This could be somewhere where people have something in common – like at a party or a conference, making it potentially easier to have a conversation. Or you could talk to a complete stranger in an elevator.
- Wear something that will draw attention – such as a garish color. Personal appearance is an important factor in self-esteem and people with lower self-esteem tend to try not to be noticed. Make a statement and stand out in a crowd!
- Join a group or class in your community. You will potentially benefit in lots of different ways by meeting new local people and learning new things while improving your confidence.
- Take an unfamiliar journey on public transport. Traveling to a new place using an unfamiliar route and with random people will make most people feel at least slightly uncomfortable.

How do you feel about each of the ideas on the list above? Perhaps some gave you minor feelings of butterflies whereas others filled you with dread. Although the list uses common examples of potentially confidence-boosting tasks none may be right for you. Think of some confidence targets that are right for you – then start with easier ones and build up.

Reprinted with permission from skillsyouneed.com/buildingconfidence.
The Internet of Things (IoT) is an ecosystem of connected physical objects or “things” that are accessible through the Internet. Basically, any object with an on and off switch is considered part of the IoT when it is connected to the Internet or is able to connect to another device.

The IoT ecosystem includes enhanced common devices like cellphones, coffee makers, washing machines, speakers, and wearable devices as well as specifically designed devices such as Alexa and Google Home.

We are in the midst of a customer revolution; companies can no longer compete and build brand loyalty if they do not extend their offerings to connect with customers on their terms. The Internet of Things is at the forefront of this revolution. It has quickly moved past the hype stage of the adoption curve because it significantly enhances user productivity by conveniently and innocuously connecting humans and devices within their existing lifestyle.

The hidden, and most important benefit of IoT is that it passively collects data for engagement and improvement analysis, thus providing a constant feedback loop to further improve proactive actions (think smart home sensors that alerts on leaks, or air quality), automation (think flash briefing automatically playing when the morning alarm goes off) and reduced human error (think a safety vest that beeps upon sensing back strain while lifting).

What are the major components for IoT?
IoT starts with an object (“thing”) – a refrigerator (classified as a machine), safety vest (classified as a wearable), or Alexa (classified as a device). Then technology components are added to perform the following functions:

• Within the “thing”, sensors are added to identify changes in conditions and collect data using an embedded network connectivity component to connect and transmit the data (typically to Cloud servers)
• An application consumes and transforms the incoming data, analyzes the data internally and across the network as needed, with the use of semantic tools, resulting in information that produces insights
• Actionable insights are propagated back to consumers via device endpoints, such as a cellphone to help drive change in behavior

Trends in Insurance
For insurance, “things” in the IoT include devices like wearables, specialized sensors in industrial machinery and connected vehicles that use telematics. Aggregated behavioral data, usage-based premium calculations, predictive analytics, and other risk-management insights are disrupting traditional revenue streams, reducing costs and opening up new frontiers.

Ability to revolutionize claims processing: IoT has the ability and potential to allow insurers to make quick data-driven decisions and move the claims process more efficiently. This
Internet of Things:

includes automated triggers for loss notification based on sensor data.

**Reduce losses, including proactive loss prevention:** Connected devices like environmental sensors will improve safety and allow for proactive and improved prevention mechanisms. This will help Insurers easily calculate risk, adjust coverage and plan risk mitigation approaches.

**New Insurance product offerings:** IoT and advanced analytics have already created customized insurance plans such as usage-based or demand-adjusted pricing and opens up the ability to review pricing models for existing coverages.

**Identify and minimize fraud:** Telematics and IoT data from smart homes and auto are consumed into the claims process. The types of fraud that predictive modeling can identify and predict is limitless.

**Challenges**

Technology has always been a double-edged sword and pushing new boundaries means taking risks. We know that everything that connects to the Internet can still be vulnerable to things such as connectivity bottlenecks, integrity of networks, consumer privacy concerns, unsecure devices, and a device topology that is prone to malware attacks.

IoT also brings in a bigger challenge as to who owns the data. IoT experts are leaning towards the concept of first receiver – the party that implements the IoT solution and thus derives the direct benefits. However, there could be many receivers of that information that would be impacted by any change or issue. So, it is essential to establish a strong governance and controls framework to mitigate potential risks.

**Closing Remarks**

The IoT is one of the technologies that is growing at a significant pace as consumers, businesses, and governments increasingly recognize the benefits of connecting inert devices to the Internet. According to IDC, worldwide technology spending on the IoT is estimated to reach $1.2T in 2022, attaining a CAGR of 13.6% over the 2017-2022 forecast period.

Forecasts predict that without a doubt IoT is here to stay and it is logical to be optimistic about its benefits. However, increasing use of IoT leads to unknown and unprecedented threats. This will likely result in increased regulation like GDPR to address privacy concerns along with stringent technology standards for sensor, platform and interface along with security protocols to recognize the threats and long-lasting damage cyber-attacks can have on everyday lives.

The road ahead for IoT looks bright, as long as we travel it responsibly.

**About the Author**

Shanjeev Ramadass is an IT Director of Information and Technology at ICW Group. For comments or questions, Shanjeev can be reached via email at sramadass@icwgroup.com.
Is Your Business Insured Against an Active Shooter

by: Katharine M. Nohr, J.D.

Does your business need active shooter insurance? There have been hundreds of active-shooter incidents in the United States since 2000 and they seem to be on the increase. Incidents have occurred in schools, malls, movie theatres, concert venues, and any place where people gather. Such incidents are not limited to one geographical area, one industry, or one cause, and are not carried out with only one type of weapon.

Because of the random nature of these attacks, businesses must establish risk management plans, which not only address security to prevent attacks, responses to attacks to protect people and property, but also, risk financing to address damages and ensure business continuity. Entities can’t assume that their general liability policies provide coverage for active shooter violence and shouldn’t have to find out the hard way that exclusions are applicable, or they didn’t purchase enough coverage for the barrage of victims’ bills and claims.

With the increase of such incidents, some insurance companies began offering active shooter policies in 2011 and the numbers of carriers providing this coverage continues to increase. The policies typically offer physical damage coverage to insureds’ property, which might include expenses related to building closure, relocation, and teardown; legal liability; business interruption coverage; crisis management services; medical expenses; funeral expenses; death benefits; loss of attraction/brand rehabilitation expenses; job retraining; post-traumatic stress disorder related to a violent event at work; and other supplements.

Coverages and premiums vary. Underwriters will consider the venue, location, the number of employees and visitors, security, distance to the nearest police and fire station, whether the organization has an emergency response plan, and other issues in evaluating the risk. Some venues, such as universities, may be hard to secure as there may be significant numbers people using the facilities, which increases the likelihood of an active shooter unknowingly entering the premises. Considering such factors, annual premiums for a small business might be $1,200 and for a concert might be $3,500 to $5,000 for $1 million in coverage. Some carriers might offer up to $100 million in protection.

Despite the benefits of this coverage, there will likely be gaps where there are common exclusions, such as for biological weapons or terrorism. There may also be exclusions for employees, domestic violence, vehicles, and/or mental anguish. Some policies are limited by number of casualties and others by the type of weapon used. It’s important to read the policy carefully to understand what is and is not covered.

Insureds may ask why they should buy an active shooter policy, rather than rely only upon their commercial general liability insurance policy. One advantage would be to avoid any gray areas where coverage might not be afforded. By being pro-active and purchasing a stand-alone active shooter policy, an entity can be assured that it is covered if such a horrific event should occur and having the policy will provide reassurance that losses will be covered and that the insureds’ business will continue post incident. An active shooter policy may be an essential element of risk financing as part of their risk management plan.

About the Author

Katharine M. Nohr, J.D. is a member of IAIP and Honolulu Association of Insurance Professionals and practices insurance defense litigation in Hawaii. She’s the author of Managing Risk in Sports and Recreation: The Essential Guide for Loss Prevention (2009 Human Kinetics) and is the author of the Tri-Angles legal mystery series.
INDUSTRY TRENDS: CLIMATE CHANGE

by: Marcella Reynolds Beasley,
MA, CISR, CRIS, MLIS, CLP

With increased temperatures come drier forests, drier soil, and more flammable vegetation. Roving heat waves and changing meteorological patterns have led to earlier snowpack melts and evaporating water in the air which aids in damper soil and suppressing wildfires. As we all know, the increase in frequency and severity of claims leads to increased cost to increased insurance costs both to carriers and to insureds. According to the US Forest Service, insurance costs escalated to over $1 Billion between 2000 and 2014. In 2015 alone, costs exceeded $2 Billion and in 2017, costs exceeded $3 Billion. Wildfire season is now three and a half months longer than average, which accounts for annual wildfire figures tripling in the last five years.

With fire threatening water supplies and quality, this has led to loss of vegetation, increasing erosion, and subsequent mudslides. On the other hand, changes in land use and new firefighting measures can help play a key role in decreasing wildfire risk. Most importantly, these measures are critical to underwriting property coverages, especially in the high brush areas and other areas considered high risk wildfire exposures.

In terms of underwriting property risks, this increase in damage to property and resources will not immediately affect rating due to rate filing and processes. However, homeowners and commercial property owners have already seen renewal premiums doubling and even tripling in some places. In California, certain property carriers have been issuing moratoriums on binding property coverage in high-risk, high brush zones. Some homeowners have been forced to obtain their property coverages through surplus lines markets, accounting for the spike in premiums.

Not only do property insurance costs and increased premiums continue to be a concern regarding wildfire, but also the ensuing impacts. Property damage to resources, buildings, and infrastructure have led to commercial business supply chain and dependent vendor problems. In trying to rebuild after a catastrophic loss, the demand for resources and construction services has put pressure on these commercial businesses. Additionally, due to the known carbon dioxide release from widespread wildfires, companies that provide products, goods, or services that are environmentally friendly could suffer loss of income due to market aversion. Market competition, due to social pressures, have directed companies to become more environmentally aware of their local, regional, and global impacts. Businesses that have not made this transition have seen a lower demand in their services. Supply chain issues are not only local. Globally, international tariffs, coupled with federal and legal obligations have resulted in supply chain issues.

The lasting impacts of catastrophic wildfires have only started to manifest themselves through reduced resources, increased insurance costs, and rising insurance premiums. Climate change and shifting meteorological patterns will only exacerbate the wildfire issues. While the frequency and severity of wildfire have the potential to change annually, if the past is any indication for future trends, insurance carriers and insureds will only see costs and premiums intensify.

About the Author
Marcella Reynolds Beasley, MA, CISR, CRIS, MLIS, CLP started her career in the insurance industry six years ago in the mail room of a locally owned agency before working her way up to Account Manager for Alliant Insurance Services, Inc., serving in the Construction Unit. While maintaining a large book of contractors, she is very involved with IAIP. Recently, she was named 2019 CSR of the Year for California, progressing to Top 5 National Finalist, 2019 Rookie of the Year for Region VII, and 2019 Insurance Professional of the Year for IAOF. Marcella looks forward to chairing and attending Regional and International IAIP functions, while serving her local community, and hoping to spread her passion for insurance onto future generations. For fun, both Marcella and her husband teach Latin ballroom dance classes.
Measuring insurance fraud is an elusive target. No single national agency gathers omnibus fraud statistics. Insurance fraud data thus are relatively piecemeal, making our understanding of insurance fraud an ongoing work in progress. Insurance companies, associations and diverse state and federal agencies each gather fraud data related to their own missions. But the kind, quality and volume of data they compile vary widely. Some data in this article also includes non-fraud numbers as context for the larger dimensions of a listed issue.
Conservatively, fraud steals $80 billion a year across all lines of insurance. (Coalition Against Insurance Fraud estimate). Fraud comprises about 10 percent of property/casualty insurance losses and loss adjustment expenses each year; and property/casualty fraud thus equals about $34 billion each year. (Insurance Information Institute, September 2017)

**Fraud costs for Insurers**

- Fraud accounts for 5-10 percent of claims costs for U.S. and Canadian insurers
- Nearly one-third of insurers (32 percent) say fraud was as high as 20 percent of claims costs
- 57 percent of insurers predict an increase in personal-property fraud by policyholders. Around 58 percent say the same for personal auto insurance, and 69 percent expect a rise in workers-compensation scams
- 61 percent predict an increase in auto-insurance fraud by organized rings, and 55 percent predict an increase due to workers-compensation scamming
- About 35 percent say fraud costs their companies 5-10 percent of claim volume. More than 30 percent say fraud losses cost 10-20 percent of claim volume
- Detecting fraud before claims are paid, and upgrading analytics, were mentioned most often as the insurers’ main fraud-fighting priorities
- One-third of insurers don’t feel adequately protected against fraud. (FICO, August 2013)

**Contractors**

Most contractors are ethical and honest. Yet unlicensed and dishonest operators try to exploit often-traumatized homeowners after storms. Contractors may demand large cash down payments, then disappear without doing the needed work. Shoddy workmanship with substandard materials is another problem. Contractor schemes can cost homeowners thousands of dollars in uninsured bills.

- Poor workmanship (50 percent) and fraud (36 percent) are a homeowner’s biggest concerns about hiring contractors
- Consumers are alert to these red flags of potential fraud: demands cash upfront (81 percent) ... hesitates to provide proof of insurance (79 percent) ... has no physical business location or permanent phone (73 percent) ... and doesn’t sign a contract (70 percent)

**Automobile: Bodily Injury Claims**

- Staged-crash rings fleece auto insurers out of billions of dollars a year by billing for unnecessary treatment of phantom injuries. Usually these are bogus soft-tissue injuries such as sore backs or whiplash, which are difficult to medically identify and dispute.
- 21 percent of bodily-injury (BI) claims and 18 percent of personal injury protection (PIP) claims closed with payment had the appearance of fraud and/or buildup. Buildup involves inflating otherwise legitimate claims
- Buildup was the most common abuse. Claims with the appearance of buildup accounted for 15 percent of dollars paid for BI and PIP claims in 2012
- Claims appearing to have fraud and/or buildup were more likely than other claims to involve chiropractic treatment, physical therapy, alternative medicine and pain clinics (Insurance Research Council, February 2015)

**Automobile: Medical Expenses**

Medical expenses reported by auto-injury claimants continue increasing faster than inflation even though injury severity continues downward. Average claimed economic losses grew 8 percent annualized among personal-injury claimants from 2007 to 2012. That’s $14,207 per claimant in 2012, and includes expenses for medical care, lost wages and other out-of-pocket expenses. Average claimed losses among bodily-injury claimants grew 4 percent, reaching $10,541 in 2012. Measures such as claimants with no visible injuries at the accident scene suggest a continuing decline in severity of injuries. (Insurance Research Council, March 2014)

**Automobile: Premium Rating Errors**

Dishonest drivers try to lower auto premiums by lying on their insurance application or renewal. Among the ruses: registering vehicles in states where premiums are lower; lowballing stated mileage; and saying a commercial vehicle is used mainly for personal use.

- Auto insurers lost $15.9 billion due to premium rating errors in private-passenger auto in 2009
- Premium rating errors account for nearly 10 percent of the $161.7 billion in personal auto premiums written
- Misreporting vehicle garaging address and youthful drivers increased slightly, accounting for more than $2 billion in premium leakage. These most likely involved illicit efforts by policyholders to lower their auto premiums. (Quality Planning, now Verisk Insurance Solutions, November 2011)
**Automobile: Suspicious Claims**

Insurers identified potential fraud in 7.4 percent of automobile claims within the first 125 days. The insurer couldn't identify policyholders and/or place them at the stated garaging address in 21.5 percent of claims, and fraudsters are beginning to use a "credit card" model to secure larger settlements. They file small initial claims to test the carrier and then lodge large multi-feature claims. (Inovatus, February 2013)

**Insurer Anti-Fraud Technology**

Insurance fraud is rising, and mounting pressure from schemes has ignited a surge of insurer anti-fraud tech deployment:

- More than 60 percent of insurers say fraud has climbed over the last three years
- Nearly 75 percent of insurers use automated systems to detect false claims — a large increase over the 2014 and 2012 studies
- Automobile premium evaders are growing targets of anti-fraud efforts
- Insurer use of rate-evasion tech has jumped 40 percent since 2012
- Use of predictive modeling and link analysis increased 21 percent in two years (Coalition Against Insurance Fraud, November 2016)

**Public outreach**

Public outreach can measurably increase people's intolerance of insurance fraud and decrease their likelihood of committing this crime. This was proven by a five-year public outreach campaign by a state anti-fraud agency in Pennsylvania. The social-market campaign centered around eight statewide TV and radio consumer spots working to encourage consumer attitude and behavior changes.

The campaign recorded increases in consumers who:

- Believed they would be caught if they committed insurance fraud (8 percent)
- Knew the definition of insurance fraud (23 percent)
- Believed perpetrators deserve jail time (8 percent)
- Would report scams (32 percent)

The number of people who would consider committing fraud decreased 73 percent. The campaign cost slightly more than $18 per person to convince likely fraudsters to avoid committing this crime. Compare that with the IFPA's average cost of $21,000 to $25,000 to investigate, prosecute and convict each insurance-fraud offender. Nearly all attitude gains had regressed by 2015 after IFPA deployed campaign resources to other projects. (Pennsylvania Insurance Fraud Prevention Authority, 2015)

**Workers Compensation**

More than one in 10 small business owners are concerned an employee will fake an injury or illness to steal workers-compensation benefits. Nearly one in four owners also installed surveillance cameras to monitor employees on the job. One in five owners feel unsure how to identify workers-compensation scams; and more than half agree these are fraud flags: Employee has a history of claims (58 percent); no witnesses to the incident (52 percent); employee didn’t report the injury or illness in a timely manner (52 percent); and the injury coincides with a change in employment status (51 percent). (Employers Holdings, July 2015)

**Misclassification**

Some businesses illegally try to avoid paying full state-required workers compensation premiums by misclassifying employees as independent contractors. The number of employees and size of payroll are two important factors that workers compensation insurers use to gauge a firm’s premiums. Typically, such workers are paid off the books to hide the evidence. Another scheme involves misclassifying employees in high-risk jobs as holding lower-risk jobs. A dishonest roofing firm, for example, might tell its insurer that its high-risk roofers are lower-risk sales staff or clerks. Workers also are denied state-required workers compensation benefits. And misclassification avoids taxes, wages and other expenses. Overall, this crime gives employers an unfair advantage over competitors.

**Medical identity theft**

Identity theft has spawned a costly offshoot: medical identity theft. Thieves steal a consumer's personal information to lodge fraudulent claims against the victim's health policy. This crime appears to be on the rise. Medical thieves can heist your health insurance number, Social Security number and other personal information. Often the information is stolen by employees at medical facilities and resold on the black market. Thieves also may hack into medical databases or break into medical facilities.
Medical ID theft can cost a victim thousands of dollars and great stress. A victim’s life and health could be jeopardized if an ID thief’s incompatible medical information such as blood type or medicine becomes part of the victim’s permanent medical records. About half of U.S. adults (49 percent) are extremely or very concerned about the security of their healthcare data. U.S. adults are most concerned about diagnosed medical conditions and diseases being mishandled or shared without their permission; 36 percent of adults use an online portal to access their personal health information. Adults older than 34 are more likely to use a portal than 18 to 34-year-olds (39 percent versus 28 percent). For adults who don’t use an online health portal, the top reasons are a preference for discussing their health in person (47 percent) and concern about the security of accessing their health information online (39 percent). (SCOUT-Harris Poll, July 2018)

Few consumers know what medical identity theft is or how much this crime can damage their credit and health. Only one in six insured adults (15 percent) say they’re familiar with medical identity theft. Of those, only one in three (38 percent) could correctly define medical identity. About one in five (22 percent) believe the most likely impact is that their health insurance could be cancelled. In truth, their health can be compromised by hazardous changes to their medical records. Nearly one in five consumers (19 percent) mistakenly believe it takes less than two weeks to restore their stolen medical identity. More than half underestimate or don’t know how much it would cost. (Nationwide Insurance, June 2012)

**Cyber Security**

Cyberattacks are causing an epidemic of compromises at healthcare organizations around the U.S. The breach goals remain unclear, though stealing sensitive patient data could involve medical identity theft. Many believe the healthcare sector is ill-prepared to deal with growing incidents of attacks. The healthcare sector also lags behind financial services, which has spent considerable time and resources hardening its infrastructure.

Healthcare breaches remain a major problem affecting millions of Americans annually, with 70 percent of all healthcare breaches taking place at healthcare providers between 2010 and 2017. Breaches involving health plans accounted for 63 percent of all breached records. The most common type of breach in 2010 was theft of physical records. By 2017, data hacking or other information technology incidents accounted for the largest number of breaches, followed by unauthorized access to or disclosure of patient data.

Consumers are deeply concerned about the cyber safety of their personal information in the hands of medical providers.

- 70 percent of Americans distrust health technology, sharply climbing from only 10 percent in 2014
- 89 percent of consumers with 2016 provider visits withheld health information during visits
- 93 percent expressed concern over the security of their personal financial information

**Biometrics**

Biometrics is a way of electronically confirming people’s identity by authenticating their unique physical traits such as iris, voice, face, veins, fingerprints and palm prints. The worldwide market for healthcare biometrics is largely driven by growing concerns of security that have gripped the global healthcare industry. Preventing medical identity theft is a major concern. The global biometrics market will grow to U.S. $5.8 billion in 2019, up from $2.2 billion in 2012. This means 25.9 percent from 2013 to 2019 and North America is the leading healthcare biometrics market. (Transparency Market Research, February 2015)

**Healthcare Robocalls**

Robocalls are targeting consumers with rapidly growing frequency. A large percentage tries to sell bogus health coverage, prescriptions or unneeded medical equipment. Robocalls also can be set-ups to extract personal health information and steal a consumer’s medical identity or defraud the person’s health insurer. Nearly 48 billion robocalls were made in the U.S. in 2018 — almost a 57 percent increase over 2017. Over five billion healthcare robocalls were made in 2018. That’s the largest kind of robocall. It’s more than double the 2.3 billion interest-rate scam calls. The health robocalls either were identity theft or for scam payments. Overall, each U.S. adult averaged 150 or more robocalls in 2018, and 60-75 billion robocalls overall are projected for 2019. (YouMail, January 2019)

**Overall**

Scams against government and private healthcare insurers form, by far, the largest type of insurance fraud. The exact size of annual theft is unknown and is the subject of considerable debate. Healthcare fraud likely steals tens of billions of dollars a year. The U.S. Department of Justice obtained more than $2.4 billion in healthcare settlements and judgements from civil cases involving fraud and false claims against the government in the fiscal year ending Sept. 30, 2017. The totals include drug companies, hospitals, pharmacies, laboratories, and physicians. Total judgements and settlements of all kinds reached $3.7 billion. This is the eighth straight year that healthcare judgements have exceeded $2 billion. The recoveries reflect only federal losses. In many cases, the justice department helped recover added millions of dollars for state Medicaid. (U.S. Department of Justice, December 2017)

SAVE THE DATE!

2020 IAIP International Convention

June 11-13, 2020 • Louisville, KY
Friendly Fraud and Chargeback Fraud

Any client who does business with the public, especially online, is exposed to various types of fraud. It is interesting to note that not all fraud is planned or intended. No matter the type of fraud, it has a significant impact on the economy. Helping clients understand and battle various types of fraud is another value-added service of the professional insurance agent.

“Friendly fraud” could come from several sources – misunderstanding of a merchant’s return policy, forgetting about a purchase, or purchases made by another cardholder (such as a spouse) that the cardholder may not know about. A customer could sign up for a subscription service and not understand that there would be ongoing recurring charges. In cases of friendly fraud, the merchant must strike a delicate balance. They want to solve the issue without alienating the customer and losing future sales.

Chargebacks came about as a result of The Fair Credit Reporting Act of 1974, to protect consumers and increase confidence in the use of credit cards. In nearly half the cases, the chargeback was a simple misunderstanding – the consumer did not realize they were filing a chargeback. Confusion over how the transaction is listed on a credit card statement can lead to a chargeback – the billing description needs to be more than just the merchant’s name (smallbiztrends.com/2017/10/chargeback-fraud-small-business.html). “Chargeback fraud” occurs when a customer attempts to obtain a credit for items that they have received. This is an intentional attempt to defraud the seller. Examples include a claim that items were never received, or the items were returned but not credited. Friendly fraud is not insignificant. Estimates place the cost to merchants at over $25 billion by 2020 (chargebacks911.com/chargeback-stats-2017/). Sellers can help to prevent chargeback fraud by monitoring for unusual sales – such as large purchases in terms of dollar amount or number of items. Several purchases from the same IP address but using different credit cards may also signify fraudulent activity (smallbiztrends.com/2017/10/chargeback-fraud-small-business.html).

Fraud impacts all facets of society – from lost productivity of the merchant who has to deal with the issue to increased costs passed onto the consumer. Although not all fraud is intentional, it still is costly. Helping clients understand the types of fraud and possible ways to manage their exposure is another sign of the true insurance professional.

Previously published in the Insurance Advocate®.

The digital on-demand economy has increased the avenues for potential fraud. In the past, there was less chance of misappropriation or malefeasance since credit cards were kept in a wallet and physically handed to the merchant at the point of sale. Now, account information can be stored on multiple sites and purchases are regularly made on “good faith”. The merchant provides the goods or services based on an implied promise that the electronic payment transaction will be completed by the customer.

True fraud involves identity theft or use of a stolen credit card. It is usually committed by someone unknown to the victim. “Friendly fraud” or “chargeback fraud” are types of fraud committed by the account holder. There is an important distinction between the two. While chargeback fraud is an intentional effort to obtain goods or services without paying for them, friendly fraud is most often a case of misunderstanding.

In cases of legitimate disputes, it is essential for customers to contact the merchant directly, rather than the bank or credit card company. While it may seem faster and easier to contact the bank, the process has a number of unpleasant consequences, for merchants as well as consumers.

When a customer disputes a charge directly to the bank, the payment to the merchant is blocked, the charge is reversed, and the merchant is assessed a nonrefundable fee of between $5-$35 per item. This is done without the merchant having the chance to prove the purchase was real, without having to first fill out a lot of paperwork. It is time-consuming for merchants to dispute chargeback cases, and therefore they may not do so, except if the dollar amount of the purchase is significant. The loss may be turned back to all of the merchant’s customers in the form of increased prices (cbsnews.com/news/friendly-fraud-an-enemy-to-everyone-in-the-e-commerce-chain).

The most common targets of chargeback fraud include clothing, digital content, furniture, high-end merchandise, and anything that can be easily resold. Service industries are also common victims, including financial services, gaming, media, software and travel (chargebacks911.com/chargeback-stats-2017/). Sellers can help to prevent chargeback fraud by monitoring for unusual sales – such as large purchases in terms of dollar amount or number of items. Several purchases from the same IP address but using different credit cards may also signify fraudulent activity (smallbiztrends.com/2017/10/chargeback-fraud-small-business.html).

Fraud impacts all facets of society – from lost productivity of the merchant who has to deal with the issue to increased costs passed onto the consumer. Although not all fraud is intentional, it still is costly. Helping clients understand the types of fraud and possible ways to manage their exposure is another sign of the true insurance professional.

About the Author

Sue C. Quimby, CPCU, AU, CIC, CPIW, DAE serves as AVP, Media Editor, Client Relations and Training and Sr. Product Development Analyst for MSO, Inc., a national property and casualty rating service bureau. She has had over 100 articles published. Sue has been a member of IAIP since 1989 and employed in the insurance industry since 1977. She is the current RVP of Region 1.
Fraud is a serious crime. According to the National Insurance Crime Bureau, work comp fraud costs businesses $30 billion annually in the United States. In fact, it’s estimated that 10 percent of all insurance claims likely contain some sort of fraud. The reason work comp fraud is such a big business is that the health system is an easy target, it’s considered a low risk crime, there is a general climate of tolerance, and there are many insurance companies who are not aggressively fighting it on behalf of their policyholders.
Different Types of Work Comp Fraud

There are three different types of work comp fraud seen most often:

**Claimant Fraud** – When an employee makes a false claim of injury or makes a material misrepresentation.

**Premium Fraud** – Material misrepresentation made to the work comp carrier for the purpose of reducing annual premium or avoiding a premium increase.

**Provider Fraud** – Intentional deception or misrepresentation by an entity or person who provides a service within a claim for the purpose of receiving unearned or excess payments.

Understandably, what policyholders are most concerned about is claimant fraud – whereby an employee at their company files a claim that is not legitimate. Not only does work comp fraud negatively impact the company's insurance premium costs, it can dramatically hinder overall employee productivity and morale – two critical components to a business's success.

Policyholders Can Fight Back

There are a number of ways companies can help prevent work comp fraud. To start, be sure to have the right work comp insurance company as a partner. As I mentioned, many carriers take a fairly passive approach to fighting fraud. That is, they’d rather pay the claim than put the time and effort in to fight it. Fortunately, there are those work comp carriers who take workplace fraud very seriously and as a result, focus heavily on stopping it. For example, my employer – ICW Group – takes a highly aggressive approach toward work comp fraud. Their proprietary technology evaluates over 3,000 data points for red flags, they regularly partner with law enforcement in prosecuting fraudulent activity, and systematically check every claim for signs of fraud throughout the entire life of the claim.

In addition to having a proactive insurance carrier working on their behalf, there are multiple ways companies can combat workplace fraud on their own. Over the years, we’ve counseled thousands of our policyholders on how they can play an active fraud prevention role. By utilizing these 10 key steps on a consistent basis, I’m confident companies can realize a significant reduction in workplace fraud.

10 Steps to Prevent Fraud

1. **Know Who You Hire** – Always perform a thorough pre-hire background check of new employees. This can include verification of employment history, checking eligibility status, obtaining proper identification cards, etc. Once hired, be sure to maintain current records of all employees.

2. **Don’t Hesitate to Educate** – Once on board, immediately begin the education process. Educate employees on the value of working at your organization. This can include making sure they understand what is offered through their private health, work comp, and state disability insurance coverage, along with other aspects of your workplace benefits program. Having your employees learn core work comp injury reporting processes and what state disability covers (e.g. if injured outside of work), will also prove beneficial.

3. **Conduct Focused Manager Training** – Implement training programs specifically designed for managers and supervisors. Training should focus on how to properly investigate workplace injuries and how to document all complaints of injuries. Managers should know to never ignore reports of injury even if the worker denies treatment.

4. **Instill A Zero Tolerance Policy** – Workplace fraud is less likely to occur when everyone understands how aggressive their company is towards preventing it. Leave no doubt in the minds of your employees that all workplace injuries will be investigated, false claims will not be tolerated, and any employee whose claims are deemed fraudulent will be prosecuted to the full extent of the law.

5. **Institute Regular Safety Meetings** – A company focused on safety is not only prone to incurring less work-related injuries, they’re also less likely to see false injury reporting. Institute monthly or quarterly safety meetings in partnership with your work comp carrier in order to create a true “safety first” culture.

6. **Don’t Ignore Complaints** – Listen to employees who point out potentially unsafe working conditions or unfair employee treatment. Poor morale is often a precursor to rising work comp fraud claims, so be sure to provide resolutions to any concerns expressed by your employees.

7. **Conduct Surveillance** – Putting up security cameras can readily provide a positive return on your investment. Such a move serves a number of purposes, from reinforcing the company's aggressive attitude toward fraud, to validating legitimate injuries. Of course, it can also deliver crucial evidence in a fraudulent claim case, so be sure to preserve all video evidence for possible future use.

8. **Implement Proper Injury Investigation** – It’s important to evaluate a number of criteria as soon as possible once a workplace injury is reported. Carriers like ICW Group who take fighting fraud very seriously often offer specialized guidance to help you execute an effective investigative process. Be sure to take photos of the accident site and review any surveillance video right away.

9. **Show Your Employees You Care** – Keeping your employee connected to the workplace when they are out due to injury diminishes the likelihood of a fraudulent claim being filed. It’s no coincidence that employees whose companies don’t reach out to them, are reached out to by less scrupulous entities like fraud attorneys. Be sure to follow up with your injured employee on a regular basis. Ensure they are getting proper treatment, be empathetic to their situation, and be available to answer any questions they may have about the work comp process.

10. **Conduct Exit Interviews** – To help rule out any injuries sustained during employment that get reported later (something that occurs more often than one might expect), be sure to interview exiting employees thoroughly. Have them sign a declaration stating that they didn’t sustain any workplace injuries during their employment, and confirm they were aware of the company’s policies for reporting injuries if they were to have sustained one.

Guiding the Investigate Process

Generally speaking, the above 10 steps are designed to help companies deter work comp fraud from happening. Yet when an employee does file a work comp claim, we suggest our policyholders follow a specific process to help them determine...
if further work comp fraud investigation is warranted. While carriers who take fraud seriously most likely have their own approach to working with their policyholders on suspicious claims, we use the acronym R.E.P.O.R.T. to guide ours during the initial stages of a reported claim (following a formal first notice of loss filing with the claims department).

Respond – Respond with care and sympathy and get immediate help for the injured worker.

Employee – Acquire the employee’s account of what occurred and really dig into the details.

Place – Determine the place where the injury occurred, and that the employee belonged in that area.

Obtain – Obtain a full investigation of the incident including the who, what, when and how the accident occurred.

Report – Report any concerns to your carrier’s claims examiner if the facts look suspicious so they can inform their fraud team and commence a potential fraud investigation.

Team – Team up with ICW Group’s Special Investigations Unit to further investigate this claim for potential fraud.

The Winning Combination: A Strong Anti-Fraud Culture and a Highly Proactive Carrier

It’s important to remember that 80% to 90% of all work claims are indeed legitimate. These claims deserve to be properly paid, and the injured workers deserve to be properly cared for. Yet it’s the 10% to 20% of fraudulent claims that can wreak so much havoc on an organization.

That’s why a company’s ability to take preventive measures is the first line of defense against having work comp fraud run rampant throughout its workplace. We’ve seen time and time again the benefits companies reap when they put specific anti-fraud processes and procedures in place and weave a zero fraud tolerance policy throughout their corporate culture.

Partnering with the right work comp carrier who can readily deploy its highly proactive in-house Special Investigations Unit is the other key ingredient for stopping work comp fraud. Building a solid case together provides the greatest foundation for identifying and securing a fraudulent work comp claim conviction.

The net results are significant. A strong anti-fraud program focused on detecting, deterring, and ultimately defeating work comp fraud increases workplace productivity, while helping companies lower the cost of their work comp premiums. Let’s not forget that such programs enable companies to also become far more enjoyable places to show up at every day. Certainly, something all of us can appreciate!

About the Author

Mike Bender is the head of ICW Group's Special Investigations Unit. In addition to active onsite consultation and training, the company provides its policyholders a variety of online anti-fraud tools and resources. For comments or questions, Mike can be reached via email at mbender@icwgroup.com

TOP VALENTINE’S DAY SCAMS

Infected e-cards. Don’t click on embedded links from incoming e-cards, especially when they’re from an unnamed friend or secret admirer. Steer clear of names you don’t recognize.

Google gotchas. Many gift-giving sweethearts begin their online shopping on search engines such as Google or Yahoo instead of a specific retailer website. Scammers take advantage by creating bogus websites. You’re safer shopping for a sweetheart’s gift from a reputable retailer’s website.

Facebook friends. Beware of poems, love letters, quizzes or other messages on social media websites purported to come from friends. They may be scammer-sent ruses. Think twice before opening Facebook messages with generic greetings such as “Valentine’s Day” and “Special Greeting.” Even if you know the sender, realize the message may not be from him or her.

Romance ruses. The most despicable sweetheart swindle of all costs the typical victim more than $10,000—and has caused enough shame and heartache to prompt some to commit suicide. Before giving away your heart and money, investigate your new sweetie at www.romancescams.org. If his or her photo is posted, know it’s a scammer away your heart and money, investigate your new sweetie at www.romancescams.org. If his or her photo is posted, know it’s a scammer who stole that picture.

Sale-related spam. Expect an inbox littered with offers for deals on chocolates, jewelry, roses and other Valentine’s-themed trinkets. But be skeptical, carefully read the address.

Catfishing. This is a term used to describe the act of trying to lure someone by creating a deceptive online profile. Be sure the person you’re communicating with isn’t a fraudster looking for your cash. The BBB’s designated red flags to look for include requests to wire money, professions of love within a short period of time, and suspicious stories about sudden emergencies that prevent you from meeting the online Romeo.

SOURCES:

Romance scams surge. USA Today.
Paul Davidson
Federal Trade Commission
Top 5 Valentine’s Scams,
cyberscout.com. Victor Searcy
www.romancescams.org
nrdwallet.org. Courtney Jespersen
AARP
IAIP CORPORATE PARTNERS

Platinum Level Corporate Partner

PAUL DAVIS
RECOVER • RECONSTRUCT • RESTORE

Bronze Level Corporate Partners

BankDirect
CAPITAL FINANCE

Enterprise

ICW GROUP
Insurance Companies

WEST BEND
A MUTUAL INSURANCE COMPANY

WRIGHT
Flood

Lead Level Corporate Partner

Liberty Mutual

Ambassador Level Corporate Partner

AmTrust
FINANCIAL

AVPO

BSR

Canal
INSURANCE

MSD

Companies can partner with IAIP to promote the insurance industry through providing education, networking and industry alliance, as well as providing insurance products to the general population. Several levels of corporate partnership are available to meet your business’s needs.

Contact us at 800-766-6249, extension 2, or email ahammerli@iaip-ins.org today to find out how your company can benefit from partnering with IAIP.
ADVANCE YOUR CAREER

IAIP offers the following prestigious industry designations:

Certified Leadership Professional (CLP)  
Certified Insurance Industry Professional (CIIP)  
Diversified Advanced Education (DAE)

CONGRATULATIONS!  
(as of June 2, 2019 - October 31, 2019)

NEW CLPs
Cathy Antrim, ACSR, API, CIC, CIIP, CLP – Region 1  
Sylvia Kennedy, ACSR, CIIP, CLP – Region 1  
Karen Balliet, CLP – Region 3  
Christine DeSchepper, CIIP, AIS, CISR, ACSR, DAE, CLP – Region 5  
Claire Muselman, AIC, AIC-M, AIM, AIS, AINS, ACS, SCLA, CLP – Region 5  
Melissa Rageth, AIC-M, AIM, AINS, CISR, CLP – Region 5  
Jeremy Brown, CLP – Region 6

NEW CIIPs
Lisa Buck, AINS, AIC, AIS, CIIP – Region 1  
Sylvia Kennedy, ACSR, CIIP, CLP – Region 1  
Michelle Willette, ACSRP, CLP, CIIP – Region 1  
Brian Tilley, CISR, CIIP – Region 2  
Marcella Beasley, MA, CISR, CRIS, CLP, CIIP – Region 7

NEW DAE
Michelle Walter, CISR, CIIP, AINS, CLP, DAE – Region 1

To learn more about these designations, including how to qualify, visit insuranceprofessionals.org and click on Designations under the Education tab. Contact Betsey Blimline at 800-766-6249 extension 4 or via email at education@iaip-ins.org for more information.
WELCOME
New IAIP Members!

Welcome our new members from
June 2, 2019 - October 31, 2019

Region 1
Cidalia Antous
Kristin Ayotte
Kathryn Batten
Ernest Blair Jr.
Licia Gotti
Tyler Day
Regina Gamble
Mary Jo Hamilton
Tracy Hicks
Morgan Hutchinson
Kathy Lashon
Kelli Locke
Diana Maelzer
Lynsey McDonough, ACSR
Thomas McKeon, CLU, FIC, CLTC, CLCT,
CSA, CPC, CCPS
Betty Nocera, MBA
Rick Ouellette, AINS
Christine Palattella
Denise Pekelnicky
Joyce Recchia, CFEI
Sylvia Remisiewicz, ACSR
Andrea Roux
Bonnie Sawyer, CISR
Tina Scarcelli
Nicole Sibley
Brittany Tong
Karissa Verrette
Darren White
Lorie Whittemore

Region 2
Xiomara Olmeda
Alla Saleh

Region 3
Brooklin Borders
Jenny Casch
Alexis Cruz
Angel Davila
Manuel de la Texera, CIC, CISR
Kristie Dye, CISR
Lars Erickson
Jodi Ferniz
Eboni French
Pedro Gonzalez
Allison Gowans
Kathryn Harris
Rebekah Jackson
Lucy Kirby, AAI
Karley Laycock, CISR
Wendy Ledford, CISR Elite, CLCS
Jennifer Lendway
Lisa Main, AALU, CLU, ChFC, CAP, CFP
Todd Markel
Shelton Mayhue, CLCS
Sarah Mento
Denise Nordland
Bridget Ollis
Jaime Perello Borras, CPIA
Skylar Phillips
Gail Puntenvold, AAI, CIC, CPIW, CRIS
Michael Ramirez, CIC, ANFI, CFM, AIM, CPSR
Ada Cecile
Rios Rivera
Rosaury Rosa
José Serrano, AIC
Angela Smith
Jakara Trawick
James Valek, INS
Laura Valek
Jose Vargas-Rodriguez
Jessica Windham
Michelle Woodham
Courtney Young, CISR, CPIW
Grace Zacaroli

Region 4
Renee Burris
Dawn Davis
Julie Diener
Rebecca Hrusovsky, CRIS, CISR
Christina Kennedy
Pine Jennifer
Dawn Ramsay, CPCU, CIC, CRM, CPIW,
AIS, AAM, AINS
Julie Roberts

Region 5
Kaise Aschliman
Rebecca Biagini
Angela Dreher
Gareth Ellington
Evelyn Gill, CPIW
Laura Henning
John Krechel
Jordan Lindstrom
Angela McLaren, CPCU, AIC, AIM, AIS, SCLA-Gold
Maria Menotti
Courtney Schweda
Christy Warner, MDC, CDSM, EMC, MBA,
MQC, AIS, AIC, AINS, AOSP
Nina Wilson

Region 6
Beth Bajat
Gayle Collins, CPIA
Heather Cotopoulos
Kim Ebey, CISR
Tiffany Forest
Triniesha Henry
Kris Marino
Melanie Nerio
Linda Ray, CISR
Josie Smith

International Association of Insurance Professionals is
a professional association open to individuals in the
insurance and risk management industries, and provides
insurance education, skills enhancement and leadership
development. Membership provides you the opportunity
to increase your business productivity and profitability
by participating in educational offerings and making
business connections with other industry professionals.
More than 70% of our members have advanced their
careers through belonging to IAIP.

To join, contact us at 800-766-6249
extension 2, or email membership@iaip-ins.org.

Mabel Taylor
Susan Vongprathoum
Aaron Woolsey

Region 7
Keely Abbas
Krista Alexander
Susan Bauman, CISR, CPIW
Danielle Butkins
Diane Carpenter
Sally Clements
Maria Cousineau
Daneen Dail
Jennifer Deinert-Peterson
Dina Dryden
Tessa Harrington
Brianne Henderson, CIC
Desiree Houston
Mark Jarboe, CPCU, ARM, RPLU
Edward Keaunui, MSM
Jodi Kellimio
Kris Kelly
Marian Kinsey
Jayne Marshall, CIC, CISR
Angela Maston
Michelle Nguyen
Lou Ohki
Gregory Parker
Lori Perrault
Eugene Pope, AINS
Kyle Ray
Sarah Reyes
Dian Riser
Wallace Stilz
Michael Stump
Kelson Wann, MS, ATC
Jamie Whittington
Joanna Yim
Legacy Foundation Donors

The NAIW International Legacy Foundation wishes to recognize our supporters for their generosity and commitment to help transform the insurance industry through the development of educational programs for insurance professionals. All financial contributions to the Legacy Foundation are tax-deductible as a charitable contribution. Thank you to our generous donors from June 9, 2019 through October 31, 2019:

<table>
<thead>
<tr>
<th>Gamechangers ($1000+)</th>
<th>Insurance Professionals of Greater Knoxville</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Trendsetters ($100 - $999)</strong></td>
<td></td>
</tr>
<tr>
<td>Marjorie Bear - Florida Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Kathleen Bianculli</td>
<td></td>
</tr>
<tr>
<td>Terri Brennan - Matching Funds through Nationwide</td>
<td></td>
</tr>
<tr>
<td>CA Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Mary Corvaia - Matching Funds through Nationwide</td>
<td></td>
</tr>
<tr>
<td>Gracellen Donnelley</td>
<td></td>
</tr>
<tr>
<td>Suzanne Downey - Florida Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Lisa Hardin</td>
<td></td>
</tr>
<tr>
<td>Roz Horton - Florida Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Insurance Professionals of Mercer County</td>
<td></td>
</tr>
<tr>
<td>Geraldine Plott</td>
<td></td>
</tr>
<tr>
<td>Cindy Prud’homme</td>
<td></td>
</tr>
<tr>
<td>Joanne Small</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pacesetters ($25 - $99)</strong></td>
<td></td>
</tr>
<tr>
<td>Christine Chandler Tillett - In Memory of her father, Roy D. Chandler</td>
<td></td>
</tr>
<tr>
<td>Sharon Cirillo - Florida Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Michele Epstein - California Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Florida Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Cherri Harris</td>
<td></td>
</tr>
<tr>
<td>Carol Hess - Ohio Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Susan Holbrook</td>
<td></td>
</tr>
<tr>
<td>Margaret Lamdagan - California Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Marsh McLennan Agency, Small Business Unit in Sioux Falls, SD - In Memory of Tammy Carlson’s Father-in-Law, Virgil Carlson</td>
<td></td>
</tr>
<tr>
<td>R. Suzanne Maringer - Ohio Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Patricia Middleton - California Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Network for Good - Facebook Donation Campaigns</td>
<td></td>
</tr>
<tr>
<td>Regina Patterson - California Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Jennifer Peeples - Florida Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Michele Sparks</td>
<td></td>
</tr>
<tr>
<td>Julie Wagoner</td>
<td></td>
</tr>
<tr>
<td>Jeannine Westlock</td>
<td></td>
</tr>
<tr>
<td>Margaret Wildi - Ohio Council Meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advocates ($1 - $24)</strong></td>
<td></td>
</tr>
<tr>
<td>Sherry Distelhorst - Ohio Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Maryanne Edsall</td>
<td></td>
</tr>
<tr>
<td>Renee Fazeli - California Council Meeting</td>
<td></td>
</tr>
<tr>
<td>Theresa Ney</td>
<td></td>
</tr>
</tbody>
</table>

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.
On May 3rd, 2019, the Piedmont Association of Insurance Professionals hosted the 2019 Prom Promise event at East Davidson High School in Thomasville NC. We plan this event each year on the day before the prom. Starting early in the morning, the Juniors and Seniors meet us and the Thomasville Police Department in the gymnasium for a schedule of events. We take this opportunity to talk to the students about not drinking and driving or texting and driving. Officer Elgin with the Thomasville Police Department spoke with words of caution to the students about not engaging with these dangerous activities. Throughout the next few hours, smaller groups come down from their classes to meet with us. We have stations set up where each student can try on special goggles that imitate intoxication. With the goggles on, the officers have them do a sobriety test and walk the lines of the tile floors in the school while their classmates watch. We also had the Guilford County Sheriff’s office send a simulator where students could get in the driver’s seat of the SUV, put on virtual reality glasses and see what it’s like to drive while intoxicated. This special simulator had the most current technology that shows the driver’s speed and any wrecks or damages on a monitor in the back for all the other students to watch. These are always fun for the students to enjoy! We also had 15 drawings where the students won either a bumper sticker or a Sheetz gift card. Then they have the opportunity to sign the Prom Promise. Over 300 students promised to not drink and drive and not text and drive. The poster is hung up at prom and in the school afterwards as a reminder to students of their promise. The school and community are always inviting and excited about this event and we are as well!

Emily A. Smith, CISR
The Central Ins. Companies

Lisa Hardin earned her ninth insurance designation on August 8, 2019 by completing the Claims Casualty Law Specialist designation offered by the American Educational Institute. The designation consisted of seven courses on topics including liability insurance principles, rules of evidences, product liability, and alternative dispute resolution.

Lisa Hardin, CPCU, CPIW, AIC, AIS, ACS, AINS, CCLS, DAE, CLP
Sentry Insurance
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

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.