Formal System Workflow: Broker Automation System

Purpose

The purpose of this document is to provide a clear and comprehensive overview of the workflow for our Broker Automation System. This system is intended to:

Automate the insurance brokerage process from client onboarding to policy issuance and claims management.

Ensure compliance with the FAIS Act, including proper record-keeping, disclosures, and client consent.

Minimize claim rejections by providing actionable guidance and ensuring clients comply with policy requirements.

Provide clients with clear recommendations based on coverage quality, not just price.

Maintain accurate, auditable records of all interactions, approvals, and documents.

System Workflow Overview

**1. Client Information Collection**

Collect personal or company information, including:

Name, contact details, identity or registration numbers

Risk profile, lifestyle, and business operations (if company)

Collect current insurance coverage and claims history:

Policy details, dates, claims lodged, claim outcomes

Number of years insured

Any prior disputes, exclusions, or known issues

All data must be stored securely in compliance with POPIA/GDPR standards.

**2. Consent and Mandates**

Present clients with:

Consent forms to allow the system to process their information and interact with insurers on their behalf

Mandates authorizing the broker to act and submit quotes/claims

All consents and mandates must be digitally signed, time-stamped, and auditable.

The system must prevent proceeding to quotes until all consents and mandates are obtained.

**3. Needs Analysis**

Using the collected client data, the system conducts a needs analysis, identifying:

Coverage gaps

Potential exposures

Recommended level of protection based on risk profile

The system prioritizes coverage quality over price, though price is considered as a secondary factor.

**4. Quote Collection**

Collect at least 3 quotes from different insurers:

Via API integrations where available

Via manual push emails if the insurer does not support automation

For each quote, the system captures:

Policy coverage details, limits, exclusions, and excesses

Insurer-specific requirements (e.g., rented vehicles requiring credit card deposits)

System automatically ranks the quotes based on coverage quality, but clients may choose any one of the three options — not restricted to the top-ranked quote.

**5. Disclosures During Quote Stage**

Present required FAIS disclosures, including:

First Contact Letter

Section 13 disclosure: who we are, licensing details, scope of authorization

Clients must acknowledge understanding before proceeding to recommendations.

**6. Recommendations & Record of Advice**

System generates plain-language summaries for each quote, highlighting:

Coverage strengths and limitations

Instances where claims may be rejected due to non-compliance or lack of cover

Applicable policy excesses

Practical guidance to ensure claims success

System logs record of advice (ROA) for compliance purposes.

**7. Client Acceptance**

Clients are presented with three options (ranked) and may accept any one of the three

Upon acceptance, the system triggers:

Broker fee agreement with acknowledgment of commission

Service Level Agreement (SLA) clarifying the broker-client relationship

**8. Policy Issuance**

Once the client accepts a quote, the system submits the policy for issuance via API or manual process

Upon issuance, the system:

Sends confirmation to client

Provides instructions to check for errors and report corrections immediately

Includes emergency contact guidance, offering options:

Immediate emergency call

Normal claims process via system

Non-emergency assistance line

**9. Claims Management**

System provides a Claims tab for clients:

Upload documents, photos, and supporting evidence per insurer requirements

Submit within required time frames

Automated reminders for missing documentation

Where API integration is available, claims can be automated directly to insurers

Otherwise, system pushes claims via email, tracks insurer feedback, and automatically updates client status

System follows up if insurer TAT expires

Recommendations provided to maximize valid claim approval, including alerts for common claim pitfalls

**10. Client Guidance (Non-Advisory)**

System can answer general insurance questions and provide guidance without giving personalized advice

Generic guidance includes:

Definitions, industry-standard explanations, and process overviews

System clearly informs the client:

“This is general guidance. For advice specific to your risk, you must apply through the system and receive a quote tailored to your situation.”

**11. Record-Keeping and Compliance**

Every interaction is logged and stored for audit purposes

Includes:

Client information and risk profile

Quotes requested and delivered

Recommendations and ROA

Consent forms, mandates, disclosures, SLA, broker fee acknowledgment

Claims submissions and insurer feedback

System ensures FAIS Act compliance throughout the client journey