EFFECTS OF THE TORT LAW REFORMS

The tort law reforms undertaken by the Australian, State and Territory governments in recent years have effected a significant, yet carefully balanced, change to the common law rights to compensation.

Governments carried out these reforms to assure the availability and affordability of public liability and professional indemnity insurance.

Despite the recency of the tort law reforms, there is early analytical evidence of their success in limiting liability and quantum of damages arising from personal injury and death.

This chapter examines the limits on assessing the impact of the tort law reforms before examining their outcomes.

LIMITS ON ASSESSING THE IMPACT OF THE TORT LAW REFORMS

The terms of reference for the Review of the Law of Negligence (the Ipp review) gave it the ‘... objective of limiting liability and quantum of damages arising from personal injury and death.’¹

At its simplest, limiting liability reduces the occurrence of claims, while limiting the quantum of damages reduces the cost of claims.

While changes in these factors are measurable, it is not yet possible to be definitive about the impact of the tort law reforms. The reforms are too recent and untested in court and the data needs time to mature, to show long-term trends.²

It will only be possible to estimate the full impact of the tort law reforms when other variables in the market settle, given the long-tail nature of indemnity insurance.

Public liability and professional indemnity insurance are long-tail classes of business. That is, they form a class of policy where insurance claims may not be made, or reported, until several years after the policy period.

In this class, claims made in current policy period are likely to be only part of the total claims made, with subsequent claims made in following years.

Effects of the tort law reforms

There is, for example, a significant length of time between the occurrence of an accident and the payment of a public liability claim (see chart 4). Most payments relate to incidents that occurred between two and seven years earlier.

**Chart 4: Incident year of public liability claim payments in 2005**

![Chart showing incident year of public liability claim payments in 2005](chart.png)

Insurers write most public liability business on a loss-incurred basis. This means that claims are made against the policy in place at the time the event occurred. Consequently, it can take many years for claims experience to develop for a particular underwriting year.

Only limited analysis is possible when the majority of current public liability claims costs that are borne by insurers relate to accidents that occurred before the reforms to tort law. Full analysis of the impact of the reforms will be possible once a full history of claims subsequent to the reforms is available.

The reforms made by different jurisdictions took effect at different times. Also, some reforms applied from the occurrence of an incident and some from the notification of a claim. Given this, it will take many years for the data to reflect fully the consequences for claims arising in the new environment.

The impact of the tort law reforms on the average cost of claims will become clearer as the courts and insurers process the significant increase in claims made in New South

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3 Australian Prudential Regulation Authority, *National Claims and Policies Database Overview of professional indemnity and public and product liability insurance for the period 1 January 2003 to 31 December 2005* (20 July 2006) 22

Wales in 2001-02 — a ‘spike’ attributed to claims being brought forward before the introduction of the tort law reforms.\(^4\) However, even once variables in the market settle, analysis of the impact of the reforms to tort law on the occurrence and cost of claims will be complicated.

Changes in practices and changes over time in the terms and conditions of the insurance on offer affect the number and cost of claims and complicate comparisons.

Insurance policies are not a homogeneous product. The terms and conditions of policies vary. This determines the quality of the insurance product.

For example, during the last decade most medical indemnity insurers have moved from offering claims or loss incurred policies (which are typically more expensive) to claims-made policies (which are typically cheaper than claims-incurred policies or mature claims-made policies).

Claims-made policies are cheaper, especially in early years, because the period the insurer is ‘on risk’ is limited. Under a claims-made policy, the insurer will indemnify all claims arising from incidents notified during the policy period, if the incident occurred during the policy period or during previous policy periods in which the policyholder held continuous claims-made cover with the insurer. It is likely to take at least four or five years for a claims-made policy to mature.

Insurers tend to offer a standard insurance policy, available to all sectors in which the insurer writes business. While most insurers write most of their business under their standard policy, the variations that can occur complicate direct comparisons.

The size of the average cover limit and the average level of excess are examples of these variations. These can vary significantly between insurers and policyholders. In 2004, the average public liability cover limit ranged from slightly over $7 million to approximately $20 million. The average level of excess ranged from $250 to slightly under $50,000.\(^5\)

Competition is another factor that influences increases or reductions in premiums. Tort law reform has itself been an important driver of increased competition. It has made the Australian public liability market more attractive for local and overseas insurers.\(^6\)

Changes in risk management practices also affect the number and cost of claims and complicate comparisons over time.

\(^4\) AM Actuaries, 2005 *actuarial assessment of the impact of tort law reforms on medical indemnity premiums* (November 2005) (Commercial-in-confidence report to the medical indemnity policy review panel) 34.


\(^6\) Maitra et al, above n 2, 12.
Effects of the tort law reforms

There is evidence that both insurers and policyholders, such as not-for-profit organisations, are practicing risk management to a greater extent than occurred prior to the tort law reforms (see the discussion of public liability insurance for not-for-profit organisations below). For example, the Government’s medical indemnity assistance package supported additional industry measures that focused on quality and safety improvement for doctors, such as improving clinical risk management, reducing adverse events and improving patient safety. The Government intended these measures to benefit the provision of health services and expected them to have flow-on effects to medical indemnity insurance in the long-term.7

With these qualifications, the next sections consider the impact of the tort law reforms on the occurrence and cost of claims and the effects for the availability and affordability of insurance.

REDUCTION IN THE OCCURRENCE OF CLAIMS

A report commissioned by the Law Council of Australia shows a significant decline in the average annual injury claims following the tort law reforms for most jurisdictions (see chart 5).8

As this analysis is based on the number of court commencements, it does not measure claims settled outside the court system.

South Australia is the only jurisdiction shown to have a higher incidence of claims after tort reform. However, the numbers involved are small relative to other jurisdictions and, as the report notes, it does not include South Australian Supreme Court data because that data includes claims other than for personal injury.

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7 Australian Competition and Consumer Commission, Medical indemnity insurance: Third monitoring report (December 2005) 63  
8 Professor E W Wright, National trends in personal injury litigation: before and after ‘ipp’ (26 May 2006) 13  

The figures for New South Wales and Queensland are based on estimates of year to year state totals. The data also excludes tort law reform claim spikes.
There are different factors in this decline in different jurisdictions. In Western Australia, District Court civil claim lodgments declined by about 20 per cent between 2002 and 2003. (The District Court deals with virtually all public liability and personal injuries claims.) In 2004, the number of lodgments increased in all categories. In 2005, lodgments also grew marginally. Western Australia believes this suggests that there was a decline in civil claims following the tort law reforms, with claims later stabilising.

In Victoria, the number of personal injury writs identified as ‘public liability’ or ‘slipping’ lodged in the Victorian County Court between 1 October 1999 and 30 September 2004 reflect this trend. Between 1999 and 2002, writs averaged around 1,000 claims a year. These jumped to 2,300 in 2003 before dropping to less than 100 (see chart 6).
While this Victorian experience may appear dramatic, regulations telling plaintiffs how to make a claim under the reformed tort law were not issued until June 2005. This may have resulted in a backlog of claims. Also, while there was a ‘spike’ in writs lodged in Victoria in 2003, a number of these writs will have been intended to avoid the tort law reforms and may not result in actual claims.

Medical indemnity insurers have also identified a reduction in the reporting of claims. The number of medical indemnity claims that the five medical defence organisation insurers expect to meet for each notification year between 1999–2000 and 2004–05 has declined. The ultimate number of claims increased by 33 per cent between 1999–2000 and 2001–02, before falling by 36 per cent over the following three years (see chart 7: ultimate claim numbers).

Claims frequency has followed a similar trend. Claims frequency increased from 3.4 per cent in 1999–2000 to 4 per cent in 2001–02, before decreasing over the following three years to 2.5 per cent in 2004–05 (see chart 7: claims frequency).

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10 Australian Competition and Consumer Commission, Public liability and professional indemnity insurance: Fourth monitoring report (January 2005) 43
11 Maitra et al, above n 2, 2.
12 Australian Competition and Consumer Commission, above n 7, 23.
13 ibid.
The Australian Competition and Consumer Commission (ACCC) speculated that the significant increase, or ‘spike’, in claims frequency might be attributable to claims being ‘brought forward’ before the introduction of the tort law reforms. That is, the introduction of tort law reform perhaps resulted in many claims being lodged sooner, that might otherwise have been lodged several years later, to ensure that the pre-reform legislation applied. This would create the sharp increase seen in the number of claims lodged in 2001-02.15

It is possible that there is a backlog of claims accruing while lawyers work on those claims already lodged. One effect of bringing future claims forward is a short-term reduction in claims, seen, for example, in the reduction in medical indemnity claims frequency (see chart 7: claims frequency) from a peak of 4 per cent in 2001-02 to 2.5 per cent in 2004-05. However, medical indemnity claims frequency is likely to increase once lawyers address the backlog of claims in the ‘spike’ and begin to focus on post tort law reform claims.16

14 ibid.
15 ibid.
16 AM Actuaries, above n 4, i.
REDUCTION IN THE COST OF CLAIMS

PUBLIC LIABILITY AND PROFESSIONAL INDEMNITY

The National Claims and Policies Database indicates that the average cost of public liability claims fell by 16.3 per cent and the average cost of professional indemnity claims fell by 23.9 per cent from the 2004 to 2005 underwriting year. In its analysis of the claims data, the Australian Prudential Regulation Authority notes that it is difficult to draw conclusions about changes in claims costs from the few years of data submitted, given the inherent volatility of claims data.17

The average cost of public liability and professional indemnity insurance claims has fallen between 2003 and 2005, although there has been considerable variability across jurisdictions (see charts 8 and 9).

<table>
<thead>
<tr>
<th>Chart 8: Average public and product liability insurance claim cost18</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>2003</td>
</tr>
</tbody>
</table>

17Australian Prudential Regulation Authority, above n 3, 9.
18ibid, 10. The ‘all states’ average includes claims for which no jurisdiction has been provided.
Medical indemnity

Medical indemnity insurer estimates of the average cost of claims generally increased from 1999-2000 and peaked in 2003-04 at around $110,000. The impact of tort law reform on the average cost of claims began to emerge in 2004-05, with the average reducing slightly to $108,000 (see chart 10).
The spike in claims, discussed previously, would normally reduce the expected average cost of claims significantly, because claims without merit are resolved with little cost. However, the advance lodgement of large claims meant that there was a significant increase in the average cost for several insurers accompanying the increase in claims. The impact of the tort law reforms on the average cost of claims will become more apparent once the courts and insurers process the claims involved in the spike, by around 2008.21

**IMPROVEMENTS IN THE AVAILABILITY AND AFFORDABILITY OF INSURANCE**

The Australian Government expected that the tort law reforms would improve the availability and affordability of insurance. There is analytical and anecdotal evidence that the reforms limiting liability and quantum of damages are achieving this goal.

As noted earlier, it is not possible to be definitive about the impact of the tort law reforms on the availability and affordability of public liability and professional

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20 AM Actuaries, above n 4, 34:
- The average cost of claims is calculated as the total expected settlement cost (actual paid plus projected future payments) divided by the ultimate number of claims.
- While the definition of a claim differs between medical indemnity insurers, the trend is based on consistent definitions over time.
- AMIL/UMP data relates to calendar years, so 2004-05 is equivalent to 2004 for AMIL/UMP.
- The average cost for each year may change with subsequent actuarial estimates.

21 ibid.
indemnity insurance. It is too soon to tell if insurers are passing on all the benefit of tort law reform in reduced premiums because:

- the adequacy of premiums before the tort law reforms has not been reported;
- the reduction in claim costs due to tort law reform is not known and the full impact of tort law reform is still emerging;
- insurers have reduced premiums as a result of the reforms to tort law, but the extent of the reductions and their impact on profitability are unclear; and
- competitive pressure will align premiums with costs in the medium term, but the extent to which this has occurred to date is not clear.22

By way of example of the first point, prior to the insurance crisis, the premiums of some medical defence organisations were insufficient to meet claims costs, let alone the other costs of doing business (see chart 11). It is likely that, as a group, they were eating into capital rather than building it up. Years since 2001-02 show claim costs below the level of premiums. This should produce a better financial outcome — after allowing for expenses and investment income — although the insurers have had to build capital to meet the solvency requirements of the Australian Prudential Regulation Authority.23

22 Maitra et al, above n 2, 4.
In relation to the third point, the impact of price reductions on profitability is not well understood outside the insurance industry. People equate a 10 per cent premium reduction with a 10 per cent profit reduction, when (see table 3) the effect of a 10 per cent price reduction where the starting level of the profit margin is 20 per cent is to reduce profit by 50 per cent.  

Table 3: Effect of a premium reduction on profit

<table>
<thead>
<tr>
<th>Premium reduction</th>
<th>Starting profit amount 10</th>
<th>Starting profit amount 20</th>
<th>Starting profit amount 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>50%</td>
<td>25%</td>
<td>17%</td>
</tr>
<tr>
<td>10%</td>
<td>100%</td>
<td>50%</td>
<td>33%</td>
</tr>
<tr>
<td>15%</td>
<td>150%</td>
<td>75%</td>
<td>50%</td>
</tr>
</tbody>
</table>

The Insurance Council of Australia notes that, while insurers announced profits in 2006, public and product liability insurance classes represent less than 10 per cent of the insurers’ total revenue. Many insurers do not provide public liability insurance, or only provide it to a limited degree. Still, premiums in these classes have been trending downward. The Insurance Council argues that linking the profitability of insurers with the tort law reforms is misleading.

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24 ibid 7. While this ignores the effect of future investment earnings on premiums, it provides a consistent basis for considering relative performance by financial and notification years.  
25 Maitra et al, above n 2, 3.  
26 ibid, 4.
Insurers operate in markets that have regular and rapid changes in risks and returns. An insurer’s profits over time depend on its ability to trade-off risk and return, in both the insurance and investment markets. An insurer’s sales growth is not always profitable. It can take years for bad business to show up in the insurer’s reported results. For example, what first appears as good returns may over time be seen to be due either to peak pricing conditions or low claims experience. An insurer’s reported profit at the end of a year is really an estimate. The actual profit can only be known with the benefit of hindsight.

**PUBLIC LIABILITY AND PROFESSIONAL INDEMNITY PREMIUMS**

The report from the National Claims and Policies Database in July 2006 showed that public liability and professional indemnity (including medical indemnity) insurance premiums fell significantly in 2005.

During 2005, public liability insurance premiums fell on average by 13.4 per cent and professional indemnity insurance premiums fell on average by 6 per cent. This followed from falls of 6.9 per cent for public liability and 1.2 per cent for professional indemnity insurance in 2004.

These findings are consistent with those reported by the ACCC. The average public liability insurance premium in real terms fell by 4 per cent in the 12 months to December 2004. The same report also found that the average professional indemnity insurance premium decreased by 4 per cent in 2004.

The Insurance Council of Australia notes the insurance market is cyclical, fluctuating between hard (increasing) premiums and soft (decreasing) premiums. It suggests that the insurance market is in a soft phase and that increased competition should see premiums continue to fall.

The Insurance Council also suggests that premium reductions should be seen in perspective. To deal with inflation, premiums in many classes of business would have been likely to rise by as much as 4 per cent, rather than fall as they have.

The New South Wales Government’s self-indemnity scheme (Treasury Managed Fund) experienced liability portfolio premium renewal increases in 2001-02 of 21 per cent and in 2002-03 of 44 per cent. Claims have fallen in frequency and severity since the introduction of the tort law reforms. For the renewal years 2004-05, 2005-06 and 2006-07, the liability portfolio premium reduced by 2 per cent, 12 per cent and 5 per cent respectively. The actuarially assessed provision for outstanding claims has also reduced since the introduction of its tort law reform legislation.

28 Australian Prudential Regulation Authority, above n 3, 6.
29 Australian Competition and Consumer Commission, above n 5, 14-5, 29.
Effects of the tort law reforms

There is also anecdotal evidence of the success of the tort law reforms in limiting liability and quantum of damages arising from personal injury and death.

For example, the New South Wales Government received hundreds of representations from community and not-for-profit groups before its tort law reform package began to make an impact. These groups could not afford their higher premiums or were unable to purchase any insurance protection. Now the government receives almost no correspondence from third parties unable to obtain or afford insurance.

A number of specialised schemes now service the not-for-profit and community sectors of the market (see the section below on Public liability insurance for not-for-profit organisations). These include NCOS (Council of Social Service of New South Wales) Community Cover and the Community Related Insurance and Superannuation Program. These services were unavailable prior to the tort law reforms.

New South Wales considers that these specialist providers have helped to improve the affordability and availability of insurance in New South Wales, by lowering premiums and increasing the availability of insurance for not-for-profit organisations.

Also, the Insurance Council argues that insurers now offer lower deductibles because the tort law reforms provided predictability to the civil liability environment. It suggests that these lower deductibles assist community groups and small business by allowing them to better control their risk and by reducing the financial uncertainty of a liability claim.

New South Wales suggests that it is possible that the improvements in availability and affordability will peak within the next two years. However, as noted above, the insurance market moves in cycles. If no adverse events (either natural or man-made) impact on the insurance market, then it is likely that the tort law reforms will continue to have a flow on effect for some years to come.

Victoria also sees the benefits of tort law reforms passing through to not-for-profit community groups. It suggests that excessive insurance charges and poor or restrictive cover no longer inhibit these community groups.

Victoria considers that its tort law reforms strike a reasonable balance between access to compensation for those suffering serious injury or loss through another’s negligence, and access to affordable insurance for not-for-profit community groups. Anecdotal reports from umbrella bodies for community groups in Victoria indicate that the not-for-profit sector is obtaining these benefits.

MEDICAL INDEMNITY PREMIUMS

The ACCC assesses the actuarial and commercial justification of medical indemnity premiums. The Minster for Revenue and Assistant Treasurer, the Hon Peter Dutton MP, released the latest ACCC report in February 2006. The report found the premiums of the five insurers monitored to be actuarially and commercially justified.
Minister Dutton said the report was further evidence that the reforms have had a positive impact on the availability and affordability of medical indemnity insurance. The average medical indemnity premium fell by 3 per cent in 2004-05, to $5,690 (see chart 12). The cost, frequency and average size of claims each fell in 2004-05.

Average medical indemnity premiums for the five insurers monitored by the ACCC have declined in real terms in the last two years (see chart 12).

While the tort law reforms appear to have halted the increase in the cost of claims experienced by the medical indemnity insurers monitored by the ACCC, a recent actuarial assessment suggests this hiatus will not continue and costs will increase. Typically, medical indemnity claims costs increase at around 7 per cent per annum, with a consequent impact on premiums. However, relatively moderate or flat growth in premiums may be expected in the short term.31

The Insurance Council of Australia notes that, after the collapse of the HIH Insurance Limited, there was a limited medical indemnity market for health care service providers (that is, for hospitals and clinics, rather than for individual doctors). The departure of St Paul and Gerling Insurance from the Australian market exacerbated this problem. Most of the larger health care service providers sought insurance offshore. Only a few local insurers were willing to offer limited coverage to small providers. However, following the tort law reforms, Assetinsure entered the medical indemnity market in 2005, bringing in additional capacity.

30 Australian Competition and Consumer Commission, above n 7, 27.
31 AM Actuaries, above n 4, 24.
PUBLIC LIABILITY INSURANCE FOR NOT-FOR-PROFIT ORGANISATIONS

The not-for-profit sector encompasses a wide range of organisations, including religious organisations, professional bodies and community and sporting groups.

Organisations in the not-for-profit sector are particularly sensitive to increases in their insurance premiums. Their funding does not increase as their costs increase. Cost increases can result in them reducing the level of services they provide. It is also difficult for insurers to quantify the high levels of exposure these groups face. These groups face premiums that they see as being inexplicably high. The importance insurers give to risk management can place an additional burden on smaller organisations with limited resources and infrastructure.32

There were a range of insurance arrangements for the not-for-profit sector before the crisis in the affordability and availability of insurance. Additional arrangements developed in the wake of the crisis.

Availability of public liability insurance for the not-for-profit sector

A number of measures now address the insurance needs of not-for-profit organisations, from specialised commercial arrangements to local initiatives. For example:

- Jardine Lloyd Thompson developed national club insurance schemes with organisations such as Cricket Australia and the Australian Football League; and
- a South Australian council resolved to provide and pay for the cost of blanket public liability insurance cover for all community based groups using council-owned facilities.

Special risk facilitation scheme

The Insurance Council of Australia formed the special risk facilitation scheme in 2002, to seek out public liability cover for those entities or activities that could not find or afford cover.

Community Care Underwriting Agency

Three Australian insurers, QBE, IAG and Allianz, formed the Community Care Underwriting Agency to help not-for-profit organisations access public liability insurance.

A key feature of the agency’s approach is to encourage organisations seeking insurance to undertake risk management. That is, to attempt to identify and describe the risks

32 Maitra et al, above n 2, 12.

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that the organisation faces and how it will deal with them. It involves asking four questions:

- What can go wrong?
- What can we do to prevent it happening?
- What will we do in the event that something happens?
- If something happens, how will we pay for it?

The Australian Capital Territory considers that it benefited from the Community Care Underwriting Agency providing cheaper cover from 16 December 2002, before the enactment of its first tranche of reforms, on the basis that its community was the best informed and had the best access to risk awareness facilities.33

The Insurance Council of Australia advises that the agency has issued more than 1,800 policies to not-for-profit organisations around Australia since its launch. More than 100 of these provided cover to one-day only events, such as fetes and associated community events.

Initially, Community Care Underwriting Agency policies excluded personal injury claims brought against a community organisation by its members or volunteers. Policies the agency has issued since 15 March 2005 no longer contain this exclusion. This provides broader cover for community organisations.

An authorisation from the ACCC made the agency’s operation possible. One of the ACCC’s functions is to consider whether to allow anti-competitive practices that would otherwise breach the Trade Practices Act 1974, where it is satisfied that the practice will deliver a net public benefit.

The ACCC originally provided interim authorisation for the agency’s co-insurance pool arrangements in November 2002, during the crisis seen in the public liability insurance market.

With more insurers offering public liability insurance to the not-for-profit sector and premiums becoming more affordable, the ACCC, in its recent review of the authorisation, observed that there had been a ‘softening’ of the market. It suggested that those not-for-profit organisations with current policies with the agency would be able to obtain public liability insurance elsewhere, from one of the individual agency members or another insurer.

The ACCC also considered that the softening conditions reduced the public detriment and public benefits associated with the arrangements. The ACCC was not satisfied that

33 The Australian Capital Territory has a public liability insurance advisory website for business, sport and recreation or community groups at <http://www.insuranceriskadvice.act.gov.au> at 23 November 2006.
on-going authorisation generated a net public benefit. However, it renewed the agency’s authorisation in July 2006 for a transition period, to allow the agency to give effect to any policies until the end of 2007.34

**Councils of Social Service measures**

Aon Risk Services developed a range of policies for the community sector, in partnership with organisations including the Councils of Social Service.

The Council of Social Service of New South Wales Insurance Program provides community cover for organisations providing social services in New South Wales.

**Civic Mutual Plus — Victoria**

The Municipal Association of Victoria operates Civic Mutual Plus, formed in May 2002, to offer public liability insurance to not-for-profit organisations in Victoria. It has around 130 members.

**Local Government Risk Services — South Australia**

In South Australia, Local Government Risk Services had been operating an insurance scheme for clubs and community groups for a number of years. This provided public liability cover to a large number of community and sporting clubs that used council facilities. This scheme was extended to provide cover to community groups, events and not-for-profit organisations not associated with councils.

Local Government Risk Services also developed a specific scheme to provide cover for low risk groups such as resident groups, book clubs and services clubs that regularly hire council facilities.

**Affordability of the public liability insurance for the not-for-profit sector**

Seven organisations provided the ACCC with data on public liability premium revenue and policy numbers. These provide, or help to provide, around 17,000 public liability policies for the not-for-profit sector.

Three of the seven organisations saw increases in the average premium between 2003 and 2004. However, between 2004 and 2005, six of the seven saw decreases in the average premium (see table 4).35

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### Table 4: Changes in the average public liability premium for the not-for-profit sector

<table>
<thead>
<tr>
<th>Percentage change</th>
<th>2003 to 2004</th>
<th>2004 to 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase greater than 20%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Increase between 10 and 20%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Increase between 0 and 10%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Decrease between 0 and 10%</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Decrease between 10 and 20%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Decrease greater than 20%</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

36 ibid. Includes some data on a financial year basis, derived by the ACCC from responses provided by Aon Risk Services, Catholic Church Insurance Limited, Civic Mutual Plus, Community Care Underwriting Agency, Community Insurance Fund, Community Related Insurance and Superannuation Program, Council of Social Services of New South Wales, EIG-Ansvar Limited Australia, Local Government Insurance Services of Western Australia and Suncorp Metway Insurance Limited.