

6.6.1 → Frequency-severity technique (FST)

→ Assumptions & uses

→ frequency-severity technique (FST) applies the development techniques separately to claim counts or claim severities. As such, its first assumption is closely related to the first key assumption for the development techniques.

→ Here are the three key assumptions for this technique:

- 1) Claim counts & severities recorded to date will continue to develop in a similar fashion in the future.
- 2) Claim counts have a consistent distribution throughout the experience period.
 - For instance, it's not reasonable to combine claim counts of insurance years, where all claimants under a single insurance are recorded as one claim, unless the number of claimants is constant between the two.
- 3) The mix of claim types is reasonably homogeneous
 - For instance, it would not be reasonable to combine the average values of slip-and-fall claims and those from other action lawsuits including thefts or arson, as the resulting average would have little significance.

→ The second & third assumptions are common between all three w/ the frequency-severity techniques we will discuss.

→ Technique

→ Frequency-severity (FST) technique can be broken into four main steps:

- 1) Project & select ultimate claim counts
- 2) Project & select ultimate severity
- 3) Project ultimate claims as ultimate counts times ultimate severity
- 4) Compute unpaid claim/year estimate (combined)

→ Essentially, we're just performing the development technique on claim counts or severities separately to get ultimate claim counts or ultimate severities. Thus, for each AY, we project the ultimate counts by multiplying ultimate claim counts by ultimate severity. Finally, we subtract paid claims to date to estimate unpaid claims or subtract reported claims to date to estimate unpaid claims (bottom distribution).

→ Let's demonstrate how this method can be used w/ an example.

→ Examples

→ An actuary at BIG Auto Insurance Company gathers the following data:

| Accident Half-Year | Cumulative Reported Claims in \$000s as of (months) | | | | | |
|--------------------|---|-----|-------|-------|-------|-------|
| | 6 | 12 | 18 | 24 | 30 | 36 |
| 2005-1 | 511 | 983 | 1,214 | 1,362 | 1,384 | 1,384 |
| 2005-2 | 560 | 983 | 1,212 | 1,364 | 1,385 | |
| 2006-1 | 509 | 997 | 1,210 | 1,359 | | |
| 2006-2 | 574 | 977 | 1,212 | | | |
| 2007-1 | 514 | 985 | | | | |
| 2007-2 | 558 | | | | | |

| Accident Half-Year | Cumulative Reported Claim Counts as of (months) | | | | | |
|--------------------|---|-----|-----|-------|-------|-------|
| | 6 | 12 | 18 | 24 | 30 | 36 |
| 2005-1 | 400 | 759 | 935 | 1,048 | 1,065 | 1,065 |
| 2005-2 | 452 | 763 | 937 | 1,052 | 1,068 | |
| 2006-1 | 405 | 772 | 934 | 1,047 | | |
| 2006-2 | 458 | 760 | 938 | | | |
| 2007-1 | 407 | 762 | | | | |
| 2007-2 | 449 | | | | | |

Assume no further development after 36 months, and that the trend rate for both claim counts and average claim cost is 0%.

Compute the IBNR for each accident half-year using a frequency-severity technique.

→ Step 1: Project & select ultimate claim counts

→ Start by performing the development method on the reported claim counts. Data is aggregated by accident half-year. For example, "2005-1" represents the first 6 months in 2005 (January through June), & "2005-2" represents the last 6 months of 2005 (July through December).

→ The resulting development factors are given below.

| Accident Half-Year | Reported Claim Counts Age-to-Age Factors | | | | |
|--------------------|--|-------|-------|-------|-------|
| | 6-12 | 12-18 | 18-24 | 24-30 | 30-36 |
| 2005-1 | 1,898 | 1,232 | 1,121 | 1,016 | 1 |
| 2005-2 | 1,688 | 1,228 | 1,123 | 1,015 | |
| 2006-1 | 1,906 | 1,210 | 1,121 | | |
| 2006-2 | 1,659 | 1,234 | | | |
| 2007-1 | 1,872 | | | | |

→ Notice that there appears to be some seasonality w/ the first development period. The development factors for claims reported during the first half of the year are significantly higher than the development factors for claims reported during the second half of the year. If we go back & take a peek at reported claim counts, the reported counts at 6 months are slightly higher for accident half-years ending in December, confirming our intuition.

→ This could be due to any number of reasons. Perhaps policyholders are more inclined to quickly report auto claims towards the end of the year. Or, perhaps, folks in the northeast over all accident half-years ending in December would be more prone to report claims in December than w/ falling/rising w/ time during the summer months towards the end of the start half of the year.

→ Whether the case is, it's clear that the first 6 months development factors are markedly different for different halves of the year. By the way, taking a straight average over all accident half-years ending in December would be very inappropriate. Instead, we'll average over half-years ending in December since the only accident half-year that has yet to mature is 12 months, is mature, end in December.

$$(6 \text{ to } 12 \text{ factor}) = \frac{1.898 + 1.688}{2} = 1.624$$

→ Development factors do not appear to differ between halves of the year for any other quarter. So we can take a straight average for all other quarters. The results are summarized in the table below.

| | Reported Claim Counts Development Factors | | | | |
|----------|---|-------|-------|-------|-------|
| | 6-12 | 12-18 | 18-24 | 24-30 | 30-36 |
| Selected | 1.674 | 1.226 | 1.122 | 1.016 | 1 |

→ We can use the selected factors to project the ultimate claim counts for each accident half-year.

| Accident Half-Year | CDF | | | Ultimate Counts |
|--------------------|-------|----|----|-----------------|
| | 6 | 12 | 18 | |
| 2005-1 | 1 | | | 1,065 |
| 2005-2 | 1 | | | 1,068 |
| 2006-1 | 1.016 | | | 1,063 |
| 2006-2 | 1.139 | | | 1,069 |
| 2007-1 | 1.397 | | | 1,064 |
| 2007-2 | 2.338 | | | 1,050 |

$$\hookrightarrow = 1.674 \times 1.226 \times 1.122 \times 1.016 \times 1$$

→ Step 2: Project & select ultimate severity

→ Although we didn't give you severities, we can easily find them for each historical period by dividing cumulative reported claim amounts by cumulative reported claim counts. $\frac{\text{Losses}}{\text{Claims}} = \frac{\text{Losses}}{\text{Counts}} \times \frac{\text{Counts}}{\text{Counts}} = \frac{\text{Losses}}{\text{Counts}}$

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