NOVA SCOTIA UTILITY AND REVIEW BOARD

IN THE MATTER OF THE INSURANCE ACT

- and -

IN THE MATTER OF a Directive by Order in Council dated May 9, 2011, directing the Nova Scotia Utility and Review Board to examine and report on the estimated costs and impact on premiums of certain proposed reforms for automobile insurance coverages

BEFORE: Roberta J. Clarke, Q.C., Panel Chair
David J. Almon, Member
Murray E. Doehler, CA, P.Eng., Member

SUBMISSIONS: OLIVER WYMAN
Ted Zubulake, FCAS, FCIA
Paula Elliott, FCAS, FCIA

THE CO-OPERATORS
George Hardy

INSURANCE BUREAU OF CANADA
William A. Adams

WAWANESA INSURANCE
Andrea Sherry, FCAS, FCIA, FCIP, CMA, CRM

INTACT INSURANCE
Alan Blair

FACILITY ASSOCIATION
David J. Simpson, M.B.A., FCIP

TD INSURANCE
Moira Gill

DATE: September 30, 2011

DECISION: Report on estimated costs and impact on premiums of proposed reforms is summarized at paragraphs [124] to [137]
# Table of Contents

I  INTRODUCTION .................................................................................................................. 3

II  SECTION B BENEFITS ........................................................................................................... 5
    1. Background .................................................................................................................. 5
    2. Issues .......................................................................................................................... 6
    3. Evidence ...................................................................................................................... 7
    4. Findings ....................................................................................................................... 12

III GENDER AS A RATING VARIABLE .................................................................................. 14
    1. Background ................................................................................................................ 14
    2. Issues ........................................................................................................................ 14
    3. Evidence .................................................................................................................... 15
    4. Findings ..................................................................................................................... 19

IV  DIRECT COMPENSATION FOR PROPERTY DAMAGE .................................................. 21
    1. Background ................................................................................................................ 21
    2. Issues ........................................................................................................................ 22
    3. Evidence .................................................................................................................... 22
    4. Findings ..................................................................................................................... 25

V  MINOR INJURY PROTOCOLS .......................................................................................... 26
    1. Background ................................................................................................................ 26
    2. Issues ........................................................................................................................ 28
    3. Evidence .................................................................................................................... 28
    4. Findings ..................................................................................................................... 32

VI  SUMMARY ......................................................................................................................... 34
I   INTRODUCTION


[2] On June 22, 2011, the Minister provided a letter to the Nova Scotia Utility and Review Board (the “Board”), pursuant to Order-in-Council 2011-173, directing the Board to examine four of the reform options outlined in the CFN Report, namely:

- Section B Benefits;
- Gender as a Rating Factor;
- Direct Compensation for Property Damage; and
- Minor Injury Protocols.

[3] The Minister directed the Board to provide its report no later than September 30, 2011, and listed a number of questions to be addressed.

[4] For the first three reform options noted above, the Board considered there would be sufficient data to allow it to address the questions. The Board commissioned Oliver Wyman (“OW”), the Board’s consulting actuaries, to produce a report providing responses to the questions on those reform options. Industry was given an opportunity to provide submissions in response to the OW report. OW then provided a final response to the Board after considering industry comments.

[5] The Board was concerned that insufficient data might be available in the public domain to allow it to answer the Minister’s questions regarding minor injury protocols. The Board chose to have both OW and industry provide submissions
regarding this issue at the same time. OW and industry were given an opportunity to respond to the submissions of the other parties.

[6] The Board established the following timeline to facilitate the gathering of information to allow completion of the report by the required deadline.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board posting of the GIC Direction and the letter from the Minister</td>
<td>Friday, June 17, 2011</td>
</tr>
<tr>
<td>OW files report on reform options regarding Section B Benefits, Gender as a Rating Factor, and Direct Compensation for Property Damage (&quot;OW Report)</td>
<td>Friday, July 8, 2011</td>
</tr>
<tr>
<td>Industry files comments in response to OW Report</td>
<td>Tuesday, August 2, 2011</td>
</tr>
<tr>
<td>OW and industry file comments regarding insights into Minor Injury Protocols reform option.</td>
<td>Tuesday, August 2, 2011</td>
</tr>
<tr>
<td>OW provides response to industry comments on OW Report</td>
<td>Tuesday, August 9, 2011</td>
</tr>
<tr>
<td>OW and industry provide comments on the Minor Injury Protocol reform option submissions</td>
<td>Monday, August 15, 2011</td>
</tr>
<tr>
<td>Board files report with the Minister</td>
<td>Friday, September 30, 2011</td>
</tr>
</tbody>
</table>

[7] The Board received submissions from OW outlining the cost impacts of the first three options and some commentary on minor injury protocols. The Insurance Bureau of Canada ("IBC"), Intact Insurance ("Intact"), The Co-operators ("Co-operators") and TD Insurance ("TD"), filed submissions addressing all four of the reform options. Wawanesa Insurance ("Wawanesa") addressed the topics of Section B benefits and gender. The Facility Association submission did not specifically address any of the reform options.

[8] In its response to industry submissions on minor injury protocols, OW stated:
"...neither the insurers nor IBC commented on one important finding that we presented: that at least initially, the protocols may very well serve to offset the estimated $4-$6 increase in claim cost that would have otherwise been expected to occur as a result of the expansion of Schedule B benefits."

[OW Report, August 9, 2011, p. 8]

[9] On August 29, the Board sent a letter to industry offering them an opportunity to address this specific comment. Responses were received from IBC, Intact and TD by September 7, 2011.

II  SECTION B BENEFITS

1. Background

[10] Section B Benefits or Accident Benefits ("AB") coverage in Nova Scotia is mandatory and provides compensation, regardless of who is found to be at fault, for any injuries suffered in an automobile accident.

[11] The limits for the mandatory benefits and the requirement to offer customers the opportunity to “buy-up” to higher limits under an endorsement (SEF#48) are prescribed by regulation. The table\(^1\) below compares the limits for the basic and the mandatory optional coverages (i.e., SEF#48) level:

<table>
<thead>
<tr>
<th></th>
<th>Standard AB</th>
<th>SEF#48</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependents</td>
<td>$2,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Head of Household/Spouse</td>
<td>$10,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Funeral Benefits</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Medical &amp; Rehabilitation</td>
<td>$25,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Income Replacement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly Limit</td>
<td>$140</td>
<td>$250</td>
</tr>
<tr>
<td>Weekly Limit for Unpaid Housekeeper</td>
<td>$70</td>
<td>$100</td>
</tr>
</tbody>
</table>

\(^1\) All tables contained in this report have been prepared using information from OW, IBC and industry submissions.
Regarding current Section B Benefits, the CFN Report stated:

These are broadly considered to be too low in Nova Scotia and we are also, for the most part significantly out of step with the rest of the country in respect to the level of these benefits.

[CFN Report, p. 1]

The CFN Report outlined three options for the Minister's consideration in order to address the relatively lower benefits, summarized below:

**Option 1**
Make the new standard limits equal to the current SEF#48 limits.

**Option 2**
As with Option 1, but allow a "buy-down" to a "basic level" of coverage equal to the current standard limits where the person does not require the enhanced benefits.

**Option 3**
As with Option 2, but also allow for a "buy-up" to even higher levels (subject to a maximum limit) for income replacement benefits (e.g. to $1,000 per week or 80% of insured gross weekly income from employment).

2. Issues

The Minister directed the Board to address the following questions:

Q1: What is the estimated cost to industry and impact on average premiums for private passenger vehicles of implementing Option One in the Report – Adopt all elements of SEF 48 as mandatory requirements in the standard automobile insurance Policy?

Q2: What is the estimated cost to industry and impact on average premiums for private passenger vehicles of implementing Option Two versus Option Three?
3. Evidence

Option 1 – Increase Standard AB Benefits to Current SEF#48 Level

[15] OW reviewed the options and reported the impact on costs and premiums of the increase in AB benefits. IBC engaged a consulting actuary (the “IBC actuary”) to undertake a similar review and compare the findings to those of OW.

[16] Co-operators indicated that it had concerns with the OW estimates but did not provide its own evidence. The company outlined some additional ways in which the cost could be developed, including an analysis of SEF#48 data, but did not provide such an analysis. Co-operators also urged caution in inferring outcomes for Nova Scotia based upon results from other provinces, as was done as part of the OW review.

[17] Both Co-operators and IBC highlighted a concern about applying the results of findings for the industry as a whole to individual companies, as each company has a unique client base, and underwriting and claims adjudication processes may give rise to differences in claim experience. IBC and Co-operators urged caution in forcing companies to adhere to the impact on average premium if an individual company can prove a different impact is more likely.

[18] Wawanesa indicated that its premiums for the current AB limits are just sufficient to cover the claims costs, expenses and target profit as they are. Any enhancement to the benefits will result in higher premiums.

[19] Wawanesa also indicated that enhanced benefits are currently available to Nova Scotia clients willing to pay a premium for the enhanced coverage that the company believes “...is very reasonable and is likely underpriced.” The company indicates that the endorsement is purchased only by a small percentage of its clients.
Wawanesa suggested that the current benefits should remain unchanged, and insureds should be allowed to “buy-up” to the SEF#48 levels if they choose.

Intact stated that the affordability of AB would not be jeopardized by an increase in benefits as contemplated. The company cautions that additional cost and additional premiums will accompany the enhancements.

Intact reviewed the OW costs, and the impacts suggested are consistent with the company’s own data.

Intact further suggested that consideration be given to sub-limits for certain treatments (e.g., chiropractic services, massage therapy service and acupuncture services) in order to better control “potential excessive and unnecessary treatments”. This approach is similar to that adopted by Alberta in 2004.

The OW analysis assumed that increased claims under AB coverage would be offset by a reduction in claims under Third Party Liability (“TPL”) coverages. AB claims are paid regardless of fault and TPL claims are reduced, in whole or in part, if the claimant is wholly or partially at fault. The higher benefit limits may cause more claimants to file under the AB coverage to avoid the impact of fault determination. TD expressed concern that the OW assumption regarding the amount of offset may not be reasonable.

TD also suggested that, not only will claims payments increase under the new limits, but “...the cost of assessing and responding to claims brought by those claimants who do not have meritorious claims relating to Schedule B benefits...” will also increase.
[26] TD urged the Government not to enhance the basic benefits until adequate controls are in place to appropriately address how benefits are paid.

[27] TD indicated that few of its clients currently purchase the SEF#48 enhanced benefits available to them.

[28] TD, like Wawanesa, suggested the benefits be left at the current level and education programs be used to ensure policyholders are made aware of the additional benefits available through the SEF#48 endorsement.

Cost Impact

[29] OW and IBC detailed the impacts on claims cost for each of the benefit enhancements currently being considered. These impacts, presented as increase in claims cost per insured vehicle, are summarized in the following table:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>OW</th>
<th>IBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Benefits</td>
<td>$0.90</td>
<td>$0.95</td>
</tr>
<tr>
<td>Funeral Benefits</td>
<td>$0.15</td>
<td>$0.15</td>
</tr>
<tr>
<td>Medical &amp; Rehabilitation</td>
<td>$4.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>Income Replacement</td>
<td>$6.00</td>
<td>$6.00</td>
</tr>
<tr>
<td>Combined AB</td>
<td>$11.05</td>
<td>$17.10</td>
</tr>
<tr>
<td>TPL</td>
<td>($7.00)</td>
<td>($11.00)</td>
</tr>
<tr>
<td>Net Impact</td>
<td>$4.05</td>
<td>$6.10</td>
</tr>
</tbody>
</table>

[30] The cost impacts are fairly close for most benefits despite some differing starting assumptions. The exception is medical and rehabilitation costs where there is a large variance.
To determine the impact on medical and rehabilitation costs, IBC’s actuary considered an analysis of New Brunswick data from the time when that province made a change to the level of benefits similar to that proposed for Nova Scotia. That analysis compared Nova Scotia and New Brunswick claim frequency, severity and loss costs during the various periods when

a) the benefits were the same (1991-1996);
b) the benefits differed but no minor injury cap existed (1997-2002), and
c) the benefits differed and a minor injury cap was in place (2003-2010),

and led the IBC actuary to select a 36% increase in claims costs compared to the 15% assumption made by OW.

The increase in claims costs for AB is offset, in part, by a reduction in claims costs for TPL. The higher benefits under the proposal will lead to more claims being pursued through AB where fault does not enter the process, rather than going through the TPL process where the degree of fault will determine any reductions to benefits paid. Both OW and IBC estimated the impact of this movement. IBC estimated a larger reduction in TPL claims costs. As a result, the net impacts on claims costs estimated by OW and IBC are close and form a reasonable range for the anticipated impact of the enhancement, on average, for the industry as a whole.
Premium Impact

[33] Based on the loss cost shown above, both OW and the IBC actuary estimated the impact on premiums as follows:

<table>
<thead>
<tr>
<th></th>
<th>OW</th>
<th>IBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB Combined</td>
<td>$16.00</td>
<td>$21.00</td>
</tr>
<tr>
<td>TPL Impact</td>
<td>$(10.00)</td>
<td>$(13.50)</td>
</tr>
<tr>
<td>Net Impact</td>
<td>$6.00</td>
<td>$7.50</td>
</tr>
</tbody>
</table>

[34] The impact on AB premiums is based upon an average premium for the current benefit of about $40 (OW used $40.75 and the IBC actuary used $39.79).

[35] The results for both actuaries are fairly close and again can be viewed as a reasonable range for the impact on premiums, on average, for the industry as a whole.

Option 2: Option 1 with “Buy-Down” to Current Standard Level

[36] No submission directly addressed the impact of giving drivers the opportunity to select coverage at today’s level at a premium lower than would be charged for the proposed higher standard limits. Some of the evidence provided, however, is useful in addressing the question. Both Wawanesa and TD indicated that few customers purchase SEF#48. This may signal that there is some indifference to the selection of coverage, i.e., once presented with the lower mandatory coverage, few clients actually make the choice to purchase an increase.

[37] It could also be inferred that the current coverage provided is adequate and clients do not choose to increase it. However, the CFN Report findings suggest
that this is not the case. It may be, rather, that the price for the SEF#48 is higher than the perceived benefit.

[38] Based on the apparent indifference, it is likely that very few, if any, will choose the “buy-down”.

**Option 3: Option 2 with Allowance to “Buy-up” the Income Replacement Limit**

[39] As with Option 2, there was no direct assessment of the costs or premium impacts for this option. The issues are: (a) how many clients are likely to buy higher income replacement limits, and (b) how much higher would these limits be?

[40] The Board is not in a position, based upon the submissions, to assess the impact of this Option. However, the starting point (assuming no-one purchases the higher coverage), is the range for Option 1, perhaps reduced slightly for those opting to the lower current benefits for AB.

### 4. Findings

**Q1:** *What is the estimated cost to industry and impact on average premiums for private passenger vehicles of implementing Option One in the Report – Adopt all elements of SEF 48 as mandatory requirements in the standard automobile insurance Policy?*

[41] The Board finds that estimated cost to the industry, expressed per insured vehicle, of Option 1 is an increase in the range of $4.00-$6.00. This impact is the average impact for the entire industry, and individual companies may experience different results.
The Board finds that the estimated impact on average premium for Nova Scotia drivers will be in the range $6.00-$7.50. This range reflects the impact on average premium for the industry. Individual companies may experience different results. As well, individual insureds may observe larger changes in premiums as a result of the introduction of the reform.

Neither the cost nor premium impact reflect any costs associated with modifying systems to implement the reform. No information was provided on this issue.

**Q2: What is the estimated cost to industry and impact on average premiums for private passenger vehicles of implementing Option Two versus Option Three?**

The Board finds, for Option 2, that the estimated cost will range between $0 (assuming all insureds opt back to the original coverage) and $4.00-$6.00 assuming the “buy-down” option is not selected. Given the likelihood of significant reluctance to change from the mandatory coverage, the Board expects the result will be closer to $4.00-$6.00. These costs do not reflect the one-time and on-going expense costs associated with modifying systems to allow for the “buy-down” option. The Board further finds that the estimated impact on average premium would similarly range from $0 to $6.00-$7.50, with the likely result falling closer to the high end of the range (i.e. the Option 1 cost).

The Board finds the costs and premium impact of Option 3 will be slightly higher than the Option 2 impact, since the benefits for some will be higher, but the Board is not able to quantify the result. As with Option 1, neither the cost nor premium impacts of Options 2 or 3 reflect any costs associated with modifying systems to
implement the reform. The Board expects that such costs may be higher for Option 3 compared to Option 2.

[46] The Minister may wish to consider whether any consumer protection legislation is applicable.

III GENDER AS A RATING VARIABLE

1. Background

[47] In Nova Scotia, most insurers charge rates for private passenger automobiles that vary by gender where the principal or an occasional driver is inexperienced (licensed less than 9 years). A few insurers may distinguish between genders for more experienced drivers as well. Coverages for miscellaneous vehicles (motorcycles, snow vehicles and ATV's) and commercial vehicles typically do not use gender as a rating variable.


2. Issues

[49] The Minister directed the Board to address the following question:

Q3: There is a desire to update the data reported in the 2004 Gender Study into the use of Gender as a Rating Factor in Automobile Insurance in Nova Scotia. The update should include:

a. Average Claim Frequency Rates and Average Claim Severity data in Tables A, B, C and D of the “Statistics” section of Part 4 of the Report be updated to reflect the most recent 10 year averages for which data is available.
b. Average Cost per Insured Car in Tables E, F, G and H of the “Statistics” section of Part 4 of the Report be updated and presented in tabular and graphic form for the most recent 10 years for which data is available

c. Comment on whether or not the Board's conclusions in the 2004 Gender Study are affected by the updated statistical information

d. An estimate of the extent of “premium dislocation” that may occur for inexperienced male versus female drivers and male versus female drivers generally if gender were to be prohibited as a factor in rating automobile insurance in Nova Scotia.

3. Evidence

[50] OW obtained updated data from the General Insurance Statistical Agency regarding claims experience for TPL and Collision coverages. These two coverages are those which most often use gender as a risk-classification factor.

[51] In developing updated information, OW was unable to obtain the Atlantic Provinces data that was available when the 2004 report was being produced; however, OW acquired Nova Scotia-only data that it used to update the tables and graphs included in the original report.

[52] While not making direct comparisons, the following tables provide results from which inferences can be drawn. Claims frequency refers to how often claims from accidents occur (expressed as number of claims per 100 vehicles insured). Claims severity refers to the size of claims (expressed as $ per claim).
# Third Party Liability

## Average Claim Frequency (per 100 Cars Insured)

<table>
<thead>
<tr>
<th>Years Licensed</th>
<th>Female</th>
<th>Male</th>
<th>% Difference</th>
<th>Female</th>
<th>Male</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 6</td>
<td>5.7</td>
<td>7.0</td>
<td>22.8%</td>
<td>6.0</td>
<td>7.6</td>
<td>27.0%</td>
</tr>
<tr>
<td>6 or More</td>
<td>2.9</td>
<td>3.1</td>
<td>6.9%</td>
<td>2.3</td>
<td>2.4</td>
<td>2.7%</td>
</tr>
<tr>
<td>Total</td>
<td>3.1</td>
<td>3.3</td>
<td>6.5%</td>
<td>2.4</td>
<td>2.6</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

## Average Claim Severity

<table>
<thead>
<tr>
<th>Years Licensed</th>
<th>Female</th>
<th>Male</th>
<th>% Difference</th>
<th>Female</th>
<th>Male</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 6</td>
<td>$13,111</td>
<td>$13,267</td>
<td>1.2%</td>
<td>$12,539</td>
<td>$13,287</td>
<td>6.0%</td>
</tr>
<tr>
<td>6 or More</td>
<td>$11,758</td>
<td>$11,639</td>
<td>-1.0%</td>
<td>$10,991</td>
<td>$12,191</td>
<td>10.9%</td>
</tr>
<tr>
<td>Total</td>
<td>$11,857</td>
<td>$11,801</td>
<td>-0.5%</td>
<td>$11,130</td>
<td>$12,310</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

# Collision

## Average Claim Frequency (per 100 Cars Insured)

<table>
<thead>
<tr>
<th>Years Licensed</th>
<th>Female</th>
<th>Male</th>
<th>% Difference</th>
<th>Female</th>
<th>Male</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 6</td>
<td>6.8</td>
<td>7.4</td>
<td>8.8%</td>
<td>7.7</td>
<td>8.9</td>
<td>15.6%</td>
</tr>
<tr>
<td>6 or More</td>
<td>4.1</td>
<td>4.0</td>
<td>-2.4%</td>
<td>3.8</td>
<td>3.7</td>
<td>-2.6%</td>
</tr>
<tr>
<td>Total</td>
<td>4.2</td>
<td>4.1</td>
<td>-2.4%</td>
<td>3.9</td>
<td>3.8</td>
<td>-2.3%</td>
</tr>
</tbody>
</table>

## Average Claim Severity

<table>
<thead>
<tr>
<th>Years Licensed</th>
<th>Female</th>
<th>Male</th>
<th>% Difference</th>
<th>Female</th>
<th>Male</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 6</td>
<td>$3,562</td>
<td>$4,444</td>
<td>24.8%</td>
<td>$4,619</td>
<td>$5,416</td>
<td>17.3%</td>
</tr>
<tr>
<td>6 or More</td>
<td>$3,037</td>
<td>$3,260</td>
<td>7.3%</td>
<td>$3,606</td>
<td>$3,903</td>
<td>8.2%</td>
</tr>
<tr>
<td>Total</td>
<td>$3,066</td>
<td>$3,305</td>
<td>7.8%</td>
<td>$3,646</td>
<td>$3,963</td>
<td>8.7%</td>
</tr>
</tbody>
</table>
The more recent data shows that, in Nova Scotia, there is a marked difference between the claim frequency for males and females licensed less than 6 years for both Collision and TPL. The difference diminishes for those licensed longer than 6 years. As well, the difference in claims frequency between males and females licensed less than 6 years is more pronounced in the recent Nova Scotia data than was shown in the Atlantic data in the 2004 report.

The graphs in Appendix A to this report are updates of those included in the original report (again based on Nova Scotia data compared with the Atlantic Provinces data used in 2004). The graphs reveal that the gap between male and female claim frequency for those licensed less than 6 years has generally widened over the period from 2001 to 2009. For those licensed 6 years or longer, the claims frequency differences are very small. This relationship holds true for both TPL and Collision.

For claims severity, the difference between genders for drivers under 6 years licensed is more pronounced for Collision than for TPL. However, the difference is not as varied as it is for claims frequency.

The data points to the existence of a difference between male and female drivers, in particular, where there is little driving experience measured by years licensed. The evidence is more supportive of a recommendation to maintain gender as a rating variable than when the 2004 report was prepared.

Industry submissions advocated the retention of gender as a rating variable, citing the OW data as support for including gender in risk-classification
systems. Maintaining gender avoids having female drivers subsidizing the male drivers, whose experience appears to be worse.

Premium Impact

[58] OW provided an estimate of the impact on premiums of a decision to remove gender as a rating variable. OW indicates that for TPL and Collision coverages, males who are licensed less than 9 years pay premiums that are, on average, 20-30% higher than females licensed less than 9 years.

[59] The TPL and Collision premiums comprise about 70% of the total premiums paid. Males represent about 55% of the principal drivers who are licensed less than 9 years. Based on these observations, OW estimated that the removal of gender as a rating variable would result in a reduction in average premiums of about 7% for inexperienced male principal operators, while similar females would experience an average increase of about 10%.

[60] For the most part, average premiums for more experienced males and females would not be impacted by a removal of gender as a rating variable. However, Intact pointed out that some insurers do make a distinction between male and female drivers beyond the 9 year licensed level. As a result, even some more experienced clients of these companies may observe an impact resulting from a prohibition on the use of gender.

[61] For occasional operators, the premium impact for those licensed less than 9 years would be more pronounced. OW estimates such male drivers would experience
an average reduction of about 20%, while such female drivers would experience average premium increases of about 30%.

[62] The premium impacts presented in this report are the impact on the average premium. No individual, nor any one company, will actually experience this impact, except by coincidence. Therefore, it is possible that some large premium dislocation both favourable (for males - lower premiums) and unfavourable (for females – higher premiums) will occur.

[63] In its response, Intact indicated that 51% of its customers would see a rate increase and 49% would see either no change or a reduction. The company indicated that 7% of the customers would see an increase in excess of 10%. Intact further indicated that principal drivers with more than 30 years experience would see a rate increase of about 6%. This result highlights the fact that it is not only inexperienced drivers who may see an impact from the removal of gender as a rating variable.

4. Findings

Q3a and b: There is a desire to update the data reported in the 2004 Gender Study into the use of Gender as a Rating Factor in Automobile Insurance in Nova Scotia. The update should include:

a. Average Claim Frequency Rates and Average Claim Severity data in Tables A, B, C and D of the “Statistics” section of Part 4 of the Report be updated to reflect the most recent 10 year averages for which data is available

b. Average Cost per Insured Car in Tables E, F, G and H of the “Statistics” section of Part 4 of the Report be updated and presented in tabular and graphic form for the most recent 10 years for which data is available
Paragraph [52] and Appendix A to this report provide the updates, as requested, in questions 3 (a) and (b).

Q3c: *Comment on whether or not the Board’s conclusions in the 2004 Gender Study are affected by the updated statistical information*

[65] The Board finds that the difference for inexperienced drivers between the genders has widened since the original report. The Board finds, from an actuarial perspective, that the use of gender as a rating variable is warranted. However, the Board offers no opinion on the other arguments reflected in the 2004 Report that resulted in the NSIRB recommendation to remove gender.

Q3d: *An estimate of the extent of “premium dislocation” that may occur for inexperienced male versus female drivers and male versus female drivers generally if gender were to be prohibited as a factor in rating automobile insurance in Nova Scotia.*

[66] The Board finds that inexperienced male principal operators would observe average premium reductions of 7%, while inexperienced female principal operators would see average premium increases of about 10%.

[67] The Board finds that inexperienced male occasional operators will observe an average reduction of about 20%, while similar female operators will experience an average increase of about 30%.

[68] The Board finds that, because some companies also distinguish between genders for experienced drivers, female experienced drivers may also observe increases in premiums.
The Board notes that these impacts on premiums reflect the impact on average premiums for the industry, for the identified groups of drivers. Individual companies and individuals may experience a smaller or a larger dislocation, depending upon the specific circumstances.

IV DIRECT COMPENSATION FOR PROPERTY DAMAGE

1. Background

In Nova Scotia, when an insured driver has an accident, the means and the source of compensation is determined by who is found to be at fault for the accident. In a case where the insured driver is not at fault, the driver makes a claim against the other insured driver's TPL coverage. The claim is processed by the other driver's insurance company. In this case, situations may arise where the client is left to deal with an insurance company which is less efficient at paying claims than the client's own carrier.

Where the insured driver is at fault for the accident, the claim is made against the insured's Collision coverage.

In other provinces, notably Ontario, Quebec and New Brunswick, Direct Compensation for Property Damage ("DCPD") was created. To the extent the insured involved in an accident is at fault, the claim would be processed under Collision coverage. However, to the extent the insured is not at fault, the claim would be paid through their own DCPD coverage. There would be no need to deal with the other driver's insurance company. This approach is more understandable for insureds leaving them to deal with their chosen carrier. Whether the DCPD claim payment is
subject to a deductible is a matter of government policy in each of the jurisdictions requiring DCPD.

The property damage ("PD") component of the TPL coverage, required to be carried by insured drivers on their vehicles, consists of two parts: the first being costs to repair the vehicle of another driver; the second covering damage to other property. The DCPD replaces the first part, while the second would remain embedded in the TPL coverage. For the purposes of this report, the second part is referred to as property damage-tort ("PD-T").

With the introduction of DCPD, the claims expected by the insured carrier become more certain. The costs to repair or replace the vehicle are better known. The insurance company need only know what type of car the insured drives, using industry rate group tables (based upon claims experience for that exact model of car) to determine how much premium to charge.

2. Issues

The Minister directed the Board to address the following questions:

Q4: What are the estimated costs and impact on premiums for insurance consumers of implementing a direct compensation for property damage claims settlement model for automobile insurance in Nova Scotia?

3. Evidence

OW examined the experience with the introduction of mandatory DCPD in Ontario (June 1990) and New Brunswick (January 2005).
The major difference between the two provinces is that Ontario allows a deductible; New Brunswick prohibits the use of a deductible.

The review of New Brunswick data revealed two observations. The first is that there is little difference in the total claims costs for the Property Damage component of TPL (before the introduction of DCPD) and the combined claims costs for DCPD and PD-T after the change. The second is that for the combined DCPD and PD-T claims costs, DCPD represents about 90% while PD-T accounts for 10%.

The Ontario experience differs in that the claims costs for the combined DCPD and PD-T were lower after the introduction of DCPD. The DCPD/PD-T split was closer to 95% / 5%. The reason for the difference in experience between the two provinces is not clear. OW speculated:

"... One possible explanation is that to the extent there is a relationship between the number of Bodily Injury claims and the number of Property Damage-tort claims, the higher percent of Property Damage-tort claim costs in New Brunswick may be attributed to the differences in the Bodily Injury coverage offered in the two provinces - with Ontario experiencing a much lower Bodily Injury claim frequency rate at roughly 2 claims per 1000 cars compared to New Brunswick's claim frequency rate at roughly 4 claims per 1000 cars."

[OW Report, July 8, 2011, p. 5]

Cost Impact

While DCPD was intended to reduce processing costs, there are no statistics available to allow for the quantification of any savings realized. Most companies making submissions agreed with the OW comment that there is likely a one-time cost to introduce DCPD coverages. Nova Scotia will not be immune to such start-up costs.
Premium Impact

[81] In order to determine the impact on premium, OW made the assumptions that the current average premium for the property damage component of TPL is adequate (or if not, it can be adjusted to make it so) and, that Nova Scotia will not allow a deductible on the DCPD coverage, like New Brunswick. Based on these assumptions, OW then found that a 90% / 10% split of DCPD/PD-T premiums would be appropriate.

[82] OW explained that changes in the claims statistics for Collision were observed in both New Brunswick and Ontario after the introduction of DCPD. The impact on claims frequency and claims severity for each jurisdiction after the introduction of DCPD are shown in the following table:

<table>
<thead>
<tr>
<th>Claim Statistic</th>
<th>Ontario</th>
<th>New Brunswick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency Rate</td>
<td>-25%</td>
<td>-25%</td>
</tr>
<tr>
<td>Severity Rate</td>
<td>+15%</td>
<td>+45%</td>
</tr>
<tr>
<td>Loss Cost (per car)*</td>
<td>-14%</td>
<td>+8%</td>
</tr>
</tbody>
</table>

* Estimated by multiplying the impacts on frequency and severity together because the Loss Cost can be defined as the product of Claim Frequency and Claim Severity

[83] The net result on Collision loss cost per car was a decrease in Ontario and an increase in New Brunswick. Some of the difference may be attributed to differences in deductible or perhaps, as OW speculated, changes in coding of claims statistics by the insurance companies.

[84] Because of the uncertainty surrounding the reasons for the Collision coverage changes in the other provinces, OW does not consider it necessary to make any changes to the Collision coverage premiums when DCPD is introduced.
[85] OW also recommended expanding the rating factors for DCPD coverage to include vehicle make and model year by adopting vehicle rate groups. This was done in Ontario and New Brunswick to assign the risk more fairly and accurately to the insured vehicle. This introduction will result in dislocation for some vehicles, with some insureds experiencing decreases in premium, while others will see increases.

[86] Submissions from industry urged the Minister to allow for significant time for the introduction of the DCPD to occur. Co-operators suggested 9-12 months. It would be prudent to allow time for the introduction so that it is implemented successfully.

[87] IBC also urged caution regarding the interactions of the introduction of DCPD with another recommended reform identified in the CFN Report, namely the prohibition against the use of at-fault collision in setting rates where there has been no claim for payment made to the insurer. OW made no comments on this concern.

4. Findings

Q4: What are the estimated costs and impact on premiums for insurance consumers of implementing a direct compensation for property damage claims settlement model for automobile insurance in Nova Scotia?

[88] The Board finds that the introduction of DCPD is unlikely to result in any increase or decrease in claims costs initially, either for the combined TPL and DCPD coverages or for Collision coverage.

[89] The Board finds that there may be one-time expenses associated with readying systems for the implementation of DCPD in Nova Scotia. However, these costs are not quantified.
The Board finds that TPL premiums will decline because a large portion (90%) of the PD component of TPL will be replaced with DCPD premiums at a similar level. The Board further finds that it is not appropriate to make any changes to Collision premiums upon the introduction of DCPD.

The Board finds that the rating factors for DCPD should be expanded to include make and model year of the vehicle, as was done in both Ontario and New Brunswick. The Board acknowledges that this will cause some premium dislocation for individuals, but it will better align the premiums with the risks posed by each vehicle.

The Board recommends, based upon the evidence presented, that insurers be allowed sufficient time (9-12 months) to implement the changes necessary to administer DCPD before it is made mandatory.

The Board notes, for the Minister's consideration, the concern of IBC regarding the interaction of this reform option, and the reform option regarding the prohibition of the use of an at-fault collision, where there has been no claim for payment made to the insurer.

V MINOR INJURY PROTOCOLS

1. Background

In 2004, the Alberta government introduced changes to its Section B Benefits, with one of the more significant changes being an increase in the medical and rehabilitation benefit from $50,000 to $100,000. At the same time, Alberta introduced diagnostic and treatment protocols for claimants with minor injuries. The protocols were designed to:
- 27 -

• Ensure that individuals with minor injuries do not have to wait for approval from their insurance company before treatment begins.
• Use the best available evidence to guide diagnosis and treatment.
• Provide an effective process for treating people with minor injuries while, at the same time, providing an avenue for review for individuals who are not recovering as expected.

[Excerpts from Alberta "Interpretive Bulletin" as presented in the OW report titled "Diagnostic and Treatment Protocols" p. 2]

[95] The protocols allowed a limit of ten visits to a health care provider for a first or second degree sprain and level I Whiplash-Associated Disorders ("WAD"), and up to twenty-one treatment sessions for third degree sprains or level II WAD injuries, without the claimant requiring pre-approval in advance from the insurance company.

[96] If the treatment maximum is reached, or if in 90 days the injury has not resolved, or if there is a need for services not covered by the protocols, the claimant can apply to the insurance company for further assessment or additional Section B coverage benefits.

[97] At the time, Alberta believed that the enhanced Section B benefits, by themselves, would increase claims costs in the province. However, there was an expectation that these might be mitigated by the protocols introduced at the same time.

[98] The CFN Report recommended that Nova Scotia develop its own "customized, made-in-Nova Scotia" version of the diagnostic and treatment protocols for minor injuries. The goal would be to improve access and treatment outcomes for Nova Scotians, who suffer minor injuries as a result of an automobile accident, that would be subject to the proposed protocols.

[99] The CFN Report noted the "priority of pay" issue and recommended that automobile insurance be the first source of recovery for minor injuries, as in Alberta.
2. Issues

The Minister directed the Board to address the following questions:

Q5: Please report on what is known about the impacts on industry costs and premiums for insurance consumers in Alberta as a result of that province adopting diagnostic and treatment protocols for minor injuries.

Q6. What is the estimated cost to industry and impact on average premiums for private passenger vehicles of implementing minor injury protocols in Nova Scotia?

Q7. If it is not possible to provide useful advice on one questions 5 and/or 6, please report on any known factors that may indicate whether or not industry costs and premiums for insurance consumers in Nova Scotia are likely to materially increase as a result of implementing minor injury protocols in Nova Scotia.

3. Evidence

The Board requested OW to investigate the effectiveness of the protocols in Alberta. OW concluded that there is little data available in the public domain regarding the effectiveness of the protocols. This result was not unexpected, as the Board anticipated the lack of data in the public domain.

OW noted that the Alberta government is contemplating changes to its protocols (or clarifying some of the procedures). It is also about to start an extensive review of the Section B benefits, including the minor injury protocols, with a preliminary report due by the end of 2011 and the final report expected in the first quarter of 2012. Due to the paucity of information, the Alberta study may be of value to the Minister.

Co-operators provided some information on its claims experience noting that, since the introduction of the protocols and Section B Benefits changes in 2004, there has been a significant drop in loss costs. Co-operators also noted that the capping of treatment amounts led to a rise in the floor level of benefits, i.e., the
minimum amounts paid also rose with the capping of the maximum number of treatments/amount paid for treatments.

[104] Co-operators suggested that the "priority of pay", whereby insurers are called on first, should apply only to minor injuries. Extending the concept will result in higher claims costs being paid by insurers.

[105] IBC indicated that the mere implementation of protocols by themselves will not be sufficient to stem the injury cost pressures. IBC stated that Alberta experienced a rise in medical and rehabilitation fees almost as soon as the medical and rehabilitation benefits were increased.

[106] IBC provided support for increases in the average treatment cost observed after the introduction of the protocols. IBC indicated that the average cost per treatment jumped 40%, from $50 to $70. These increases eventually forced Alberta to implement further reforms six months after the introduction of the protocols to contain costs.

[107] IBC also pointed out that, because the average claim severity for medical and rehabilitation benefits is 70% higher in Nova Scotia than in Alberta, appropriate measures to properly introduce the protocols are even more important.

[108] Intact viewed the Alberta protocols as being successful and supported a similar initiative in Nova Scotia. Despite indicating that the Company had extensive data that could be made available to the Board, the Company did not provide any supporting evidence.

[109] Intact commented that there is no evidence that the protocols would offset or reduce the cost that is expected as a result of the expansion of the Section B
Benefits. IBC also stated that the existence of protocols, by themselves, should not be expected to accomplish this result either.

Cost Impact

[110] While Co-operators provided some limited information on claims costs, apart from anecdotal suggestions that the protocols were effective at reducing costs, there was no other evidence to provide insight into the impact on claims costs.

Premium Impact

[111] Similarly, there is insufficient evidence to determine the impact on the average premium if the minor injury protocols were implemented.

Other Factors

[112] Most of the industry submissions recommended against a "piecemeal application" of the protocol elements. The companies argued that, for the protocols to be effective, they must be implemented in an integrated approach with a number of cost containment measures. They gleaned this insight from the Alberta experience. The companies believe Nova Scotia may be able to avoid the cost escalations observed in Alberta.

[113] IBC outlined a number of specific components that it believes must be included in any minor injury protocols. These items were critical to the perceived success in Alberta. These components include:
Engaging health providers and insurers during the design and implementation to garner support and prepare the health regulatory colleges to advocate for adherence;

Limiting the types of health providers that can authorize protocol treatment to physicians, physiotherapists, and chiropractors;

Making insurers first payers for treatment ONLY during the protocols period to encourage health provider participation;

Including provisions that make claimants with sprain/strain injuries who decline to use the protocols take on the onus of proving that their injuries are not minor in order to encourage claimant participation;

Establishing fee schedules for the principal medical rehabilitation providers to prevent them from increasing their rates in response to the enhanced Section B benefit levels; and

Ongoing and aggressive monitoring of the protocols and their performance in relation to improving health outcomes and cost impacts.

[IBC Submission July 29, 2011, p. 3]

Intact outlined some critical factors that support and complement the IBC components noted above, as follows:

1. Engaging stakeholders, including health care providers and insurers, in the design and implementation of the Minor Injury Protocols will create a greater level of support and adherence to the process.

2. The ability of the current health system to handle the increased capacity. i.e., Alberta’s population and infrastructure is considerably larger than that of Nova Scotia.

3. A clear and consistent definition of qualified medical practitioner. We recommend this definition include a physician, dentist, occupational therapist, optometrist, psychiatrist or physiotherapist. In order to qualify under this definition, the following criteria should be met:
   a. the professional must be authorized by law to treat the specific injury or impairment;
   b. the profession should be governed by a College that oversees the activities of their members;
   c. the clinic where the service is being performed should be owned by member of the College. This point is an important factor in helping to reduce the occurrence of fraud within the system.

4. Well-defined criteria for minor injury and controls to ensure that unless prescribed treatment protocols are followed, injuries are automatically deemed minor with the onus on the claimant to prove otherwise.

5. Compensation controls on health care provider fees to avoid the experience in Alberta and Ontario. Currently in Alberta, the fees are set by the Superintendent and match the fee structure used by the Workers’ Compensation Board.

6. Ongoing monitoring of the protocols and their performance to ensure desired outcome is achieved in terms of health outcomes and cost impact.

[Intact Submission, September 7, 2011]
TD’s final submission outlined those elements that it viewed as critical to the success of such protocols. These reiterate several of the components outlined by IBC and Intact.

OW agreed that proper compensation controls are critical to controlling claims costs.

4. Findings

Q5: Please report on what is known about the impacts on industry costs and premiums for insurance consumers in Alberta as a result of that province adopting diagnostic and treatment protocols for minor injuries.

Q6. What is the estimated cost to industry and impact on average premiums for private passenger vehicles of implementing minor injury protocols in Nova Scotia?

The Board finds that none of the submissions provided sufficient information to allow the Board to determine the industry cost or premium impact of the introduction of diagnostic and treatment protocols for minor injuries in either Alberta or Nova Scotia.

While the OW submission provided some information on claims experience before and after the reform measures were put in place which appears to suggest that the protocols have been effective, OW was unable to conclusively determine why Alberta’s experience was much different than expected. As a result, OW was unable to say, with certainty, that the reforms raised or lowered claims costs.

Consequently, the Board is unable to provide a response to these questions.
Q7. If it is not possible to provide useful advice on one questions 5 and/or 6, please report on any known factors that may indicate whether or not industry costs and premiums for insurance consumers in Nova Scotia are likely to materially increase as a result of implementing minor injury protocols in Nova Scotia.

[120] Industry submissions, while not providing specific information on the costs and premium impacts, recommended a number of measures that should be implemented at the same time as the introduction of the minor injury diagnostic and treatment protocols.

[121] The Board finds that, while there is limited data identifying the impact of such protocols on claims costs and premium impacts, there is much insight to be gained from the Alberta experience and the factors deemed to be critical by those participating with the protocols in that market.

[122] The Board recommends that the Minister consider the complementary components to the treatment protocols for sprains and strains, identified by IBC and Intact, in order to encourage claimant and provider participation and to control costs, including:

- engaging providers and insurers during the design and implementation phase;
- limiting and clearly defining the types of providers who can authorize protocol treatment;
- making insurers the first payers for treatment only during the protocols period;
- including provisions that make claimants with sprain/strain injuries who decline to use the protocols take on the onus of proving that their injuries are not minor;
- establishing fee schedules for the principal medical rehabilitation providers; and
- monitoring, on an ongoing basis, the functioning of the protocols.
The Minister may also wish to consider the potential impact of the minor injury protocols on the capacity of the health care system.

[123] Finally, the Board notes the comments from OW, indicating that Alberta is currently undertaking an extensive review of its Section B benefits, including the minor injury protocols. The initial results of this review are due in the fourth quarter of 2011, with final results anticipated in the first quarter of 2012. The Minister may wish to monitor developments from Alberta's review as these reform options are considered.

VI SUMMARY

[124] The Board provides the answers outlined below to the specific questions posed by the Minister.

Q1: What is the estimated cost to industry and impact on average premiums for private passenger vehicles of implementing Option One in the Report – Adopt all elements of SEF 48 as mandatory requirements in the standard automobile insurance Policy?

[125] The Board finds the estimated cost to the industry, expressed per insured vehicle, is an increase between $4.00-$6.00 and the estimated impact on the average premium for Nova Scotia drivers is between $6.00-$7.50.

Q2: What is the estimated cost to industry and impact on average premiums for private passenger vehicles of implementing Option Two versus Option Three?

[126] The Board finds that the costs for Option 3 will be slightly higher than that for Option 2, with both costs ranging between $0 and the Option 1 cost of $4.00-$6.00; assuming the "buy-down" option is not selected.
The Board finds that the premium impact will be slightly higher for Option 3 than for Option 2. Both premium impacts will range from $0 to the Option 1 cost of $6.00-$7.50.

These impacts do not reflect the one-time and ongoing expense costs associated with modifying systems to allow for the "buy-down" or "buy-up" options.

Q3: There is a desire to update the data reported in the 2004 Gender Study into the use of Gender as a Rating Factor in Automobile Insurance in Nova Scotia. The update should include:

a. Average Claim Frequency Rates and Average Claim Severity data in Tables A, B, C and D of the "Statistics" section of Part 4 of the Report be updated to reflect the most recent 10 year averages for which data is available

b. Average Cost per Insured Car in Tables E, F, G and H of the "Statistics" section of Part 4 of the Report be updated and presented in tabular and graphic form for the most recent 10 years for which data is available

c. Comment on whether or not the Board's conclusions in the 2004 Gender Study are affected by the updated statistical information

d. An estimate of the extent of "premium dislocation" that may occur for inexperienced male versus female drivers and male versus female drivers generally if gender were to be prohibited as a factor in rating automobile insurance in Nova Scotia.

Paragraph [52] and Appendix A of this report provide the updates as requested for 3 (a) and (b) above.

The Board finds that the use of gender as a rating variable is warranted, from an actuarial perspective.

The Board finds that inexperienced male principal operators would observe average premium reductions of 7%, while inexperienced female principal operators would observe average premium increases of about 10%. Inexperienced
male occasional operators will observe an average reduction of about 20%, and inexperienced female occasional operators will experience an average increase of about 30%.

[132] The Board finds female experienced drivers may also observe increases in premiums.

Q4: What are the estimated costs and impact on premiums for insurance consumers of implementing a direct compensation for property damage claims settlement model for automobile insurance in Nova Scotia?

[133] The Board finds that the introduction of DCPD is unlikely to result in any increase or decrease in claims costs, initially, either for the combined TPL and DCPD coverages or for Collision coverage. There will be a realignment of premium from TPL to the DCPD premium. Any one-time expenses associated with readying systems for the implementation of DCPD in Nova Scotia have not been quantified.

[134] The Board recommends that rating factors for DCPD based, in part, on make and model year of the vehicle be used, and that the Minister allow insurers 9-12 months to implement DCPD.

Q5: Please report on what is known about the impacts on industry costs and premiums for insurance consumers in Alberta as a result of that province adopting diagnostic and treatment protocols for minor injuries.

Q6. What is the estimated cost to industry and impact on average premiums for private passenger vehicles of implementing minor injury protocols in Nova Scotia?

[135] The Board is unable to provide a response to these questions.

Q7. If it is not possible to provide useful advice on one questions 5 and/or 6, please report on any known factors that may indicate whether or not industry costs and
premiums for insurance consumers in Nova Scotia are likely to materially increase as a result of implementing minor injury protocols in Nova Scotia.

The Board recommends that the Minister consider the complementary components to the treatment protocols for sprains and strains, identified by IBC and Intact, in order to encourage claimant and provider participation and to control costs, including:

- engaging providers and insurers during the design and implementation phase;
- limiting and clearly defining the types of providers who can authorize protocol treatment;
- making insurers the first payers for treatment only during the protocols period;
- including provisions that make claimants with sprain/strain injuries who decline to use the protocols take on the onus of proving that their injuries are not minor;
- establishing fee schedules for the principal medical rehabilitation providers; and
- monitoring, on an ongoing basis, the functioning of the protocols.

The Minister may also wish to consider the potential impact of the minor injury protocols on the capacity of the health care system.

The Board notes, finally, that Alberta is currently undertaking an extensive review of its Section B benefits, including the minor injury protocols. The initial results of this review are due in the fourth quarter of 2011, with final results anticipated in the first quarter of 2012. The Minister may wish to monitor developments from Alberta's review as these reform options are considered.
DATED at Halifax, Nova Scotia, this 30th day of September, 2011.

Roberta J. Clarke

David J. Almon

Murray E. Doehler
Appendix A – OW Graphs of Frequency, Severity and Loss Cost Difference

Third Party Liability Coverage
Claim Frequency
Principal Drivers Licensed Less Than 6 Years
Nova Scotia

Table G

Third Party Liability Coverage
Claim Frequency
Principal Drivers Licensed 6 or More Years
Nova Scotia

Table H
Third Party Liability Coverage
Claim Severity
Principal Drivers Licensed Less Than 6 Years
Nova Scotia

Table I

Third Party Liability Coverage
Claim Severity
Principal Drivers Licensed 6 or More Years
Nova Scotia

Table J
Third Party Liability Coverage
Average Claim Cost per Insured Car
Principal Drivers Licensed Less Than 6 Years
Nova Scotia

Table K

Third Party Liability Coverage
Average Claim Cost per Insured Car
Principal Drivers Licensed 6 or More Years
Nova Scotia

Table L
Collision Coverage
Claim Frequency
Principal Drivers Licensed Less Than 6 Years
Nova Scotia

Table M

Collision Coverage
Claim Frequency
Principal Drivers Licensed 6 or More Years
Nova Scotia

Table N
Collision Coverage
Claim Severity
Principal Drivers Licensed Less Than 6 Years
Nova Scotia

Table O

Collision Coverage
Claim Severity
Principal Drivers Licensed 6 or More Years
Nova Scotia

Table P
Collision Coverage
Average Claim Cost per Insured Car
Principal Drivers Licensed Less Than 6 Years
Nova Scotia

Table Q

Collision Coverage
Average Claim Cost per Insured Car
Principal Drivers Licensed 6 or More Years
Nova Scotia

Table R