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The Board of Chapter 17 wishes to extend a Very Merry Christmas and a Happy New Year to all our members and advertisers. We wish to thank you for your support because without you we could not publish this newsletter. This issue is a two month issue; there will be no meeting in December or January. The next meeting will be in February with reports from the Chapter Presidents Meeting. It was decided by the board that in lieu of the Holiday Get-To-Gather the money would better spent to the benefit of us all in a contribution to the legal fund. The legal issues involve us all and it's Imperative that they be rectified. Thank you again for your support and only the best for all in 2015.

Chapter 17 Board

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"There may be more beautiful times, but this one is ours." — Jean-Paul Sartre, 1905-1980

THE UNITED FARMERS AGENTS ASSOCIATION IS A PROFESSIONAL ASSOCIATION COMMITTED TO HELPING OUR MEMBERS THROUGH EDUCATION, COMMUNICATION, SUPPORT AND INFORMATION AND TO ESTABLISHING A TRUE PARTNERSHIP WITH FARMERS GROUP, INC.
2014 Insurance Fraud Hall of Shame
The Coalition Introduces the Newest Inductees

By Dennis Jay

America's most notorious insurance schemers have earned leadership of their moral wasteland by induction into the Insurance Fraud Hall of Shame.

The No-Class of 2014 was chosen by the Coalition Against Insurance Fraud. The Shamers come with a warning sign: "Do Not Touch: High Revoltage."

They represent the most brazen, vicious or klutziest insurance cons of last year. Small wonder; they inflicted costly fakes and pains on consumers and insurers throughout the nation.

America's pharaohs of fraud possess an uncanny drive to connive in pursuit of the immaculate deception. But the newly inducted mea culprits received a loud break-up call: They were convicted last year thanks to the tireless efforts of fraud fighters.

The Hall of Shame draws public attention to an $80-billion annual fraud spree that many consumers and policymakers think is a harmless and victimless crime.

Most Americans are honest, but unacceptably large percentages tolerate fraud — a kind of outrage deficit disorder, research shows. The Hall of Shame presents true-life stories to convince more consumers that insurance fraud is deviant and intolerable behavior.

Storytelling is humankind's oldest and most-effective form of communication. Our brains are biologically wired to think in narratives. Stories also are 20 times more likely to be remembered than hard facts.

Humans thus have fashioned stories to interpret and remember events since the first cave people sat around the campfire to talk about the day's woolly mammoth hunt.

Herewith is the hunt for the Coalition's newest moral invertebrates, the No-Class of 2014:

Dr. Spyros Panos | Poughkeepsie, N.Y.

Malpractice Fraud

The orthopedist made more than $35 million in false claims for thousands of botched and faked surgeries. He rushed up to 20 surgeries in a day — as many as orthos normally perform in a month. One surgery lasted seven minutes.

Panos bounced from operating room to operating room in quick sequence. He performed substandard surgeries, or just sliced open patients and stitched them up without making repairs. Panos also billed routine arthroscopic procedures as expensive open surgeries.

Christine Steele had two useless knee surgeries and has been unable to work full-time ever since.

Chris Hanson never recovered after three surgeries, including two knee repairs. He can't work at age 55 and has trouble walking. Panos also operated on both Achilles tendons of a senior. She is in constant pain and can't even play with her grandchildren.

Panos received 4½ years in federal prison and faces about 260 malpractice suits.

Angela Garcia | Cleveland, Ohio

Insurance Fraud

Garcia let her infant daughters, Nyemah and Nija, die in a house fire she set for just $64,000 worth of insurance money. Garcia had overvalued the contents of her home on a renter’s insurance claim.

Hall of Shame continued on page 6
Here are the top 10 myths in insurance
Think your customers understand these industries as well as you do? Think again.
Oct 27, 2014 / By Staff Writer

Are you really sure that out-of-state speeding ticket won’t follow you home?
Are you really sure that out-of-state speeding ticket won’t follow you home?

Editor’s Note: This article originally appeared on Insure.com. Click here to view the original post.
Some things about insurance are known to be true. Customers pay a premium; sometimes have to pay a set deductible, and the insurer pays out in certain situations.
But there are plenty of myths out there surrounding the insurance business. When shopping for a policy, however, those misunderstandings can be costly for clients.
In an effort to better understand the misconceptions that surround the insurance industry, Insure.com recently surveyed 2,000 U.S. adults and asked them whether a series of 10 insurance statements were true or false. They also calculated whether men or women believed each myth more often.

Myth 1: “I should buy insurance coverage for my house based on its real estate market value”
-52% think it’s true (among those who said it’s true, 45% were women, 55% were men).
-“Tip: Buy coverage based on the costs to reconstruct the house. Imagine your home being leveled by fire or a tornado – this is a worst-case scenario that you want to insure for. In many areas of the country, rebuilding costs are quite different from real estate market value. In areas with a weak housing market, it might cost more to rebuild your house than what you could sell it for. And don’t include the value of the land in your coverage amount. An insurance agent can help calculate rebuilding costs.

Myth 2: “Red cars cost more to insure”
-40% think it’s true (52% women, 48% men).
-“Tip: Car color doesn’t affect insurance rates and insurance companies don’t use it in their calculation of rates.

Myth 3: “If I cause a crash with extensive damage to others, my auto insurance policy will pay for damage”
-25% think it’s true (48% women, 52% men).
-“Tip: Your insurance company will pay for damage”

Myth 4: “Small cars are the cheapest to insure”
-40% think it’s true (42% women, 58% men).
-“Tip: Small and mid-size SUVs and minivans are the cheapest to insure. In the 2014 model year, the Jeep Wrangler Sport is the least expensive vehicle to insure, according to Insure.com’s study of rates. Small cars do not have the cheapest rates because they are often chosen by younger, inexperienced drivers who submit more claims. Also, injury claims are higher from small cars, which lack the weight and protection offered by larger vehicles.

Myth 5: “The Affordable Care Act (also called Obamacare) allows health insurance companies to base rates on medical conditions such as high blood pressure, heart disease and cancer”
-36% think it’s true (42% women, 58% men).
-“Tip: The Affordable Care Act prohibits health insurance companies from basing rates on pre-existing conditions. Nor can health insurers charge different amounts for men and women.

Myth 6: “Comprehensive auto insurance covers everything and anything”
-32% think it’s true (41% women, 59% men).
-“Tip: If you crash into something another vehicle isn’t at fault, a collision claim will pay for damage.”

Myth 7: “The Affordable Care Act requires almost all Americans to buy health insurance”
-19% think it’s true (41% women, 59% men).
-“Tip: The Affordable Care Act requires all Americans to buy health insurance, which starts on Nov. 15, 2014. The law requires employers with more than 50 people to provide coverage, and individual plans must cover pre-existing conditions. But there are plenty of myths out there surrounding the insurance business. When shopping for a policy, however, those misunderstandings can be costly for clients.

Myth 8: “If my friend borrows my car and crashes it, their insurance will pay for damage”
-25% think it’s true (40% women, 52% men).
-“Tip: Older cars are more valued among thieves because the market for their parts is bigger. If you want to cover car theft, buy comprehensive coverage.

Myth 9: “The Affordable Care Act requires me to take the health insurance plan offered by my employer”
-18% think it’s true (53% women, 47% men).
-“Tip: The Affordable Care Act requires employers to offer health insurance to employees who work full-time, but they don’t have to require employees to accept the offer.

Myth 10: “Out-of-state speeding tickets can’t follow you home”
-13% think it’s true (34% women, 66% men).
-“Tip: Those tickets can follow you, and can affect your car insurance rates. This myth had the biggest disparity between men and women among the survey questions, with far more men believing they could get away with speeding in another state.

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Where Experience Equals Quality and Value
The 7 hidden costs of 'cheap' car insurance

By Barbara Marquand

A cheap car insurance policy is great at first ... until you're left holding the bag.

Editor's Note: This post first appeared at Carinsurance.com. Click here to read the original source.

No one's perfect. You may have received a few speeding tickets within a short amount of time or recently had several accidents or have bad credit. Some insurers promise cheap car insurance rates even if you're unfortunate enough to be in this group. Before you take them up on it, you should read the fine print of their car insurance policies. What's being marketed as a bargain could actually be bare-bones coverage.

You should also research more than just costs. Shopping for affordable insurance isn't like shopping for cheap gas. One insurance company's quote could exclude coverage that another might include at the same price.

"It's fine to look at how prices stack up, but you have to find out what's covered and what's not covered and make sure you're comparing apples to apples," says Penny Gusner, Insurance.com consumer analyst.

If you're a low-mileage driver, you might want to look first at "pay-as-you-drive" plans and consider other common types of car insurance discounts. If none of those seems like a good fit, here's what to watch out for as you explore other options.

Preferred or standard car insurance policies are geared to drivers with clean or moderately clean driving records and decent credit ratings. Nonstandard policies are designed for risky customers who don't qualify for standard or preferred rates. Some are written specifically for specialty cars, like a Bentley or a restored '65 Mustang.

Smaller companies that specialize in catering to high-risk customers or classic car owners used to dominate the nonstandard market. But today many major insurers, such as Allstate and State Farm, sell both standard and nonstandard policies.

With nonstandard car insurance accounting for about a fifth of the private passenger auto insurance market, according to industry analyst Conning & Co., it's easy to see why insurers want a piece of the action.

But no insurance company is going to take on extra risk without offsetting it, either by charging higher rates, reducing coverage or both. Here are seven surprises that might be hiding in cheap nonstandard policies.

1. No coverage, or reduced coverage, for some drivers

Generally a standard policy covers you, the listed members of your household and friends or relatives you let borrow the car occasionally. But if you've got a risky driver living with you -- a teenage boy with a speeding ticket, for instance -- a nonstandard policy might require you to exclude him from coverage.

Some nonstandard policies also exclude coverage for permissive drivers -- people who use your car occasionally with your permission. Or they might exclude coverage for permissive drivers under age 25 or 21. In some states insurers can include step-down provisions in their policies. Under a step-down provision, the liability limits are reduced to state required minimum levels when someone who's not named on the policy drives your car. So even if you pay for higher-than-required liability coverage, you could have less protection when you let a friend borrow your car than when you're driving.

See "What is a permissive user?"

2. More driving record checks

"Insurance companies typically only check the driving records of preferred drivers once a year, sometimes even every other year," Gusner says.

But if you already have a checkered driving history, then the insurer might check your driving record every six months, before each coverage term begins, so it can adjust the premium accordingly.

See "Your driving record: What you need to know."

3. No special benefits

Don't count on getting some of the extra goodies advertised by major insurers on TV for their best customers.

"Usually a nonstandard policy will come without the perks of a standard policy -- no vanishing deductible or accident forgiveness," Gusner says.

Even those perks aren't really free -- those customers' premiums are higher -- but they aren't usually an option for the nonstandard customer.

See "What is full coverage?"

4. No coverage for punitive damages

If you cause an accident and are sued, some nonstandard policies exclude coverage for punitive or exemplary damages. That means you'd be on the hook for paying those damages if a court sides with the other guy.

See "The basics of a personal liability umbrella policy."

5. Less coverage for repairs

Under collision or comprehensive coverage, a standard policy generally pays for the full cost of repairs unless the car is declared a total loss. If the car is totaled, the policy pays the depreciated value of the car -- its market value immediately before it was damaged.

But some nonstandard policies take depreciation into account even for repairs. Instead of paying the full amount to repair hail damage on an older car, for instance, the policy would pay only a percentage of the cost, based on the vehicle's depreciation.

See "How does an insurance company decide to total a car?"

6. Lower mileage allowed

Some policies designed for specialty cars have very low mileage caps, such as 2,000 miles a year. Even if you don't use the car for everyday driving, the allotment may not be enough if you travel to car shows. Think about how much you'll drive the car, and make sure the policy includes enough mileage to cover it.

See "Insuring your classic or specialty car:"

7. No coverage for pizza delivery

Some nonstandard policies exclude liability and physical damage coverage when the car is used for any type of business purpose -- including delivering newspapers or pizzas.

See "What is a delivery? exclusion?"
FARMERS INSURANCE V. HJELLE
2010-2015 MINNESOTA COURT OF APPEALS

Are you a captive insurance agent licensed in the State of MN? There is a pending decision before the MN Court of Appeal on MN State Statute 72A.20 subd. 14 that will effectively reduce your agent non-compete contract to a limited solicitation clause. District Courts hear cases, Appeals Courts set precedents. On Thursday November 13, 2014, the Minnesota Court of Appeals heard arguments in the case cited above that will impact most captive agents in Minnesota. In Minnesota, licensed agents all realize that state law requires you to quote and offer insurance to anyone regardless of reason or factor. You cannot decide who to offer quotes to. It does not matter what your reason is or why. You are not required to offer the lowest or best policy available, but you are required to offer the quote and process the application if requested. Insurance companies like Farmers believe that state law only addresses discrimination. The law makes no such differentiation, and the basis for the law does not assume that belief.

**Two actions make the presumption of precedence likely.** First, the basis and wording of the Statute is consistent with the argument supporting Hjelle and not Farmers Insurance. Second, the final question from the Court at the hearing asked the Attorney for Hjelle how she would write the decision in terms of the non-compete contract. The effect will be reducing it to a solicitation clause where the agents are required to accept and service any person regardless of a private contract.

The Minnesota Court of Appeals will decide within 90 days which is Feb. 11, 2015.

**Background on Farmers Insurance vs Hjelle**

Hjelle was a Farmers Agent from 1990 till resignation in 2010. The Farmers Contract required 3 equal payments of contract buyout over the 1 year non-compete contract period. Farmers failed to make the required initial payment on resignation as stipulated in the contract. Instead the initial payment was made 4 months after resignation, Farmers made the 2nd payment but they failed to make the 3rd payment and sued Hjelle for breach of contract. The case was remanded to Ramsey County District Court and Judge John Guthmann who immediately disclosed prior employment by Farmers Insurance and denied the obvious conflict of interest. The Court dismissed MN St at-72A.20 subd 14 in pre-trial summary judgment without legal basis setting up the basis for appeal. In December 2010, the head enforcement officer with the Minnesota Department of Commerce cited 72A:20 sub 14 after Hjelle made an inquiry. The Jury trial was Dec 2013 and Hjelle was found guilty of contract breach and damages awarded to Farmers. The effect will be that substantial change is coming for captive insurance agents in Minnesota.

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**Goals**

Next time you have your annual goal setting meeting with the DM to discuss your goals and business plan, usually in the late fall or early winter, you may consider replying: "No, my goals are personal." My point is yes, you have goals, but none of the AAA's obligates you to provide a business plan or goals to a District Manager. Now if they make you agree as a requirement for an acquisition or some additional agreement you've made to the DM or the company will, you better give them what you've agreed to provide. But the DM's and DMM's typically approach everyone with the same scenario of goal setting meetings for all agents because that's their job. It is not the obligation of an independent business owner to set themselves up for future retaliation in the case a plan or goal is not achieved. That is exactly how Farmers uses these addendums to your AAA.

Do you only set goals like new year's resolutions in December or January? Do you ever modify a goal if after you have started implementing and realized the goal was too low or too high? If you set your goals at the beginning of the year based on what you know at the time are you allowing for the typical spring rate increases? Farmers often take rate after they conveniently acquire all the agency forces goals and business plans. You are on a 90 day agreement, how can you forecast beyond that? Here was a 90 day goal. Farmers goal of 1,000,000 quotes for the month of July went well but we still are not quite sure why the companies would set such a goal? Hummmm. In July, the third month of the promotion, we were told these million quotes were "Not mill quotes that never have a chance of producing a sale, but quotes that will be presented to clients and prospective clients that will result in new business to the agent and the company."

That was not how the promotion was presented at first? Why would Farmers need 14,000 exclusive agents to achieve this goal? Has 21st Century seen a bump in new business during this period? Did Farmers set a similar goal for the 40,000+ Independent agents in the "Farmers family" or just the exclusives? Will Farmers send Zurich quotes instead of cash this year explaining how successful they were achieving their goals? No, I doubt that. Farmers quotes for Zurich spend just like sales count spends for agents. Has Farmers grown PIF? Not seeing the growth here, how about you? Not according to the 2014 third quarter report. I hear some of the new kids grew PIF but from what we hear most of the new kids just go deeper and deeper in debt?

A DMM made a statement at our District Meeting to roll out the new 2013 AAA in January 2013..."you cannot grow PIF organically with Farmers right now. The only way to grow PIF is through acquisition." This statement was made to encourage us all to sign the new contract but the fact is the statement has proven true.
Hall of Shame continued from page 2

She made claims for possessions she didn’t have. Garcia also removed valuables before the fire. The girls had died of smoke inhalation by the time firefighters pulled them from their upstairs bedroom.

Garcia tied Nyeemah with the cord from a window blind to keep her from escaping the fire, prosecutors charged. She showed no grief or other emotions, freely socialized afterwards, and filed her claim within weeks of the girls’ deaths.

The fire may have started from an unattended candle in the dining room, Garcia claimed. Yet arson investigators found two burn patterns started by a flammable liquid.

Garcia also said she crashed through a second-floor window and slid down the porch roof to the ground. Yet she had little or no soot on her, and required no treatment for smoke inhalation. Nor did she have cuts from shattering the windowpanes.

Garcia no longer wanted her children and had tried to give away custody, prosecutors also charged. She was convicted of insurance fraud and killing the kids. Garcia received life in prison.

Andy Lee House | Galveston, Texas

Insurance Fraud

House drove his rare Bugatti Veyron into a swampy lagoon to collect $2.2 million. He told his insurer that a low-flying pelican forced him to swerve off the road into the muck.

But a car enthusiast just happened to be driving by and was awed by the sleek Bugatti. He videotaped House roaring into the lagoon. The video shows no pelican in sight. Nor were there skid marks or other evidence that House tried to brake. He also left the engine running for 15 minutes in the lagoon. The salt water filled up the engine and ruined the vehicle. House lied that he was too busy fighting mosquitoes to turn off the engine.

The Veyron is one of the world’s fastest street-legal production cars. It has an everyday top speed of 213 miles per hour — and was built to reach 253 mph. Only 300 were made. House pleaded guilty and faces up to 20 years in federal prison when sentenced.

Joseph Haddad | Bridgeport, Conn.

Medical Insurance Fraud

Retribution crashed into personal-injury attorney Joseph Haddad for running a crime ring that stole millions of insurance dollars by giving useless and inflated treatment to crash victims his paid recruiters delivered.

He erected a large and complex network of doctors, chiropractors, diagnostic clinics and recruiters. Providers diagnosed victims, often without exams, and then billed insurers for months of phantom or useless treatment. Runners typically appeared at police stations each day to buy police crash reports that identified the victims. The runners then badgered victims to sign up at Haddad’s office.

But Haddad fell hard once federal agents infiltrated his ring by acting as crash victims. One agent was billed for 11 chiropractor exams even though he only received four treatments. One of Haddad’s doctors, meanwhile, was operating with a suspended license.

Haddad was whacked with 51 months in federal prison and must repay $1.8 million.

Christopher Inserra | New York, N.Y.

Workers’ Compensation Fraud

The former New York cop moonlighted and gyrated as the lead singer for a punk rock band while collecting more than $31,000 in workers’ compensation money for a supposedly injured arm.

Hall of Shame concluded on page 7
insured said he hurt his right arm while taking an injured Port Authority employee to a medical facility. He lied that he had a "tremendous amount of pain" around his right elbow and lower bicep. More medical exams found no serious injuries, but Inserra kept complaining he couldn't even bend his arm.

Yet he kept performing. Photos show him "repeatedly moving his arms in a punching motion" and "violently flailing his arm in an up-and-down motion" on the stage. The band hit the road for a tour called "Miles of Mayhem." Video from concerts in Athens, Ga., Cocoa Beach, Fla., and elsewhere shows him fist pumping and thrashing around. Inserra lucked out with three years of probation. His band's name: Cousin Sleaze.

Sara Ylen Port I Huron, Mich.

Healthcare Fraud

Cancer enshrouded Ylen, who lay near death after developing cervical cancer stemming from her being raped in a store parking lot. How tragic. Except that Ylen invented the convincing drama.

Her insurer paid more than $120,000 in useless hospice care. The community also rallied around Ylen. A church raised $10,000 to pay other bills, and other well-wishers raised thousands more. A local newspaper wrote an award-winning series about her seemingly valiant fight against her stage-four condition.

Ylen's testimony sent innocent James Grissom to jail for nearly 10 years as her falsely charged rapist. But tests soon showed Ylen didn't have cancer and her life wasn't in danger. The hospice kicked her out. A probe of her computer found search terms, images and URLs proving she'd researched cancer. Ylen also said certain doctors had diagnosed her, but the docs denied involvement.

Ylen pleaded no contest and received a year in jail.

Dr. Farid Fata I Detroit, Mich.

Medicare Fraud

Seniors received painful and debilitating chemo therapy for cancer they never had. Cancer specialist Fata made $225 million in false Medicare claims. About half went for needless chemo and other cancer treatments. He deliberately misdiagnosed patients who were in remission or had no chance of surviving.

Medicare paid out more than $91 million, and Fata billed private insurers as well.

Fata gave one patient 155 chemo treatments over 2½ years — though the patient was cancer-free. Other patients were pumped with useless blood therapy and iron treatments. And one patient fell down and badly injured his head at the office. Yet Fata insisted that the patient receive his chemo before going to the ER.

Fata also faked anemia and fatigue diagnoses to justify giving patients dangerous levels of billable drugs. He faces up to 175 years in federal prison when sentenced.

Suzanne Basso I Houston, Texas

Life Insurance Fraud

Buddy Musso was a grocery bagger and had the IQ of an eight-year-old. He stayed at an assisted-living home near upper Manhattan.

Buddy dreamed of being a cowboy singer. He enjoyed singing slightly off-key versions of country-western songs he heard on the radio.

Suzanne Basso befriended Musso. She lured him to Houston with a false promise of marriage. He was in love with her and wanted to marry. She was in love with the insurance money.

Basso and her cohorts secretly took out $150,000 worth of life policies on him, upped the policy with a $60,000 violent-death clause, then tortured and killed him. Buddy's body was found in a ditch — lacerated, beaten and doused with bleach.

Basso tried various dodges to avoid trial: She used a wheelchair and claimed paralysis. She also pretended to be blind, or had regressed to childhood and had the voice of a little girl. The court-appointed psychiatrist said she was faking. Basso was executed by lethal injection in February 2014.

Pamela Phillips I Aspen, Colo.

Life Insurance Fraud

The former Aspen socialite will socialize with prison inmates after car-bombing her ex-husband for $2 million in life insurance money to fund a jet-setting lifestyle.

Phillips and Gary Triano lived large in the posh foothills of Tucson, Ariz. Gary was a wheeler-dealer, creating businesses, running Indian bingo casinos and playing a lot of golf. They were rich and rubbed shoulders with well-known figures such as the Trumps.

But Triano's business ventures collapsed and he went broke. Phillips had no more need for Triano. His car exploded as he left his country club after golfing. Phillips had paid ex-boyfriend Ronald Young $400,000 to carry out the hit.

Phillips moved to Aspen, where she became a well-known socialite. Financial records and phone conversations that Young secretly recorded during talks with Phillips exposed the deadly ruse. She once said how easy it would be to hire someone to kill Triano, a longtime friend also testified. Phillips received life without parole.

Fraud fighters created an escalator of evidence that led this year's shakers to certain justice. Americans now have more benchmarks of bleak to illustrate this crime's rule of flaw and disorder.
This could get expensive: Winter storm losses expected to reach $2.5B for 2014

By Tim Sprinkle

Snow covers a street at daybreak Wednesday, Nov. 19, 2014, in south Buffalo, N.Y.

Remember last winter? It was a cold one.

It was the year of the "Polar Vortex," of the deep freeze in Chicago, and the ice storm that nearly brought Atlanta to its knees.

In fact, according to Munich Re, the first quarter of 2014 ranked as the coldest winter in the Eastern U.S. in more than a decade. There were 11 winter storms and cold waves between January and March of this year, causing 84 fatalities and an estimated $2.4 billion in insured losses.

The Polar Vortex event alone caused nearly $1.7 billion in insured losses, according to Property Claim Service for Verisk Insurance Solutions.

It was cold.

Here's why this could be a costly winter for insurers.

And, if the last couple of weeks are any indication (have you seen the photos from Buffalo yet?), we could be on track for more of the same.

For insurers, that could get expensive, totaling as much as $2.5 billion, according to the Insurance Information Institute's (III) estimates.

"Severe winter weather is the third-largest cause of insured catastrophe losses, after hurricanes and tornadoes," said Dr. Robert Hartwig, president of the III. "Losses from snow, ice, freezing and related causes averaged $1.2 billion annually over the past twenty years. This year insured losses from severe winter events will be at least double that amount, likely exceeding $2.5 billion by year's end, making 2014 the fourth costliest year on record for winter storm losses."

According to the III, winter storm claims accounted for 6.4% of all insured catastrophe losses between 1994 and 2013, just behind hurricanes and tropical storms (41%) and tornadoes (36%) among the costliest natural disasters. In 2013, winter losses totaled $1.8 billion.

Add in the spike in auto claims that typically accompanies the onset of winter, along with workers' compensation claims due to winter-related slip-and-fall incidents, and it's easy to see the potential costs add up for insurers.

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5200 Willson Road, Suite 314 • Edina, MN 55424
Fax: 952-922-6563 • email: krich@ufaa.com