

AP Notes

1.1 → The fundamental insurance equation

- 1.1.1 → Basic insurance terms \rightarrow 1.1.2 → The fundamental insurance equation
- Relationship between EP & EP
- EP > EP \Rightarrow loss growth
 - EP < EP \Rightarrow shrinking
- Insured (reported) loss = Paid loss + Loss reserve
- Estimated ultimate loss = Insured loss + Loss reserve + Loss reserve
- LAC = ALAE + ULAE
- Underwriting profit = Income - Expenses (from strictly business on policies)
- Price = Cost + Profit
↓
Premiums & Losses, LAC, ULAE, Expenses
- Total profit = UW profit + Investment income

For problems solving steps 1A

- When aggregating data, manually create indicators to include or not (ie. either)
- Define premium
 - Only a relative estimate of EP when policies are written uniformly (ie. in terms of one or several events throughout year)
- Example with: Impact of rate changes, calculate at different times to see how book is changing

1.1.3 → Basic insurance ratios

→ Frequency = $\frac{\# \text{ claims}}{\# \text{ exposures}}$ \rightarrow Typically reported claims

→ Severity = $\frac{\text{Losses}}{\# \text{ claims}}$, Variations \rightarrow Paid severity = $\frac{\text{Losses on closed claims}}{\# \text{ closed claims}}$

→ Numerator may include \rightarrow Reported severity = $\frac{\text{Reported losses}}{\# \text{ reported claims}}$
or exclude ALAE

→ Pure premium (or loss cost) = $\frac{\text{Losses}}{\text{Exposures}}$ \rightarrow Price of business \downarrow which has cost trends (ie. writing more historic risk policies over time)

$$\begin{aligned} &= \downarrow \times \frac{\# \text{ claims}}{\# \text{ claims}} \\ &= \frac{\# \text{ claims}}{\# \text{ exposures}} \times \frac{\text{Losses}}{\# \text{ claims}} \\ &= \text{Frequency} \times \text{Severity} \end{aligned}$$

→ Average premium = $\frac{\text{Premium}}{\# \text{ exposures}}$ ($\#$ of lines owned or risks written)

→ Loss ratio = $\frac{\text{Losses}}{\text{Premium}}$

$$\begin{aligned} &= \downarrow \frac{\# \text{ exposures}}{\# \text{ exposures}} \\ &= \frac{\text{Losses} / \# \text{ exposures}}{\text{Premium} / \# \text{ exposures}} \\ &= \frac{\text{Pure premium}}{\text{Avg Premium}} \end{aligned}$$

→ Loss + LAC ratio = $\frac{\text{Loss} + \text{LAC}}{\text{Premium}}$

→ LAC ratio = $\frac{\text{LAC}}{\text{Loss}}$

→ Loss ratio $(1 + \text{LAC ratio}) = \frac{\text{Loss}}{\text{Premium}} (1 + \frac{\text{LAC}}{\text{Loss}})$

$$\begin{aligned} &= \downarrow \left(\frac{\text{Loss} + \text{LAC}}{\text{Loss}} \right) \\ &= \frac{\text{Loss} + \text{LAC}}{\text{Premium}} \\ &= \text{Loss} + \text{LAC ratio} \end{aligned}$$

→ UW expense ratio = $\frac{\text{UW expenses}}{\text{Premium}}$ \rightarrow Insured or incurred ① during policy term ②

$$\begin{array}{c} \textcircled{1} \\ \text{Commissions, other acquisitions} \\ \text{Policy, claims + fees} \\ \text{W.P.} \end{array} \quad \begin{array}{c} \textcircled{2} \\ \text{General expenses} \\ \text{EP} \end{array}$$

→ Operating expense ratio (OER) = UW expense ratio + $\frac{\text{LAC}}{\text{EP}}$

→ Reduces portion of each premium dollar used towards paying claim related expenses & UW expenses

→ Combined ratio = $\frac{\text{Losses}}{\text{EP}} + \frac{\text{LAC}}{\text{EP}} + \frac{\text{UW expenses}}{\text{W.P.}}$ \rightarrow Benchmark to 100%

$$\begin{aligned} &= \text{Loss} + \text{LAC ratio} + \downarrow \text{breakdown} \\ &= \text{Loss ratio} + \text{OER} \quad * \text{ If UW expenses are incurred during the policy term} \\ &\qquad\qquad\qquad \Rightarrow \div \text{ by EP instead of W.P.} \end{aligned}$$

→ Close ratio = $\frac{\# \text{ accepted quotes}}{\# \text{ quotes}}$

1.2 → Policies, coverages & claims

1.2.1 → Exposures

→ Exposure \rightarrow a basic unit that measures a policy's exposure to loss. It is the basis for the calculation of premium.

→ Criteria for exposure bases

- 1) proportional to expected loss \rightarrow the factor that is most directly proportional to losses (ie. loss amount or exposure \Rightarrow loss increase in losses)
- 2) practical \rightarrow affordable, easy/inexpensive to obtain & verify
- 3) historical precedence \rightarrow should consider any preexisting exposure base established in the industry. Changes need to be carefully considered

→ Common exposure bases \rightarrow The table below shows some commonly used exposure bases for different lines of business.

Line of Business	Typical Exposure Bases
Personal Automobile	Earned Car Year
Homeowners	Earned House Year
Workers Compensation	Payroll
Commercial General Liability	Sales Revenue, Payroll, Square Footage, Number of Units
Commercial Property	Amount of Insurance Coverage
Professional Liability	Number of Professionals
Personal Articles Floater	Value of Item

→ Exposure base evaluation example (using value of book instead of book years, for physical damage)

- \rightarrow Proportional to expected loss \rightarrow Yes, directly related to potential losses (exposure book \Rightarrow exposure to repair/replacement)
- \rightarrow Practical \rightarrow No: not easy to obtain or verify
easy to manipulate if take insured's word
but value somewhat subjective due to differing definitions, sale price or market value?
- \rightarrow Yes: if clearly defined it would be value already recorded by the insurance company
- \rightarrow Historical precedence \rightarrow Yes, easily to switch to new base from ST - \rightarrow it could result in large premium swings for the insured
- \rightarrow Give final recommendation \rightarrow If evaluating for multiple accounts, don't recommend split exposure base bc. it would require lots of extra work from the company's perspective

1.3 → Understanding insurance data

1.3.1 → Aggregating data + 1.3.2 → Measuring exposures & premium & 1.3.3 → Measuring losses

→ Data aggregation goals \rightarrow 1) Accurately match losses & premium

\rightarrow 2) Use the most recent data available

\rightarrow 3) Minimize the cost associated w/ gathering & maintaining data

→ Four methods of data aggregation:

→ Calendar year aggregation

\rightarrow Advantages \rightarrow data is readily available once the CY ends

\rightarrow There is no future development (fixed at the end of the CY)

\rightarrow Data is easily accessible

\rightarrow Disadvantages \rightarrow mismatch between premium & losses (EP + loss can come from policies written in prior years)

\rightarrow Inability to capture major developments due to the fixed nature of data

\rightarrow Accident year aggregation

\rightarrow Advantages \rightarrow easier to sum for premiums, except by allowing for premium credits after the end of the CY

\rightarrow Disadvantages \rightarrow Easy to achieve & easy to understand

\rightarrow Better match of premiums & losses than CY aggregation (ie. losses year for are assigned to premium calendar year vs.)

\rightarrow Useful for identifying the impact of major claim events (eg. a catastrophe)

\rightarrow Disadvantages \rightarrow requires estimation of future development

\rightarrow Provides a less accurate match of premiums & losses (compared to CY)

\rightarrow Advantages \rightarrow provides more stable data than CY aggregation, as the # of claims is fixed at the end of the year

\rightarrow Disadvantage \rightarrow Development on SAVR claims is excluded

\rightarrow PY aggregation

\rightarrow Advantage \rightarrow provides more stable data than CY aggregation, as the # of claims is fixed at the end of the year

\rightarrow Disadvantage \rightarrow Development on SAVR claims is excluded

\rightarrow Surface = vertical line (ie. full-term premium)

\rightarrow Reporting year aggregation

\rightarrow Advantage \rightarrow provides more stable data than PY aggregation, as the # of claims is fixed at the end of the year

\rightarrow Disadvantage \rightarrow Development on SAVR claims is excluded

\rightarrow Uncertain exposures/premiums

\rightarrow The following relationships hold for an individual policy or a group of policies aggregated using either the CY aggregation method or the PY aggregation method

$$\text{Written} = \text{Earned} + \text{Claims in Uncurred exposure}$$

$$\downarrow = \downarrow + (\text{EW Uncurred} - \text{EW Earned})$$

$$\text{Written} = \text{EP} + \text{Claims in Uncurred premium}$$

$$\downarrow = \downarrow + (\text{EW Uncurred} - \text{EW Earned})$$

\rightarrow Rearranging the equations above, we can write the unearned exposure/premium at the end of the year as:

$$\text{EW Uncurred} = \text{Written} - \text{Earned} + \text{Buy Uncurred exposure (UEB)}$$

$$\text{EW Uncurred} = \text{EP} - \text{EP} + \text{Buy Uncurred premium (UEP)}$$

\rightarrow Since the starting unearned exposure/premium for a policy year will always be 0, the relationships above can be simplified to the following if policy year aggregation is used:

$$\rightarrow \text{UE} = \text{EP} + \text{UEP}$$

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\rightarrow Adv. terms adjustments

\rightarrow Type 1: Cancellations

\rightarrow If a policy (losses written), the unearned portion of the written exposure/premium is shown as negative written exposure/premium in the year to cancellation happens.

\rightarrow If aggregation is done using the PY method, the original written exposure/premium & written exposure/premium due to cancellation will always be in the same policy year.

\rightarrow Type 2: Premium adjustments

\rightarrow Just do them logically, ex. earn at higher/lower rate after the adjustment >

\rightarrow Loss data aggregation methods

\rightarrow All 4 data aggregation methods apply to loss data.

\rightarrow CY aggregation \rightarrow considers all loss transactions that occur during the CY

\rightarrow Losses are fixed at end of year (ie. no development)

\rightarrow PY \rightarrow considers all loss transactions for claims w/ an accident/occurrence date during the year

\rightarrow Losses develop

\rightarrow Losses longer for PY data to be fully developed compared to CY

\rightarrow PY \rightarrow considers all loss transactions for claims w/ a report date during the year

\rightarrow used for claims-made policies

\rightarrow First step is always to determine what claims are relevant based on aggregation method & year (ie. older claims)

\rightarrow Then it is straightforward if we generate the pattern first

\rightarrow Insured loss = Paid + Case reserve

$$\rightarrow \text{CY SL} = \text{CY Paid} + \text{CY Q.M. case reserve}$$

\rightarrow PY SL = Paid + Ending case reserve (for accidents w/ incidents in year x only)

$$\rightarrow \text{PY SL} = \text{Paid} + \text{Ending case reserve (for policies written in year x only)}$$

\rightarrow First step is always to determine what claims are relevant based on aggregation method & year (ie. older claims)

\rightarrow Then solve!