



Consumer's Guide to Insurance for Small Business Owners

This guide is designed to inform you about the different types of insurance available for small businesses, how to buy the coverage you need, and how to file a complaint with OCI.

Wisconsin Office of the Commissioner of Insurance

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Disclaimer

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File a Complaint

If you have a specific complaint about your insurance, refer it first to the insurance company or agent involved. If you do not receive satisfactory answers, contact the Office of the Commissioner of Insurance (OCI).

- Reach out to OCI (1-800-236-8517, ocicomplaints@wisconsin.gov) to speak with our staff. If sending an email, please indicate your name and phone number.
- File a complaint with OCI. You can file a complaint online at oci.wi.gov/complaints. If you would like to file your complaint by mail, visit oci.wi.gov/complaints, email @wisconsin.gov, ocicomplaints@wisconsin.gov or call 1-800-236-8517 for a form.

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Introduction

When launching or running a business, it's just as important to consider the risks as it is the rewards. To help mitigate risks, business owners deal with a large array of [insurance](#) needs such as property, liability, auto, worker's compensation, health, and disability insurance. This publication is designed to tell you about the different types of insurance available, how to buy the [coverage](#) you need, and how to file a complaint with the Office of the Commissioner of Insurance (OCI).

Property and liability insurance are critical coverages a small business owner needs. Property insurance protects small business owners from losses due to damage to physical space or equipment and as a result of theft.

Liability insurance offers certain protections to a small business owner. For example, if someone falls while visiting your business premises or a customer is hurt by a product your business sells, a liability policy can protect your business.

Property Insurance

Property insurance may be one of the most important types of insurance for financially protecting the property and physical assets of your business. Types of property a business needs to insure include:

- Buildings and other structures, leased or owned
- Furniture, equipment, and supplies
- Leased equipment
- Inventory
- Money and securities
- Records of accounts receivable
- Improvements you made to the premises
- Machinery
- Boilers
- Data processing equipment and media, including computers
- Valuable papers, books, and documents
- Mobile property, such as automobiles, trucks, and construction equipment
- Satellite dishes
- Signs, fences, and other outdoor property not attached to a building
- Intangible property (goodwill, trademarks, etc.)

- **Three types of property insurance plans:**

- **Basic Property Insurance Form**

- Generally covers losses caused by fire or lightning and the cost of removing property to protect it from further damage (i.e., removing inventory or equipment from a damaged building so it will not be stolen).

- **Broad Form**

- Includes basic coverage plus coverage for "extended perils," including windstorm, hail, explosion, riot and civil commotion, aircraft, and vehicles that damage the property of the [insured](#).

- **Special Form**

- Includes basic and broad coverage, and covers all direct physical losses except conditions specifically excluded as listed in the policy.

Liability Insurance

Liability insurance, also called Commercial General Liability (CGL), covers four categories of events for which you could be held responsible: bodily injury; damage to others' property; personal injury, including slander and libel;

and false or misleading advertising. CGL coverage pays for the injured party's medical expenses. It excludes your employees who are covered by worker's compensation.

- **Three types of legal damages people may sue you for (typically covered by a CGL policy):**
 - **Compensatory Damages**
Financial losses suffered by the injured party and future losses they may suffer resulting from an injury they claim in the lawsuit
 - **General Damages**
Nonmonetary losses suffered by the injured party, such as "pain and suffering" or "mental anguish"
 - **Punitive Damages**
Additional penalties and charges the defendant must pay

Business Owner's Policy (BOP)

One package policy frequently purchased by small- to mid-size businesses is the Business Owner's Policy or BOP. BOP is a package policy designed to meet the insurance needs of small offices, stores, apartment houses, and certain types of small services and processing businesses.

The key to whether a business owner is eligible for BOP is the size of the premises, the limits of liability required, the type of commercial operation it is, and the extent of its off-premises servicing and processing activities.

BOP includes property insurance for buildings and their contents. The package policy may also cover loss of business income and extra expense resulting from a fire or similar insured peril. The liability section of BOP includes coverage for bodily injury or property damage a business may be liable for.

BOP does not cover professional liability (liability [claims](#) arising from wrongful practice by professionals), auto insurance, worker's compensation, health, or disability insurance. These must be purchased separately.

Property Insurance Coverage

BOP provides two basic [property coverage](#) forms: the standard form and the special form. Both forms cover buildings and most business property on a replacement cost basis. [Replacement cost coverage](#) is what it actually costs to replace or restore the item without deducting for [depreciation](#). Do not confuse replacement cost with actual cash value. Actual cash value is usually figured out by taking the replacement cost of the item and subtracting depreciation. For example, if your 7-year-old desk that cost \$500 was damaged in a fire, it might have depreciated 50%. Therefore, you would be paid \$250 for it.

Owners of older buildings for whom replacement cost coverage may be difficult or too expensive to obtain might consider the actual cash value option. Actual cash value is offered as an option for buildings.

The property coverage under BOP automatically includes other people's [personal property](#) to the extent the business owner is legally liable for the damage.

Liability Insurance Coverage

Defending against a legal complaint, even a minor one, is costly. The liability coverage in BOP protects the assets of your business when it is sued for something your business did (or failed to do) that caused injury or property damage to someone else.

Types of Claims Covered by Liability

BOP liability covers claims in four basic categories of business liability:

Liability coverage in BOP pays for medical expenses of persons, other than employees, who sustain injuries at the insured business or as a direct result of the operations of the insured business.

Bodily Injury	Property Damage	Personal Injury	Advertising Injury
Damage to a person's body or physical wellbeing.	Damage to any type of real estate or personal property such as furniture.	Damage to a person's or business entity's reputation or basic rights, such as the right to be free from interference and to have privacy. (Includes slander or libel.)	The harm caused as the result of the insured advertising its goods or services, such as an advertisement that slanders another organization's products or services.

Liability coverage in BOP covers liability claims that stem from ownership or control of premises, products and completed operations, and certain types of contracts. The term "premises" generally includes land, building, and other property. This part of the policy covers claims due to failure to avoid harming customers, salespeople, or other people (even trespassers) who are on their premises.

"Products" coverage includes claims that stem not only from the manufacture of products but also from their distribution and sale. "Completed operations" is work that has been performed, such as the repairing of appliances, the cleaning of chimneys, or the installation of plumbing.

However, liability insurance will **not** protect you against claims arising from nonperformance of a contract, wrongful termination of employees, sexual harassment, or race and gender discrimination lawsuits. This is another good reason to carefully read your policy.

Single Limit Liability Coverage

BOP has a single limit for liability and medical expenses with a separate medical expenses limit per person injured. BOP also has separate limits for products/completed operations, that is, the work carried out and completed by the business, such as repairing electrical appliances, and for advertising and personal injury, as well as a general aggregate limit and limits per person injured and per occurrence, and limits on damage per fire.

The single limit in BOP makes decisions on how much liability protection to purchase less complicated, but it also reduces flexibility. If your product has a higher-than-average product liability risk, such as toys, BOP might not provide enough liability coverage.

For example, your business has chosen a \$500,000 limit on liability and medical expenses and a \$5,000 limit per person injured. If your store needed additional liability coverage, you could purchase higher limits or an umbrella or excess insurance policy.

Defense and Legal Costs

BOP obligates the insurer to provide a defense and pay for various legal costs when there is a covered liability claim or lawsuit against the insured business owner and the claim is covered by the policy. This provision not only

protects a business from legal expenses, but it generally makes available a more expert defense than the business would be able to afford on its own.

Exclusions

The most important [exclusion](#) is the exclusion for injury and property damage that is *intended or expected by the policyholder*. For example, if you distributed a letter that you knew contained misleading or disparaging information about a competitor with the intent to put them out of business, the policy would not cover the competitor's claim for damages.

BOP excludes liability for exposures that are covered under other insurance such as worker's compensation and professional and auto liability insurance policies.

Claims resulting from damage to the property of others in the business owner's care, custody, and control are excluded because coverage for such damage is covered under property policies.

Losses relating to contracts or agreements, injuries caused by exposure to nuclear radiation, and liability for injury or property damage caused by substances that pollute the environment are excluded.

BOP also excludes all coverage for pollution claims. If you need liability coverage for environmental pollution, you must purchase a special policy. Ask your agent or insurance company to discuss coverage options.

Manufacturers of products subject to recall, such as food items or toys, should consider purchasing a special policy to cover this exposure. Products are excluded from BOP policy because of the cost of a recall.

Coverage for administering certain kinds of professional services or failure to render such services may be excluded from BOP, depending on the extent of services provided.

Legal actions that do not involve a claim for bodily injury, property damage, personal injury, or advertising injury are not covered. BOP does not cover most contract disputes, actions by governmental agencies charging a business that failed to follow regulations or statutes, or pollution charges.

A claim for back taxes or a penalty for failure to provide a safe workplace is not covered by BOP.

Ask your agent to **explain anything about the policy you do not understand** and to answer any other questions you might have. You should know what the policy does and does not cover, including any [deductibles](#) or [coinsurance](#) requirements, exclusions, exceptions, or limitations, how and when to make a claim, and how claims are processed.

Specific Industry Coverage

Certain categories of small businesses, such as restaurants, wholesalers, florists, garages, etc., would not be eligible for a BOP, regardless of size, because they have specialized insurance needs. Many insurance companies offer specifically designed policies that usually include specialty coverage that is advantageous to those businesses. For more information, contact your agent or members of your trade association.

Other Coverages

Business Interruption Insurance

This provides coverage if the business premises, vital business equipment, or other business property becomes unusable because of a fire, explosion, or similar covered property peril. As a result, most businesses will suffer:

- loss of net profit that would have been earned.
- payments for expenses that continue even though the business is not operating normally (e.g., debt payments, taxes, salaries, and employees).

These losses may be covered by business interruption insurance. The purpose of business interruption insurance is to provide the business owner with what the business itself would have done if there had been no loss. Business interruption insurance is included in BOP but may also be purchased as an [endorsement](#) to the fire policy.

Extra Expense Insurance

This provides coverage for a business to continue operating regardless of the extent of damage to its property. Many businesses can resume operations fairly rapidly but may incur extra expenses by relocating to temporary facilities, buying or leasing replacement equipment, supplies, furniture, and machines, quickly getting in new merchandise, and notifying clients and customers of the move. Extra expense insurance provides coverage for these increased costs of resuming business.

Optional Coverages

Insurance companies have designed package policies for businesses so all major property and liability exposures are covered in a single policy. You can add a variety of coverages to the basic package for an additional [premium](#) through an endorsement that adds clauses to the insurance contract.

- **Outdoor Signs**
BOP covers only signs attached to the building itself. The optional coverage applies to signs located on other parts of the building.
- **Exterior Grade Floor Glass**
The coverage for exterior grade floor glass refers to glass at ground or basement level with an exterior or outside exposure.
- **Money and Securities**
The money and securities option provides all-risk coverage for valuables wherever they are—at the bank, at the business owner's or another person's home, on the business premises, or in transit between these places. You choose the coverage limits you need.
- **Crime Insurance**
Crime insurance protects businesses from theft and malicious damage, such as employee embezzlement.
- **e-Insurance or Internet Business Insurance**
e-insurance covers web-based businesses for damages caused by computer hackers and viruses.
- **Employee Dishonesty**
The employee dishonesty option provides coverage for loss of business property, including money and securities, due to employee theft, embezzlement, fraud, or any other criminal act on the part of an employee. You choose the coverage limits you need.

- **Mechanical Breakdown**

The mechanical breakdown option provides the same kind of protection available under a separate boiler and machinery policy.

- A **boiler and machinery policy** provides specialized coverage for machinery and power-producing equipment (see below). Coverage is provided for losses resulting from the breakdown of mechanical, electrical, and pressure equipment ranging from boilers to refrigeration systems, engines, compressors, pumps, motors, transformers, and other machinery.
 - Boiler and machinery policies cover both property and liability losses as well as the reasonable cost of making temporary repairs and expediting repair work. Property coverage is provided not only for the equipment, but also for other property of the policyholder directly damaged as a result of an accident.
 - A boiler and machinery policy also may be endorsed to cover losses resulting from an interruption of business following an insured accident and losses due to spoilage of specified property, such as food and other perishables, from lack of power, heat, steam, light, or refrigeration resulting from an insured accident.

- **Contingent Liability, Demolition Costs, and Increased Cost of Construction**

Coverage for demolition costs and increased costs of construction to comply with building codes protects the business owner from expenses to reconstruct property to comply with building ordinances.

An important consideration when selecting these coverages is how much potential damages you can afford to pay yourself without crippling your business's operations. The value of an outdoor sign, for example, may be so low and the likelihood of damage so minimal it is not worth taking out insurance to cover it. You can save money by taking higher deductibles on the coverages you do decide to purchase.

Buying Property and Liability Insurance – Things to Consider

Underwriting Process

Insurance companies decide the types of risks they will accept. This is referred to as [underwriting](#) and is the process by which an insurer selects and classifies risks according to their degree of insurability.

Premiums

The premiums charged for business insurance vary widely from company to company. It pays to shop around to obtain the best value for your insurance dollar. Insurance premiums are dependent on a number of factors, including location, age and type of building, use of the building, local fire protection, choice of deductibles, application of discounts, and the amount of insurance you purchase.

Deductibles

The cost of your insurance is directly linked to your policy's deductible amount. The deductible is the amount of money that you agree to pay as part of a claim before your insurer pays the remaining amount toward the claim. Deductibles reduce costs because you pay the first \$250 or \$500 of every loss.

Since you are actually "self-insuring" for the deductible amount, you should ask if the savings is worth it. It is a good idea to get quotes for various deductibles before making your selection. Deductibles may apply separately

to each building covered or to personal property in each building, with an aggregate deductible for any one occurrence.

Building Insurance

What will it really cost to replace your building in the event of loss from a fire or tornado? Are there building upgrades that are required by law when you rebuild (e.g., fire sprinklers may need to be installed) and what will they cost? Does the policy you are considering cover the extra cost to meet current building code requirements?

Business Personal Property

Every business owns some personal property that could suffer a loss. What would it cost to replace all of your furniture, fixtures, inventory (minimum and maximum values during the year), and building upgrade (if you lease)?

Business Interruption Coverage

You need to consider how long it would take to restore your business operations in the event of a fire. Where would you temporarily resume operations? What expenses could you discontinue while repairs are being made?

Liability Coverage

You should check your lease and other legal contracts you have signed to see what and how much liability coverage the contracts require you to carry. You may want to get price quotes for limits of insurance beyond what you are required to purchase according to your contractual obligations so you can see what higher amounts of coverage will cost. You may decide to either buy all the liability coverage you can afford, or you may only want what is required. Many people buy what makes them comfortable for a price they can afford.

Report Your Loss History Accurately

Failure to accurately report past losses could allow an insurance company to legally deny your claim and not pay you for the loss. It is important to disclose any lawsuits in which you have been named as a party and for which insurance coverage was provided. Also, be sure to include any property claims you have had such as those for fires, thefts, or vandalism.

Discounts

Discounts may be available if you have sprinklers, burglar alarms, and security cameras. Make sure you tell your agent about any upgrades or renovations done to the building, particularly to the roof, heating, electrical, and plumbing systems.

Your Insurance Agent

Your insurance agent should fully review the types of business property you own and use, to determine what kinds of property insurance you need. There is no sure answer about how much liability insurance to buy for a particular business. You should consider the degree of risk in the business itself. Your insurance agent can help you determine a satisfactory limit of coverage for your specific business.

Ask your agent to explain anything about the policy you do not understand and to answer any other questions you might have. You should know what the policy does and does not cover, including any deductibles or coinsurance requirements, exclusions, exceptions, or limitations, how and when to make a claim, and how claims are processed.

Required Coverages: Auto and Worker's Compensation

Wisconsin law requires all business owners to purchase certain types of liability coverage or show proof of financial responsibility. What follows is a description of these required coverages.

Auto Insurance

Most businesses today operate with a motor vehicle. If the vehicles are damaged in an accident or stolen, the business has to repair or replace them. If there is an accident and the business is at fault, the business may be subject to large claims from people injured in the accident. A business auto insurance policy helps to cover both property and liability risks businesses face because of the ownership or use of autos and trucks.

An auto is defined as any motor vehicle designed for primary use on the road. This includes all types of trucks and trailers pulled by trucks.

The insured is the person or entity who holds [title](#) to the vehicle. Owners of small businesses often use the same vehicles for both personal and business purposes. Problems may occur if the insurance is not written in the name of the person or entity with title to the vehicle. For example, John Smith owns the XYZ Company that owns the vehicle that Smith drives for both business and pleasure. Smith told his insurance agent he owned the car so the agent put Smith's name on the auto insurance policy and not the company's name. Smith is involved in an accident. There may be problems when he attempts to collect on an insurance claim to repair the damage to the car because the insurance policy requires the owner of the vehicle to be the principal insured.

Financial Responsibility Auto Insurance Requirements

Wisconsin has a financial responsibility law. It is designed to make sure any motorist licensed to drive in Wisconsin has insurance or enough money to pay for damages to others that may be caused by a motor vehicle. These requirements may be met through insurance. Details are available at the Department of Transportation (wisconsindot.gov), Division of Motor Vehicles, Hill Farms State Office Building, 4822 Madison Yards Way, P.O. Box 7910, Madison, Wisconsin 53707-7910.

Your auto policy must contain three major parts—liability insurance for bodily injury, liability insurance for property damage, and uninsured motorist coverage.

Your auto policy must provide the following minimum liability coverage:

- \$25,000 for injury or death of one person
- \$50,000 for injury or death of two or more people
- \$10,000 for property damage

The law also requires uninsured motorist coverage of \$25,000/\$50,000 for bodily injury only.

- **Injury Liability Insurance**

Bodily injury liability insurance does not protect you or your car directly. If you cause an accident injuring other people, it protects you against their claims up to the stated amounts for medical expenses, lost wages, pain and suffering, and other losses. It will also usually pay if the accident was caused by a member of your family living with you or a person using your auto with your consent.

- **Property Damage Liability Insurance**

Property damage liability insurance pays for any damage up to the stated amount you cause to the property of others such as a crushed fender, broken glass, or a damaged wall or fence. Your insurance will pay for this damage if you were driving your auto or if it was being driven by another person with your consent.

- **Uninsured Motorist Coverage**

Uninsured motorist coverage applies to bodily injury you, your family, and other occupants of your vehicle incur when hit by an uninsured motorist or hit-and-run driver. It also covers you and your family if injured as a pedestrian when struck by an uninsured motorist or hit-and-run driver. It protects you by making sure money is available to pay for your losses caused by someone else.

Uninsured motorist coverage **does not cover your property damage** and does not protect the other driver. Your insurance company may sue the other driver for any money the company pays you because of the other driver's negligence.

- **Underinsured Motorist Coverage**

This is an optional coverage that increases the personal injury protection to you and the people in your car up to the amount of coverage you purchase. It becomes effective when the party causing an accident has lower limits than you purchase and the accident costs more. The maximum dollars paid is then the difference between the two limits.

For example, assume the underinsured motorist (UIM) limits selected were \$100,000 per person, and the person causing the accident had limits of \$50,000 per person. Under this scenario, you could collect up to \$50,000 from the at-fault driver and up to an additional \$50,000 (the difference in limits) under your UIM coverage. UIM coverage typically does not "add" the amount you purchased to the amount available from the person causing the accident.

Insurers are required to notify policyholders who do not have UIM coverage of its availability. The limits of UIM coverage, if accepted after notification, are \$50,000 per person and \$100,000 per accident.

- **Medical Payments**

This provides medical or funeral expenses for people injured or killed in your car. It also covers you and members of your family if hit by a car or injured while riding in another car. Medical expense coverage is usually sold as a single amount such as \$1,000. Companies must offer this coverage but you do not have to buy it.

Physical Damage Coverage

There are three basic types of physical damage coverage for motor vehicles: collision, comprehensive, and specified perils.

- **Collision Coverage**

This protects your car if your car collides with an object, including another car, or if it overturns. Your insurer will pay for such damage even if the collision is your fault. Limits are based on the actual cash value of your car and it is usually written with a deductible of \$100 or more.

- **Comprehensive Coverage**

This protects your car against almost all damage except loss caused by collision. This includes fire, theft, missiles, glass breakage, falling objects, explosion, earthquake, civil commotion, or colliding with a wild bird

or animal. It is based upon the actual cash value of the car and can be written with a deductible. Flood damage to your auto is covered if your auto insurance policy includes comprehensive coverage.

- **Specified Perils**

Because comprehensive covers so many perils, it can be very expensive. For businesses that want this broad coverage, a less expensive alternative is specified perils coverage. This is sometimes called "fire, theft, and combined additional coverage," or "CAC." It covers many of the perils comprehensive covers except windshield damage, but it does so on a named-peril basis.

Coverage for your vehicle in an auto insurance policy is not based on replacement cost. The amount an insurance company will pay on an auto physical damage or theft claim depends on the "actual cash value" of the vehicle. The actual cash value of the vehicle is the replacement cost less depreciation, which most often is the current [market value](#) at the time of loss. Therefore, the company's obligation is to repair the car based upon its actual cash value, not its replacement cost.

The insurance company may pay the business owner the value of the loss in money or, at its option, it may

1. repair or replace the damaged or stolen vehicle, or
2. return a stolen vehicle to the business owner with payment for any damage caused by the theft.

If you borrow money from a bank or some other financial institution to buy your vehicle, the lender will probably require you to purchase physical damage coverage to protect both of your interests in the car.

Safety Responsibility Law

Wisconsin has a Safety Responsibility Law. The law requires that any time a person is hurt or killed, someone's property is damaged over \$1,000, or state- or government-owned property is damaged over \$200, it must be reported as soon as possible. You must also file a Driver's Report of Crash within 10 days with the Division of State Patrol. If a police agency investigates the crash, you do not have to fill out the crash report. The police will.

If you are in a crash in Wisconsin, you should exchange insurance information with the other driver. Under the Safety Responsibility Law, uninsured motorists who are in reportable crashes must show they can pay for the damages and injuries they may have caused. The law takes away the driver's license and vehicle registration of the uninsured motorist who cannot pay for damages or injuries they cause.

For more information, contact:

Wisconsin Division of Motor Vehicles

Citations and Withdrawals Section – Uninsured Motorist Unit

P.O. Box 7983

Madison, Wisconsin 53707-7983

(608) 266-1249

Types of Auto Insurance Policies

- **Auto Insurance for a Home-Based Business**

In some cases, home-based business owners can be covered by their personal auto insurance policy. However, depending on your particular use of your car, you may need to purchase higher coverage limits to protect yourself and your business.

In other cases, particularly if you are transporting people for any reason in the conduct of your business, you may need a home-based business auto policy.

Insurance companies look at the number of miles you drive, who will be driving the vehicle, your driving record, and your claims history in order to set your premium.

The liability limits you choose and your comprehensive and collision deductibles are also major factors in how much you are going to pay. The higher your limits, the higher your premium. Lower deductibles are going to cost you more, too.

As a home-based business owner, you need to pay attention to liability limits in order to protect both personal and business assets. If you cause an accident, the injured parties can go after you as an individual and as a business owner. In order to minimize financial risk, you might consider higher liability limits.

Many home-based businesses move equipment from job to job, like power washers and ladders for house painters, or lawnmowers and other gardening equipment for landscapers. If you have a homeowners or renters insurance policy, the equipment you haul from job site to job site might have only minimal coverage.

If you permanently affix a piece of equipment, like a generator, to your vehicle, the generator will not be covered unless you increase your insurance on your vehicle in order to cover items permanently attached.

Most importantly, if you are relying on either a personal auto insurance or personal umbrella liability policy to provide you with protection for your company's use of vehicles, look closely at the provisions, as business-related liability may be excluded.

- **Business Auto Insurance Policy**

A business auto insurance policy covers both property and liability risks faced by a business owner because of ownership or use of autos and trucks. A policy covering a vehicle used in business may also cover your employees when they are operating their personal cars for your business.

The liability portion of the policy obligates the insurance company to pay up to the policy limits in the event of bodily injury or property damage. The injury or damage must have been caused by an accident and have resulted from the ownership, maintenance, or use of a covered auto.

When there is an auto liability lawsuit against the insured business and the loss is covered by the policy, the insurance company is obligated to defend the business owner or settle the lawsuit. The policy leaves the decision entirely up to the insurance company about whether to defend or settle a given claim. The insurance company's duty to defend or settle ends when the insurance policy limits have been exhausted by the payment of [judgments](#) or settlements.

There are three options for liability coverage under the business auto insurance policy: (1) autos owned by the business; (2) all autos owned, hired, or leased; or (3) all autos, including those that are not owned, hired, or leased. Most business owners should buy the third type of coverage to protect themselves from liability when an employer or principal is driving a personal auto on company business.

When is the Business Liable?

An employer is generally liable for acts of employees when they are acting within the scope of their employment. So, when employees are driving vehicles on company business, regardless of who holds title to the vehicle, the employer will probably be liable.

For example, if an employee takes a company-owned vehicle home at night, generally on the way to and from home the employer is liable. However, if the employee takes that vehicle out later that night on personal errands, the employer will usually not be liable because the employee is not acting within the scope of employment.

Controlling Auto Loss Exposures

The cause of most accidents is the driver. Employers should always check driving records of any employees who will drive on company business and never allow persons with a poor driving record to drive.

It should also be company policy that drivers always use seat belts. Driving safety should be frequently emphasized, and all vehicles should be well maintained.

Premiums

Premiums for the property coverage portion of the auto insurance policy are based on business use, radius or areas of use, and where there is a combination truck and trailer on gross vehicle weight (GVW) or gross combination weight (GCW).

- **Three Types of Business Use:**
 - **Service use** refers to vehicles used to transport people, tools, equipment, or supplies to and from a job location.
 - **Retail use** refers to vehicles that pick up property from or deliver it to individual households.
 - **Commercial use** is when it does not fit under the service and retail descriptions.
- **Three Radius Classifications:**
 - **Local**—fewer than 50 miles from principal point of garaging.
 - **Intermediate**—more than 50 and fewer than 200 miles.
 - **Long distance**—more than 200 miles.

Fleet of Vehicles

Businesses that have a fleet of vehicles will, of course, have different needs than a business with one or two. Businesses need to be aware of how insurance policies are written for a fleet of vehicles. Some provide fleet coverage, which means the business does not have to notify the insurance company when a new vehicle is added; it is covered as part of the fleet. Other policies do require notice to the insurance company of a new vehicle. If the notice is not given, the new vehicle is not insured.

If You Are in an Accident

- **Call the police.**

A police report can help if you have an accident or if your car is stolen or damaged by vandals. What looks like a minor dent could be several hundred dollars worth of damage.
- **Obtain information.**

Write down the names, addresses, telephone numbers, and license numbers of persons involved, including witnesses. Note the time, date, location, road conditions, make and year of vehicles involved,

insurance information, apparent damage and injuries, and your version of what happened. Make a diagram of the accident. Your insurance company will need complete information about the accident.

- **Call your agent.**

Phone your agent promptly, even if you are far from home. Have your policy number ready, plus all license numbers, phone numbers, and other information.

- **Ask your agent.**

Find out what documents, forms, and data you will need. If you have any questions, your agent will be able to assist you in filling out the forms.

- **Cooperate: answer all questions fully.**

Your insurer may call you for more information or ask to examine your damaged vehicle. In order to determine the extent of damage, they must have access to the vehicle.

- **Take notes.**

Whenever you talk with insurance company employees, your agent, lawyers, police, or others, write down the date, times, names, and subjects you talked about. Include all decisions or promises made.

- **Save receipts.**

Your auto policy may pay for incidentals such as a car rental or a hotel room if your accident happens out of town. Save copies of all documents you send or receive.

- **Settling your claim.**

The claim should be paid promptly after the insurer has received adequate proof of loss. If the insurer rejects your claim or pays only part of it, you should be given an explanation for the decision.

Underwriting Guidelines for Auto Insurance

Underwriting is the process insurance companies use to select and classify an applicant's risk. Insurers use their own underwriting standards to determine if your business is eligible for insurance and, if so, what price you should pay for coverage.

When you apply for auto insurance, your driving record will not only affect your [rates](#), it may also cause you to be denied insurance. Wisconsin law does not permit insurers to exclude drivers by endorsement. They are permitted to rate based on all members in the household regardless of whether they are related by blood or marriage.

Wisconsin law does not require insurance companies to extend a [grace period](#) for auto insurance premium payments. If payment is not received by the due date, the insurance company is permitted to cancel your auto insurance policy for nonpayment of premium.

When replacing your automobile policy with another company, be aware that the new company has 60 days to underwrite (examine, accept, or reject) your application. This may include securing motor vehicle, credit, and claim history reports, as well as verification of other information provided on the application. Your policy can be canceled during the first 60 days for any adverse information, such as accidents, violations, suspensions, or prior claims.

Worker's Compensation Insurance

Worker's compensation is protection mandated by state law for a worker and his or her dependents against injury and death occurring in the course of employment. It is not health insurance and is not intended to compensate for disability other than disability caused by injury arising out of employment.

The purpose of the worker's compensation system is to provide financial and medical benefits to victims of "work-related" injuries and their families, regardless of fault. The laws place the financial burden on the employer. This compensation is generally the exclusive remedy for the injured employee.

Benefits Payable Under Worker's Compensation Insurance

Worker's compensation benefits can provide the urgently needed medical care and the needed financial support for injured workers and their families. Benefits may include:

- **Coverage of all reasonable and necessary medical costs**
- **Benefits for temporary wage loss**

Temporary Partial Disability (TPD) or Temporary Total Disability (TTD) are provided to sustain an employee while recovering from an injury. Eligibility for temporary disability benefits is determined and must be documented by a doctor. Benefits for temporary wage loss due to disability are based on two-thirds of the employee's wage rate up to a specified maximum amount.

- **Benefits for permanent disability**

Permanent Partial Disability (PPD) or Permanent Total Disability (PTD) are paid if the employee does not fully recover from the injury. Permanent disability is awarded for the potential or actual loss of earning capacity. The amount of benefit payment for permanent disability depends on the seriousness of the permanent disability.

- **Vocational rehabilitation and retraining**
- **Death benefits and burial expenses up to specific limits**

Requirement

Wisconsin law requires a subject employer with employees working in Wisconsin to have worker's compensation insurance with an insurance company licensed to write worker's compensation insurance in Wisconsin.

Each employer must have a worker's compensation insurance policy. One employer cannot provide worker's compensation insurance coverage for another employer's employees even when they voluntarily sign a contract to provide the coverage. Every employer, as described in s. 102.04 (1), Wis. Stat., is required under s. 102.28 (2), Wis. Stat., to have a worker's compensation insurance policy.

Wisconsin Worker's Compensation Act (Act)

(Sections 102.04 and 102.07, Wis. Stat.)

Most Wisconsin employers are required to have worker's compensation insurance or be authorized self-insurers under the Act. The law mandates worker's compensation insurance for:

1. Any employer who employs three or more persons full- or part-time. This employer needs worker's compensation insurance immediately upon employing a third person.

2. Any employer who has one or more full-time or part-time employees and has paid gross combined wages of \$500 or more in any calendar quarter for work done in Wisconsin. This employer must have insurance by the 10th day or the first month of the next calendar quarter.
3. Anyone engaged in farming who employs six or more employees (at one or more locations) on the same day for 20 days (consecutive or non-consecutive) during a calendar year. A calendar year is January through December. The farmer must have insurance within 10 days after the 20th day of employment. Some relatives of the farmer are not counted as employees.

An employer subject to the Act may not withhold or collect any money from employees or any other person, including independent contractors and subcontractors, to pay for worker's compensation insurance. To do so is illegal. Also, no agreement by an employer waiving rights to compensation is valid. [s. 102.16 (3) and 102.16 (5), Wis. Stat.]

Who is Covered by the Act? Are There Exceptions?

Nearly all employers in Wisconsin are covered. This includes both public and private employers. In fact, when talking about worker's compensation, it is easier to discuss the exceptions. There are a few classes of workers who are covered by federal laws and are not covered by the Act. Federal government employees (such as postal workers, veterans administration hospital employees, or members of the military) are covered by federal laws. People who work on interstate railroads are covered by the Federal Employers Liability Act. Seamen on navigable waters are covered by the Merchant Marine Act of 1920, and people loading and unloading vessels are covered by the Longshoremen's and Harbor Worker's Compensation Act.

The only employee exceptions to the Act's insurance requirement are (1) domestic servants, (2) any person whose employment is not in the trade, business, profession, or occupation of the employer, (3) some farm employees, (4) volunteers, including volunteers of nonprofit organizations that receive money or other things of value totaling not more than \$10 per week, (5) religious sect members that qualify and are certified for an exemption, (6) employees of Native American tribal enterprises, including casinos, unless the tribe elects to waive its sovereign immunity and voluntarily becomes subject to the Act, and (7) real estate brokers, agents, and salespersons that satisfy the two elements pursuant to s. 452.38, Wis. Stat. Contact the Worker's Compensation Division's Bureau of Insurance Programs at (608) 266-1340 for an explanation of these exceptions. Virtually all other workers and employers are subject to the Act.

Are out-of-state employers who have employees working in Wisconsin required to have a worker's compensation insurance policy in Wisconsin?

Yes, out-of-state employers with employees working in Wisconsin must have a worker's compensation insurance policy with an insurance company licensed to write worker's compensation insurance in Wisconsin.

Section 102.28 (2), Wis. Stat., requires an employer subject to the Act with employees working in Wisconsin to have a worker's compensation insurance policy with an insurance company licensed to write worker's compensation insurance in Wisconsin. The policy must be endorsed to name Wisconsin as a covered state in section 3-A of the policy.

If an out-of-state employer has a worker's compensation insurance policy with an insurance company not licensed to write in Wisconsin, they must obtain a policy from a Wisconsin-licensed insurance company to cover their Wisconsin exposure. The insurance company must file the properly endorsed policy with the Wisconsin Compensation Rating Bureau.

Must employers purchase worker's compensation insurance?

The law requires that every employer subject to the Act provide some way of assuring it can pay benefits to its workers should they become injured. Most employers in Wisconsin provide this security by purchasing a worker's compensation insurance policy from a private insurance company. The insurance company then reports to the State of Wisconsin, Department of Workforce Development (DWD), that it is providing coverage for the employer.

Some employers "self-insure" with authorization from the DWD Worker's Compensation Division.

What is Self-Insurance?

Some employers who are financially sound (and usually quite large) are "self-insured." An employer can only be self-insured if it obtains permission from DWD.

DWD requires employers to demonstrate a very sound financial condition in order to be self-insured.

Where to Purchase Worker's Compensation Insurance

- **Open Marketplace**

There are about 300 insurance companies licensed to write worker's compensation insurance in Wisconsin. Contact a local agent to assist you in applying for insurance to the company of your choice.

If an insurance company turns down your insurance application, you should ask your agent to search the marketplace for another company. Information on licensed insurers is available on OCI's website at oci.wi.gov.

- **Wisconsin Worker's Compensation Insurance Pool**

If coverage is not available in the open market, your agent should submit an application to the Wisconsin Compensation Rating Bureau (WCRB).

The WCRB acts as the administrator and trustee of the Wisconsin Worker's Compensation Insurance Pool (Pool). The Pool is a risk-sharing plan created to provide worker's compensation insurance to employers that are unable to obtain coverage in the open market and are entitled to such insurance in good faith. Out-of-state employers with no Wisconsin operations and employers who owe money to the Pool for prior policies are not eligible for Pool coverage.

All insurers licensed to write worker's compensation insurance in Wisconsin must participate in funding the Pool and are represented by five insurance companies that have been selected as servicing carriers. The insurance company assigned to service a Pool policy writes the policy in its own name and provides claims, loss control, auditing, and other services, just as they would for their voluntarily written policyholders.

The WCRB will assign an insurer to write the policy for you. The premium cost is generally the same for assigned coverage. Your insurance agent can provide you with further information and forms.

Penalties for Not Purchasing Worker's Compensation Insurance

There are severe penalties for the employer that fails to have worker's compensation insurance coverage. First, if a worker is injured, the employer is personally liable.

Second, the DWD Worker's Compensation Division actively enforces the Act. The Worker's Compensation Division has the authority to close down an employer until proper worker's compensation insurance is obtained.

By law, a penalty is imposed on an employer for failing to have worker's compensation insurance coverage where required. The normal penalty is twice the amount of premium not paid during an uninsured time period or \$750, whichever is greater. An employer who has an illegal lapse in worker's compensation insurance of seven consecutive days or less can be subject to a penalty of \$100 for each day they are uninsured provided 1) the employer has not previously been penalized for not having worker's compensation insurance coverage. and 2) no injury that the employer is liable for under s. 102.03, Wis. Stat., occurred during the uninsured period. If the illegal lapse is greater than seven days, the normal penalty assessment will apply.

In addition to the penalty, uninsured employers are personally liable for benefits and do not have the normal exemptions of property from seizure and sale on execution of a judgment. Officers and directors of uninsured corporations are personally liable for benefits owed by the corporation. Other penalties may apply depending upon the situation. [Sections 102.82 (2) (a), 102.82 (2) (ag), and 102.28 (5), Wis. Stat.]

Cost of Worker's Compensation Insurance

The cost of worker's compensation insurance will vary depending on the payroll and the type of business. Employers are classified for worker's compensation insurance purposes by the predominant business and not the specific job.

For example, in a manufacturing situation, the product manufactured determines the business of the insured employer. In other words, a company that manufactures cars would be classified as an automobile manufacturer. There are many kinds of jobs involved in making cars, and some jobs are more hazardous than others. Nonetheless, all of these jobs are being performed for an employer engaged in the business of manufacturing automobiles. Therefore, all of the employees' payrolls would be classified in the same classification.

Premium Rate Determination

The WCRB sets the premium rate for each classification with the approval of the Commissioner of Insurance. If you feel your business is not properly classified or the premium charged is not proper, you can appeal to the WCRB for a review of your situation. If you are still not satisfied with the WCRB's decision, you may send a written request to the Commissioner of Insurance for a hearing to review the WCRB's decision. [Section 626.31, Wis. Stat.]

Classification System in Worker's Compensation Insurance

One object of the worker's compensation system is to group similar employers together so each classification reflects common losses. Since losses vary widely by business or industry, charging the statewide average rates would result in some employers paying too high a premium, while employers in other businesses or industries would pay less than their fair share.

Accordingly, employers are classified by the business or industry in which they operate to reflect the variation in loss costs. Generally, similar businesses have similar exposures to occupational injury and disease, even though no two businesses are identical.

Each classification combines the payroll and losses of similar employers to develop a price for the insurance protection. Worker's compensation insurance uses approximately 600 separate business classifications for premium purposes.

Three occupations are common to so many businesses that special classifications have been established for them. These "standard exception" classifications cover clerical office employees, outside salespeople, and drivers. The standard exception classes are the only classifications that are not related to the business of the employer. Instead, they are related to the job as these jobs are fairly common to many employers.

Experience Rating

The Experience Rating Plan offers a method for modifying the cost of worker's compensation insurance for all but the smaller employers to match the characteristics of an individual employer. Experience rating groups all insureds according to their business operations or classification, adds together the losses of the groups, and obtains an average cost for the groups.

For experience rating in worker's compensation insurance, the actual losses of the individual employer are determined over a period of time, usually three years. The losses are capped, which makes the frequency—not severity—of losses more important for determining experience rates. This experience is then compared or contrasted with the average as reflected by the rate or rates that apply to the employer's business. If the employer has better than average costs, the employer is awarded a credit, while poorer than average experience carries a debit rating. Experience rating takes average loss experience (rates) and modifies it by the individual employer's own loss experience.

Legal Protections in the Event of Bankruptcy

There are two provisions in the law to protect workers in the event of bankruptcies:

- **Self-Insurers' Security Fund**

The Self-Insurers' Security Fund is funded by assessments on other self-insured employers. Should a self-insured employer go bankrupt, the Self-Insurers' Security Fund has the responsibility for making payments to injured workers. Should this occur, it is very important the injured worker give notice of their claim to the Self-Insurers' Security Fund immediately. There is also a guaranty fund which assumes responsibility if an insurance carrier becomes bankrupt.

- **Wisconsin Insurance Security Fund**

Every state has a safety net to protect insurance consumers from financial loss in the rare instance an insurance company becomes insolvent. This safety net is called a "guaranty fund." The guaranty funds are established by state law and are composed of licensed companies in the state. They pay the claims of policyholders and other claimants of an insolvent insurance company. The money to pay the claims against the insurance company comes from assessments made against all of the insurance companies that are members of the guaranty fund.

In Wisconsin, the fund is called the Wisconsin Insurance Security Fund (Fund). The Fund is created by state law and is funded by assessments of insurers licensed to do business in Wisconsin. In general, the Fund protects residents for most claims of licensed insurers in liquidation. The Fund should not be relied upon to eliminate all risks of loss to insureds due to insurer insolvency. Some types of policies may not be fully covered and significant delays could occur in settling obligations in cases of liquidation.

Questions about the coverage and limitations of the Fund may be addressed to:

Wisconsin Insurance Security Fund

wilifega.org

(608) 242-9473

2820 Walton Commons Lane, Suite 135

Madison, WI 53718-6797

Where can I get more information about coverage under the Act?

Contact the Department of Workforce Development (DWD) Worker's Compensation Division for more information regarding the Worker's Compensation Act. The Worker's Compensation Division can be reached by phone at (608) 266-1340. Information is also available online at dwd.wisconsin.gov/wc.

The Worker's Compensation Act is available online at dwd.wisconsin.gov/dwd/publications/wc/wkc_1_p.pdf. Printed copies can also be purchased through Document Sales at docsales.wi.gov. Contact Document Sales at (800) 362-7253 for more information about ordering this publication.

Worker's Compensation Division of the Department of Workforce Development (DWD)

dwd.wi.gov

(608) 266-3131 Phone
(608) 267-0394 Fax
201 East Washington Avenue
P.O. Box 7946
Madison, WI 53707-7901

Contact the Worker's Compensation Division for:

- All injury/claim questions
- All Worker's Compensation Act questions
- Compliance questions
- Corporate officer options questions
- Enforcement questions
- Penalty/penalty payment questions
- Self-insurance questions
- Divided insurance questions
- Wrap-up policy questions
- Withdrawal questions

Wisconsin Compensation Rating Bureau (WCRB)

wcrb.org

(262) 796-4540 (Phone)
(262) 796-4400 (Fax)
20700 Swenson Dr., Suite 100
P. O. Box 3080
Milwaukee, WI 53201-3080

Contact WCRB for:

- Wisconsin Worker's Compensation Insurance Pool questions
- Rate questions
- Inspection questions
- Audit questions
- Premium charging questions
- Classification questions
- Experience modification questions
- All questions regarding the proper filing of policies and endorsements pertaining to Wisconsin coverage
- Insurance company filing questions
- Endorsement filing questions
- Questions regarding appeal rights of a WCRB decision
- Questions about statistical reporting

Office of the Commissioner of Insurance (OCI)

oci.wi.gov

1-800-236-8517 (Phone)
(608) 264-8115 (Fax)
125 South Webster Street
P. O. Box 7873
Madison, WI 53707-7873

Contact OCI for:

- All questions relating to the insurance laws
- Questions related to the licensing and regulation of insurance companies and agents
- Unfair claim settlement practices questions
- Unfair marketing practices questions
- Worker's compensation rate regulation questions
- Worker's compensation dividend plans questions
- Questions related to the licensing and regulation of WCRB

Insuring Your Home Business

If you operate a home business full- or part-time, you might be uninsured and not realize it. Many home business owners believe their homeowners insurance policy covers all their home business needs. **You should not assume your homeowners insurance policy will cover your home business.** Your homeowners policy may provide coverage but probably only to a maximum of \$2,500 for business equipment in the home and \$250 away from the premises.

Your homeowners policy usually does not cover business-related liability, for example, if a customer or supplier is injured on your property. A homeowners policy also does not insure your inability to collect your accounts receivable if your business records are damaged, and your policy will not replace lost income if you cannot operate your business due to damage to your home.

There are three ways you can buy home business coverage:

- Depending on your home business, you may be able to add an endorsement to your existing homeowners insurance policy. For example, some insurers offer a home daycare endorsement for people who operate a home daycare service for pay in their home.
- You may also be able to buy several individual business insurance policies to provide the various coverages you need, such as business property, general liability, and business income coverage.
- Some insurance companies have begun to offer what amounts to a mini-business owner's package policy specifically for home businesses. Some of these policies cover the loss or destruction of business property on or off premises, the loss of valuable papers and important business information, personal injury and advertising liability, accounts receivable, and money lost on-premises and off-premises (up to any applicable policy limits).

The companies that offer these policies often require you to purchase your homeowners and auto insurance policies from them. With these policies in place, your home business policy extends to your business the amount of personal property and liability coverage you have on your home. If a fire or storm makes running your business impossible, your insurance will cover expenses and lost income for up to a year.

Discuss your home business insurance needs with your agent to buy the policy that best fits your needs.

Umbrella Liability Insurance

Umbrella policies cover all underlying liability policies. Umbrella policies are designed to cover large, infrequent losses, for example, the total cost of claims that may result from a collision with a school bus. To decide whether you need an umbrella policy, think of the most extreme situations. For instance, imagine a roof caving in under the weight of a once-in-a-100-year snowstorm and the total cost of the claims produced if there were many people in the vicinity. Then compare the amount with the limits of your current liability policies.

Umbrella liability insurance provides two kinds of coverage:

- Payments of liabilities in excess of the policy limits for an insured's basic commercial general liability or employers' liability coverage
- Liability for areas not covered in other liability policies

An umbrella policy offers you extra liability insurance that pays for a loss when the limits of your underlying policy are reached. For example, if you are found liable for someone's injury that required \$150,000 of medical treatment and the liability limit in your underlying policy is \$100,000, your umbrella policy will pay the additional \$50,000.

Also, there are some situations a standard policy does not cover, such as libel and slander. An umbrella liability policy enables people to protect themselves against catastrophic lawsuits in such situations.

Umbrella policies are sold with a variety of limits, commonly \$1 million or \$5 million. The underlying policies provide the first dollars in a liability claim and the umbrella is available to any remaining amounts until the amount paid by all policies reaches the umbrella limit.

Umbrella liability policy coverage usually protects policyholders wherever they travel. Many such policies will cover legal defense costs even if the charges are proved baseless. Umbrella liability coverage has come to be in high demand among individuals who have substantial assets and who may be especially vulnerable to lawsuits and costly judgments.

Keep in mind most personal umbrella policies added to a homeowners or personal auto insurance policy will cover liability stemming from business activities and business property only if covered by the basic policies. Always check your policy to see how it defines business and business property or ask your agent.

Risk Management/Loss Control Measures

You may be able to reduce your premium through risk management. Risk management involves identifying and analyzing ways in which you may be found liable (your "exposure to liability") and selecting and implementing

techniques to be used to handle the exposure. You can take steps to reduce the possibility of unforeseen losses and the impact of those that do occur, whether from fires, storms, thefts, lawsuits, or injuries.

You can:

- Conduct safety inspections and programs for training employees in first-aid methods.
- Install a sprinkler system and an alarm that automatically notifies firefighters of a fire. This may make losses less likely or injuries less severe.
- Make sure the wiring in your building is in good shape.
- Train workers to lift heavy items properly and to wear safety masks and gloves when working with hazardous substances.
- Keep only a small amount of cash in the cash register and deposit the rest in a floor safe that cannot be opened by employees.
- Store inventory in two locations so if there is a loss all the inventory will not be destroyed.
- If you lease out part of your premises, you might require your tenant to protect you from liability claims of people they allow in the building.
- Make sure all your drivers have good driving records. The cause of most accidents is the driver. You should always check the driving records of any employees who will drive on company business and never allow a person with a poor driving history to drive.

This list is far from complete. Ask your agent or insurance company if they have brochures or publications on loss control topics.

Impact of Implementing Loss Control Measures

Implementing loss control measures may make it less likely you will be found liable or, if you are found liable, that damage will be large. Because premiums are based on how much insurers pay out in claims, an increase in claim costs also means an increase in your premiums.

Businesses with very good loss control measures and claims histories will often pay lower insurance premiums than those with less effective loss control measures and practices. A business with a really poor loss control history may also have difficulty finding property insurance.

Talk to your agent about which risk management techniques you can use that may reduce your premiums.

Filing a Claim

How to File a Property Damage Claim

If your business is hit by a fire, accident, or theft, your insurance policy lists the steps you must take. The following tips will make it easier for you to go through the claims process.

1. When a fire, accident, or theft occurs, call your agent or insurance company at once. Report any burglary or theft to the police.
2. Take reasonable steps to protect your property from further damage.
3. If you need immediate repairs, save the damaged parts. The claims adjuster may be interested in examining them. If saving them is not practical, call the claims manager at your insurance company.

4. Get at least two bids for repairs. This will speed up the processing of your claim. Get estimates on the cost to repair or replace the damaged property. Bids should include:
 - a list of parts that have to be replaced and the reason for replacing them.
 - straight time labor costs.
 - overtime labor costs. Do not forget to include any costs you or your employees incur while repairs are being made.
5. If you are filing a business interruption claim, you will have to show how much business you conducted, both before and after the loss. Keep detailed records of business activity and extra expenses during the interruption period. Keep current copies of these records off the business premises so they will not be destroyed by fire. Do everything you can to minimize the amount of loss.
6. If you need help, call your agent or your insurance company's claims manager.

How to File a Liability Insurance Claim

Business owners have a contractual obligation to inform the insurance company or agent as soon as they become aware there is or could be a liability claim. The insurance policy contains a "reporting clause" that specifies the time an insured has to file a claim. With a standard general liability insurance policy, it is recommended a claim be reported as soon as you know of a loss.

You should report all liability claims to the insurance company as soon as possible. Your report should include:

- The details of how, when, and where the accident took place.
- The names and addresses of any injured persons and witnesses.
- All copies of any demands, notices, summonses, or legal papers received in connection with the claim or suit.
- An authorization for the insurance company to obtain records and other information.

Your policy requires you to cooperate with the insurance company in the investigation, settlement, or defense of the claim or suit.

Unless all of the terms set out in the policy have been fully complied with, it may make it difficult to collect from the insurance company.

How to File Your Motor Vehicle Claim

If your company car or truck is involved in an accident, damaged by fire, flood or vandalism, or stolen, follow these steps in filing a claim.

- Call your agent or insurer as soon as possible. Ask what forms or documents will be needed to support your claim. Your insurer may require a "proof of loss" form, as well as documents relating to your claim. These may include medical and repair bills, and a copy of the police report.
- Supply the information your insurer needs. Cooperate with the investigation, settlement, or defense of any claim, and provide copies of any legal papers you receive in connection with your loss. Your insurer will represent you if a claim is brought against you and defend you if you are sued for a claim covered by the policy.

- Keep records of expenses you may incur as a result of the accident. You may be reimbursed for them because of your policy. If the accident occurs while employees are conducting insurer-related business activities, your worker's compensation policy will cover the workers' medical expenses and loss of income.
- Keep copies of all paperwork for your own files. You may need them later.

Flood Insurance

Flood insurance is available through the National Flood Insurance Program (NFIP). To qualify for the NFIP, you must live in a designated community and comply with the government guidelines for flood prevention. Most areas in Wisconsin qualify. Your agent should be able to find out if you are eligible.

For general information on the flood insurance program, you may call or write:

Federal Emergency Management Agency (FEMA)
 500 C Street SW Washington, DC 20472
 1-800-621-FEMA
 1-800-462-7585 TTY
[floodsmart.gov](https://www.floodsmart.gov)

Health Insurance

Wisconsin insurance law defines a small employer as an employer with at least 2 but not more than 50 employees. Small employers can choose whether to offer or provide health insurance to their employees. However, if you decide to offer group health insurance to your employees, you must offer the coverage to all employees working 30 or more hours and to their dependents. Your insurance agent or broker can advise and assist you on coverage options and their cost.

Types of Coverage

Group Health Insurance

Group health insurance provides coverage to individuals under a single master policy issued to the group policy owner. Certificates of insurance are provided to the individuals. The policy owner may be an employer, an association, a labor union, or other entity. Insurers may require minimum employee or member participation levels to assure there are sufficient individuals in the group in good health to balance those in the group in poor health.

Group health insurance provides several advantages:

- The premium is often partly paid by an employer or union.
- Group members are automatically eligible for the coverage.
- Group premiums are typically lower than those for comparable individual policy coverage.

Individual Health Insurance

Individual health insurance provides coverage to a specific individual or to an individual and their family under a policy issued to that individual. Most individual health insurance policies include exclusions for work-related

injuries regardless of whether you are self-employed and even if you do not have worker's compensation coverage.

Finding adequate coverage at an affordable price will take some effort. Start with a knowledgeable health insurance agent who will provide reliable service. Try to get a recommendation from family or friends. We suggest you verify that the agent or insurance company is licensed before providing personal or financial information to them and that the agent is appointed, or authorized, to sell policies for a particular company. The OCI website provides a lookup tool to find licensed agents and companies and verify agent appointments with companies: <https://oci.wi.gov/Pages/Consumers/Look-Up.aspx>.

Affordable Care Act

The federal Affordable Care Act (ACA) includes market reforms that apply to individuals and small employers who apply for health insurance. It allows individuals and small employers to purchase health insurance from any insurer offering coverage in the market regardless of the health status of individuals, employees, or dependents. ACA provides that individuals, employees, and their dependents may not be subject to preexisting condition exclusions. It also provides that health insurance rates may only differ based on employee age, composition of family, geographic area, and tobacco use.

Small employers with fewer than 25 full-time equivalent employees and paying average annual wages of below \$50,000 may qualify for a small business tax credit to offset some of the costs of health insurance premiums. The amount of the tax credit is based on the size of the employer's business. The fewer employees an employer has, the larger the tax credit the employer may be eligible for.

Essential Health Benefits

All ACA-compliant comprehensive individual and small group health insurance policies must include a set of health care services called essential health benefits. These benefits include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

In addition to health care services in these categories, all of Wisconsin's mandated benefits are considered essential health benefits and must be covered by ACA-compliant comprehensive individual and small group health insurance policies. Information on Wisconsin mandated benefits is available in the OCI publication Fact Sheet on Mandated Benefits in Health Insurance Policies: oci.wi.gov/Pages/Consumers/PI-019.aspx.

Essential health benefits must be covered with no annual or lifetime dollar limits.

Open Enrollment

ACA provides for an annual open enrollment period. The open enrollment period for coverage in 2023 is Nov. 1, 2022 – Jan. 15, 2023. In addition, the ACA provides for special enrollment periods if you experience certain life events, including losing health coverage, moving, getting married, having a baby, or adopting a child.

Small employer health insurance is available in Wisconsin from several insurers and [defined network plans](#). OCI offers a publication meant to help small employers understand their options and to provide a

comparison of premium rates available in the small employer health insurance marketplace. Read the Health Insurance for Small Employers and their Employees available on OCI's website oci.wi.gov/Pages/Consumers/PI-206.aspx or call 1-800-236-8517 to request a copy.

Choosing a Plan

Choosing a health insurance plan is like making any other major purchase. You choose the plan that meets both your needs and your budget. For most people, this means deciding which plan is worth the cost. Plans differ, both in how much you have to pay and how easy it is to get the services you need.

Health insurance plans are usually described as a [fee-for-service](#) health plan or a defined network health plan. A defined network plan is the term used in Wisconsin insurance law to refer to any health benefit plan that creates incentives for its enrollees to use [network providers](#). A fee-for-service health plan allows you to use any doctor, hospital, or other provider you choose. Although these plans offer the greatest freedom to select any doctor, they are usually more expensive than plans that limit choices. Defined network health plans usually cost you less, but you have less freedom of choice.

Cost is not the only thing to consider when buying health insurance. You also need to consider what benefits are covered. You should compare plans carefully for both cost and coverage.

While fee-for-service and defined network plans differ in important ways, in some ways they are similar. Both cover an array of medical, surgical, and hospital expenses. Most offer some coverage for prescription drugs, and some include coverage for dentists and other providers. But there are many important differences that will make one or the other form of coverage the right one for you.

Fee-for-Service Health Plan

Under a fee-for-service health plan (also known as an [indemnity plan](#)), you are free to seek necessary medical care from any doctor and hospital you wish. The doctor often bills the insurance company directly for the services provided, and the insurance company pays for the items covered by the policy. In some cases, you will have to fill out claim forms and send them to the insurance company. This type of health plan offers the most choices of doctors and hospitals.

Defined Network Health Plan

Some defined network plans will provide coverage only if the enrollee uses network providers and other plans will pay a larger portion of the charges if the enrollee uses network providers. Health maintenance organizations, point-of-service plans, and preferred provider plans are examples of defined network plans. These types of plans are sometimes referred to as [managed care plan](#).

- **Health Maintenance Organization (HMO)**

An [HMO](#) is a health insurance plan that provides comprehensive, prepaid medical care. It differs from a traditional insurer in that it both pays for and provides the medical care. Persons insured by an HMO plan are referred to as enrollees. An HMO usually operates on a closed-panel basis. This means enrollees are required to seek care from a medical provider who is either employed by or under contract with the HMO.

HMOs limit care to a specific geographic area. Except for serious emergencies outside the [service area](#), the HMO will probably not pay for care enrollees receive from a provider who is not affiliated with the HMO unless the HMO physician refers you to that provider.

- **Point-of-Service Plan (POS)**

A [POS](#) plan is essentially an HMO that allows members to use services provided outside of the [network](#) without prior approval from a network doctor. POS plans offer lower deductibles and coinsurance for visits to doctors inside the network. Visits outside the network normally require the payment of deductibles and coinsurance.

- **Preferred Provider Plan (PPP)**

A [PPP](#) is a form of [managed care](#) closest to an indemnity plan. A PPP has arrangements with doctors, hospitals, and other providers of care who have agreed to accept lower fees from the insurer for their services. A PPP pays a specific level of benefits if certain providers are used and a lesser amount if non-PPP providers are utilized. A PPP must provide reasonable access to network providers in the service area. However, a PPP is not required to offer a choice of participating providers in each geographic area.

PPPs may require enrollees to pay coinsurance of up to 50% for services provided by nonparticipating providers. Enrollees should carefully read their policies before seeking services from nonparticipating providers.

A PPP operates in a certain geographic area and is limited to specific providers. A PPP that has a provider agreement with a hospital may not have an agreement with every provider who provides services at the hospital, such as anesthesiologists, pathologists, and radiologists.

Many insurers that offer standard health insurance policies also offer some type of preferred provider plan. You should ask your agent to provide you with information on preferred provider plans in your area.

Features Included in Most Health Plans

- **Deductible**

The deductible is the dollar amount you must pay each year before the insurance company pays its share. If you are buying coverage for your family, ask how the family plan works. Family plans may have family and individual deductibles that need to be paid before the health plan pays towards your family's medical expenses.

Read the policy carefully. Some policies require you to pay a deductible on a calendar year basis or on a per sickness or injury basis.

- **Coinsurance**

Coinsurance is your share or the percentage of covered expenses you must pay in addition to the deductible. Coinsurance applies to each person and starts over again each year. Sometimes the policy will cover all expenses after an [out-of-pocket](#) limit is reached.

- **Copayment**

A [copayment](#) is your share or a fixed amount you must pay for covered expenses in addition to the deductible. The amount can vary by the type of covered medical expense.

- **Out-of-Pocket Limit**

Many plans have an out-of-pocket limit. The out-of-pocket limit is the maximum dollar amount you pay for covered services and supplies during a specified period—generally a calendar year. Charges for services by non-network providers not paid by an insurer do not count toward the out-of-pocket limit. Most small group plans define deductibles, coinsurance, and copayments as part of out-of-pocket maximums. Once the out-of-pocket maximum is paid, benefits are paid at 100% of the covered costs incurred after that time.

- **Medically Necessary**

Every health insurance policy contains a provision that allows insurance companies to evaluate whether a service or treatment is “[medically necessary](#)” for treating a patient and whether it could adversely affect the patient’s condition if it were omitted. Insurance companies may deny payment for a treatment that does not meet the plan’s medically necessity guidelines. Most health benefit plans often require a review before certain medical procedures are done.

- **Usual, Customary, and Reasonable Charge**

Most insurance companies do not use your actual bills to calculate their payments. Companies have their own fee schedule, such as a usual, customary, and reasonable (UCR) fee schedule. The UCR fees are typical amounts paid for everything from a doctor’s visit to heart surgery.

For example, if your doctor charges \$10,000 for an operation while most doctors in your area charge only \$8,000, you may be billed for the \$2,000 difference. This is in addition to the deductible and coinsurance you would be expected to pay. To avoid this additional cost, ask your doctor to accept your insurance company’s payment as full payment, or shop around to find a doctor who will. Otherwise, you will have to pay the difference.

- **Exclusions and Limitations**

There are some services plans will not cover—usually because they are not considered medically necessary. In addition, some services may be limited. You should review each plan’s exclusions and limitations. Keep in mind that you have to pay the full cost of care not covered by your plan.

Requirements Applicable to All Health Benefit Plans

- **Emergency Care**

Every health care plan offered in Wisconsin that covers emergency care, including defined network plans, must cover services required to stabilize a condition most people would consider to be an emergency, without [prior authorization](#). Defined network plans are permitted to charge a reasonable copayment or coinsurance for this benefit.

- **Grievance Procedure**

All health insurance plans are required to have an internal [grievance](#) procedure for you to use if you are not satisfied with the service you receive. The procedure must be set forth in the insurance contract and must also be provided in written notice.

The health insurance plan must provide you with complete and understandable information about how to use the grievance procedure. You also have the right to appear in person before the grievance committee and present additional information.

You may wish to first contact the health insurance plan with a question or complaint. Many complaints can be resolved quickly and require no further action. However, filing a complaint with the plan first is not required. You can file a complaint with the appropriate state agency instead of, before, or at the same time as filing with the health insurance plan.

Health insurance plans are required to have a separate expedited grievance procedure for situations where the medical condition requires immediate medical attention. The procedure requires health insurance plans to resolve an expedited grievance within 72 hours after receiving the grievance.

Managed care plans are required to file a report with OCI listing the number of grievances they had in the previous year. A summary of this information for HMOs is included in the Consumer's Guide to Managed Care Plans in Wisconsin available on OCI's website: oci.wi.gov/Pages/Consumers/PI-044.aspx or call OCI at 1-800-236-8517 and request a copy.

- **Independent Review**

If you are not satisfied with the outcome of the grievance, you have an additional way to resolve some disputes involving medical decisions. You or your authorized representative may request an Independent Review Organization (IRO) review your health plan's decision.

The [independent review](#) process provides you with an opportunity to have medical professionals who have no connection to your health plan review your dispute. The IRO assigns your dispute to a clinical peer reviewer who is an expert in the treatment of your medical condition. The IRO has the authority to determine whether the treatment should be covered by your health plan.

Your health plan should provide you with information on your right to request an independent review in its written materials and with its final written decision on your grievance. You can also call the health plan at its toll-free number and request information on independent review.

For more information on the independent review process, the Fact Sheet on the Independent Review Process in Wisconsin is available on OCI's website: oci.wi.gov/Pages/Consumers/PI-203.aspx or call OCI at 1-800-236-8517 and request a copy.

- **Mandated Benefits**

Health insurance policies sold in Wisconsin often include "mandated benefits." These are benefits an insurer must include in certain types of health insurance policies. Except for HMOs organized as cooperatives under ch. 185, Wis. Stat., HMOs are required to provide the same benefits as traditional insurers.

Information about Wisconsin mandated benefits is available in the Fact Sheet on Mandated Benefits in Health Insurance Policies available on OCI's website: oci.wi.gov/Pages/Consumers/PI-019.aspx or call 1-800-236-8517 to request a copy.

Other Insurance Programs

- **BadgerCare Plus**

BadgerCare Plus is a health care coverage program for low-income Wisconsin residents who meet eligibility requirements. Because BadgerCare Plus does not have an open enrollment period, you may apply for the program at any time.

If you would like more information about BadgerCare Plus, you can go to dhs.wi.gov/forwardhealth or call member services at 1-800-362-3002.

Other Types of Policies

There are several other types of policies on the market. These are not substitutes for basic or major medical coverage.

- **Vision & Dental Policies**

These are policies that provide benefits only for vision or dental care. They should not be bought as substitutes for more comprehensive coverage.

- **Hospital Confinement Indemnity**

This type of policy pays a fixed amount for each day in the hospital for a specified number of days. Sometimes benefits are not paid until you have been hospitalized for several days. These policies are often not a good buy unless the daily benefit is quite high.

- **Specified Disease Policies**

These policies cover a specific disease or group of diseases. The most common type is cancer insurance. If you already have comprehensive coverage, this coverage is not necessary.

Any insurer selling cancer insurance must give A Shopper's Guide to Cancer Insurance to applicants. The publication is also available on OCI's website: oci.wi.gov/Pages/Consumers/PI-001.aspx or call OCI at 1-800-236-8517 to request a copy.

- **Health Discount Cards**

Be wary of health discount cards which offer a reduced fee for doctor visits or other medical services. Health discount cards are NOT health insurance plans and are therefore not regulated by OCI. Some discount cards have been the subject of numerous scams in recent years, so be sure to check these out carefully.

Disability Income Insurance

Anyone who works should consider purchasing disability income insurance, which is designed to help replace income lost because of a long-term injury or illness. People of working age are more likely to become disabled than they are to die—making disability insurance at least as important as life insurance.

There are two types of disability insurance policies available: short-term coverage or long-term coverage. Short-term policies will typically replace a portion of your salary from three to six months following your disability. Long-term policies will generally begin six months after your disability and can provide coverage for a few years or even until retirement.

Compare different products before choosing the product that best suits your needs. Start by determining how much income you need to meet critical financial obligations. These include rent/mortgage, food, fuel/transportation, utilities, and loan obligations. A disability may also bring with it increased or additional expenses like health care costs, assistance with daily activities, and even home modifications.

Disability income policies have [waiting periods](#) before benefits become payable. The waiting period starts after you have become disabled for a covered disability. The longer the waiting period, the lower the premium will be.

The period of time for which benefits are payable can also vary based on whether the disability was caused by an accident or illness. A long-term disability income policy may provide for lifetime accident benefits and illness benefits to the age of 65. The longer the benefit period, the higher the premium will be.

What it Covers

The amount of monthly benefit provided by a disability income policy may be stated as a percentage of income or as a set dollar amount. The amount of benefit for which you can qualify is usually based on a percentage of your gross earnings, normally around 60%. Some policies provide a partial disability benefit that may be optional.

Some policies may reduce your disability income benefit by the amount you receive from social security or worker's compensation.

Occupational therapy and vocational rehabilitation benefits may also be provided by a disability income policy.

Things to Be Aware of Regarding Disability Insurance

A disability income policy generally requires that you be totally disabled before benefits are paid. The definition of total disability varies from policy to policy. There are two different definitions used in disability policies. One definition is that you are unable to perform your own occupation. The other definition is much more comprehensive requiring that you are unable to perform any occupation (for which you are suited by education or experience). This distinction can be important for jobs that require very specialized physical skills such as surgeons or loggers.

Some points to check:

- What is the definition of disability? Does it cover both injury and sickness? Is it for partial or total disability? Is it defined as inability to perform your current occupation or as inability to perform any occupation of which you are capable?
- When does coverage begin? Is it different for injury and sickness?
- How long will benefits be paid? What is the weekly or monthly benefit?
- How much of your income will be replaced?
- What does it cost?
- Is it [guaranteed renewable](#)?
- Disability income policies may not pay if the disability results from certain causes. Check the policy for any exclusions or limitations that might apply. If you have any questions, ask your agent or company.

Medical Underwriting

Before you can buy a disability income insurance policy, you must give the insurance company information about your health. This process is called medical underwriting. The company uses medical underwriting information to predict what the likelihood is that you will file claims against the policy. Each company has its own underwriting standards, which means one company could reject your application but another may be willing to accept it.

The insurance company will get most of its underwriting information from these sources:

- Your application form
- Your past medical history
- The Medical Information Bureau

Underwriting Decisions

Insurance companies may accept your application and issue the policy as requested, or they may do one of the following:

- Issue the policy with full protection but charge a higher premium. This might occur if you have a chronic disease such as diabetes.
- Modify the benefits, such as increasing the deductible.
- Exclude a specific medical problem from coverage by adding an exclusion [rider](#).
- Decide not to issue a policy—turn down your application for insurance.

If you are turned down or denied coverage:

- Find out why you were denied coverage. The company is required to provide you with that information in writing. If it is due to your medical history, make sure the information the company received was correct.
- Try several other insurance companies as some may view your situation differently.

The Medical Information Bureau

When you sign the application form, you authorize the insurance company to obtain information about you from the Medical Information Bureau (MIB). The MIB is a private company used by insurance companies to share information about insurance applicants. If you are denied coverage based on medical history, you may want to find out if you have a MIB file, and if so, if it is correct. If your file contains incorrect information, you have the right to ask the MIB to correct it. You may obtain a copy of your report by contacting:

Medical Information Bureau (MIB)
50 Braintree Hill Park #400
Braintree, MA 02184
(866) 692-6901
(866) 346-3642 TTY (for hearing impaired)
mib.com

Buying Insurance

For the most part, insurance is sold directly through an insurance company or indirectly through an agent or broker. An independent agent may represent more than one and sometimes several insurance companies. An exclusive or captive agent sells solely for one insurer or group of related insurers. Independent agents, as well as exclusive agents, may place business with another insurer if the insurer(s) he or she represents does not write the type of insurance needed. A broker represents you in your dealings with an insurance company.

In buying insurance, price is certainly a big consideration. However, understand that your insurance agent also performs an important role. An agent makes sure the insurance is up-to-date, reflecting the actual values of the business, such as additional or replacement equipment, new structure, or expanded operations. **It is important to discuss with your agent at least once a year, any changes that have occurred during the year, any increases in values, and increases in payroll and receipts.**

An agent can offer advice on the amount and types of business insurance you need. You may need to work with several agents to make sure you are getting the needed coverage at the best available price.

To assure you are dealing with a reliable agent, you may wish to talk with other business owners in your community to learn what agents they use and how satisfied they are with these agents. You should also discuss your needs with an agent who has experience with your particular type of business. If you are a landscape gardener, for example, the risks you face will be very different from those of an ice cream parlor and you may need an agent who specializes in your field to assist you.

When buying business insurance, you should:

- Shop around, including contacting several agents and/or insurance companies.
 - Understand what you are buying.
-

All companies and agents doing business in Wisconsin are licensed by OCI. Licensing information about agents and companies can be found on OCI's website at oci.wi.gov.

Before Disaster Strikes

- Wisconsin has several laws to protect you before and after you purchase insurance.
- Insurance companies and agents may not misrepresent the terms of an insurance policy.
- Insurance companies may not unreasonably delay their claims investigations, fail to pay a legitimate claim within a reasonable time after proof of loss, or engage in other unfair claims settlement practices.
- Insurance companies may not cancel a policy mid-term unless specific, limited reasons justify the cancellation.
- Insurance companies must provide a 60-day notice of nonrenewal. They also must give 60 days notice of renewal on altered terms of an expiring policy when the companies increase rates by over 25% unless something you do causes the increase.
- Although an insurance company may cancel your policy for nonpayment of premium, you may be entitled to a grace period. A grace period is the period during which coverage continues even if the premium has not been paid. For individual life insurance policies, it is one month. For health insurance, it is seven days for weekly premium policies, ten days for monthly premium policies, and one month for all other policies. No grace period is required for auto or property insurance.
- If you believe an insurance company has violated your rights, you may want to first complain to your agent or the insurance company. If this does not resolve the problem, you may file a complaint with OCI. A complaint form is available on OCI's website at oci.wi.gov/complaints.

Unfair Discrimination

- Insurers may not refuse, cancel, or restrict coverage on the basis of the sex of the applicant or insured.

- Insurers may not refuse, cancel, or deny coverage for auto or property insurance solely because of a past criminal record, physical or developmental disability, past mental disability, age, marital status, sexual preference, or “moral” character.
- Insurers may not refuse, cancel, or limit the amount of coverage for property or casualty insurance because of the geographic location of the risk unless required by law or for a legitimate business purpose.
- No insurer may refuse or limit coverage or charge a different rate because of a mental or physical condition except when the refusal, limitation, or rate differential is based on either sound actuarial principles or actual or reasonably anticipated experience.

Small Business Resources

Wisconsin Economic Development Corporation (WEDC)

WEDC is the state's primary agency for the delivery of integrated services to businesses. Visit inwisconsin.com to learn more.

Department of Safety and Professional Services (DSPS)

DSPS is responsible for credentialing and regulating various professions in the state of Wisconsin. Regulation of professions is accomplished through appropriate licensing boards as well as directly by DSPS. DSPS provides centralized administrative services to 26 regulatory boards, with responsibilities for regulating over 100 professions, occupations, and business establishments. Visit dsps.wi.gov to learn more.

Department of Financial Institutions (DFI)

The Department of Financial Institution's mission is to protect consumers of financial services and ensure the soundness of Wisconsin's financial institutions. Visit wdfi.org to learn more.

Department of Revenue (DOR)

Business Development and Government Relations: revenue.wi.gov/Pages/Businesses/bdgr.aspx

Starting a Business: revenue.wi.gov/Pages/Businesses/New-Business-home.aspx

Business Resources: revenue.wi.gov/Pages/Businesses/home.aspx

Small Business Administration (SBA)

The SBA makes direct business loans and guarantees bank loans to small businesses, as well as making loans to victims of natural disasters, working to get government procurement contracts for small businesses and helping business owners with management and technical assistance and business training. Visit sba.gov/offices/district/wi/milwaukee to learn more.

Department of Agriculture, Trade and Consumer Protection (DATCP)

ID Theft Tips: datcp.wi.gov/Pages/Programs_Services/IdentityTheftTipsBusiness.aspx

Privacy Laws: datcp.wi.gov/Pages/Programs_Services/PrivacyLaws.aspx

Data Breaches: datcp.wi.gov/Pages/Programs_Services/DataBreaches.aspx

Cybersecurity & Infrastructure Security Agency (CISA) - Cybersecurity Insurance

Cybersecurity insurance is designed to mitigate losses from a variety of cyber incidents, including data breaches, business interruption, and network damage. Visit <https://www.cisa.gov> to learn more.

Glossary

Actual cash value: The value of the property when it is damaged or destroyed. This is usually figured by taking the replacement cost and subtracting depreciation.

Adjuster: An insurance company representative who seeks to determine the extent of the firm's liability for loss when a claim is submitted.

Agent: A person licensed by a state insurance department who solicits, negotiates, or effects insurance contracts on behalf of one or more insurers.

All risks: The term "all risk" means there is coverage for all perils except those excluded. A particular exposure would be insured against economic loss by any peril not specifically excluded under the terms of the contract.

Auto insurance: A type of insurance that protects the policyholder against losses involving automobiles. Different coverages can be purchased depending on the needs and wants of the insured.

Binder: An agreement to provide immediate insurance coverage. May be oral or written and sets forth conditions of coverage. Often used during the interval between the coverage becoming effective and the time a formal policy is prepared and delivered. Normally it is issued for a limited period of time.

Broker: A marketing specialist who represents buyers of property and liability insurance and who deals with either agents or companies in arranging for the coverage required by the customer.

Captive agent: An agent who sells insurance for only one company, as opposed to an independent agent who represents several companies.

Claim: A request for reimbursement for a loss covered by the policy. For example, a claim for items stolen from the policyholder's business.

COBRA benefits: COBRA stands for "Consolidated Omnibus Budget Reconciliation Act of 1985," which requires companies with 20 or more employees to offer separating employees the option to continue their group health care coverage at their own expense.

Coinurance: A provision that requires the insured to share in the cost of covered services on a percentage basis. A typical coinsurance arrangement is 80% by the insurer and 20% by the insured.

Collision: An optional auto insurance coverage that pays for damage to the policyholder's car caused by its collision with another vehicle or object.

Comprehensive coverage or Other than Collision: Personal auto insurance policies use this term for physical damage coverage for losses by fire, theft, vandalism, falling objects and various other perils.

Conditions: Provisions of an insurance policy that state the rights and duties of the insured or the insurer. Typical conditions have to do with such things as the insured's duties in the event of loss, cancellation provisions, and the right of the insurer to inspect the property.

Copayment: A provision in insurance policies that requires the insured to pay a flat fee for certain medical expenses.

Coverage: The scope of protection provided under an insurance contract.

Deductible: The amount of an insured loss paid by the policyholder. For example, if you select a deductible of \$250 for your auto insurance policy, you agree to pay the first \$250 worth of damages to your car if you are in an accident.

Defined network plan: Any health benefit plan that requires or creates incentives for an enrollee to use providers that are owned, managed, or under contract with the insurer offering the plan. This type of plan is sometimes referred to as a managed care plan.

Depreciation: A decrease in the value of property over a period of time resulting from use, obsolescence, or wear and tear.

Disability insurance: A type of health insurance that pays a monthly income to the policyholder when he or she is unable to work because of an illness or accident.

Endorsement: An attachment to an insurance policy that amends and alters the coverage provided in the policy. In life and health insurance it is called a rider.

Exclusions: Specific situations, conditions, or circumstances that are listed in the insurance policy as not being covered.

Health insurance: A general term for insurance against loss by sickness or bodily injury. This usually includes coverage for medical expenses such as doctor visits and hospital stays and can cover normal and preventive care such as checkups, prenatal care, and well-baby care.

Independent agent: An insurance agent who represents more than one insurer.

Insurance: A formal device for reducing the chance of loss by transferring the risks of several individual entities to insurance companies.

Insured: The party covered by an insurance arrangement, to whom an insurance company agrees to indemnify for losses, provide benefits, or render services.

Liability: Individual responsibility for causing, through negligence, injury to another person or damage to another person's property.

Managed care: (see Defined network plan)

Market value: This is a value placed on real or personal property which relates to its resale value in the market place. Since the object of most property insurance policies is to pay the insured the actual cash value or the cost to repair or replace the damaged or destroyed property, the "market" or "book" values are not used in loss settlements.

Medical payments insurance: A form of coverage, optional in various liability policies such as auto insurance, which provides for the payment of medical and similar expenses regardless of liability.

Named peril or specified peril: This is a peril indicated or identified in the contract as a cause of loss for which insurance is being provided. Under such contracts if a peril is not named or specified it is not covered.

Package policy: A single insurance policy that combines several coverages available separately. For example, business owner's insurance is a package policy, combining property, liability, and theft coverages.

Peril: A property insurance term referring to the possible cause of loss such as a fire or windstorm.

Personal property: All tangible property not classified as real property.

Policy: A written contract for insurance between the insurance company and the policyholder.

Premium: The amount of money an insurance company charges, based on a given rate, to provide the coverage described in the policy, or simply stated, the price of insurance protection for a specified risk for a specified period of time, typically one year.

Property/Casualty insurance: Property insurance covers damage to or loss of the policyholder's property. The terms "casualty" and "liability" insurance are often used interchangeably. Both cover the policyholder's legal liability for damages caused to other persons and/or their property.

Rate: The cost of a unit of insurance as determined by insurance companies and state regulators. The rate serves as the basis for the premium.

Real property: Land and most things attached to the land such as buildings and vegetation.

Replacement cost: The cost of replacing property without a deduction for depreciation.

Risk: This word has two meanings for insurers: (1) the chance of loss such as from a peril; and (2) the person or entity that is insured by a policy.

Theft: The act of stealing or taking the property of another.

Umbrella liability: A form of insurance protection against losses in excess of the amount covered by other liability insurance policies; also protects the insured in many situations not covered by the usual liability policies.

Underwriting: The process by which an insurance company selects and classifies risks according to their degree of insurability.

Underinsured motorist (UIM) coverage: Coverage in an automobile insurance policy under which the insurance company will pay damages to the insured for which another motorist is liable if the motorist causing an accident has lower bodily injury liability limits than your UIM limits. The maximum dollars paid is then the difference between the two limits.

Uninsured motorists (UM) coverage: Coverage in an automobile insurance policy under which the insurance company will pay damages to the insured for which another motorist is liable if that motorist is unable to pay because he or she is uninsured. This coverage applies to bodily injury damages only. Injuries to the insured caused by a hit-and-run driver are also covered.

Utilization review: A method of claims review whereby the insurance company analyzes a case, either prospectively, concurrently, or retrospectively to determine if the treatment given is necessary and appropriate.

Worker's compensation insurance: A policy conforming to state law which pays benefits to an employee (or an employee's family) if the employee suffers a job-related injury (including death) or occupational injury.