

***Best Practices Guide
To
Agency Business Processes and
Information Management***

Presented by

Agents Council for Technology

and

IIABA Council for Best Practices

Developed by

Nettles Consulting Network, Inc.

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Forward – Agency Business Processes and Information Management Guide

This Best Practices Tool is a joint product of the Agents Council for Technology (ACT) and the IIABA Council for Best Practices, both affiliated with the Independent Insurance Agents & Brokers of America, Inc. These groups commissioned Laura Nettles of Nettles Consulting Network, Inc., a recognized expert in the field of developing effective workflows and business processes for independent agencies that fully integrate with the agency's technology. ACT's Agent Feedback Group, a number of Best Practices agents and the IIABA Council for Best Practices worked with Laura to help shape the product.

The product is designed to be downloaded and used electronically. The user can click on the table of contents or any term highlighted in blue to move automatically to the desired section. In addition, the self assessment tool as well as the included forms can be completed electronically facilitating their use throughout the agency.

All of those participating in this project believe very strongly that the successful agents of the future will focus on continuous improvement, on the incorporation of real time workflows and full use of available technology that eliminates outmoded processes. Best Practices agencies are already strongly moving in this direction. Good workflows lead to good E&O and better customer services delivered to the client.

This product is designed for independent agents— independent agents of any size. It is a practical hands-on tool with step by step guidance on how to improve workflows, fully use agency technology, and clarify staff roles. The tool also provides the implementation tools and sample workflows to help the agency succeed in adopting these improvements in both property casualty and benefits processes.

Whenever we discuss workflow, the cost of the technology supporting the workflow is always an issue. This guide does not address the budget/financial implications of technology choices. Please refer to the 2008 IIABA Best Practice Study Technology section (<http://bp.reaganconsulting.com/bp2007/TOC.html>) for additional information. The Study provides data relating to the average number of technology related employees and expenditures by size of Best Practices agencies. It also contains other useful employee and financial benchmarks.

ACT and the IIABA Council for Best Practices wish to thank the agents, carriers, vendors, user groups and industry associations participating in these initiatives for making this product possible. We would like to express our special thanks to Laura Nettles for the incredible contribution she has made through this product to enhance the competitive position of independent agents everywhere.

To learn more about ACT, visit www.independentagent.com/act or contact Jeff Yates, ACT Executive Director at jeff.yates@iiaba.net. To learn more about the IIABA Council for Best Practices, click on the Best Practices gateway at www.independentagent.com or contact Madelyn Flannagan, IIABA Vice President Education & Research at Madelyn.flannagan@iiaba.net. Laura Nettles can be reached at LNettles@NettlesConsulting.com.

Click on any item to move directly to the item.

Table of Contents

<i>Executive Overview</i>	7
<i>Benefits of Implementing New Technology</i>	14
PART ONE – Determining Where You Are Today	16
Self-Assessment	17
Self-Assessment Questionnaire	18
Environments	22
Manually Automated Environment	22
Process Environment	27
Service Environment	31
Client Environment	35
Workflow Analysis	38
Workflow Analysis – Property & Casualty	38
Workflow Analysis – Benefits	42
Building a Firm Foundation	45
Feature Implementation Checklist	48
Training	50
Database Audit Guidelines	52
Monitoring and Managing Backlog	55
PART TWO – Understanding The Features	58
Technology Tools	62
Carrier Interface	62
Attachment Features	65
Electronic Transactional Filing	67
Document Imaging	70
Third-Party Software Guidelines	73
Workflow Management	76
Information Management	78
Document Management Solutions	80
Vendor Requirements	83
Document Management Guidelines	85
Commercial Lines Quick Reference Guide	89
Personal Lines Quick Reference Guide	91
Benefits Quick Reference Guide	93

PART THREE - Implementing Change and Monitoring Effectiveness..... 95

The Task Force Approach..... 96

Workflow Guidelines..... 99

 P&C Sample Workflows..... 100

 Benefits Sample Workflows 100

Monitoring Guidelines..... 101

 Transaction Audits..... 103

 Performing Workload (Backlog) Audits..... 106

 Performing Workflow Compliance Audits..... 107

Emerging Technologies 109

APPENDIX ONE– Sample P&C Workflows..... 112

Sample Carrier Listing..... 113

PL New Business and Renewal Workflows 114

New Business Guidelines 114

New Business Workflows 115

 New Business – Obtaining/Receiving Quotes from Carriers (Real Time)..... 115

 New Business – Requesting Quotes from Carriers (without Real Time)..... 115

 New Business –Receiving Quotes (without Real Time)..... 115

 Requesting Information/Payment from the Client..... 116

 Order a Policy (Downloaded) 116

 Order a Policy (Not Downloaded) 116

Renewal Guidelines..... 118

Renewal Workflows..... 119

 Renewal – Renewal Review – VIP Clients..... 119

 Renewal – Requesting Quotes from Carriers (without Real Time)..... 119

 Renewal – Obtaining/Receiving Quotes from Carriers (with Real Time)..... 119

 Renewal – Process Renewal Changes (per renewal review) 119

 Renewal – Document Receipt of Non-Renewal Notice 120

 Renewal – Requesting Information/Payment from the Client..... 120

 Renewal – Receive Requested Information/Payment from the Client 120

CL Renewal and New Business Marketing Workflows..... 121

CL Pre-Renewal Guidelines (A&B Accounts) 121

CL Pre-Renewal Workflows 122

 Renewal – Documenting Marketing Strategy..... 122

 Loss Runs - Ordering Workflow..... 122

 Loss Runs - Receiving Workflow..... 122

 Renewal Information to Client Preparation Workflow..... 122

 Renewal – Receiving Updated Information Workflow 123

CL New and Renewal Marketing Guidelines..... 124

CL New and Renewal Marketing Workflows	125
Renewal – Finalize Submission Workflow.....	125
Renewal – Documenting Marketing Communications.....	125
Renewal – Receiving Quotes	125
Renewal – Receiving Declinations	125
Renewal – Proposing/Quoting Coverage.....	125
Renewals – Ordering Policies From the Carrier Workflow.....	126
CL Binding Coverage Guidelines	127
CL Binding Coverage Workflows	128
Processing Binding Coverage (no download) Workflow	128
Received Policies After the Effective Date Workflow	128
Processing Automatic Renewal Policies (downloaded) Workflow	128
Process Workflows.....	129
Endorsement Guidelines	129
Endorsement Workflows.....	130
Endorsement – Ordering for Carriers (Interactive) w/Download Workflow.....	130
Endorsement – Ordering Endorsement Manually (Policy Change Request) Workflow	130
Endorsement – Receiving Workflow (Download)	130
Endorsement – Receiving Workflow (Not Downloaded).....	131
Cancellation/Reinstatement Guidelines	132
Cancellation/Reinstatement Workflows	133
Sending a LPR to the Client Workflow	133
Receiving LPR from the Client/Request Cancellation from the Carrier	133
Cancellation – Receiving Final Cancellation Notice (downloaded policies)	133
Reinstatement Workflow before the Cancellation Date (downloaded policies).....	133
Reinstatement Workflow after the Cancellation Date	134
CL Audit Guidelines	135
CL Audit Workflows	136
Receiving an Audit Workflow	136
Audit Follow up Workflow.....	136
Uncollectible Audit Workflow	136
Proof of Insurance Guidelines	137
Proof of Insurance Workflows.....	138
Issuing Proof of Insurance – Evidence of Insurance Workflow	138
Issuing Carrier Dec Page as Proof of Insurance Workflow	138
Policy Processing Guidelines.....	139
Policy Processing Workflows	140
Processing a Renewal Policy (Non-Downloaded) Workflow	140
Receiving Policy (Downloaded) Policies	140

Real Time Inquiry Guidelines.....	141
Direct Bill Payment Inquiry Workfow	142
Policy Inquiry Workfow	142
Claim Inquiry Workfow.....	142
Loss Runs – Ordering Workfow	142
<i>APPENDIX TWO – Sample Benefits Workflows.....</i>	<i>143</i>
Renewal Guidelines.....	144
Renewal Workflows	145
Marketing Strategy Meeting	145
Requesting Renewal Rates.....	145
Receiving Renewal Rates	146
Ordering Claims Data	146
Receiving Claims Data	147
Requesting Updated Census Information	147
Receiving Census Information.....	147
Marketing Guidelines	149
Marketing Workflows	150
Preparing RFP.....	150
Tracking Outstanding Cases	150
Receiving a Quote.....	151
Creating a Proposal.....	151
Placing Coverage Guidelines	152
Placing Coverage Workflows.....	153
Sending Application to Client.....	153
Receiving Application from Client.....	153
Sending Completed Application to Carrier.....	154
Receiving Policy from Carrier	154
Index.....	155

Executive Overview

Scope

Welcome to the Best Practices Guide to Agency Business Processes and Information Management. This guide is a rewrite of two guides: The Best Practices Guide to Agency Business Processes and Workflows (2002) and the Best Practices Guide to Agency Electronic Information Management (2003). The guides have been combined and revised into this new workbook.

This workbook is designed to assist agents and brokers in assessing their current agency business processes, workflows and information management implementation in conjunction with the agency's technology. Once the assessment is made, the workbook includes detailed steps for improving current agency business processes and workflows to achieve the maximum benefits from the use of the agency's technology, improve client service, and free up more agency staff resources for sales.

This workbook focuses on addressing service issues within an agency or brokerage. Technology and workflow provide the tools for establishing a strong service foundation. Once this foundation is built, management will be better positioned to take advantage of the many opportunities for growth.

There is always room for improvement in workflows. The software and technology tools available today are sophisticated. Business process improvement and workflow implementation are on-going processes, not one-time events. This workbook is intended to be a guide to continuous improvement.

The purpose of the workbook is to provide management and staff with practical solutions to business process, information management and workflow issues. The starting point is a self-assessment tool to assist the agency in assessing where it currently stands and then identifying potential areas for improvement. The self assessment tool should be taken department by department, because the same agency may have different departments at various levels of business process and workflow. These levels are identified as agency environments and each succeeding environment contains a specific set of business process and workflow improvements for the agency.

In addition to the self-assessment tool and a description of the characteristics of each agency environment, this workbook provides step by step guide as to how the agency can move to the next level of environment. Also included are analysis tools and checklists that provide the procedures and forms necessary to implement this improvement process in the agency.

Once your foundation is in place, the workbook guides you through all the critical features available to you today. The options are available to most agencies with little or no hard-dollar cost for implementation. These include real time, attachment features, electronic filing, document imaging, third-party software and carrier interface.

In addition, sample property casualty and benefits workflows provide an invaluable starting point and checklist for the agency. Tools are also provided to assist in obtaining buy-in from your staff and monitoring the effectiveness of your efforts.

This tool is designed to be used electronically. Both the survey and the forms included can be downloaded and then filled in electronically allowing easy use of the tool throughout the agency. When terms are highlighted in blue, one can click on them and move directly to the relevant section being identified.

Using the tools provided in this Best Practices Guide requires an openness to change. Management and staff must be willing to try new things and not be afraid of failure. Sometimes technology and workflow are not the real obstacles. The real obstacle may be our resistance to change. Agencies and brokerages want to fully utilize the technology they have already purchased. The vision is in place. The transition is what stops us. This workbook simplifies the transition, but it still requires the commitment and discipline by everyone in the agency to adhere to the approved workflows and the use of the agency management system as the primary source of agency information.

A brief description of the contents of the workbook follows.

Benefits of Implementing New Technology

A brief summary of the benefits of the new technology is included with a focus on Real Time and Carrier Interface features.

Part One of the workbook focuses on determining where your agency is today in relation to your current technology, use of basic features and the more advanced state-of-the-art features.

Self-Assessment

The self-assessment questionnaire will assist you in determining—department by department-- the current environment(s) in which you are operating.

Environments

The four progressive levels of technology and workflow implementation we have created for this workbook are the:

1. manually automated environment
2. process environment
3. service environment
4. client environment.

In the *Manually Automated Environment* there is either no computer or the computer is used primarily for accounting. Paper files are maintained and referred to frequently.

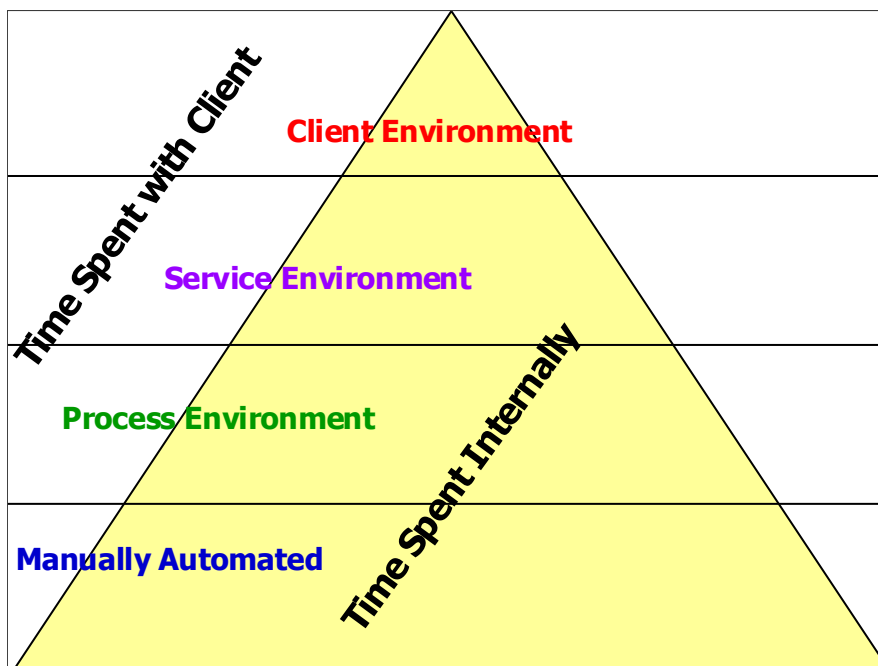
Procedures may be in place; however, the procedures support both a manual and an automated environment. There is a lot of redundancy, and workflows vary from desktop to desktop.

In the **Process Environment** the computer features are implemented at a very basic level. Paper files are maintained; however, they only contain items not stored on the computer. The staff is trained on the computer features. As the vendor releases new features, they are implemented, and staff is trained on them. There is a lot of focus on internal agency processes.

In the **Service Environment** the computer features are well implemented. Workflows are in place integrating the features and the insurance workflows. Supporting documentation is maintained, but not in the traditional paper file. Scanning has been implemented. Procedures are in place supporting an automated environment. Focus shifts from internal processes to value added client contacts and service and sales.

The **Client Environment** is the optimum level. Routine processes are automated, significantly reduced, and clients increasingly avail themselves to self service options on the Agency website or by phone. Clients (or vendors) obtain proof of insurance coverage and auto id cards on-line. Changes are requested via the Internet. Process centers, whether in the agency or in the carrier, are available for routine transactions. The agency role is relationship driven and consultative. All staff members in the agency are focused on client service and sales.

As illustrated below, as an agency advances toward the client environment, more and more time is freed up for the agency staff to focus on client service and sales, rather than internal matters that do not add a lot of value for the client such as processing.



Workflow Analysis Questions for Property & Casualty and Benefits. The workflow analysis is necessary to show how work is currently being processed in the agency or brokerage. This process enables you to easily recognize problem areas, bottlenecks, duplication, overlapping of roles, backlog, etc.

Building a Firm Foundation focuses on the basics. As independent agents, we have to deal with the insurance transaction from two perspectives: the carrier and the client. Before we can move towards a paper free environment, we must first build a firm foundation. Once our foundation is in place, we can initiate the steps necessary to effectively manage electronic client information.

This section includes a feature implementation checklist, database auditing guidelines, information about monitoring and managing backlog.

Building a Firm Foundation

As independent agents, we have to deal with the insurance transaction from two perspectives: the carrier and the client. Before we can move towards a paper free environment, we must first build a firm foundation. Once our foundation is in place, we can initiate the steps necessary to effectively manage electronic client information.

This section includes a feature implementation checklist, training checklist, database auditing guidelines, and information about eliminating backlog.

Part Two of the workbook focuses on understanding the features available to you today. It also includes in-depth information about managing electronic and paper documentation.

Carrier Interface

This section gives the agency tools to manage electronic communications with the carrier. Learn how to organize carrier interface so you can be assured of the integrity of your client data – regardless of where it is actually stored.

Real time is the ability to click on a button from a client file in your agency management system or comparative rater for immediate access to carrier information on that client. The transaction may be a quote, billing inquiry, claim inquiry/loss runs, policy view, endorsements or a request for information. This approach provides a single workflow for servicing or quoting. See www.getrealtime.org for more information on Real Time and how to implement it effectively.

Attachment Features

In this section, we will review how the attachment features delivered by the agency and benefits management systems have evolved and the pros and cons of implementing these features vs. a full-blown third-party document management system.

Transactional Filing

This filing option is no longer a state-of-the-art filing system and can probably be replaced. Learn how to upgrade this feature to be an electronic version of the old reliable paper method.

Document Imaging

Scanning is now a part of every routine workflow. Learn the difference between document imaging and true document management.

Third-Party Software Guidelines

Most agencies use many third-party solutions like Rating software, Outlook, Microsoft Word and Excel. These software packages should be integrated with your agency or benefits management system. This section focuses on how to manage that integration while still maintaining the integrity of the electronic file.

Information Management

Document management offers solutions that eliminate the media from transaction processing and storage. These solutions provide storage and retrieval for all documents regardless of the media. For example, scanning and transactional filing deal with paper. This section focuses on evaluating third-party systems vs. implementing your attachment feature with document imaging.

Part three of the workbook focus on implementing change and monitoring the effectiveness of your implementation.

The Task Force Approach is a method where the staff participates in developing your workflows. Task forces consist of chosen staff members from all responsibility types, including service, process and sales. The task forces review, evaluate, develop and change workflows in order to improve agency efficiency, service, and sales. This broad agency staff involvement is necessary to achieve buy-in. ACORD's recently revised Power of Change seminar is a great tool to use to identify needed workflow improvements in your agency and to achieve staff buy-in to change. (**Contact Cal Durland at cdurland@acord.org for more information on Power of Change.**)

Critical ***Monitoring Guidelines*** are included in this section. Automation implementation is a process, not a project. Creating procedures and providing workflow training establishes a foundation upon which to build. The goal of monitoring is to review compliance with agency guidelines and to provide a benchmark upon which management can measure the impact (productivity gains or loss) workflows and automation have on operations.

The following section helps the agent clarify the responsibilities of the sales, service, and processing roles within the agency so that inefficient overlaps in roles are avoided and the service and sales functions within the agency may be enhanced.

Roles

Each agency has a different structure for servicing clients. There is no perfect structure. Management must establish a structure based on client needs and staff capabilities. However, there are some basic roles that each agency, regardless of titles or team structure, should have in place to maximize the effective use of technology.

The **sales role** is responsible for driving revenue. The sales role may also be responsible for the relationship with existing clients, but stays out of the day-to-day service needs of the client. Support for new business production should come from the production unit, not the service unit. This lets your service resources focus on service and your sales resources focus on new business. Typically, the sales titles include producers and/or account executives.

The **service role** is responsible for meeting the day-to-day servicing needs of the client. This is the client's primary contact. The service role is also responsible for managing or overseeing the renewal process to ensure timely follow-up. Typically, the service titles include account managers and/or CSRs. For the purposes of this workbook, we refer to the service role as service providers.

The **process role** is responsible for ensuring routine transactions are processed in a timely manner. The process role can be a team of people, or they can be assigned to individual servicers. The service and process roles may also overlap and be only one person. Typically, the process titles include assistant or processor. However, to be effective, the process role should be of equal importance to that of the service role. For the purposes of this workbook, we refer to the process role as processors.

How to Use This Workbook

This workbook is a comprehensive tool designed to enhance the value of an agency or brokerage by offering a process to help you assess your current situation and give you practical solutions to common issues.

First, complete the self-assessment. Once completed, you validate the findings by conducting an internal workflow analysis. This will help you identify your current operating environment.

Once the environment is identified, implement the steps provided to take you to the next environment. The other sections of the manual support your move through each environment and will assist you in this process. Once you move from one environment to the next, begin the monitoring process. This will help you gauge the effectiveness of your efforts.

You can also go directly to the features and implement additional features. Be sure to monitor each feature once you implement it to gauge the effectiveness of your efforts.

Conclusion

ACT and the IIABA Council for Best Practices are committed to providing tools to assist agencies and brokerages in implementing new electronic information management tools in an effective manner. The key to a successful implementation is receiving a payback from your investment. Effective management of electronic information will increase productivity. Your efforts in the document management area will result in streamlining the processes, ultimately eliminating redundancy and clerical tasks and freeing up more staff resources for value added client service and sales.

Why it is important to take advantage of the technology available today.

Benefits of Implementing New Technology

Technology is constantly changing. It is not good enough to simply stay current with the features delivered with your agency or benefits management system. It is important to actually train staff and implement the features available. Here is a summary of some the more significant features delivered by the industry over the past five years.

- Real Time agency/carrier interface provides a single workflow for processing carrier transactions via your agency management system and automatically handles the logon ids and passwords to the carrier systems. The transaction may be a quote, billing inquiry, claim inquiry, policy view, endorsement or request for information. Real Time uses existing data from within the agency management system and transmits it to the carrier; thereby, eliminating duplicate data entry for quoting and policy servicing.
- Download of policy data completes the round trip of data between the carrier and agency system. Download transactions are available for personal lines, commercial lines, commissions, and claims (with some vendors).
- Many agency and benefit management systems have enhanced their attachment features making it easier to implement electronic filing and eliminate the paper file.
- Agencies having the need to implement a new benefits management system or document management system will find many new options available. Many vendors have developed systems specifically designed to meet these unique needs.

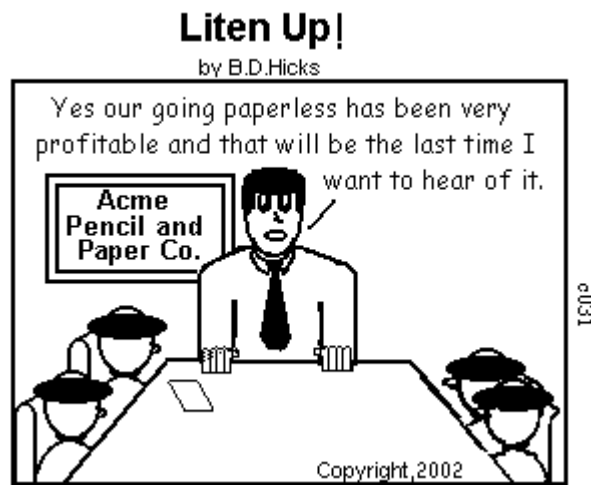
These features, properly implemented provide an immediate return on your technology investment. Real Time allows you to process routine transactions at a fraction of the cost of manually performing the transaction. The key is to properly implement the features by reviewing your current workflows. When these workflows are altered – eliminating the unnecessary steps, and replacing them with the new, Real Time workflows, work just goes away.

Effective use of document management can completely eliminate all paper storage. This permanently eliminates the cost of creating, managing and storing paper. Client service is improved because the staff has immediate access to information without searching through paper files.

And finally, solutions now exist for benefits data and documentation. Systems are available on-line or stand-alone and provide features unique to benefits. Many are planning to integrate with the agency management systems.

It is important to stay current with evolving technology to retain and attract staff. Also, outsourcing special projects requires state-of-the-art technology and workflows. It is important to stay current in order to stay competitive.

PART ONE – Determining Where You Are Today



This section guides the agency through each step to assess where the agency currently stands in terms of workflow. The agent should then click or turn to the appropriate agency environment where it currently resides for specific guidance on how to achieve the benefits of moving to the next level of agency environment. Click on items highlighted in blue to move directly to those sections.

Self-Assessment

Overview

The first step in improving your technology implementation and business process environment is to determine where you are today. The self-assessment will assist you in determining in which environment you are operating currently.

Steps

1. Complete the [Self-Assessment Questionnaire](#). The questionnaire is designed to assist you in determining your current environment. Different departments are probably operating in different environments. It is also quite possible for one department to be operating in multiple environments.
2. Conduct a Workflow Analysis. The purpose of the workflow analysis is to validate the findings in the Self-Assessment Questionnaire. The questionnaire summarizes. The workflow analysis provides you detailed information. Sample Workflow Analyses for Benefits and Property & Casualty are included for your review.
 - ⇒ [Workflow Analysis – Benefits](#)
 - ⇒ [Workflow Analysis – Property & Casualty](#)
3. Analyze results. Determine the current environment for each department. If different individuals within a department are operating in different environments, the department is operating in the lowest environment identified.
4. Review the information regarding your current environment. Establish plan for moving to the next level.
 - ⇒ [Manually Automated Environment](#)
 - ⇒ [Process Environment](#)
 - ⇒ [Service Environment](#)
 - ⇒ [Client Environment](#)

Self-Assessment Questionnaire

Overview

The self-assessment questionnaire will assist you in determining your current environment. By answering the questions of the survey, the agency will get an idea of the environment in which it is operating.

Instructions

1. Have each department complete the survey. For more accurate results, have each individual in each department complete the survey.
 - a) Answer “1” if your answer is no.
 - b) Answer “10” if your answer is yes.
 - c) Answer between “2” and “9” depending on how close you are to yes or no.
2. Calculate your score by adding your answers.
3. Determine your current environment.
 - a) Scores between 0 – 150 are in a Manually Automated Environment.
 - b) Scores of 151 - 300 are in a Process Environment.
 - c) Scores of 300 - 450 are in a Service Environment.
 - d) Scores above 450 are in a Client Environment.

Self-Assessment Questionnaire

Department: Individual:	Answer
Technology Commitment	No.....Somewhat.....Yes 1 2 3 4 5 6 7 8 9 10
1. Is your hardware operating with 99% uptime at all workstations during business hours?	
2. Is your agency/benefits management system software within one full platform major release of the current release offered by your vendor?	
3. Is all activity and electronic document coding standardized and documented and clearly communicated to the staff?	
4. Is a scanning solution implemented (either through your agency or benefits management system or a third-party system)?	
5. Did you attend your vendor User Group conference this past year?	
Management	No.....Somewhat.....Yes 1 2 3 4 5 6 7 8 9 10
6. Does management feel your technology vendors have delivered as promised?	
7. Have paper files been eliminated?	
8. Does management feel they are receiving a payback from the technology investment?	
9. Does management view technology as an investment?	
10. Are any process tasks outsourced to a third-party that is not employed by the agency?	
Workflow	No.....Somewhat.....Yes 1 2 3 4 5 6 7 8 9 10
11. Are workflows documented?	
12. Is workflow documentation available on-line?	
13. Is the staff adequately trained?	
14. Is all data maintained in the agency management system? For benefits, is all plan information loaded into your benefits management system?	
15. Are quoting transactions entered through the agency management system using Real Time interface?	
16. Are change requests entered in the agency management system and transmitted to the carrier using Real Time?	
17. Are renewal tasks documented in a renewal time line?	
18. Are prospect marketing submissions tracked using the submission tracking feature on your agency or benefits management system?	

Workflow (continued)	No.....Somewhat.....Yes 1 2 3 4 5 6 7 8 9 10
19. Are guidelines established for scanning and storing marketing documentation?	
20. Is use of the agency/benefits management diary system required?	
21. Are activities entered into the agency management system?	
22. Is a workflow management system implemented?	
23. Are reports available for managing work-in-process with the capability of reassigning work?	
24. Are guidelines established for processing and storing e-mails within the agency management system?	
25. Has your agency created its own centralized service/process center?	
26. Is there a workflow compliance audit process in place?	
27. Is backlog monitored and quickly eliminated?	
28. Is there a transaction audit process in place (for workload and coding)?	
Agency/Carrier Interface	No.....Somewhat.....Yes 1 2 3 4 5 6 7 8 9 10
29. Is carrier download implemented for all carriers where available?	
30. Has carrier download availability been reviewed in the last three months?	
31. Has paper been turned off for downloaded carriers?	
32. Is direct bill download for commission statements implemented or is automated direct bill invoicing implemented?	
33. Are direct bill commissions posted electronically?	
34. Are dual monitors installed? Are telephone headsets used by staff?	
Roles	No.....Somewhat.....Yes 1 2 3 4 5 6 7 8 9 10
35. Have the sales and service roles been clearly defined, eliminating overlap?	
36. Have the service and process roles been clearly defined, eliminating overlap?	
37. Do producers remain un-involved in service transactions?	
38. Does production support for new business come from the service unit?	
Real Time	No.....Somewhat.....Yes 1 2 3 4 5 6 7 8 9 10
39. Have Real Time features been implemented for all available carriers using Real Time access from the agency management system?	
40. Have you reviewed Real Time availability with your carriers in the past three months?	
41. Has the staff been trained on the Real Time features?	
42. Have your workflows been rewritten to integrate the Real Time features?	
43. Is the staff required to use the Real Time feature?	
44. Is Real Time usage among the staff monitored?	

Client Experience	No.....Somewhat.....Yes
	1 2 3 4 5 6 7 8 9 10
45. Does the agency service center take client service calls rather than the producer?	
46. Are service center calls routed to the service center?	
47. Are your VIP clients flagged?	
48. Are workflows developed and implemented for VIP clients?	
49. Is a client service schedule prepared for each VIP client?	
50. Do you regularly survey clients?	

Environments

The four levels of agency workflow environment are manually automated, process, service, and client. For the manually automated environment, the guide defines the major characteristics of the environment, describes the benefits to the agency of moving to the next level, and then provides step by step guidance on moving to the next level.

Manually Automated Environment

Overview

In the manually automated environment there is either no computer or the computer is used primarily for accounting. Paper files are maintained and referred to frequently. Procedures may be in place; however, the procedures support both a manual and an automated environment. There is a lot of redundancy.

Technology

In the manually automated environment, technology may or may not be available. If it is available, the typical technology infrastructure includes an agency or benefits management system and some additional software for presentations (Word, Excel and/or Power Point). However, use of the software is limited. Three factors typically limit use of the software: hardware limitations, training and database integrity.

There is a weak relationship between the agency and vendor. Software is not updated regularly and is usually several software releases behind. This results in poor support from the vendors and the lack of availability of the software's most advanced capabilities.

Management

Management support in the manually automated environment is weak. Typically, management feels they have invested in the technology, but the technology has not delivered. Attempts have been made to streamline workflows, but are frequently abandoned because of perceived weaknesses in the software. In many cases, the vendor fixed these "weaknesses," but the agency still never implemented the features.

Workflow

Workflows taking advantage of existing technology to streamline processes and eliminate redundancy do not exist in the manually automated environment. The "system" is used primarily for accounting and the agency typically has the perception that the existing technology is inadequate.

In the manually automated environment, there is usually a significant backlog of work on the service provider's desk. Paper files must be pulled to process each transaction. Users frequently request additional training. Workflows typically differ desk to desk. There is usually a belief among the users that the current system will never work – that the only solution is changing systems.

Agency/Carrier Interface

There is usually some level of agency/carrier interface in the manually automated environment. Typically, download is in place for personal lines with carriers, where available. However, carrier Real Time features are not implemented, requiring additional keystrokes and logon id/password maintenance for routine transactions. Sometimes, the paper processes are also still in place. So even though the data is received electronically, the paper is still processed and maintained, as if the electronic data were never received.

Roles

Sales, service and process roles overlap in the manually automated environment. Routine transactions like issuing certificates or requesting endorsements are frequently intercepted by the sales role and passed down to the service provider for processing. There is no one person responsible for managing the renewal time-line. Instead, tasks are passed back and forth between the sales role and service role.

In this environment, the service provided is reactive. Renewals are backlogged. There is little time to contact the client pro-actively. The organization is buried in the processes.

Information Management

The primary source for all insurance information is the paper file. The computer is used, but only as a tool. Routine transactions like invoicing, correspondence, change requests and certificates are typically processed on the computer, but copies are maintained in the paper file.

Client Experience

The client experience in the manually automated environment is one of frustration. Typically, phone calls are routed to voice mail. If a service provider is contacted directly, the client is usually “put on hold” while the file is retrieved. Frequently, a call back to the client is required. Seldom is the service provider able to process the transaction with the client on the phone. It may take days for the transaction to be completed.

Benefits of Moving to the Next Level

The manually automated environment makes it difficult to train new employees. The inefficient work processes anchor the service providers to their desks. Service providers are buried in the processes, forcing the production staff to get involved in the routine services.

The next level focuses on streamlining and eliminating redundancy. This frees up service providers to be more efficient in their routine processes. Client calls can be handled on-line with the client. Technology is implemented in a manner that eliminates redundancy.

Paper dependence is replaced with computer dependency. Technology begins to provide a payback. Training new staff is easier.

Implementation Steps – to the Process Environment

Overview

Moving from a manually automated environment to a process environment requires a commitment to the agency's existing technology. This commitment includes providing adequate hardware, maintaining current software releases and ensuring database integrity. Once these criteria are met, the primary focus is getting staff to use the existing features available.

Key Points

- Implementation of existing features is the key to moving forward with technology. At this stage, the investment focus should be on stabilizing and/or upgrading existing technology, not purchasing new technology.
- To receive a payback from your investment, implement existing features already available to you. As features are implemented, eliminate redundant tasks.
- The key to effective use of the agency or benefits management system is database integrity. By requiring that the service providers rely only on the agency management system features to process routine transactions, the integrity of the database is built.

Steps

1. Ensure hardware is stabilized providing 99% uptime to all service providers. Each service provider workstation should have adequate response time to process routine transactions. The agency software should be within one release of the current release being offered by the vendor.
2. Define Workflow Goals. The following are the goals for a process environment.
 - a) The computer will be the primary source for all insurance transactions related to our clients.
 - b) Implement [carrier download](#) where available. Eliminate redundant paper processes.
 - c) Implement carrier [Real Time](#) access where available. Continue to review availability every three months.

- d) All client data including applications, coverages and schedules will be stored on the agency or benefits management system. This ensures database integrity. Conduct a [database audit](#) if you are concerned about the integrity of the existing data.
 - e) Documentation generated from the agency or benefits management system is already stored in the system. Documentation received electronically (e-mails, electronic faxes) will be attached to the client in the agency or benefits management system.
 - f) Implement electronic [attachment features](#) on your agency or benefits management system. Correspondence created on the agency or benefits management system or received electronically will not be printed nor maintained in the paper file. This will eliminate extra paper handling and eliminate dependency on the paper file.
 - g) Client documentation will be recorded as an activity or note in the agency or benefits management system.
 - h) All client follow up will be tracked using the diary feature on the agency or benefits management system.
 - i) The integrated fax and email option will be implemented.
3. Provide Training. Eventually, all staff will be provided training. The task forces must complete feature training to understand how the system works before developing workflows. Use the training provided by the vendor.
 4. Implement features. Require all staff to use the agency/benefits management system features. This includes ACORD applications, submission tracking, RFP process, binders, certificates; integrated policy change requests, standard letters, activities and diary follow up. Refer to the [Feature Implementation Checklist](#) for additional information.
 5. Monitor compliance. Conduct a [transaction audit](#) 30 days after feature implementation. Monitor only transaction volume by CSR. Review results with each individual. The goal is to increase the average number of transactions each month.

The four levels of agency workflow environment are manually automated, process, service, and client. For the process environment, the guide defines the major characteristics of the environment, describes the benefits to the agency of moving to the next level, and then provides step by step guidance on moving to the next level.

Process Environment

Overview

In the process environment the computer features are implemented. Paper files are maintained, however, they only contain items not stored on the computer. Features are implemented, and staff is trained on these features. As new features are released by the vendor, they are implemented, and staff is trained on them.

Technology

In the process environment, technology is usually well implemented from a feature perspective. Typically, the technology infrastructure includes an agency or benefits management system and some additional software for presentations (Word, Excel and/or Power Point) which is integrated into the agency/benefit management system. Software releases are usually behind because of the hardware cost associated with installing.

Management

Management is committed to automation in a process environment, but has yet to see any real payback. Management is frequently misled by strong service provider staff that do not believe the existing technology has the features they need. The deeper issue is the service providers' reluctance to change.

Workflow

Training has been provided taking advantage of existing technology to streamline processes and eliminate redundancy. The computer is the primary source for all transactions. Procedures are in place, but frequently are not followed because the procedures are inconsistent with practical insurance workflows. There is usually a belief that "we've done all we can with this system."

Agency/Carrier Interface

Carrier download is implemented where available. Redundant paper processes have been eliminated. Agency bridges data to some carriers for personal lines new business transactions through its agency management system. Real Time features are available, but not heavily used. CSRs continue to use carrier web sites to enter data and perform

inquiries without using the Real Time feature which results in multiple logon/password and data entry inefficiencies.

Roles

In a process environment, the focus is on processing, not service. The CSR role frequently is a processor focusing on pushing paper. The sales role frequently takes on the role of service. The sales staff will often complain that they do not have time to sell new business. They need more help. This is because the CSR is so busy processing mail, there is no time to service the client. In the process environment, there is typically a sales role and process role regardless of titles.

Information Management

The computer is the primary source for all insurance information. Traditional paper files are maintained for information from third parties. However, how information is actually stored differs from desk to desk. Routine correspondence may be stored on the agency or benefits management system using the form letter options or in a Word folder (or in many cases, both). E-mails may be attached to the client on the agency or benefits management system or stored in a Folder (or both). There is a lack of consistency in storing information. This makes it difficult to retrieve information.

Client Experience

The client experience in the process environment is usually a positive one. The service provider can usually access the account on-line and can answer questions without having to “pull the file.” However, in a process environment, the producers frequently take service calls. Producers screen the calls, take information down and pass it to the service provider. Although the client experience is a positive one, the service team frequently ends up with incomplete requests.

Benefits of Moving to the Next Level

The process environment takes advantage of the agency’s existing technology. However, the service providers’ focus is on processing, not servicing the client. By moving to the next level – the service environment – the service providers’ roles are better defined. The processes and services are separated, ultimately providing superior service to clients.

The next level focuses on integrating workflows into your technology implementation. This takes your feature implementation and expands it to improve client service. Backlogs are eliminated. A new state-of-the-art filing system is implemented. Services replace processes as processes are eliminated.

Implementation Steps – to the Service Environment

Overview

Moving from a process environment to a service environment requires a commitment to developing workflows. This commitment includes involving the service providers and producers to define workflows and document management guidelines. The traditional paper file is eliminated and replaced with a more state-of-the-art electronic filing system.

Key Points

- Involving the staff in the development and implementation of workflows to integrate your technology and practical insurance workflows is key. Workflows will better define service provider roles eliminating overlap of tasks. Workflows provide a foundation for monitoring the effectiveness of your technology implementation.
- Establishing Document Management Guidelines will take your existing filing system to a whole new level. Paper dependency is eliminated. Traditional client files are replaced with a new state-of-the-art electronic filing system.
- Implementing a monitoring program will ensure workflow compliance. In addition, the agency will be able to evaluate backlog and workload distribution.

Steps

1. Define Workflow Goals. The following are the goals for the service environment.
 - a) The computer is the primary source for all insurance transactions related to our clients.
 - b) Traditional client files will be eliminated. A new state-of-the-art filing system will be developed. The new system will utilize the agency/benefits management system attachment feature. Refer to [attachment feature](#), [document imaging](#) and [information management](#) for additional information.
 - c) The sales, service and process roles will be defined for each workflow. There will be no overlapping roles.
 - d) Implement carrier [Real Time](#) access where available. Demand Real Time functionality from your carrier field representatives and carrier management. Continue to review Real Time availability every three months. (See www.getrealtime.org or www.acttech.org for specific carrier Real Time capabilities.)
 - e) Review [carrier interface](#) download/upload implementation every three months to ensure all available carriers and lines of business are implemented.

- f) Workflows will be created which will define service standards, step-by-step process and how electronic documentation will be filed. This includes e-mails, Word documents, Excel spreadsheets and PowerPoint presentations.
2. Create [Task Forces](#) to document workflows. The task forces should include representation of all job titles. Complete the task force training and establish agendas and time-lines for the meetings.
3. Develop Workflows. In commercial lines, begin with the certificate, endorsement and renewal processes. In personal lines, begin with the endorsement and renewal processes. In benefits, begin with the renewal and implementation processes. The workflows should include guidelines for managing documentation. Sample workflows are provided by department.
 - ⇒ [Benefits Sample Workflows](#)
 - ⇒ [Property & Casualty Sample Workflows](#)
4. Implement Workflows. Provide workflow training and require staff to begin using new workflows immediately. Provide training as requested. Use the training materials provided by the vendor.
5. The most important part of any workflow implementation is compliance. If the agency staff does not implement the workflows, they are useless. [Monitoring Guidelines](#) are included and will guide you through the process. Consider the following regarding monitoring your agency's workflow implementation.
 - ⇒ [Transaction Audits](#) should be performed monthly for the first three months. After that, transaction audits should be conducted quarterly, still reporting monthly results.
 - ⇒ [Workload \(Backlog\) Audits](#) should be performed monthly.
 - ⇒ [Workflow Audits](#) should be performed quarterly, with each service provider being audited annually. Poor performers in the transaction audit should be the first to receive the workflow audit.

The four levels of agency workflow environment are manually automated, process, service, and client. For the service environment, the guide defines the major characteristics of the environment, describes the benefits to the agency of moving to the next level, and then provides step by step guidance on moving to the next level.

Service Environment

Overview

In the service environment the computer features are well implemented. Workflows are in place integrating the features and the workflows. Supporting documentation is maintained, but not in the traditional paper file. Scanning has been implemented. Procedures are in place supporting an automated environment.

Technology

In the service environment, technology is usually well implemented from a feature and workflow perspective. Typically, the technology infrastructure includes an agency management system integrated with some additional software for presentations (Word, Excel and/or Power Point). Paper files have been eliminated and all documents and electronic transactions are attached or cross-referenced to the agency/benefits system. Software releases are current.

Management

Management is committed to automation. Technology is viewed as an investment, rather than an expense. Management works with the staff to define workflows and frequently reviews audit data to ensure compliance. Compliance with agency workflows is part of the service staff's annual performance review.

Workflow

Workflows taking advantage of existing technology to streamline processes and eliminate redundancy are in place in the service environment. The computer is the primary source for all transactions. Document management guidelines clearly define all coding and storage guidelines. Training is available to users upon request. Guidelines are in place for monitoring compliance with workflow implementation.

Agency/Carrier Interface

Carrier download and Real Time processing is implemented where available and availability is checked every three months. Staff is trained to understand the data fields used in the downloads of policy information, so that database integrity is maintained. Redundant paper processes have been eliminated. Agency uses Real Time interface or

bridges data to carriers electronically wherever possible with this preference: (1) directly from the agency management system, (2) using links and data prefills from the management system or comparative rater into the carrier system so that duplicate entry of data is avoided and direct access to the carrier page is achieved, or (3) directly into the carrier's web site transaction screens.

Roles

In a service environment, the service staff's focus is on the client. The sales, service and process roles are defined. Routine mail and transactions go directly to a processing person and are processed according to agency standards. The service role is primarily responsible for resolving client issues, managing the renewal time-line and marketing to carriers. The sales role is responsible for new business and client relationships.

Information Management

The computer is the primary source for all insurance information. Clients are provided choice in the way the agency communicates with them (i.e., email, fax, snail mail, telephone, text, etc). All client information is available on-line. Scan/Attaching is implemented for paper received from third parties. Standards are documented and implemented for storing electronic documentation.

Client Experience

The client experience in the service environment is usually outstanding. The staff can access the account on-line and are able to answer questions and process routine transactions without having to "pull the file." All service calls go to the service person. Producers do not get involved.

Benefits of Moving to the Next Level

The client environment redefines service. The most common services (processing policies, changes, certificates, coverage inquiries) offered today are redefined as processes. Processes are centralized either internally or using a carrier service center. All transactions are completed immediately. VIP client have customized service schedules managed by the service staff. The service staff deals only with complicated client issues, while processing support deals with any routine transactions.

Implementation Steps – to the Client Environment

Overview

Moving from a service environment to a client environment requires a commitment to the client. The agency finally fulfills the role of a Trusted Advisor. Internal workflows and processes are streamlined or eliminated using technology. In the client environment, the needs of the client are the focus. It is important to note that most of the tools needed to achieve a true client environment are available today. The challenge is retaining the staff to focus on client needs and services instead of processes.

Key Points

- Client service schedules are prepared for each client when coverage is bound. Workflows are in place to ensure the services outlined in the schedule are completed in a timely manner.
- Centralized processing or outsourcing or a combination of both frees up the sales and service staff to focus on the needs of the client. The processing center handles the routine transactions, involving the service and sales staff only when required. Agencies can create their own service (process) centers or use the carrier service centers. Many routine processes are outsourced so internal staff can be focused on the client.
- Clients are able to access their insurance information and process routine transactions in the way they choose (24 by 7 online, by phone, fax, mail, text, etc)
- More productive workflows permit the agency to move from predominantly service organizations to predominantly sales organizations using technology to implement disciplined sales and sales management processes.
- Agency has automated its client and prospect information management.

Steps

1. Define Workflow Goals. The following are the goals for the client environment.
 - a) The computer is the primary source for all insurance transactions related to the clients.
 - b) Service centers or outsourcing is utilized for all routine insurance transactions.
 - c) Redundant input of data into the agency or benefits management system is eliminated.

- d) Clients have access to insurance information on-line. Routine transactions can be handled by the client on-line or in the communication method of their choice.
- 2. Centralize processing or implement carrier service centers for routine insurance transactions. Outsource projects and routine transactions if there are staffing issues or challenges. Implement technologies supporting collaborative computing (with clients and carriers) and client relationship management that is integrated with the agency/benefits management system.
- 3. Review current carrier [Real Time](#) access and [carrier interface](#) download/upload implementation every three months to ensure all available carriers and lines of business are implemented as available.
- 4. Create a Client Service Schedule template. Define the workflow for monitoring events on the client service schedule.

The four levels of agency workflow environment are manually automated, process, service, and client. The client environment is the highest level and while agencies are already implementing parts of it, it is still evolving as a business model.

Client Environment

Overview

The client environment is available today. It is interesting to note, in the first edition of this guide in 2002, the Client Environment was the future. The future is now here. You can achieve the client environment – where your focus is on the client, instead of the business processes and workflows - today.

In the client environment, routine processes are eliminated or significantly reduced and are handled in a centralized processing unit (in the agency or at the carrier). Clients (or vendors) can obtain proof of insurance coverage, auto id cards and other services on-line, if they choose. Changes may be requested via the Internet. The agency role is relationship driven and consultative.

In the client environment, the agency is the Trusted Advisor. The relationship, not the process is the focus. Service is relationship driven, not process driven.

Technology

In the client environment, the client, agent and carrier eliminate many routine process and collaborate on-line via the Internet. Real Time technology enables agencies to access carrier website and complete transactions in a single workflow without the need for logon ids/passwords. Minimal technology and networking are required at the local site as information is stored elsewhere in remote databases through an Application Service Provider (ASP). CRM (Client Relationship Management) software is integrated with the agency/benefit management system. Agency employees are able access their agency/benefits systems from any location. Electronic document management systems are integrated with the agency/benefit management system, and the use of scanning and digital cameras is routine.

Even in a client environment, processes and projects exist. However, in the client environment, the staff is creative is utilizing technology – including outsourcing to get the processes and projects done efficiently and effectively. The staff understands that their responsibility is to serve the client first and do not define themselves by their processes.

Management

Management sees technology as a tool to provide the agency with a strategic advantage over the competition to deliver a superior client experience. It is taking advantage of technology wherever possible to improve, eliminate and/or outsource the agency's business processes and workflows. Technology is the foundation for all communications with staff, clients and carriers.

In the client environment, management creates a professional and flexible working environment for the staff. Management is committed to integrating the next generation of young insurance professionals, into their work force.

Workflow

Current process driven workflows are replaced with service workflows that focus on clients. Routine processes are eliminated, automated or outsourced wherever possible. Client service schedules are in place requiring pro-active contact with the client. Workflows are documented and handled through the workflow management system.

Agency/Carrier Interface

Real Time features are widely available and implemented at all levels in the agency. Both clients and agencies have access to insurance information on-line. Because of the widespread incorporation of ACORD standards by carriers and vendors, agencies are able to move data seamlessly among their various carrier and third party systems, and additional trading partners. Agencies are able to access multiple systems simultaneously with a click of their mouse, as their agency/benefit management systems access and integrate multiple third party systems in the background. Downloads back to the agency's systems occur in a seamless manner.

Clients are able to access a variety of inquiry and transaction capabilities including changes, service requests, billing inquiries, payment status, claims reporting and status through their agents' web sites, because these agency web sites integrate with the necessary carrier and third party systems to perform the required functionality.

Roles

Process roles are eliminated or moved to a central processing center (at the agency or carrier) or outsourced. Sales and service roles are clearly defined. Sales/service teams replace service/process teams.

Information Management

The agency/benefit management system is the primary source for all insurance information. The information is accessible from any Internet connection, at any time of

day. Any other software required to manage the client relationship and documentation is seamlessly integrated with the agency/benefit management system.

Client Experience

The client experience is relationship driven. The agent is the Trusted Advisor. The sales/service team is pro-active. The client can access information 24x7, complete routine transactions on-line, or by whichever communication method chosen.

Workflow Analysis

A great checklist to take stock of the agency's current workflows and to identify areas for improvement.

Workflow Analysis – Property & Casualty

Overview

The workflow analysis is necessary to show how work is currently being processed in the agency. It specifically identifies what transactions are being done, when they are being done, how they are being done and who is doing them. This process enables you to easily recognize problem areas, bottlenecks, duplication, overlapping of roles, backlog, etc. The agency can then create a project plan for addressing issues contributing to inefficient workflows.

Sample Questions

1. Describe the structure of the department.
 - a) Do written procedures exist?
 - b) Describe the different service, process and sales roles.

Analysis: Written procedures ensure technology is fully utilized and integrated into practical insurance processes. Clearly defined roles establish staff expectations and accountability required for monitoring compliance.
2. Describe the new business process.
 - a) How are prospects tracked? When are they entered on the agency/benefits management system?
 - b) Are any sales and cross selling campaigns currently in place? If so, please describe?
 - c) Is the agency/vendor submission tracking feature implemented?
 - d) Where does support for the new business process come from – the sales unit or the service unit?

Analysis: Vendor submission tracking is a powerful feature and is typically under implemented. Review your implementation to ensure you are getting all the benefits.

3. Download

- a) Is PL download implemented for all carriers where available?
- b) Is CL download implemented for all carriers where available?
- c) Is claims download implemented for all carriers where available?
- d) Is commission download implemented where available?
- e) Have your workflows been revised to integrate download features?
- f) Has new carrier download availability been reviewed in the last three months?

Analysis: Tremendous progress has been made recently in the area of download. Review availability every three months.

4. Real Time

- a) Is Real Time implemented for all carriers where available?
- b) Have your workflows been revised to integrate Real Time features?
- c) Has new Real Time carrier availability been reviewed in the last three months?
- d) Is Real Time usage monitored?

Analysis: Tremendous progress has been made recently in the area of Real Time. Require staff implementation. Review Real Time availability every three months.

5. Explain your commercial certificate process.

- a) How are the certificate requests received and routed?
- b) Who actually creates the certificates?
- c) How do you send the certificate to the holder (fax, mail)?
- d) Do you retain a copy?
- e) How is the transaction documented?

Analysis: Consider online certificate issuance. Also, make sure you are not “over documenting” the process by repeating information on the certificate in the activity.

6. Explain your endorsement process.
 - a) How do you receive the endorsement request?
 - b) Who processes the endorsement?
 - c) For uploaded endorsements, is the Real Time feature utilized?
 - d) Describe how endorsements are entered on your agency management system?
 - e) Do you use a system change request or letter?
 - f) How is the endorsement request documented?
 - g) How long do you set the diary for follow up?
 - h) Are there old items on your diary list today?
 - i) Do producers get involved in endorsements?

Analysis: Real Time streamlines the process for ordering endorsements. Also, too many options for ordering endorsements (change request, free form email, memo, etc.) make it difficult to streamline the process to receive endorsements.

7. Explain your renewal process.
 - a) Who owns the renewal time-line (service role or producer)?
 - b) Do you hold CL renewal strategy meetings?
 - c) Do you proactively contact PL clients at renewal?
 - d) How is renewal information gathered?

Analysis: Think of the renewal process as the continuation of business instead of a sales event. As your clients Trusted Advisor, the renewal process is an opportunity to provide assistance and advise.

8. CL Marketing
 - a) Is the agency management system submission tracking feature implemented?
 - b) Are there paper marketing files?

Analysis: Review your agency management system submission tracking feature to ensure it is fully implemented. Also, electronic document management features should eliminate the need for paper marketing files.

9. Are you confident in the integrity of your database? Where are its weaknesses?

Analysis: The database is the foundation of any technology implementation. Real Time, download and efficient workflows ensure database integrity. If your database integrity is compromised, put an action plan in place to correct it immediately.

10. Document Management

- a) Are your guidelines documented?
- b) Are codes for storing documents/attachments standardized?
- c) What are your standards for managing emails/faxes/regular mail/voicemail/etc? Are the standards documented?
- d) Do you monitor compliance with coding and document management guidelines?

Analysis: The guidelines for managing documentation are critical to easy retrieval of information. Lack of Document Management Guidelines compromises your entire technology implementation.

11. Diary/Activity Tracking

- a) Are your guidelines for follow up documented?
- b) Are codes for documenting activities or recording suspense standardized?
- c) What are your standards for managing suspense? Are the standards documented?
- d) Do you monitor compliance with coding and suspense guidelines?

Analysis: The guidelines for managing suspense and activities are critical to eliminate E&O. Lack of consistent follow up or activity documentation creates E&O exposure

A great checklist to take stock of the agency's current workflows and to identify areas for improvement.

Workflow Analysis – Benefits

Overview

The workflow analysis is necessary to show how work is currently being processed in the agency. It specifically identifies what transactions are being done, when they are being done, how they are being done and who is doing them. This process enables you to easily recognize problem areas, bottlenecks, duplication, overlapping of roles, backlog, etc. The agency can then create a project plan for addressing items contributing to inefficient workflows.

Sample Questions

1. Structure
 - a) Describe the structure of the department.
 - b) Do written procedures exist?
 - c) Describe the different service provider, process and sales roles.
2. New Business
 - a) Describe the new business process.
 - b) What type of information do you obtain?
 - c) Who is responsible for obtaining the information needed?
 - d) Who is responsible for marketing new business?
 - e) How do you track new business?
3. Individual Products
 - a) How are leads generated?
 - b) How are prospects tracked?
 - c) How is client documentation maintained?
 - d) Describe how the agency management system is used for individual products.
4. Group Renewal
 - a) Who owns the renewal process?

- b) What is the renewal timeline?
- c) Is there a meeting to discuss renewal strategy?
- d) How do you know when clients are up for renewal?
- e) What triggers whether or not you re-market or renew “as is?”
- f) Who decides which carriers you will submit to?

5. Marketing

- a) How many carriers do you typically market to?
- b) Describe the submission process.
- c) How do you track submissions?
- d) Who prepares the submissions?
- e) How are submissions stored?
- f) Describe the proposal process.
- g) Do you review the quotes as they come in?
- h) How do you document the marketing effort in your agency/benefit management system?

6. Placing Coverage/Implementing

- a) Is there an implementation timeline?
- b) Is there an implementation checklist?
- c) Describe the enrollment process.
- d) Do enrollment forms come to us or are they submitted to the carrier directly?

7. Document Management

- a) Where do you keep client documentation/information?
- b) Who is responsible for setting up client information in the system?
- c) Who is responsible for maintaining client information in the system?
- d) How is information shared between teams, service reps, and production?
- e) What do you do with e-mails/faxes/regular mail/voicemail/etc?
- f) How/where do you document conversations in the agency/benefit management system?

8. How are follow-ups tracked?
9. If I was a new employee, and I want to find out what is going on with an account, where would I go?
10. Service
 - a) What is the service philosophy of the agency?
 - b) What is the distinctive value added or brand that the agency seeks to deliver, and how can I best further that brand identity in how I deliver my services? Does the brand identity necessitate that I or others in the agency change how we deliver services?
 - c) What type of service issues do you handle? What types of service calls do you receive?
 - d) How much time is spent handling service issues?
 - e) How are phone calls documented and logged?
 - f) How are conversations documented?
11. Systems
 - a) What systems are currently used today in benefits?
 - b) How is the Agency Management System used? Are we maximizing the use of the system to integrate the different operations of the agency?
 - c) What type of third party software is used and how is it used? Is it integrated with the agency/benefit management system?
 - d) How are electronic files (Word and Excel documents, emails, scanned documents, voicemail files, etc) stored on the network?
12. What do you need to become more efficient in your job?

Before you can take advantage of new technology, you have to have the basics in place. A firm foundation includes using the basic features of your system, data integrity and managing backlog.

Building a Firm Foundation

Overview

Insurance transactions are complex transactions. The explosion of new technology over the past two decades is available to simplify the insurance transaction. Carriers require more underwriting information now than ever before. Consumers are demanding instant access to information. To be competitive in the future, it is imperative that we use the technology available to organize data and information.

As independent agents, we have to deal with the insurance transaction from two perspectives: the carrier and the client. Before we can move towards a paper free environment, we must first build a firm foundation. Once our foundation is in place, we can initiate the steps necessary to effectively manage electronic client information.

The Role of the Agency or Benefits Management System

The first step in building a firm foundation is to implement what you already have! Today, like it or not, the primary storage device for insurance information about your clients should be your agency management system. Stop making excuses for why your system is used only for accounting and basic client/policy data and get the features implemented. Refer to the [Feature Implementation Checklist](#) to ensure you are properly utilizing your existing features. The checklist can be found later in this section.

The Agency or Benefits Management System Database

We are only as good as our data. Agency and Benefits Management Systems have been around for a long time. Most organizations have been on their system for many, many years. It is important for your staff to trust the data.

Database reliability is the foundation of all other workflows and processes. Database integrity is also essential to E&O control. If the database is not complete or not accurate, there is a good chance that information will be miscommunicated to the carrier and/or client resulting in an E&O exposure. With the sophisticated software available in our industry today, your database must be accurate.

Refer to the [Database Audit Guidelines](#) for information about conducting a database audit. The guidelines can be found later in this section.

Implementing Change

Automation implementation is a process, not a project. The best way to get people to change what they are doing is to empower the people doing the work to lead the change. To become effective users of technology, change must occur. Consider establishing task forces and empower the task forces to define the change. This will ensure a successful transition.

Refer to the [Task Force Guidelines](#) for information about implementing change in your agency.

Workflows

Once your features are implemented and database integrity is in place, you must develop workflows. Just using the features provided by your agency or benefits management system is not enough. These features must be integrated with practical insurance workflows. There are too many options available from the vendor systems today to rely solely on training. There must be defined, step-by-step workflows for each insurance transaction. Each workflow should include the following:

- Who is responsible for the transaction?
- What steps on the computer need to be taken?
- When is the follow-up for the transaction?
- Where is supporting documentation for the transaction stored?
- How will the transaction be audited?

Backlog

Backlog is unprocessed transactions. It includes unprocessed mail, e-mails to be read and reply to, and phone calls to return. Backlog can include submissions to prepare, summaries to prepare, policies to check. The list of items that are found in a backlog can be endless. Many agencies have been backlogged for so long, it has actually become acceptable not only to the CSRs, but to management as well. For those that adequately identify backlog as a problem, they either do not know how to fix it or lack the patience to solve it.

Refer to the [Backlog](#) section for information about eliminating backlog in your agency.

Workflow Compliance

Workflows integrate technology and standard business processes. Once developed and implemented, they should be monitored for compliance. Not following agency procedures and workflows creates E&O exposure and compromises standards. The

purpose of Workflow Compliance Audits is to ensure the staff is adhering to the guidelines established.

Refer to the [Workflow Compliance](#) section for information about conducting a workflow compliance audit in your agency.

The Next Step

Once you have fully implemented the features available on your agency or benefits management system, ensured database integrity and developed workflows, it's time to define Information Management Guidelines. We will begin by looking at the variety of ways information can be stored – both paper and electronic. Next, we will provide a framework for selecting and implementing document management solutions that truly do make the agency/benefit management system the primary source for information about your clients.

Paper is inefficient. By implementing the electronic storage features available to you today, information retrieval is improved. Your clients receive better service because your service staff can quickly retrieve the information they need to service the client. Information can easily be shared in the office and in remote locations. Electronic information will be necessary to stay competitive in the future.

A great checklist to ensure you are using the basic features of your system.

Feature Implementation Checklist

Overview

The first step in building a firm foundation is to implement what you already have! Today, like it or not, the primary storage device for insurance information about your clients should be your agency or benefits management system. Stop making excuses for why your system is used only for accounting and basic client/policy data and get the features implemented.

Steps

1. Have each employee rank the level of his/her comfort with each feature on the checklist (1 - not using to 5 - fully utilizing). Also have the employee indicate which system/software they are using for each feature (agency or benefits management system, imaging, spreadsheet, etc.)
2. Consolidate results by department.
3. Determine training requirements.
4. Provide training as indicated by the results.
5. Monitor on-going training needs

Feature Implementation Checklist

Rate the level of implementation of each of the following features. Complete the checklist for each department in your agency.

Feature	System/Software	Level of Implementation				
Basic Client Information		1	2	3	4	5
Basic Policy Information		1	2	3	4	5
Coverage/Underwriting Data		1	2	3	4	5
Schedules		1	2	3	4	5
Invoicing		1	2	3	4	5
Issuing Binders		1	2	3	4	5
Issuing Certificates (client issued)		1	2	3	4	5
Integrated Standard Letters		1	2	3	4	5
Integrated Fax Solution (outbound and inbound)		1	2	3	4	5
Activity Tracking		1	2	3	4	5
Diary/follow-up		1	2	3	4	5
Creating Renewal Applications		1	2	3	4	5
Tracking Submissions		1	2	3	4	5
Generating Integrated Proposals		1	2	3	4	5
Download		1	2	3	4	5
Claims		1	2	3	4	5
Attaching e-mails		1	2	3	4	5
Attaching documents/policies		1	2	3	4	5
Real Time		1	2	3	4	5

A practical approach to training agency staff on workflows and effective technology utilization.

Training

Training is important. However, the need for training and how it should be delivered has changed. Most new CSRs are computer literate and only need a basic understanding to get up and running on the basic features of any system. The danger is that each CSR develops his or her own methods of documenting, storing, transmitting and recording transactions – creating E&O exposure.

It is necessary for each agency to have standards for training the documented workflows. It is also important to put the responsibility for knowing one's responsibility in the hands of the individual. Providing training is an agency responsibility. Asking for training is a CSR's responsibility. Lack of training cannot be an excuse for not doing one's job.

Service Standards

- 1) All service providers, processors and sales staff will be trained in basic system navigation.
- 2) All service providers, processors and sales staff will be trained in basic software features. These features include basic client and policy information, invoicing, activity, letters, and certificates.
- 3) All service providers and processors will be trained on advanced software features. These features include adding/updating applications, renewing policies, adding activities, setting up integrated letters.
- 4) All service providers and processors will be trained on commercial lines workflows as required by the guidelines. These workflows include binding coverage, endorsement processing, renewal processing and issuing certificates of insurance.
- 5) It is the service provider, processors or sales staff's responsibility to ensure they have received the appropriate training to effectively perform his/her job.
- 6) Notify the training coordinator with training request via e-mail. The training coordinator will coordinate training. Methods of training include:
 - ⇒ Training provided by the vendor through training tutorials or online sessions
 - ⇒ Training provided by an outside trainer
 - ⇒ Facilitative training sessions
 - ⇒ One-on-one training
 - ⇒ Peer training

Training Checklist

Employee:					
Training	Procedure or Software	Before Training	After Training	Trainer	Date Completed
Navigation	Windows	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Network folders	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Agency or Benefits System	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Sign on/off	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Outlook	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Basic Features <ul style="list-style-type: none"> • Client • Policy • Coverage • Schedules • Invoicing 	Send/Receive email	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	View/add/update client info	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Add new client	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	View/add/update policy info	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Add new policy	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	View policy info	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Add coverages	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Add schedules	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Invoicing					
Basic Features <ul style="list-style-type: none"> • Binders • Certificates • Letters • Activities 	Issue binders	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Extend binders	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Issue on-demand certs	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Issue renewal certs	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Manage holders	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Create/edit letters	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Record activities	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Record diaries	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Issue auto ID cards	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Advanced <ul style="list-style-type: none"> • Applications • Schedules • Proposals 	Creating renewal apps	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Printing applications	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Printing schedules	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Creating proposals	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Word	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Excel	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Carrier Interface <ul style="list-style-type: none"> • Download • Real Time 	Processing Download	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Real Time Quoting (New)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Real Time Quoting (Ren'l)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Real Time Endorsements	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Real Time Inquiry	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Workflows <ul style="list-style-type: none"> • Renewals • New Business • Endorsements • Certificates 	Order/receive loss runs	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Prepare client review	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Update database	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Track Submissions	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Ordering endorsements	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Receiving endorsements	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Second requesting	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Renewal certificates	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Documentation <ul style="list-style-type: none"> • E-mails • Notes • Activities 	Storing e-mails	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Policies and endorsements	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Correspondence	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Recording notes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	Diary follow up	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		

Conduct a database audit to ensure the integrity of the information your staff uses to serve your clients.

Database Audit Guidelines

Overview

We are only as good as our data. Agency and Benefits Management Systems have been around for a long time. Most organizations have been on their system for many, many years. However, frequently agency personnel do not trust the data. There seems to be this on-going system implementation culture that says ... as soon as I get through one more renewal cycle for all my clients, I can rely on the data. The excuses are plentiful – I inherited this account, therefore, I can't trust the data. The download doesn't work right. I wasn't trained. The system is down...

Database reliability is the foundation of all other workflows and processes. If the database is not complete or not accurate, there is a good chance that information will be miscommunicated to the carrier and/or client resulting in an E&O exposure. With the sophisticated software available in our industry today, your database must be accurate.

The first step in ensuring database reliability on your agency or benefits management system is to establish input standards. Every field on your database should have a standard for input. For the purpose of this guide we will define database as follows: client master, policy master, coverages, schedules and underwriting data.

Client and policy database fields are very important. If these fields are incorrect, clients cannot be located – which results in duplicate clients. These fields also impact invoicing and receivables, drive management and production reports, and create our carrier and producer commissions.

Coverage fields must include enough information to complete a binder or certificates. Underwriting data is used to complete ACORD applications and marketing submissions. Incorrect data in these fields results in E&O exposure.

The standards the agency institutes should be compatible with download standards. Otherwise, download functionality and database integrity will be compromised.

Sample Input Standards

Database	Field	Standard
Client Master	Client Name	Upper & lower case, no abbreviations
	Inquiry or Short Name	All upper case, no spaces
	Address, CSZ	Upper & lower case, include zip +4
	Phone	Include area code
	Bill to	Upper & Lower case, no abbreviations
	Producer	Code
	CSR	Code
Policy Master	Credit Terms	Code
	Division	Enter location
	Department	10-CL, 20-PL, 30-Benefits, 40-Life
	Effective Date	mm/dd/yy format
	Expiration Date	mm/dd/yy format
	Policy Number	All upper case, no spaces or special characters
	Paper Carrier	Code
	Payee	Code
	Coverage Code	Code
	Billing Method	AB or DB
Coverages	Policy Term	AN, SA, MO, 3Y or CN
	Limits of Liability	Use \$ and commas
	Deductibles	Use \$ and commas

Other input standards are available in the ACORD configuration guides and AUGIE download guides. Once you have established input standards, you should audit the database to ensure compliance with the standards.

Conducting a Database Audit

As we move away from paper dependency to electronic files, you must be able to **find** information in the electronic file. By auditing your database, you ensure the CSR and producer can quickly locate a client's electronic information.

Start with the basics by auditing the client and policy database header information. Here are the steps.

1. Determine your sample size and required accuracy level. Consider auditing 5% to 10% of your database with a goal of 95% accuracy.
2. Randomly select clients to be audited (based on your sample size). You can download a client list into a spreadsheet and select clients to be audited. If you have 5,000 clients and want to audit 5% or 250, you will audit every 20th client.
3. Create a recap spreadsheet. The recap includes a list of the fields you are auditing. Each client audited is a column on the spreadsheet.

Audit Recap – Jane Doe, CSR					
etc.	Cust#3	Cust#2	Cust#1	Field	Standard
				1. Client Name	Upper & lower case, no abbreviations
				2. Inquiry/Short Name	All upper case, no
				3. Address, CSZ	Upper & lower case, include zip +4
				4. Phone	Include area code
				5. Bill to	Upper & Lower case, no abbreviations
				6. Producer	Code
				7. CSR	Code
				8. Credit Terms	Code
				9. Division	Enter location
				10. Department	10-CL, 20-PL, 30-Benefits, 40-Life
				11. Effective Date	mm/dd/yy format
				12. Expiration Date	mm/dd/yy format
				13. Policy Number	All upper case, no spaces or special characters
				14. Paper Carrier	Code
				15. Payee	Code
				16. Coverage Code	Code
				17. Billing Method	AB or DB
				18. Policy Term	AN, SA, MO, 3Y or CN
				19. Limits of Liability	Use \$ and commas
				20. Deductibles	Use \$ and commas

4. Establish compliance criteria. Compliance can be either a yes/no response or a rank (1 to 5). For client, policy and coverage database audits, it is best to use a yes/no response – meaning you are either in compliance with the standard or not. For audits of schedules and underwriting data a rank is best.
5. Perform database audit. View each client master on the computer. For each mistake, enter a one (1) in the appropriate field.
6. Calculate results. Compliance is determined by dividing the total number of correct fields by the total number of fields audited. If 250 clients are audited and there are 20 fields in each audit, the total number of fields audited is 5000. If there were 386 mistakes, 4614 fields were correct. Compliance is 92% or 4614/5000.
7. Implement a clean up process.

The clean up process is very important. If one CSR consistently enters the look up name incorrectly, it will be impossible for someone else (like a producer or claims representative) to locate the client. The CSR needs to review the look up name for each client. If the policy number is consistently incorrect, each policy number should be verified every time the CSR touches the electronic file. The same would be true for each field.

All the technology in the world is worthless if your staff cannot locate the client or is not confident in the reliability of the data. Conduct a database audit and find out where you stand! Use the information to eliminate possible E&O exposure.

Monitoring and Managing Backlog

Backlog

Overview

Backlog is unprocessed transactions. It includes unprocessed mail, e-mails to read and reply to, phone calls to return. Backlog can include submissions to prepare, summaries to prepare, policies to check. The list of items that are found in a backlog can be endless. Many agencies have been backlogged for so long, it has actually become acceptable not only to the CSRs, but to management as well. For those firms that adequately identify backlog as a problem, they either do not know how to fix it or lack the patience to solve it. There are too many other things going on in the course of a day.

Consequences of Backlog

The most costly consequence of backlog in terms of an agency's time, money and reputation is the increased probability of an errors and omissions claim. Unprocessed paperwork could mean missing or inadequate coverage. It is also very difficult to provide excellent client service when the client in your agency or benefits management system database does not provide current information. In today's competitive marketplace with the available technology, it is embarrassing for an agency to be unable to provide an immediate response to a client's request. Backlog forces the CSR to take down the client's question or information with a promise to "...research the situation and get back to them when the policy has been located." This response certainly distinguishes the agency from your competition, but not in the way you had hoped.

Backlog has a direct effect on the staff's morale, attitude and how they interact with your clients. A frustrated CSR representing your agency will have difficulty projecting a smiling face and happy voice to the clients. The agency's failure to adequately address the backlog situation will ultimately result in turnover. The sad part in this scenario is that many times your best workers are routinely given more work to do than their peers and their backlog never subsides, no matter how much extra time they put in. Consider the consequences of having one of agency's star employees leave.

Solutions that Rarely Work

When an agency admits to having a backlog problem and commits to resolving the issue, they normally do one of four things:

- Throw more people at the backlog from other parts of the agency
- Hire additional employees
- Pay overtime
- Arrange quiet-time

All of the above solutions have inherent problems. If you add more people to help eliminate the backlog, you have not solved the underlying issue that initially created the problem. While the old piles may eventually disappear, the process has not changed to avoid the creation of new piles.

Overtime rarely works unless an on-site manager closely monitors it. Most CSRs will use this time to catch up on their routine work and never hit the backlog pile. In essence, the agency pays extra for their employees to do their regular job. In order for overtime to be successful, a specific action plan must be followed that has a standard against which to measure success.

Quiet-time has mixed results depending on when it is scheduled, where the work is completed, what work is completed, the number of interruptions, and how the incoming phone calls are handled during this time. If quiet-time is used it should be scheduled for specific periods of time that coincide with the agency's "slower" times. Also, incoming phone calls during quiet-time should be handled and completed by the other CSRs. The worst thing that can happen to an individual that has successfully completed a pile of backlog is to go back to her desk and find fifteen phone messages. The feeling of accomplishment disappears immediately and the frustration reaches a higher level than it was before the quiet-time.

Solutions that Work

The main reason agencies develop backlog is due to not having standardized workflows in place. The CSRs handle similar transactions differently, a renewal timeline is not enforced and "fighting fires" becomes routine. The roles between the producers, CSRs and processors overlap, creating uncertainty as to who is ultimately responsible for completing a transaction. CSRs may also have limited authority for making decisions and delegating work when appropriate.

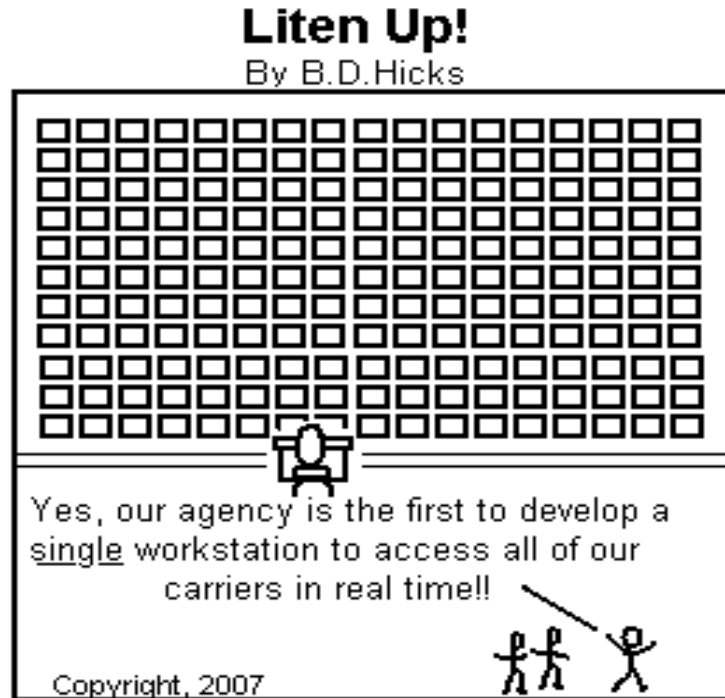
Steps – Getting Rid of the Backlog

1. Distinguish between priority items and backlog transactions. Certain transactions cannot be part of a backlog. These include returning client phone calls, additional information requests from clients and carriers, ordering endorsements and issuing on-demand certificates. The priority items need to be handled on a daily basis.
2. Count the backlog. Compile a spreadsheet for each CSR listing the backlog by transaction (endorsements to check, policies to check, submissions to prepare, renewal summaries to prepare, audits to process, etc.).
3. Analyze the backlog. Many times the backlog consists of one item – policies to check. If this is the case, there really is no backlog. The CSRs are just having trouble allocating time to do policy checking. If the backlog is primarily policies, consider the following clean-up plan.

- Freeze the policy backlog. Allow no more policies to be added to the backlog.
 - Process policies as they are received – on a daily basis. Eliminate the workflow that allows for policies to be held until all policies for a client are received. Before any policies from the backlog can be processed, the current policies have to be processed. This will ensure no other policies are added to the backlog.
 - Process backlog policies as time permits or as transactions require. (Many times client issues will arise that will require the CSR to retrieve the backlog policy and process it.) If the backlog seems unmanageable, consider overtime only to work on the backlog items. Under no circumstances should additional policies be added to the backlog.
4. Implement workflow priorities for processing routine transactions. The workflow priorities summarize the service standards set forth in your workflow documentation. A sample framework follows.
 5. Recount the backlog 30 days after implementing solutions. Only count transactions that fall outside the workflow priorities turn-around time. You should see a significant reduction in backlog transactions.
 6. Monitor backlog on a quarterly basis. Deal with issues on an individual basis.

Additional information regarding monitoring backlog can be found in the [Performing Workload Audits](#) section of this guide.

PART TWO – Understanding The Features



Overview

There are a variety of options available to assist agencies in moving toward a more sophisticated technology implementation. These include attachment features and scanning. Also, Real Time features are available that dramatically improve the way routine transactions are processed and stored.

In addition to your agency or benefits management system, third-party document management vendors offer electronic filing options to integrate with your agency or benefits management system.

In this section, we will review Real Time, electronic filing options, and carrier interface options that are available to most agencies today, without the purchase of additional software solutions. These solutions are designed to give the agency the biggest bang for its technology dollar. These solutions also prepare the agency for more sophisticated document management software programs available for purchase if needed by the agency.

Types of Files

In the world of electronic information management, there are a lot of places you can store information. The agency or benefits management system vendors originally delivered systems designed for accounting and database. Now, the management systems have evolved and offer a variety of options for storing information about your clients.

For the purposes of this guide let's define "information". Information is anything about your clients that you wish to retrieve at a later date or need to store to avoid E&O issues. This includes all communications with your clients and carriers regardless of the media – phone, fax, paper, voicemail, or e-mail. Information includes data, correspondence, meeting notes and all supporting documentation for routine insurance transactions (certificates, endorsements, renewals, claims, etc.) We all know that in insurance, this can represent a boatload of information. Let's review the different options available.

Carrier Interface

Carrier interface represents all our communications with our carriers. It includes Real Time, quoting, binding, marketing, upload, download, claims processing and inquiry. Carrier communications differ by carrier, by transaction and by line of business. One carrier may accept an e-mail instruction to bind coverage, while another carrier only accepts written instructions. One carrier may require all policy changes be submitted on-line, while another carrier requires all policy changes to be phoned in. This creates a tremendous challenge to the agency.

Real Time is an electronic communication tool between agents/brokers and carriers that raises the bar to the highest level. Real Time allows you simple access to client, policy and claims information from the carrier system – with the click of a button – using your agency management system (or perhaps your comparative rater for Real Time quotes). The transaction may be a quote, billing inquiry, claim inquiry/loss run, policy view, endorsement or a request for information. This provides a single workflow for servicing or quoting.

Real Time is relatively easy to get up and running. However, the challenge lies in getting the staff to actually use the feature effectively, because they may have an aversion to change.

Refer to the [Carrier Interface](#) section for additional information. This can be found later in this section.

[Attachment Features](#)

These features are available on your agency management system. They include the ability to attach incoming and outgoing e-mails and e-faxes, voicemail files, scanned documents, Word documents and spreadsheets, etc. to the client on the agency or benefits management system. Some systems make the attachment part of an activity. Some systems make the attachment part of the client. Usually, the attachment can be related to a specific policy.

Most vendor systems today also offer electronic storage for outbound correspondence. Typically, this feature is available via a Word integration or merge feature. This means the data from the agency or benefits management system prefills Word documents (typically schedules and proposals). These documents can be edited and stored as attachments in the agency/benefit management system.

Refer to the [Attachment Features](#) section in the following pages for detailed implementation steps for using your attachment features.

[Transactional Filing](#)

This revolutionary idea came into being in the mid 1980's. It came as a result of the implementation of agency management systems and key features such as download and database. The concept was based on the idea that once a piece of paper is processed on the computer, it should not need to be retrieved. Therefore, in transactional filing the paper is filed by date processed instead of client. However, at this point, transactional filing is not recommended. It is too costly to print and maintain all the paper. If you are not already transactional filing, skip this step and go directly to Document Imaging.

Refer to the [Transactional Filing](#) section in the following pages for detailed implementation steps for implementing transactional filing.

[Document Imaging](#)

Document imaging, sometimes referred to as scanning, offers the promise of a paperless office. Document imaging is simply just another filing option. It is an important option and offers many benefits. However, document imaging alone will not result in a paperless office. Implemented properly, document imaging also facilitates the retrieval of paper documents. Instead of filing paper transactionally by date or by client, the paper is scanned and attached within the management system.

Refer to the [Document Imaging](#) section in the following pages for detailed implementation steps for using document imaging.

Third-Party Software

The Best Practices Guide to Electronic Information Management assumes that you rely on the management system as the primary source for insurance information about your clients. In an electronic world, to effectively manage third-party software as it relates to your clients, there must be one place to search for information. In today's world, the agency or benefits management system is logically that place.

For agencies that have special needs there is third-party software available for rating, document management, sales and marketing but it is important that these systems integrate with your agency/benefits management system. Refer to the [Third-Party Software Guidelines](#) section for additional information on these third-party systems. The guidelines can be found later in this section.

The Next Step – Information Management

Real Time and electronic information management can simplify the document management issue. On the following pages, there are detailed implementation plans for each of the solutions offered in this guide. Also included are the pros and cons of implementing each solution. Before evaluating the more sophisticated (and costly) document management solutions, review the effectiveness of your current implementation for attachments, and scanning. If your implementations are poor, they should be improved before you consider more sophisticated tools. Remember, information management is a process. If your agency is not effectively using the basic features available today, you will create chaos by trying to change systems. Be sure you are getting a payback from what you already have, before you move to the next step – Document Management.

Once you successfully implement the electronic filing features already available to you, consider taking your implementation to the next level – with a document management system that is integrated with your agency/benefits management system. Document management vendors provide storage and retrieval for all documents regardless of the media. Scanning and transactional filing deal with paper. Attachment features deal with electronic communications. But document management solutions provide a central filing system for all communications – regardless of the media. They offer organization for e-mails, attachments, voicemail files and scanned documents. Retrieval is fast and it is easy to share information – even in remote locations.

Technology Tools

Carrier Interface

Overview

Carrier interface represents all our communications with our carriers. It includes Real Time, quoting, binding, marketing, upload, download, claims processing and inquiry. Carrier communications differ by carrier, by transaction and by line of business. One carrier may accept an e-mail instruction to bind coverage, while another carrier only accepts written instructions. One carrier may require all policy changes be submitted on-line, while another carrier requires all policy changes to be phoned in. This creates a tremendous challenge to the agency.

Upload and Download electronic interfaces pose another unique challenge to the agency. The workflow for each carrier may be different. But the technology has evolved so the workflow for the agency is the same – even though the workflow for each carrier differs. Also, many carriers have “turned off” the paper for downloaded clients. This leaves the agency without a complete copy of the clients’ policy.

Real Time is a helpful electronic communication tool between agents/brokers and carriers and raises the bar to the highest level. Real Time allows you simple access to client, policy and claims information from the carrier system – with the click of a button without the need for logon ids/passwords– using your agency management system (or perhaps your comparative rater for Real Time rates). The transaction may be a quote, billing inquiry, claim inquiry/loss run, policy view, endorsement or a request for information. This provides a single workflow for servicing or quoting.

Real Time is relatively easy to get up and running. However, the challenge lies in getting the staff to actually use the feature effectively. It is such a dramatic change in workflow; it requires planning, training and implementation.

Key Points

- Real Time features provide seamless integration between your agency management system and carrier system.
- Carrier interface is most effective when Real Time and download features are implemented. When coupled with carrier download, Real Time is the most effective workflow eliminating redundant data entry for quoting new business, renewals and processing endorsements.

- Carriers are “turning off” the paper for agency interface transactions. Refer to the “Turning off the Paper to Agents” paper prepared by ACT. This document can be downloaded at <http://na.iaa.org/ACTDownloads/TurningOffPapertoAgents.pdf>.
- Real Time interface is available for certain lines of business in personal lines and commercial lines. Go to www.acttech.org to determine exactly what your specific carriers offer for your system by running a report at “My Possibilities.” Visit this website every three months to ensure you stay current. You can also go to the vendor and carrier quick links at www.getrealtime.org for specific Real Time information.
- The set up for Real Time includes an option to automatically prompt an activity whenever a Real Time transaction is completed. This helps maintain the integrity of the electronic file on the agency management system.
- Real Time provides benefits to both Commercial Lines and Personal Lines.
- Additional productivity benefits are derived when dual monitors and headsets are available to the CSR.

Pros	Cons
Real Time interface allows the agency to enter and receive routine transactions electronically. This minimizes errors and provides for fast turn-around.	Real Time and download are not available for all carriers/lines of business.
Real Time provides a single workflow for routine service transactions, quoting and carrier inquiries	Implementing Real Time and download requires a rewrite of workflows to be the most effective.
Download provides renewal data automatically downloaded on the agency management system.	Agency/carrier contracts have not been updated to include provisions that preserve agency access to the complete policy information if the relationship is terminated.
Low cost to implement.	CSRs do not like change

Carrier Issues

- ⇒ Not all carrier systems provide a confirmation number when transactions are processed. Workflows should be customized to ensure proper documentation that the transaction was successfully completed.
- ⇒ Real Time interface does not always work perfectly. The agency must coordinate with the carrier and the agency management system vendor to get fixes applied when problems arise.
- ⇒ Without the use of Real Time technology, the agency has to maintain multiple logonids/passwords for each carrier and CSR. This is difficult for the agency to manage.

Implementation Steps

1. Evaluate Real Time availability for your agency. Refer to the Web site – www.getrealtime.org for information regarding availability and implementation.
2. Install the Real Time feature and set up for each carrier and line of business combination.
3. Revise workflows for Real Time transactions. The following workflows may be affected.
 - Endorsing a Policy (Upload)
 - Quoting (New Business & Renewals)
 - Coverage Inquiry
 - Claims Inquiry
 - Ordering Loss Runs
 - Billing Inquiry (Direct Bill)
4. Provide training to staff.
5. Implement workflow.
6. Audit compliance.

Complete the following chart for each of your carriers. Update every three months. Visit www.acttech.org to determine your possibilities.

Carrier/Line of Business	Service Center Yes/No	Website Data Entry Yes/No	Real Time Access Yes/No	Download (enter LOB)	Online Access to Policy Dec	Direct Bill Comm Download

Attachment Features

Overview

Attachment features are available on your agency management system. They include the ability to attach incoming and outgoing e-mails and e-faxes, scanned documents, Word documents, spreadsheets, voicemail files and pictures to the client on the agency management system. Some systems make the attachment part of an activity. Some systems make the attachment part of the client. Usually, the attachment can be related to a specific policy.

Most vendor systems today also offer electronic storage for outbound correspondence. Typically, this feature is available via a Word integration or merge feature. This means the data from the agency management system prefills Word documents (typically schedules and proposals). These documents can be edited and stored as attachments.

Key Points

- Attachment features let you attach electronic documentation to the client on the agency management system.
- On some systems, electronic documentation can be coded as to the type of transaction (certificate, endorsement, renewal, claims) or provide the ability to use keywords for search capability.
- Integration features with Word and spreadsheet software allow existing data to prefill. Final documents are attached to the client on the agency or benefits management system.
- Attachment features work best in all property & casualty and benefits departments. These features are the foundation of a solid document management implementation.

Pros	Cons
Provides access to all client information in one place without the need for paper filing.	Agency/benefits system may limit the types of files that can be attached. Capability is needed to attach .pdf, .jpg, html, .tif, Word and Excel.
Organizes incoming e-mail, attachments and e-faxes and simplifies retrieval.	Some systems do not have adequate coding available for organizing documents. They may not be sophisticated enough for larger, more complex clients.
Feature already exists and is therefore not costly to implement.	Attachment workflow may be cumbersome.

Security/E&O Issues

- ⇒ Documents attached may not be locked from editing. On some systems, attached documents can be edited, although the system tracks date/time of changes.
- ⇒ If you switch management systems, you will need to be certain that the attachments are transferred in addition to the policy and client data. Some agents have found that they need to keep a work station using the prior agency management system operating in order to be able to continue to retrieve the documents on the system.

Implementation Steps

1. Evaluate attachment features available on your agency or benefits management system.
2. Define coding for storing documents. Be sure to use coding related to the transaction (certificate, endorsement, renewal, claim, etc.). Try to keep the number of codes under 12. Do not create codes based on media (e-mail, fax, phone, etc.).
3. Revise workflows to include steps for attaching documents. For example, your ordering endorsement workflow could read as follows.

Ordering Endorsements

- ⇒ Select the client and policy
 - ⇒ Endorse the policy/update coverage information
 - ⇒ Pend for receipt of the endorsement
 - ⇒ E-mail change to the carrier
 - ⇒ Attach e-mail to the client/activity using ENDO code
 - ⇒ Document the source of the request in the activity
 - ⇒ Attach any supporting documentation using the ENDO code
4. Provide training to staff.
 5. Implement workflow.
 6. Audit compliance.

Electronic Transactional Filing

Overview

Transactional Filing was a revolutionary idea came into being in the mid 1980's. It came as a result of the implementation of agency management systems and key features such as download and database. The concept was based on the idea that once a piece of paper is processed on the computer, it should not need to be retrieved. Therefore, in transactional filing the paper is filed by date processed instead of client. However, at this point, it is not recommended. It is too costly to print and maintain all the paper. If you are not already transactional filing, skip this step and go directly to Document Imaging.

An enhanced version of transactional filing – electronic transactional filing also exists. In electronic transactional filing the paper is scanned and stored by process date. This section focuses on electronic transactional filing. Only implement this feature if your book of business requires this type of filing because of volume or technology limitations. Usually, the attachment features available today eliminate the need for electronic transactional filing.

Key Points

- Each insurance transaction processed is logged on the computer using the activity feature. If the transaction contains paper supporting documentation, the paper is scanned by date. The computer activity screen provides the index for retrieval.
- An average CSR spends a great deal of time each day retrieving and returning paper to the client file. Transactional filing reduces the amount of time required for paper filing.

Pros	Cons
Most insurance processes can be completed without pulling the original of a scanned image. It takes a fraction of the time to get the information out of the computer than to get it out of the scanned transactional file. Drastically improves database integrity because staff is forced to rely on computer.	Not effective if computer does not contain all information about a client. Retrieval of scanned images on a regular basis is cumbersome. May not be the best solution for complex commercial accounts.
Improves the quality of client service by providing fast access to client information on-line. No more pulling files. No more misplaced files.	Requires consistent coding. If the staff is not consistent in coding documents, retrieval will be difficult.

Security/E&O Issues

- ⇒ Many agencies maintain original policies for “occurrence” policies. In a traditional filing system, these policies are pulled when achieved. In a transactional filing environment, the archive process is eliminated.
- ⇒ It is the agency’s responsibility to maintain records based on specific state laws.

Carrier Issues

- ⇒ Different carriers have different rules about maintaining original signed applications. In a transactional filing environment, rules must be uniform for all transactions.

Implementation Steps

1. Establish transactional filing guidelines. Consider the following:
 - a) Paper is processed and scanned in the computer and date stamped with the date processed. (Date processed is not the date received.)
 - b) If a piece of paper does not require processing, record in an activity. An activity must be created for each piece of paper scanned in the transactional file.
 - c) All paper is placed into a folder at the CSR desk. (Could keep at least five days of transactions at the desk).
 - d) After five days (or whatever guideline your agency sets), t-files are scanned into a single agency folder.
 - e) If paper is needed, go to the computer and locate the processing date. Retrieve the paper from the t-file.
 - f) Some carriers require certain paper be maintained by the agency indefinitely. Be sure to include guidelines for managing these documents appropriately.
2. Revise workflows to include steps for transactionally filing documents. For example, your receiving endorsement workflow could read as follows:
 - Receiving Endorsements
 - ⇒ Select the client and policy
 - ⇒ Check the endorsement against the original change request on the computer
 - ⇒ Close diary for receipt of endorsement
 - ⇒ Scan/t-file endorsement

3. Select a day for implementing electronic transactional filing. From that day forward, all paper will be filed transactionally. Existing paper will be stored according to existing agency guidelines.
4. Provide training to staff.
5. Implement workflow.
6. Audit compliance.

Document Imaging

Overview

Document imaging, sometimes referred to as scanning, offers the promise of a paperless office. However, document imaging is simply just another filing option. It is an important option and offers many benefits. However, document imaging alone will not result in a paperless office.

Document imaging differs from document management. Document imaging deals with the paper. Document management deals with paper and electronic correspondence (e-mails, Word documents, spreadsheets, etc.) and stores them together.

There are two workflows that should be considered when implementing document imaging. They are front-end scanning and back-end scanning.

Front-end scanning supports a workflow where mail is scanned in the mailroom and forwarded electronically to the appropriate CSR. The CSR then processes the transaction and files the image in the appropriate place. This workflow works best for smaller agencies that are comfortable with sorting and scanning mail before it is processed. This workflow is more difficult to implement in larger, more complex agencies because of the volume of mail – a lot of which is junk mail.

Late scan or back-end scanning supports a workflow where mail is distributed to the CSR manually. Once processed, the CSR indexes the document and forwards it to a scanning station. In some agencies, each CSR is given a scanner to facilitate this process.

A word of caution: Document imaging is not the same as document management. When evaluating software from third-party vendors, be sure you know what you are getting. Many vendors not familiar with the insurance industry and sell document imaging solutions as document management systems.

Key Points

- Document imaging is the scanning, indexing and storage of paper documents.
- On most agency and benefits management systems, scanned images can be attached to the client on the management system. Scan/Attached images may be coded as to the type of transaction (certificate, endorsement, renewal, claims).

- Document imaging and transactional filing are similar information management tools. Document imaging facilitates the retrieval of documents by multiple parties at multiple locations.
- Document imaging works best for document storage. However, it is not always the best solution if the documents you are scanning are needed in the future – like marketing documents.

Pros	Cons
Improves the quality of client service by providing fast access to client information <i>and</i> supporting documentation on-line.	Does not allow for electronic correspondence.
Eliminates need for costly filing cabinets. Also reduces floor space requirements.	Remote offices must all scan to the same server location...
Document imaging features can provide for electronic submissions eliminating costly preparation and mailing costs.	Lack of consistent coding may make it difficult to implement for complex commercial accounts.
Facilitates sharing of documents.	Variety of implementation options requires pre-planning.

Security/E&O Issues

- ⇒ Security is usually solid on scanned images – they cannot be edited.
- ⇒ It is the agency’s responsibility to maintain records based on specific state laws.
- ⇒ Security should allow for privacy of benefits information.

Implementation Steps

1. Evaluate document imaging features available on your agency or benefits management system. Also, evaluate options available from third party vendors that have the capability of integrating with your agency/benefits management system.
2. If not using your management system vendor for document management, define the relationship between the clients on both systems. Consider customizing a client number validation between the two systems.
3. Define the workflow for scanning documents. Will you implement a front-end or back-end scanning implementation?

4. Define coding for storing documents. Be sure to use coding related to the transaction (certificate, endorsement, renewal, claim, etc.). Try to keep the number of codes under 12. Do not create codes based on media (e-mail, fax, phone, etc.).
5. Revise workflows to include steps for attaching images.
6. Provide training to staff.
7. Implement workflow.
8. Audit Compliance.

Third-Party Software Guidelines

Overview

The Best Practices Guide to Agency Business Process and Electronic Information Management assumes that you rely on the management system as the primary source for insurance information about your clients. However, the guide does not ignore third-party software available from vendors other than your agency or benefits management system vendors. These vendors provide rating solutions, scanning solutions, document calendar functions, sales and marketing tools. In an electronic world, to effectively manage third-party software as it relates to your clients, there must be one place to begin the search for information. In today's world, the agency management system is logically that place.

Consider the following as you set up your technology implementation as it relates to third-party software. The information may not be stored on the agency management system but should be integrated with the agency/benefit management system, and the agency management system always tells you where to find the information.

Key Points

- Most management systems integrate with Word and Excel. The advantage of the integration feature is that the final document is attached to the client on the management system.
- The use of third-party software and how documents are stored needs to be clearly outlined in your workflows. The acceptable uses of third-party software should be dictated by your agency's process, not the software. For example, if your agency uses the integrated proposal feature on your agency management system, the final proposal is attached to the client as a Word document. In this situation, no proposals should be stored in Word and not attached to the client.
- Outlook and other calendar/e-mail software solutions offer many features similar to those available on your agency management system. For example, Outlook has a follow-up system – similar to the diary follow-up system on the management system. Be sure your workflows define how transactions will be handled where feature overlap exists.
- Third-party software tools such as Word and Excel do not contain adequate E&O controls for the insurance industry. Security for documents does not exist. Some agency management systems secure attachments, others do not. Adequate security should exist with a document management solution.

Pros	Cons
Third-party software provides capabilities currently not available or not adequate on agency management system.	Third-party software may have limited ability to integrate with agency management system.
Popular, widely utilized third-party software tools eventually may get integrated with agency management system.	Vendors frequently provide features that overlap with existing management system features. This can create redundancies and needs to be defined within your workflow to avoid inconsistent filing.
Third-party software may provide flexibility in formatting and presentation to the client.	Third-party software may not contain adequate E&O controls.

Security/E&O Issues

- ⇒ Documents done in Word and Excel outside the agency management system do not have the security features available in the management systems. These documents (typically proposals and schedules) can be edited after the fact. All documents should be attached in the agency/.benefit management system (or referenced if using a third party system.)
- ⇒ Outlook and other e-mail systems provide the ability to organize e-mails into folders. These folders do not contain adequate security. Stored e-mails can be edited.

Sample Third-Party Software Guidelines

1. All basic client and policy information will be stored on the agency or benefits management system.
2. All policy basic coverage/plan information is stored on the agency/benefits management system. Basic coverage information includes the information needed to complete binders and certificates.
3. Schedules of insurance are stored on the agency/benefits management system. Schedules include lists of property locations, vehicles, equipment, etc. Note the following exceptions:
 - a) Property statements of value may be stored on the network using either Word or Excel and should be attached in the agency/benefits management system or referenced from there. They are stored <enter network drive location here>. The first property location on the agency management system database must indicate that the schedule is stored on the network and give the location.
 - b) Vehicles schedules for composite rated policies may be stored on the network using either Word or Excel and should be attached in the agency/benefits management system or referenced from there. The first vehicle on the agency management system database must indicate that the schedule is stored on the network and give the location.

4. Underwriting data is stored on the agency management system. Underwriting data includes the information needed to complete ACORD applications.
5. ACORD applications are stored on the agency management system. Carrier specific applications are stored as follows:
 - a) Electronic applications are attached to the client on the agency management system.
 - b) Manually completed applications are scanned and attached to the client in the agency/benefits management system.
6. Proposals completed in Word/Excel are attached to the client on the agency or benefits management system.
7. Rating quotes are stored on the rating software or in the prospecting section of the agency management system. Quotes that are bound are attached to the client on the agency management system.
8. Marketing information needed year-to-year is attached in the marketing folder.
9. E-mails will be attached to the client using the appropriate activity code. E-mails will not be stored in Outlook folders.

Workflow Management

Overview

Agency Management Systems provide tools for recording insurance transactions and activities as events occur. Agency Management Systems assist in the tracking of required documentation. The trigger is typically initiated by either the client's requests or receipt of the transaction from a third-party like the carrier. Document Management Systems help the agency or brokerage organize the information after the transaction is processed. New in the vendor community are Workflow Management Systems that assist the agency in automating manual, repetitive workflow steps. These systems may be features on your existing agency management or document management system.

Newly developed, Workflow Management tracks a transaction from the initial request through completion in an automated or "intelligent" workflow. It works best when it is married to the initial transaction or document that initiates the transactions. For example, an endorsement request triggers a management system change request, attaching supporting document in the document management system and a "wait time" with appropriate next action step. If this sounds familiar to what your current agency management system already does – it is similar. However, workflow management takes that process to a more automated level and provides a variety of reports that track each transaction from initiation through completion. Workflow Management Systems provide Workload Distribution Reports, Business Management Reports and Backlog Reports in Real Time.

Key Points

- Workflow Management Systems let the agency or brokerage customize workflows including steps, follow up and role assignments.
- Workflow Management Systems provide attributes that can be assigned to documents so reports can be customized to meet agency needs. Examples include carrier attributes so workflows can be set up for tracking submissions or quotes or value attributes so different workflows can be created for different types of clients.
- Workflow Management Systems include automatic escalation of tasks that are not processed according to agency pre-defined service standards.
- Workflow Management Systems may be a feature of a Document Management System. Workflow Management Systems may integrate with the Agency Management System.

Pros	Cons
Provides management work-in-process reporting for workload distribution, managing workflow and staff.	Many vendors use workflow terminology in advertising without any real workflow features.
Eliminates manual push of documents and transactions through workflows.	Customizing workflows may be complex and time-consuming.
Reduces E&O with built in escalation of unprocessed work in process.	Variety of implementation options requires pre-planning.

Security/E&O Issues

- ⇒ Security is usually solid on scanned images – they cannot be edited.
- ⇒ It is the agency’s responsibility to maintain records based on specific state laws.
- ⇒ Security will allow for privacy of benefits information.

Implementation Steps

9. Evaluate workflow management features available on your agency, benefits or document management system. If not available, contact Workflow Management Vendors. Start with your Document Management System vendors first. Evaluate system.
10. Define reporting requirements and service standards.
11. Define workflows for managing insurance transactions.
12. Define the workflow for scanning documents. With a Workflow Management Systems, all documents will be a front-end implementation.
13. Define attributes for each document and workflow.
14. Provide training to staff.
15. Implement workflows.
16. Audit Compliance.

Information Management

Overview

The Document Management section of this guide takes your information management implementation to a new level. Implementing these solutions will take you as close to paperless as possible with today's technology. Implementing these solutions will bring the "digital" world to your agency.

Remember, document management differs from document imaging. Document imaging deals with the paper. Document management deals with all paper and all electronic correspondence (e-mails, Word documents, spreadsheets, etc.) and stores them together.

[Document Management Solutions](#)

Document management offers solutions that provide storage and retrieval for all documents regardless of the media. For example, scanning and transactional filing deal with paper. Attachment features available from the agency or benefits management system vendor's deal with electronic communications and document management solutions provide a central filing system for all types of communications – regardless of the media. They offer organization for e-mails, voicemail, attachments and paper. Frequently, they can provide seamless integration to the agency or benefits management system.

Refer to the [Document Management Solutions](#) section in the following pages for more information.

[Vendor Requirements](#)

Document management solutions may come from third party vendors, or may be offered by the agency or benefits management system vendors. This section will guide you through selecting a document management solution designed to meet your unique needs.

Refer to the [Vendor Requirements](#) section in the following pages for additional information.

[Document Management Guidelines](#)

Every document management implementation is different. One of the greatest challenges in implementing document management solutions is implementing the decisions you make during the system set up. Frequently, the decisions made about folder structure, coding and descriptions do not get communicated to the staff. The result is a poor implementation making retrieval of documents difficult.

Refer to the [Document Management Guidelines](#) section for additional information. The guidelines can be found later in this section.

The Next Step

Document Management Solutions are not for everyone. It is important to note that an agency can be completely computer dependent and operate efficiently without a document management implementation. Each agency should review its existing technology first and use that technology to its fullest extent before implementing these solutions. Document management solutions will not solve workflow problems. Document management solutions are not the magic bullet that eliminates paper!

Once you have a firm foundation in place and have implemented the features and solutions that force you to rely on the computer and handle less paper, you are ready to experiment with some of the emerging technologies. It's too soon to tell what the benefits of using these new tools will be – but they come to our industry with great promise. Stay tuned...

Document Management Solutions

Overview

Document management vendors offer solutions that eliminate the media from transaction processing and storage. These solutions provide storage and retrieval for all documents regardless of the media. For example, scanning and transactional filing deal with paper. Attachment features available from your agency or benefits management system vendor deal with electronic communications. Document management solutions provide a central filing system for all communications – regardless of the media. They offer organization for e-mails, attachments and paper. Frequently, they can provide seamless integration to the agency or benefits management system.

Agencies who receive the greatest payback from document management implementation build their implementation from a solid foundation. They rely on the computer as the primary source for insurance information about their clients and fully utilize the features available to them on their agency or benefits management system. They have solid workflows in place. The implementations are not perfect – they are just solid. They know exactly what features are lacking and are looking for solutions to improve and enhance their existing implementation.

Key Points

- Document management solutions allow agencies to attach any type of document to a client's file including e-mails, voicemail, attachments and scanned images.
- Document management solutions provide for a single location for all non-agency management system client information.
- Document management solutions focus on the transaction and workflow. They eliminate the need for storing transactions by media (e-mail, attachments, images, etc.).
- Some document management vendors provide features to facilitate the electronic transfer of information between agent, client and carrier. This is most useful in the marketing process.
- Document management solutions work best in property & casualty commercial lines mid-market and large accounts. Document management solutions also work well with mid to large group benefits.

Pros	Cons
Provides for a single location for all non-agency management system client information.	Document management solutions are big purchases and require budgeting and planning.
Deals with all documentation including e-mails, attachments and scanned images. Eliminates need to store documents by media.	Vendors frequently provide features that may overlap with existing agency or benefits management system features. You will need to plan ahead to avoid duplicate storage and streamline processing.
Typically allows agency to customize file structure by department. Large commercial accounts can implement a different structure than personal lines.	Implementation can be cumbersome. If the workflows are not strong before implementation, full benefits may not be recognized.

Security/E&O Issues

- ⇒ There are many Document Management vendors offering a variety of solutions. Some vendors provide excellent security on stored documents (scanned or attached). Some vendors provide poor security. Be sure to evaluate the security and E&O control available from the vendors you review.
- ⇒ Agency management systems have added many Document Management features
- ⇒ A document management implementation is a long-term solution. Once documents are stored in a system, it will be very difficult to change vendors.

Implementation Steps

1. Evaluate document management vendors. A checklist for evaluating and selecting a solution is included later in the section. Refer to [Document Management Vendor Requirements](#).
2. Develop a Document Management Team to evaluate vendors.
 - a) Define requirements.
 - b) Call agencies as references.
 - c) Prepare RFP (request for proposal) for vendors with requirements.
 - d) Review vendor demos.
 - e) Complete vendor comparison.
 - f) Select a vendor.
3. Define implementation plan for each department.

4. Determine file structure for each department.
5. Define [Document Management Guidelines](#).
6. Develop [Document Management Quick Reference Guides](#) for each department. Sample guides are included for the following departments.
 - a) [Commercial Document Management Quick Reference Guide](#)
 - b) [Personal Document Management Quick Reference Guide](#)
 - c) [Benefits Document Management Quick Reference Guide](#)
7. Provide training to staff and implement workflows.
8. Audit compliance.

The Next Step

Information management is the next step. Once your staff has immediate access to information they need to service the client, you are ready to look at the more innovative, information management solutions available in the industry today.

Vendor Requirements

Overview

Document management solutions typically come from third party vendors. The solutions offered by the agency or benefits management system vendors are usually document imaging solutions. This section will guide you through selecting a document management solution designed to meet your unique needs.

Vision

Provide an affordable, efficient document management solution to provide immediate access to client documents and reduce the cost of filing, storing and retrieving both paper and electronic documents.

Goals

1. Implement a document management solution that will integrate with your agency/benefits management system and organize all information received from third parties (paper, e-mail, fax) and generated internally (Word documents, spreadsheets, PowerPoint presentations).
2. Provide a solution that will benefit all departments (personal lines, commercial lines, small commercial, claims, benefits, accounting, IT).

Vendor Requirements

1. Does the vendor specialize in insurance workflows and document management?
2. How many agencies use their software? Get and check references.
3. Is duplex scanning (ability to scan both front and back of a page) available?
4. Is OCR (optical character recognition) conversion available? (This allows scanned images to be converted to editable documents.)
5. Can you choose .PDF and/or .TIF files for scanned images?
6. Is integration available with agency or benefits management system? If so, describe integration.

7. Is remote scanning and retrieval available? If so, describe hardware/software requirements. How are documents stored (centralized or at the local site)?
8. What are the hardware requirements?

Software Requirements

9. How is the folder structure created?
10. How many levels within a folder are available?
11. What level of integration is available to the agency or benefits management system?
12. Describe the process for integrating to the agency or benefits management system. How are documents linked to the client, policy, submission, claim and/or activity?
13. Describe the process for retrieving documents. Can the original be edited? Can new versions be created and stored? Are any revisions to the original date-stamped?
14. Describe how carrier marketing is handled on your system? Will you have access to last year's submission information? Is it easy to retrieve? Can new versions be created?
15. How is archiving for permanent storage handled?
16. Describe security. Is it available by department, user and client?
17. Describe document security. How is document integrity maintained? Can originals be edited? Can "new versions" of documents be created?
18. Does software have the ability to import e-mail and electronic faxes?
19. Does software have the ability to e-mail and e-fax? Can e-mails and faxes be done to groups with multiple documents for marketing?
20. Describe search features?
21. Describe implementation process? What assistance is given for personalization?
22. Describe training and implementation?
23. Describe auditing process?

Document Management Guidelines

Overview

Regardless of whether you are implementing a third-party solution or simply defining the attachment feature on your agency or vendor management system, every document management implementation is different. One of the greatest challenges in implementing document management solutions is implementing the decisions you make during the system set up. Frequently, the decisions made about folder structure, coding and descriptions do not get communicated to the staff. The result is a poor implementation making retrieval of documents difficult.

Sample Quick Reference Guides follow for [commercial lines](#), [personal lines](#) and [benefits](#).

Your implementation should be customized by department. Different departments have different requirements. The following are recommendations to consider during the set up phase of your document management implementation.

- If you are attaching via your agency or benefits management system, always attach documents to the actual policy. If your system is not integrated, create folders for storage by line of business. This will facilitate retrieval of documents by even the most casual user.
- Create separate folders for marketing documents and accounting documents. These documents usually relate to more than one policy. Consider creating a correspondence folder for miscellaneous correspondence. Storing by carrier may be helpful.
- Minimize activity codes (also known as category codes or document types). Codes should be set up by process, not media. For example, all documents related to the endorsement process should be stored under an endorsement code.
- Eliminate all activity codes related to media – form letter, e-mail, fax, etc. These codes will not be of any use during retrieval. The process is more important.
- If the policy term and transaction date are not part of the document management system coding, add them to the description of the document. Otherwise, you will have difficulty locating documents as policies renew.
- Consider the long-term effects of the decision you make regarding document management. How will upgrades and enhancements impact your implementation? What happens if your vendor pulls support?

The following are samples guidelines for managing electronic information for a document management implementation. You will need to customize these guidelines to meet your unique environment.

1. All client information will be filed on the computer. Paper documentation from third parties will be scanned. Client and policy information should be filed in the electronic files listed below.
 - Agency or Benefits Management System client/policy system
 - Document Management System client file which is integrated to Agency / Benefits Management System
2. The agency or benefits management system basic client and policy screens contain basic client and policy information. This includes client name and address, basic policy information (dates, carrier, line of business, handlers, etc.) Refer to the training manual for additional information.
3. All client conversations will be documented in Agency/Benefits Management System activity using the appropriate category. All follow-up activities will be tracked in the diary follow-up on the Agency/Benefits Management System.
4. Producers will copy the CSR on all client related e-mails. Producers will document conversation on-line and e-mail to the CSR. Paper meeting notes will be forwarded to the CSR to scan.
5. System Client File
 - System client file includes all documentation – paper or electronic received from third parties. This includes photos, loss runs, policies, endorsements, audits, cancellations, etc.
 - System client file also includes all e-mails, Word documents, Excel spreadsheets, voicemail, etc. received from or sent to the client.
6. System Marketing File
 - System will accumulate all information needed to re-market an account. This includes loss runs, specialty applications, experience mod worksheets, and brochures, and should be cross-referenced to client, prospect, or carrier, as appropriate.
 - System Marketing Folder contains information to Process/Market the Renewal. This includes a copy of the Submission, Quotes, Original Review, Loss Runs, and Completed Renewal Kit, specialty applications, signed statement of values.
 - System marketing file contains the submission. Each year, the submission folder is rolled so the new submission information can be added. Submission files are identified by year.

7. Work-In-Process - Any client schedule information stored in Excel or Word that needs to be maintained on an on-going basis is stored in the appropriate attachment. Any client information related to an in force policy must be documented on the agency/benefits management system. For example, a client vehicle schedule or statement of values would be cross-referenced in the agency management system policy database.
8. Any electronic information related to the marketing process (spreadsheets, PowerPoint, specialty applications, etc) will be stored as an attachment. When coverage is bound, all marketing information is filed in the System.
9. Once documents are scanned or attached, they should be permanently discarded. Electronic documents are deleted once attached. For scanned documents, the original paper document is shredded according to agency guidelines, usually 30 to 90 days after scanning.

Quick Reference Guide

Overview

The key to a successful document management implementation is retrieval. Can you quickly and efficiently locate a transaction on your system? The following Quick Reference Guides will provide a framework for setting up, training and implementing your system.

Please note the Quick Reference Guide is a sample. It should be customized for each department in your agency. Although the sample included in the guide assumes a full blown document management implementation, it can be modified for any implementation (document imaging, information management, etc.)

How to Use the Quick Reference Guide

1. Process an insurance transaction following your agency workflows.
2. Document the insurance transaction in the Activity Log on the Agency or Benefits Management System. Locate the Activity Log column on the Quick Reference Guide to get the correct category and activity description.
3. File all supporting documentation (e-mails, attachments, paper, etc.) on the Document Management System. Locate the Document Management System column on the Quick Reference Guide to get the correct folder and description and attach or cross-reference to the agency/benefits management system.

Commercial Lines Quick Reference Guide

Document	Activity Log	Document Management System
Accounting discrepancies	Category: Accounting Desc: <date> <desc>	Desc: Carrier <lob> <desc> Folder: CL/Accounting
Applications – from System	Category: New or Renl Desc: <date> <desc>	Generate from agency management system
Applications – manually completed and signed copy	Category: New or Renl Desc: <date> <desc>	Desc: Client/PROSPECT <lob> <desc> Folder: Mkt/Submission
Appraisals	Category: Mkt Desc: <date> <desc>	Desc: Client/PROSPECT <lob> <desc> Folder: Mkt/Financial/Broch/pic/appr
Audit correspondence	Category: Audit Desc: <date> <desc>	Desc: Client <lob> <eff date> <desc> Folder: CL/<lob>
Audits	Category: Audit Desc: <date> <desc>	Desc: Client <lob> <eff date> <desc> Folder: CL/<lob>
Auto ID cards	Category: New or Renl Desc: <date> <desc>	Generate from agency management system
Binder letter to client	Category: New or Renl Desc: <date> <desc>	Generate from agency management system
Binders	Category: New or Renl Desc: <date> <desc>	Generate from agency management system
Binders from carrier/broker	Category: New or Renl Desc: <date> <desc>	Desc: Client <lob> <eff date> <desc> Folder: CL/<lob> or <corr>
Binding confirmation from carrier	Category: New or Renl Desc: <date> <desc>	Desc: Client <lob> <desc> Folder: CL/<lob> or <corr>
Brochures	Category: Mkt Desc: <date> <brief desc>	Desc: Carrier <desc> Folder: Mkt/Financial/broch/pic/appr
Broker/agent of record letter	Category: New Desc: <date> <desc>	Desc: Client/Carrier <desc> Folder: Mkt/Client Corr
Business income worksheet	Category: New or Renl Desc: <date> <desc>	Desc: Client/PROSPECT <lob> <desc> Folder: Mkt/Client Corr
Cancellation correspondence	Category: Canc Desc: <date> <desc>	Desc: Client CA <lob> <desc> Folder: CL/<lob>
Cancellation-final notice	Category: Canc Desc: <date> <desc>	Desc: Client CA <lob> <eff date> <desc> Folder: CL/<lob>
Carrier rating worksheets	Category: Mkt Desc: <date> <desc>	Desc: Client/PROSPECT <lob> <company> <desc> Folder: Mkt/Carrier Corr
Certificate request	Category: CE Desc: <date> <cert req ><brief desc>	Desc: Client <CE> <desc> Folder: CL/Certificates
Certificates w/ attachments	Category: CE Desc: <date> <cert attachment > <brief desc>	Generate from agency management system
Certificates w/o attachment	Category: CE Desc: <date> <cert attachment > <brief desc>	
Contracts/leases/ bid specs	Category: PC Desc: <date> <desc>	Desc: Client/PROSPECT <lob><desc> Folder: CL /<lob> or <Corr>
Direct bill notices	N/a	Discard
Endorsement change request to carrier	Category: Endo Desc: <date> <Add/Chg/Del> <brief desc, eff date>	Desc: Client <lob> <desc> Folder: CL/<lob>
Endorsement cover letter to client	Category: Endo Desc: <date>>Ltr to insured <brief desc of endorsement> <eff date>	Generate from agency management system

Best Practices Guide to Agency Business Processes and Information Management

Document	Activity Log	Document Management System
Endorsement from carrier	Category: Endo Desc: <date> Received Endorsement	Desc: Client <lob> <endo eff date> END REC <desc> Folder: CL/<lob>
Endorsement request from client	Category: Endo Desc: <date> <Add/Chg/Del> <brief desc, eff date>	Desc: Client <lob> <Add/Chg/Del> <brief desc> <endo eff date> Folder: CL/<lob>
Financial information	Category: Mkt Desc: <date> <desc>	Desc: Client/PROSPECT <desc> Folder: Mkt/Financials/broch/pic/appr
Letter to carrier to bind coverage	Category: PC Desc: <date> <desc>	Generate from agency management system
Loss runs	Category: Renl Desc: <date> order loss runs <carrier> <staff code>	Desc: Client <carrier> <policy term> Folder: Mkt/loss information
Marketing correspondence – e-mail, incoming fax, paper	Category: Mkt Desc: <date> <desc>	Desc: Carrier <lob> <carrier/wholesaler> <desc> Folder: Mkt/Carrier Corr or Client Corr
Mod worksheets for workers comp	Category: New or Renl Desc: <date> <desc>	Desc: Carrier <lob> MOD <desc> Folder: Mkt/loss information
MVR's – received/request correspondence	Category: PC Desc: <date> <desc>	Desc: Client/PROSPECT <lob> MVR <desc> Folder: CL/<lob>
Non-renewal notice	Category: Canc Desc: <date> <desc>	Desc: Client <lob> NONRENEWAL <carrier> Folder: CL/<lob>
Phone conversations	Category: <based on trans> Desc: <date> <desc>	Document in agency management system
Policies – prior agent	Category: New Desc: <date> <desc>	Desc: Client/PROSPECT <lob> Prior POL <carrier > Folder: Mkt/Client Corr
Policy	Category: New or Renl Desc: <date> <desc>	Desc: Client <lob> <eff date> POLICY Folder: CL/<lob>
Premium finance agreements	Category: Accounting Desc: <date> <desc>	Desc: Client PREM FIN <desc> Folder: CL/Accounting
Premium/loss summary	Category: New or Renl Desc: <date> <desc>	Desc: Client/PROSPECT <desc> Folder: Mkt/loss information
Proposal	Category: Mkt Desc: <date> <desc>	Desc: Client/PROSPECT <lob> <desc> Folder: CL/Mkt/Client Corr
Quotes from carrier	Category: Mkt Desc: <date> <desc>	Desc: Client/PROSEPECT <lob> <carrier> <desc> Folder: Mkt/Carrier corr
Reinstatement notice	Category: Rein Desc: <date> <desc>	Desc: Client/PROSPECT <lob> <eff date> <desc> Folder: CL/<lob>
Renewal review from client	Category: Renl Desc: <date> <desc>	Desc: Client/PROSPECT REN Kit <desc> Folder: Mkt/Client Corr
Renewal review to client	Category: Renl Desc: <date> <desc>	Generate from agency management system
Reporting endorsement from carrier	Category: Audit Desc: <date> <desc>	Desc: Client <lob> <eff date> <desc> Folder: CL/<lob>
Reporting forms from client	Category: Audit Desc: <date> <desc>	Desc: Client <lob> <desc> Folder: CL/<lob>
Submission cover letter	Category: Mkt Desc: <date> <desc>	Generate from agency management system

Personal Lines Quick Reference Guide

Document	Activity Log	Document Management
Accounting Discrepancies	Doc Type: Acct Desc: <desc> <staff>	Desc:Carrier yy <Acct> <lob> <desc> Folder: PL <Policy>
Applications – AMS	Doc Type: New or Renl Desc: <desc> <staff>	Generate from agency management system
Applications – manually completed	Doc Type: Und Desc: <desc> <staff>	Desc: Client yy <UW> <lob> <desc> Folder: PL <Underwriting>
Applications – signed	Doc Type: Und Desc: <desc> <staff>	Desc: Client yy <UW> <lob> <desc> Folder: PL <Underwriting>
Appraisals	Doc Type: Und Desc: <desc> <staff>	Desc:Client/PROSPECT yy <UW> <lob> <desc> Folder: PL <Underwriting>
Auto ID cards	Doc Type: Pol Corr Desc: <desc> <staff>	Generate from agency management system
Binders	Doc Type: Pol Corr Desc: <desc> <staff>	Generate from agency management system
Binders from carrier	Doc Type: Pol Corr Desc: <desc> <staff>	Desc: Client/PROSPECT yy <PC> <lob> <desc> Folder: PL <lob>
Cancellation notice or Notice of intent to cancel (agency bill only)	Doc Type: Canc Desc: <desc> <staff>	Desc: yy <PC> <lob> <desc> Folder: PL <Policy>
Carrier Rating worksheets	Doc Type: Mkt Desc: <desc> <staff>	Desc:Client/PROSPECT yy <PC> <lob> <desc> Folder: PL <Policy>
Direct bill premium notices		Discard
Elevation Certificate	Doc Type: Und Desc: <desc> <staff>	Desc: Client/PROSPECT yy <UW> <lob> <desc> Folder: PL <Underwriting>
E-mails	Doc Type: by transaction Desc: <desc> <staff>	Desc: Client/PROSPECT yy <doc type> <lob> Folder: PL <Underwriting>
Endorsement change request to carrier (ACORD form)	Doc Type: Endo Desc: <desc> <staff>	Generate from agency management system
Endorsement from carrier (downloaded)	Doc Type: Endo Desc: <desc> <staff>	automatically updated in agency management system
Endorsement from carrier (not downloaded)	Doc Type: Endo Desc: <desc> <staff>	Desc: Client yy <lob> <desc> Folder: PL <lob>
Endorsement Letter to Client	Doc Type: Endo Desc: <desc> <staff>	Generate from agency management system
Endorsement request from client (electronic)	Doc Type: Endo Desc: <desc> <staff>	Desc: Client yy <End> <lob> <desc> Folder: PL <Policy>
Endorsement request from client (paper)	Doc Type: Endo Desc: <desc> <staff>	Desc: Client yy <End> <lob> <desc> Folder: PL <Policy>
Evidence of Property	Doc Type: Cert Desc: <desc> <staff>	Generate from agency management system
Hand written notes from client	Doc Type: by transaction Desc: <desc> <staff>	Desc: Client yy <transaction> <lob> <desc> Folder: PL <Policy>
Inspections	Doc Type: Und Desc: <desc> <staff>	Desc: Client yy <lob> <desc> Folder: PL <Underwriting>
Invoices from surplus lines brokers	Doc Type: Acct Desc: <desc> <staff>	Desc: BROKER yy <Acct> <lob> <desc>

Document	Activity Log	Document Management
Late notice from carrier		Desc: BROKER yy <Acct> <lob> <desc>
Miscellaneous documents (electronic)	Doc Type: <transaction> Desc: <desc> <staff>	Desc: yy <transaction > <lob> <desc> Folder: PL <lob>
Non-renewal Notice	Doc Type: Canc Desc: <desc> <staff>	Desc: Client yy <Canc> <lob> Folder: PL <Policy>
Phone conversations	Doc Type: <transaction> Desc: <desc> <staff>	Document in agency management system
Policy (downloaded)	Doc Type: New or Renl Desc: <desc> <staff>	automatically updated in agency management system
Policy (not downloaded, not in a service center)	Doc Type: New or Renl Desc: <desc> <staff>	Desc: Client yy <Pol> <lob> <desc> Folder: PL <lob>
Policy (service center)	Doc Type: New or Renl Desc: <desc> <staff>	Desc: Client yy <Pol> <lob> <desc> Folder: PL <Policy>
Premium Finance Agreements	Doc Type: Acct Desc: <desc> <staff>	Desc: Client yy <Acct> <lob> <desc> Folder: PL <Acct>
Proposal	Doc Type: New or Renl Desc: <desc> <staff>	Desc: LIENT/PROSPECT yy <UW> <lob> <desc> Folder: PL <Underwriting>
Quotes from carrier (electronic)	Doc Type: Mkt Desc: <desc> <staff>	Desc: Client/PROSPECT yy <MK> <lob> <desc> Folder: PL <underwriting>
Quotes from carrier (paper)	Doc Type: Mkt Desc: <desc> <staff>	Desc: Client/PROSPECT yy <UW> <lob> <desc> Folder: PL <Underwriting>
Reinstatement Notice (agency bill only)	Doc Type: REI Desc: <desc> <staff>	Desc: Client yy <UW> <lob> <desc> Folder: PL <Underwriting>
Renewal Summary	Doc Type: Renl Desc: <desc> <staff>	Desc: Client yy <UW> <lob> <desc> Folder: PL <Underwriting>

Benefits Quick Reference Guide

Document	Activity Log	Document Management
Aggregate Rpts-Self Funded	Category: BCLX Desc: <date><desc>	Desc: Client yy <brief desc> Folder: Benefits/Claims
Application Cover Letter	Category: BIMP Desc: <date><desc>	Generate from benefits management system
Application for Group Insurance	Category: BIMP Desc: <date><desc>	Desc: Client/Prospect yy<brief desc> Folder: Benefits/Implementation
Billing Stmt-Previous Carrier	Category: BMKT Desc: <date><desc>	Desc: Client/PROSEPECT yy<brief desc> Folder: Benefits/Marketing
Binder Check (copy)	Category: BIMP Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Implementation
Booklet of existing coverages	Category: BMKT Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Marketing
Call Documentation Notes	Category: Based on Transaction Desc: <date><desc>	Document in benefit management system
Carrier Acceptance Letter	Category: BNEW or BREN Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Plans
Census-created by AR	Category: BMKT Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Marketing
Census-from client	Category: BMKT Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Marketing
Census-from client	Category: BREN Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Plans
Claims Rpt-Self Funded Plans	Category: BCLX Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Claims
Client Overview	Category: BMKT Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Marketing
Disclosure Statements	Category: BIMP Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Plans
Enrollment Forms	Category: BIMP Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Implementation
Implementation Plan	Category: BIMP Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Implementation
Information Request-Carrier	Category: BNEW; BREN; BMKT Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Plans
Information Request-Client	Category: BNEW; BREN; BMKT Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Plans
Marketing Strategy	Category: BMKT Desc: <date><desc>	Desc: Carrier yy<brief desc> Folder: Benefits/Marketing
Pension-Adoption Agreement	Category: BCOV Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Implementation
Pension-Loan Agreement	Category: BCOV Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Implementation
Pension-New Client Form	Category: BIMP Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Implementation
Pension-Prospectus Receipt	Category: BIMP Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Implementation
Plan Amendments	Category: BNEW or BREN Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Plans
Plan Change Requests	Category: BEND Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Plans

Document	Activity Log	Document Management
Plan Summary	Category: BCOV Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Plans
Proposal (FFH)	Category: BMKT Desc: <date><desc>	Desc: Client/Prospect yy<brief desc> Folder: Benefits/Marketing
Quote – Sold	Category: BMKT Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Marketing
Quote Declination	Category: BMKT Desc: <date><desc>	Desc: Client/Prospect yy<brief desc> Folder: Benefits/Marketing
Renewal Rates, Options, Exp.	Category: BREN Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Plans
RFP	Category: BMKT Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Marketing
RFP Tracking Form	Category: BMKT Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Marketing
Special Enrollment Form	Category: BIMP Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Implementation
Summary Plan Description	Category: BNEW or BREN Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Plans
Wage & Tax Statement	Category: BIMP Desc: <date><desc>	Desc: Client yy<brief desc> Folder: Benefits/Implementation

Benefits Category Codes

Code	Description	Code	Description
BCLA	Claims issues	BIMP	Implementation, Enrollment
BCLX	Claims experience	BINV	Investments
BCOV	Cov, Contract, Rules, Eligibility	BMKT	Marketing
BDOC	Doc – chg to appropriate desc	BNEW	New
BEND	Plan Change Requests	BREN	Renewal
BHIS	Move Policy to History	BSCA	Form 5500 Request Schedule A

PART THREE - Implementing Change and Monitoring Effectiveness

Liten Up!

By B.D. Hicks



Overview

How do you get your staff to implement the technology and workflow changes you have identified in this workbook? The best method is to involve the staff in the change process. This section focuses on the Task Force Approach, which involves in the staff in defining integrating your new technology features and documenting your new workflows. Sample [workflow guidelines](#) are included to facilitate this process.

The most important part of the process is to monitor compliance with the new workflows you created. *Workflows turn the vision into action.* Without workflows and monitoring guidelines, your staff will simply pick and choose the features they want to implement. This will minimize the total return you get on your technology investment. The real payback in the change comes from integrating the new features into practical insurance workflows and monitoring the effectiveness.

The Task Force Approach

Overview

Automation implementation is a process, not a project. The best way to get people to change what they are doing is to empower the people doing the work to lead the change. To become effective users of technology, change must occur. Consider establishing task forces and empower the task forces to define the change. This will ensure a successful transition.

Task forces consist of chosen staff members from all responsibility types, including service, process and sales. The task forces review, evaluate, develop and change workflows in order to improve agency efficiency, service, and sales. This is done by integrating technology into practical insurance workflows. This method has proven to be very effective, resulting in a smoother implementation.

Several task forces can be operating simultaneously. One task force could be developing workflows for the certificate and endorsement processes. A second task force could be developing workflows for the renewal process. If you have remote locations, representatives from each office should be included. IT should also participate on all task forces.

The task forces establish their own ground rules. The ground rules include an attendance policy and adherence to strict confidentiality guidelines. The task force process requires a tremendous time commitment. However, in the end, workflows are implemented and the organization knows how to continue the implementation, as technology is made available.

Objectives

- ⇒ Establish goals
- ⇒ Establish ground rules
- ⇒ Define task forces and responsibilities
- ⇒ Agree on projects
- ⇒ Agree on methods

Goals

- ⇒ Focus on clients
- ⇒ Implement consensus-based decision-making
- ⇒ Promote continuous improvement, creativity, communication, and teamwork
- ⇒ Expand the decision-making process
- ⇒ Develop internal experts

Ground Rules

1. Attendance
 - a) All task force members are expected to participate in every meeting.
 - b) A specific team member will be assigned to communicate and present minutes in person to a member not in attendance.
2. Promptness
 - a) Members will be expected to be on time as scheduled.
 - b) Meetings will start on time and end on time.
3. Participation
 - a) Participants' contributions will be limited based on topic. The Facilitator will be responsible for adherence to time parameters.
 - b) Any task force member can focus the discussion back on track.
4. Interruptions
 - a) No interruptions such as phone calls or producer emergencies
 - b) No cross talk or side conversations
5. Decision Making
 - a) Consensus – majority must agree
 - b) Okay to express opinion not held by all
6. Confidentiality
 - a) Some topics and issues should not be shared out of the context of the discussion. Outside communication should be controlled, timely and have supporting documentation.
 - b) Leave your ego at the door! All task force members have equal strength and input. No names can be discussed, only titles.
7. Communication
 - a) Task force members will notify appropriate parties of task force meetings.
 - b) Task force members will arrange for proper back up during meetings.
 - c) Respect the decisions of the team.
 - d) If questions arise from others regarding meeting notes, they should contact any task force member. The member will raise the question or concern to the group.

Job Assignments

- 1) Facilitator
 - a) Follows agenda
 - b) Monitors discussion
 - c) Manages participation
 - d) Elicits decision
- 2) Coordinator
 - a) Calls meetings
 - b) Coordinates task force activities
- 3) Scribe
 - a) Posts key ideas so everyone can see them as the discussion unfolds
 - b) Ensure ideas have been caught accurately
- 4) Timekeeper
 - a) Helps the group keep track of time during the meeting
 - b) Give the group a warning when the time allocated for an agenda item is almost up, so the group can decide whether to move toward closure on the topic, or to continue the discussion and change the remainder of the agenda.
- 5) Notetaker
 - a) Captures and documents the meeting for a permanent record
 - b) Produces the minutes and see that they are distributed

Workflow Guidelines

Overview

Effective use of technology requires a strong commitment to workflows. Once your features are implemented and database integrity is in place, you must develop workflows. Just using the features provided by your agency or benefits management system is not enough. These features must be integrated with practical insurance workflows. There are too many options available from the vendor systems today to rely solely on training. There must be defined, step-by-step workflows for each insurance transaction. Each workflow should include the following.

- Who is responsible for the transaction?
- What steps on the computer need to be taken?
- When is the follow-up for the transaction?
- Where is supporting documentation for the transaction stored?
- How will the transaction be audited?

Sample workflows are included on the following pages for routine insurance transactions. These workflows give you a framework to follow when developing your own workflows. More detailed workflows can be downloaded from the IIABA website. You can visit <http://na.iaa.org/Downloads/BestPracticesWorkflow.pdf>. The guide is available at www.nettlesconsulting.com.

Click to link to the workflows. The workflows can be found at the end of this document.

[P&C Sample Workflows](#)

[Benefits Sample Workflows](#)

Monitoring Guidelines

Overview

Automation implementation is a process, not a project. Creating procedures and providing workflow training establishes a foundation upon which to build. The goal of the review is not only to review compliance with agency guidelines, but to provide a benchmark where management can measure the impact (productivity gains or loss) workflows and automation have on operations.

Involving your staff in the monitoring process will reduce the feeling the staff may have about that the quality manager is monitoring their every move. The purpose of the audits is to eliminate obstacles facing the staff, to make sure workloads are fairly spread, and to improve the overall work environment.

Other expected results of the review process are noted below:

- Monitoring identifies any potential E&O exposures. Once you have established procedures and provided training, the next step is to review procedures to ensure they are being followed.
- Monitoring serves as a benchmark to measure continuous process improvements. Information is available from your agency or benefits management system to expand the usual financial measurements to include transaction processing. This means you will be able to track and compare service provider performance based on the number of activities processed.
- People learn in different ways. Monitoring will assist you in identifying weaknesses in your training program. It will also point out specific areas from a workflow perspective that need to be addressed to ensure appropriate E&O controls are maintained.
- Statistical data gathered during the quality management recap will help you balance workloads. You will be able to anticipate heavy volumes. Workloads can easily be adjusted to accommodate increased activity. Management will be able to make staffing decisions based on fact.

The review will focus on the following significant areas.

⇒ **Transaction Audits** benchmark the service provider's adherence to the guidelines and reliance on the electronic file. Transaction audits also monitor workload distribution.

Transaction audits are performed quarterly by the Quality Coordinator. Recaps are prepared by the Quality Coordinator and submitted to senior management.

- ⇒ **Workload (backlog) Audits** measure the service provider's ability to stay caught up with routine transactions and comply with the workflow priorities. Each service provider counts the number of transactions not processed within the agency guidelines. This review is used in conjunction with the statistical review. However, the workload review may be done independent of the statistical review if warranted.
- ⇒ **Workflow Reviews** measure the quality of your workflow implementation focusing on E&O control and effective use of automation. The client's electronic file is reviewed as part of the workflow review.

Workflow reviews are performed quarterly, with each service provider being required to participate in the workflow review process annually. Recaps are prepared by the Quality Coordinator and submitted to all staff.

Transaction Audits

Overview

Statistical reviews monitor workload – past and future. Benchmarks are provided by analyzing the following information within the agency over time.

- Transaction volume
- Job description
- Team
- Transaction type
- Individual

Statistical reviews are performed by the Quality Coordinator quarterly. Results are summarized and distributed to Senior Management.

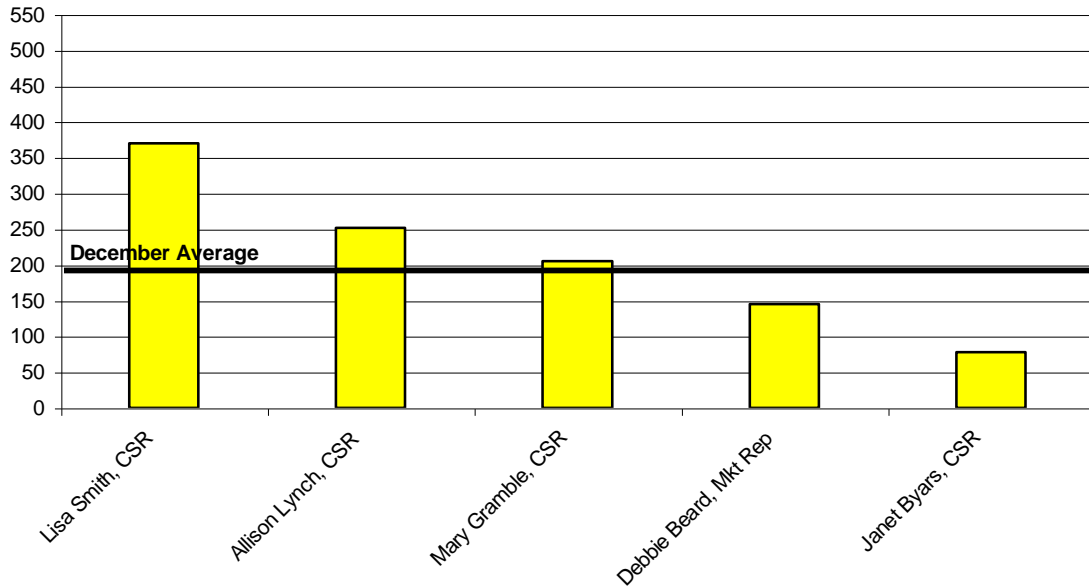
Steps

1. Select the review period. For best results, select a 3 month time frame.
2. Download the activity log to Excel. Include the following column headers: Individual, Client Code, Client Name, Date Entered, Follow Up Date, Completed On Date, Category, Comment.
3. Analyze the data in Excel. Consider the following.
 - a. Average number of transactions
 - i. who are the above average performers
 - ii. who are the below average performers
 - b. Number of transactions by role
 - i. Average number for service provider
 - ii. Average number for sales staff
 - c. Number of transactions by team
 - d. Number of transactions by transaction type
 - i. New Business Quotes
 - ii. New Business Submissions
 - iii. Endorsements
 - iv. Certificates
 - v. Renewals

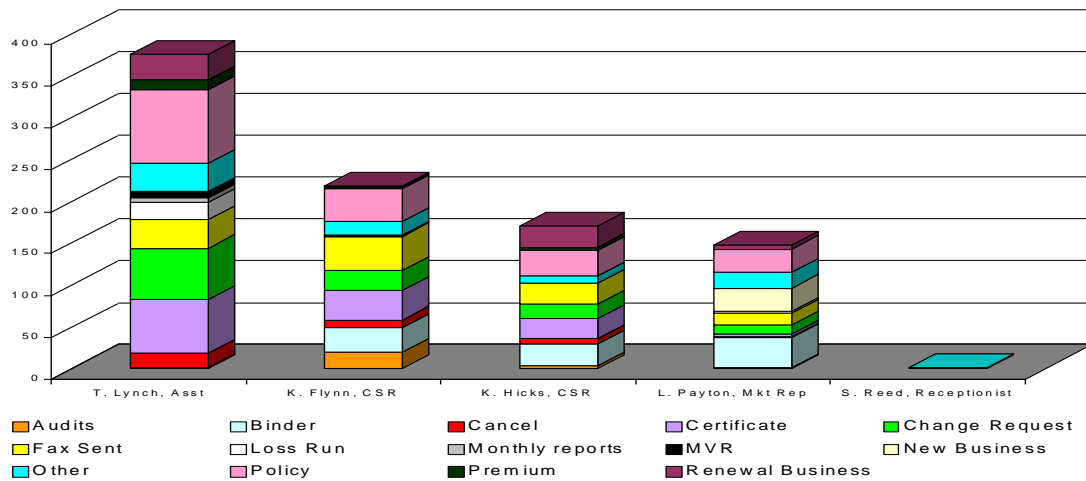
- vi. Marketing to Carriers
 - vii. Benefits Implementations
 - viii. Claims Issues
 - ix. Claims Experience
 - x. Client Coverage Inquiries
4. Evaluate results
- a. Explain obvious discrepancies - vacation, sick leave, overtime, new employees
 - b. Evaluate results and determine cause for lack of compliance
 - i. Database integrity
 - ii. Training
 - iii. Workload
5. Develop action plan
- a. Identify and provide additional training
 - b. Evaluate workload (see workload review)

Sample Audits

Transactions by Service Provider in Descending Order



Service Provider by Transaction Type



Performing Workload (Backlog) Audits

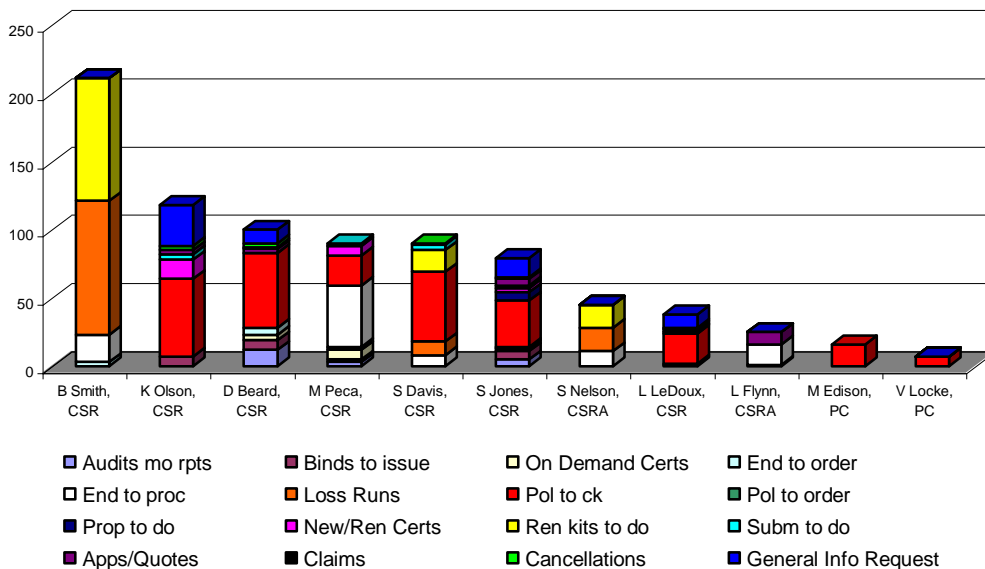
Overview

Workload reviews evaluate the service provider’s ability to comply with the agency guidelines for processing routine transactions. The purpose of the workload review is to monitor backlog.

Steps

1. Determine the review period. For best results, the workload review should be performed quarterly.
2. Have each service provider complete the workload review form as of a specific date. A sample form can be found in the attached spreadsheet titled “worksheet.”
3. Analyze results.
4. Develop action plan.

Backlog by Service Provider



Performing Workflow Compliance Audits

Overview

Workflow reviews evaluate the service provider's ability to comply with the agency [workflow guidelines](#). The purpose of the workflow review is to ensure service providers are adhering to agency guidelines. The workflow review monitors the following.

- Electronic file documentation
- Database integrity
- Accuracy of activity log documentation
- Endorsement process
- Renewal process
- Certificates process

For best results, the workflow review should be completed quarterly. Each service provider is required to participate in at least one workflow review annually.

Steps

1. Schedule a meeting with the workflow review committee.
2. Pull activities for a one week period. These are the transactions that will be reviewed.
3. Review each transaction to ensure it complies with agency guidelines. Document all discrepancies.
4. Summarize and distribute results.
5. Create an action plan for additional training identified as part of the review.

Workflow Audit

Audit Date: _____

Audit Team: _____

Operator	Date	Ref	Compliance	Description

Emerging Technologies

Overview

The explosion of technology over the past decade has the potential to have a significant impact on the insurance industry. Previously, most of the technology available dealt with transaction processing. Next, the issue of document management took us beyond the data into the age of managing information. Now we are faced with the digital world and it is fast merging with our physical world.

Keeping pace with the digital world requires us to be vigilant in our quest to focus on the needs of client. We will continue to see more collaboration on-line with the client, agent and carrier. The agencies that gather, store and retrieve information electronically will be way ahead of the curve!

Agencies and carriers should be eager to implement these new emerging technologies. The benefit to the agency is that processing tasks are eliminated. The carrier benefits because the transactions are entered one time, eliminating redundancy.

Real Time Processing

The future is here. Real Time interfaces offer the agent the ability to communicate with multiple carriers via the agent's agency management system and put the digital world at our fingertips. The potential savings for both the agents and carriers are staggering when you think of how long it takes a CSR to do a simple inquiry manually. Many vendors now support Real Time processing solutions for agency/company Real Time processing: Refer to the ACT web site (www.independentagent.com/act) for additional information.

Agencies are increasingly relying on electronic policy information that resides on the carrier's system. How does an agency integrate this information with the other client information that it retains in its systems? What commitments has the carrier given the agent to assure the agent's continued access to this information, even if the agent is terminated or the carrier goes out of business? ACT has developed recommendations for the industry on this subject that are found on the ACT web site (www.independentagent.com/act).

Client Access

Bill Gates in his book "Business @ the Speed of Thought" reflected that the decade of the 80's was about quality, the decade of the 90's was about reengineering and that this decade would be about velocity. Our culture is demanding instant access to information. In the business world, there is an Internet connection at almost every desktop. Most homes have access to the web. Clients are increasingly expecting that we provide them

with instant access to information and transaction capability when and how they want to access these services. Client access solutions provide 24/7 service.

How does the agency integrate these client self-service contacts with the rest of the client's information that it is managing?

Client and Prospect Out-facing from Your Agency Web Site

Out-facing services via your Web site provides an additional point of contact and additional choice for your clients and prospects. Thinking to the future, your Web site presence should offer client self-service. Your Web site could offer online service with a live chat option or electronic policy pick up or inquiry. Think in terms of developing tools to add value to the client relationship. Instead of thinking in terms of data, think in terms of overall services and how they can be packaged and delivered via your Web site.

Agency Web sites also will increasingly be used to attract the increasing numbers of consumers and businesses that look for insurance on the Internet. Many agents will permit prospects to obtain comparative quotes from their Web sites to compete with the on-line aggregators. Agents will also set up "micro-sites" which are designed to prospect for a particular line of business and to convey the agency's expertise with regard to that business. See www.independentagent.com/act for more information about creating effective agency Web sites and optimizing their position on Internet search engines.

Trusted Advisor

The role of the Trusted Advisor is more important now than it ever has been. It began as an ambitious project promising to improve agencies' relationships with their clients. In a Trusted Advisor's world, the agency will retain new types of data than it has traditionally maintained in order to provide a customized level of service to the client responding to the client's particular needs and preferences. Deciding which types of data to retain in order to provide the client with this customized service is an important strategic decision for the agency, because it will set the agency apart from its competition. Once again, where does the agency retain this data and how is it integrated with the rest of the agency's client data?

These emerging technologies will impact agency information management practices in the future. What is clear, however, is that the agencies which implement the client information management practices outlined in this guide, will have the necessary foundation to take the next steps with these new technologies.

ASP Model

The technology guru's tell us that the internet will be wirelessly available everywhere in the next 5 to 10 years. So, where should your data reside? If everyone has access to the Internet that easily, you may want to plan to have your agency management system operating on an ASP or Application Service Provider. The ASP hosts software and

server hardware, and the agency “rents” the hosted software and never has to purchase, install or maintain the software. The ASP maintains the backups, keeps current with vendor updates and deals with all the complex technical issues. The agency is back in the insurance business and out of the computer business. This is also an important consideration for those agencies who wish to be prepared to face any type of disaster. Through the use of an ASP or online agency management system, the agency is able to operate from any location in the world through any Internet connection.

Automated Verification of Data

In the Real Time environment, agency staff can enter data directly into the agency management system and the data is transmitted or bridged to the carrier system for processing endorsements. This data is then processed on the carrier system and electronically transmitted via download to the agency’s management system. Be aware that the fields used in the download process are standardized and agencies must avoid using data fields that will be updated during the download process.

Additional information on correctly implementing Real Time/download is available at www.independentagent.com/act. In the future we hope to achieve an Automated Verification of Data comparing the agency’s data to the carrier’s data during the download process. This will eliminate the need for any manual checking and allow the agency to maintain agency specific data.

Content Management Solutions

Taking Document Management to the next level, Content Management Solutions provide an integrated workflow from the beginning of the transaction. The content of the transaction defines the pre-set automated workflow. Transaction processing is initiated at the front-end (via email, phone call or early-capture scanning) within the agency management system, and the transaction is matched with the data in the agency management system and the pre-defined workflow in contact management system. An automated, Real Time process ensures that transactions are logged, validated, documented, and that appropriate follow ups are set. Front-end processing provides comprehensive management reporting regarding workload distribution, staff compliance with agency standards and turn-around time.

APPENDIX ONE– Sample P&C Workflows

Liten Up!

By B.D.Hicks



This section provides sample P&C workflows integrating the Best Practices concepts and practical insurance guidelines. Service standards are provided to give the agency or brokerage a starting point for creating E&O guidelines answering the questions who, what, when and when for each procedure. Step-by-step frameworks make it easy to integrate your agency and document management solution into the process.

PL New Business and Renewal Workflows

New Business Guidelines

1. New business is quoted Real Time with client. Information is gathered and entered with the prospects on the phone or in person.
2. Quotes and options are presented to the prospect.
3. Prospects are entered on <enter system> when the quote is requested.
4. New business policies are processed following the policy processing guidelines. Most new business policies are downloaded automatically from the carrier and require no intervention from the service staff. Refer to agency document management guidelines to determine where electronic copies of policies are stored (carrier system or attached electronically to <enter system>).

New Business Workflows

New Business – Obtaining/Receiving Quotes from Carriers (Real Time)

Responsibility: Process

- 1) **Gather data in the system in which you are going to manage the quote (agency management system or rating system)**
- 2) **Request quote from carrier by selecting the Real Time button**
- 3) **Review quotes with prospect**
 - Provide the quotes to prospect
 - Complete the application as appropriate
- 4) **Create a new Activity, if appropriate**
 - Pend for 7 days for response or additional paperwork from prospect
 - If the prospect decides not to accept the quote, complete the activity OR pend for next year
 - If the prospect decides to accept the quote, complete that activity and follow “Order the Policy” workflow
 - Complete the application as appropriate
- 5) **Scan or attach the supporting documentation according to agency document management guidelines**

New Business – Requesting Quotes from Carriers (without Real Time)

Responsibility: Process

- 1) **Gather data in the system in which you are going to manage the quote (agency management system or rating system)**
- 2) **Request quote**
- 3) **Pend for receipt of quote or response from prospect in your agency management system**
 - Category: QUOT
 - Desc: Requested quote from carrier
- 4) **Scan or attach the supporting documentation according to agency document management guidelines**

New Business –Receiving Quotes (without Real Time)

Responsibility: Process

- 1) **Receive the quote from the carrier**
- 2) **Contact the prospect to review quotes**
 - Call the prospect
 - Review the quotes with prospect
 - Complete the application as appropriate
- 3) **Create a new Activity, if appropriate**
 - Pend for 7 days for response or additional paperwork from prospect

- If the prospect decides not to accept the quote, complete the activity OR pend for next year
- If the prospect decides to accept the quote, complete that activity and follow “Order the Policy” workflow
- 4) **Scan or attach the supporting documentation according to agency document management guidelines**

Requesting Information/Payment from the Client

Responsibility: Process

- 1) **Select Prospect/Client**
- 2) **Request information required**
- 3) **Activity**
 - Desc: Pending for receipt of additional information
 - Pend 7 to 14 days for receipt of additional information
- 4) **Scan or attach supporting documentation with application according to agency guidelines**

Order a Policy (Downloaded)

Responsibility: Process

- 1) **Select prospect or add client on agency management system and link to carrier website via Real Time Tool**
 - Change prospect to active client
- 2) **Complete the issue process**
- 3) **Select Activity**
 - Add note indicating client accepted quote
 - Close activity
- 4) **Add policy**
 - Add basic policy screen
 - Download will populate the database
- 5) **Activity**
 - Pend receipt of the policy
 - Category: POLO
 - Desc: Ordered Policy
 - Pend 7 days prior to policy effective date for receipt of policy

Order a Policy (Not Downloaded)

Responsibility: Process

- 1) **Select Client and Policy**
- 2) **Email to carrier to order the policy with appropriate documentation**
 - **Select Activity**
 - Add note indicating quote accepted

- Close activity

3) Add policy

- Add basic policy screen
- Add current application data
- Add coverages

4) Activity

- Desc: Ordered Policy
- Pend for receipt of policy

5) Scan or attach supporting documentation with application according to agency guidelines

Renewal Guidelines

1. Contact all clients at renewal. Note the following options.
 - VIP clients are flagged as such on client screen. VIP clients will be contacted annually 45 days prior to renewal for an annual policy review. The service role will send a letter indicating it's time for a renewal review. The service role may also call the client to schedule the review. Document invitation in the activity. No diary is set unless client requests follow up.
 - All other clients will receive the renewal questionnaire annually based on the homeowner's renewal date. The letter is automatically generated and goes out 45 days prior to renewal. An activity is automatically created when the letter goes out, but no follow up is required. The client is invited to complete the questionnaire or contact the agency to review the questionnaire.
 - Service center accounts will be handled by the service center. No direct contact will be made by the agency.
2. Upon completion of the VIP renewal review or upon receipt of the renewal questionnaire, the service provider takes the appropriate action. This could be an additional information request, quoting, *endorsements* to the renewal policy, current policy, both policies, or no action. *Note: Changes resulting from the review will always be made using the endorsement process.*
3. If the carrier issues a non-renewal notice, determine if markets are available. If no markets are available, send a letter to the client indicating that no markets are available. If markets are available, obtain quotes and contact client with options.
4. Automatic renewals are processed following the policy processing guidelines. Most renewal policies are downloaded automatically from the carrier and require no intervention from the service staff.
 - Review the download reports for non-renewals or any messages related to non-renewals. Forward this information to the appropriate service person for action.
 - Refer to agency document management guidelines to determine where electronic copies of policies are stored (carrier system or attached electronically to <enter system>).

Renewal Workflows

Renewal – Renewal Review – VIP Clients

Responsibility: Service

- 1) **Review expiration list 45 days prior to renewal for VIP clients**
- 2) **Call client or send letter requesting renewal review**
- 3) **Activity**
 - Desc: Renewal Review Phone call or letter
 - Note: Requested review
 - Pend for follow up as indicated by client
- 4) **Scan or attach the supporting documentation according to agency document management guidelines**

Renewal – Requesting Quotes from Carriers (without Real Time)

Responsibility: Service

- 1) **Request quote from carrier**
- 2) **Pend for receipt of quote, if appropriate**
- 5) Desc: Requested quote from carrier
- 6) Pend for 3 days for receipt of quotes
- 3) **Scan or attach according to agency guidelines**

Renewal – Obtaining/Receiving Quotes from Carriers (with Real Time)

Responsibility: Service

- 1) **In <enter system>, select client and policy**
- 2) **Obtain quote (online) by selecting the Real Time option**
- 3) **Contact the client to review quotes**
 - Call the client to review options
 - Email or efax the quotes if appropriate
- 4) **Create a new Activity OR retrieve activity created when received non-renewal notice**
 - Pend for 7 days for response from client
 - If the client decides not to accept the quote, complete the activity
 - If the client decides to accept the quote, complete that activity and follow “Order the Policy” workflow
- 5) **Scan or attach the supporting documentation according to agency document management guidelines**

Renewal – Process Renewal Changes (per renewal review)

Responsibility: Process

- 1) **Refer to the endorsement process**

Renewal – Document Receipt of Non-Renewal Notice

Responsibility: Process

1) Create Activity

- Desc: Non-renewal notice received
- Note: <why non-renewed>
- Pend for 30 days prior to the cancellation date to determine market availability

2) Scan or attach supporting documentation according to agency document management guidelines

Renewal – Requesting Information/Payment from the Client

Responsibility: Process

1) Select Client and Policy

2) Request information from client

3) Activity

- Desc: Pending for receipt of additional information
- Pend 7 to 14 days for receipt of additional information

4) Scan or attach supporting documentation according to agency guidelines

Renewal – Receive Requested Information/Payment from the Client

Responsibility: Process

1) Select Client and Policy

2) Select activity pending receipt of add'l info from the client

- Add Note: Received app/payment, forwarded to carrier, waiting for policy
- Pend for 7 days prior to renewal date for policy

3) Scan or attach supporting documentation according to agency guidelines

CL Renewal and New Business Marketing Workflows

CL Pre-Renewal Guidelines (A&B Accounts)

1. Expiration list will be distributed 90 to 120 days prior to renewal.
 - A strategy session will be held between sales and service role. The meeting is documented in an Activity. Consider the following regarding the strategy session:
Remarketed? – What Markets?
 - Renew with incumbent?
 - Responsibilities
 - Web Page Review
2. The process role will order Loss Runs.
3. The renewal updates are sent directly to the client by the service role or gathered by the sales role.
4. Once the updates are received from the producer or the client, the AM prepares the renewal submission within 7 days of receipt.
5. Use Real Time whenever available, All other submissions will be emailed or efaxed.

CL Pre-Renewal Workflows

Renewal – Documenting Marketing Strategy

Responsibility: Service

- 1) **Select the Client**
- 2) **Activity**
 - Add an Activity
 - Desc: <yy-yy> Renewal Strategy <lob>
 - Note: <enter strategy>
 - Pend for next event or close the activity

Loss Runs - Ordering Workflow

Responsibility: Process

- 1) **Order loss runs (use the Real Time option if available)**
- 2) **Save the email w/Activity**
 - Update description
 - Enter carriers
 - Pend for 7 days
- 3) **Repeat for each carrier**

Loss Runs - Receiving Workflow

Responsibility: Process

This workflow works regardless of whether or not loss runs were ordered.

- 1) **Select client**
- 2) **Select activity for Pending Receipt of Loss Runs OR create new activity logging Loss Run Received. If there is no request, create a new activity.**
 - Received loss runs valued as of <date>
 - Close the activity
- 3) **Scan or attach supporting documentation according to agency guidelines**

Renewal Information to Client Preparation Workflow

Responsibility: Process

- 1) **The renewal Information to Client can include**
 - Summary of Insurance
 - Current applications
 - Specialty applications
 - Copy of Prior Term Specialty applications
 - Loss Runs
- 2) **Select Client/Policy**
- 3) **Verify endorsements that not downloaded are included on the summary**
 - View Open Activities
- 4) **Include any pending endorsements not yet downloaded**
- 5) **Generate Summary of Insurance for <enter system>**

- 6) **Provide specialty applications and print ACORD forms as needed**
 - Review (and include) expiring application
 - Include any ACORD applications
- 7) **Create Activity**
 - Desc: Renewal info prepared <contents>, forwarded to <client, sales>
 - Pend for 14 days for receipt of information from the client
- 8) **Scan or attach supporting documentation according to agency guidelines**

Renewal – Receiving Updated Information Workflow

Responsibility: Process

- 1) **Review for Endorsements to Current Policies. If endorsing, follow Endorsement Guidelines**
- 2) **Update applications**
- 3) **Update Activity indicating renewal updates completed**
- 4) **Scan or attach supporting documentation according to agency guidelines**

CL New and Renewal Marketing Guidelines

1. Many carriers offer Real Time quoting. This provides you the ability to electronically upload your application from your agency management system to the carrier system for new business and renewal quotes.
2. Submissions will be sent electronically.
3. Submissions will be tracked using the <enter system> submission tracking feature integrated with activities. The activities will automatically be created when the submission is entered.
4. All documentation related to the marketing process will be stored in submission tracking. This includes emails, quotes, declinations, etc.
5. Marketing documents should be printed only on an “as needed” basis.

CL New and Renewal Marketing Workflows

Renewal – Finalize Submission Workflow

Responsibility: Service

- 1) **Review future applications**
 - Create electronic submission
- 2) **Transmit quotes via Real Time if available**
- 3) **Create submission tracking on <enter system>**
- 4) **Scan or attach supporting documentation according to agency guidelines**

Renewal – Documenting Marketing Communications

Responsibility: Service

- 1) **Select the carrier submission activity**
 - Add a note
- 2) **Scan or attach supporting documentation according to agency guidelines**

Renewal – Receiving Quotes

Responsibility: Service

- 1) **Select the carrier submission activity**
 - Enter the brief summary of the quote in the notes
 - Enter the amount of the quote in the amount field
- 2) **Update the Premium Comparison Spreadsheet**
- 3) **Scan or attach supporting documentation according to agency guidelines**

Renewal – Receiving Declinations

Responsibility: Service

- 1) **Select the appropriate submission activity**
 - Add a note indicating declination received
- 2) **Close the submission activity for this carrier indicating final results**
 - Close activity unsuccessfully
 - Enter reason code
- 3) **Scan or attach supporting documentation according to agency guidelines**

Renewal – Proposing/Quoting Coverage

Responsibility: Service

- 1) **Create proposal (formal proposal or letter to client)**
 - Pend for 7 days for receipt of confirmation back from the client
 - Include documentation required by carrier (premium finance forms, deposits, signed applications, etc.)
- 2) **Update the comparison spreadsheet (optional)**

Renewals – Ordering Policies From the Carrier Workflow

Responsibility: Service

- 1) **Select Client**
- 2) **Edit/send order to company via Real Time, email or efax**
 - Desc: Ord <lob> pol from <carrier>
 - Use Real Time or E-mail or fax to carrier with the order
- 3) **Create an activity to follow up on binders ordered from the carrier**
 - Desc: yy-yy <lob> Binders from <carrier>
 - Pend 3 to 5 days for receipt of binder from carrier
- 4) **If appropriate, update proposal with negotiated changes and send to client**
- 5) **Notify carriers of marketing results (quotes not accepted, non-renewal)**
- 6) **Review and close any pending activities related to the marketing process**
 - Close the submission activities indicating successful or unsuccessful and reason
- 7) **Scan or attach supporting documentation according to agency guidelines**

CL Binding Coverage Guidelines

Standards

1. Order the policy from the carrier when coverage is bound.
2. Issue proof of insurance when coverage is bound. Proof of insurance includes Certificates or Evidences of liability and property, binders or binders from surplus lines carriers. This should be done prior to the effective date.
3. Policies will be checked within 14 business days of receipt in the office. Policies will be reviewed by sales, mailed or delivered within 7 days.
4. Corrections to policies will be processed following the endorsement guidelines.
5. Scan or attach all documentation according to agency guidelines.

CL Binding Coverage Workflows

Processing Binding Coverage (no download) Workflow

Responsibility: Service

- 1) **Select Client, Policy**
- 2) **Select Applications**
 - Update future applications with coverage bound
- 3) **Invoice Renewal Policy if agency billed**
- 4) **Pend for receipt of policy**
 - Desc: Policy receipt
 - Pend 45 days for receipt of policy
- 5) **Issue Auto ID Cards if required**
- 6) **Issue Certificates/Evidences of Insurance**
- 7) **Scan or attach supporting documentation according to agency guidelines**

Received Policies After the Effective Date Workflow

Responsibility: AM

- 1) **Check the policy according to agency guidelines**
 - Check policy against current application, proposal or quote. and expiring policy
- 2) **If corrections, follow the endorsement process**
- 3) **Close the Activity pending receipt of the policy**
 - Add note: Policy received
 - Close the activity
- 4) **Adjust billings if necessary**
- 5) **Edit/send optional cover letter to client**
 - Create cover letter
 - Desc: w/policy to client
 - Close the activity
- 6) **Mail or deliver policies**
- 7) **Scan or attach supporting documentation according to agency guidelines**

Processing Automatic Renewal Policies (downloaded) Workflow

Responsibility: AM

- 1) **Download completes this process**

Process Workflows

Endorsement Guidelines

- 1) All service center calls will be handled by the service center. Service center mail will not be processed. No transaction is entered on <enter system>. Download will do the entry for you.
- 2) Endorsement will be ordered via the carrier web site (interactive) by selecting the Real Time option if available or by completing the policy change request. Pend for 28 days.
- 3) Document the source of all endorsement requests and routing information in the activity.
- 4) Confirm changes to the insured in writing. Document confirmation in the activity.
- 5) For CL endorsements, if the renewal is being remarketed, notify markets if appropriate.
- 6) For surplus lines carriers and carriers with website entry (interactive) and no download, update the <enter system> database, document in the activity and pend for 28 days for receipt of the endorsement (follow the workflow to Order an Endorsement with NO Download).
- 7) Process endorsement declarations within 5 business days of receipt from carrier. Close the activity.
 - For downloaded endorsements, 1) if you have validated that coverages are downloading consistently from a specific carrier, you may do nothing and let download take care of the transactions, or 2) pend for receipt of the endorsement and let download complete the activity, or 3) pend for receipt of the endorsement and manually check to make sure the endorsement downloaded.
- 8) Endorsements dec page for downloaded carriers are stored <on the carrier system or indicate how stored here>. All other endorsement are scanned.
- 9) Any manual notes taken as part of the endorsement process are entered into the activity and discarded.
- 10) Scan or attach endorsements and supporting documentation according the PL or CL quick reference guide.

Endorsement Workflows

Endorsement – Ordering for Carriers (Interactive) w/Download Workflow

Responsibility: Process

- 1) **In <enter system>, select client and policy**
- 2) **For carriers with online entry, update the carrier system by selecting the Real Time option if available**
 - Issue auto ID card from the carrier web site
 - Issue a dec page for proof of insurance if required by the client or mortgagee
- 3) **Activity**
 - Desc: <eff date> <brief desc of change>
 - Notes: Be detailed if the confirmation attached does not clearly reflect the change
 - Pend for 28 days
- 4) **Attach Confirmation from carrier, if appropriate**
- 5) **Scan or attach supporting documentation or document in system following agency guidelines.**
 - Manual notes are entered into the activity and discarded
 - Electronic supporting documentation is attached
 - Scan/Attach paper supporting documentation received from third-parties

Endorsement – Ordering Endorsement Manually (Policy Change Request) Workflow

Responsibility: Process

- 1) **Select client and policy**
- 2) **Update the policy database/generate change request**
- 3) **Create Activity**
 - Update desc field with Req: <eff. date> <brief desc of change>
 - Include in the NOTES source of request and how sent ie, fax, Email, when requested
 - Indicate policy change request completed
 - Pend for 28 days
 - If ordered interactively, attach confirmation from carrier
- 4) **Use Real Time, Email or efax the change request to the carrier**
- 5) **Scan or attach supporting documentation according to agency guidelines**
 - Any manual notes taken should be entered as activities and discarded
 - Any electronic supporting documentation is attached to an activity
 - Any paper supporting documentation will be scanned and attached

Endorsement – Receiving Workflow (Download)

Responsibility: Process

- 1) **If you have validated that coverages are downloading consistently from a specific carrier, download completes this process**

Endorsement – Receiving Workflow (Not Downloaded)

Responsibility: Process

- 1) **Select Client and Policy**
- 2) **Select the Activity pending receipt of the endorsement**
 - Verify Endorsement from activity or attachment
 - Complete the activity
- 3) **Select policy change request if appropriate**
- 4) **Scan or attach the endorsement**
 - Desc: <eff date> <brief desc> endo from carrier
 - Complete the activity
- 5) **Scan or attach associated paperwork for the endorsement according to agency guidelines**

Cancellation/Reinstatement Guidelines

1. Direct bill late notices that do not result in cancellation will be discarded.
2. When the client requests cancellation, send the client an LPR. Advise the client the signed LPR must be returned immediately to ensure the requested cancellation date is honored. Pend for 7 days for receipt of the signed LPR. Cancel the policy on TAM when the signed LPR is returned from the client.
3. Process final cancellations (not downloaded) within 3 days of receipt from carrier.
4. Scan or attach cancellations/reinstatements notices according to the PL Quick Reference Guide.

Cancellation/Reinstatement Workflows

Sending a LPR to the Client Workflow

Responsibility: Process

- 1) **Select the Customer and Policy**
- 2) **Issue LPR**
 - Remarks - Put instruction to the client – Please sign and return immediately to ensure the requested cancellation date is honored. Please fax to <name> at <fax number>.
 - Mail, efax or email the form to the client.
- 3) **Add an activity**
 - Desc: <eff date>LPR to client
 - Add additional details about cancellation
 - Pend for 7 days
- 4) **Scan or attach supporting documentation according to agency document management guidelines**

Receiving LPR from the Client/Request Cancellation from the Carrier

Responsibility: Process

- 1) **Select the customer and the policy**
- 2) **Process the cancellation online with the carrier or by selecting the Real Time option if available, otherwise email or efax signed LPR to carrier.**
- 3) **Enter a cancellation on <enter system>, if not downloaded**
 - Update policy to reflect cancellation
 - Change the expiration date to the cancellation date
- 4) **Retrieve the diary pending receipt of the LPR**
 - Change desc to indicate LPR to carrier
 - Add note and date indicating the LPR was received from the client and forwarded to the carrier if required by the carrier
 - Pend 28 days for receipt for final cancellation notice, if appropriate
 - Attach signed LPR
- 5) **Scan or attach supporting documentation according to agency guidelines**

Cancellation – Receiving Final Cancellation Notice (downloaded policies)

Responsibility: Process

- 1) **Download completes this process**

Reinstatement Workflow before the Cancellation Date (downloaded policies)

Responsibility: Process

- 1) **Download completes this process**

Reinstatement Workflow after the Cancellation Date

Responsibility: Process Role

- 1) **Select the Customer and Policy**
- 2) **Reinstate the policy**
 - Update the status to new or renewal
- 3) **Create activity for reinstatement**
 - Desc: <eff date> Reinstatement
 - Indicate reinstatement processed
 - Close the activity
- 4) **Scan or attach supporting documentation according to agency guidelines**

CL Audit Guidelines

1. All audits will be processed and invoiced within 3 business days from date of receipt of the audit.
2. If the audit generates an additional premium and is agency bill, diary for 14 days to check the client receivables to confirm the audit has been paid.
3. If the client disputes the audit, determine reasons for dispute and handle accordingly with the audit terms with the carrier. Note the following.
 - Advise the carrier in writing as soon as we determine client is disputing the audit.
 - Advise the client to provide written documentation within 7 days. Diary for follow-up.
 - Forward documentation to the carrier and follow up as appropriate.
 - For agency billed audits, reverse the invoice until the dispute is resolved. Make a note in the invoice memo that the audit is in dispute (so accounting will know what's going on). When the audit dispute is resolved, the billing is re-entered.
4. If the audit is deemed uncollectible, notify the producer and return to the carrier per the terms outlined by the carrier. Be sure to reverse the invoice. Notify the client in writing that the audit has been returned to the carrier.

CL Audit Workflows

Receiving an Audit Workflow

Responsibility: Process

- 1) **Scan or attach the audit**
- 2) **Check the audit**
- 3) **Invoice the audit**
- 4) **Activity**
 - Desc: Audit to insured w/memo
 - Note: Brief desc of audit
 - Pend 14 days for receipt payment
- 4) **Scan or attach supporting documentation according to agency guidelines**

Audit Follow up Workflow

Responsibility: Process

- 5) **Select the activity pending receipt of the audit**
- 6) **Verify payment received**
 - 1) Update the activity
 - 2) Close the activity OR follow up as appropriate
- 7) **Scan or attach supporting documentation according to agency guidelines**

Uncollectible Audit Workflow

Responsibility: Service

- **Notify carrier and provide supporting documentation of collection attempts**
 - 1) Notify producer
 - 2) Gather supporting documentation
- **Reverse the invoice**
- **Notify carrier that audit is Uncollectible**
- **Scan or attach supporting documentation according to agency guidelines**

Proof of Insurance Guidelines

1. Evidence of insurance/certificates will be issued within one business days of receipt of the request.
2. Obtain permission from the client before issuing proof of insurance.
3. Evidence of insurance/proof of insurance resulting in endorsements will follow the endorsement process.
4. The ACORD Evidence of Insurance or Certificate of Insurance can be issued as proof of insurance. Policy dec page can also be provided as proof of insurance.
5. For on-demand Certificates/Evidences, document the source of the certificate if requested by a third party in the activity. Advise client of any additional charges or endorsements to the policy.
6. An activity is automatically created when evidence of insurance is processed. Document/attach the source of the request in the activity.
7. Agency copies of evidence of insurance will be stored on <enter system>.
8. For carrier issued proof of insurance (evidence or certificates), scan or attach according to agency guidelines.
9. Supporting documentation will be scanned according to agency guidelines.
10. Manual notes will be entered into the activity and discarded.

Proof of Insurance Workflows

Issuing Proof of Insurance – Evidence of Insurance Workflow

Responsibility: Process

- 6) **Select Client/Policies**
- 7) **Issue Certificate/Evidence of Insurance**
 - Select the form
 - Complete the form
- 8) **Activity**
 - Desc: <who sent to>
 - Notes: Who you sent it to, who requested, etc
 - Complete the activity
 - Attach request

Issuing Carrier Dec Page as Proof of Insurance Workflow

Responsibility: Process

- **Select Client/Policies**
- **Access Carrier system, if available by selecting the Real Time option if available**
- **Issue Evidence of Insurance**
 - Select the form
 - Complete the form
- **Activity**
 - Desc: <who sent to>
 - Notes: Who you sent it to, who requested, etc
 - Complete the activity
 - Attach request

Policy Processing Guidelines

1. Policies received before the effective date will be invoiced (if appropriate), checked, processed and sent (if appropriate) to the insured 28 days prior to the renewal date.
2. Downloaded policies update <enter system> and processed automatically by the carrier.
3. Non-ACORD lines of business will be serviced from the application (attached or the carrier web site) or custom dec page.
4. Corrections to policies will be processed following the endorsement process.
5. Scan or attach all policy documentation according to agency guidelines.

Policy Processing Workflows

Processing a Renewal Policy (Non-Downloaded) Workflow

Responsibility: Process

- 1) **Select Client and Policy**
- 2) **Renew the policy**
 - Select the renew option
 - Update policy dates
 - Verify carrier
 - Update billing information, if appropriate
 - Update coverages
- 3) **Select Activity pending receipt of policy**
 - Add Note: Policy Rec'd
 - Close the activity
- 4) **Scan or attach the policy supporting documents according to agency guidelines**

Receiving Policy (Downloaded) Policies

Responsibility: Process Role

- 1) **Download completes the steps**

Real Time Inquiry Guidelines

1. Real time is the ability to click on a button from a client file in your agency management system or comparative rater for immediate access to carrier information on that client. The transaction may be a quote, billing inquiry, claim inquiry/loss runs, policy view, endorsements or a request for information. This approach provides a single workflow for servicing or quoting.
2. Refer to www.getrealtime.org for more information on Real Time and how to implement it.

Direct Bill Payment Inquiry Workflow

- 1) **Select the client/policy in the agency system**
- 2) **Select the Real Time Option**
 - Select the appropriation carrier option
- 3) **Activity**
 - Category: ACCT
 - Enter brief desc
- 4) **Scan or attach supporting documentation with application according to agency guidelines**

Policy Inquiry Workflow

- 1) **Select the client/policy in the agency system**
- 2) **Select the Real Time Option**
 - Select the appropriation carrier option
- 3) **Activity**
 - Category: POLO
 - Enter brief desc
- 4) **Scan or attach supporting documentation with application according to agency guidelines**

Claim Inquiry Workflow

- 1) **Select the client/policy in the agency system**
- 2) **Select the Real Time Option**
 - Select the appropriation carrier option
- 3) **Activity**
 - Category: CLAM
 - Enter brief desc
- 4) **Scan or attach supporting documentation with application according to agency guidelines**

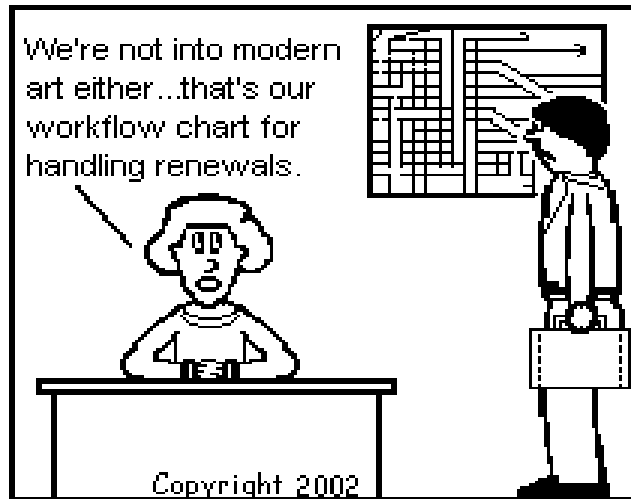
Loss Runs – Ordering Workflow

- 1) **Select the client/policy in the agency system**
- 2) **Select the Real Time Option**
 - Select the appropriation carrier option
- 3) **Activity**
 - Category: RENL
 - Enter brief desc
- 4) **Scan or attach supporting documentation with application according to agency guidelines**

APPENDIX TWO – Sample Benefits Workflows

Liten Up!

by B.D.Hicks



This section provides sample benefits workflows integrating the Best Practices concepts and practical insurance guidelines. Service standards are provided to give the agency or brokerage a starting point for creating E&O guidelines answering the questions who, what, when and when for each procedure. Step-by-step frameworks make it easy to integrate your agency and document management solution into the process.

Renewal Guidelines

Overview: This procedure guides you through the renewal process. The workflows include the renewal timeline, Gathering Updated Renewal Information, Preparing Marketing Package, and Tracking Expirations.

Workflows:

Marketing Strategy Meeting
Requesting Renewal Rates
Receiving Renewal Rates
Ordering Claims Data
Receiving Claims Data
Requesting Updated Census Information
Receiving Updated Census Information

Service Standards:

1. Claims information is ordered annually for all clients. Beginning 90 days prior to renewal.
2. Requests for renewal rates will be directed to the carrier service representative. The preferred method of requesting claims information is e-mail. If no response received from the e-mail request, make a follow-up call to the service representative.
3. Scan or attach all renewal supporting documentation.

Renewal Workflows

Marketing Strategy Meeting

Overview:	This workflow guides you through the Marketing Strategy Meeting.
Accountability:	Servicing CSR
Pending:	None
Distribution:	None
Filing:	Document the strategy in the Activity

Computer Steps: Marketing Strategy Meeting

1. Document conversation in the activity
2. Pend for strategy (optional)

Requesting Renewal Rates

Overview:	This workflow guides you through the process of requesting renewal rates from the carriers.
Accountability:	Service CSR
Pending:	60 days prior to renewal, 7days additional follow-up using Activities
Distribution:	Carrier
Filing:	Agency or Benefits Management System

Computer Steps: Requesting Renewal Rates

1. Send an e-mail to the carrier service representative requesting renewal rates.
2. Create Activity pending receipt of renewal rates.
3. Scan or attach any supporting documents for the request following agency documentation management guidelines.

Receiving Renewal Rates

Overview:	This workflow guides you through the process of receiving renewal rates from the carrier.
Accountability:	Processing CSR
Pending:	Close the Activity pending receipt of renewal rates in Activities.
Distribution:	None
Filing:	Scan or attach the renewal rates in the marketing file

Computer Steps: Receiving Renewal Rates

1. Record receipt of the renewal rates.
2. Close the Activity pending receipt of renewal rates.
3. Scan or attach the renewal rates in the marketing file.

Ordering Claims Data

Overview:	The workflow guides you through the process of ordering claims data from the carriers.
Accountability:	Processing CSR
Pending:	7 days
Distribution:	Carrier
Filing:	Scan renewal rates in the marketing file

Computer Steps: Ordering Claims Data

1. Create cover letter requesting claims data.
2. Create Activity pending receipt of claims data.
3. Scan or attach the request on the agency management system.

Receiving Claims Data

Overview:	This workflow guides you through the process of receiving ordered claims data from the carriers.
Accountability:	Processing CSR
Pending:	None
Distribution:	None
Filing:	Scan or attach the claims data in the marketing file

Computer Steps: Receiving Claims Data

1. Close the Activity pending receipt of information.
2. Scan claims data in the marketing file following agency guidelines

Requesting Updated Census Information

Overview:	This workflow guides you through the process of requesting updated census information from the client.
Accountability:	Servicing CSR
Pending:	7 days for receipt of updated information
Distribution:	Client
Filing:	Scan request on the agency management system

Computer Steps: Requesting Updated Census Information

1. Send an e-mail to the client requesting updated census information.
2. Create Activity pending receipt of updated census information.
3. Scan or attach the request.

Receiving Census Information

Overview:	This workflow guides you through the process of receiving updated census information from the client.
Accountability:	Process CSR
Pending:	None
Distribution:	Carrier
Filing:	Scan or attach the census information in the marketing file

Computer Steps: Receiving Census Information

1. Close the Activity pending receipt of information.
2. Scan or attach the census data in the marketing file.

Marketing Guidelines

Overview: This procedure guides you through the Marketing Process. The workflows include Preparing RFPs, Tracing Outstanding Cases, Contract Comparison and Creating Proposals.

Workflows:

Preparing the RFP
Tracking Outstanding Cases
Receiving a Quote
Creating a Proposal

Service Standards:

1. The CSR prepares the RFP. The RFP Packet may contain the following.
 1. Current Booklet
 2. Census
 3. Claims Information
 4. Narrative
 5. Billing statement
2. A narrative will be completed to accompany each RFP. The CSR will pend for receipt of the information from the producer.
3. The CSR will notify the producer if additional information is needed to prepare the submission. The CSR will pend for receipt of the information from the producer.
4. The CSR tracks all marketing activities and follow-up using activities.

Marketing Workflows

Preparing RFP

Overview:	This workflow guides you through creating a submission.
Accountability:	Servicing CSR
Pending:	Pend 21 days from receipt of quote using Activities.
Distribution:	E-Mail or Fax the completed submission to the carriers.
Filing:	Scan in the marketing file

Computer Steps: Preparing RFP

1. Prepare the RFP Packet.
2. Create cover letter to the carrier to include as part of the submission.
3. E-Mail or Fax the submission to the carriers.
4. Complete the RFP Tracking Form.
5. Create Activity pending receipt or quotes from carriers.
6. Scan or attach the RFP in the marketing file.

Tracking Outstanding Cases

Overview:	This workflow guides you through tracking submission activity.
Accountability:	Servicing CSR
Pending:	As Needed
Distribution:	None
Filing:	Activity

Computer Steps: Tracking Outstanding Cases

1. Update the activity with any conversations.
2. Update or Create Activity pending additional follow-up or receipt of quote (optional)

Receiving a Quote

Overview:	This workflow guides you through receiving a quote.
Accountability:	Processing CSR
Pending:	None
Distribution:	None
Filing:	Scan or attach the quote in the marketing file

Computer Steps: Receiving a Quote

1. Update the activity summarizing the quote.
2. Scan or attach the quote in the marketing file.

Creating a Proposal

Overview:	This workflow guides you through creating a proposal.
Accountability:	Service CSR
Pending:	None
Distribution:	Producer, Client
Filing:	Scan or attach the proposal in the marketing file

Computer Steps: Creating a Proposal

1. Create the Proposal in Word or use the proposal provided by the carrier.
2. Close the Activity pending receipt of quote.
3. Scan or attach the proposal in the marketing file if it is not already in system, following agency guidelines.

Placing Coverage Guidelines

Overview: This procedure guides you through the Placement of Coverage. The workflows include Notifying Carriers, Applications, Draft Policy, Ordering Corrections and Receiving the Final Correct Policy.

Workflows:

Sending Applications to Client
Receiving Applications from Client
Sending Completed Application to Carrier
Receiving Policy from Carrier

Service Standards:

1. The CSR will gather all information needed to place the coverage. This information includes:
 11. Application
 12. Binder Check
2. The CSR will review the policy for errors and changes within 21 days of receipt of the draft policy.
3. The CSR will track all implementations using activities.

Placing Coverage Workflows

Sending Application to Client

Overview:	This workflow guides you through the process of sending the application and request for final information to the client.
Accountability:	Service CSR
Pending:	Pend seven days for receipt of the application and information.
Distribution:	Client
Filing:	Activity

Computer Steps: Sending Application to Client

1. Create cover letter requesting completed application, binder check and any additional information OR give the application to the producer.
2. Create Activity pending receipt of application.
3. Notify top two carriers (coverage not placed).

Receiving Application from Client

Overview:	This workflow guides you through the process of the application and information from the client.
Accountability:	Process CSR
Pending:	None
Distribution:	Carriers
Filing:	Scan or attach the application

Computer Steps: Receiving Application from Client

1. Import or Scan information into the Client Image File.
2. Move the prospect to client in Agency Management System.
3. Close the Activity.

Sending Completed Application to Carrier

Overview:	This workflow guides you through the process of sending the completed application and information to the carrier.
Accountability:	Processing CSR
Pending:	Pend 36 days for receipt of draft policy.
Distribution:	Carriers
Filing:	File the application.

Computer Steps: Sending Completed Application to Carrier

- Create cover letter to carrier to send with application.
- Pend 36 days for receipt of draft policy.
- Create Activity to follow-up on Administrative Kit.

Receiving Policy from Carrier

Overview:	This workflow guides you through the process of receiving the draft policy from the carrier.
Accountability:	Processing CSR
Pending:	14 days for receipt of revised draft policies if necessary
Distribution:	Carrier, Client
Filing:	Scan or attach the draft policy

Computer Steps: Receiving Policy from Carrier

- Review the policy.
- Order corrections and pend for receipt if necessary.
- Forward the policy with corrections ordered to the client.
- Close the Activity or pend for receipt of corrections.
- Scan or attach the policy.

Press F5 and page number to go to a specific page.

Index

ASP Model.....	110	Part One – Today	14
Attachment Feature.....	65	Part Three-Implementing Change.....	95
Automated Verification of Data.....	111	Part Two - Features.....	58
Backlog Audits.....	102	Performing Workflow Audits	107
Benefits of New Technology	12	Performing Workflow Compliance	
Benefits Quick Reference Guide	93	Audits.....	56
Benefits Sample Workflows	100	Personal Quick Reference Guide	91
Building a Firm Foundation.....	43	Process Environment	25
Carrier Interface	62	Quick Reference Guide.....	88
Client Access	109	Real Time (Emerging Technologies) 109	
Client Environment.....	33	Roles	10
Commercial Quick Ref. Guide	89	Sample Audits.....	105
Content Management Solutions.....	111	Self-Assessment.....	15
Database Audit Guidelines	50	Self-Assessment Questionnaire	16
Document Imaging.....	70	Service Environment.....	29
Document Management Guidelines....	85	Table of Contents.....	3
Document Management Solutions.....	80	Task Force.....	96
Electronic Transactional Filing.....	67	Technology Tools	62
Emerging Technologies	109	Third-Party Software	73
Environments	20	Third-Party Software Guidelines	74
Executive Overview.....	5	Training.....	48
Feature Implementation Checklist	46	Training Checklist.....	49
Forward.....	2	Transaction Audits	103
Ground Rules	96	Trusted Advisor	110
How to Use This Workbook	10	Vendor Requirements	83
Illustration of Environments	7	Work Group Members	2
Information Management.....	78	Workflow Analysis – Benefits.....	40
Manually Automated Environment....	20	Workflow Analysis – P&C.....	36
Monitoring and Managing Backlog....	53	Workflow Guidelines.....	99
Monitoring Guidelines	101	Workflow Management	76
Out-facing Your Web Site	110	Workflow Reviews	102
P&C Sample Workflows.....	100		