INTERNAL TRAINING DOCUMENT - NOT FOR CLIENT DISTRIBUTION

Mock Case Study: Independent Insurance Agency

How this agency would help a $40M, 165-person insurance agency turn document-heavy service work into faster response, higher retention, and more producer capacity - without replacing licensed judgment or the current workforce.

How to use this document

FOR TRAVIS - SALES AND OPERATIONS

Read the prospect snapshot, ICP score, why-insurance section, each play's pitch and discovery questions, and the engagement shape. The language is written in business terms you can use in the room.

FOR THE ENGINEERING TEAM

Read each play's build block and the reference architecture on page 12. Product names are standard placeholders for an agency of this size; the paid audit replaces them with the client's licensed modules, data quality, and access rights.

The prospect (composite, anonymized). Independent insurance agency with approximately **165 internal employees and $40M in annual revenue**. Operations are highly standardized and systemized, with written SOPs across service, sales, and accounting. AI use today is limited to disconnected Claude workflows and chatbots for email drafting and meeting preparation. Both the economic decision maker and the operations owner are involved.

The five plays at a glance

Play	What changes	Illustrative annual value*
1. Certificate of insurance (COI) automation	Requests verified, drafted, approved, and logged faster	$95K-$145K capacity and rework value
2. Renewal remarketing workbench	90/60/30-day renewal discipline and submission assembly	$220K-$330K capacity plus protected revenue
3. Endorsement processing	Policy changes structured once, routed, and tracked	$85K-$125K capacity and error reduction
4. New-business submission assembly	Producer intake becomes quote-ready carrier packets faster	$130K-$190K capacity and incremental commission
5. Claims intake and status	First notice, acknowledgement, and updates stop depending on inbox memory	$55K-$85K capacity and service value

*Audit hypotheses, not promises. Every model states volume, time, labor-rate, and adoption assumptions. Portfolio roll-up and overlap discount are on page 10.

The central sales idea: this agency does not need an AI experiment. It needs its existing SOPs connected to the agency management system (AMS), email, documents, and carrier work so routine service follows the same path every time - and licensed people only touch judgment, exceptions, and client relationships.

The prospect at a glance: a systemized agency with disconnected AI

The profile is attractive because the hard operational work is already done. SOPs exist, the AMS is the center of gravity, and leadership is not asking the agency to invent process discipline from scratch. The opportunity is connection: turning documents, inboxes, and carrier tasks into governed workflows.

Assumed operating profile

Area	Industry-norm placeholder	Why it matters
System of record	Applied Epic or Vertafore AMS360	Client, policy, activity, document, and accounting data should remain in the AMS - not in a shadow AI database.
Documents	AMS document management / ImageRight-style repository	Policies, endorsements, certificates, loss runs, and carrier documents need metadata and retrieval.
Front office	Microsoft 365, Outlook, Teams, DocuSign	Email and forms are the intake channels for most service requests.
Sales and quoting	CRM or AMS sales center; EZLynx or similar comparative rater	Producer activity and quoting must connect to submissions and renewals.
Carrier work	Carrier portals, secure email, downloadable policy documents	Portal access and carrier rules will shape how much can be automated versus staff-assisted.
Phones	RingCentral or similar VoIP with call recording	Claims and urgent service intake need transcript, routing, and audit trail.
Current AI	Standalone Claude/chatbot use for drafts and meeting prep	Useful familiarity, but no AMS data, no workflow state, no approvals, and no measurement.

What is likely strong - and what the audit must test

LIKELY STRENGTHS

- Named SOPs and service standards
- Defined account-manager, CSR, producer, and accounting roles
- AMS-centered data and document habits
- Operations owner available to make decisions

AUDIT TESTS

- AMS API/module rights and activity-code consistency
- Duplicate clients, stale contacts, and unstructured attachments
- Carrier portal terms and credential rules
- Certificate, endorsement, and renewal exception rates

> **Positioning line:** “You already have the playbook. We connect it to the inbox, the AMS, and the carrier queue so the playbook runs the same way on a quiet Tuesday and during renewal season.”

This prospect scores 87-94 - pursue with a paid audit and a named pilot

Scores use the same five hard gates and 100-point logic as earlier prospect work. Unknowns are discounted rather than assumed perfect.

The five hard gates

Gate	Status	Evidence / verification
1. Funded pain	**Likely pass**	Service backlog, retention, and producer capacity are budgeted operating concerns. Confirm an audit budget and the cost of delay.
2. Economic-buyer access	**Pass**	Decision maker is involved. Keep them in the audit readout and pilot success-criteria meeting.
3. Real system of record	**Pass**	AMS-centered operations. Confirm product, version, modules, and integration entitlements.
4. Named process owner	**Pass**	Operations owner is involved. Name one service leader per pilot workflow for weekly decisions.
5. Reachable data	**Likely pass**	SOPs and AMS documents should be reachable. Audit samples data quality, permissions, and export/API paths.

Scorecard estimate

Block	Points	Reasoning
Firmographics and fit (30)	28-30	$40M revenue and 165 employees sit in the core $25M-$75M / 50-150 band, with a slight stretch on headcount that adds workflow volume.
Technology and process readiness (30)	26-28	Highly systemized SOPs, AMS discipline, and staff already familiar with AI assistants. Points held back until AMS access and data quality are proven.
Pain, budget, and buying readiness (40)	33-36	Decision maker plus operations owner are engaged. Score rises when a named pain, baseline, and funded pilot window are agreed.
Total	**87-94**	**Pursue.** Sell a paid audit that validates one pilot and produces a build/no-build decision with measured baselines.

Deal shape. At $40M, use the larger-account motion: audit ($8K-$15K), one-process pilot ($25K-$50K), expansion implementation ($100K-$180K if multiple plays are justified), then retainer ($5K-$8K/mo). Do not sell five builds at once.

Insurance pays for speed, accuracy, retention, and producer selling time

Four structural reasons the ROI can be real

1. Service work is document intake in disguise. Certificate requests, endorsements, renewal documents, loss runs, carrier questions, and claims notices arrive as email, PDFs, forms, and calls. Staff read, interpret, retype, attach, and chase. That is exactly the read-decide-act-flag loop AI can support when the SOP and approval point are clear.

2. Small delays become revenue events. A slow certificate can hold up a customer's job. A late renewal review becomes a non-renewal or a price-only conversation. A slow submission loses carrier attention. Speed is not cosmetic; it protects commission revenue and client trust.

3. Licensed judgment is scarce and expensive. Account managers and producers should spend time on coverage questions, relationships, and growth - not hunting attachments or copying policy data between screens. Automation here is a capacity strategy, not a layoff strategy.

4. Errors carry errors-and-omissions (E&O) consequences. The win is not merely faster output. A governed workflow checks required fields, compares request to policy, keeps evidence, and routes mismatches to a human. Consistency and auditability are part of the return.

Where the money leaks show up

Leak	Agency language you will hear	Play
Leaky intake	“Requests sit in shared inboxes.” “Urgent certificates come in by phone.”	1 and 5
Retyping	“We enter it in email, the AMS, and the carrier portal.”	1, 3, and 4
Dead follow-up	“Renewals sneak up on us.” “Carrier replies get buried.”	2 and 4
Trapped knowledge	“Only two people know that carrier's rules.”	Shared architecture
Slow assembly	“Producers wait on applications, loss runs, and supplementals.”	4

> **The no-replacement frame, in their words:** “The goal is not fewer service people. It is 165 people handling growth without burning out the service team or making clients wait.”

Play 1: Certificate requests stop waiting in the inbox

Pain. Contractors, lenders, and clients request certificates of insurance (COIs) under time pressure. A CSR searches email, finds the account, checks the policy, interprets holder requirements, generates the certificate in the AMS, attaches supporting documents, sends it, and files proof. Urgency creates interruptions - and mismatches create E&O risk.

Today: Email/phone request -> inbox triage -> AMS search -> policy check -> manual certificate -> send/file. **With AI:** Email/form intake -> account match -> policy and holder requirement check -> draft certificate packet -> CSR approval -> send, file, and activity log.

ROI model - audit hypothesis

Assumption	Value	Math / note
Annual COI volume	10,000	Roughly 45 per business day across the agency; audit verifies AMS activity counts.
Manual handling time	25 min -> 9 min	AI prepares the packet; licensed/service staff approve.
Hours returned	2,667 hrs/yr	10,000 x 16 min saved.
Loaded service labor	$38/hr	Capacity value, not automatic payroll savings.
Illustrative value	**$95K-$145K/yr**	$101K labor capacity plus avoided rework/expediting; range reflects adoption and mix.

SAY THIS

“Your team should not spend its day proving the same coverage over and over. We would let the system read the request, pull the right policy, draft the certificate exactly against the holder's requirements, and put it in front of your CSR to approve. Nothing goes out with a coverage mismatch, and every send is logged in the AMS.”

Discovery questions

BIZ How many certificates do you issue per month, and what is the promised turnaround? BIZ Which requests become rush jobs or client escalations?

ENG Which AMS activity codes distinguish certificate issue, revision, and holder-specific endorsements? JOINT Show me a request where the holder requirement did not match the policy - who catches that today?

How engineering builds it

1. Connect a monitored intake mailbox/form to the workflow engine; classify COI versus endorsement/claims traffic.
2. Match insured, policy, effective dates, limits, and additional-insured language to AMS records; retrieve holder templates.
3. Generate a draft packet and a variance checklist; route clean items to CSR approval and exceptions to a senior queue.
4. On approval, send from the agency mailbox, file documents, create the AMS activity, and record model/rules versions for audit.

Guardrails: AI never issues or sends a final certificate without human approval. If limits, endorsements, or holder wording conflict, it stops and flags. **Pilot effort:** 4-6 weeks after AMS access is confirmed.

Play 2: Renewals become a 90/60/30-day retention system

Pain. Renewal work starts late because expiration lists, loss runs, updated exposures, carrier notices, and client information live in different places. Account managers rebuild the file, decide whether to remarket, assemble submissions, compare quotes, and document coverage differences under deadline.

Today: Expiration report -> manual chase -> rebuild application -> carrier emails -> spreadsheet comparison -> rush proposal. **With AI:** 90-day workbench -> missing-data chase -> assembled submission -> quote intake -> coverage-difference draft -> account-manager strategy and approval.

ROI model - audit hypothesis

Assumption	Value	Math / note
Commercial renewals touched	3,000/yr	Subset needing review, remarket, or documented renewal strategy.
Admin time saved	1.3 hrs each	Document gathering, draft applications, follow-ups, and comparison setup.
Capacity value	About $176K	3,900 hours at $45/hr blended account-team cost.
Retention protection	0.3-0.5 point improvement	On a $30M renewable commission base, protects $90K-$150K revenue; audit must validate base.
Illustrative value	**$220K-$330K/yr**	Capacity plus protected revenue; do not quote both as cash profit.

SAY THIS

"This is not an auto-renewal machine. It is a workbench that starts every account 90 days out, chases what is missing, assembles the carrier packet, and puts the coverage differences in front of your account manager early enough to have a strategy conversation instead of a price apology."

Discovery questions

BIZ When does renewal work really start, and what percentage of accounts are intentionally remarketed? BIZ What does a lost account usually say went wrong?

ENG Can the AMS produce reliable 90/60/30-day queues by line, premium, and assigned staff? JOINT Walk me through one renewal that went sideways - where did time disappear?

How engineering builds it

1. Build a renewal queue from AMS expirations, premium bands, lines, and SOP rules; assign owner and due dates.
2. Extract prior applications, schedules, loss runs, and carrier documents; generate missing-information requests for approval.
3. Assemble carrier submission packets; ingest returned quotes and draft side-by-side differences for human review.
4. Track touches, deadlines, decisions, and outcomes back into AMS activities; dashboard overdue and at-risk accounts.

Guardrails: AI does not recommend binding, conceal coverage reductions, or contact clients without approved language. **Pilot effort:** 6-8 weeks for one commercial-lines segment.

Play 3: Endorsements are captured once and tracked to completion

Pain. Clients request address changes, vehicle or equipment schedule updates, additional insureds, mortgagee changes, and limit changes by email or phone. Staff interpret the request, update the AMS, submit to the carrier, wait, verify the issued endorsement, bill if premium changes, and notify the client. Weak intake creates rework and uncompleted changes.

Today: Free-form request -> clarification emails -> AMS entry -> carrier portal/email -> manual follow-up -> file and bill. **With AI:** Structured intake -> change classification -> policy match -> missing-data prompt -> AMS/carrier task packet -> approval -> completion monitor.

ROI model - audit hypothesis

Assumption	Value	Math / note
Annual endorsements	8,000	Mid-size commercial/personal mix; validate by AMS activity codes.
Handling time	35 min -> 19 min	Saved time comes from intake, drafting, filing, and status checks.
Hours returned	2,133 hrs/yr	8,000 x 16 min saved.
Labor and rework value	$85K-$125K/yr	2,133 hours at $38/hr plus fewer reopened/error-corrected requests.
Cycle-time target	**20%-35% faster**	Measured from complete request to verified carrier issuance.

SAY THIS

"The problem is not that your people cannot process endorsements. It is that every request arrives in a different shape. We standardize the front door, let the system assemble the change and chase completion, and ask your staff to judge only the items that are ambiguous, premium-bearing, or outside authority."

Discovery questions

BIZ Which endorsement types consume the most time or create client complaints? ENG Which carriers accept API/structured submission versus portal-only work?

JOINT What counts as a complete request, and who may approve premium-bearing changes? ENG How do you prove today that a requested change was actually issued by the carrier?

How engineering builds it

1. Create guided intake forms and email classification with required fields by change type.
2. Extract entities, dates, schedules, and policy identifiers; validate against AMS and flag conflicts.
3. Generate AMS activity, draft carrier submission, and client confirmation; route by authority and premium thresholds.
4. Monitor carrier replies/documents, match issued endorsements to requests, and escalate aging items daily.

Guardrails: No binding or carrier submission outside licensed authority. Premium, coverage, and effective-date conflicts require human approval.
Pilot effort: 4-7 weeks for two high-volume change types.

Play 4: New business becomes quote-ready faster

Pain. Producers collect prospect information across meetings, email, spreadsheets, prior policies, and websites. Support staff turn that into ACORD applications, supplementals, loss-run requests, carrier appetite choices, and submission packets. Slow or incomplete submissions reduce quote flow; follow-up depends on individual memory.

Today: Producer notes -> missing-data chase -> manual ACORD build -> carrier-by-carrier email -> spreadsheet tracking. **With AI:** Guided intake -> document extraction -> draft applications -> appetite match -> submission packet -> follow-up queue -> producer dashboard.

ROI model - audit hypothesis

Assumption	Value	Math / note
New-business submissions	1,200/yr	Commercial-led mix; audit separates quoted, declined, and not-taken-up.
Assembly time saved	1.3 hrs each	1,560 hours returned to producers and support.
Capacity value	About $75K/yr	Blended $48/hr for producer-support time.
Incremental commission	$55K-$115K/yr	Assumes faster/more complete submissions create a modest lift; validate hit ratio in audit.
Illustrative value	**$130K-$190K/yr**	Most speculative play; success metric is quote-ready cycle time and hit ratio, not hours alone.

SAY THIS

“Producers should sell and advise, not assemble PDFs. We take the prospect's information once, build a clean carrier-ready packet, match it to appetite, and keep follow-up visible until the carrier answers. Your producer still owns the relationship and the coverage strategy.”

Discovery questions

BIZ How many submissions start but never reach a carrier, and why? BIZ Which classes or carriers are growth priorities this year?

ENG Which ACORD forms, supplementals, and data fields vary by carrier? JOINT What makes an underwriter say this agency sends clean business?

How engineering builds it

1. Create producer intake with document upload, interview prompts, and required-field rules by line/class.
2. Extract prior policies, schedules, financial/exposure data, and loss information; show source citations beside each field.
3. Draft ACORD/supplemental packets and carrier appetite recommendations using internal guidelines.
4. Deliver packets for human approval, log carrier sends, ingest declinations/quotes, and drive follow-up tasks.

Guardrails: Appetite guidance is internal decision support, not an underwriting promise. No carrier submission leaves without producer approval.
Pilot effort: 6-9 weeks for one target class.

Play 5: Claims intake is immediate; status stops being a scavenger hunt

Pain. A loss creates urgency and anxiety. First notice of loss (FNOL) may arrive by phone, email, carrier site, or producer. Staff gather facts, open the AMS claim activity, submit to the carrier, record claim numbers, acknowledge the client, and later chase adjusters for updates. The work is service-critical and interruption-heavy.

Today: Client call/email -> handwritten or inbox notes -> AMS entry -> carrier FNOL -> manual acknowledgement -> reactive status checks. **With AI:** Guided intake -> fact extraction -> AMS draft -> carrier packet -> approved acknowledgement -> status monitor and client-update drafts.

ROI model - audit hypothesis

Assumption	Value	Math / note
Annual claims handled	1,800	Validate by line and whether agency or carrier takes first notice.
Time saved per claim	35 min	Intake, AMS setup, acknowledgement, document filing, and routine status drafting.
Hours returned	1,050 hrs/yr	1,800 x 35 min.
Illustrative value	$55K-$85K/yr	$42K labor capacity at $40/hr plus fewer missed touches and rework; retention value not separately claimed.
Service target	**Same-day acknowledgement**	Every complete FNOL acknowledged and visible in AMS with owner and next step.

SAY THIS

"We would never let software decide coverage or talk a client through a settlement. What it can do is make the first hour clean: capture the facts, open the file, submit the packet, acknowledge the client, and make sure nobody has to ask where the claim stands."

Discovery questions

BIZ Where does FNOL enter today, and what does the client expect in the first hour? ENG How do adjuster emails and carrier claim numbers get matched back to AMS activities?

JOINT Which claim types must go immediately to a claims advocate? BIZ How often do clients call simply because they have heard nothing?

How engineering builds it

1. Deploy phone/email/form intake with required FNOL fields and urgent-loss escalation rules.
2. Extract facts, identify policy, draft AMS claim activity and carrier packet with source-linked facts.
3. Send human-approved acknowledgement with claim owner, next step, and contact path.
4. Monitor carrier/adjuster messages, summarize status, draft updates, and escalate injury, litigation, coverage dispute, or large-loss signals.

Guardrails: No coverage interpretation, liability opinion, reserve discussion, or settlement advice. Sensitive claims route to people immediately.
Pilot effort: 5-7 weeks for property/auto FNOL only.

The portfolio is worth pursuing, but only if the pilot proves one workflow first

Illustrative value roll-up

Play	Gross annual value	Confidence note
1. COI automation	$95K-$145K	High: countable requests, cycle time, and AMS activity.
2. Renewal workbench	$220K-$330K	Medium-high: hours are countable; retention lift needs a baseline.
3. Endorsements	$85K-$125K	High: volume and completion time can be sampled quickly.
4. New-business submissions	$130K-$190K	Medium: capacity is real; incremental commission is speculative.
5. Claims intake/status	$55K-$85K	Medium-high: time is countable; trust/retention value is not booked.
Gross modeled total	**$585K-$875K**	Before overlap, adoption ramp, and management time.
Discounted steady-state range	**$350K-$575K/yr**	Apply roughly 60%-65% realization to account for shared intake infrastructure and partial adoption.

Engagement shape for a $40M agency

Stage	Scope	Investment placeholder
Paid audit	2-3 weeks: workflow baselines, AMS access test, data sample, security review, pilot choice	$8K-$15K
Pilot-wedge	One play, one team, 30-90 days, success metrics agreed before build	$25K-$50K
Expansion	Second and third plays on the same intake/integration layer	$100K-$180K staged
Retainer	Monitoring, model/rules updates, new carrier templates, reporting, support	$5K-$8K/mo

> **Recommended first pilot:** Play 1 (COI) if volume and turnaround pain are confirmed, because success is easy to count. Choose Play 2 instead if retention or renewal backlog is the executive priority. Either way, sell one measurable workflow, not an agency-wide transformation.

First-year economics depend on sequencing. A reasonable planning case is $200K-$340K first-year agency fees against $250K-$450K realized value during ramp, improving in year two as adoption reaches steady state. Treat this as a hypothesis to test in the audit, not a return guarantee.

Discovery must prove the workflow, the math, and the right to build

Use the first meeting cycle to leave with baselines and access decisions, not feature requests. Every answer should map to a play, a hard gate, or an audit test.

Business questions BIZ

- “Walk me through last Tuesday in the service department - where did work pile up?”
- “Which client promises are hardest to keep during renewal season?”
- “What work would you give back to account managers if routine processing took 30% less time?”
- “Where do producers lose momentum between first meeting and carrier submission?”
- “What does one point of retention mean in commission revenue?”
- “Which errors create the most E&O worry or client explaining?”

Engineering questions ENG

- “Which AMS are we on, which modules are licensed, and what API or integration rights exist?”
- “Show me the activity codes and document types for certificates, endorsements, renewals, and claims.”
- “Where do carrier documents arrive, and how are they matched to client and policy?”
- “Which fields are reliably structured, and which live only in attachments or notes?”
- “Who owns identity, mailbox access, vendor approvals, and security review?”
- “Where is Claude used today, what data enters it, and who approved that use?”

Joint questions JOINT

- “Pick one certificate, endorsement, renewal, and claim that went badly. Reconstruct each step.”
- “What must a human always approve, even if the system is confident?”
- “What would success look like in 60 days in numbers your team already reports?”
- “Who can say yes to AMS access, carrier-process changes, and client-facing language?”

> **Red flags to surface early:** no AMS integration path, inconsistent activity coding, carrier credentials shared informally, SOPs that differ by office, or an operations owner who cannot protect weekly pilot time. None is automatically fatal; each changes price, sequence, or scope.

Build around the AMS, not beside it

The durable product is not a chatbot. It is a governed workflow layer that reads requests, prepares work in the systems the agency already trusts, and leaves a complete evidence trail.

Reference architecture

Layer	Placeholder components	Design rule
Intake	Outlook/shared mailboxes, web forms, VoIP transcripts, document upload	Every request gets an ID, owner, due date, and source copy.
Understanding	OCR/document extraction, classification, entity matching	Show source page/field beside extracted values; low confidence routes to a human.
Workflow	Orchestration engine, SOP rules, approval queues, exception queues	The SOP is executable logic with version history - not a prompt hidden in a chat.
Knowledge	RAG over SOPs, carrier guidelines, appetite notes, templates	Answers cite internal sources or return “not found”; no invented carrier rules.
System actions	AMS API/integration tools, CRM, e-signature, email, document repository	Use vendor-supported APIs first. Portal work stays staff-assisted unless carrier terms allow automation.
Controls	Entra ID/SSO, role-based access, encryption, audit logs, model gateway	Least privilege, no carrier credential sharing, client-data retention set by contract.
Measurement	Cycle time, touch time, exception rate, approval edits, SLA, retention cohorts	Baseline before build; report monthly against the pilot success criteria.

Non-negotiable guardrails

- **Human approval** for certificates, client coverage statements, carrier submissions, premium-bearing changes, and claim communications.
- **No coverage advice by automation:** the system may quote source language and flag questions; licensed staff interpret.
- **Citations or silence:** knowledge answers cite SOP/carrier source text or escalate.
- **Evidence by default:** source documents, extracted fields, approvals, sends, and AMS activity IDs are logged together.
- **Prompt-injection defense:** inbound email/documents are untrusted data; they cannot instruct the workflow to bypass approvals.

> **Engineering caveat to say out loud:** AMS APIs, carrier portals, and document quality will decide the build path. The audit includes a technical spike before anyone promises a go-live date.

Name the limits early; they are part of why the client can trust the build

Three limits to say out loud

1. Automation follows the SOP - including a bad one. If two offices handle certificates differently, the workflow will expose it. Standardization work may be a paid audit finding, not a surprise change order.

2. Carrier behavior is not fully controllable. Portals change, underwriters ask new questions, and some carriers prohibit automated access. The design therefore prepares complete packets and tracks follow-up even when a person must click submit.

3. Licensed judgment stays licensed. Coverage interpretation, binding, claims advice, and client strategy remain with authorized staff. AI prepares, checks, drafts, and routes; it does not replace professional accountability.

Risk register for the audit

Risk	Mitigation
AMS API or module limits	Technical spike in week 1; fallback to supervised import/export or vendor integration partner.
Inconsistent data/activity codes	Sample 100 recent files per workflow; clean the pilot segment before automation.
Automation bias	Show confidence, sources, and variances; measure approval edits and sample-audit outputs.
Shadow AI already in use	Inventory Claude/chatbot use, set approved tools/data rules, and migrate useful prompts into governed workflows.
Change fatigue	One play, one team, visible wins; operations owner co-owns training and launch.

First 30 days after a yes

1. **Week 1:** Confirm pilot, owners, AMS access, security requirements, and baseline reports.
2. **Week 2:** Shadow the workflow; sample documents; finalize approval points and success metrics.
3. **Week 3:** Build intake, extraction, queue, and AMS write path in a test environment.
4. **Week 4:** Staff pilot with real-but-supervised work; daily exception review; go/no-go for expansion.

INTERNAL CLOSE

This is a top-tier prospect because the ingredients agencies usually lack - SOPs, a real system of record, executive access, and an operations owner - are already present. The sale is not “adopt AI.” The sale is a measured audit that proves one workflow, protects licensed judgment, and gives a 165-person agency more capacity without asking it to hire or replace its way to growth.

All dollar figures in this document are illustrative audit hypotheses based on stated assumptions. Validate volumes, wages, retention bases, hit ratios, system access, and carrier constraints with client data before using any figure in a proposal.