

BUSINESS INSURANCE 2010 BEST PLACES TO WORK

PROPERTY/CASUALTY INSURERS

SMALL PROPERTY/CASUALTY INSURERS

RANK	COMPANY	HEADQUARTERS	EMPLOYEES
1.	Kentucky Employers' Mutual Insurance	Lexington, Ky	201
2.	Falvey Cargo Underwriting, Ltd.	North Kingstown, RI	37
3.	ARAG Insurance Co.	Des Moines, IA	135
4.	Island Insurance Co. Ltd.	Honolulu	185
5.	American Safety Insurance Services, Inc.	Atlanta	189
6.	CompWest Insurance Co.	San Francisco	142
7.	TIP National, Inc.	Oklahoma City	32

MEDIUM SIZE PROPERTY/CASUALTY INSURERS

RANK	COMPANY	HEADQUARTERS	EMPLOYEES
1.	RSUI Group, Inc.	Atlanta	349
2.	FCCI Insurance Group	Sarasota, FL	674
3.	Berkley Mid-Atlantic Group, LLC	Glen Allen, VA	259
4.	Penn National Insurance	Harrisburg, PA	806
5.	Accident Fund Insurance Co. of America	Lansing, MI	675
6.	United Heartland	Milwaukee	256
7.	Atlanta Global Corporate & Specialty	Chicago	953

LARGE PROPERTY/CASUALTY INSURERS

RANK	COMPANY	HEADQUARTERS	EMPLOYEES
1.	West Bend Mutual Insurance Co.	West Bend, WI	1,051
2.	Philadelphia Insurance Co.	Bala Cynwyd, PA	1,568
3.	The Hanover Insurance Group Inc.	Worcester, MA	4,325

THIRD-PARTY ADMINISTRATORS

SMALL THIRD-PARTY ADMINISTRATORS

RANK	COMPANY	HEADQUARTERS	EMPLOYEES
1.	ScripNet, Inc.	Las Vegas	52
2.	Discovery Benefits, Inc.	Fargo, ND	170
3.	The MGIS Cos., Inc.	Salt Lake City	76
4.	Carl Warren & Co.	Placentia, CA	175

MEDIUM-SIZE THIRD PARTY ADMINISTRATORS

RANK	COMPANY	HEADQUARTERS	EMPLOYEES
1.	Gilsbar, Inc.	Covington, LA	324

REINSURERS

SMALL REINSURERS

RANK	COMPANY	HEADQUARTERS	EMPLOYEES
1.	Maiden Insurance Co.	Mt. Laurel, NJ	127

WHAT IS INSURANCE FRAUD?

The dictionary defines fraud as the intentional perversion of truth to induce another to part with something of value or to surrender a legal right. Insurance fraud can be "hard" or "soft." Hard fraud occurs when someone deliberately fabricates claims or fakes an accident. Criminals are using increasingly sophisticated electronic schemes to defraud insurance companies.

Soft insurance fraud, also known as opportunistic fraud, occurs when normally honest people pad legitimate claims or intentionally understate the number of miles they drive each year or, in the case of business owners, list fewer employees or misrepresent the work they do to get a lower premium.



Those who commit insurance fraud range from organized criminals who steal large sums through fraudulent business activities and insurance claim mills to professionals and technicians who inflate the cost of services or charge for services not rendered, to ordinary people who want to cover their deductible or view filing a claim as an opportunity to make a little money. Some lines of insurance are more vulnerable to fraud than others. Health care, workers compensation, and auto insurance are believed to be the sectors most affected.

Source: Insurance Information Institute

questions regarding issues such as employees' understanding of their companies' long-term strategies, confidence in company leaders and leaders caring about employee's well-being.

Another common characteristic of the Best Places to Work in Insurance honorees is the high level of employee satisfaction

with their companies' communications and culture. Survey questions related to company communications and culture drew an average 89% positive response rate from employees at the companies making this year's list.

Source: Business Insurance

Plugging the Leak

Claim leakage can be defined as the difference between the actual claim payment made and the amount that would have been more appropriate to pay for that claim. Leakage is calculated against the probability that, by using leading practices with the same fact pattern, the result could have been identified and avoided. It may be decreased and/or prevented by improving existing claim operations and methodologies used to evaluate values.



Typically, claim leakage must be derived from a calibrated claim audit approach which involves; consistently sampling, and auditing against leading practice standards for the organization as well as segregating leakage into specific root-cause claim processes to allow for measurement, remediation, and continuous improvement.

Some common causes of leakage are cited below.

- Deviation from established industry or company standards and/or leading practices.
- Improper determination of coverage or risk transfer obligation.
- Inadequate investigations, as well as infrequent communication with relevant parties.
- Difficulty negotiating preferred provider vendor service agreements with defined pricing, billing and payment protocols, including legal, medical and pharmacy professionals, parts suppliers and body shop programs and.
- Inability to identify and/or pursue subrogation recovery and/or offset opportunities.
- Inefficient management of indemnity, medical, and allocated LAE issues.

Comedy Corner



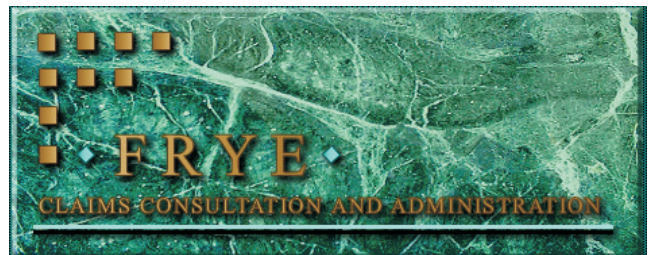
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Do our adjusters eat, sleep, and breathe claims? What's this "sleep" thing?

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