**CHAPTER FOUR**

**GENERAL PRINCIPLES OF INSURANCE CONTRACTS**

The business of insurance aims to protect the economic value of assets or life of a person. Through a contract of insurance, the insurer agrees *to make good* {indemnify} any loss on the insured property or loss of life that may occur in course of time in consideration for a premium to be paid by the insured. Apart from having a valid contract, insurance contracts are subject to the additional major. Hence, there are six general principles of insurance which governs its contract. These are:

I. Principle of Insurable Interest

II. Principle of Utmost Good Faith

III. Principle of Indemnity

IV. Principle of Subrogation

V. Principle of Contribution

VI. Principle of Proximate Cause

**I. Principle of Insurable Interest**

The principle of insurable interest states that the insured **must lose financially** if a loss occurs, or must incur some other kind of harm if the loss takes place. For example, a person has an insurable interest in his automobile, television or house have been damaged or stolen.

***Why Insurable Interest needed?***

Insurable interest is essential in an insurance contract for the following reasons;

**First**, an insurable interest is necessary ***to prevent gambling***. If an insurable interest is not required, the contract would be a gambling contract and would be against the public interest. For example, one could insure the property of another and hope for an early loss. In the same way, one could insure the life of another and hope for an early death.

**Second**, an insurable interest ***reduces moral hazard***. If an insurable interest is not required, a dishonest person could purchase a property insurance contract on some one’s property and then deliberately cause a loss to receive the insurance claims. But, if the insured person stands to lose financially, nothing is gained by causing the loss. Thus, moral hazard is reduced.

**Finally**, an insurable interest ***determines the amount of the insured’s loss***. In property insurance, most contracts are contracts of indemnity. Thus, the measure of recovery is the insurable interest of the insured. The amount of indemnification is measured by calculating the insurable interest in monetary terms. For example, if a person’s property worth 1million Birr is insured and it was destroyed totally after some time, his insurable interest on that property depends on the financial loss met by him. Here, as the entire property is destroyed, his insurable interest tends to be 1 million Birr on that property. Thus, he will be indemnified the 1 million Birr.

***When must an insurable interest exist***?

In property insurance, the insurable interest must exist **at the time of loss**. There are two reasons for this requirement;

**First,** most property insurance contracts are **indemnity** contracts. If an insurable interest did not exist at the time of loss, financial loss would not occur. For example, if Mr. X sells his car to Mr. Y, and it was stolen before the insurance on the car is cancelled, Mr. X cannot collect since he has no insurable interest on the car. Also Mr. Y cannot collect as he is not named as an insured under the policy.

**Second**, one may not have an insurable interest in the property when the contract is **first written**, but may **expect** to have an insurable interest in the **future,** at the time of possible loss. For example, in a marine insurance, it is common to insure a return cargo by a contract entered into prior to the ship’s departure. However, the policy may not cover the goods until they are boarded on the ship as the insured’s property. Although an insurable interest does not exist when the contract is first written, one can still collect the claims if he has an insurable interest in the goods at the time of loss.

In life insurance contracts, the insurable interest requirement must be met only at the inception of the policy, not at the time of death. Life insurance is not a contract of indemnity, but it is valued policy that pays a stated sum upon the death of the insured. Since the beneficiary has a legal claim to receive the policy proceeds, he/she need not show that a loss has been incurred by the insured’s death. For example, if Mrs. A has taken a policy on her husband Mr. X and later gets a divorce, she is entitled to the policy proceeds upon the death of her former husband if she has kept the insurance in force.

**II. Principle of Utmost Good Faith:**

Utmost good faith means that a **higher degree of honesty** is imposed on both parties {insured &insurer} to an insurance contract than which is imposed on parties of other contracts. This principle has its historical roots in **marine insurance**. The marine insurer had to place great faith in statements made by the applicant for insurance concerning the cargo to be shipped. The property to be insured may not have been visually inspected. The principle of utmost good faith is supported by three important legal principles;

(i)   Representations

(ii)  Concealment

(iii)  Warranty

*(i)* ***Representations****:*

 Representations are statements made by the applicant for insurance. For example, if a person wants to apply for life insurance, he may be asked questions concerning his age, weight, height, occupation, state of health and other relevant questions. The answers given by that person are called representations.

The legal importance of a representation is that the insurance contract is voidable at the insurer’s option if the representation is (a) **material**, (b) **false**, and (c) **relied on by the insurer**.

**Material** means that if the insurer knew **the true facts**, the policy would not have been issued, or would have been issued on different terms. ***False*** means that the statement given by the insured is **not true** or it is misleading. ***Reliance*** means that the insurer relies on the misrepresentation in issuing the policy at the specified premium.

For example, Mr. X may apply for life insurance and state in the application form that he has not visited a doctor within the last 5 years. But, he may have undergone surgery six months earlier. In this case, he has made a statement that is both false & material and the policy is voidable at the insurer’s option.

Finally, an innocent or unintentional misrepresentation of a material fact, if relied on by the insurer also makes the contract voidable.

*(ii)* ***Concealment****:*

Concealment is **intentional failure** of the applicant for insurance to reveal a material fact to the insurer. Here, the applicant for insurance deliberately withholds material information from the insurer. The legal effect of a material concealment is also voidable at the insurer’s option.

To deny a claim based on concealment, an insurer must prove two things; (a) the concealed fact was known by the insured and (b) the insured intended to defraud/cheat the insurer. For example, Mr. Joseph DeBellis applied for a life insurance policy on his life. 6 months after the policy was issued, he was murdered. The death certificate named the deceased as Joseph De Luca, his true name. Thus, the insurer denied payment on the ground that Joseph had concealed a material fact by not revealing his true identity, and he had also an extensive criminal record. Thus, the court held that intentional concealment of his true identity was material and the insurer need not pay the claim.

*(iii)* ***Warranty****:*

 The doctrine of warranty also reflects the principle of utmost good faith. A warranty is a ***statement of fact*** *or* ***promise*** *made by the insured, which is part of the insurance contract and which must be true if the insurer is to be liable under the contract*. For example, in order to pay a reduced premium, the owner of a shop may warrant that an approved burglary and robbery alarm system will be operational at all times. The condition describing the warranty becomes part of the contract.

  A warranty is a harsh legal principle. Any breach of the warranty allows the insurer to deny payment of a claim. However, the courts have softened and modified the harsh common law of doctrine of warranty.

**III. Principle of Indemnity:**

The principle of indemnity is one of the most important legal principles in the field of insurance. The principle of indemnity states that the ***insured should not profit from a covered loss but should be restored to approximately the same financial position that existed prior to the loss****.* Most of the property insurance contracts are indemnity contracts. If a covered loss occurs, the insured should not collect more than the actual amount of the loss.

The principle of indemnity has two fundamental purposes.

**The first purpose** is *to prevent the insured to get profit from insurance*. The insured should not profit if a loss occurs, but should be restored to approximately the same financial position that existed before the loss. For example, if Mr.X has insured his house for 100,000 birr and a loss amounted to 10,000 birr occurs, the principle of indemnity would be violated if 100,000 birr were paid to him, because he would be profiting out of insurance.

**The second purpose** is *to reduce moral hazard*. If insured can profit from a loss, dishonest person may deliberately cause a loss with the intention of collecting the insurance. Thus, if the loss payment does not exceed the actual amount of the loss, the intention to be dishonest is reduced.

**Actual Cash Value**

 In property insurance, the standard method of indemnifying the insured is based on the actual cash value of the damaged property at the time of loss. The Courts have used three major methods to determine actual cash value;

(i)      Replacement cost less depreciation

(ii)     Fair market value

(iii)     Broad Evidence rule

*(i) Replacement cost less depreciation:*

Under this rule, actual cash value is defined as replacement cost less depreciation. This rule has been traditionally used to determine the actual cash value of property in property insurance. It takes into consideration both inflation and depreciation of property values over time. Replacement cost is current cost of restoring the damaged property with new materials of same kind and quality. Depreciation is a deduction for physical wear and tear, age and economic obsolescence.

For example, machinery has been insured against fire risk. It burnt out of a fire. Assume that the machinery was bought 5 years ago, and that machinery is 50% depreciated. The similar machinery would cost 10,000 birr. Under the actual cash value rule, the insured will collect only 5,000 birr for the loss of the machinery, because the replacement cost is 10,000 birr, but depreciation is 5,000 birr or 50%. If the insured were paid the full replacement value of 10,000 birr, the principle of indemnity would be violated, because the insured would be receiving the value of new brand machinery instead of one 5 years old. In short, 5,000 birr payment represents indemnification for the loss of 5 year old machinery. This can be summarized as follows;

Replacement Cost                 = 10,000 birr

Depreciation                         = 5,000 birr (birr 10,000 X 50%)

Actual Cash Value               = Replacement Cost – Depreciation

Actual cash value                 = 10,000 birr – 5,000 birr

                                            = **5,000 birr**

*(ii) Fair Market Value:*

 Fair market value is the price a willing buyer would pay a willing seller in a free market. The fair market value of a building may be below its actual cash value based on replacement cost less depreciation. This may be due to poor location, bad neighborhood or economic obsolescence of the building.

For example, in big cities, large homes in older residential areas often have a market value well below the replacement cost less depreciation. If a loss occurs, the fair market value may be used to determine the value of the loss. In one case, a building valued at $ 170,000 based on the actual cash value rule had a market value of only $ 65,000 when a loss occurred. The court ruled that the actual cash value of the property should be based on the fair market value of $ 65,000 rather than $ 170,000.

*(iii) Broad Evidence Rule:*

The broad evidence rule means that the determination of actual cash value should include all relevant factors an expert would use to determine the value of the property. Relevant factors include replacement cost less depreciation, fair market value, present value of expected income from the property, comparison sales of similar property, opinions of appraisers and other factors.

Although the actual cash value is used in property insurance, different procedures are followed for other types of insurance. In liability insurance, the amount paid for a loss is the actual damage the insured is legally obligated to pay because of badly injury or property damage to another. In business income insurance, the amount paid is usually based on the loss of profits plus continuing expenses incurred when the firm is shut down because of a loss from a covered period. In Life insurance, the amount paid upon the insured’s death is the face amount of the policy.

**Exceptions to the principle of indemnity**

The important exceptions to the principle of indemnity are as follows:

(i)   Valued policy

(ii)  Valued policy laws

(iii)  Replacement cost insurance

(iv)  Life Insurance

(i)  A ***valued policy*** is one that pays the face amount of insurance regardless of actual cash value if  total loss occurs. They are used to insure fine arts & rare paintings. Because of difficulty in determining the actual cash value of the property at the time of loss, the insured and insurer both agree on the value of the property when the policy is first issued. (E.g. Old clock)

(ii)  ***Valued policy laws*** are another exception to the principle of indemnity. The specified perils to which a valued policy law applies vary among the states. Some states cover only fire and others cover fire, lightning, wind storm and tornado. In addition, the laws generally apply only  to real property and the loss must be total. For example, a building insured for 200,000 birr may have the actual cash value of 175,000 birr. If a total loss from a fire occurs, the face amount of 200,000 would be paid. Thus, the principle of indemnity would be violated.

(iii)  ***Replacement cost insurance*** means no deduction is taken for depreciation in determining the amount paid for a loss. For example, assume the roof on your home is 5 years old and has a useful life of 20 years. The roof is damaged by a tornado, and the current cost of replacement is 10,000 birr. Under the actual cash value rule, you would receive only 7,500 birr (10,000 – 2,500 = 7,500 birr). Under a replacement cost policy, you would receive the full 10,000 birr. Since you receive the value of a brand new roof instead of one that is 5 years old, the principle of indemnity is technically violated.

(iv)  ***Life insurance*** is another exception to the principle of indemnity. A life insurance contract is not a contract of indemnity but it is a valued policy that pays a stated sum to the beneficiary upon the insured’s death. The indemnity principle is difficult to apply, because the historical actual cash value rule is meaningless in determining the value of a human life.

**IV. Principle of Subrogation:**

 Subrogation means *substitution of the insurer in place of the insured for the purpose of claiming indemnity from a third person {i.e. who created the loss} for a loss covered by insurance*. This means that the insurer is entitled to recover from a negligent third party, for any loss payments made to the insured.

For example, assume that a negligent motorist smashes into Mr.X’s car, causing damages of 5,000 Birr. If Mr.X has the collision insurance on his car, his insurance company will pay 5,000 Birr and then attempt to collect from the negligent motorist who caused the accident. Alternatively, if Mr.X directly collect from the negligent motorist, the principle of subrogation does not apply.. Because, the loss payment is not made by the  insurance company. However, to the extent that a loss payment is made, the insured gives to the insurer legal rights to collect damages from the negligent third party.

Subrogation has three basic purposes;

1. Subrogation prevents the insured from collecting twice for the same loss. In the absence of subrogation, the insured could collect from the insurer and from the person who caused the loss.
2. Subrogation is used to hold the guilty person responsible for the loss. By exercising its subrogation rights, the insurer can collect from the negligent person who caused the loss.
3. Subrogation tends to hold down insurance rates. Subrogation recoveries can be reflected in the rate making process, which tends to hold rates below where they would be in the absence of subrogation.

*Importance of Subrogation:*

1) The general rule is that by exercising its subrogation rights, the insurer is entitled only to the amount it has paid under the policy. Some insured may not be fully indemnified after a loss because of insufficient insurance. Many policies currently have a provision stating how a subrogation recovery is to be shared between the insured and the insurer. However, in the absence of any policy provision, the courts have used different rules in determining how a subrogation recovery is to be shared. One commonly held view is that the insurer is entitled to any remaining balance up to the insurer’s interest, with any remainder going to the insured

 For example, Andrew has a Birr 100,000 home insured for only Birr 80,000 under a home owners policy. Assume that the house is totally destroyed in a fire because of faulty wiring by an electrician. The insurer would pay Birr 80,000 to Andrew and then attempt to collect from the negligent electrician. After exercising its subrogation rights against the electrician, the insurer has a net recovery of 50,000 Birr. Thus, Andrew would receive 20,000 Birr and the insurer can retain the balance of 30,000 Birr.

2) The insured cannot impair the insurer’s subrogation rights; The insured cannot do anything that prejudices the insurer’s right to proceed against a negligent third party. For example, if the insured waives the right to sue the negligent party, the right to collect from the insurer for the loss is also waived.

3) The insurer can waive its subrogation rights in the contract; This may be to meet the special needs of some insured. For example, in order to rent an apartment house, a land lord may agree to release the tenants from potential liability if the building is damaged. If the land lord’s insurer waives its subrogation rights, and if a tenant negligently starts a fire, the insurer would have to reimburse the land lord for the loss, but could not recover from the tenant since the subrogation rights were waived.

4) Subrogation does not apply to life insurance and to most individual health insurance contracts; Life insurance is not a contract of indemnity, and subrogation has relevance only for contracts of indemnity. Individual health insurance contracts usually do not contain subrogation clauses.

5) The insurer cannot subrogate against its own insured; If the insurer could recover a loss payment for a covered loss, the basic purpose of purchasing the insurance would be defeated.

**V. Principle of Contribution:**

Contribution is the right of the insurer who has paid under a policy, to call upon other insurers equally or otherwise liable for the same loss to contribute to the payment. Where there is over-insurance because a loss is covered by policies effected two or more insurers, the principle of indemnity still applies. In these circumstances the insured will only be entitled to recover the full amount of his loss and if one insurer has paid out in full, he will be entitled to nothing more.

Like subrogation, contribution supports the principle of indemnity and applies only to contracts of indemnity. Therefore there is no contribution in personal accident and life policies under which insurers contract to pay specific sums on the happening of certain events. Such policies are not contracts of indemnity, except to the extent that they may incorporate a benefit by way of indemnity, for example, payment of medical expenses incurred, in which respect contribution would apply.

It is important to understand the difference between contribution and subrogation. Subrogation is concerned with the rights of recovery against third parties or elsewhere in respect of payment of indemnity, and need not involve any other insurance, although it frequently does. Contribution necessarily involves more than one insurance each covering the interest of the same insured.

***Basis of Contribution:***

At the time of a claim, insurers usually inquire whether any other insurance exists covering the loss, where other insurances do exist and each policy is subject to a valid claim, contribution will apply so that the respective insurers share the loss occurred. This term allows two constructions, both of which are found in insurance;

*(i) Contribution according to Independent Liability:*

This means that the *amount payable by each insurer is assessed as if the other insurances do not exist*. If the aggregate of the amounts so calculated exceeds the loss, each insurer’s *contribution is scaled down proportionately*, so that an indemnity is provided. This method is usually found where for some reason one or more policies will not cover the loss in full. This happens particularly in many fire policy contributions.

*(ii) Contribution according to the Sums Insured:*

This is the normal method of contribution. Insurers will pay proportionately to the cover they have provided, in accordance with the following formula;

Eg: Assume that Mr.X has insured his house, which is worth Birr 80,000 against fire with three insurers namely A, B & C for Birr 60,000, Birr 40,000, and Birr 20,000 respectively. Mr.X’s house was completely destroyed by a fire. The amount of indemnity that Mr.X will be entitled to receive would be Birr 80,000, the value of the actual loss or the amount of insurance covered.

Solution: The amount that each insurer is entitled to contribute would be as follows;

A’s share of loss =  X  Br.80,000  =  Br.40,000

B’s share of loss =       X  Br.80,000 = Br.26,667

C’s share of loss =        X  Br.80,000 = Br.13,333

**Total Indemnity                  Br.80, 000**

**VI. Principle of Proximate Cause:**

 Proximate cause is not the latest, but the direct, dominant, operative and efficient cause that must be considered as proximate. When an insurance policy is bought it is issued with respect to some peril, which may result in loss to the policyholder. No policy covers all types of risks. The insurance company is liable to indemnify only against the insured perils.

*The term “Proximate cause” literally means the nearest cause or direct cause. In insurance manner of speaking, it relates to the immediate cause of the accident, which resulted in the loss.*

The real cause must be seen while payment of the loss. If the real cause of loss is insured, the insurer is liable to compensate the loss; otherwise the insurer may not be responsible for loss.

*The efficient cause of a loss is called the proximate cause of the loss*. For the policy to cover, the loss must have an insured peril as the proximate cause of the loss. *The proximate cause is not necessarily the cause that was nearest to the damage, but is rather the cause that was actually responsible for loss*.

***Determination of proximate cause***:

Where the accident occurs as a single event the determination of Proximate Cause is simple and that particular event can be attributed for the loss. In case where the loss occurs as a chain of events in succession with one event setting off the other it may be difficult to determine the exact cause of the damage. In such an eventuality the parties have to carefully examine and find out the correct reason for the loss, the extent to which the loss has been caused by the proximate cause and the amount of compensation to be paid based upon it. It may happen that the actual peril, which has caused the loss in turn, is caused by another peril.

It has to be noted that while determining ‘proximate cause’ the sequence of events according to their *time of occurrence is irrelevant.* The deciding factor is the correct cause of loss.

Many court judgments act as precedents in arriving at decisions while making settlements. They have been set out below:

**I. The insurer is liable**:

* When the peril is a single event and it is insured.
* Where the *insured peril* (the event for which the policy has been taken for protection) occurs first and it is followed by an *excluded peril* (the event which has not been covered by the policy, i.e., which is not insured). Here the insurer has to pay for the loss, which had occurred up to the happening of the excluded peril only if the two perils can be distinguished from each other.
* Where the excluded peril causes the insured peril and the events occur in a broken sequence the insurer has to pay for the loss caused by the insured peril.
* Where both the perils are occurring concurrently and both the events are independent of each other.

**II. The insurer is not liable:**

* Where the excluded peril is the cause of the insured peril and they act consecutively
* Where the insured peril is followed by the excluded peril and both cannot be distinguished from each other.
* Where both covered and excluded perils are occurring concurrently

**Examples:**

1. In the case of the fire was caused by an earthquake. If earthquake was not part of covered risk hence the insurer was not liable as the loss was proximate to an excluded peril.
2. In the case of ABC Company had insured its property from any risk except fire. Eventually, a fire occurred in the neighboring premises and following the disorder some gangster broke into the premises of the insured and committed theft insured property. As per the principle of the proximate cause, the insurer is liable for the loss since the cause of loss is theft, it is not the fire.

\*\*\*\*THE END\*\*\*\*