

We're not just embracing change. **We're leading it.**

Improving outcomes and customer experiences through technology

Crawford's new era of technology: focused on people, driven by innovation and delivering results

For more than 75 years, Crawford has solved the world's claims handling challenges, and using the latest technology, helped businesses keep their focus where it belongs—on people. Since our first office opened in 1941, the insurance industry and our everyday lives have evolved dramatically through the emerging capabilities of technology. From the beginning of the claim at the first notice of loss (FNOL) through resolution, the claims process is also evolving in a way that enables better outcomes for all parties.

Customized for your needs

With an unrelenting focus on improving outcomes for our clients and their customers, Crawford delivers specialized technology solutions to meet the needs of businesses and organizations of any size or type, throughout the value chain, at the desk and in the field.

Delivering value for customers through innovation

Every day, new technologies and innovations emerge with the potential to improve our industry, our clients' businesses, and the lives of customers and policyholders everywhere. Technology is the most critical enabler for intelligent solutions, and we are committed to being on the cutting edge of enabling technology in the insurance industry.



A hand in a white shirt sleeve is shown touching a tablet. The tablet displays a network diagram with white nodes and lines on a blue background. The background of the entire image is a light blue gradient with a faint grid pattern.

technical capability

integration

responsiveness

security



Better outcomes through efficient integration

Every day, new technologies, vendors, startups, and innovations emerge with the potential to improve our industry, our clients' businesses, and the lives of customers and policyholders everywhere. Our goal is to uncover this potential and disrupt the claims handling industry with practical, intelligent solutions that benefit everyone.

Streamline your claims program with Crawford's end-to-end technology

Crawford's technology solutions are meticulously crafted to improve the claims process for our clients and their customers. We approach the entire claims process with strategies to address critical challenges that can cause friction and financial exposure—beginning with the FNOL and continuing through review and settlement. Each component is integrated in Crawford's Claims Fabric, which further helps ensure superior financial outcomes and reduce time-in-process for any claim, at any time.





Digital First Notice of Loss:

promptly responding anytime, every time, by any method,
and in any location

In 1971, Crawford was the first to pioneer a 24/7 claims intake service. Today, we are accelerating and enhancing the industry standard with Omnis, a truly digital, global omnichannel FNOL process that has no barriers for reporting an incident. With this API-powered approach, Crawford centralizes all claim-related data at the first notification and orchestrates actions based on inputs, rules and more.

Improve customer satisfaction for any size or type of claim

When a claim occurs, your customers can submit their claims through any channel, with every claim appearing in your claims system powered by sophisticated API links. Our platform also enables a next-generation claims experience with the use of Internet of Things (IoT) devices. Integration with digital assistants, such as Alexa, can forward about a notification from a water leak sensor, smoke detector or premises alarm system.

Improve accuracy and safety of claim data with timely, digital information collection

With digital FNOL, the manual touchpoints and opportunities for human error are greatly reduced. Crawford's global applications also support all required regulatory needs concerning data governance (e.g., GDPR compliance) and can be customized for any jurisdiction, making data collection, storage, and enrichment straightforward and safe.

Prepare the claims process for success from the start

Without proper claims intake and data collection, the claims process can slow down due to the manual information collection and decisions required to triage claims. Crawford's Omnis platform collects accurate, clean data, and the claim is prepared for the next step in the process, even when claims are added in bulk.

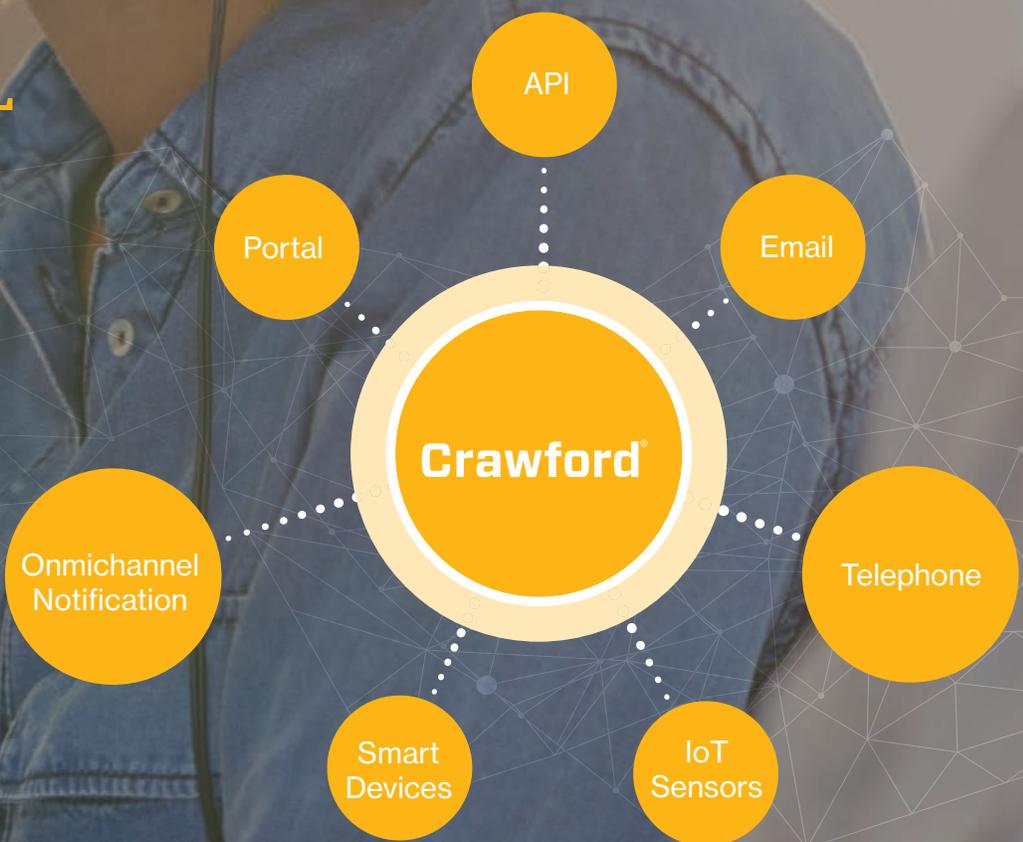
Improving customer experience with technology* (one week timeline)



*Results from actual hurricane activity

Digital FNOL components

Crawford's omnichannel digital FNOL process accelerates and enhances claims processing. By digitizing the first interaction on a claim, we can deploy straight-through processing and simplify the claims experience for you and your customers from the start.



Intelligent triage in action





Intelligent triage: claims routing that adapts to your needs

For decades, claims professionals handled triage the same way. They reviewed claims, validating and completing data requirements and deciding on the opportunity to leverage an alternative approach to field data collection. Like other parts of the claims process, triage has evolved and new tools and technologies are emerging. However, navigating the options and how they fit into existing workflows can be complicated and confusing.

Crawford is simplifying triage for all claims, from workers compensation to property, with solutions that maintain the momentum gained with digital FNOL by analyzing collected data and automatically routing claims to the correct resource. Factors such as severity, complexity, licensing requirements, and client guidelines are all taken into consideration by automated technologies to achieve the most efficient and financially viable outcomes for clients and their customers.

Forecast losses early for automated, accurate claims decisions

Crawford's AI and machine learning (ML) technology leverage historical claims data to forecast the potential gross loss on any claim and probability of accuracy directly from the FNOL data using our natural language processing (NLP) engine. This algorithm integrates claim loss photos and computer vision algorithms to identify loss scope and increase the accuracy of gross loss projections. Based on this, claims are then automatically routed to the appropriate channel and claims resource.

Outcomes to include actual gross loss determination and final field resource alignment will continually train the claim triage AI to leverage additional claim data and artifacts as the claim matures through its life cycle. Intelligence on service level breach, reserve establishment, closing cycle, quality, and billing will follow.



Reduction in costs on average



Process claims in as little as 3.7 days

Results with Crawford's intelligent triage solution, TruLook



Claims resolution: restoring through technology

From adjuster mobilization tools to drone image reconnaissance, we are constantly adding cutting-edge technology to our suite of innovations throughout the life of the claim to improve outcomes.

CAT RENOVO

Improve claim outcome and reduce fulfillment time by quickly and effectively matching adjuster skillsets with client and situational requirements.

Self-serve portals

Integration capabilities with dashboards and portals from customers, carriers and brokers enable rapid transmission of accurate data.

Fraud screening

Data driven insights that allow straight through processing of genuine claims. Investigation services backup by database/service integrations and field services.

360 VR

Enables consistent, thorough on-site training of adjusters, and in the field, provides pre- and post-loss solution for accurate, detailed data capture.

Site tools / repair scoping tools

Digital capture and real-time exchange of claims information on-site to provide accurate and fully documented repair estimates while in the field.

Video streaming

Live interaction to facilitate speedy response to claims investigation. Empowering desk-based decision making.

Drones

Expedite the claim resolution process and reduce expenses by quickly and affordably using on-demand resources to gather and validate information anytime, anywhere.

JobTrak

Interactive digital claims platform providing up-to-date information about the process and facilitates engagement with the contractor and with internal Contractor Connection staff.

EmployerWorks

Automated, integrated, and data-driven solutions to challenges associated with keeping employees well and productive, and effectively and efficiently returning employees to work

Claims Process Machine

A digitized TPA claims process, including innovations such as custom workflows and indicators designed to improve quality, efficiency and the end user experience.

Crawford Compliance

A modular software solution for contractor management, designed to keep track of documentation and help ensure adherence to workplace health and safety regulations for risk mitigation.



Our innovations and technology power optimal results across lines

11+%

Reduction in GL loss costs

15%

Average GL closure rate

17%

Reduction in water mitigation costs





Data analytics and business insights: your data decoded and customized for you

Data as an enterprise asset has never been more important than it is today. With a robust platform and technology comes the ability to use data in ways that generate deeper claim insights, more value for your customers and an improved bottom line for your organization.

Crawford's data analytics and business insights (DABI) framework offers a comprehensive solution for collecting, reconciling, organizing, analyzing and sharing data on a customizable platform. Unlike other systems, DABI is agile and can generate applications on-demand that are fully configurable. This solution puts an end to costly, never-ending development projects that fail to provide needed insight.

Uncover and understand trends with the DABI framework

Collection: Automation of Data Capture in a Central Repository

A data provisioning interface that automates extraction, capture and aggregation of specific data points that are most relevant to you

Reconciliation: Data Governance via Proprietary Intelligence Methods

Improve data quality through completeness, consistency, and accuracy

Organization: Data Stewardship in a Single Client View

Offers users the ability to review the current state of data in addition to business performance

Analysis: Reporting Opportunities and Modeling

Gives you the ability to confidently make real-time decisions, deliver faster results and push new services

Sharing: Data Services Framework for Syndication

Sharing and providing a scalable data management framework across core, object and business application services

**Claims
Data**



**Actionable
Insights
& Trends**



Improving financial outcomes with predictive analytics

Reduction in average paid*

15%

Improvement in closure*

12%

*when using full clinical & analytical workers compensation claim model

Claims data:

meaningful trends that touch lives, businesses and communities

When decoding your claims data, the first benefit is the revelation of meaningful trends. However, meaningful trends are only the beginning. Our customer-focused approach to data analysis takes retrospective analysis to the next level with predictive analytics that allow you to garner insights into how your claims processing will look in the future. You can “learn” from your data, which can then better inform decision making for your entire claims process as well as each claim.

Personalized Modeling

With customer-specific modeling, you can better identify claims that need the most attention. The model can quickly identify a claim that meets certain specifications, such as those that become embroiled in litigation. With this type of modeling, you can help mitigate the impact of claims that don't follow a traditional flow.

Claims Assignment Alignment

Traditional claims assignment can lead to the prevalence of reassignments and extending the duration of the claim. With the use of data mining, claims that have similar characteristics can be clustered to the most appropriate adjuster. And, in some cases, there could be the ability to fully automate adjudication and settlement.

Fraud Detection

Most fraud solutions available now are rules-based, but those committing fraud are becoming savvy in their ability to circumvent the conventional rules. By employing predictive analytics, you have more than rules to thwart fraud. Crawford's fraud detection combines rules with modeling, mining, database searches, and exceptions to help identify fraud early.

Subrogation Opportunities

The volume of unstructured data in a claim, from police reports to medical records to adjuster notes, can overwhelm the opportunity for subrogation. With a new tool for text analytics, you will be able to search this data for specific phrases that would indicate a subrogation case—helping detect the cases early and reduce loss expenses.

Instant Settlement Control

Automatic settlement of claims can be a helping hand. However, it can also be dangerous and cause overpayment. With the ability to analyze claims and claim histories, you can optimize your instant payout processes to help enable shorter claims cycles and increase customer satisfaction.

Loss Reserve Forecasting

Through the use of analytics, you will have the ability to more accurately calculate loss reserves by comparing new claims to similar closed claims. As claims are updated, your loss reserve will be as well. Consequently, you'll have a more precise idea of the amount of money you need in reserves.

Litigation Resolution

Use analytics to calculate a litigation propensity score and discern which claims are most likely to take a legal route. If the score is high, leaders are guided to assign these claims to the most senior adjusters who have the most experience and can increase the chance of a successful resolution.

Data Integration and Analytics

We are transforming, expediting, and strengthening our current data practices to support global, service line and country-centric views for decision making, leveraging data virtualization (for access), data quality (for cleansing and standardizing), and master data management (for reconciliation). We are also building for the future by developing a next-generation data ecosystem with big data technologies (AWS and Azure) to deliver a foundation based on the various business models Crawford supports as well as strategic reporting and analysis needs.



Claims Fabric:

the foundation of a digital environment

Crawford's Global Claims Fabric is an API-first technology environment that supports the exchange and integration of data and technology services, internally and externally, throughout the lifecycle of the claim. The API is pre-built to work with the leading estimating and claims platforms, ensuring data exchange capabilities for all stakeholders. This agile platform can also quickly integrate new technologies into the process. With the addition of AI and ML in the Claims Fabric, insurers will be able to establish more suitable risk management actions, possibly leading to less risk exposure. Claims Fabric is future-proofing for what will come next in the industry.

Uncover trends and insights with standardized, consistent data

The foundation of any well-executed claims process is data, specifically data that is accurate and accessible. Without each system working together, claims processing suffers under a siloed approach. With Claims Fabric, you can experience standardized, consistent data without sacrificing data protection or security. With this global view of the claim comes data mining as well, which offers a better understanding of trends and provides insights on claims. This can also improve the underwriting process and enable more accurate risk selection.

Use infinite integration to future-proof your organization

New technology can become outdated and obsolete very quickly. Claims Fabric helps you navigate this risk and meet changes within the industry head-on by eliminating legacy platforms in favor of a centralized approach to claims processing. A plug-and-play relationship with new technologies and partners streamlines implementation, integration, aggregation, and exchange of claims data with internal systems and external client systems.

Enhance the efficiency of claims processes

Like all technology we develop, we've designed Claims Fabric to make the claims process more efficient. Beginning with the automatic routing of claims, data flows easily throughout the environment. From built-in KPIs for improved workflow and the ability to report on performance to bypassing inefficiencies that come with repetitive tasks through robotic process—our goal is to make the whole process more efficient so claims professionals and clients can focus on quality claims handling.



210.24

209.22

1,218.38

210.74

208.33

456.60

26.42

2510.41

19.05

7,513.08

2,168.02

29,240.68

Claims Fabric in action:

how it works

Built as an agile API-first technology, Crawford's Claims Fabric integrates claims data and technology from both internal and external sources to help customers improve the efficiency of the claims process, uncover trends, and use infinite integration to future-proof their programs.



```
or_mod = modifier_ob.  
mirror object to mirror  
r_mod.mirror_object  
eration == "MIRROR_X":  
r_mod.use_x = True  
r_mod.use_y = False  
r_mod.use_z = False  
operation == "MIRROR_Y":  
r_mod.use_x = False  
r_mod.use_y = True  
r_mod.use_z = False  
operation == "MIRROR_Z":  
r_mod.use_x = False  
r_mod.use_y = False  
r_mod.use_z = True
```

```
selection at the end -add  
_ob.select= 1  
er_ob.select=1  
ntext.scene.objects.active  
"Selected" + str(modifier  
r_ob.select = 0  
bpy.context.selected_obj  
ata.objects[one.name].se
```

```
int("please select exactly  
-- OPERATOR CLASSES ----
```

```
types.Operator):  
X mirror to the selected  
object.mirror_mirror_x"  
r X"
```

```
context):  
text.active_object is not
```

“ This solution integrates people and technology in a way that delivers a frictionless experience and creates superior outcomes for our clients at a substantially lower cost. ”

- Rohit Verma
Global Chief Operating Officer



Loss
Adjusting



Third Party
Administration



Managed
Repair



Medical
Management



On-Demand
Services



Catastrophe
Response

9,000 employees | **50,000** field resources
70 countries | **\$14B** annual claims payments