insight women in insurance

Welcome to the *Insurance Insight*, brought to you by Robins Kaplan LLP's Women in Insurance.

Pause is powerful. Let's take a moment to reflect upon all that we, women in insurance, have accomplished through our creativity, grit, and resilience. In 2016, we established a national Women in Insurance professional network that now includes over 1,000 insurance professionals, business leaders, in-house claims, and other legal professionals. Our aim has always been to celebrate women in the industry, fostering collaboration, support, and development through mentorship, newsletters, programming, and industry events. What we could not readily find, we built together: a space for women, by women, to amplify our voice in the insurance industry.

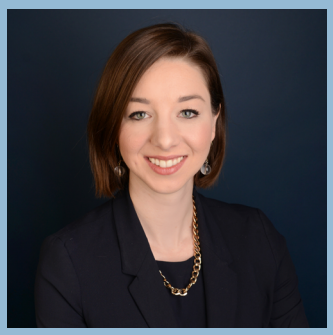
The Insurance Insight newsletter is a key initiative of the Women in Insurance network. It delivers practical and interesting content to help you navigate the current challenges and latest developments in the insurance industry. Curated by the women of Robins Kaplan, this newsletter aims to celebrate women in the profession and explore topics of general interest in the insurance field.

Thank you for working with us to accomplish this vision and being an important part of our community.

Sincerely,

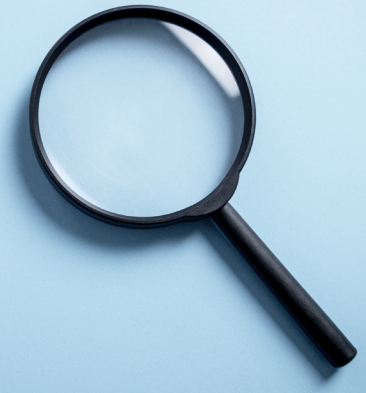
Melissa D'Alelio, Partner, Insurance and Catastrophic Loss Group Chair

Amy Churan, Partner



A Magnifying Glass on the Notice Prejudice Standard in Massachusetts for Excess Insurers

BY TAYLORE KARPA SCHOLLARD



What happens between a primary and excess liability insurer when their mutual insured is hit with a verdict $2.15 million over the primary limit and the excess insurer was not put on notice until after the verdict? This was the issue recently tried by the carriers in *Acadia Insurance Company v. Scottsdale Insurance Company*, in the Suffolk Superior Court in Massachusetts.[1]

Both Acadia and Scottsdale provided liability insurance to Transpro, LLC, a transportation company located in Massachusetts. Transpro was insured under a $1 million primary liability policy issued by Acadia and a $2 million excess policy issued by Scottsdale. The underlying case arose from an incident in which a toddler was left alone in a student transport van operated by Transpro for multiple hours in the month of August.[2] The child's mother brought suit alleging that he suffered post-traumatic stress as a result of the incident and that she suffered loss of consortium.

The sole dispute in the underlying case was over damages, as Transpro stipulated to liability. The defendant, Transpro, contended that the child sustained no physical injuries as a result of the incident and challenged the medical evidence submitted in support of the PTSD diagnosis. Prior to trial, Acadia assessed the full settlement value of the case at $125,000. Scottsdale contends that Acadia undervalued the claim.[3] On the eve of trial, the plaintiff made a settlement demand of $170,000. Acadia countered with $115,000 which was rejected. The matter did not resolve and instead proceeded to trial, during which counsel for Transpro declined to call its rebuttal medical expert witness. The jury returned a verdict of $3.15 million in favor of the plaintiff.

Scottsdale received its first notice of the claim three days after the verdict was entered.

The underlying case went to a post-verdict mediation where the case ultimately settled for $2.2 million. Acadia paid $2 million toward the settlement, comprising its $1 million policy limit and another $1 million. Scottsdale contributed $200,000.

Acadia filed the subject insurer action against Scottsdale to recoup the $1 million it paid in excess of its primary limit. Acadia argued that Scottsdale breached its excess policy by failing to pay its limits.[4] In defense, Scottsdale argued that because it was prejudiced by the insured's late notice of the claim, it had no obligation to tender its limits or extend coverage to satisfy the judgment or settlement.

At trial, "the jury found that Transpro had provided late notice of the claim to Scottsdale, but [that] Scottsdale failed to prove it was prejudiced by the late notice." The jury, therefore, determined that Scottsdale breached its policy by not contributing its full excess limit of $1 million and awarded Acadia the requested $1 million.

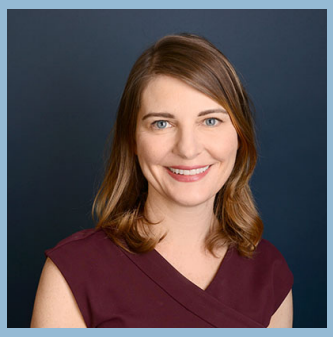
The matter was ultimately resolved via a settlement post-verdict.

1. Mass. Lawyers Weekly Staff, *Carriers sue each other over obligations to mutual insured*, Massachusetts Lawyers Weekly 2024 WLNR 6536122 (May 10, 2024).

2. Joint Pre-Trial Memorandum, *Acadia Insurance Company v. Scottsdale*, No. 17-0209-B (Mar. 29, 2024) (Doc. 53).

3. Order on Scottsdale Insurance Company's Opposition to Plaintiff's Motion for Directed Verdict and Cross-Motion for Directed Verdict, *Acadia Insurance Company v. Scottsdale*, No. 17-0209-B (Apr. 16, 2024) (Doc. 58).

4. Scottsdale counterclaimed against Acadia for the $200,000 it paid in settlement on a theory of equitable subrogation. Scottsdale argued that Acadia acted negligently in failing to settle the underlying case prior to trial for within the policy limit.



California's Sustainable Insurance Strategy: Balancing Innovation with Industry Challenges

BY JENNIFER LELAND

In the fall of 2023, California's Department of Insurance unveiled the Sustainable Insurance Strategy, a comprehensive initiative aimed at reforming the state's insurance market. The impetus for this strategy was driven by a confluence of factors, primarily the increasing frequency and severity of climate change-related disasters in the state and the resulting strain on its insurance market. California, like many other states, has been significantly impacted by climate change, experiencing severe wildfires, prolonged droughts, and extreme weather events such as heatwaves, heavy rainfall, and flooding with greater frequency and intensity. These environmental challenges can cause substantial property damage and economic losses, which are often exacerbated by inflation and rising rebuilding costs. The financial burden on insurance companies to cover these damages is immense, leading to higher premiums and reduced availability of coverage in high-risk areas. Many insurers have stopped providing coverage to California homeowners and businesses altogether. As noted in a recent article by the New York Times, this can have a devasting ripple effect – "Without insurance, banks won't issue a mortgage; without a mortgage, most people can't buy a home. With fewer buyers, real estate values are likely to decline, along with property tax revenues, leaving communities with less money for schools, police and other basic services. And without sufficient insurance, people struggle to rebuild after disasters."[1]

According to its proponents, California's Sustainable Insurance Strategy will stabilize the insurance market in California by making it more attractive for insurers to return to the market, protect consumers by providing more coverage options, and ensure resilience and sustainability in the face of escalating climate risks.

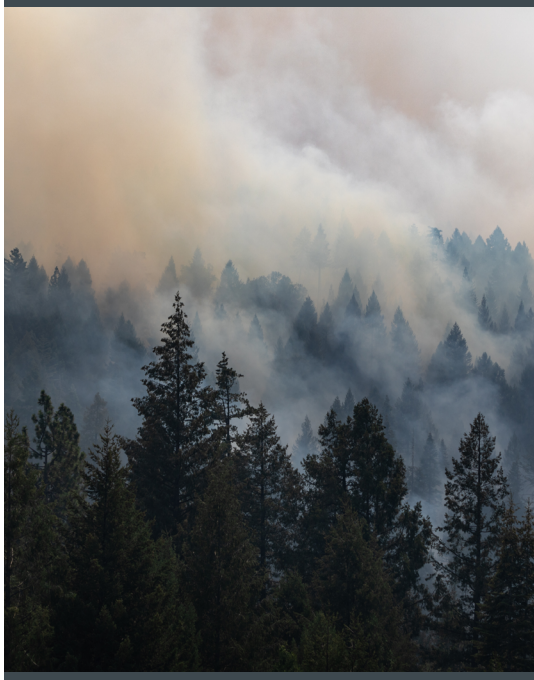
KEY COMPONENTS OF THE STRATEGY AND REGULATORY REFORMS INCLUDE:

- Efforts to streamline and expedite the rate filing process by updating and clarifying what information must initially be included in a complete rate application prior to any rates taking effect, hiring additional Department of Insurance staff to review rate applications and inform regulatory changes, and enacting reforms to increase transparency and public participation in the process.

- Integration of advanced catastrophe models into the rate approval process to better predict and prepare for the impact of climate change. The Department of Insurance unveiled its catastrophe modeling regulation in March of this year. The proposed regulation expands the allowable use of catastrophe models to include wildfire, terrorism, and flood lines for homeowners and commercial insurance lines. Currently, the use of catastrophe models is only permissible for earthquake losses and fire following earthquake. The proposed regulation also provides that any catastrophe model must incorporate "the best available scientific information on risk mitigation at the property, community, and landscape scales, including risk mitigation initiated by local and regional utility companies."[2] The stated goal of these proposed changes to the current regulations is to ensure that insurance rates reflect the benefits of investments in wildfire safety and mitigation.

- Changes to the California FAIR Plan, including further expansion of its coverage limits and ensuring that it has sufficient reserves and financial safeguards to prevent bankruptcy during extraordinary catastrophic events. The California FAIR Plan, originally intended as an insurer of last resort, is fast becoming the primary option for many homeowners and businesses in high-risk areas due to the inability to find coverage elsewhere.

- Giving FAIR Plan policyholders who comply with California's Safer from Wildfires regulation first priority for transition to the traditional insurance market. The Safer from Wildfires regulation, enacted in 2022, mandates that insurers recognize and reward homeowners and businesses for implementing wildfire mitigation measures, such as upgraded roofs, defensible space, and participation in community-wide programs aimed at reducing wildfire risks.



The stated goal of these proposed changes to the current regulations is to ensure that insurance rates reflect the benefits of investments in wildfire safety and mitigation.

- Mandating that insurers write a minimum of 85% of their statewide market share in high wildfire risk areas. This measure is designed to transfer homeowners and businesses out of the FAIR Plan and into the traditional insurance market.

- Holding public meetings exploring rules that would allow insurance companies to recover the expenses they incur for reinsurance related to their California policies. This change aims to encourage insurers to re-enter the California market by enabling them to set rates that more accurately reflect the true cost of doing business in the state.

The Department of Insurance is aiming to implement the reforms by December 2024. The Sustainable Insurance Strategy is expected to have a profound impact on the insurance industry in California. In theory, by enhancing climate risk assessment and promoting sustainable practices, insurers will be in a better position to predict and manage their exposure to climate-related risks. Thus, they may be able to offer more innovative and tailored products and services. Furthermore, the emphasis on mitigation and adaptation efforts should help reduce the overall risk of property damage, potentially leading to lower premiums and more affordable coverage for policyholders. Additionally, by expanding coverage under the FAIR Plan, those in high-risk areas will have access to necessary insurance coverage, thereby protecting homeowners and businesses from catastrophic financial losses.

However, the strategy presents significant challenges for insurers. Among other things, insurers must invest in new technologies and practices to be able to predict climate-related risks more accurately and comply with the enhanced reporting requirements. They will also need to ensure that their models and practices comply with eventual new regulations and potentially face legal challenges to their interpretation of those regulations. One of the biggest challenges is the financial feasibility of the requirement that insurers write a significant portion of their statewide market share in high wildfire-risk areas.

California's Sustainable Insurance Strategy has been recognized as a necessary and ambitious attempt to address the insurance crisis in California and may prove to be a model for other states facing similar challenges. For now, however, the impact and effectiveness of the proposed measures, and whether they will lead to a competitive admitted market remains to be seen.

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1. Christopher Flavelle, Mira Rojanasakul, *As Insurers Around the U.S. Bleed Cash From Climate Shocks, Homeowners Lose*, New York Times, May 13, 2024.

2. Draft text of catastrophe modeling regulation. *See* https://www.insurance.ca.gov/0400-news/0100-press-releases/2024/release011-2024.cfm#:~:text=The%20proposed%20regulation%20expands%20the,passed%20by%20voters%20in%201988.

AI'S IMPACT ON PROPERTY INSURANCE COVERAGE

BY LEE ANN THIGPEN

Artificial Intelligence (AI) is the simulation of human intelligence processes by machines, such as computer systems for assistance in quickly answering complicated questions, researching a specific topic, or creating an image. Put another way, AI is the ability for computers to do tasks and solve problems that would otherwise require human intelligence, but to do those jobs faster and more efficiently.

In the insurance industry, AI can be applied to accelerate underwriting and claims processes, to offer more personalized, targeted coverage by analyzing available data on a particular risk, as well as detecting fraud and pro-actively work to prevent or mitigate losses.

AI is revolutionizing property insurance in a myriad of ways. Below this article will discuss several ways that AI is making an impact.

RISK ASSESSMENT/UNDERWRITING

Insurance underwriting involves assessing risks associated with insuring individuals or entities and determining the appropriate premiums and coverage. AI is increasingly being used in insurance underwriting to enhance accuracy, efficiency, and decision-making. The types of data available to insurers include information like previous claims and repair permit applications, but also crime statistics and aerial photography to provide an accurate, up-to-date assessment of hundreds of factors impacting risk and valuation. Vendors who offer proprietary tools to analyze both exterior and interiors of the home to provide information for rates and premium are an emerging field in the AI realm.

HERE'S HOW AI IS TRANSFORMING INSURANCE UNDERWRITING:

- **Data Analysis:** AI algorithms can analyze vast amounts of data from diverse sources, including demographic information, claims history, credit scores, medical records, and even social media activity. By leveraging this data, insurers can gain deeper insights into the risk profile of applicants and make more informed underwriting decisions.

- **Predictive Modeling:** AI enables insurers to build sophisticated predictive models that assess the likelihood of future events, such as accidents, illnesses, or property damage. These models take into account various risk factors and help insurers estimate the probability and severity of potential losses.

- **Risk Segmentation:** AI allows insurers to segment their risk pool more effectively by identifying subgroups of policyholders with similar risk profiles. This enables insurers to tailor their underwriting criteria, pricing strategies, and coverage options to better meet the needs of different customer segments.

- **Automated Underwriting:** AI-powered underwriting platforms can automate the underwriting process for standard or low-risk applications, speeding up decision-making and reducing the need for manual intervention. This frees up underwriters to focus on more complex cases that require human judgment.

- **Real-time Risk Assessment:** AI enables insurers to continuously monitor and update risk assessments in real-time based on changing circumstances, such as changes in market conditions, regulatory environment, or customer behavior. This allows insurers to adapt their underwriting strategies dynamically and mitigate emerging risks proactively.

- **Natural Language Processing (NLP):** NLP technology allows insurers to extract valuable insights from unstructured text data, such as medical reports, claim forms, and customer communications. This helps underwriters make more informed decisions by analyzing relevant information more efficiently.

- **Personalized Underwriting:** AI enables insurers to offer more personalized underwriting decisions and pricing based on individual risk factors, preferences, and behaviors. This enhances the customer experience and improves customer satisfaction and retention.

CLAIMS PROCESSING: AI algorithms can automate claims processing by analyzing photos, videos, and other documentation submitted by policyholders to assess damages and determine payouts. This speeds up the claims process and reduces the need for manual intervention. Insurance claim processing using AI involves leveraging AI and machine learning algorithms to streamline and improve various aspects of the claims management process.

Below is an overview of how AI is typically used in insurance claim processing:

- **Automated Document Processing:** AI-powered optical character recognition (OCR) technology can automatically extract relevant information from various documents, such as claim forms, invoices,

police reports, and medical records. This helps in reducing manual data entry errors and accelerates the processing time.

- **Fraud Detection:** AI algorithms can analyze historical data and patterns to identify potentially fraudulent claims. By flagging suspicious claims early in the process, insurers can investigate further and prevent fraudulent payouts, saving both time and money.

- **Predictive Analytics:** AI models can analyze vast amounts of data to predict claim outcomes, such as the likelihood of a claim being approved or denied, the expected cost of the claim, and the optimal settlement amount. This helps insurers make more informed decisions and allocate resources effectively.

- **Image and Video Analysis:** AI-powered computer vision technology can analyze images and videos submitted as part of the claim to assess damage, estimate repair costs, and verify the authenticity of the claim. This is particularly useful for property and auto insurance claims.

- **Customer Service Chatbots:** AI-powered chatbots can assist policyholders throughout the claims process by answering common questions, providing status updates, and guiding them through the necessary steps. This improves customer satisfaction and reduces the workload on human agents.

- **Natural Language Processing (NLP):** NLP algorithms can analyze unstructured text data from emails, social media, and customer feedback to extract valuable insights and sentiment analysis. This helps insurers better understand customer needs and preferences, leading to more personalized service.

- **Process Automation:** AI can automate repetitive tasks and workflows within the claims processing cycle, such as routing claims to the appropriate department, sending notifications to stakeholders, and updating internal databases. This increases efficiency and frees up human resources to focus on more complex tasks.

- **Continuous Learning and Improvement:** AI systems can continuously learn from new data and feedback to improve their performance over time. By iteratively refining their models and algorithms, insurers can stay ahead of

AI has already begun to transform the insurance industry and shape best practices, resulting in more efficient processes, better products for consumers, and more informed claims handling. As this technology continues to be refined, the industry will continue to adapt and make use of these new tools.

emerging trends and adapt to changing market dynamics.

FRAUD DETECTION: AI algorithms can detect patterns indicative of fraudulent claims, such as inconsistencies in reported damages or suspicious behavior. This helps insurance companies prevent fraud, saving them significant amounts of money. Insurance fraud costs US consumers more than $80 billion annually. This results in the average American family paying hundreds of additional dollars in premiums each year. An accurate, up-to-date understanding of property condition can also be useful in countering fraudulent claims. This is important given the rising use of "deep fakes," which are images or videos that have been doctored or created by using AI in attempt to fool those viewing the images.

Here are a few ways that AI is applied in fraud prevention in insurance claims:

- **Anomaly Detection:** AI algorithms can analyze vast amounts of historical claims data to identify patterns and anomalies indicative of potential fraud. By comparing new claims to established patterns, AI systems can flag suspicious claims for further investigation.

- **Predictive Modeling:** AI enables insurers to build predictive models that assess the likelihood of a claim being fraudulent based on various risk factors, such as claimant demographics, past claim history, and behavioral patterns. These models help insurers prioritize claims for review and allocate resources more effectively.

- **Pattern Recognition:** AI-powered systems can recognize common patterns and techniques used in fraudulent claims, such as staged accidents, inflated medical bills, or false documentation. By continuously learning from new data, AI systems can adapt to evolving fraud schemes and improve detection accuracy over time.

- **Social Network Analysis:** AI algorithms can analyze social networks and relationships between claimants, service providers, and other relevant entities to uncover potential collusion or organized fraud rings. By mapping out these connections, insurers can identify suspicious networks and investigate accordingly.

- **Text Mining and Natural Language Processing (NLP):** AI technologies such as NLP can analyze unstructured text data from claim forms, medical records, police reports, and other documents to extract valuable insights and detect inconsistencies or red flags indicative of fraud.

- **Image and Video Analysis:** AI-powered computer vision technology can analyze images and videos submitted as part of the claim to assess damage, verify the authenticity of documentation, and identify signs of tampering or manipulation.

- **Real-time Monitoring:** AI enables insurers to monitor claims in real-time and detect fraud as it occurs. By setting up alerts and triggers based on predefined criteria, insurers can intervene promptly to prevent fraudulent payouts.

- **Collaborative Intelligence:** AI facilitates collaboration between insurers, law enforcement agencies, and other stakeholders in the fight against insurance fraud. By sharing data and insights, industry players can better identify fraud trends, share best practices, and coordinate efforts to combat fraud more effectively.

LOSS PREVENTION: Loss prevention in insurance claims involves implementing strategies to minimize the occurrence and severity of losses covered by insurance policies. Artificial intelligence (AI) is increasingly utilized to enhance loss prevention efforts in insurance claims.

Here's how AI is applied in this context:

- **Risk Assessment:** AI algorithms can analyze vast amounts of data to assess the risk associated with insuring individuals, properties, or businesses. By leveraging data from various sources, including historical claims data, demographic information, and external risk factors, AI systems can identify high-risk entities and help insurers take proactive measures to mitigate potential losses.

- **Predictive Analytics:** AI enables insurers to build predictive models that forecast the likelihood and severity of future losses based on historical data and relevant risk factors. These models help insurers identify emerging trends, anticipate potential risks, and implement preventive measures to reduce the frequency and impact of losses.

- **Real-time Monitoring:** AI-powered systems can monitor events and activities in real-time to detect potential risks or anomalies that may lead to losses. For example, AI can analyze sensor data from IoT devices to detect fire, theft, or other hazards in insured properties and trigger alerts for immediate action.

- **Fraud Detection:** While we've discussed fraud detection separately, it's worth noting that AI can also contribute to loss prevention by detecting fraudulent activities that could lead to financial losses for insurers. By identifying and preventing fraudulent claims, insurers can mitigate their overall losses and maintain the integrity of their operations.

- **Safety and Security Solutions:** AI technologies such as computer vision, natural language processing, and machine learning can be applied to develop safety and security solutions that help prevent losses in various contexts. For example, AI-powered surveillance systems can monitor traffic patterns to prevent accidents, analyze security footage to deter theft, or identify potential hazards in industrial settings to prevent workplace injuries.

- **Personalized Risk Management:** AI enables insurers to offer personalized risk management solutions tailored to the specific needs and characteristics of individual policyholders. By analyzing data on customer behavior, preferences, and risk factors, insurers can recommend proactive measures and risk mitigation strategies to help policyholders reduce their exposure to losses.

- **Claims Analytics:** AI-powered claims analytics platforms can analyze claims data to identify patterns and root causes of losses, allowing insurers to implement targeted interventions to prevent similar losses in the future. By understanding the underlying drivers of losses, insurers can develop more effective loss prevention strategies and improve overall risk management practices.

CUSTOMER SERVICE: AI is revolutionizing customer service in insurance claims by offering more efficient, personalized, and accessible assistance to policyholders throughout the claims process.

Here's how AI is beginning to change the landscape of customer service in insurance claims:

- **24/7 Availability:** AI-powered chatbots and virtual assistants provide round-the-clock support to policyholders, allowing them to report claims, check claim status, and get answers to common questions anytime, anywhere. This ensures that customers can access assistance whenever they need it, without being limited by traditional business hours.

- **Instant Responses:** AI-powered chatbots can provide instant responses to customer inquiries, significantly reducing wait times and improving overall responsiveness. Customers no longer have to wait on hold or wait for a response to an email—they can get the information they need instantly through AI-driven chat interfaces.

- **Efficient Claim Reporting:** AI-enabled virtual assistants guide policyholders through the claim reporting process, asking relevant questions and collecting necessary information in a structured and efficient manner. This reduces the likelihood of errors and omissions in claim submissions, leading to faster processing times and smoother claim resolution.

- **Personalized Assistance:** AI algorithms analyze customer data and interaction history to personalize the customer service experience. By understanding each customer's preferences, needs, and past interactions, AI-driven systems can tailor responses and recommendations to provide more relevant and helpful assistance.

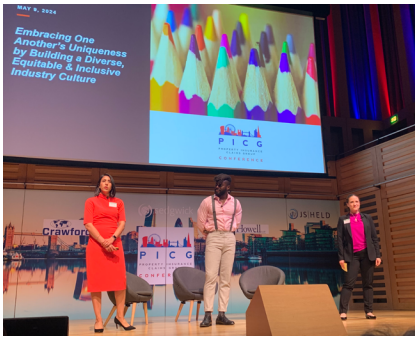
- **Claims Status Updates:** AI-powered systems can provide real-time updates on claim status and progress, keeping policyholders informed throughout the claims process. This reduces uncertainty and anxiety for customers and improves transparency and trust in the insurance company.

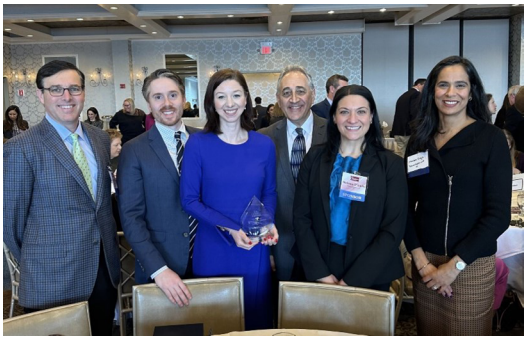
- **Proactive Communication:** AI can analyze data to identify situations where proactive communication with customers may be beneficial, such as sending reminders about policy renewals, offering tips for risk mitigation, or providing updates on relevant industry trends. This proactive approach helps insurers build stronger relationships with customers and enhance overall satisfaction.

- **Claims Triage and Routing:** AI algorithms can triage incoming claims and route them to the appropriate department or adjuster based on factors such as severity, complexity, and urgency. This ensures that claims are handled promptly and efficiently, optimizing resource allocation and improving customer service levels.

- **Natural Language Processing (NLP):** NLP technology allows AI systems to understand and process natural language input from customers, enabling more natural and intuitive interactions. Customers can communicate with AI-driven chatbots using their own words and receive accurate and relevant responses, enhancing the overall customer service experience.

WHAT WE'VE BEEN DOING





6TH ANNUAL WOMEN'S EVENT

Women of the LEA, Loss Executives Association (LEA) 2024 Annual Meeting & Conference, Fort Lauderdale, Florida (January 31, 2024)

Alongside our friends at JS Held and MDD, we hosted our sixth annual reception of cocktails and camaraderie with women in the industry in anticipation of the 2024 Loss Executives Association Annual Meeting & Conference. We were honored to have Bethany Licke share her TEDx-style talk "The Math Equation You Need to Live an Impactful Life." She discussed how values, skills, and environment play a role in our opportunity to make an impact. This event was a lot of fun and a wonderful opportunity to connect.

MASSACHUSETTS LAWYERS WEEKLY'S EXCELLENCE IN THE LAW EVENT

Lunch reception and awards program on March 19, 2024, at the Venezia Restaurant in Boston.

Taylore Karpa Schollard was honored by Massachusetts Lawyers Weekly as an Up & Coming Lawyer. This award showcases rising stars who have distinguished themselves in their legal practice.

WOMEN OF THE PICG CONFERENCE SOCIAL EVENT

Amy Churan, Property Insurance Claims Group (PICG) Conference, London, United Kingdom (May 6, 2024)

Alongside Ascot Group and DBI, we hosted a social event for women in the insurance industry in coordination with the Annual PICG Conference in London. During this event, our guests participated in a fun icebreaker where they were encouraged to get to know women that they were not already acquainted with. As a reward for participation, everyone that completed the icebreaker was eligible to win a very chic designer tote from Aspinal of London, generously donated by Thomson Coe.

EMBRACING ONE ANOTHER'S UNIQUENESS BY BUILDING A DIVERSE, EQUITABLE, AND INCLUSIVE (DEI) INDUSTRY CULTURE

Christina Lincoln, Property Insurance Claims Group (PICG) Conference, London, United Kingdom (May 9, 2024)

Christina Lincoln co-presented at the Property Insurance Claims Group's (PICG) Annual Conference in London on a program called "Embracing One Another's Uniqueness by Building a Diverse, Equitable, and Inclusive (DEI) Industry Culture." She and her co-presenters, Ruchika Kaur of Thornton Tomasetti and Ola Jacob of the Next Generation Insurance Network (NGIN) and Innovative Risk Labs, provided an overview of the latest DEI research, case law, and trends as well as core concepts, such as unconscious bias and allyship, in a fun, interactive and educational program with attendees.

WOMEN IN INSURANCE 5TH ANNUAL EVENT – SCAVENGER HUNT & SOCIAL

Amy Churan & Michele Detherage, Loss Executives Association (LEA) 2024 Spring Meeting, Newport, Rhode Island (June 5, 2024)

We hosted our annual Women in Insurance social, in anticipation of the 2024 Loss Executives Association Spring Meeting in Newport, Rhode Island. Our festivities kicked off with an engaging scavenger hunt, strolling through the picturesque streets of Newport, and culminated in a lively networking cocktail reception.

UPCOMING EVENTS

MANAGING RISK: FROM PROCURING INSURANCE TO NAVIGATING CLAIMS

Melissa D'Alelio, Federation of Defense & Corporate Counsel, Corporate Counsel Symposium, New Orleans, Louisiana (September 15-17, 2024)

The panel will focus on the in-house risk manager's perspective. The panelists will discuss the complex landscape of insurance placement, being flexible and nimble in the face of shifting market dynamics, and how to build strong partnerships with brokers and insurers (both underwriting and claims) to develop trust and respect while collaborating to manage ever-changing risk. Melissa D'Alelio will moderate this panel which includes Lauren Thibodeaux, Senior Director, Enterprise Risk Management, Freeport LNG; Paula Montgomery, Chief Administrative Officer and General Counsel, Gillette Children's Specialty Healthcare; Elizabeth A. Fitzpatrick, C.R.I.S., Chief Risk Officer, Island Companies; and Douglas Richmond, Senior Vice President, Lockton Companies, LLC.

To learn more and register for the FDCC's Corporate Counsel Symposium, click here.

WOMEN IN INSURANCE ANNUAL SYMPOSIUM

Tuesday, November 19, 2024

Save the date! Our Annual Women in Insurance Symposium returns this year! More details to come.

ROBINS KAPLAN WOMEN IN INSURANCE

MELISSA M. D'ALELIO

ELIZABETH BURNETT

AMY M. CHURAN

MICHELE N. DETHERAGE

TAYLORE KARPA SCHOLLARD

LAURA LEE

JENNIFER LELAND

CHRISTINA M. LINCOLN, MLIS

ERICA A. RAMSEY

ELIZABETH A. REIDY

LEE ANN THIGPEN

* NOT PICTURED SANDRA BADIN

INSURANCE insight by women