

Insurance English

Instructor guide for advanced ESL learners working in insurance

Audience: underwriters, claims adjusters, brokers, risk managers, actuarial analysts, policy-service teams, compliance staff, and insurance operations leaders

Focus: An insurance English curriculum for underwriting, claims, policy language, coverage disputes, actuarial assumptions, broker communication, fraud concerns, compliance, and customer escalation.

Designed for advanced ESL learners who already use professional English and need industry-specific terminology, realistic meetings, role-play pressure, careful pushback, and polished workplace outputs.

Teaching stance: this is language and workplace-communication training, not legal, medical, financial, safety, or regulatory advice. Instructors should connect every scenario to the learner's current company policies, local rules, and approved procedures.

Purpose and Course Logic

An insurance English curriculum for underwriting, claims, policy language, coverage disputes, actuarial assumptions, broker communication, fraud concerns, compliance, and customer escalation.

Core language challenge

Advanced learners do not only need vocabulary. They need the ability to ask which standard applies, who owns the decision, what evidence is sufficient, what risk is being accepted, and how to disagree without sounding vague, defensive, or reckless.

Each module trains a realistic workplace pressure point with role-specific terms, decision language, pushback practice, and a written output learners can adapt to their own work.

Course objectives

- Use insurance terminology accurately in meetings, written updates, handoffs, escalations, reviews, and client or stakeholder conversations.
- Turn vague requests into specific questions about evidence, owner, deadline, constraint, risk, and decision rights.
- Push back on unsafe, unsupported, noncompliant, unrealistic, or poorly scoped proposals while preserving professional trust.
- Handle realistic dialogues from the field, including conflict, uncertainty, documentation gaps, customer or stakeholder pressure, and cross-functional disagreement.
- Produce concise workplace outputs: briefing notes, escalation updates, meeting scripts, risk memos, decision records, and follow-up messages.

Instructor Module Plans

Module 1. Underwriting and Risk Selection (90 minutes)

Explain underwriting decisions without sounding arbitrary.

Learners should be able to

- Use these terms accurately: underwriting, risk appetite, exposure, loss history.
- Explain the workplace tension: Exposure, loss history, controls, appetite, and pricing adequacy need explanation.
- Respond professionally when a stakeholder says: Say the risk appetite changed.
- Draft a usable underwriting rationale with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

A broker asks why a profitable account received a restrictive quote.

Say the risk appetite changed.

Exposure, loss history, controls, appetite, and pricing adequacy need explanation.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.

4. Output lab: draft and revise a underwriting rationale.

Module 2. Policy Language and Coverage Interpretation (90 minutes)

Discuss coverage without giving casual assurances.

Learners should be able to

- Use these terms accurately: policy, endorsement, exclusion, coverage.
- Explain the workplace tension: Policy terms, exclusions, endorsements, facts, and claims review may control.
- Respond professionally when a stakeholder says: Say it should be covered.
- Draft a usable coverage caveat response with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

A client asks whether a new activity is covered.

Say it should be covered.

Policy terms, exclusions, endorsements, facts, and claims review may control.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a coverage caveat response.

Module 3. Claims Intake and Reserving (90 minutes)

Gather facts and set expectations after a loss.

Learners should be able to

- Use these terms accurately: claim, reserve, proof of loss, adjuster.
- Explain the workplace tension: Coverage, documentation, liability, damages, and reserve review are needed.
- Respond professionally when a stakeholder says: Promise payment this week.
- Draft a usable claims intake summary with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

A policyholder wants immediate payment after submitting photos.

Promise payment this week.

Coverage, documentation, liability, damages, and reserve review are needed.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.

4. Output lab: draft and revise a claims intake summary.

Module 4. Coverage Disputes and Denials (90 minutes)

Communicate adverse decisions with clarity and empathy.

Learners should be able to

- Use these terms accurately: denial, reservation of rights, appeal, coverage position.
- Explain the workplace tension: Facts, policy language, legal review, appeal rights, and tone matter.
- Respond professionally when a stakeholder says: Send a short denial letter.
- Draft a usable denial explanation draft with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

A claim appears excluded under the policy.

Send a short denial letter.

Facts, policy language, legal review, appeal rights, and tone matter.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a denial explanation draft.

Module 5. Broker and Client Renewal Meetings (90 minutes)

Discuss rate increases and terms under market pressure.

Learners should be able to

- Use these terms accurately: renewal, premium, deductible, reinsurance.
- Explain the workplace tension: Loss trends, exposure growth, reinsurance, capacity, and terms need explanation.
- Respond professionally when a stakeholder says: Blame the market.
- Draft a usable renewal meeting brief with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

Premiums increase despite no recent losses.

Blame the market.

Loss trends, exposure growth, reinsurance, capacity, and terms need explanation.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.

4. Output lab: draft and revise a renewal meeting brief.

Module 6. Fraud Indicators and SIU Referral (90 minutes)

Raise suspicious patterns without accusation.

Learners should be able to

- Use these terms accurately: fraud indicator, SIU, material misrepresentation, investigation.
- Explain the workplace tension: Evidence, investigation process, documentation, and legal boundaries matter.
- Respond professionally when a stakeholder says: Accuse the claimant of fraud.
- Draft a usable SIU referral note with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

A claim has inconsistent timing and documents.

Accuse the claimant of fraud.

Evidence, investigation process, documentation, and legal boundaries matter.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a SIU referral note.

Module 7. Actuarial Assumptions and Pricing (90 minutes)

Explain model outputs and uncertainty.

Learners should be able to

- Use these terms accurately: loss development, frequency, severity, reserve adequacy.
- Explain the workplace tension: Loss development, frequency, severity, assumptions, and confidence ranges need translation.
- Respond professionally when a stakeholder says: Say the model says so.
- Draft a usable actuarial assumption memo with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

Leadership wants a simple reason for reserve strengthening.

Say the model says so.

Loss development, frequency, severity, assumptions, and confidence ranges need translation.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.

3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a actuarial assumption memo.

Module 8. Compliance, Market Conduct, and Complaints (90 minutes)

Handle regulator and customer complaints precisely.

Learners should be able to

- Use these terms accurately: market conduct, complaint, timely communication, corrective action.
- Explain the workplace tension: Market-conduct rules, timelines, evidence, corrective action, and monitoring are needed.
- Respond professionally when a stakeholder says: Say delays were isolated.
- Draft a usable market-conduct response with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

A regulator asks about delayed claim communications.

Say delays were isolated.

Market-conduct rules, timelines, evidence, corrective action, and monitoring are needed.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a market-conduct response.

Nomenclature and Jargon

These are classroom working definitions. Learners should adapt wording to their organization's policies, systems, and local regulatory environment.

Underwriting and Risk Selection

Term	Working meaning
underwriting	Working insurance term used in underwriting and risk selection; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
risk appetite	Working insurance term used in underwriting and risk selection; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
exposure	Working insurance term used in underwriting and risk selection; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
loss history	Working insurance term used in underwriting and risk selection; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Policy Language and Coverage Interpretation

Term	Working meaning
policy	Formal rule or standard that guides decisions and behavior.
endorsement	Working insurance term used in policy language and coverage interpretation; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
exclusion	Working insurance term used in policy language and coverage interpretation; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
coverage	Working insurance term used in policy language and coverage interpretation; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Claims Intake and Reserving

Term	Working meaning
claim	A statement that may need evidence, approval, qualification, or disclosure before it is used externally.
reserve	Working insurance term used in claims intake and reserving; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
proof of loss	Working insurance term used in claims intake and reserving; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
adjuster	Working insurance term used in claims intake and reserving; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Coverage Disputes and Denials

Term	Working meaning
denial	Working insurance term used in coverage disputes and denials; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
reservation of rights	Working insurance term used in coverage disputes and denials; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
appeal	Working insurance term used in coverage disputes and denials; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
coverage position	Working insurance term used in coverage disputes and denials; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Broker and Client Renewal Meetings

Term	Working meaning
renewal	Working insurance term used in broker and client renewal meetings; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
premium	Working insurance term used in broker and client renewal meetings; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
deductible	Working insurance term used in broker and client renewal meetings; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
reinsurance	Working insurance term used in broker and client renewal meetings; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Fraud Indicators and SIU Referral

Term	Working meaning
fraud indicator	Working insurance term used in fraud indicators and siu referral; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
SIU	Working insurance term used in fraud indicators and siu referral; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
material misrepresentation	Working insurance term used in fraud indicators and siu referral; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
investigation	Working insurance term used in fraud indicators and siu referral; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Actuarial Assumptions and Pricing

Term	Working meaning
loss development	Working insurance term used in actuarial assumptions and pricing; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
frequency	Working insurance term used in actuarial assumptions and pricing; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
severity	Working insurance term used in actuarial assumptions and pricing; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
reserve adequacy	Working insurance term used in actuarial assumptions and pricing; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Compliance, Market Conduct, and Complaints

Term	Working meaning
market conduct	Working insurance term used in compliance, market conduct, and complaints; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
complaint	Working insurance term used in compliance, market conduct, and complaints; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
timely communication	Working insurance term used in compliance, market conduct, and complaints; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
corrective action	Action taken to fix a current problem and prevent recurrence.

Industry-Specific Meeting Moves

Situation	Useful language
Underwriting and Risk Selection	Before we commit, I want to confirm underwriting, risk appetite, the owner, and the evidence behind the decision. If exposure, loss history, controls, appetite, and pricing adequacy need explanation., I recommend we document the risk and agree on the next step.
Policy Language and Coverage Interpretation	Before we commit, I want to confirm policy, endorsement, the owner, and the evidence behind the decision. If policy terms, exclusions, endorsements, facts, and claims review may control., I recommend we document the risk and agree on the next step.
Claims Intake and Reserving	Before we commit, I want to confirm claim, reserve, the owner, and the evidence behind the decision. If coverage, documentation, liability, damages, and reserve review are needed., I recommend we document the risk and agree on the next step.

Situation	Useful language
Coverage Disputes and Denials	Before we commit, I want to confirm denial, reservation of rights, the owner, and the evidence behind the decision. If facts, policy language, legal review, appeal rights, and tone matter., I recommend we document the risk and agree on the next step.
Broker and Client Renewal Meetings	Before we commit, I want to confirm renewal, premium, the owner, and the evidence behind the decision. If loss trends, exposure growth, reinsurance, capacity, and terms need explanation., I recommend we document the risk and agree on the next step.
Fraud Indicators and SIU Referral	Before we commit, I want to confirm fraud indicator, SIU, the owner, and the evidence behind the decision. If evidence, investigation process, documentation, and legal boundaries matter., I recommend we document the risk and agree on the next step.
Actuarial Assumptions and Pricing	Before we commit, I want to confirm loss development, frequency, the owner, and the evidence behind the decision. If loss development, frequency, severity, assumptions, and confidence ranges need translation., I recommend we document the risk and agree on the next step.
Compliance, Market Conduct, and Complaints	Before we commit, I want to confirm market conduct, complaint, the owner, and the evidence behind the decision. If market-conduct rules, timelines, evidence, corrective action, and monitoring are needed., I recommend we document the risk and agree on the next step.

High-pressure pushback frames

- I understand the urgency. The risk is that we move faster than the evidence or process supports.
- I am not blocking the goal. I am naming the condition we need before the decision is safe and credible.
- If we accept this risk, we should name the owner, document the assumption, and define the trigger for escalation.
- That may be possible, but not under the current scope, timeline, or approval path.
- Let's separate what we know, what we assume, and what still needs confirmation.

Assessment and Coaching

Performance rubric

Skill	Developing	Proficient	Strong
Terminology	Recognizes terms but uses them loosely.	Uses field terms accurately in context.	Defines terms, connects them to evidence, and explains decision impact.
Pushback	Disagrees vaguely or avoids disagreement.	Names concern with evidence and next step.	Balances urgency, relationship, risk, owner, and decision rights.
Scenario judgment	Focuses on one stakeholder's preference.	Identifies constraint, risk, and process.	Guides the group toward a documented, realistic decision.
Written output	Writes general summaries.	Produces clear notes with facts and owner.	Creates concise, decision-ready workplace communication.

Source orientation

- Policy forms, endorsements, and state insurance rules.
- Company underwriting and claims procedures.
- Compliance and legal review for coverage positions.
- The learner's own company policies, SOPs, contracts, systems, templates, and approved communication standards.