BSS22-13- AUGMENTED AND AUTOMATED UNDERWRITING QUESTIONNAIRE

Hello, we are students from School of Computing, Makerere University Pursing a Bachelor's Degree in software engineering. We are carrying out research to understand how much interest there is for Automated Insurance Processes and what effect does the automation have on the end users.

The survey questions will be about Automated Underwriting systems; A technology solution which is designed to perform all or some of the screening functions traditionally completed by underwriters, and thus seeks to reduce the manpower, time and/or data necessary to underwrite a life insurance application.

Your Participation will help in designing and implementation of a more improved automated insurance underwriting system.

It is entirely up to you whether or not to participate in this research project. You have the option of not taking part. You have the right to withdraw from this research at any moment if you decide to participate. You will not be punished if you choose not to participate in this study or if you withdraw from it at any point.

| 1. | 1. What is your Gender? |
|----|--|
| | Mark only one oval. |
| | male |
| | female |
| | Prefer not to say |
| 2. | 2. How would you describe your area of residence |
| | Mark only one oval. |
| | Urban |
| | Rural |
| | Semi-rural |
| | Remote |

| 3. | 3. Do you have an insurance policy? |
|----|--|
| | Mark only one oval. |
| | yes |
| | ◯ No |
| | |
| | |
| 4. | 4. If yes, what type of insurance do you have? |
| | Mark only one oval. |
| | General Insurance |
| | Life/Health Insurance |
| | Both |
| | |
| | |
| 5. | 5. What kind of insurance policies do you have? Check as many as you'd like. |
| | Check all that apply. |
| | Term life |
| | Whole life |
| | ☐ Fire Automobile insurance |
| | Pension plan policy |
| | Property insurance |
| | Any other |
| | |
| 6. | 6. Who influenced you to get an insurance policy? |
| | Mark only one oval. |
| | The media |
| | Insurance agents |
| | Federal government |
| | Friends, family and colleagues |
| | Other: |

| 7. | 7. How many insurance policies do you currently have? |
|----|---|
| | Mark only one oval. |
| | 1 |
| | 3 |
| | 4 |
| | <u> </u> |
| | more than 5 |
| | |
| Ex | perience of user with insurance application Process |
| 8. | 8. How did you apply for Insurance Policy/Policies? |
| | Mark only one oval. |
| | Online |
| | Physical |
| | Both |
| | |
| 9. | 9. If Online in (8) above, Which of the following words would you use to describe the online application system? Select all that apply. |
| | Check all that apply. |
| | Reliable |
| | Fast |
| | Easy to use Unique |
| | None |
| | |

| Mark only | | take yo | | | | | | |
|--|--|-----------|--------|--------|---------|-----------|-----------------------|----------|
| wank only | one oval. | | | | | | | |
| 1-7 | days | | | | | | | |
| 8-14 | 4 days | | | | | | | |
| 15 - | 30 days | | | | | | | |
| Ove | r 30 days | | | | | | | |
| | | | | | | | | |
| 11. How li | kely was t | he app | licati | on pro | cess au | utomate | ed? | |
| Mark only | one oval. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | | | |
| Not Likely | , () | | | | | Very Like | ely | |
| 10 511 | | | | | | | | |
| | ou ever ne v one oval. | | port | throug | hout y | our app | lication | process? |
| Mark only | one oval. | | port | throug | hout y | our app | lication _l | process? |
| Mark only Yes No | one oval. | | | | | | | |
| Mark only Yes No | one oval. | tisfied (| | | | | | |
| Mark only Yes No 13. Overa | one oval. | tisfied (| | | | | | |
| Mark only Yes No 13. Overa Mark only Very | one oval. all, how sa | tisfied (| | | | | | |
| Mark only Yes No 13. Overa Mark only Very | one oval. Ill, how sa one oval. satisfied | tisfied (| | | | | | |
| Mark only Yes No 13. Overa Mark only Very Sati | one oval. Ill, how sa one oval. satisfied | tisfied (| | | | | | |

| 14. | 14. Have you ever received any benefits from any of the policies you currently have |
|-----|---|
| | Mark only one oval. |
| | Yes No |
| | |
| 15. | 15. If yes, how many times have you received it? |
| | Mark only one oval. |
| | 1 |
| | 2 |
| | 3 |
| | More than three |
| | |
| 16. | 16. How regularly do you pay your premiums? |
| | Mark only one oval. |
| | Monthly |
| | Quarterly |
| | Half year |
| | Yearly |
| | |
| 17. | 17. Has any of your policies ever lapsed due to non-payment of premiums? |
| | Mark only one oval. |
| | Yes |
| | No |

| 18. | 18. Have you received any incentives from your insurance company on the insurance premiums? |
|-----|---|
| | Mark only one oval. |
| | Yes |
| | ○ No |
| | |
| 19. | 19. Are you aware of any insurance bonuses of your policies? |
| | Mark only one oval. |
| | Yes |
| | No |
| | |
| 20. | 20. Have you ever surrendered any insurance policy? |
| | Mark only one oval. |
| | Yes |
| | ◯ No |
| | |
| 21. | 21. Any Other Comments? |
| | |
| | |
| | |
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| | |
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