INSTECH

Paper and pixels:
Solving hybrid challenges in insurance

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Introduction

The world of work has changed. According to a **2023 survey** on US working arrangements and attitudes, 13% of full-time employees now work from home and just over 28% work a hybrid model. It is increasingly clear that insurance companies need their teams to have the tools that enable them to work from the office, at home, or anywhere in between.

Alongside the changing work environment, insurers are facing new and familiar challenges within communication and productivity. All insurers now engage with clients through both traditional and digital means, adding a new layer of complexity. At the same time, increasing productivity to reduce costs and improve the customer experience is becoming more important than ever.

Against the backdrop of hybrid working and communication approaches, the insurance industry faces a range of challenges:

- Catering to a wide demographic
- Handling a large amount of data securely
- Outdated processes
- Being highly regulated

These challenges are rarely appreciated or understood. They also require complex, secure and flexible technology solutions that flex between the digital and physical worlds.

This report will cover:

- The key challenges at each stage of the insurance value chain, including onboarding, underwriting and claims.
- How to improve the workflows at each stage by embracing technology that supports a digital only, physical only and hybrid approach.
- What to consider when choosing your technology provider - whether it is for point solutions or the capabilities required to handle an entire function.
- Sustainability considerations in an evolving hybrid work environment.

Contents

Onboarding

The onboarding process is one of the main interactions insurers have with the customer, with the other being during the claims process. Onboarding is the first touchpoint, making it a defining feature of the customer experience; it is also a key determinant of the likelihood of policyholders renewing.

Ensuring a strong customer experience poses a considerable challenge. Today, customers are expecting insurance quotes, premiums and policies to be processed faster than ever. According to a **2023 survey** by CRIF focusing on commercial insurance, the duration of the entire onboarding process emerged as the primary concern for both insurers and brokers. Other notable challenges include the acquisition and exchange of data, as well as identifying fraud.

The benefits of a strong customer experience during onboarding

Increased customer renewals

A great first impression will increase customer retention. A positive onboarding process is likely to foster these longer-lasting relationships, with customers even recommending the insurer to others.
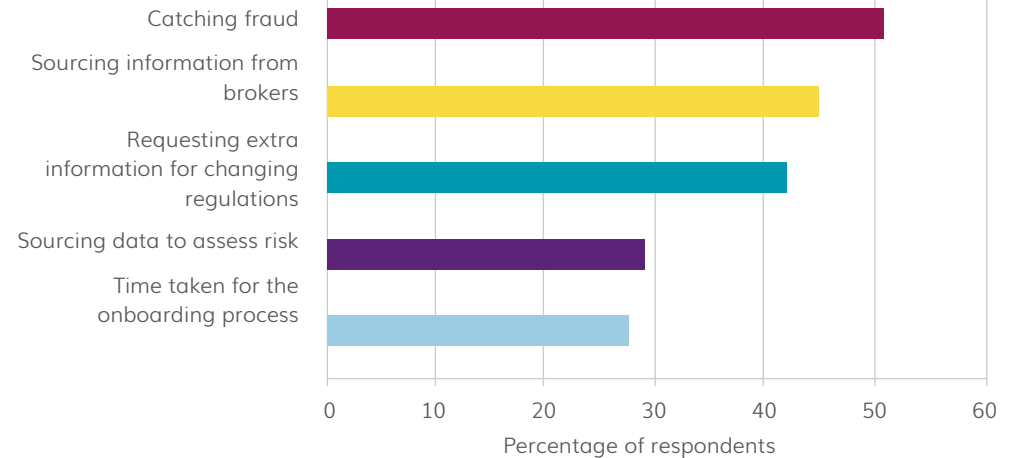
Ability to identify upsell opportunities

During the onboarding process, insurers and brokers can learn more about the customer's needs. This can open the door for potential upsell opportunities.

Reduction of policy misconceptions

Policies can often be complex for customers to understand. An onboarding process which communicates the rules and exclusions of the contract can reduce issues down the line, especially during the claims process.

The biggest insurance challenges when onboarding a new business

Bar chart — "Percentage of respondents":
- Catching fraud: ~51
- Sourcing information from brokers: ~45
- Requesting extra information for changing regulations: ~42
- Sourcing data to assess risk: ~29
- Time taken for the onboarding process: ~28

Source: CRIF

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ONBOARDING

Lengthy processes

Customer onboarding has traditionally been a manual and time-consuming process, often with several legacy systems to re-key information into. In some cases, this process can take up to several weeks to complete. This negatively impacts both parties, with potential policyholders left waiting, and possibly uninsured, and insurers losing earnings.

The data challenge

Easily sourcing and sharing data is a substantial hurdle in the onboarding process. The collection of customer data in particular often encounters significant friction.

Sitting at the intersection of the client and the policyholder, brokers play an important role. The information shared by clients with brokers not only shapes the foundation of the insurance relationship, but also initiates their journey as policyholders.

However, this data is not collected in a consistent or structured manner. Brokers encounter a diverse range of data formats from clients, with no standardised approach among insurers for receiving this information. Some customers want to provide information online, some over the phone and others through paper forms. Some will use them interchangeably.

Changing the format or substance of data that is received and passing it on to insurers is not as straightforward as it seems. Any manipulation of data introduces the risk of errors, potentially leading to misrepresentations of clients and exposing brokers to liabilities.

Ensuring the storage and exchange of data in a GDPR-compliant manner, while simultaneously enhancing the efficiency of data transfer, also presents a noteworthy challenge.

Fraud

Tackling insurance fraud is a key concern for the industry. **According to the ABI**, insurers invest at least £200 million each year to identify fraud. Detection at the point of onboarding - and not just post-claim - is becoming increasingly important.

One of the main difficulties in detecting fraud is the manual processes that are still often used, with information being entered into several different systems to run checks. Insurance companies also have to ensure that customer identities are protected throughout this process.

The total cost of non-health insurance fraud is estimated to be over $40 billion per year, costing the average US family up to $700 in increased premiums.*
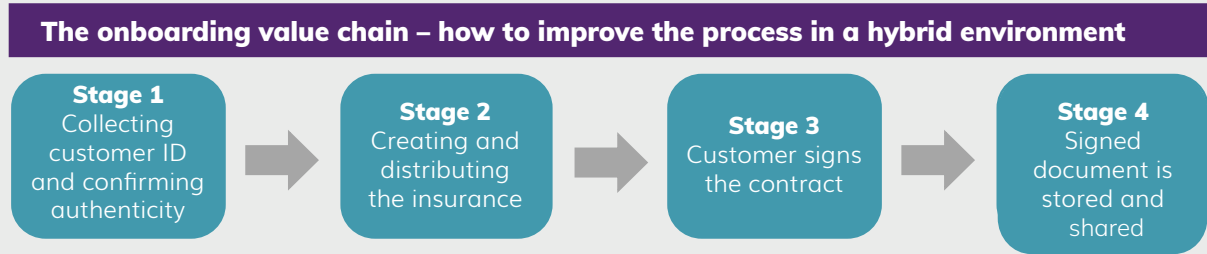
Source: FBI

Managing an onboarding strategy - in the physical and digital world

According to a **report** from the IBM Institute of Business Value, 50% of insurers still rely on traditional mail to communicate with customers. At the same time, there is an increasing interest from other customers in an almost entirely digital onboarding experience. Insurers need to embrace both traditional and digital processes - from an external perspective to meet customer expectations, as well as internally to improve workflow efficiencies. How?

The onboarding value chain – how to improve the process in a hybrid environment

Stage 1	Stage 2	Stage 3	Stage 4
Collecting customer ID and confirming authenticity	Creating and distributing the insurance	Customer signs the contract	Signed document is stored and shared

Electronic signature has become the #2 software in demand globally since the pandemic, with an over 500% growth in interest.*

Source: TrustRadius

Stage 3

Next, the customer signs the contract. This can occur either digitally or physically. With the former, apps that enable virtual signatures such as DocuSign and signNow can be used. These can be utilised whilst still protecting customer data privacy and security. With the latter, signed paper documents can be scanned and stored digitally for ease of access.
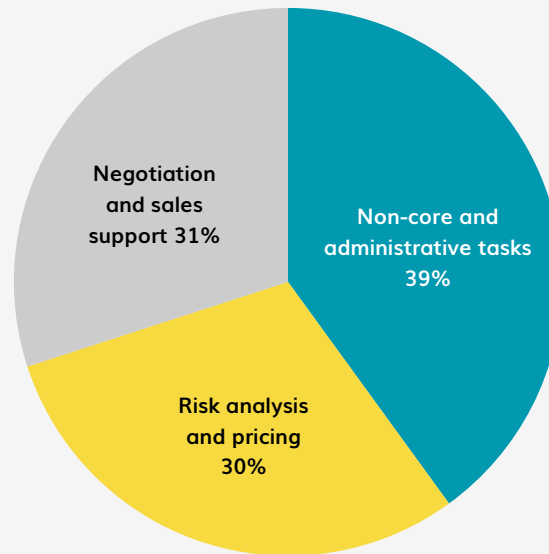
Stage 4

The final stage involves storing and sharing the signed policy contract. This document can be stored digitally and shared with the customer via email or traditional mail. A range of solutions can be used to assist with this - from scanning and automated email sending to web-based repositories for better access to policy documents when needed in the future. Solutions such as Xerox's *DocuShare Content Management Platform* can store relevant documents online and back them up on a regular basis, allowing for easy retrieval when needed.

Stage 1

Traditional processes for the initial stage of customer onboarding involve gathering documents and manually inputting identification details. This is crucial for identifying and mitigating fraud early on. However, the time-consuming nature of manually entering data for authenticity checks poses a challenge. Additionally, customers submit this information through both digital and physical channels. Using technology that can scan this ID information, whatever the format, and automatically perform security checks is an effective way of improving the process. Solutions from technology companies, such as *Xerox's ID Checker App*, can enable ID papers to be validated right at the printing and scanning device.

Stage 2

The next stage involves creating and distributing the insurance contract. Software solutions that allow this document to be scanned to one or multiple locations can increase efficiency. A print can also be received simultaneously, bridging the gap between digital and paper where it is still needed.
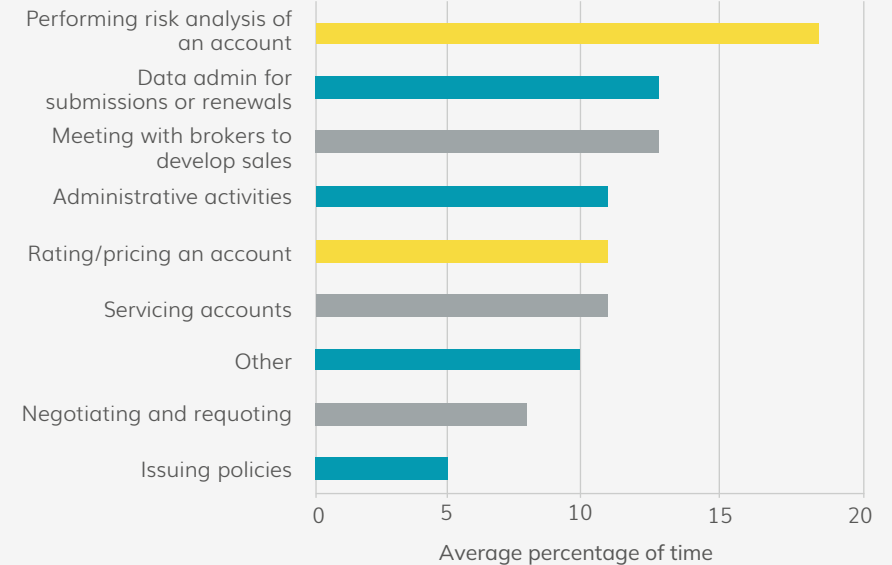
Underwriting

Not much has improved in the day-to-day life of an underwriter over the last decade. Despite advancements in technology, underwriters still face many of the same challenges that they did in the 2000s.

A 2021 **Accenture report** into P&C underwriting found that the average underwriter spends only 30% of their time on actual underwriting. The rest of the balance is spent on administrative tasks, negotiation and sales support. Some of the most time-consuming tasks involve accessing data and repetitive manual inputs. If underwriters spent less time on these activities - and more time underwriting - insurance companies could benefit from increased revenue.

How do underwriters spend their time?

Negotiation and sales support 31%

Non-core and administrative tasks 39%

Risk analysis and pricing 30%

Source: Accenture

Performing risk analysis of an account

Data admin for submissions or renewals

Meeting with brokers to develop sales

Administrative activities

Rating/pricing an account

Servicing accounts

Other

Negotiating and requoting

Issuing policies

Average percentage of time

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Data accessibility

In order to make the best decisions, underwriters need access to accurate and comprehensive customer and risk data - but this is not always easy.

Legacy systems often have limitations, especially when it comes to accessing data quickly. In a recent survey, a quarter of underwriters stated that their company's legacy software is the biggest challenge that they face each day. These older systems can have limited capabilities for sharing data, leading to inefficiencies in accessing information.

Data fragmentation. Relevant data may be scattered across various systems, databases or departments within an insurance company. This siloed data makes it challenging for underwriters to access a comprehensive and integrated view of the information they need.

The data challenges underwriters face

| Legacy systems | Data fragmentation | Quality issues | A lack of standardisation | Privacy concerns | Resistance to change |

Quality issues. Inaccuracies and incomplete data makes it difficult for underwriters to fully understand risks. They either have to find other data sources - which is time consuming - or use what data they have, potentially resulting in suboptimal underwriting decisions.

A lack of standardisation of data from different sources poses challenges. Underwriters may have to spend a lot of time normalising data before they are able to use it.

Privacy concerns. Due to the sensitive nature of certain data, insurance companies must ensure security protections are in place. Compliance with regulations like GDPR may impose restrictions on how data is accessed, shared and stored, adding cost and complexity for underwriters.

Resistance to change can hinder attempts to modernise systems and data sharing practices. Cultural factors, the resources needed to implement new solutions and a lack of awareness about the benefits of improved data access may contribute to this challenge.

Manual processes

Underwriters encounter various repetitive manual tasks as part of their day-to-day responsibilities. When a new submission comes in, they often have to input information from applications, forms and supporting documents into underwriting systems. This manual process is often tedious and prone to errors.

The point of renewal also involves repetitive manual tasks. Handling policy renewals involves reviewing existing policies, updating information and determining whether to renew or modify coverage.

Improving underwriting in a hybrid environment

Web-based solutions can improve the underwriting process, allowing underwriters to access relevant documents both in the office and at home.

Case study: Digitally managing and accessing 2.5 million document pages with Xerox

The problem

Reinsurers need to access policy documents in a range of situations, such as underwriters at the point of renewal. Finding a single document within the company's storage location can be a cost-intensive, time-consuming process.

At reinsurer Arig, the need for digital document management came at a time when the policy documents backlog posed a serious problem in terms of searching and finding required documents. In addition to improving internal procedures, the conversion of the huge document archive to an easy-to-use online database was important for improving client relationship management.

The solution

When Arig decided to digitise its paper documents and store them in a secure database, it chose the Xerox® DocuShare® Content Management Platform. DocuShare is a web-based solution that provides a digital repository for better document access, sharing, control and collaboration.

The digitising, archiving, indexing and document management solution was implemented at Arig by business processes and document management provider Xerox-Bahrain (by representatives in Bahrain for Xerox Corporation).

The result

With policy documents now located in a digital repository, Arig employees can quickly access all archived information.

DocuShare accommodates all types of files, from scanned documents to electronic documents and emails, even video files, allowing for quick indexing and ensuring fast and convenient search and retrieval. The DocuShare content management platform integrates with other systems and facilitates communication among employees, through email notifications or alerts and automatic forwarding of content for approval.

"With the help of Xerox® DocuShare, our employees can instantly access any document or file alongside the business application, which improves processing time. This is especially beneficial for historical documents that were originally stored off-site."

Simon Cox, Director, Information & Communication Systems, Arig, Bahrain

Claims

Claim is arguably the most important part of the insurance process; it marks the moment when policyholders seek the protection they have paid for. The process plays a critical role in fulfilling the core promise of insurance - providing timely compensation in the event of covered losses or damages.

As with all insurance processes, claims is not without its challenges. Various factors can complicate the efficient handling of claims, potentially leading to delays, disputes and customer dissatisfaction. These include challenges in manual data collation tasks and time-consuming processes for identifying fraud.

Document collation

When a claim is made, insurers need to collate a range of data from different locations, different formats and potentially different languages. To highlight this, we can consider a motor claim.

Collating these disparate sources of information can be a very inefficient and manual process.

Data sources when handling a motor claim

Claimant's statement	The claimant provides a statement detailing the circumstances of the accident, including the date, time and location. This qualitative information helps establish the initial narrative.	**Telematics data**	For vehicles equipped with telematics devices, data such as speed, braking patterns and GPS coordinates can be retrieved. This information aids in reconstructing the events leading up to the accident.
Police report	If law enforcement responded to the accident, the police report becomes a useful data source. It includes official details such as the accident report number and statements from involved parties.	**Medical records**	In cases involving injuries, medical records from healthcare providers are collected. This includes details of injuries sustained, medical treatments received and associated costs.
Vehicle information	This is needed to confirm the ownership of the vehicles involved. Registration documents contain information about the owner, vehicle make and model, and the registration number.	**Repair estimates**	Estimates from auto repair shops outline the extent of damage to the vehicles and the costs to repair them. This data helps in assessing the financial aspect of the claim.
Witness statements	Statements from witnesses, if available, provide additional perspectives on the incident. Witness accounts contribute to understanding fault and clarifying the events leading to the accident.	**Policy information**	The insurance policy details of the claimant, including coverage limits and deductibles, are needed to check that what the customer is claiming is covered under their policy.
Photographs and videos	Visual evidence taken at the scene of the accident can provide crucial insights. This may include damage to vehicles, road conditions and the overall context of the incident.	**Claims history**	The policyholder's history of previous claims can be relevant. Insurers may use this data to assess patterns and verify consistency in statements, helping to detect fraudulent claims.

Fighting fraud

Claims fraud is becoming an increasingly large concern for insurers. **According to the ABI**, the average fraudulent claim cost £15,000 in 2022. This is a 20% increase since the previous year.

Fraud can manifest in various schemes, spanning from staged accidents to exaggerated losses and deliberate misrepresentations of facts. Scammers operate by providing false information, inflating damages or engaging in identity theft.

Generative AI is adding another layer of complexity to the issue. The use of artificial intelligence to facilitate fraudulent

claims has grown over the past years, but generative AI could drive fraud to dramatically higher levels.

For example, generative AI has made fabricated photo evidence extremely easy and quick to build. Whilst insurance companies create tools to detect these sophisticated fraud attempts, the artificial intelligence is getting better and better - causing a huge technology arms race. Generative AI can now even manipulate the underlying metadata of an image.

Whilst it is important to continue investing in technology to keep up with fraud, there are day-to-day workflow solutions that can contribute to a more efficient claims process.

How can technology improve the claims process?

Tools that can help collect and interpret large amounts of claims-related information are beneficial. Solutions that automatically translate documents from different languages are particularly helpful for claims forms and broker information. With Xerox's **Workflow Central Platform**, insurers can turn handwritten notes into legible, editable and shareable documents. This supports faster claims assessments and payouts.

Combining paper and digital forms, all in one central location, can be used to increase efficiency across the whole claims process. Tools can be used to merge different files together to create a new, single master file for easier claim management.

46% of global businesses have already experienced attempted fraud through the use of AI-generated fake identities.*

Source: Regula

Sustainability

The insurance industry has an important role to play in encouraging a more sustainable future - from supporting clients with their energy transition strategies to investing in greener technology, such as renewable energy projects. Whilst there are broad considerations to be had around sustainability, taking action often begins in the office.

Reducing Scope 1 and 2 greenhouse gas emissions is an important part of this. Scope 1 refers to emissions that a company makes directly, while Scope 2 emissions are produced on behalf of the company by others. This includes the energy that companies are buying to run their office equipment, including computers and printers.

To manage is to measure

Before an organisation's internal carbon footprint can be reduced, it needs to be understood how best to limit CO_2 emissions. This can be done by determining the impact of various activities, known as a greenhouse gas assesment, which is important for a number of reasons.

Baseline assessment. Determining carbon emissions establishes a baseline that helps insurance companies understand their current level of impact from internal operations. This baseline serves as a reference point for future assessments, allowing companies to track progress over time.

Identifying key sources and prioritising action. Assessments help identify specific sources of carbon emissions within the office environment. Identifying these areas means that actions can be prioritised - whether that is for the areas where emissions reduction is most easily achieved or where the most emissions are caused.

Setting realistic targets. A complete assessment provides information that can be used to set achievable carbon reduction targets. Understanding current emissions allows insurers to establish goals based on their unique operational context.

Employee engagement. Sharing emissions data with employees can increase awareness and engagement with sustainability initiatives. It can create a sense of collective responsibility and helps employees understand how they can help the organisation achieve its environmental goals.

Reporting and communication. Emissions data can facilitate transparent reporting on carbon emissions. This information can also then be communicated to the relevant stakeholders including customers, investors and partners.

Purposeful print

Over the last few decades, growing environmental awareness has led to increased scrutiny of the paper industry's impact on the environment. The world has been encouraged to 'reduce, reuse and recycle' to limit biodiversity loss and reduce emissions from paper production. Whilst this is still endorsed by many, using paper may be the best option in particular cases.

Certain types of information are better conveyed through printed materials than digital formats. As not all content is effectively communicated on digital screens, there are situations where print remains a more practical and impactful medium.

'Purposeful print' refers to the strategic and intentional use of printed materials that serve specific communication purposes. It represents a thoughtful approach to using print as a medium, recognising its unique value whilst also using more sustainable practices and digital alternatives where appropriate.

Xerox provides insurers with the information to make more responsible and impactful

printing decisions. The company's software monitors paper usage, such as claims forms and policy documents, and their associated environmental impact in real time. Clients can use this information to identify opportunities for improvement. This could involve encouraging policyholders to digitally receive documents such as policy statements and renewal notices.

Xerox presents this information via a dashboard, showing clients the impact on sustainability metrics such as paper, water, CO_2 and energy use. Insurers can easily see the impact of print management choices like two-sided printing.

The choice between printing and digital alternatives is a nuanced one. There are a lot of factors to consider; from the type of energy used in paper manufacturing and data centres to the level of optimisation within paper production and digital workflows.

Through assessment and reporting, Xerox helps insurers to make informed decisions that best suit their business needs and help them meet their sustainability goals. The company can then directly support clients in their chosen actions.

For example, Xerox can help insurers to invest in reforestation projects based on their paper consumption. If digitisation of certain processes or documentation is the best route, Xerox's workflow tools and services can support insurers in achieving this – resulting in tangible emissions reductions.

By integrating sustainability principles into their core operations,

insurance companies can contribute to a more sustainable economy while also aligning with the growing demand for business practices that reduce environmental impacts.

Choosing the right technology partner

No matter the scope of your challenge, it is important to make the right decision when choosing which technology partner to work with. Whether you are looking to speed up the process of scanning brokerage documents, create an entirely new digital onboarding process or better understand internal sustainability, these are some of the areas you should consider.

What to consider when choosing your technology provider

Industry knowledge
Domain expertise is essential if you are to have confidence in your technology partner meeting the specific needs of your workflows. Knowing that the company has insurance knowledge and has already worked with clients facing similar challenges can be beneficial.

Service quality
When deciding to work with a technology provider, you need to ensure that it is worth the investment. Insurers should make sure they are choosing the best value for the company. Pricing is only one component of the puzzle – looking at the entire quality and value of the service is needed.

Scope of solutions
You may want to solve a challenge at a particular point in your workflow - or you may want to digitally transform a whole process, but not even know where to start. It is important to work with a technology provider that can support you through whatever type of project you are looking for.

Values
It is important to work with a technology partner who shares your company's values – whether that be sustainability or an inclusive working environment. These values should be shared across the technology provider's core offering and the way it operates as a company.

Transparency
Every partnership should be based on trust and clear communication. If a company cannot meet every requirement you may have, it is important to know that they will communicate this and refer you to other providers that can effectively fill that gap.

Geographic coverage
If your company has offices and operations across the world, you will need to make sure that your technology partner can accommodate this. If they have previously worked on global projects, you should be in safe hands.

Choosing to work with a company that has a track record of providing effective solutions to the insurance industry will most likely be your best bet. Organisations such as **Xerox** and others have been servicing the industry for decades, helping to improve the insurance customer experience and making internal processes more efficient.

In conversation with Xerox

InsTech sat down with Xerox's Director, Digital Services Sales, Americas SMB, Dan Schwab. He has decades of experience within insurance and digital transformation, to learn about Xerox's work with insurers and what the future of paper vs digital holds.

Xerox has been innovating in the print and technology space for over a century - how would you describe what you do now?

Even before my time at Xerox, I never thought of it just as a printer company. I was a Xerox client for over 30 years when I worked at an insurer. Xerox did provide the printers, but they also helped to redesign the insurer's policy print. I think of Xerox as a communication company. We have been

in business for over 110 years, helping our clients to communicate through printed and digital media. Xerox has strong technical expertise - from understanding how to drop molecules of ink in the right places on a page to the software that allows information to be shared between digital and physical forms.

How have you seen printing and IT solutions evolve over the last few decades?

Communication that used to be solely through print is now multi-channel. As technology has advanced, we now have so many ways to communicate; including email, fax, text messaging and commercial advertisements. Xerox has embraced it all.

Xerox provides technology and software to help our customers with a range of tasks, including scanning documents, digitising handwritten text and internal communications.

On the print side, Xerox has a range of unique colours beyond the traditional offerings. We want to enable our clients to grab their customers' attention through printed media.

How has the office working environment changed?

An increase in remote working has really impacted the ability to communicate with people and make connections. When having calls with clients, the signal can be poor which results in more challenging conversations. The meetings tend to feel a lot less personal. It has also made internal communication more difficult. With fewer people in the office, impromptu conversations happen a lot less frequently - in the past, these types of interactions have resulted in great business ideas, which organisations are now missing out on.

This all means that when you do communicate with individuals, you have to grab their attention and make more purposeful decisions around how you get your message across.

Why is customer communication so important within insurance?

People need insurance on their worst days. After signing the contract, customers only think about it when something has gone wrong. On these days, insurers need to ensure they are communicating with their customers in the most effective way.

Customers need to have easy access to the right paperwork, forms and information. Communication needs to be both clear and impactful. Providing a good claims experience will increase the likelihood of that policyholder renewing.

What makes Xerox's solutions a good fit for the insurance industry?

Xerox provides insurance companies with communication tools across both print and digital. We also offer a suite of workflow products; because it's not just about how you communicate, but also how quickly.

Our workflow tools use artificial intelligence, natural language processing and robotic process automation to improve onboarding, underwriting and claims processes. This all helps to make communications, both internal and external, more efficient.

Can you give an example of how Xerox's tools are used within insurance?

At Xerox we work directly with insurers to understand their challenges. We take a consultative approach and provide tailored solutions for each of our clients, using our workflow solutions and expertise.

We can take the onboarding process as an example. Policy information documents need to be shared - and often in both print and digital formats. Xerox's 'Scan with Print App' allows users to scan policy information sheets to one or multiple locations.

Scanning contracts and uploading them to an electronic signature application can be time consuming. Xerox offers 'ConnectKey Apps' which helps to reduce the time spent on scanning brokerage contracts and onboarding paper documents, then uploading them to a DocuSign or signNow account.

Catching fraud is another important part of the onboarding process. Xerox's 'ID Checker App' confirms the authenticity of customer ID documents. Traditional processes to mitigate fraud involve collecting documents from the customer and manually entering ID information. The Xerox app scans and performs security checks automatically, feeding this data directly into back-end systems.

These solutions solve specific problems within the onboarding workflow, but we can also help with much larger digitisation projects.

Xerox's solutions and services can increase efficiency across insurance workflows - how else can you help to improve insurance processes?

As insurers increasingly digitise, a lot more outbound communications and instant inbounds are received. Insurers need a technology provider that can help them manage this. Xerox's technology can assist with sentiment analysis, for example, making it easier for insurers to plan the next stage of their response. Whilst improving efficiency, this also has benefits across the insurance value chain.

Speeding up the claims processes will have a direct impact on the customer experience. Streamlining the onboarding process will increase an insurer's ability to identify upsell opportunities. The benefit of working with a technology provider like Xerox is that we can help to break internal silos, allowing for improvements across the insurance company. We don't only provide point solutions, but integrated services that result in benefits across departments.

Where does Xerox see the future of paper and digital?

Paper will always have a role to play, but I think we will see less and less of it. Digital workflows and communication will keep growing.

When paper is used, it will be more impactful. Less generic information will be printed and it will be a lot more customer focused. This will lead to printed media carrying more value in the future than it does today. We will also see more of a focus on sustainable printing decisions.

What should readers do if they want to learn more about Xerox?

We would like to hear from any insurance organisation looking to digitise their processes - no matter the size of the project. You can learn more about our services **here**.

About InsTech

InsTech was founded in 2015 and has grown to become a leading intelligence network shaping the future of insurance and risk management. We connect the industry to the technology, data and analytics providers driving and influencing change through innovation. The two executive partners, Matthew Grant and Robin Merttens, each have over 30 years of experience bringing new technologies into the global insurance market and draw on an extensive network of consultants and collaborators. InsTech runs regular events (live and digital), provides market commentary and insights and a weekly podcast.
In addition, we offer advisory services to our members, from ad hoc recommendations to in-depth consulting studies. We are supported by (and grateful to) our corporate members of over 150 members and an engaged network of over 30,000 people who keep us honest. and informed about what is happening in insurance, technology and beyond.

About Xerox

For more than 100 years, Xerox has continually redefined the workplace experience. Harnessing our leadership position in office and production print technology, we've expanded into software and services to sustainably power the hybrid workplace of today and tomorrow. Today, Xerox is continuing its legacy of innovation to deliver client-centric and digitally-driven technology solutions and meet the needs of today's global, distributed workforce. From the office to industrial environments, our differentiated business and technology offerings and financial services are essential workplace technology solutions that drive success for our clients. At Xerox, we make work, work. Learn more at www.xerox.com and explore our commitment to diversity and inclusion.

InsTech reports

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