# Insurance Claim Delays Deliver Massive Profits To Industry By Shorting Customers

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Tom Wilson, CEO of Allstate, earned $9.3 million in 2010.

WASHINGTON -- Unlike many other businesses, the insurance industry is bound by law to act in good faith with its customers. Because of their protective role in the lives of ordinary citizens, insurers have long operated as semi-public trusts. But since the mid-1990s, a new profit-hungry model, combined with weak regulation, has upended that ancient social contract.

"Claims has been converted into a money-making process," said Russ Roberts, a New Mexico-based management consultant and former business professor at Northwestern University who has studied the insurance industry's evolution from a service business to a profit-driven machine.

The change started when consulting giant McKinsey & Company sold Allstate and other leading insurance companies on a new system to boost the bottom line: Rather than adjusting claims the traditional way, which gave claims managers wide latitude to serve customers, insurers embraced a computer-driven method that produced purposefully low offers to claimants.

Those who took the low-ball offers received prompt service, while those who didn't had their claims delayed and potentially were reduced to bringing expensive lawsuits to fight for their benefits. As former Allstate agent Shannon Kmatz [told the American Association for Justice](http://www.justice.org/docs/tenworstinsurancecompanies.pdf), the trial lawyers' lobby, the strategy was to make claims "so expensive and so time-consuming that lawyers would start refusing to help clients." The strategy was dubbed "Good Hands or Boxing Gloves" by the consultants, riffing on Allstate's advertising slogan.

McKinsey, which was reportedly hired by Allstate in 1992, prepared about 12,500 PowerPoint slides to present its plan. The slides were introduced in litigation in 2005, when the insurer [turned them over](http://www.bloomberg.com/apps/news?pid=newsarchive&sid=aIOpZROwhvNI) under a temporary protective order. David Berardinelli, a New Mexico-based trial lawyer who was working on the case, detailed the slides in his 2008 book, "From Good Hands to Boxing Gloves: The Dark Side of Insurance."

McKinsey's strategy put profits above all. One slide in the McKinsey presentation illustrated this philosophy by painting the insurance business as a zero-sum game: "Improving Allstate's casualty economics will have a negative economic impact on some medical providers, plaintiff attorneys, and claimants. ... Allstate gains -- others must lose."

Allstate has certainly gained: It made $4.6 billion in profits in 2007, double its earnings in the 1990s. The stunning increase, said Russ Roberts, came through "driving down loss values to an average of 30 percent below the actual market cost" -- that is, paying dramatically less on claims.

Top of Form

Bottom of Form

"An insurance company can make a lot of money on the small claims," said Jay Feinman, a professor at Rutgers University School of Law, "because if you save a few dollars on a huge number of claims, it's worth more than saving a lot of dollars on a very small number of claims."

Allstate is the best-known user of the McKinsey model, topping the list of the "[Ten Worst Insurance Companies in America](http://www.justice.org/docs/tenworstinsurancecompanies.pdf)" published by the American Association for Justice. But Allstate's rise in profits has led most of the industry to adopt the same approach. McKinsey has worked with State Farm, another insurance giant, and other companies in redesigning their claims systems. Feinman cautioned in his book "[Delay, Deny, Defend](http://www.delaydenydefend.com/)" that the two major names "are just the largest players in the industry ... [the ones] whose involvement with McKinsey & Company in the transformation of claims is the best documented."

Roberts told HuffPost that, by his estimate, the companies that take in 70 percent of total insurance profits in the United States now abuse their obligations to their policyholders. When Allstate CEO Tom Wilson [earned $9.3 million last year](http://online.wsj.com/article/SB10001424052748704132204576190333502699902.html), he was not even on the top 10 list of best-paid insurance executives, compiled by New York Law School's [Center for Justice and Democracy](http://www.centerjd.org/). (The top 10 list was led by William R. Berkley of W.R. Berkley, who made $24.6 million in 2010.)

Yolande Daeninck, spokeswoman for McKinsey & Company, said, "In line with our firm's longstanding policy to not discuss our client work, we decline to comment."

**A HOUSE BURNS DOWN**

According to an [unpublished Harris Interactive Poll](http://big.assets.huffingtonpost.com/Harris_Interactive_PollingSummary.pdf) conducted in September, 16 percent of surveyed adults have experienced financial hardship while waiting for an insurance claim to be settled or know someone who has. The same poll found that 59 percent of adults believe that most insurers intentionally delay claims -- and those with an income of $35,000 or less were more likely to agree.

With 15.3 percent of Americans -- about 46.2 million people -- living in poverty, close to 10 percent unemployment, and roughly 2 million people who've been looking for work for more than two years, Allstate's business model is profiting off many consumers at their most vulnerable. A claim delayed by even a month can spell financial disaster for a family. As a National Bureau of Economic Research study [found](http://www.nber.org/papers/w17072), about 25 percent of Americans could not come up with $2,000 in a 30-day period.

Madeleine Burdette, a retiree, is an Allstate customer who reported her experience on the popular website AllstateInsuranceSucks.com. When her Georgia home burned in November 2010, Burdette was in Ohio, where she lives most of the year. She said the fire marshal in Georgia told her that her house would have to be torn down. "The entire middle of the house was gone," Burdette said. "It took out everything. Just the outside walls were left untouched."

The next day, she said, Burdette's Allstate adjuster told her the house could be repaired. Allstate also said it would have to do a thorough investigation to determine if the fire was caused by arson. If it was arson, the adjuster told Burdette, Allstate would not pay for any damages. According to [former employees](http://www.justice.org/docs/tenworstinsurancecompanies.pdf), such investigations are a common practice at Allstate and are encouraged by supervisors as a way to avoid paying claims quickly.

Burdette, who lives on her Social Security checks, flew from Ohio to survey the damage herself. While in Georgia, she contacted public adjuster Anita Taff. Public adjusters serve as advocates for individuals who feel they need another set of eyes on a claim. Taff met with Burdette at the house, Burdette said, and discussed the damage with the contractor Burdette had hired. Upon returning to Ohio, Burdette spoke with Taff over the phone to find out what her impression was. Burdette said Taff warned her that the contractor might go along with Allstate's insistence that the house could be repaired.

"I believe [delaying claims] is an effort to put the squeeze on policyholders," Taff told HuffPost. She explained that while a claim is being held up, the insurance company may stop paying the policyholder's additional living expenses, forcing the policyholder to cover mortgage and rent entirely out of pocket. "That's something that many people cannot afford to do, so they're forced to take a lower settlement," Taff said.

Burdette said she immediately called the contractor and told him not to go near her house. According to Burdette, she received a phone call within 10 minutes from her Allstate adjuster asking her not to hire Taff or any other public adjuster. "He said, 'If you hire a public adjuster, I'm going to deny and delay this claim for as long as possible,'" Burdette told HuffPost. Taken aback, she then asked if it wasn't in his best interest to settle the claim. "Not really," he replied, according to Burdette.

Although the Allstate adjuster eventually agreed to work with Taff on Burdette's claim, her troubles did not end. The contractor who had been banned from her property nevertheless worked on the house and billed Allstate for $22,000. Burdette had explicitly told Allstate not to pay the contractor a dime, she said, but the company paid him under her policy anyway. The contractor couldn't be reached for comment.

More than a year later, Burdette's home is still being repaired and Allstate refuses to reimburse the $22,000. She consulted four different lawyers to see if she had a legal case. While she said they all agreed that she was entitled to reimbursement, she said they also agreed that she lacked the funds to fight the insurance giant. "They told me, 'You'll run out of money,'" she said.

**NO FLUKES**

Roberts, the management consultant, said that companies like Allstate attempt to pass off claims delays as fluke occurrences. But, he said, they are actually routine and intentional products of the McKinsey system: "The Allstate/McKinsey system for 'lowballing' claims payments ... is driven by the claims performance management and pay systems from the top to the bottom of the organization."

Feinman, the Rutgers law professor, also suggested the deck is stacked against individuals who make claims. "You have an accident or a fire in your house. You call up the insurance company. You describe the circumstances. Maybe they send an adjuster out, and they say it's not covered, or it's covered but here's the dollar amount that we're obligated to pay you," he said. Most people, Feinman said, do not have the expertise "to know whether or not that's right."

Allstate spokeswoman Laura Strykowski said the company can't comment on specific cases because of privacy requirements, but considers its claims process both legal and effective. "Our customers and claimants receive prompt and courteous claim service and our goal is to settle each claim fairly and efficiently," she wrote to HuffPost. "As a regulated company, Allstate's claim practices are available to and regularly reviewed by state departments of insurance."

But experts like Feinman argue that insurance regulation has become little more than a fig leaf. State insurance departments are usually understaffed and overwhelmed. And even if they had the legal firepower to contend with giant insurance companies, Feinman said, "the regulators are closer to the industry than they are consumers." Eleven of the past 15 presidents of the National Association of Insurance Commissioners (NAIC) went on to work for the insurance industry after leaving office, while a [17-year study](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=908984) from two Georgia State University professors found that around half of state-level insurance commissioners did so as well.

When combined with penalties that Feinman described as "laughably low" in many states, this close relationship means that regulation does not provide an effective check on insurance companies. And state governments themselves have incentive to place consumers on the backburner. Because insurance taxes are a major source of revenue for the states, said Roberts, insurance oversight commissions are usually more concerned with keeping companies solvent than resolving the problems of policyholders.

With the exception of the federal Affordable Care Act, insurance is regulated on a state-by-state basis. Although most states set a specific timeline for how quickly an insurance company must initially respond to claims, there is much more leeway when it comes to settling those claims. For example, [in Missouri](http://sos.mo.gov/adrules/csr/current/20csr/20c100-1.pdf), an insurer must acknowledge receipt of a claim within 10 days and either pay or deny it within 15 days of receiving all necessary documentation. However, if the insurer decides it needs more time to investigate, it may keep delaying as long as it updates the policyholder every 45 days. [In Georgia,](http://rules.sos.state.ga.us/docs/120/2/52/03.pdf) where Burdette's house burned down, the insurer must notify the policyholder if it will affirm or deny a claim within 60 days. However, the insurer does not have to settle the amount it will pay within that period. Many states have similar provisions that allow insurers to put off paying claims indefinitely.

According to [NAIC data](https://eapps.naic.org/documents/cis_aggregate_complaints_by_reason_codes.pdf), claim delays have long been the most frequent cause of policyholder complaint. As of Nov. 28, 2011, the NAIC had received 11,053 delay-related complaints this year alone, comprising almost a quarter of the year's total complaints. These data only reflect confirmed complaints -- the ones that the state insurance commission has investigated -- so the actual number of delayed claims is likely much higher.

Complaining to state regulators about the insurer's delay is always an option, but its effectiveness is questionable at best. "I have not seen it be successful," said Taff.

**Study: Repeat Offenders: How the Insurance Industry Manufactures Crises and Harms America**

Thursday, December 15, 2011

The first definitive expose of 35 years of manufactured insurance crises. So far there have been three. We document how this industry is now creating a fourth.

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Imagine an industry that sold a product which every person and business in America needed.  This product was so important that the industry could literally threaten the economy of a state by pulling its product out.  The seller of this product was accountable to no federal agency and regulated only by very weak state agencies.  It was also exempt from anti-trust laws so the entire industry, including so-called “competitors,” could use the same collusive pricing agencies to help determine the product’s price – price fixing that would land others in jail.  Other laws permitted it to keep its financial data secret, enabling it to routinely mislead lawmakers, regulators and members of the media about its financial condition.  This secrecy allowed it to create phony “crises” to help promote its own legislative agenda, padding its bottom line at the expense of everyday Americans.

Read more in Americans for Insurance Reform's new study, "[Repeat Offenders](http://www.centerjd.org/system/files/Repeat_OffendersFinal.pdf)"

(Read news release [here](http://www.centerjd.org/content/americans-insurance-reform-releases-new-study-how-insurance-industry-creates-insurance))

**Americans for Insurance Reform Releases New Study on How the Insurance Industry Creates Insurance Crises Harming Their Policyholders**

Thursday, December 15, 2011

**For Release**  
**December 15, 2011**

**Contact:**  
**Joanne Doroshow  
212.431.2882**

**NEW STUDY: INSURANCE INDUSTRY CREATES**  
**INSURANCE CRISES HARMING THEIR POLICYHOLDERS**

**Consumer Group Calls on Federal and State Officials to Take Immediate Steps**  
**to Prevent a New Crisis, Which the Industry Has Already Instigated**

Americans for Insurance Reform (AIR), a coalition of nearly 100 consumer and public interest groups representing more than 50 million people, has produced a major new study called “*Repeat Offenders: How The Insurance Industry Manufactures Crises And Harms America*.”  The study exposes how the property/casualty insurance industry creates periodic crises where insurance becomes unaffordable or unavailable for everyone from doctors to small businesses to local governments.  These crises are known as “hard markets.”

Written by J. Robert Hunter and Joanne Doroshow[[1]](http://www.centerjd.org/content/americans-insurance-reform-releases-new-study-how-insurance-industry-creates-insurance" \l "_ftn1" \o "), *Repeat Offenders* finds that in the last few months, industry executives have been pushing the industry, including pressuring their own competitors, to start raising rates again for businesses and professionals, setting the stage for a new liability insurance crisis in America.

“We have asked insurance regulators to stop earlier crises but they have balked and not acted.  This time, they must act to stop unwarranted price gouging,” said Hunter.

*Repeat Offenders* finds that hard markets, when premiums suddenly skyrocket as they have done three times in the past 35 years, are caused by “a combination of the industry’s own boom and bust economic cycle, anti-competitive (yet legal) underwriting practices, unique and opaque accounting policies, and virtually unchecked power when it comes to regulation of insurance rates.”  Moreover, say the authors, “while the existence of this self-made cycle is clear to insurance industry insiders, insurers often publicly deny the cycle’s existence while their lobbyists try to take advantage of skyrocketing rates to push for so-called ‘tort reform.’” However, they say, “these cycles are national in scope and occur in every state irrespective of a state’s ‘tort’ law.   Because the legal system is not responsible for creating hard markets, enactment of so-called ‘tort reform’ has done nothing to prevent them.”  The authors quote numerous insurance insiders freely discussing this cycle and never referencing lawsuits or tort system costs as a cause for rate hikes.

Co-author Joanne Doroshow said, “Businesses in this country have paid and will continue to pay dearly for this industry’s mismanagement and lack of unaccountability.  Insurance executives get away with pointing their fingers everywhere but at their own actions.  This country has had enough of the insurance industry blame game and the endless cycle and the periodic crises that accompany it.  Remedies that do not specifically address the insurance industry’s practices will fail to stop these volcanic price jumps, which are threatening the country once again.”

*Repeat Offenders* also finds that:

* This country has been in a “soft” insurance market since 2006, with rates stable and dropping in every state whether or not “tort reforms” have been enacted.  However, since early 2011, the insurance industry has been trying to push the country into a new hard market.
* Hurricane Irene in late August 2011, which was greatly hyped by the Weather Channel but wasn’t nearly the catastrophe that was expected, has been used by insurance industry representatives to push the country into a new hard market.  This is despite the fact that the industry is perfectly able to handle those claims in addition to having stored away excess profits for decades so that today, it is in an all-time safe position.  Creation of a hard market now would be purely for the purpose of price-gouging buyers of insurance, particularly commercial lines insureds.
* Over the last few months in particular, industry executives – including unregulated foreign reinsurers – have been boldly declaring to the entire industry that it is time to end the soft market (including pressuring their own competitors to start raising rates), setting the stage for a new liability insurance crisis in this country.

Doroshow said that the group is sending the report to all 50 state insurance commissioners, the new Federal Insurance Office and key members of Congress, hoping for urgent action.  AIR is asking for:

* Meaningful insurance data disclosure to state authorities, allowing officials to substantiate or refute allegations about the financial health of the industry and the civil justice system.
* States to enact stronger regulation and oversight of the industry and to repeal anti-competitive laws.
* Congress to repeal the federal anti-trust exemption under the McCarran-Ferguson Act and at a minimum, the new Federal Insurance Office (FIO) to review the impact of the McCarran-Ferguson Act on consumers.

A full copy of the report can be found [here](http://centerjd.org/content/study-repeat-offenders-how-insurance-industry-manufactures-crises-and-harms-america).

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[[1]](http://www.centerjd.org/content/americans-insurance-reform-releases-new-study-how-insurance-industry-creates-insurance" \l "_ftnref1" \o ") Hunter is Director of Insurance for the Consumer Federation of America, former Texas Insurance Commissioner and Federal Insurance Administrator.  Doroshow is Executive Director of the Center for Justice & Democracy at New York Law School.

**I.I.I. Response to Americans for Insurance Reform Report**

Dec 15, 2011

Dr. Robert Hartwig, CPCU

In their new report, “Repeat Offenders: How the Insurance Industry Manufactures Crises and Harms America,” co-authors Robert Hunter and Joanne Doroshow claim that that the property/casualty insurance industry “manufactures” crises in order to justify raising rates and that the industry is “anti-competitive” and in need of more regulation. Even to people unfamiliar with insurance markets, the authors and Americans for Insurance Reform (AIR), which issued the report, could not possibly come across as more oblivious to the risks associated with devastating natural disasters and global economic volatility.

Insured losses from catastrophes around the globe totaled an estimated $108 billion in 2011, the second highest year in history. More than $30 billion of those losses occurred in the United States, likely the fifth or sixth most expensive year on record. Since 2004, storms like Katrina, Rita, Wilma and Ike, combined with other events have resulted in nearly $200 billion in catastrophe claims paid to millions of home, business and vehicle owners.

Over the same period of time, insurance premiums charged to businesses, actually *fell* by 40 percent between 2004 and mid-2011. Indeed, the cost of business insurance fell for 30 consecutive quarters before edging up by just 1 to 2 percent in the second half of 2011. In short, while near-record catastrophe losses are a challenge, they have by no means precipitated a “crisis” as AIR alleges. Insurance and reinsurance markets remain competitive, capacity is available and coverage remains affordable.

Strangely, the AIR and its authors, argue in the report that the industry’s strong capital position is evidence of excessive profits. AIR’s claim is both dangerous and factually incorrect. Buyers of insurance are the primary beneficiaries of a financially strong, stable and secure insurance industry. Millions of victims of catastrophes would no doubt agree. The fact that insurers and reinsurers entered 2011 with record capital on hand to pay claims is unambiguously a good thing for all policyholders. Moreover, over the past four years, while the Great Recession and its aftermath forced hundreds of thousands of businesses to fail, including hundreds of banks—not a single traditional property/casualty insurer failed as a result of the financial crisis and not a single valid claim went unpaid.

AIR’s implied argument that insurers should carry less capital in this era of mega-disasters and unprecedented financial market volatility is irresponsible. In addition, the suggestion that the build-up in capital is the result of excessive profits is unsupported by the facts. Indeed, the average return equity for the property/casualty insurance industry from 2000 through 2011 is 6.7 percent, barely half the 13.1 percent for the Fortune 500 group over the same period.

The bottom line is the property/casualty insurance industry is a financially strong, highly competitive, resilient and essential industry in the United States and around the world. Buyers have the ability to choose from a wide range of products offered by a multitude of competing carriers while having the confidence that their insurer will be there for them in their time of greatest need.

**Floridians In Action**[www.FloridiansInAction.com](http://www.floridiansinaction.com/)

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| **Who are We?**  We are a grass roots organization dedicated to inform the public at large of how their elected officials are voting for, or against their interest.  Our issues are the most urgent needs of the community, such as:   1. Insurance rates and regulation issues.  (We had a significant impact in the rate freezes in effect until this year). 2. Issues related to constituents reasonable access to insurance representation. 3. Property Tax Issues. 4. Transparency in Tallahassee and Sunshine Laws. 5. Sales Tax Issues. 6. Other local issues such as the building of the Marlin Stadium and the underwater channel in Miami. | | | | | |
| **Brief History**  We called our first campaign "Insured Floridians In Action", which dealt with property insurance issues and the lowering of these rates.    We put together a petition drive addressed to the Florida Legislature as well as the governor requesting an immediate revision of property insurance and property tax issues and rates at the next legislative session (of 2007).    Originally, we printed 10,000 petition cards to be filled out and returned to us by the public, we ran out of cards within the first two or three weeks, there were local pharmacies and grocery stores calling us and picking up cards, since their clients were asking if they were helping with the campaign.   We then put the petition form in the web, printed and distributed an additional 100,000 petition cards, the public’s response was inspiring to say the least.  We received petitions in paper form and from the website, from persons in every walk of life, teachers, engineers, students, realtors, retired doctors, divorced Moms, retired persons who walked their neighborhoods delivering petitions to their neighbors and picking up petitions to bring back to us.  The media took an interest and several TV channels and radio stations talked about our petition and during those few days our servers handled up to 7,000 petitions/emails a day.  It became a frenzy, we received petitions from every corner of the state and got news attention even from national publications, such as Newsweek magazine.   The website received over 30,000 hits, although we calculate (by the trend line indicators), we lost an additional 30% of petitions due to our limitations); and we received tens of thousands petition cards.  Our work  was significantly influential in favor of Floridians. | | | | | |
| **Campaign Accomplishments**  Such campaign was a determining factor in the following:  1-                  Lower insurance rates-freezing them until 2009.  2-                  Eliminated the creation of “pups” (Florida subsidiaries used as a way to show losses in this state, while being able to protect their national profits) for the transaction of residential property insurance.  3-                  The 90-day rule that requires insurers to resolve claims in 90 days, etc.  5-                  Make South Florida building code the statewide code thereby assuring more hurricane proof homes are built and thereby reducing the exposure of the insurance companies.  6-                  The state reinsurance pool that would reduce the costs of insurance companies to reinsure, passing these savings on to property owners. | | | | | |
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| **[http://www.floridiansinaction.com/clip_image001.jpg](http://www.floridiansinaction.com/images/WaldoFusteMiReclamo.JPG)**  **Waldo Faura Jr.** | **[http://www.floridiansinaction.com/clip_image002.jpg](http://www.floridiansinaction.com/images/Fuste-MiReclamo.JPG)**  **Tomas Garcia Fusté** | | **[http://www.floridiansinaction.com/clip_image003.jpg](http://www.floridiansinaction.com/images/Fuste-WaldoSr.JPG)**  **Waldo Faura (Sr.)** | | **[http://www.floridiansinaction.com/clip_image004.jpg](http://www.floridiansinaction.com/images/DSCN0123.JPG)**  **With Univisión TV Channel in Orlando** |
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| **Alliance with Other Associations**  Waldo and I met with other groups throughout Florida, such as Homeowners for Affordable Coverage, who were pushing for legislation that had to do with sinkholes in Florida we met FIRM’s (Fair Insurance Rates for Monroe County) President at the Speaker’s office in Tallahassee, joined forces with the Insurance Consumer Coalition and CyberCitizens for Justice, giving us a very very strong voice.   We were also interviewed by (mostly Hispanic) TV and radio stations in Orlando and Tampa.   The African American radio in South Florida took our issue to heart and flew with it, offering their time to run community service ads, other minority group’s radio stations, like the Puerto Ricans, Nicaraguan, Haitian, etc.  We also had good participation from the Jewish community in the Palmetto Bay area in Miami and from diverse groups in the Palm Beach area.  We can truly say our petition was ad diverse as Floridians are.  http://www.floridiansinaction.com/clip_image009.jpgWe delivered our petitions in Tallahassee during Session and met with then Speaker of the House Marco Rubio and Senate President Ken Pruitt as well as other Senators and State Representatives. | | | | | |
| http://www.floridiansinaction.com/clip_image012.jpgOn 6/26/07 Governor Crist honored us by holding a Bill Signing Ceremony   (SB 2498 – Hurricane Preparedness & Insurance) at our petitioner’s house. | | | | | |
| **Our Members**  **Founders**   * M. Belen Valladares   + Exec. Secretary to State Representative David Rivera District 112 Miami Office, 2 years   + Background in Information Technology.   + Inactive - Miami-Dade County Public Schools Certified Teacher   + Catapult Software (an IBM co.) Certified Software Instructor/Consultant for 6 years.   + Windstorm Insurance Network Umpire Certification, 2008   + Currently Public Adjuster   + Former Student, National Hispana Leadership Institute * Waldo Faura III   + Legislative Aide to Senator Alex Diaz De La Portilla for 5 years when Sen. De La Portilla was Pro Tempore.   + Currently a Public Adjuster * Waldo Faura II   + Elected Miami-Dade County Empowerment Zone Board Member for 2 years.   + Executive Committeeman for the Republican Party   + Community Activist for 20+ years   + Currently a Public Adjuster * Waldo Faura (Sr.)   + Miami-Dade County Relations Board Member, 6 years   + Executive Committeeman for the Republican Party   + Community Activist for 20+ years   + Currently a Public Adjuster    Board Members   * JC Alvarez   + Former State Committeeman for the Democratic Party | | | | | |
| Newspaper Articles  The Miami Herald Sunshine Business Briefs HOMEOWNERS INSURANCE More Than 40,000 Sign Petition Protesting Rates Monday, January 8, 2007  Dynamic Public Adjusters Group, a Miami-Dade company that helps homeowners try to get higher returns on insurance claims, started a citizen petition three months ago to protest soaring insurance rates. The petition now has more than 40,000  names  and  is  still  growing, said  Dynamic's owner, Belen  Valladares…...  The Miami Herald  Homeowners Demand Action On Soaring Insurance Rates Monday, December 11, 2006 By Beatrice E. Garcia and Yudy Pineiro / bgarcia@MiamiHerald.com  Florida homeowners are no longer silent victims of the state's insurance crisis. From the Keys to the Panhandle, they've mobilized. In Miami-Dade County, they have started ... | | | | | |