

INSURANCE INTERMEDIARIES AND BAD FAITH IN INSURANCE: THE CASE OF THE NON-LIFE INSURANCE MARKET IN NORTH MACEDONIA

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PROBLEM

- Insurer-insured mutual (dis)trust:
 - Insurer exposed to information asymmetry (adverse selection and moral hazard)
 - Insured exposed to unequal bargaining power (insurer drafts the contract terms)
- Potential opportunistic behavior:
 - Policyholders may exaggerate losses or submit fraudulent claims
 - Insurers may delay, underpay, or unjustly deny valid claims
- Consequences: rise in legal disputes, escalation in transaction and settlement costs, and damage to their reputational capital
- **Do the intermediaries play a role in mitigating or stimulating good faith or bad faith behavior?**
 - What we know: role in enhancing informational and transactional efficiency, improving service quality, contributing to overall market development; multichannel distribution leads to cost efficiency

PURPOSE



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to examine the effect of different types of intermediaries on the *incidence of legal disputes and settlement behavior* in the non-life insurance market in North Macedonia

SAMPLE MKD NL

- foreign insurers
- low insurance culture
- no limits on contingent commissions

CONTRIBUTIONS

- the structure and impact of multichannel distribution systems in insurance
- the insurer bad faith practices

THE REASONING

		Disputed/Rejected/ Unresolved claims	Settlement behavior
Brokers	Agency theory: it is difficult for insurers to verify the behavior of brokers <ul style="list-style-type: none">• Contingent commissions (-)• Service quality hypothesis (+)	?	+
Agents	Agency theory: monitoring cost to exclusive agents is lower <ul style="list-style-type: none">• Less incentive to help their clients (environment with low financial literacy)	+	-
Banks	Agency theory: Acting in the interests of the bank and no mechanism to discipline insurers <ul style="list-style-type: none">• the bank typically has little involvement once a claim arises; bank staff are not insurance specialists	0	-

DATA AND METHODOLOGY

DATA

- 11 non-life insurers (Firm-level data); Period 2013-2022
- Method: RE IV 2SLS with group mean centring
- Bad faith measures: The share of the number of disputed claims (on court) to total number of claims at the end of the year
- Settlement behavior measure: The ratio of paid claims to technical premium (different lines)
- Intermediary intensity measure: The ratio of the share of contracts generated via agents/bancassurance/brokers for the insurer to the share of contracts generated via agents/bancassurance/brokers in the country

MODELS

$$BF_{it} = \beta_0 + \beta_1(DIST_{it} - \overline{DIST_i}) + \beta_2\overline{DIST_i} + \phi'(X_{it} - \bar{X}_l) + \delta'\bar{X}_l + d_t + v_{it}$$

RESULTS

VARIABLES	Disputes	Disputes and rejected	Unresolved	Settlement (Accid.)	Settlement (Casco)	Settlement (Prop.)	Settlement (MTPL)
Broker (within)	0.018* (1.888)	0.018 (0.406)	0.088 (1.182)	0.378 (0.962)	0.164 (0.633)	-0.511 (-1.097)	-0.131 (-0.773)
Broker (between)	0.029* (1.755)	-0.027 (-0.672)	- 0.257*** (-5.089)	1.461*** (4.779)	0.333** (2.120)	-0.877* (-1.919)	0.167 (1.028)
R-sq	0.464	0.287	0.736	0.389	0.163	0.0297	0.218
Chi-sq	372.0	132.6	1701	362.7	120.0	139.4	71.75
Agents (within)	0.013 (0.679)	-0.031 (-0.380)	-0.018 (-0.151)	-1.084 (-1.249)	0.133 (0.290)	0.503 (1.242)	0.443* (1.801)
Agents (between)	0.002 (1.558)	0.009** (2.019)	0.003 (0.313)	0.030 (0.671)	0.015 (1.554)	-0.062 (-0.910)	-0.008 (-0.294)
R-sq	0.578	0.382	0.736	0.0517	0.233	0.170	0.00519
Chi-sq	991.2	199.4	115.7	616.7	113.6	119.8	26.29
Bank (within)	0.002 (0.313)	-0.011 (-0.323)	-0.008 (-0.190)	-0.396 (-0.967)	0.021 (0.157)	0.215 (0.717)	0.140 (0.757)
Bank (between)	-0.004 (-1.427)	0.008 (0.703)	0.038** (2.175)	-0.114* (-1.684)	-0.046 (-1.125)	0.061 (1.173)	-0.053 (-1.051)
Obs.	110	110	110	110	110	110	110
#Firms	11	11	11	11	11	11	11
R-sq	0.659	0.307	0.719	0.179	0.243	0.173	8.63e-05
Chi-sq	238.8	102.1	223.5	515.5	232.5	130.0	16.04

CONCLUSION

- **Brokers → more court disputes but fewer unresolved claims (efficient closure)**
 - **brokers' engagement from claim reporting to settlement curbs clients' opportunistic behaviors and reduces insurers' auditing burdens, yielding a smoother claims experience**
- **Agents → higher disputed & rejected claims (more contentious handling)**
- **Brokers & Agents → higher settlement ratios (agents - MTPL; brokers - Accident and Casco) (greater responsiveness).**
- **Bancassurance → fewer disputes but more unresolved claims (slower processing) and more conservative payout patterns (notably in accident insurance)**
 - **Bancassurance channels deliver lower distribution costs but must contend with potentially less personalized service**

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THANK YOU