

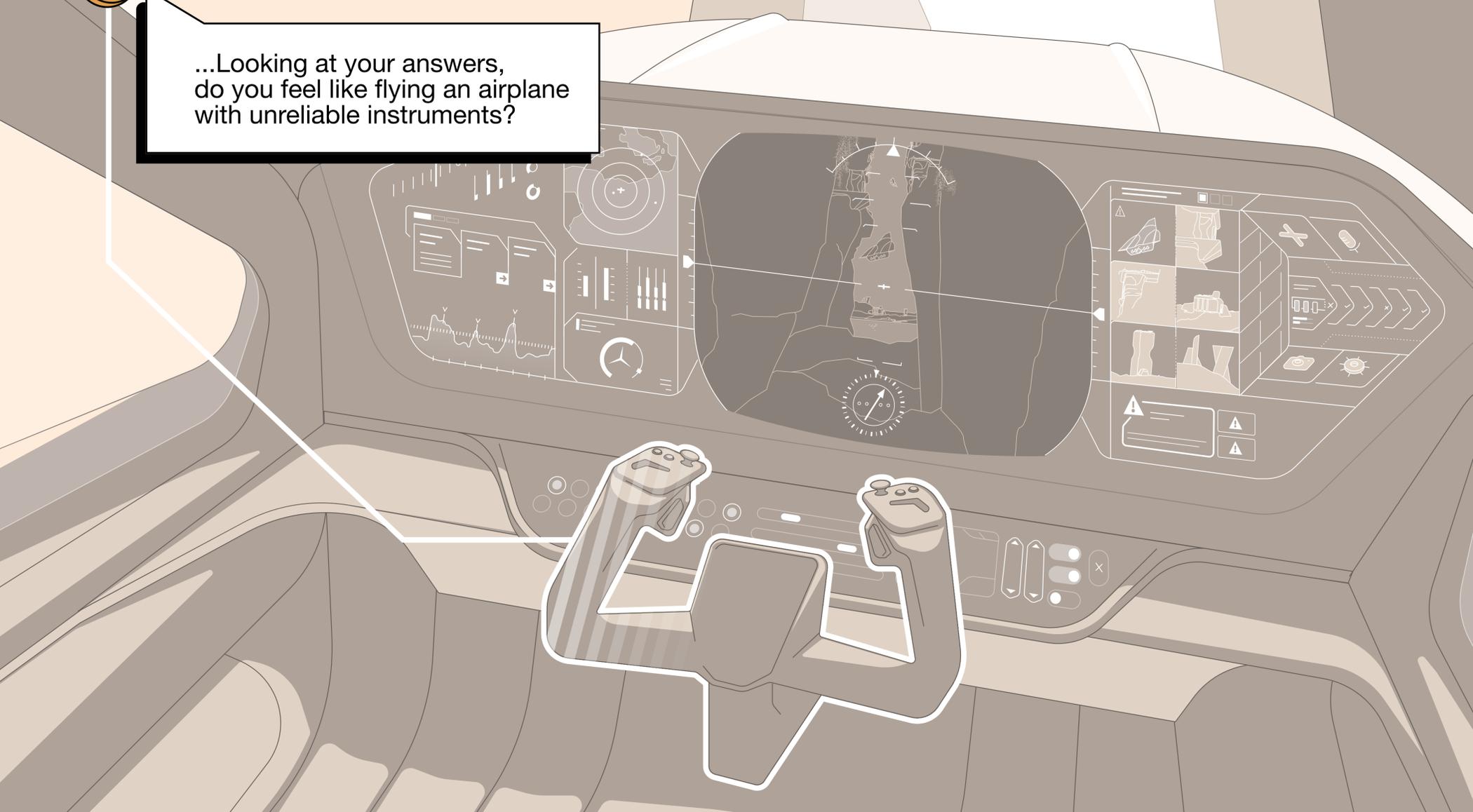
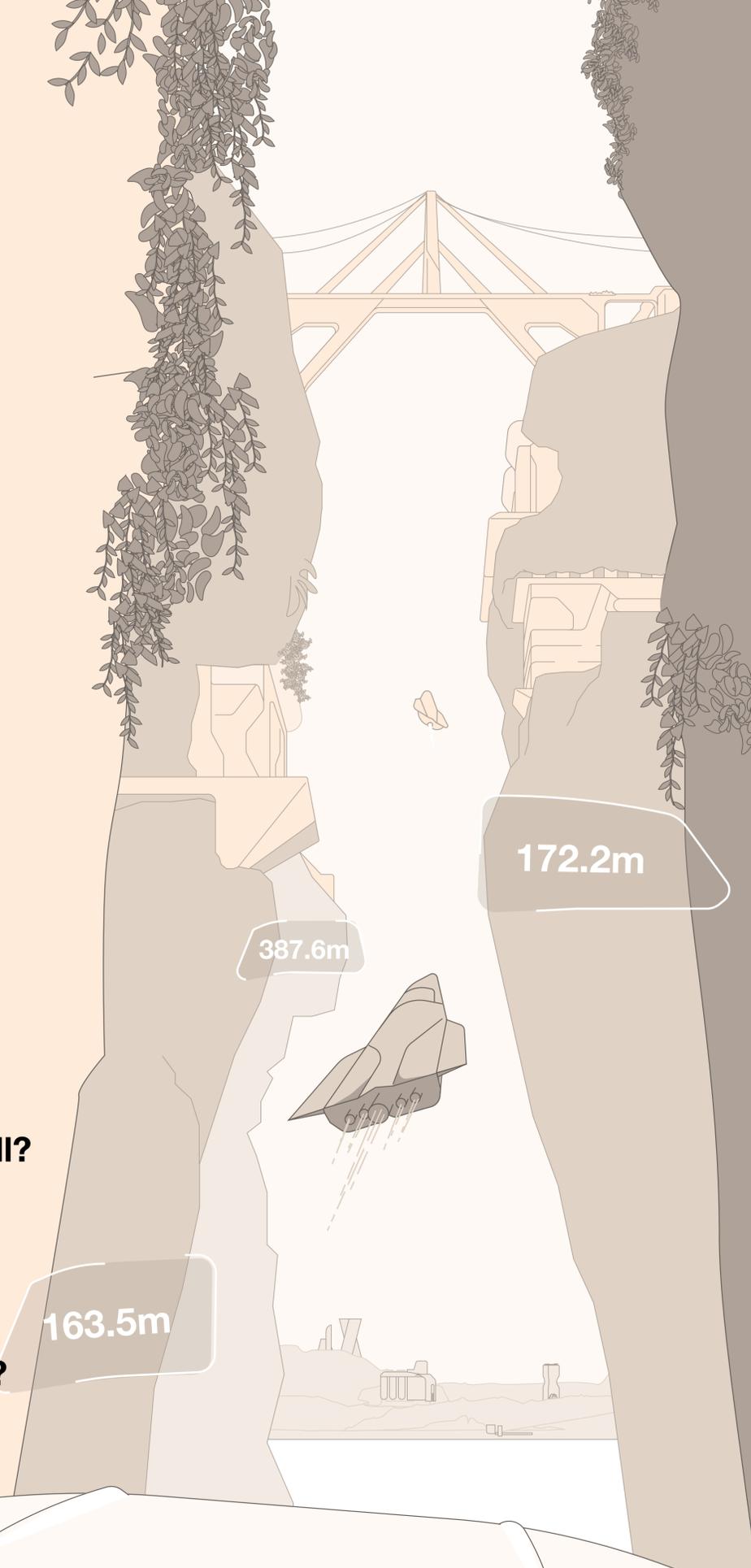
building truly data-driven regional and niche carriers

You're lean and nimble.
That's your edge.
Data-based insight is what
let you act with precision
and confidence.

- Do you have real-time visibility into the profitability of your accounts and segments?
- Can you see the performance of all your agent relations?
- Do you precisely know which customers to target with which upsell?
- Do you see where your quotes convert and where they don't?
- Are you using data to actively improve your customers' risk profile?



...Looking at your answers,
do you feel like flying an airplane
with unreliable instruments?



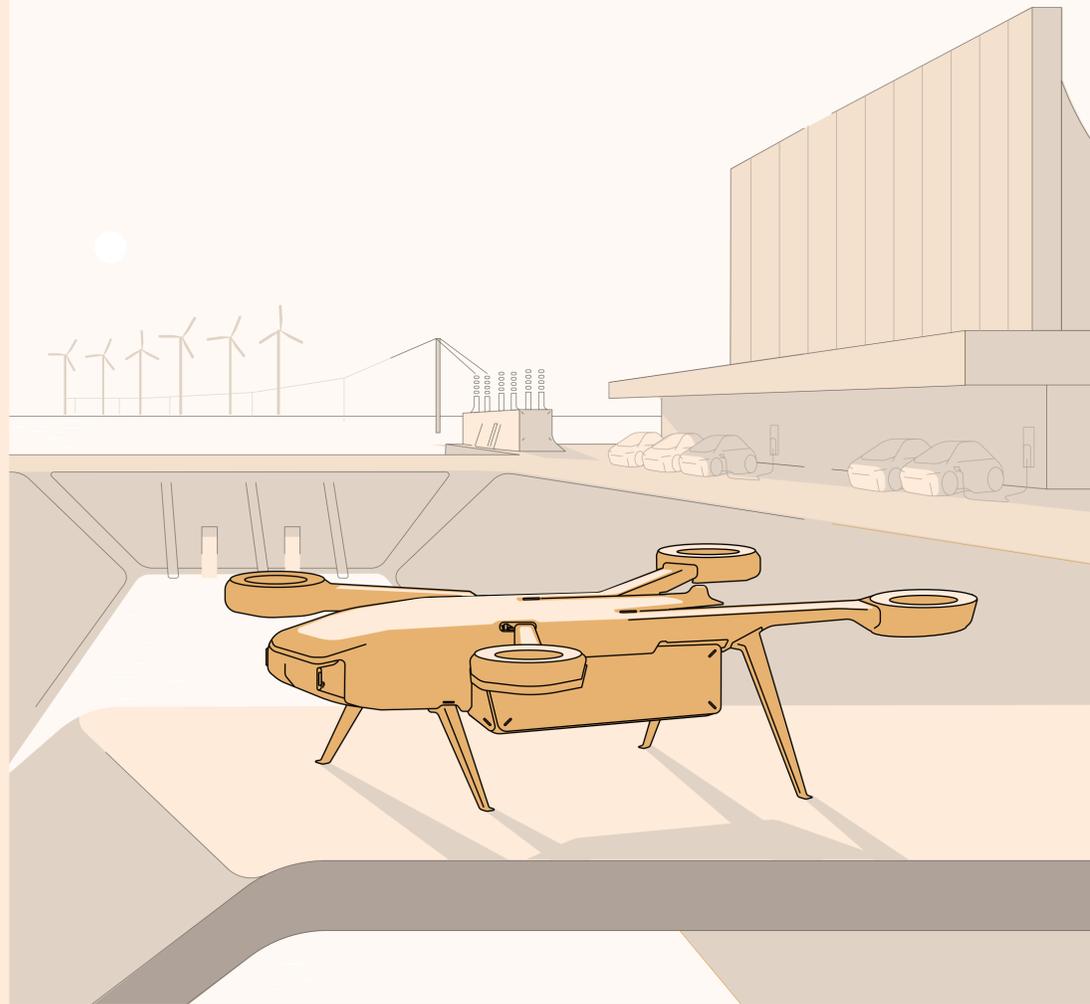
sophisticated data capabilities are no longer the privilege of large insurers

If anything, smaller players are better positioned to build modern infrastructure than the giants, weighed down by legacy systems they can't move.

The real competitive edge for smaller insurers has always been speed and accuracy: sharp decisions within a well-understood niche. But that edge only holds if data supports it.

The data that could give you a clear picture already exists, just scattered across policy admin, claims, billing, agent management, and systems that don't talk to each other. Individually, these systems are weak at reporting. **Together, they can answer the questions that actually drive decisions.**

Building a modern data platform that connects them unlocks two things: a reliable and complete view of your business, and the foundation to take advantage of AI capabilities that are rapidly reshaping the industry.



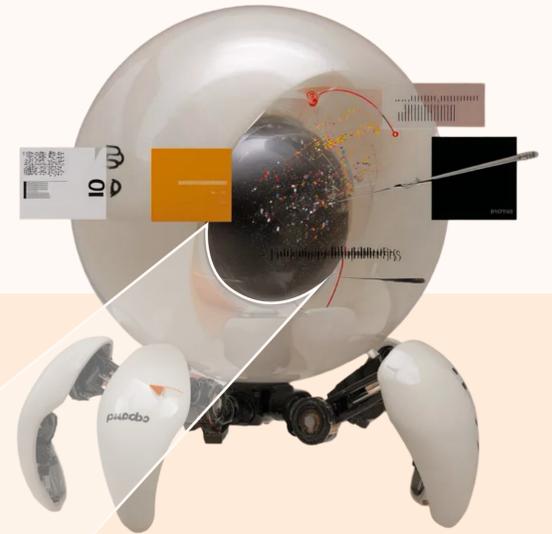
Modern pilots don't rely on instinct alone.

Every gauge tells them something precise, enabling confident decisions. Without unified data, you're flying your business the same way: expert judgment, but only a partial view of what's actually happening. In a competitive market, that is not good enough.

The good news: there's nothing mysterious about becoming a data-enabled insurer. It's fundamentally an integration problem.

This paper is for niche insurers who want to close that gap. It draws on our hands-on experience to offer a practical pathway to get there.

what are you up against: the outdated enemies of precise data-driven decisions



Where most carriers are today

The data exists. It's just everywhere at once: policy admin, claims, billing, agent management, connected only by someone copying numbers between spreadsheets. By the time a report is ready, it's already stale. Errors sneak in, versions multiply, and nobody fully trusts the output. But there's nothing better on hand, so the spreadsheets stay.

Many carriers were told their policy management system would fix this. It won't. A PAS is built to handle transactions, not cross-system analytics. Expecting your PAS to be your analytics platform is like expecting your accounting software to be your CRM. Wrong tool.

what **blocks** the change?

It's not that people don't see the problem. Most carriers know they need better data capabilities.

But there are real reasons it hasn't happened yet. Most IT budgets go to keeping old systems alive, not building new ones.

Those systems were never designed to share data across departments. Even carriers on newer tech still end up with data stuck in separate vendor silos. Claims data and underwriting data almost never live in the same place, yet combining them is exactly what you need for loss ratio analysis and pricing decisions.

Then there's the perception problem. Leadership still remembers data modernization efforts from 10-15 years ago: years of work, millions spent, mixed results. That memory sticks. But the tech has moved on. Today, smaller carriers can complete their data transformation relatively painlessly and at much lower cost, with the right experts at their side.

What's actually different now: This is no longer a multi-year, million-dollar investment. Modern data platforms are faster to deploy, cheaper to run, and don't require ripping out your core systems. You can connect what you already have and start getting value in months, not years.

Smaller and newer carriers are actually better positioned here: less legacy debt, fewer approval layers, more to gain. **The technology has caught up. The question is whether the decision-making will too.**

if you have unified view of your data, you can answer the real questions that drive your business

1 know what's profitable, & what's not: granular loss ratio visibility that drives action

Stop guessing which parts of your book make money. See loss ratio by line, territory, class, and agent without waiting weeks for a report to be built. Act on underperforming segments before they become a quarterly surprise. When profitability is visible at the level where decisions happen, you stop writing and renewing bad business and start doubling down on what works.

2 know which agents make you money: distribution performance with full transparency

Not all premium is equal. Some agents bring profitable business, others cost more than they contribute. In order to see exactly which agents, agencies, and channels are driving results and which ones aren't you have to connect data that today lives in completely separate systems. Armed with that clarity, you can reward your best partners and coach or cut the under-performers.

3 reach the right customer with the right offer at the right moment: turn customer data into revenue

You already know a lot about your customers. The problem is that knowledge stays locked in systems that don't connect to how you communicate. Policy, claims, and behavioral data shouldn't sit in separate systems. Connect it to your marketing tools and you can run targeted endorsement campaigns, time upsell offers precisely, and engage customers in ways that actually convert.

4 grow with surgical precision: data-driven expansion into the right markets and segments

The difference between a smart expansion and a costly one comes down to how much you can see before you commit. That clarity comes from combining internal performance with external data, including market signals, catastrophe exposure, and distribution reach, in one view. What goes into that view depends on your niche and your risk appetite.

...real-time, data based decisions

+1 risk management with measurable results: sensor-based programs with end-to-end data integration

IoT sensors are one of the most direct ways to reduce risk for your customers. But if that data isn't connected to your core systems, you have no way to measure the impact on your loss ratio or know which segments justify the investment. Instead of giving away devices and premium discounts and hoping for the best, build a closed-loop program and get real results.



How do you create this unified view for data-driven decision making?

A modern data platform sits on top of what you already have.

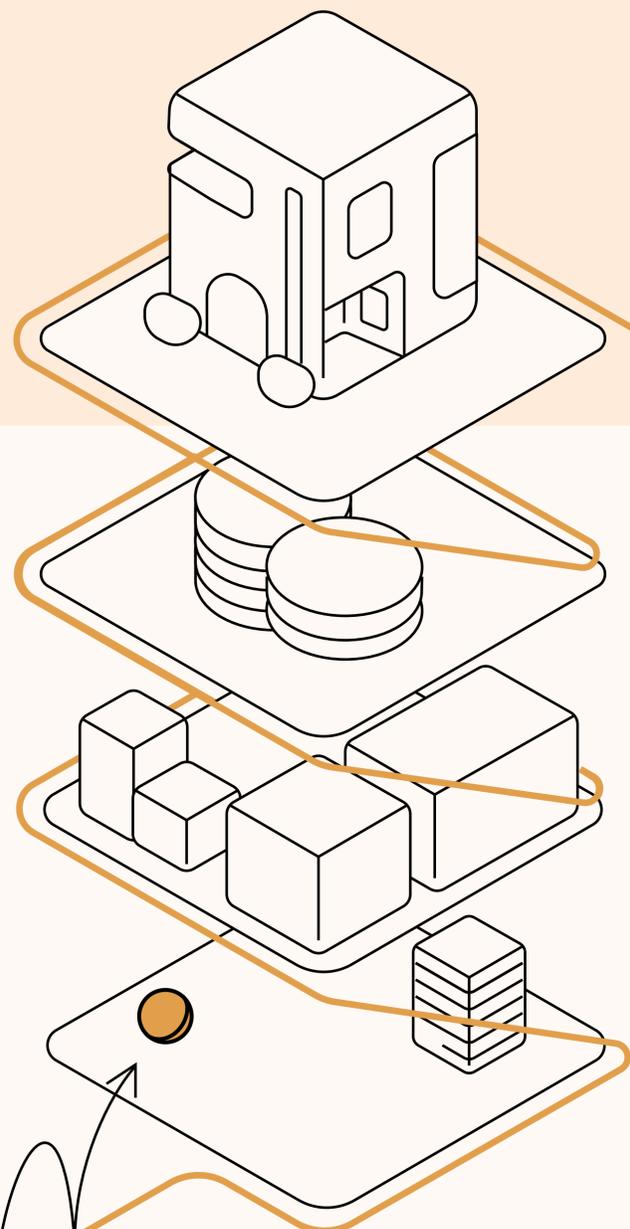
Using connectors and APIs, it pulls data from policy admin, claims, billing, and agent management into one place, cleans it, and resolves the mismatches. One version of the truth instead of five spreadsheets that don't agree.

This is the foundation you build your business intelligence layer on. Your critical questions - loss ratio by segment, agent profitability, quote conversion, marketing performance - have answers waiting when you need them.

Not two weeks later. And when the data is there, you act while it still matters. Reprice a segment. Cutting a bad relationship. Doubling down on what works.

The same data infrastructure also gives you the foundation to deploy the AI solutions that will reshape insurance in the years ahead: algorithmic underwriting, predictive systems, Agentic AI. Without the foundations in place, you won't be able to compete.

- connect**  policy admin
claims system
billing, agency data
- unify**  central view of truth
policy + claims linked
clean, reconciled data
- answers**  Which segments profit?
Which agents perform?
Are reserves adequate?
- act**  reprice segments
coach or exit agents
adjust underwriting



1 know what's profitable, & what's not

granular loss ratio visibility that drives action

The information exists. It's just spread across different systems and held together by spreadsheets and manual effort.

Bringing it together means you can see loss ratio by line, territory, class, and agent without waiting weeks for someone to build the report.

Loss ratio is one metric, but calculating it automatically at an actionable level means pulling and connecting data from across your operation:

policy administration system -

written and earned premium, line of business, class codes, territory

claims management system -

paid losses, outstanding reserves

billing system -

actual collected premium vs. booked premium

agent/producer management system -

production mapped to specific agents and books of business

The problem isn't any one system.

The problem is that these systems rarely talk to each other cleanly, so spreadsheets end up bridging the gaps instead of a single source of truth.

When all of this connects, you can see profitability at the level where decisions actually happen: by line, territory, class, and agent. That means you can stop renewing bad business, reprice underperforming segments before they hit your quarterly results, and focus on the parts of your book that actually make money.

loss ratio overview

Last 12 Months Last updated: Feb 26, 2026, 01:47 PM



2

know which agents make you money

distribution performance with full transparency

not all premium is equal

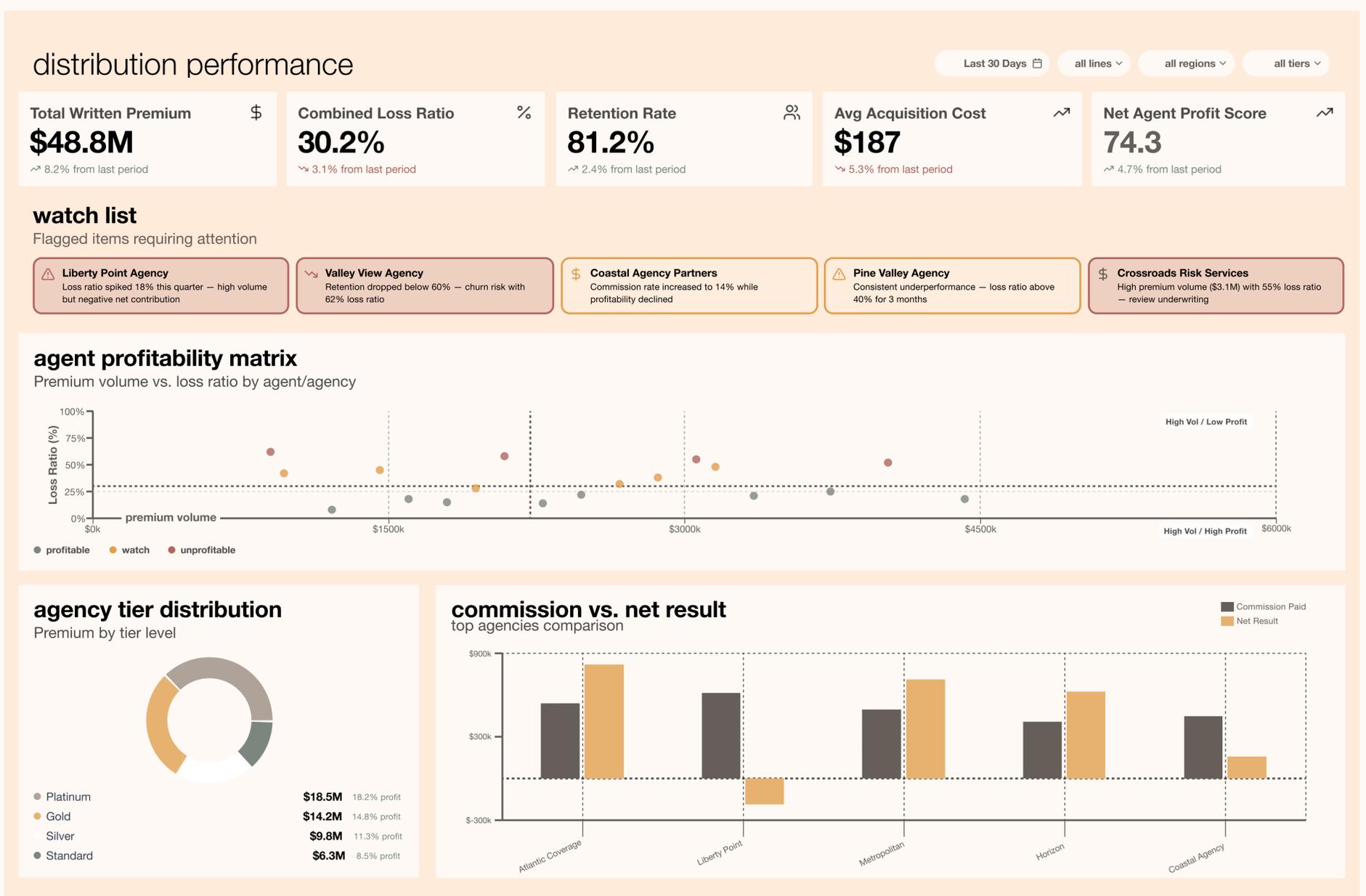
Some agents bring profitable business. Others bring volume that looks good on a report but bleeds money through poor loss experience, high acquisition costs, and low retention. The problem is you often can't tell the difference quickly enough to act on it.

Seeing the true performance of your distribution means connecting data that today lives in completely separate systems:

- Premium volume and retention sit in your policy admin system.
- Loss experience tied to a specific agent lives in claims.
- Commission structures, overrides, & contingencies are buried in producer management and accounting.

By the time anyone stitches this together in a spreadsheet, you've already renewed contracts, paid out bonuses, and committed to another year with agents who cost you more than they contribute.

When this data connects and the picture is available in real time, decisions change. You can see exactly what each agent brings: not just premium, but profitability. You reward your best partners based on fact, not instinct, and have a clear basis for renegotiating or exiting underperforming relationships.



3

reach the right customer with the right offer at the right moment:

Turn cold customer data into revenue.

Most carriers have more customer data than they use. You know what policies someone holds, when they renew, what claims they've filed, how they pay. And yet the marketing they get is the same generic email that everyone else receives.

The data to identify coverage gaps, upsell opportunities, and lapse risk exists. If it made it to marketing they would know who to target with what and when. Marketing automation is only as powerful as the data pipelines informing it.

Right now someone on your team is pulling lists manually and doing their best to figure out who to target. The systems that know the customer and the systems that talk to the customer don't connect.

When they do, the targeting gets specific. Customers with actual coverage gaps get relevant outreach. Cross-sell offers go out after a good claims experience, before a renewal, during a change in circumstances.

If you put your customer data to work, conversions go up. Marketing automation is only as powerful as the data pipelines informing it.

the gap is between where the data lives and where it needs to work:

Policy admin — coverages, gaps, renewal dates

Claims system — history, frequency, recent experience

Billing — payment behavior, lapse and churn risk

CRM — demographics, life events, business changes

Marketing automation — has the delivery power but none of the intelligence above

insurance carrier data platform architecture

A unified data ecosystem transforming fragmented sources into actionable intelligence

INSIGHTS & ACTIONS



INSURANCE DATA PLATFORM



DATA SOURCES

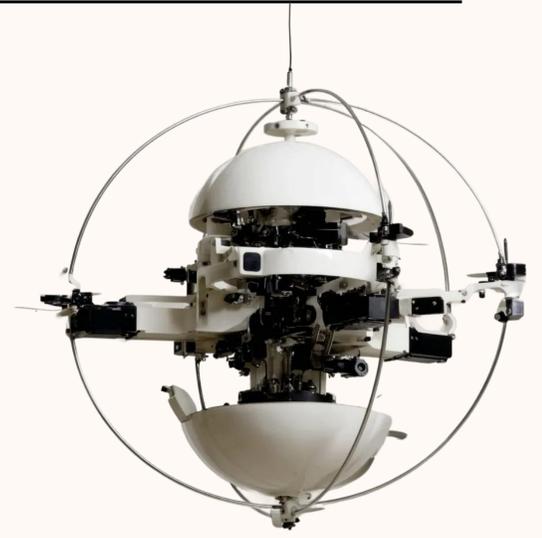


This carrier-owned platform eliminates data silos, ensures governance and quality, and provides a foundation for advanced analytics and AI-powered decision making.



4

grow with surgical precision



data-driven expansion into the right markets & segments

Geographic and segment intelligence is the foundation of profitable growth. The difference between a smart expansion and a costly one comes down to how much you see before you make the move.

The challenge is these rarely come together in one view.

When they do come together, you enter new markets knowing what to write and what to avoid. You see where your appetite fits, where you have distribution to support it, and where the numbers justify the move.

Expansion decisions need a lot of inputs, internal and external as well:

Policy admin —

current book performance by geography, segment, class

Agent/producer management —

distribution coverage and capacity by region

Claims system —

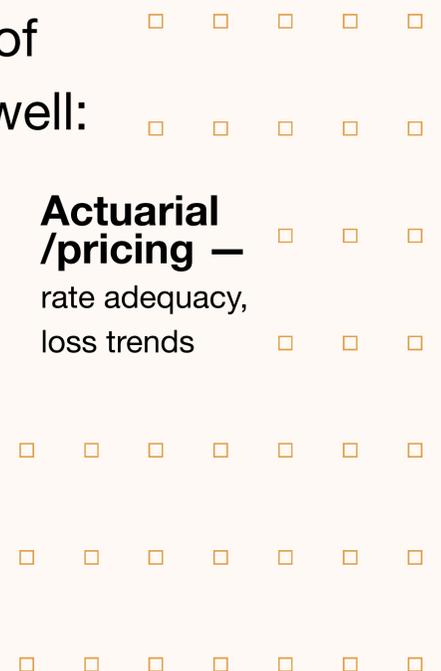
loss experience and severity patterns by region and line

External market data —

population growth, business formation, property values

Actuarial/pricing —

rate adequacy, loss trends



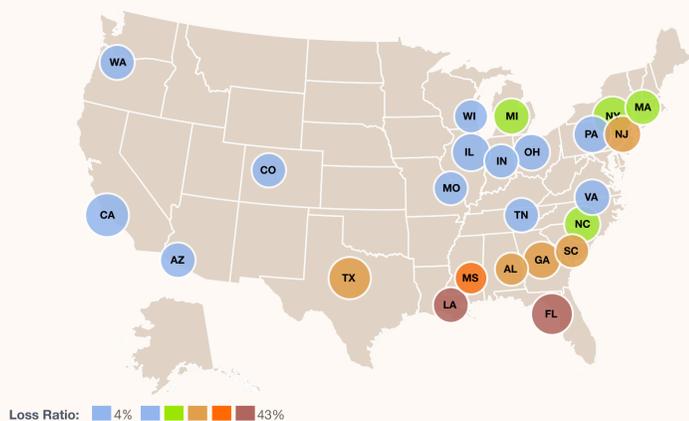
Market Expansion Intelligence

Trailing 12 months | all lines | all states | all segments

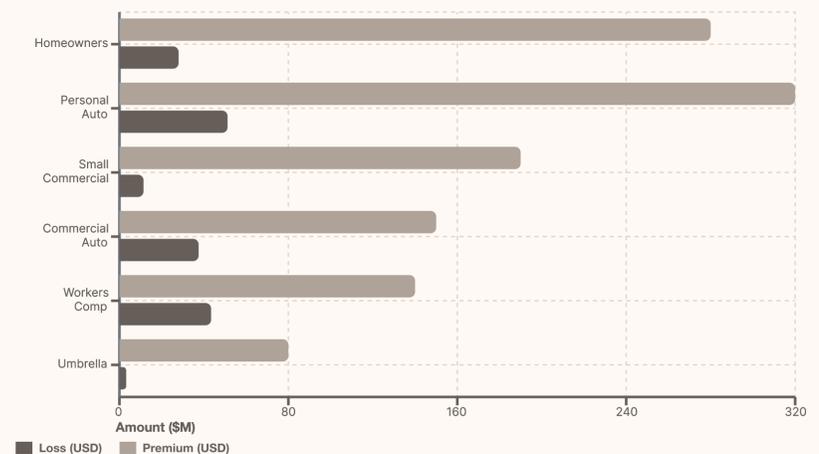
current book premium \$2.8B +12.4% YoY	loss ratio by region 18.2% -2.8% vs target	rate adequacy index 102% +2% vs target	catastrophe exposure 55 Moderate	market opportunity score 74 High confidence
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geographic performance map

Map metric: Loss Ratio | Premium Density | Rate Adequacy | Cat Exposure | Market Opportunity



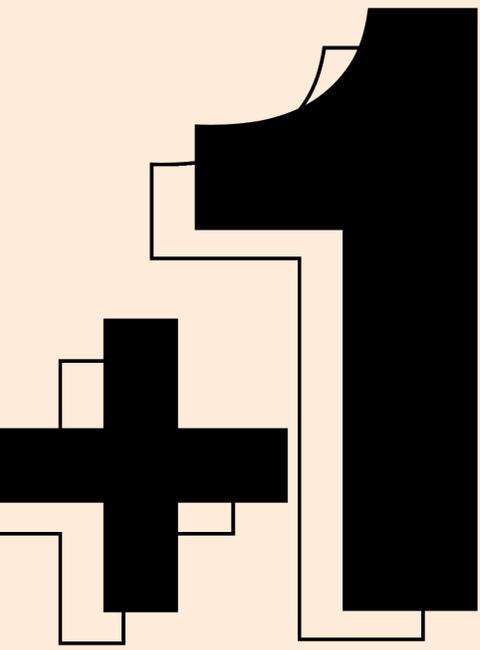
segment performance



Market Comparison

Region	Premium (\$M) ↑↓	Loss Ratio ↑↓	Severity Δ ↑↓	Rate Adeq. ↑↓	Cat Exp. ↑↓	Pop Growth ↑↓	Comp. Density ↑↓	Distribution ↑↓	Opportunity ↓
Texas Target	\$720	29%	+3.2%	98%	68	2.1%	42	85%	78
Virginia Target	\$290	18%	+2.3%	102%	55	1.2%	38	82%	77
Ohio Target	\$340	8%	+2%	103%	48	0.5%	44	78%	76
Pennsylvania Target	\$380	16%	+2.8%	99%	38	0.6%	48	80%	75
North Carolina Target	\$320	25%	+2.9%	100%	58	1.4%	41	74%	74





risk management with measurable results

sensor-based programs with end-to-end data integration

Sensors are changing how risk mitigation works in P&C. Telematics in auto. Water leak and fire detectors in properties. Environmental monitors in commercial buildings. Wearables in workers' comp. **The idea is the same everywhere: detect risk early, intervene before it becomes a claim.**

But offering sensor programs and actually proving they work are two different things. To justify lower premiums for enrolled policyholders and pay for expensive devices, you need to show the math.

That means connecting data most carriers keep apart:

IoT / sensor platform —
device status, alerts, real-time event data

Billing —
premium adjustments, discount structures

Policy admin —
enrolled vs. non-enrolled policyholders, premium levels, coverage details

Analytics —
loss ratio comparison between sensor-enrolled and non-enrolled segments

Claims system —
claim type, frequency, severity, connected to sensor enrollment

By default, these sit in different systems.

The sensor vendor has their data. Claims has theirs. It's hard to clearly say: this program reduced claims by X% and justifies the discount we're giving.

When it connects, you can prove the model works. You see which sensor programs actually reduce loss, which segments benefit most, and where to expand. You move from "we think this helps" to "here's the data." With direct access to sensor data you can also build further layers of innovation on top of your program: fraud detection, automatically activated mitigation workflows, and more.

That's how a sensor program turns from an expensive give-away into a competitive advantage.



see it in practice: how we built a modern data platform and analytics solution for VYRD to enable them to have a 360-degree, real-time visibility of all areas of their business

VYRD, a carrier punching above its weight with expertise, data and prevention technology

VYRD is a Florida homeowners insurance carrier owned by Bolttech. They operate in one of the toughest property insurance markets in the US, but they navigate it skillfully:

Combining deep insurance expertise, data intelligence, and technology like IoT-powered smart home monitoring to prevent claims before they happen.

Supercharge partnered with VYRD to build a centralized data and analytics platform that connected their fragmented data landscape, automated reporting across key business areas, and gave them real-time visibility into performance across underwriting, claims, and customer activity. The same infrastructure now positions them to deploy AI solutions as they scale.

The Challenge

As VYRD scaled across Florida, data was being generated everywhere: policy administration, claims, IoT device monitoring, customer portal activity, and marketing, each running through separate third-party systems with no single source of truth.

The result was heavy manual work, disconnected systems, shallow customer insights, untargeted marketing, and no clear view of overall business performance.

VYRD needed more than better reporting. They needed a unified data foundation they owned, one that connected every part of the business and could evolve from automated reporting into AI-powered intelligence over time.



As a niche player, our decisions have to be precise.

Florida's homeowners insurance market is unforgiving, yet we continue to perform well in it. Unified and real-time visibility across our systems is foundational, allowing us to spot loss ratio drivers, customer segment profitability, and agent performance throughout the portfolio. Clean and structured data that meets our specific needs is a critical enabler for fast and informed decisions.



David Howard
President and CEO
VYRD

the solution we built for VYRD

they can turn cold customer data into revenue

We connected ActiveCampaign directly to the central data platform so campaign automations run on live, unified data. Segmentation is built on what actually matters: policy details, claims history, behavior, geography, agent type, and policyholder status. Thousands of contacts, targeted by context, not guesswork.

they see what's profitable

We built automated premium reporting that gives a clear, always-current view of where revenue comes from and how it performs across segments.

they know which partners deliver

We built automated dashboards that track how agencies and individual agents convert policies into the Smart Home Water Protection Program. Conversion rates are visible at both agency and agent level, alongside how far policyholders progress through sensor kit activation.

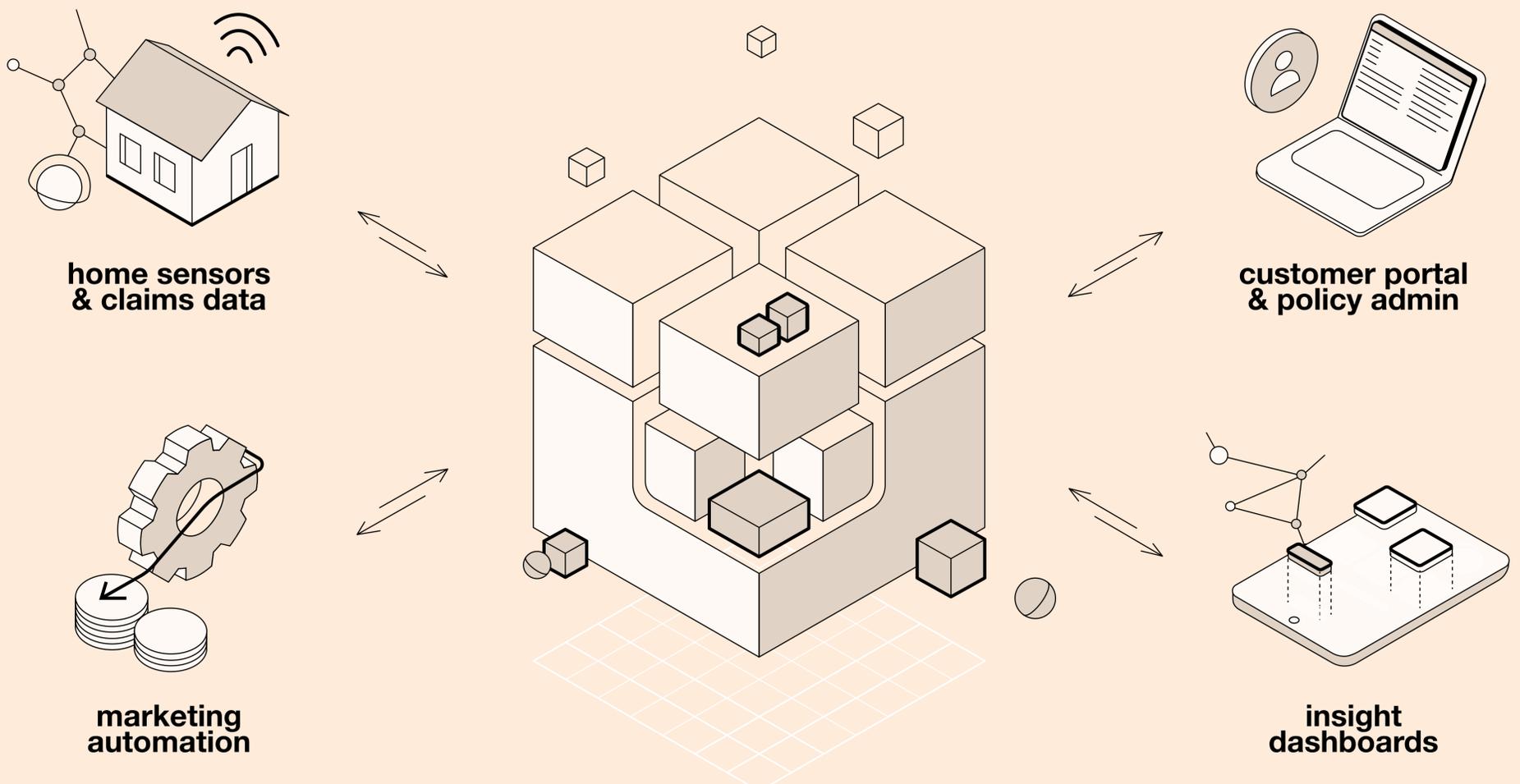
connect sensor data to the rest of their business

VYRD offers smart home sensor kits with their policies. The question was simple: do active sensors result in fewer claims? We connected IoT, policy, and claims data so VYRD can now compare loss experience between enrolled and non-enrolled policyholders, and back their program with data rather than assumptions.

the cornerstone: one place for all their data

A centralized data platform built in Google Cloud that ingests, cleans, and connects data from policy admin, claims, IoT sensors, customer portal, and marketing. One source of truth replacing scattered systems.

the foundation of data-enabled insurer: a modular, modern data platform and tailored reporting layer



with the right data foundations, AI-powered intelligence is a natural next step.

Get immediate answers to complex questions from your Analyst AI Agent.

Dashboards answer the questions you ask every day. But not every question fits a dashboard.

A complex question comes up mid-meeting and you have two options: wait for an analyst to build a custom report, or make the decision without the numbers. An underwriter wants to know how similar risks performed in a specific county. A claims analyst needs severity trends for a particular peril. These questions are specific, contextual, and different every time.

An LLM-powered data analyst, built on top of your existing data platform, lets anyone in your team ask complex business questions in plain English and get accurate answers in seconds. It works directly with your own data, so every answer is grounded in numbers you trust and control. It plugs into Microsoft Teams, Slack, or any internal tool, showing up where your team already works.

how it works

You type a question in plain language. The system translates it into a precise data query, runs it against your data warehouse, and returns a clear answer with visualizations where relevant. A built-in access control layer ensures that only the right people see the right data, and that compliance rules are respected.

how an analyst AI agent transforms how you access data?

instant answers

Get data-backed responses in seconds, no report requests or waiting on analysts.

grounded in your data

Responses come from your own data platform, not from generic model knowledge.

adapts to any question

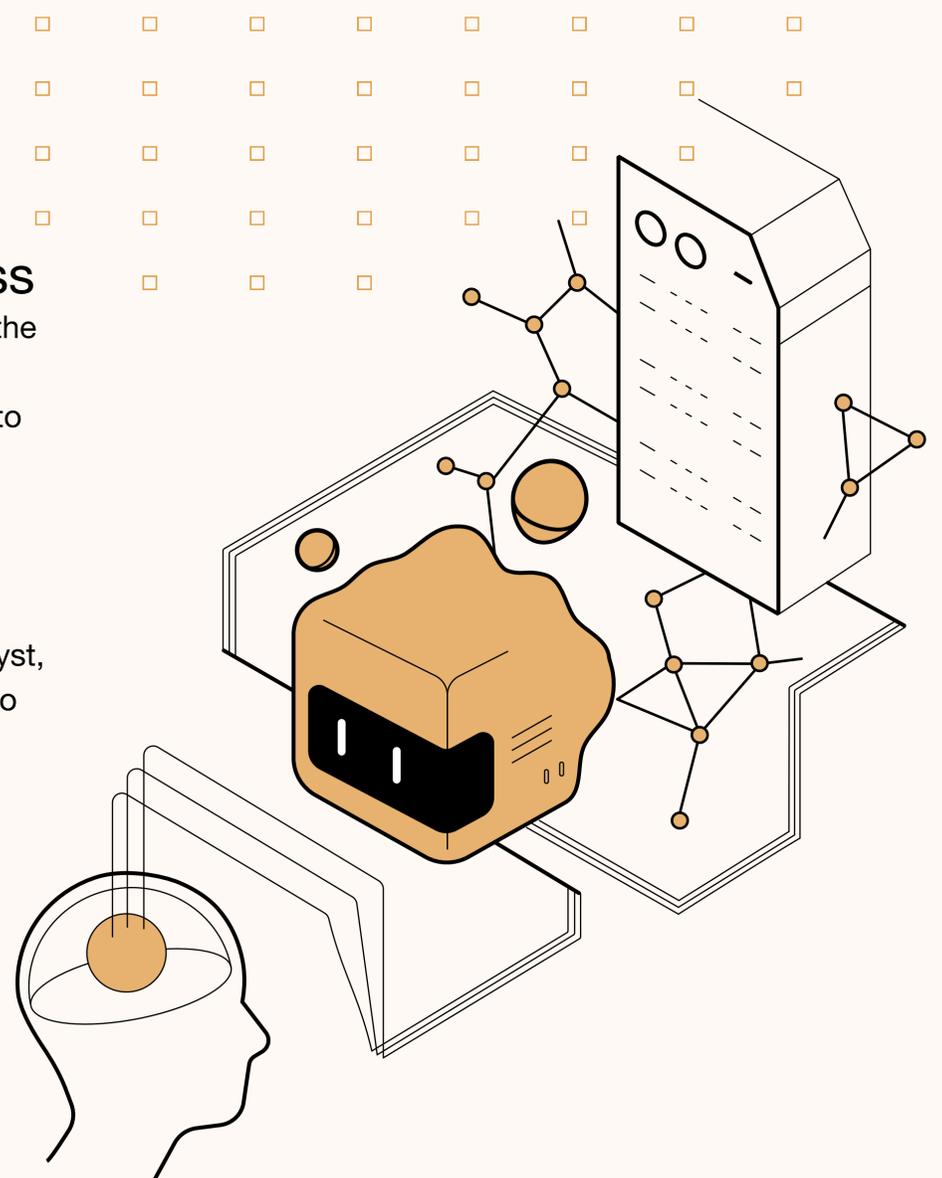
Unlike fixed dashboards, it handles whatever your business needs to know.

self-service access

Every team member can get the answers they need without depending on someone else to pull the data.

zero adoption friction

Talk to it like to a human analyst, lives inside Teams or Slack, no new software to learn.





about Supercharge



Supercharge is a digital innovation partner with over 200 experts, helping insurers build the foundations they need to run truly data-driven operations.

We design and build bespoke data platforms, digital channels, IoT-based risk management, and agentic AI systems that streamline internal workflows. Our focus is on end-to-end operational journeys, rebuilt with machine intelligence at the core. We are the ideal partner for businesses in regulated industries that refuse to choose between performant, secure solutions and speed of delivery.



We meet the toughest IT security and delivery standards.

hello@supercharge.io →

supercharge.io →