

Agency Internal Claims Process Considerations

When a customer experiences a claim, they are often dealing with a stressful, confusing, and sometimes life-changing event. Because most customers experience claims infrequently, they may have limited understanding of what to expect or what actions to take. This is where an agency can deliver significant value through guidance, communication, and advocacy.

A well-defined claims process helps create consistency for employees, confidence for customers, and a more positive overall claims experience. While no single process is right for every agency, the following considerations can help establish clear expectations and support exceptional customer service.

Keep in mind that claims communications may occur through a variety of channels, including phone, email, text messaging, customer portals, agency mobile apps, video conferencing, website resources, and in-person interactions. Whenever possible, meet customers through the communication method that best fits their needs and preferences.

Customer Segmentation and Role Clarity

Define responsibilities by both **customer segment** and **agency role**. Clearly establish who is responsible for each step of the process, expected response times, communication standards, and documentation requirements.

Consider whether service approaches should differ for:

- Personal lines and commercial lines customers
- High-net-worth and standard personal lines customers
- Small commercial and middle-market accounts
- Specialized lines such as Life or Surety

Document any variations to ensure consistency and accountability.

Transparent Communication

Communicate openly and clearly from the **first notice of loss** through **claim resolution**.

Help customers understand:

- **What happens next**
- **Who will be involved**
- **Expected timelines**
- **Potential challenges or delays**
- **Available agency and carrier resources**

Customers are often less concerned with speed than with knowing what to expect and receiving timely updates.



Manage Coverage Expectations Early

Provide guidance regarding:

- **Policy coverages**
- **Deductibles**
- **Coverage limitations**
- **Exclusions**
- **Carrier claims procedures**

Setting realistic expectations early can help prevent misunderstandings and strengthen customer trust throughout the claims process.

Provide Clear Reporting and Contact Information

Ensure customers know:

- **How to report a claim**
- **When carrier-direct reporting may be appropriate**
- **Agency contact information**
- **Carrier claims contact information**
- **Hours of operation and emergency reporting options**

Provide this information through multiple channels including your website, customer portals, welcome materials, and agency app if applicable.



Educate Customers on Documentation Requirements

Guide customers regarding the information and documentation typically needed to support a claim, including:

- **Photos and videos**
- **Police or incident reports**
- **Repair estimates**
- **Witness information**
- **Financial records when applicable**

Documentation requirements may vary by coverage type, line of business, and claim complexity.



Explain Key Milestones and Potential Delays

Help customers understand common stages of the claims process, such as:

- **First Notice of Loss (FNOL)**
- **Claim assignment**
- **Investigation**
- **Inspections**
- **Coverage review**
- **Estimates and evaluations**
- **Settlement**

Discuss factors that may influence timelines and proactively communicate when delays occur.



Establish Communication Standards

Define internal service standards for:

- **Initial response times**
- **Customer updates**
- **Escalation procedures**
- **Documentation requirements**

Even when there is no significant new information, periodic updates can reassure customers that their claim has not been forgotten.



Lead with Empathy

Claims are often emotionally charged events.

Agency staff should:

- **Listen carefully**
- **Acknowledge customer concerns**
- **Demonstrate compassion**
- **Provide reassurance when appropriate**
- **Focus on helping customers navigate the process with confidence**

Empathy is often remembered as much as the outcome itself.

Leverage Technology and Carrier Resources

Take advantage of available technology and carrier capabilities to improve both efficiency and customer experience.

Examples include:

- **Carrier-direct reporting**
- **Online claim status tools**
- **Customer portals**
- **Automated communications**
- **Electronic document collection**
- **Preferred vendor programs**
- **Claims download and integration functionality**

Before implementing new solutions, evaluate whether existing systems can support your goals.

Follow Up and Gather Feedback

Following claim resolution:

- **Check in with the customer**
- **Confirm any outstanding concerns have been addressed**
- **Request feedback regarding the claims experience**
- **Review opportunities for process improvement**

Claims interactions can also create opportunities to review coverage, update customer information, and strengthen long-term relationships.

 **Key takeaway** — Consistent expectations, proactive updates, and empathetic support can meaningfully improve the customer's claims experience while reinforcing long-term trust.