

Florian Ickelsheimer

THE INSUR-SHIFT



The future of insurance is contextual, proactive, and connected – How insurers can respond to this shift and lead the transformation with focus

About the Author



Florian Ickelsheimer brings a deep understanding of strategic shifts in the financial services industry – from evolving customer expectations to the role of digital enablers and the organizational implications of real transformation. His perspective combines strategic clarity with a sharp execution mindset, shaped by years of hands-on experience.

As a former Principal at Boston Consulting Group, Florian built a strong execution track record in the insurance industry – leading digital transformation programs for global insurers and reinsurers across P&C and L&H. His work focused on customer-centric transformation, including embedded offerings, F2B journey orchestration, underwriting automation, and the design of agile delivery models and governance structures.

Before joining BCG, Florian worked at UBS, where he drove digital product delivery and implementation – bridging business and technology with a focus on prospecting, onboarding, and digital advisory across the wealth management value chain.

Today at ZIEL, he helps insurers and banks translate strategic ambition into real-world execution – enabling focused strategic and operational transformation, driving customer impact, and delivering hands-on digital implementation.

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Insurance is Shifting – The Need to Respond

The future of insurance sounds more promising than ever. Contextual insurance solutions, proactive risk intelligence, and connected ecosystems are no longer distant ideas – they are within reach. But turning that promise into progress has been slower and harder than expected.

Three core developments are putting growing pressure on insurers:

- **Customer expectations are expanding rapidly.** Customers – both individuals and businesses – now expect digital services that are contextual. They demand easy-to-use apps, real-time, relevant offerings, and clear, proactive communication. Compared to other industries such as retail, mobility or even banking, insurance still often feels disconnected from these evolving digital habits – and the gap is becoming harder to ignore.
- **Technology acceleration is amplifying this challenge.** As expectations rise, the explosion of data, the spread of IoT-connected devices, and the emergence of GenAI and agent-based models are opening new possibilities for prediction, prevention and automation – but they also introduce new layers of complexity, compressing the time insurers have to adapt and making it harder to wait and follow established paths.
- **Market forces are intensifying as a result.** Value chains are fragmenting. New platforms, new players, and new distribution models are reshaping the competitive landscape. Emerging risks – from cyber threats to climate volatility – are expanding in scope, while regulatory demands continue to mount. Insurers face growing complexity across systems, processes, and stakeholder ecosystems – and must increasingly rethink how they organize, deliver, and differentiate.

These aren't passing trends. They are structural shifts – redrawing the map of what insurance is, how it is experienced, and where it delivers value.

The Need to Respond

While the future of insurance continues to inspire, the distance between aspiration and operational reality is growing. The core challenge is not ambition – it's execution under real-world conditions. Insurers face a dual pressure: rising customer expectations and a rapidly shifting tech and market landscape on one side, and growing financial pressure, cost constraints, and delivery complexity on the other.

Leadership teams are expected to modernize operations, improve customer experience, and unlock growth – all while navigating escalating (re)insurance costs, geopolitical uncertainty, and rising investor demands. Yet deep structural barriers – siloed data, outdated systems, and fragmented processes – continue to slow even foundational moves, from modular product logic to streamlined claims flows.

There's no shortage of strategic intent – but few insurers grounded ways to act on it. The real challenge is not choosing a direction, but closing the gap between strategic vision and practical execution – turning intent into focused transformation.

Moving from Ambition to Execution

This report is structured around four critical questions, guiding the journey from future vision to tangible execution:

- **Where insurance is shifting?** – The Future of Insurance is Contextual, Proactive, and Connected
- **How it will be experienced?** – A Glimpse into the Future of Insurance
- **What it takes to get there?** – The Strategic Capabilities You Need to Build
- **How to move forward?** – Anchoring Strategic Capabilities In Customer Journeys

The upcoming chapters do not prescribe a predefined path. They are an invitation to explore, to choose, and to respond to the shift. Transformation focus varies by business – whether retail or commercial, life or non-life, SME or large corporate – each faces its own priorities, timing, and levers for change.



The Future of Insurance is Contextual, Proactive, and Connected

Insurance is being redefined. What once was a product sold and filed away is becoming a service that adapts, responds, and adds value in real time. The shift isn't subtle – it's structural. And it's being driven by forces already reshaping how customers expect to be protected, how technology enables new logic, and how ecosystems redefine roles.

Imagine a world where protection follows you, adapts to you, and acts before you even ask. Where insurance is not something you purchase, but something that's embedded in your life. This transformation is shaped by three fundamental paradigm shifts – each grounded in the trends we explored in the introduction.



From static products to contextual experiences

- Insurance becomes an always-on service, embedded into daily life and triggered by real-time context
- Delivered and experienced seamlessly across channels



From reactive response to proactive protection

- AI and data enable insurers to act before risks materialize
- Focus shifts from claims to continuous protection



From isolated insurers to connected ecosystems

- Insurers plug into platforms, partners, and customer journeys via APIs and smart collaboration
- Value is created through wider integration, not solely through own channels and systems

The first shift demonstrates what insurance will feel like when it is not just bought, but experienced.

From static products to contextual experiences

Customers today expect services that are simple, adaptive, and seamlessly woven into their daily lives. Across industries, platforms have redefined how value is delivered: *Uber* adjusts ride options dynamically based on time and location; *Spotify* curates music, merchandise, and events in real time; *Klarna* offers embedded financing directly at checkout – without additional steps or friction. These services don't require users to manage complexity. They meet them where they are, with relevance and ease.

Insurance, by contrast, often still feels like a disconnected add-on: slow to activate, rigid in design, and detached from customer context. This disconnect creates friction in how insurance is experienced. While a majority of customers now start their insurance journey online, very few complete it fully digitally – often abandoning the process due to unclear product structures, complex forms, or missing guidance. In a world where digital simplicity is the norm, traditional insurance offerings feel increasingly out of sync with how customers experience other services.

At the core of this challenge is the product model itself. Conventional insurance tends to be offered as fixed bundles – predefined in content and duration, regardless of a customer's specific context. In a contextual model, by contrast, coverage becomes modular, event-triggered, and usage-based. Customers no longer engage with monolithic policies. They access flexible components tailored to specific moments – a trip, a commute, or a delayed flight – all offered transparently and with full control. The product logic adapts to real-world situations: for instance, higher coverage for evening flights or weather-based activation in rainy regions. Always available, always relevant – and never intrusive.

This shift is already underway. From automatic flight delay compensations to embedded travel coverage and on-demand mobility protection, insurance is starting to activate where life happens. Whether it's a health check or a short ride-share trip, protection surfaces in the background and scales to what's needed. In this world, customers don't just "buy" insurance – they experience it. Not as a standalone product, but as a contextual, adaptive layer of security built into the moments that matter.



Delivering on this vision requires more than sleek interfaces. It demands a rethinking of product architecture, service logic, and integration strategy. Legacy systems must give way to real-time, event-driven platforms. Distribution must move from stand-alone channels into embedded ecosystems – from banking apps to mobility providers. And insurers must stop asking customers to enter their world. Instead, they must be present in theirs – at the point of need, and ideally, before it arises.

While the first shift redefines what insurance feels like, the second shift focuses on when and how protection is delivered.

From reactive response to proactive protection

Insurance has long been designed to respond once something has happened – when a situation escalates into an accident, an illness, or a disruption. Coverage becomes relevant only after a risk has materialized. But in a world shaped by real-time data, continuous feedback, and anticipatory services, this model increasingly feels out of step with how people experience protection in other parts of their lives.

Other industries have already moved on. Modern cars, for instance, don't just protect passengers during a crash – they help avoid the accident altogether. Driver assistance systems, real-time sensors, and predictive braking intervene before the danger becomes visible. In banking, fraud prevention tools flag suspicious transactions the moment they occur – often before the customer is even aware. In both cases, protection is not delayed or reactive, but embedded, anticipatory, and always on.

Customers increasingly expect the same from their insurer – yet the industry still often falls short. Insurance products are typically priced once, monitored rarely, and updated even less. Risk is assessed at the beginning of a policy, not as the customer's life evolves. Monitoring is sporadic. Guidance, if it exists, is generic or difficult to access. In many cases, the customer remains passive until something goes wrong – and only then does insurance become visible.

That is starting to change. In motor, telematics models assess driving behavior in real time – not only to price fairly, but to promote safer habits and detect elevated risk. In property, sensors monitor for anomalies like water leaks, temperature drops, or motion, enabling early intervention before damage escalates. In health, wearables prompt users to stay active, catch early warning signs, and receive guidance long before symptoms would typically lead to a diagnosis. These aren't isolated use cases. They reflect a structural shift in how insurance engages with risk.

At the heart of this transformation lies a new kind of intelligence. Protection becomes a service, not a payout. It requires unified, real-time data that spans channels and customer touchpoints. Predictive analytics must surface patterns and exposures before they escalate. Underwriting becomes dynamic – adapting to signals as they emerge. Monitoring shifts from static to continuous. And with the help of GenAI and intelligent agents, guidance becomes conversational, contextual, and immediate – supporting customers at the moment decisions are made, not just after consequences unfold. In this world, the insurer is no longer just a claims processor or a safety net. It becomes a sensor, a coach, and a real-time companion. The value lies not just in paying for what went wrong – but in helping prevent what doesn't have to.

Following this shift in how and when protection is delivered, the third shift is about where it happens – and through which partners.

From isolated insurers to connected ecosystems

Insurance no longer operates in a closed world. As customer needs become more situational and embedded across life domains – mobility, health, commerce, and digital services – protection is expected to follow. Users don't think in terms of policies or providers. They expect continuity, trust, and security to be built into the experiences they already use – from ride-sharing to retail to remote healthcare.

At the same time, risk itself has become more distributed. It no longer resides in a single institution or transaction – it emerges across entire value chains. A mobility platform involves vehicle providers, payment systems, identity layers, and end users – with risk moving between them. The same is true in healthcare: patients navigate a complex web of doctors, hospitals, pharmacies, insurers, and digital health platforms. Medical data, treatment logic, and insurance coverage must interact across systems – ideally in real time, but always with full respect for privacy, security, and regulatory safeguards. In both cases, no single actor owns the full journey. To remain relevant in this new reality, insurers need to stop managing risk in isolation and start participating in the flows where risk emerges and decisions are made.



Traditional insurance logic struggles in this environment. Many insurers are still organized around siloed product lines and owned channels, built to manage processes they fully control. Their systems lack interoperability. Partner integration remains shallow and fragmented. Product offerings are not designed to plug into broader ecosystems – they are meant to be sold, not activated. The result is a growing mismatch between how customers move through the world and how insurance tries to reach them.

The future looks different. In an ecosystem model, insurers no longer own the entire customer journey – nor do they need to. They become enablers of trust and protection, activated within the journeys of others. They provide modular services that integrate into partner platforms, APIs that allow coverage to surface natively, and shared data logic that enables risk coordination across multiple players. Whether working with banks, mobility providers, OEMs, brokers, public institutions, or insurtechs – insurers become networked actors in a collaborative environment.

Making this shift possible requires more than partnerships. It demands deep technical and organizational readiness. API-first architecture is essential to connect across partner environments. Interoperability must be ensured to allow seamless process and data exchange. Brokers and MGAs need platform capabilities that support co-creation and distribution. Shared infrastructure – particularly in areas like cyber or ESG – allows for collective risk management and new business models. And above all, insurers must build the governance capabilities to orchestrate ecosystems at scale – with clear roles, shared incentives, and safeguards that preserve trust. Insurance, in this world, is no longer a standalone product. It becomes a distributed capability – embedded across systems, triggered by events, and governed through collaboration.

These three paradigm shifts are already shaping real expectations, offerings, and operating models across the industry. Responding to them requires more than new products: it demands a shift in how insurers work. A future-ready organization must deliver front-to-back, digitally fluent, and customer-aligned. That means breaking silos, focusing on journeys, building shared capabilities, and empowering teams to move with speed and intent.

Before we explore what this transformation requires, let's take a look at how it could unfold – through three customer experiences that illustrate the *InsurShift* in action.



A Glimpse into the Future

What will insurance actually feel like in the future – not as a process or policy, but as part of real life? In this chapter, we explore three everyday experiences, each illustrating how contextual, proactive, and connected protection might unfold across different segments.

- The Smart Adventure Day Experience *with Nina*
- The Preventive Health & Travel Shield Experience *with Ramesh*
- The Dynamic Risk Experience for Corporates *with LogiCo*

Each experience is grounded in real needs and expectations (“The Customer Journey”) – covering the full value chain from product distribution to claims and renewal, highlighting the key enablers driving the shift (“Where the Vision Becomes Real”), and showing where this future is already starting to take shape (“It’s Already Happening”). Each experience follows the same structure – enabling us to break it down step by step and identify where true differentiation occurs.

The Smart Adventure Day Experience

The Customer Journey

It’s a Saturday morning, and Nina decides to head to the mountains for a spontaneous ski trip. She unlocks her EV, books a ski pass through the resort app, and heads out on the road – with travel and mobility protection already activated in the background.

What unfolds is a fully integrated insurance journey, embedded at the point of access, responsive to real-time data, and personalized across every step.





■ Insurance Product & Distribution

The modular day-trip coverage is transparently embedded into Nina's EV subscription and ski pass booking. The relevant coverage components are pre-configured and activated based on her chosen activities – for instance, accident protection tailored for skiing and travel interruption modules designed for mobility. No forms, no friction – just a clear, confident sense that she's protected from the moment her day begins.

■ New Business & Underwriting

Risk is assessed in real time using data from multiple sources: weather conditions, road data, accident history, and the resort's live status. These insights help validate that the coverage Nina selected still fits her situation – and with a simple tap, she confirms it.

■ Servicing & Policy Admin

As weather forecast changes, Nina receives proactive nudges – like suggestions for safer routes, a spa alternative to skiing, or updates on ski lift status. These alerts are delivered via a digital assistant integrated into her car's dashboard or her mobile app, offering real-time support.

■ Use of Coverage & Claims

When the resort shuts early due to deteriorating weather conditions, Nina is offered an instant choice via her app: she can either accept an automatic refund for the unused portion of her ski pass – or enjoy a complimentary spa treatment at a nearby hotel, fully covered by her insurance. The offer is context-aware, time-sensitive, and seamlessly embedded into her journey.

■ Renewal & Engagement

After the trip, Nina receives a recap of her day, along with insights into her safety behavior. Personalized offers for future trips are sent, and her profile is updated based on her activity, ensuring that her experience continues to improve each time.

Where the Vision Becomes Real

This experience brings the future of insurance into the present – not through a single innovation, but through a convergence of shifts that redefine how protection works.

Contextual experience: At its core is a product engine that responds to context – powered by modular architecture and real-time triggers. It assembles the right protection package at the point of booking, tailored to Nina's planned activities and seamlessly aligned with her day. No extra steps – just protection that fits naturally into the experience, right from the start.

Proactive protection: A layer of predictive intelligence analyzes live data – from weather conditions to traffic and resort operations – to anticipate disruptions and suggest timely alternatives. GenAI-powered assistants guide decisions before risk turns into loss, helping Nina navigate challenges in the moment, not after the fact.

Connected ecosystem: Behind her experience is a network of partners operating on a shared orchestration logic – enabled by ecosystem integration capabilities and risk-sharing infrastructure. Insurance, mobility, and hospitality services operate in sync – not as silos, but as a coordinated layer of value.

None of this feels like traditional insurance. And that's the point – it's no longer a product you buy, but an experience that moves with you.

It's Already Happening

Some players are already pushing the boundaries of this future:

- Getsafe is leading the charge with modular, app-based insurance products that activate based on customer events, integrating smoothly with users' everyday activities and preferences.
- Peak3 (formerly ZA Tech) has partnered with various platforms like Grab to enable embedded protection, offering insurance services directly within lifestyle and mobility ecosystems.
- Tesla Insurance (US) has embedded dynamic, context-based pricing directly into its car experience, adjusting rates based on driver behavior.



These real-world examples highlight that the future of contextual, adaptive protection is no longer a distant vision – it's already taking shape in the industry.

The Preventive Health & Travel Shield Experience

The Customer Journey

Ramesh is preparing for a trip to Vietnam. As he books his flight, he receives a notification: there's a dengue outbreak in his destination. Without having to think about it, his protection responds. A prompt recommends a vaccination, and his coverage adapts – linking with his health app to confirm relevant protection based on his profile and destination.

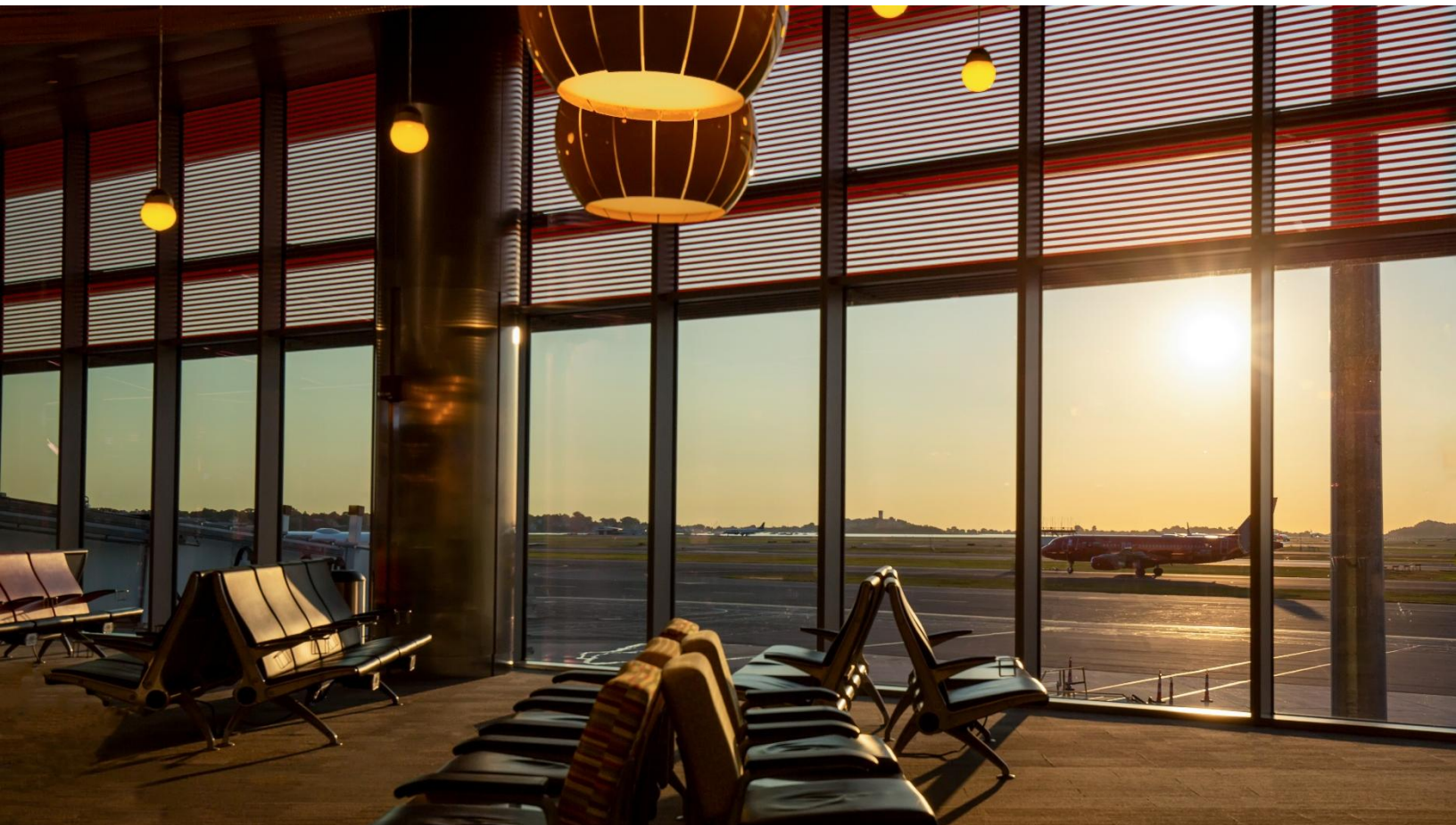
What unfolds is a seamless and intelligent experience – embedded in the booking process, activated by data, and guided by personalized recommendations every step of the way.

■ Insurance Product & Distribution

Ramesh's travel health insurance is dynamically activated as part of his flight booking. A conversational interface in the travel app guides him through relevant coverage questions, using natural prompts and contextual suggestions. The system links with his health app to identify risk factors and configure protection that fits his destination and profile. This product isn't bought in isolation, but seamlessly integrated into the services Ramesh already uses.

■ New Business & Underwriting

Real-time health data and destination-specific medical risks are used to dynamically tailor the product. The system identifies a dengue outbreak in Vietnam and proactively recommends vaccination coverage. This underwriting process is no longer static – it evolves based on early health insights, local outbreaks, and live data streams, so that Ramesh's coverage reflects real-world conditions before his trip begins.





■ Servicing & Policy Admin

As Ramesh's journey unfolds, the system continues to monitor his context and well-being. If he enters a region with elevated health risk, he receives alerts and preventive recommendations. When he develops a mild fever, a GenAI-powered assistant supports him in real time – helping him assess symptoms and guiding him to a nearby, trusted clinic with one tap. The interaction is smooth, personal, and immediately helpful.

■ Use of Coverage & Claims

Upon arrival at the clinic, Ramesh's medical information has already been securely shared with the provider. There's no need for paperwork, explanation, or reimbursement forms – the system understands the situation and handles it in the background through a pre-agreed logic. The entire experience is built on a connected medical network, ensuring access, trust, and resolution without hassle.

■ Renewal & Engagement

After his return, Ramesh receives a recap of his trip – including a summary of actions taken, insights into his travel health, and recommendations for future journeys. His profile is updated to reflect this, making the next round of protection even more tailored and predictive.

Where the Vision Becomes Real

Ramesh's experience feels effortless not because it's digital – but because it's designed around anticipation. From the moment he starts planning his trip, protection becomes part of the journey.

Contextual experience: His coverage isn't something he needs to configure. It's seamlessly triggered through his travel app and guided by a conversational interface that engages him in natural prompts. Behind the scenes, the system selects and activates the right protection modules based on Ramesh's context – embedded and timely.

Proactive protection: Predictive & preventive intelligence continuously monitors health risks, destination alerts, and individual health signals to detect vulnerabilities early. Actions like vaccination prompts or real-time route changes are driven by real-time risk monitoring across health, mobility, and location data, ensuring Ramesh stays ahead of emerging threats.

Connected ecosystem: Once abroad, his digital health assistant stays with him – not only to alert, but to support and guide. Whether it's translating symptoms, pre-clearing clinic visits, or initiating payments, the experience is brought to life through the integration of a connected health ecosystem – linking travel platforms, insurers, and care providers into one coordinated protective layer.

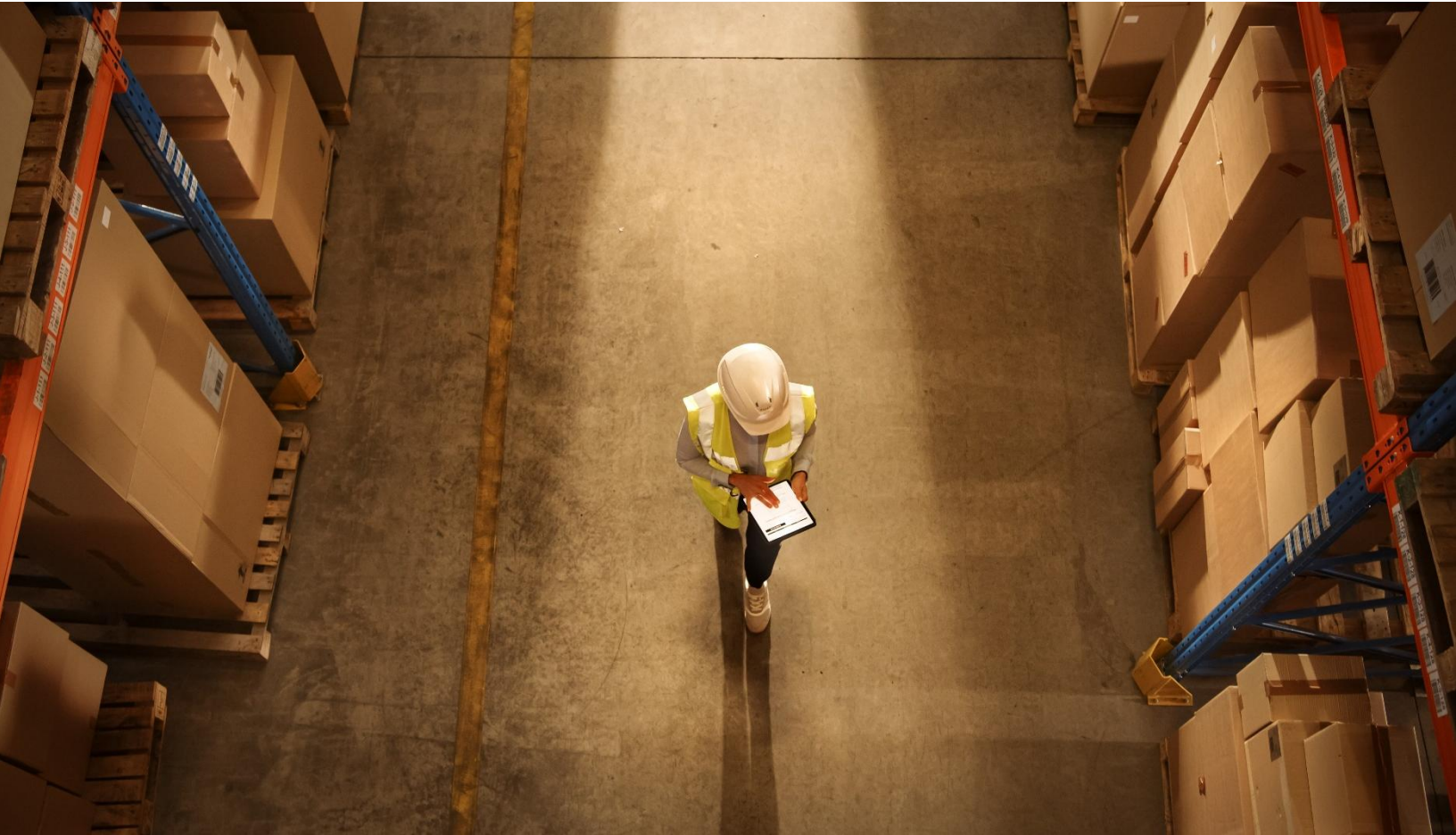
Ramesh doesn't need to manage his insurance actively – it stays aligned with his journey, intelligently and quietly supporting him at every step.

It's Already Happening

Several companies are already testing or implementing similar concepts:

- *Bupa Global* offers integrated health insurance services that are activated by travel destinations, with real-time risk assessments and preventive health coverage, often in collaboration with local health authorities.
- *Ping An* integrates telemedicine, AI-driven health services, and a vast network of affiliated doctors into its insurance offerings. Customers can access virtual consultations, receive proactive health alerts, and manage care remotely – while also benefiting from coordinated access to physical healthcare providers when needed
- *Discovery Vitality (Australia)* uses behavioral data and wearables to personalize health incentives. Customers are nudged toward healthier choices – from vaccinations to lifestyle habits – and rewarded with lower premiums or travel perks. The program integrates prevention directly into insurance logic.

These companies are examples of how proactive health coverage is already emerging – it's not just about what happens after an incident, but actively preventing issues before they arise.



The Dynamic Risk Experience for Corporates

The Customer Journey

LogiCo, a fast-growing logistics company, is expanding across Europe – navigating volatile supply chains, evolving regulations, and increasing exposure to both cyber threats and severe weather events. Traditionally, insurance sat in the background. But now, it's becoming part of how they operate.

What unfolds is a protection model that is modular, predictive, and deeply embedded – shifting in real time as exposures emerge, evolve, or recede.

■ Insurance Product & Distribution

LogiCo's insurance is no longer a standalone policy but a modular offering embedded into their operational systems. It adapts to real-time threats – from storm alerts to cyberattacks – drawing on live data from vehicles, warehouses, and connected systems. The coverage is pre-configured with smart triggers that align protection with emerging exposures, using IoT signals, weather feeds, and security alerts to activate the relevant modules.

■ New Business & Underwriting

Underwriting is no longer a static, annual process. Instead, it continuously ingests real-time signals – including fleet performance, route-specific risk levels, and emerging cyber threats – to recalibrate risk and recommend configuration updates or coverage adjustments. This ensures that LogiCo's protection dynamically evolves alongside its operations.

■ Servicing & Policy Admin

When operational conditions change – such as a severe storm approaching a high-traffic route or a surge in phishing attempts across their systems – LogiCo receives proactive alerts and targeted risk guidance. The system recommends



protective actions like rerouting, adjusting coverage levels, or initiating pre-emptive IT checks, helping minimize exposure before disruption occurs.

■ **Use of Coverage & Claims**

When a loss event does occur – say, a warehouse damaged by severe weather or a ransomware breach – claims are triggered automatically, enriched by real-time telemetry and system logs. Data flows directly into the claims process with minimal manual handling. Resolution is accelerated through digital workflows and predefined coordination with ecosystem partners.

■ **Renewal & Engagement**

LogiCo's coverage evolves continuously – based on how their business operates, how they manage risk, and how past incidents have been resolved. At each renewal cycle, they receive a data-driven review of their protection setup, operational behavior, and premium trends – offering transparency, flexibility, and opportunities to further strengthen resilience.

Where the Vision Becomes Real

For LogiCo, the real shift isn't about digitalization for its own sake – it's about making risk manageable in real time. When conditions change – in the fleet, the network, or the threat landscape – coverage adjusts dynamically.

Contextual experience: Insurance isn't bolted on. It's integrated into logistics systems, risk dashboards, and operational platforms. Coverage responds to real-time exposure signals – from storm alerts on specific routes to warehouse occupancy levels – enabled by a modular product architecture and dynamic pricing that adapts to activity and asset distribution.

Proactive protection: Insights don't just come after the fact. The system draws on telemetry, cyber threat signals, and predictive models to detect early warning signs: a potential ransomware breach, a delivery disruption due to severe weather, or elevated risk on a cross-border route. GenAI-based assistants help risk managers interpret these signals and recommend actions before issues escalate.

Connected ecosystems: What makes the system truly operational is how it connects. Insurer, broker, MGA, reinsurer, and service providers operate on the same data layer – powered by unified architecture and API-first integration. Claims and coverage updates flow across partners with minimal friction. A shared risk infrastructure ensures liability and decision-making are distributed in real time – enabling the system to act collectively, not hierarchically. When something goes wrong, smart workflows and pre-agreed protocols activate – not to ask who pays, but to trigger the right response.

LogiCo doesn't treat insurance as a cost. It's part of how they steer the business – embedded in their infrastructure, responsive to what's ahead, and ready to adapt as they grow.

It's Already Happening

These kinds of integrated insurance solutions are already beginning to take shape, laying the groundwork for the future of commercial risk management:

- *FM Global* blends insurance with predictive, engineering-based prevention. The insurer equips industrial clients with IoT-enabled sensors and advanced analytics tools to monitor critical infrastructure – such as HVAC systems, boilers, and electrical units – and proactively detect potential failures. These insights allow businesses to intervene before damage occurs, reducing risk exposure and strengthening operational resilience.
- *Coalition* delivers “Active Insurance” for cyber risk. Its platform continuously monitors policyholders' IT environments, scanning for vulnerabilities and using AI to issue real-time alerts. This enables companies to fix weaknesses before incidents occur – turning insurance into a 24/7 cyber risk management service embedded throughout the policy term.
- *Swiss Re* partnered with the City of New York and technology firms to launch a parametric flood insurance solution. It leverages real-time sensor and satellite data to detect urban flooding thresholds and automatically trigger emergency payouts – ensuring businesses receive rapid liquidity to recover without delay and embedding resilience into the urban risk fabric.

These journeys are not just visions of the future – they are grounded in current trends shaping the industry. But bringing them to life requires more than product tweaks or UX polish. Each experience reflects a deeper shift: from transactions to contextual journeys, from payouts to prevention, from isolated insurers to connected ecosystems.

To realize these shifts, insurers must decide how they want to play – and which capabilities to invest in. Not every player will need to build the full stack. But every player will need to anchor their ambition in a coherent set of enablers.

While the full capabilities explored along the user journeys may resemble a laundry list, it follows a clear logic: Each strategic shift requires a different set of capabilities – from modular product design and adaptive pricing, to predictive intelligence and multi-party coordination. These enablers don't stand alone. They interact. And together, they form the foundation of a future-ready insurance business. In the next chapter, we break these enablers down – shift by shift, pillar by pillar – to show what needs to be true to make the future of insurance real.





The Strategic Capabilities You Need to Build

To translate the future vision into reality, insurers should build strength across three strategic capability pillars – each anchored in one of the fundamental shifts outlined before. These pillars form a critical foundation for transformation, enabling insurers to act on the key paradigm shifts ahead:

- **Adaptive Experience Capabilities**, powering contextual insurance experiences
- **Data- & AI-Driven Intelligence**, enabling proactive protection
- **Ecosystem & Partner Readiness**, enabling ecosystem connection and collaboration

The three capability pillars are closely interconnected – none of them can be addressed in isolation. To activate them effectively, insurers need an underlying **Future-ready Delivery Organization** that is ready to support and sustain them.

Before turning to a practical implementation approach, this chapter outlines the core capabilities involved, shares relevant examples, and offers ideas for how insurers can assess and strengthen their maturity in each domain. While the content that follows dives into detail, the overview below provides a quick orientation on what's required – and how each pillar connects to the overarching shifts.





Pillar 1: Adaptive Experience Capabilities

Insurance is no longer something customers seek out – it becomes something that surrounds them, quietly adapting to their context. What brings this shift to life is not just technology – it's the ability to weave protection into everyday moments. When insurance is adaptive and embedded, it's no longer something customers buy – it's something they experience, in real time, in context. Nina doesn't think about coverage when she books a ski pass – it's already set up in her EV app and adapts to reflect changing conditions. Ramesh receives relevant health alerts and coverage nudges the moment he books his trip.

From the customer's perspective, insurance becomes contextual. It activates when relevant, reflects needs, and communicates when it matters – all through the apps and channels they already use.

To deliver on this, insurers may need to consider the following elements:

Modular Product Architecture

Customers don't think in terms of annual policies or bundled coverages – they expect flexibility and relevance. Modular product architecture enables exactly that: breaking down insurance into smaller, more adaptable coverage components that can be activated, combined, or adjusted based on context. These building blocks form the core of adaptive insurance experiences. A good example of modular design in action is travel insurance that adapts to the specific trip: customers can add winter sports coverage when heading to the Alps, cancel it for a beach holiday, and automatically activate baggage loss protection only on the travel days – all managed through a single interface.

Delivering this modularity requires key enablers:

- **Configurable coverage modules** that can be assembled dynamically to fit specific needs – whether it's adding theft protection to a travel policy or activating a short-term cyber shield during peak exposure.
- **Composable product templates** that define reusable coverage patterns – enabling faster configuration, approval, and deployment of new variants.
- **API-enabled product systems** that allow fast deployment, integration into third-party platforms, and external orchestration of product logic.

A compelling example comes from *Getsafe*, a German insurtech that offers modular insurance products entirely via mobile app. Customers can build their own coverage bundles from micro-products – like bike theft, electronics, or liability – with real-time adjustments and no paperwork. This approach is gaining traction across Europe and reshaping expectations, especially for younger, digital-first customers.



Customer Journeys & Omnichannel Experience

Creating a seamless, customer-centric experience starts with the journey itself. Insurers need to move beyond fragmented touchpoints and reimagine the entire flow – from quote to bind, from claim to renewal – as an interconnected journey that works across all channels. It's not just about being digital, but about being consistently helpful, context-aware, and human-centered, no matter where the interaction starts or ends.

This requires a set of tightly aligned building blocks:

- **Modular, end-to-end journey design** that maps every stage of the insurance customer lifecycle – from quote to claims to renewal. This enables consistent delivery across new business, servicing, and beyond. These journeys should be anchored in customer needs, not internal structures.
- **Omnichannel orchestration** that allows customers to switch seamlessly between web, mobile apps, call centers, and broker interactions – with full context carried over. No retelling of their story. No starting over.
- **Real-time personalization** powered by data and event triggers. For example, nudging a user to complete a quote based on recent interactions, or offering fast-track claims if a known weather event occurs nearby.

Income Insurance (Singapore) has developed a strong omnichannel model that connects digital journeys with advisor-led interaction. Customers can begin online, explore needs-based tools (e.g. for education planning), and seamlessly transition to a personalized session with a human advisor – all without losing context. The advisor receives a full digital profile and prepares using a tailored info-board, ensuring every interaction is relevant and efficient.

Embedded Distribution

Embedding insurance into third-party journeys only works when the product fits the context. That means choosing the right "anchor products" – those with high-frequency relevance, emotional salience, or contextual urgency – and designing them in a way that's intuitive to access and easy to understand. For example, offering automatic accident coverage when booking a ski trip – as part of the same experience used to reserve equipment, arrange travel, or access the slopes. The customer doesn't need to think about insurance; it's there when and where it matters.

Making embedded protection work means:

- **Contextual product selection** that ensures relevant add-on insurances are bundled into a single package.
- **Short-term, experience-based formats** that are designed as micro-products, dynamically priced, and easy to switch on or off depending on the user's journey.
- **UX-native integration** that embeds protection seamlessly into partner platforms in a way that feels familiar and helpful to users – not bolted on, but part of the flow.

A strong example is *Decathlon*, which offers sport-specific coverage embedded in its product catalog, in partnership with *Qover*. Customers buying a snowboard or booking a surf course can instantly add relevant protection – with coverage adapted to the activity and duration.

Real-Time & Adaptive Product Logic

Insurance should respond to the moment, not just the policy. Real-time and adaptive logic allows products to evolve based on signals like user behavior, environmental data, or changing needs. It's about making protection feel alive – adjusting as context shifts and acting before the customer has to.

To enable real-time product responsiveness, insurers can activate three embedded mechanisms:

- **Context-driven product behavior** that tailors coverage based on real-time inputs like location, travel plans, or known risks. If Nina's route shows avalanche risk, her protection responds automatically – or triggers a guidance message.
- **Event-based product triggers** that activate benefits when something happens: automatic refunds when services are disrupted, upgrade offers during peak exposure, or proactive assistance when things go wrong.



- **Dynamic pricing and limits** that respond to risk levels in real time – recommending enhanced protection options during a high-risk ski day, or adjusting deductibles based on changing conditions.

An emerging example is *Wakam*'s partnership with mobility platforms, offering dynamic insurance that adapts on a per-trip basis. Coverage and pricing adjust in real time based on driving behavior, trip context, and even weather conditions. It's not just pay-per-use – the product learns and evolves with every interaction, turning insurance into a responsive, context-aware service.

Conversational & Generative Interfaces

Customers increasingly expect service interactions to feel as natural as texting a friend. Conversational interfaces – whether chat, voice, or AI-powered assistants – are redefining how people discover, understand, and manage insurance. At the same time, Generative UIs are making digital interactions smarter and more flexible – dynamically creating content, summaries, or forms that match the user's context. Together, they reduce friction, accelerate decisions, and create trust in moments that matter.

Making interactions feel natural and helpful relies on three key design elements:

- **Natural language navigation** that allows users to quote, adjust, or claim without needing to understand insurance jargon or search through dense interfaces.
- **Intelligent handoff to human agents** that ensures customers can escalate smoothly when needed, with full context and continuity.
- **Generative content and UI elements** dynamically produce summaries, options, or explanations tailored to the user's intent – such as auto-filling forms, explaining coverage, or guiding decisions step by step.

Lemonade has made conversational AI central to its insurance experience. AI Maya handles onboarding, guiding users through quoting and binding via chat. AI Jim processes simple claims instantly – many are approved within seconds. These bots turn complex tasks into natural conversations, making insurance feel as simple as texting. The result: faster service, lower cost, and a highly rated customer experience.

Maturity Stages Towards the Vision

Delivering adaptive insurance experiences is not a single leap. Some elements involve fixing foundational gaps, others realize today's personalization potential, and some already push toward a seamlessly embedded future. Insurers can reflect on their maturity across three stages:

→ Fix the basics

- Focus on one or two core customer journeys with high friction (e.g., quote-to-bind, FNOL), and redesign them to be mobile-first, intuitive, and fast. Prioritize pain points like long forms, inconsistent handovers, or unclear offers.
- Rebuild 1–2 products using a modular product architecture with API-ready logic that support flexible bundling, embedded use cases, and faster time to quote. This means simplifying T&Cs, pricing structures, and eligibility rules.
- Lay the technical groundwork for partner integration: define composable product templates, document APIs, and make onboarding and testing easy for third parties.

→ Realize today's potential

- Expand redesigned journeys across all major channels – especially ensuring consistent handoffs from chatbot to human, or from desktop to mobile. Introduce personalization based on recent behavior, profile data, or known needs.
- Launch the first embedded protection flows with selected ecosystem partners – such as a health platform or travel booking engine. Products should be short-term, easily understood, and feel native to the host platform.



- Use GenAI and data triggers to support users in the moment – e.g., offer upgrades during checkout, guide coverage selection, or explain policies in natural language.

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- Create fully adaptive journeys that respond in real time – powered by adaptive product logic that dynamically adjusts coverage, messaging, or pricing based on live context (weather, location, behavior).
- Build out real-time orchestration logic to support multiple embedded partners, using event-driven APIs and centralized product decisioning. Think "insurance as infrastructure."
- Expand conversational assistants into high-stakes areas like claims, renewals, and guidance – giving customers fast, relevant, and human-feeling interactions powered by AI.



Pillar 2: Data and AI-driven Intelligence

Preventive protection starts with foresight – and foresight begins with data. The future of insurance is no longer about responding to claims, but about identifying risk before it becomes harm. Whether it's adjusting a fleet policy before a storm hits, or nudging a traveler to get vaccinated ahead of departure, the power lies in combining real-time data, predictive models, and responsible automation.

This capability pillar brings that vision to life. It's what allows Ramesh to receive targeted health alerts based on his destination. What enables LogiCo's protection to adapt to changing delivery routes. And what gives insurers the ability to move from pricing risk to actively preventing it. To make this shift real, insurers need to consider the following capabilities:

Unified Data Architecture

Having the right data is critical, but it's equally important to organize it in a way that's accessible, structured, and secure. To create actionable intelligence, insurers need a unified data layer that can bring together disparate sources – whether customer behavior, claims data, third-party feeds, or IoT signals. This foundational architecture supports data integration, privacy compliance, and decision-making at scale.

Three foundational elements enable a unified, future-ready data architecture:

- **Cloud-native, scalable infrastructure** that consolidates operational, behavioral, and third-party data streams into a centralized, query-ready layer. This layer is built to scale with the volume of data that will be generated in the coming years.



- **Cross-source normalization** for integrating structured and unstructured data, such as claims reports, customer conversations, IoT feeds (e.g., from wearables or vehicles), and external sources (e.g., weather, healthcare databases).
- **Governance frameworks** that ensure compliance with regulations such as GDPR, FINMA, and future AI ethics rules, guaranteeing that data is secure, accessible only by those authorized, and used responsibly.

Allianz has developed a unified data platform that breaks down silos and enables secure, cross-business access to shared data. This architecture supports AI and analytics across functions – from underwriting to claims – and gives teams the tools to make faster, smarter decisions.

Predictive & Preventive Intelligence

Predictive analytics allows insurers to move beyond reactive risk models to proactively anticipate and manage future risks. By analyzing historical data, behavioral patterns, and environmental factors, insurers can identify potential issues before they escalate into claims – and intervene to prevent them. This capability can also help design smarter products, steer customer behavior, and align underwriting with emerging exposures like climate and cyber.

Turning data into proactive risk management requires the following analytics-driven capabilities

- **Behavioral and environmental scoring engines** to proactive prevention, embedded within customer journeys.
- **Dynamic risk modeling and recommendation logic** that not only predicts claims likelihood, but also drives timely nudges (e.g., safety prompts, vaccination reminders) to reduce incidents before they occur.
- **Portfolio-level ESG & risk analytics** that support product refinement and capital allocation – steering the business toward more sustainable, low-volatility segments.

Munich Re uses predictive risk models to identify emerging threats such as extreme weather events or supply chain disruptions. These models are embedded into underwriting and pricing processes and are continuously updated as new data becomes available. The goal is not just to assess risk – but to actively steer portfolios and improve resilience.

Dynamic Underwriting & Personalized Risk Assessment

Modern underwriting is no longer static. Instead of assessing risk once per year using broad categories, insurers are increasingly leveraging real-time data streams to personalize underwriting logic throughout the policy lifecycle. This allows them to align protection, limits, and pricing decisions more closely with actual exposure – creating fairer, more responsive products.

Three mechanisms enable dynamic underwriting and contextual risk adjustment at scale:

- **Usage-based risk logic** recalibrates exposure based on actual usage – such as per-kilometer driving, trip-based coverage, or on-demand activation – allowing underwriting to reflect real-world behavior.
- **Behavioral signal integration** continuously incorporates insights from driving style, activity level, or preventive actions – enabling real-time refinement of eligibility, coverage tiers, or guidance triggers.
- **Context-aware underwriting** triggers adjust the protection logic dynamically – e.g., activating additional modules during peak risk windows or deactivating coverage zones when risk is absent.

A compelling example is *Lemonade Car (formerly Metromile)*, which combines telematics-based signals with a per-mile usage model. While customers are billed via a base-plus-usage approach, the system continuously feeds behavioral data into underwriting logic – ensuring that pricing, eligibility, and guidance evolve together based on actual driving behavior. This shift reflects a move away from fixed risk classifications toward responsive, data-driven underwriting.

Continuous Risk Monitoring

Continuous monitoring allows insurers to take a proactive stance by integrating data from IoT devices, sensors, and third-party systems into real-time risk assessments. This enables dynamic alerts, automated coverage adjustments, and early interventions to prevent loss – transforming insurance into a connected, responsive service.



Continuous risk intelligence relies on three sensing and response mechanisms:

- **Real-time sensing** via wearables, telematics, and environmental sensors provides up-to-date insights into customer activity, vehicle status, health, or environmental risk.
- **Event-triggered alerts & coverage** updates notify users and adjust coverage settings or trigger guidance – for example, recommending enhanced protection as a storm approaches.
- **Proactive interventions** offer preventive actions – such as rerouting during severe weather or health guidance – based on live data from integrated systems.

Hippo Insurance equips policyholders with smart home sensor kits (e.g. water, smoke, CO detectors). These devices detect issues before they escalate – and trigger alerts or coverage actions in real time. Hippo's model shifts home insurance from paying claims to helping customers prevent them.

(Gen)AI for Automation & Intelligent Agents

Generative AI is redefining how insurers operate – shifting from process automation to decision automation. Insurers now deploy intelligent agents that understand intent, orchestrate tasks, and take autonomous action across the customer journey. These agents scale operations, reduce handling time, and unlock new levels of personalization and speed.

Following intelligent (Gen)AI capabilities drive next-generation insurance automation:

- **Automated intake and triage** of incoming claims and service requests, enabling GenAI to classify, prioritize, and enrich workflows with minimal human intervention.
- **AI-powered customer agents** that provide seamless front-end support across channels – from onboarding to claims. These agents combine natural language with business logic to respond, escalate, or fulfill actions instantly.
- **Dynamic decision orchestration** lets insurers combine models, rules, and GenAI prompts to automate end-to-end processes with human-like flexibility.

A leading example is *Ping An*, where AI and GenAI power large parts of the business. Most policies are underwritten in seconds, many claims are settled within minutes – and AI agents alone generated over USD 20 billion in sales in 2024.

Maturity Stages Towards the Vision

Building data-driven decision intelligence evolves in steps. Some efforts focus on stabilizing data foundations, others fully leverage predictive insights, and some already activate AI-driven orchestration across journeys.

Insurers can reflect on their maturity across three stages:

- ➔ **Fix the basics**
 - Define enterprise-wide data ownership and governance standards, ensuring consistency across markets, business lines, and functions. Begin by assigning accountability for data quality, accessibility, and usage – with clearly defined roles across functions and business units.
 - Identify major data integration gaps and map out critical sources – internal and external – including sensor data, claims archives, and open data (e.g., weather, mobility, ESG indicators).
 - Deliver one to two working AI/ML use cases – for instance, triaging incoming claims or fraud detection – while also implementing foundational controls like model documentation, explainability protocols, and data lineage tracking.
- ➔ **Realize today's potential**
 - Embed AI/ML into core pricing, underwriting, and servicing journeys – not just to predict risk, but to enable smarter, real-time decisions based on user behavior and environmental context. Prioritize use cases where automation or prevention can deliver immediate business and customer impact.



- Scale model governance, monitoring, and retraining protocols to ensure model performance and fairness over time. Develop cross-functional model review routines, and embed ethical checkpoints throughout the lifecycle.
- Build a scalable GenAI foundation – moving beyond experimentation to first productivity use cases. Include model infrastructure, enterprise data access, and prompt governance to support workflows like triage, onboarding, or summarization.

➔ **Shape tomorrow's edge**

- Deploy self-learning risk engines that constantly refine predictions – building continuous intelligence into every policy and process.
- Build a full-stack GenAI architecture – combining orchestration logic, agent frameworks, and domain-level transformation to reimagine pricing, underwriting, and claims through AI-native design and execution.
- Enable dynamic protection loops that combine live sensing, real-time decisioning, and adaptive product configuration updates. These loops allow insurance to shift from reactive payout to proactive prevention, embedded within customer journeys.



Pillar 3: Ecosystem & Partner Readiness

Insurance no longer operates in isolation. As digital ecosystems reshape how people move, work, shop, and stay healthy, insurers must be able to integrate. This capability pillar is about more than just connectivity: it's about becoming a reliable, valuable node in larger systems of value creation.

In practice, this means insurers must be able to support partners like banks embedding protection into their digital channels, logistics platforms requesting dynamic cargo coverage via API, or mobility providers triggering accident or liability cover based on location data and user activity. It also includes integration with sustainability and health ecosystems – such as those nudging preventive care or tracking individual impact.

Each use case requires more than surface-level access: insurers need to be technically ready, operationally aligned, and strategically open to a new kind of collaboration – one that happens in real time, across platforms, and through shared customer journeys.

Becoming truly ecosystem-ready means mastering five core capabilities:

Process & Systems Integration Readiness

Before insurers can collaborate externally, they must first enable simplicity and interoperability internally. Many insurers still struggle with fragmented operations, outdated core systems, and manual handoffs that make external orchestration difficult



– or impossible. Achieving true ecosystem readiness begins by redesigning and digitizing internal processes, aligning them to a service model, and integrating systems to support end-to-end visibility and automation.

Before orchestrating externally, insurers must first invest in the internal foundations:

- **End-to-end process simplification** across core domains like underwriting, claims, and policy servicing – reducing handoffs, manual steps, and channel fragmentation.
- **Back-end system integration** that enables real-time orchestration between core platforms (e.g., policy admin, CRM, pricing engines, data warehouses) and external-facing layers such as APIs and partner portals.
- **Orchestration tooling, workflow engines, and dashboards** that provide business and tech teams with the visibility and control they need to manage partner-facing flows, exceptions, and SLAs – including task routing, approval logic, and multi-system coordination.

Several leading insurers across Europe and Asia have launched multi-year transformation programs to modernize their process and system landscape (e.g., *Aviva, Prudential*) – often driven by the need to support real-time decisioning, digital partner integration, and embedded distribution. These programs typically combine core platform renovation, orchestration layer deployment, and journey-based process simplification to enable seamless collaboration with brokers, platforms, and ecosystem players.

API-First Integration Architecture

At the heart of any ecosystem strategy lies a flexible API architecture. Insurers need to be able to expose products, services, and decisions in a modular way – enabling real-time, event-triggered interactions with partners across sectors. This architecture isn't just a technical layer – it's the connective tissue that allows insurers to distribute at scale, serve through third parties, and integrate deeply into partner workflows.

API-first architectures require foundational elements:

- **Standardized, versioned APIs** that expose quote, bind, claims, servicing, and analytics endpoints – built for reuse across partners and ecosystems.
- **Real-time integration logic** that supports event-based flows such as instant policy issuance, parametric payouts, or dynamic pricing updates – triggered directly from partner platforms.
- **API management** covering monitoring, throttling, version control, and access control – ensuring performance, reliability, and partner-specific customization at scale.

A strong example for an incumbent pushing on this front is *AXA Partners*, which provides an open API platform that enables third-party distributors – from travel portals to fintechs – to embed insurance products directly into their user journeys. By exposing quoting, binding, and servicing functions through standardized APIs, AXA Partners makes it easy for external platforms to integrate and manage protection offers in real time. This API-first model allows AXA to scale distribution seamlessly across a broad range of partners and ecosystems.

MGA & Broker Enablement

Specialist intermediaries – including MGAs, brokers, and affinity partners – remain essential players in the insurance ecosystem. But to activate their full potential, insurers must equip them with the tools, data, and autonomy they need to deliver value quickly and compliantly. This means going beyond traditional distribution relationships and enabling true co-creation, delegation, and servicing.

Three enablers help brokers and MGAs deliver speed, compliance, and modularity:

- **Digital portals and servicing platforms** that support quoting, binding, policy administration, and claims tracking – tailored to the needs of commercial brokers, specialist MGAs, or niche affinity partners.
- **Delegated authority frameworks** that define clear rules, pricing corridors, and underwriting thresholds – supported by automated compliance and audit tooling.



- **Product configurators and co-creation environments** that allow partners to assemble modular offerings, adjust benefits, and launch white-labeled products aligned with local or segment-specific needs.

A leading example is *Beazley*, which enables its broker and MGA network through the self-service portal *myBeazley*. Brokers can quote, bind, and service SME specialty products like cyber or professional indemnity entirely online – often without underwriter involvement.

Ecosystem Enablement

Collaborating across ecosystems requires more than just technical integration. It demands clarity of roles, trust in governance, and the ability to support and scale relationships over time. Leading insurers are building dedicated capabilities and frameworks to operate safely and efficiently in distributed, multi-party environments.

Operational readiness for integration partners in distributed ecosystems means:

- **Operational and regulatory governance** defines how partners are onboarded, what responsibilities they hold, and how data is handled in line with legal and compliance frameworks. This creates shared transparency and trust across all participants.
- **Partner lifecycle and performance management** focuses on ensuring ongoing alignment with partners, supported by service level agreements, monitoring tools, escalation paths, and structured feedback loops that continuously enhance alignment and joint performance.
- **Strategic integration with specialist providers** enables insurers to embed services such as ESG scoring, identity verification, or regulatory reporting through SaaS and RegTech enablers – reducing complexity and accelerating time to market.

A strong example is *Munich Re*, which combines clear governance structures with a decentralized innovation model. Through dedicated units, it supports the onboarding and scaling of ecosystem partners, while maintaining high standards for compliance and risk. This balance allows it to integrate new ventures efficiently and operate with confidence in multi-party environments.

Risk-pooling & Shared Infrastructure

As insurers expand into ecosystems, risk no longer sits in one place – it moves across partners, customers, and platforms. To operate in this environment, insurers must move beyond traditional policy structures and enable more flexible, transparent, and distributed approaches to underwriting, liability, and capital allocation.

Risk-pooling capabilities can be built progressively – from delegation to decentralisation:

- **Delegated and pooled risk models** enable insurers to share or offload risk with partners, reinsurers, or ecosystem participants – including captives, mutual risk-sharing pools, or co-insurance agreements.
- **Distributed risk platforms** enable insurers to activate, validate, and settle protection across multiple ecosystem participants using shared data signals – enabling faster, data-driven claims execution with broader collaboration.
- **DLT- and token-ready infrastructure** that enables secure, transparent, and auditable coordination between parties – reducing administrative overhead and improving trust in fast-moving, digitally native environments.

A growing number of players – both startups and incumbents – are exploring how distributed infrastructure can support this shift. A leading example is *Insurwave*, which facilitates collaborative marine insurance between brokers, insurers, and shipping clients. Originally built on blockchain, the platform transitioned to a SaaS model to enable broader adoption and scalability – showing that shared risk models can thrive without full DLT deployment. At the same time, blockchain-native players like *Nexus Mutual* continue to explore new models for decentralized, transparent, and logic-driven risk sharing.



Maturity Stages Towards the Vision

Becoming ecosystem-ready develops progressively. Some insurers are still strengthening basic integration capabilities, others orchestrate dynamic partner flows, and some already embed themselves into broader service ecosystems. Insurers can reflect on their maturity across three stages:

→ Fix the basics

- Streamline and standardize internal workflows for core operations like underwriting, policy issuance, billing, and claims. Simplified, digitized processes form the foundation for external orchestration and help reduce friction in high-volume partner environments.
- Establish API standards and governance structures. Set up a developer portal that includes full documentation, sandbox environments, security rules, and support channels – creating a clear entry point for potential partners.
- Clarify legal, regulatory, and compliance boundaries. This includes establishing data-sharing rules, third-party onboarding requirements, and consent protocols – especially where cross-border activity, third-party processing, or sensitive data is involved.

→ Realize today's potential

- Build internal readiness for partner orchestration – strengthen data intake, workflow routing, and integration into underwriting and claims workbenches. Ensure legacy systems can handle real-time triggers and partner-provided data.
- Extend product modularization and API exposure across partner types – including quoting, issuance, and policy servicing. Integrate endpoints with embedded SLAs, monitoring, and access control.
- Launch pilot integrations with selected ecosystem partners – combining embedded flows and external services (e.g., identity, ESG, fraud). Use low-code or prebuilt adapters to accelerate time to value and test governance in real-world setups.

→ Shape tomorrow's edge

- Implement event-based orchestration across systems, to trigger modular responses in coverage, messaging, or pricing – based on real-time context and pre-agreed rules.
- Build shared analytics environments that bring together partner usage, product conversion data, and behavioral insights – fueling predictive product logic, co-innovation, and new risk models.
- Enable risk-sharing via smart contracts or delegated co-insurance models. Explore how blockchain or ledger-based flows could reduce trust gaps and automate execution, particularly in high-friction use cases like cross-party claims coordination, premium flow automation, or delegated policy issuance.

The Transversal Foundation: A Future-ready Delivery Organization

No transformation – no matter how digital or ecosystem-driven – can succeed without the right internal setup. Transversal enablers are the connective tissue across all pillars: they ensure that digital capabilities don't remain siloed projects but become embedded ways of working. This readiness is not only about technology, but also about the people, teams, and structures that drive lasting change.

These enablers create the foundation to scale capabilities across journeys, data use cases, and ecosystem integrations.

Front-to-Back Journey Team Structures

Cross-functional squads aligned to key customer journeys – and fully accountable across front-, mid-, and back-office – enable insurers to break silos and deliver faster, more relevant value. Operating with a product mindset, these teams integrate tech,



business, and operations in one unit. Organizing delivery units around journeys like new business and underwriting (e.g. quote-to-bind), claims (e.g. first notice of loss), or renewal and engagement (e.g. rewards programs) ensures clear ownership, rapid iteration, and measurable impact. Rather than handing off between functions, squads manage journeys end-to-end – accelerating delivery and directly linking team outcomes to customer experience. These teams are not just delivery mechanisms – they act as persistent vehicles for change, helping the organization scale innovation, reinforce accountability, and sustain transformation momentum across the business. When designing their front-to-back (F2B) organization, insurers must ask themselves where to organize around customer journeys, where around product lines, and where around shared capabilities – finding the right balance between embedded accountability and enterprise-wide scalability.

Talent & Culture for Digital Execution

Insurers must build capabilities across AI, tech, digital experience, and partner management – not just by hiring, but through targeted reskilling and cross-learning. Building a future-ready workforce means fostering digital fluency across the organization, from frontline staff to executives. At the same time, an adaptive culture of experimentation, fast feedback, and continuous learning reinforces these capabilities and encourages innovation. Many insurers now invest in internal academies, cross-functional learning labs, or digital capability bootcamps to accelerate change. Some even rotate business leaders into product or data squads to increase digital literacy and bridge delivery gaps. But investing in training is only part of the equation – investing in visible change is just as critical. Showcasing progress through sprint reviews, demos, and success stories reinforces momentum, builds belief, and helps change stick.

Scalable Platforms & DevSecOps Foundation

Modern delivery requires more than just cloud infrastructure – it calls for fully integrated development, security, and operations practices. DevSecOps teams help bridge the gap between business speed and IT control, enabling secure, reliable, and continuous delivery of services. By embedding security testing and automation into the development lifecycle, insurers reduce risk while increasing deployment frequency. Leaders in this space run shared platform teams that support reusable components, secure data pipelines, and infrastructure-as-code environments. These teams often act as internal enablers – allowing business squads to build on top of a reliable and secure foundation.

Human–AI Collaboration & Ethical Guardrails

With GenAI becoming integral to customer service, underwriting, and claims decisions, insurers need clear frameworks for human–AI collaboration. This includes defining roles and escalation paths, ensuring AI explainability, and providing interfaces that allow human override when needed. Ethical guardrails must be in place to address fairness, transparency, and regulatory compliance – especially for models that affect eligibility or pricing. Leading players have introduced AI oversight committees and embedded risk reviews into model lifecycle management. But enabling trusted collaboration goes beyond technical governance – it also requires usage at scale. The more AI is integrated into daily workflows, with clear interfaces and feedback loops, the more frontline teams can build confidence, refine prompts, and co-evolve human-AI performance. As AI becomes more autonomous, the interplay between machine recommendations and human judgment will become a defining factor in customer trust.

Enterprise Governance & Steering

Consistent governance is critical to scaling digital operations and ensuring alignment across business units, journeys, and partners. This includes enterprise-wide data policies, CX/UX standards, and ecosystem coordination mechanisms – ensuring trust and coherence as insurers scale up digital initiatives. Architectural blueprints, compliance tooling, and governance boards act as key enablers, providing the guardrails for decision-making, accountability, and continuous alignment across both internal teams and external collaborators. A central governance board may own model validation, while a journey steering group sets standards for customer interaction across owned and partner channels. For these structures to work, they must carry real weight – with the mandate and authority to shape decisions, even across P&L lines. Otherwise, local priorities (e.g. short-term commercial targets) risk undermining shared goals like CX consistency or architectural coherence.

To wrap up this section: The capability pillars outline what is needed to bring the future vision of insurance to life – across adaptive insurance experience, data intelligence, and ecosystem integration. Each pillar represents a field of action that can be developed at different levels of maturity, depending on strategic ambition and starting point.



To move from potential to impact, these capabilities must now be connected to where value is actually created: in the customer journey. The next section introduces a structured approach to prioritizing and activating enablers in a way that directly supports customer needs and business outcomes.





Anchoring Strategic Capabilities in Customer Journeys

The previous chapter outlined the strategic capabilities required to realize the paradigm shift – from adaptive experiences to data intelligence and ecosystem readiness. But capabilities alone don't create value. The real challenge lies in how these capabilities are applied – and how they translate into measurable outcomes for both customers and the business.

This chapter offers a structured lens to move from potential to practical impact. It shows how to anchor capabilities in real customer journeys, how to identify the enablers that unlock cross-journey value, and how to organize delivery in a way that scales. Rather than prescribing a full-scale transformation, it supports selective focus: on specific journeys, capability areas, or enabler clusters where the greatest leverage lies.

The section is structured into three parts:

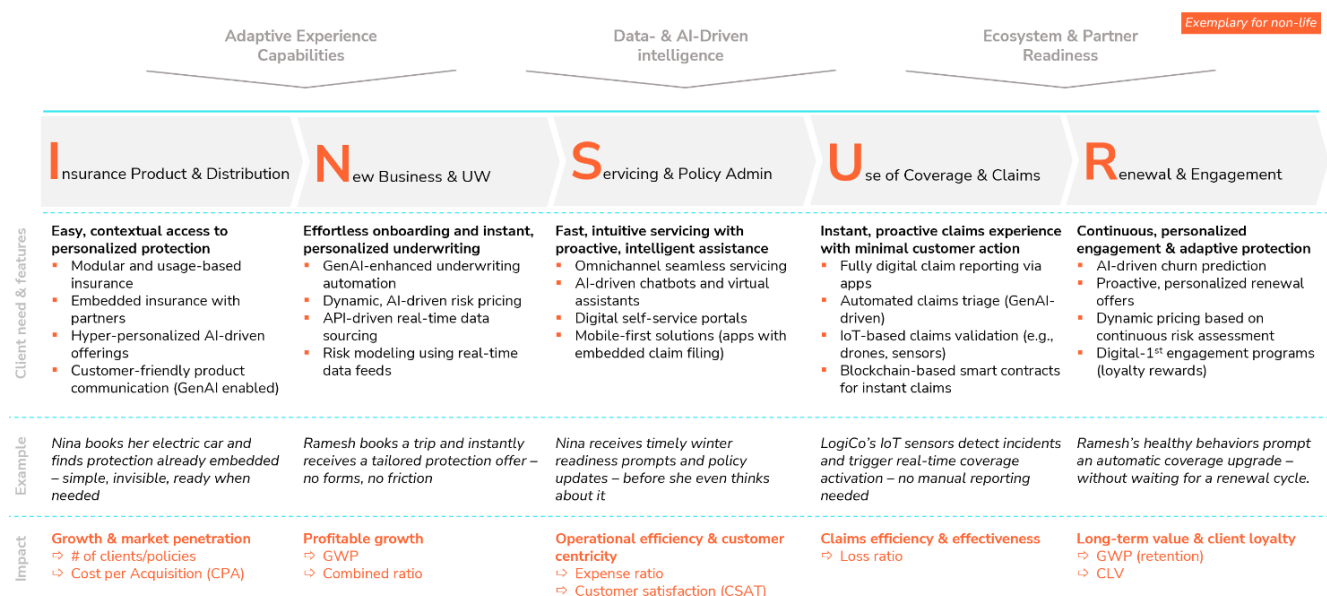
- **A Value-Oriented Customer Journey Approach through INSUR** – a practical tool to structure and prioritize customer journey transformation
- **Channels and Platforms That Enable Journeys** – from shared data and APIs to omnichannel orchestration and AI-based automation
- **Organizing Around Customer Journeys and Shared Capabilities** – how to organize cross-functional teams and delivery models that bring capabilities to life front-to-back

Insurers today must navigate between the constraints of legacy infrastructure and the possibilities of modern platforms. This chapter helps bridge that gap – not through abstract ambition, but through focused, actionable transformation approaches.

A Value-Oriented Customer Journey Approach

Insurance is ultimately experienced – not in strategies or systems, but in real customer moments. Whether it is Nina seamlessly accessing protection through her electric vehicle rental, Ramesh adapting his coverage dynamically during travel, or LogiCo orchestrating fleet risk in real time – the journey defines how insurance delivers value.

To prioritize where enablers truly create impact, it helps to step into the customer's flow and structure transformation around the customer lifecycle. The *INSUR* journey model offers a practical way to do exactly that: breaking down the critical phases where protection is experienced, tested, and renewed. Each step provides a clear lens to examine customer needs, orchestrated capabilities, and measurable outcomes – guiding where focus and investment can have the greatest impact.





To bring the INSUR model into focus, we now deep-dive into each step of the customer journey – highlighting key enablers, experience levers, and real-world use cases. While broadly applicable, the journey model here reflects logic and KPIs more typical of the non-life context used in our illustrative examples.

Insurance Product & Distribution

This is the phase where protection first becomes visible – or ideally, doesn't have to. The insurance experience starts before the customer is even aware of it. In a world of contextual engagement, discovery doesn't begin on an insurer's website, but within the everyday platforms people already use. Protection surfaces in the moment of need: while booking a trip, configuring an electric vehicle, or joining a mobility subscription.

We saw this clearly in Nina's case. When she booked her electric car and ski resort package, coverage was already included – seamlessly, without friction. The same logic applies in LogiCo's B2B context, where insurance is pre-integrated into platform contracts or triggered automatically based on asset configuration – no need for manual selection or broker touchpoints. In both cases, the shift is clear: from product-selling to contextual, proactive embedding.

The customer journey moves naturally from discovery to relevance: first, surfacing protection options inside existing flows; then pre-configuring or bundling choices automatically; and finally activating coverage in one tap or even invisibly in the background. People expect simplicity, timing, and trust: *"Don't ask me to search for protection. Just make sure it's there when I need it."* When this orchestration works, insurers don't just offer a product – they unlock new embedded channels, drive higher client acquisition, and expand gross written premium (GWP) by inserting protection exactly where life happens.

New Business & Underwriting

Turning interest into protection should feel effortless – not like filling out forms. Customers increasingly assume the insurer knows enough to tailor coverage without interrogation.

Take Ramesh: after booking his trip, his health profile quietly shaped the offer – no declarations, no questions. On the commercial side, LogiCo adjusts its underwriting logic based on operational data from the fleet, reconfiguring coverage in real time without anyone having to ask.

The onboarding journey here unfolds step-by-step: capturing identity signals passively, enriching the profile dynamically, evaluating eligibility in real time, and presenting a curated, ready-to-bind protection offer. It's not a process anymore – it's an orchestration. *"Don't make me prove who I am or what I need – just recognize me and help me get protection."* When insurers manage to make onboarding feel invisible, they don't just speed up conversion and grow GWP – they improve underwriting precision and risk selection, helping to improve the combined ratio and enhance portfolio quality over time.

Servicing & Policy Administration

After onboarding, the real relationship begins – and this is where many insurers fall short. Customers don't want to start from scratch each time they interact. They want continuity, they want context, and increasingly, they want intelligent guidance before they even notice a need.

That's exactly what happened to Nina. After her booking, the system anticipated seasonal changes and prompted her about winter readiness – no requests, no confusion. In LogiCo's case, service flows automatically adapt as assets move, maintenance events occur, or new risk signals emerge.

Within this phase, the servicing journey plays out in fluid micro-moments: seamless access across devices; simple, real-time changes to policies; assisted interventions where needed; and proactive nudges when risk patterns change. *"If you see a risk or a need, guide me before I even notice – and before problems occur."* When servicing is designed this way, it strengthens customer loyalty while reducing service friction – improving the expense ratio through automation and safeguarding persistency rates by delivering smarter, more valued interactions.

Use of Coverage & Claims

This is the phase that insurers often fear – and customers quietly dread. But it's also the moment when trust is tested, and the promise of protection must deliver.



Ideally, of course, nothing happens. But when it does, expectations have shifted sharply. In Ramesh's case, wearable data flagged early symptoms, prompting preventive care before a serious incident. In LogiCo's world, IoT sensors automatically triage incidents and activate coverage responses without manual reporting.

The journey within this phase is evolving fast: from incident detection to pre-emptive triage; from automated claim setup to real-time validation and resolution; from a filed claim to a no-touch payout. *"Ideally nothing happens. But if it does, I want it solved fast – or better yet, settled automatically."* Insurers that master this flow don't just speed up settlements – they materially lower their loss ratio, reduce claims handling costs, and protect customer trust when it matters most.

Renewal & Engagement

Renewal used to be a deadline. Now, it's a quiet, continuous conversation – one that begins long before a contract expires.

For Nina, renewal wasn't an annual notice; it was a recognition of safe behaviors and sustainable choices, rewarded before she even had to ask. For Ramesh, new health behavior data prompted an adaptive coverage upgrade, again without a formal renewal process. For LogiCo, engagement happens throughout the fleet's lifecycle – with risk insights, new protection offers, and incentive triggers aligned to operational realities.

The journey unfolds as a loop of monitoring, contextual insights, smart nudges, and dynamic offer presentation. Not a blast, not a reminder – a personalized, ongoing relationship. *"Make me feel protected and rewarded – not just when something goes wrong, but every day."* When renewal becomes this embedded, insurers drive higher retention rates, increase GWP retention, and expand customer lifetime value (CLV) through more personalized, persistent, and rewarding engagement models.

Channels and Platforms That Enable Journeys

The real power of a journey-oriented view isn't just in improving customer experience – it's in the ability to build once and reuse many times. When insurers step back from traditional product silos and instead look at the real flow of interactions and decisions, a clear pattern emerges: the same types of capabilities are needed again and again – regardless of whether the customer is buying life insurance, reporting a property claim, or adjusting commercial fleet coverage.

We typically group these shared enablers into five core capability areas – forming the foundation that supports personalized, data-driven, and ecosystem-ready journeys.

■ Channels

These are the front doors to interaction: customer portals, mobile apps, chat interfaces, broker tools, and call center platforms. When designed flexibly, they enable personalized, intuitive experiences across products and segments. Whether it's a self-service claims portal or an agent dashboard, the goal is the same: to deliver relevant protection in a seamless, responsive way – consistently across touchpoints.

■ Core insurance platforms

This layer houses the core systems that shape the customer journey – such as CRM, policy administration, and billing platforms. It also includes digital workbenches and collaboration tools that enable teams to act in real time. These capabilities ensure that decisions and processes are consistent, transparent, and tailored to individual needs – enabling scalable, intelligent service delivery across journeys.

■ Integration layer

Flexibility at scale depends on connectivity. API gateways, middleware, event layers, and identity services allow journeys to be orchestrated across channels, partners, and internal systems. This integration backbone makes it possible to plug into external ecosystems or activate cross-product flows – without losing control or duplicating effort.

■ Data & intelligence platforms

From risk scoring and real-time recommendations to churn prediction and proactive engagement, data and AI capabilities shape every smart moment along the journey. Shared analytics layers, data lakes, and machine learning models allow insight to be reused – enabling more consistent, relevant, and predictive experiences across all business lines.



■ Governance & enablement

Finally, none of this scales without operational guardrails. Shared permission systems, product configuration tooling, and compliance services ensure that journeys can evolve safely and responsibly – while reducing friction for teams and maintaining control across complex environments.

Together, these capabilities form the modular core of a modern insurance landscape. When built as platforms – not one-offs – they enable teams to design once and deploy across use cases. Instead of starting from scratch, product and journey teams can activate and adapt what already exists – reducing complexity, accelerating delivery, and ensuring that transformation efforts translate into tangible business impact.



Organizing Around Customer Journeys and Shared Capabilities

Customer journeys – and the shared capabilities that enable them – only reach their full potential when they are anchored in the delivery organization. It's not enough to design journeys or define enablers; they must be actively managed, evolved, and measured across business and technology.

One way to bring this to life is through end-to-end journey team, that take full responsibility for shaping and delivering critical customer flows such as new business, claims, or renewal. These teams are structured around the journey – not systems or functions – and bring together business, operations, and technology into one shared accountability, supported by clear OKRs and KPIs. Importantly, end-to-end does not have to mean end-to-end from the start. Many insurers begin with one or two high-impact journeys – using these as focused pilots to build ownership, experience, and delivery maturity over time.

Supporting these journey teams are capability teams – responsible for shared enablers such as CRM platforms, channel frameworks, integration layers, or orchestration and analytics services. These platforms are treated as products in their own right, with clear ownership, dedicated roadmaps, and value-based priorities. Even more specialized services – like pricing logic or claims triage – can be managed this way, if they enable reuse across journeys.



This model enables delivery at scale without scaling complexity. Journey teams stay focused on customer value and experience orchestration, while platform teams ensure that core capabilities are extensible, reusable, and continuously improved. Resources – whether funding, teams, or leadership attention – flow to where they create the most value. While the exact blueprint will differ based on size, ambition, and market realities, the core principles remain: clear journey ownership, value-oriented enablement, and outcome-based governance.

This chapter offered a pragmatic way to structure transformation – not as the final plan, but as a starting point for focused movement. The next and final step for this report is to step back – and ask a few concluding essential questions.



Start Responding to the Shift

As outlined at the beginning of this report, the insurance industry is facing rising pressure – from customer expectations, technological acceleration, and shifting market dynamics. The future of insurance is full of potential but closing the gap between ambition and operational reality remains the defining challenge.

Throughout this report, we explored how insurance is evolving, how customer journeys are being reshaped, and which capabilities and enablers will matter most. We also introduced the practical *INSUR* framework to help insurers connect strategic ambition with tangible execution – prioritizing customer journeys, activating key enablers, and building delivery models that can scale. Now, the real task begins: shaping a clear path forward to respond.

While every insurer's context is different – from retail to commercial, life to non-life, or large corporate programs – a few fundamental reflections can help sharpen direction and guide decision-making:

- **Where do we want to play?** Few insurers can lead across all strategic capability pillars. But every player needs a clear answer to where they focus – and why.
- **Do we have a path from ambition to action?** A journey-driven transformation approach with clearly defined enablers can help turn strategic direction into real execution.
- **Have we translated ambition into actual investment?** Strategy without resourcing is theatre. The next 100 million must follow a clear priority logic.
- **Is our strategy keeping pace with a changing market?** Strategic focus requires keeping a close eye on evolving customer needs, advancing technology, and emerging competition.
- **Are we bold and focused enough to lead?** Direction is not enough. True transformation requires stamina, clarity, and the courage to commit.

Answering these questions is not about creating a perfect plan. It is about building the clarity, focus, and momentum to move forward. The transformation of insurance is not starting now – it's an ongoing reality and a continuous journey. What matters now is not whether change will happen, but how fast and how focused each insurer moves to realize their ambition.

We've already seen glimpses of this future: Nina makes protection part of daily life. Ramesh steers away from risk before it emerges. LogiCo connects partners to deliver more than insurance. These are not distant visions – they're early signals of what's already possible.

The future of insurance won't be reactive – it will be contextual, proactive, and connected. The only question that remains: how will you respond to the shift?



ZIEL

At ZIEL, we focus on what truly matters: We deliver impact where it really counts for your business. We use proven approaches and ensure that insurers don't waste time or resources on untested solutions. Our role goes beyond giving recommendations – we work alongside your team, bringing the skills, experience, and execution power needed to drive real change.

- **We focus on tangible impact:** Together with you, we prioritize initiatives that deliver measurable results, track progress through clear KPIs, and scale solutions once they've proven effective. This ensures that transformation delivers value at every stage.
- **We deliver proven results:** Time and again, we've demonstrated that our methods lead to measurable outcomes. Whether it's ecosystem integration, process automation, or customer experience improvement, we rely on market-tested solutions tailored to your specific challenges.
- **We bring the right capabilities to your team:** We complement your internal resources with deep expertise in digital transformation. From strategy to hands-on implementation, we ensure you have the right mix of leadership, technical know-how, and operational support to reach your goals.
- **We take responsibility for success:** At ZIEL, we don't stop at advising. In many projects, we assume line management responsibility to ensure successful delivery. We're committed to achieving results that matter for your business – on time and with clear value.

Insurers have a unique opportunity to leverage existing and emerging technologies and strategies to future-proof their business. With ZIEL's implementation expertise and our relentless focus on what truly matters, companies can accelerate progress, reduce implementation risks, and achieve tangible outcomes.

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