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ARTICLES

AUTOMOBILE CLAIMS SETTLEMENT: AN EXCHANGE OF IDEAS

INTRODUCTION

Personal injury claims resulting from automobile accidents comprise a substantial percentage of the litigation flooding the dockets of courts today. Yet many similar claims never reach the litigation stage because of amicable settlement between claimant and the negligent party's insurance company. The following two articles are concerned with the relationships between these parties which culminate either in settlement or lawsuit. The first article presents the views of an insurance company claims attorney; the second, the position of a plaintiff's counsel. While reconciliation of the opposing viewpoints is barely possible, and perhaps even undesirable, it is believed that greater understanding of the objectives of both sides can be but meritorious in effect.

The Views of an Insurance Company Claims Attorney

BY ROBERT J. DEMER*

Robert Burns, the Scottish poet, wrote, "O wad some power the Giftie gie us, to see ourselves as others see us!" With that purpose in mind, it is proposed to offer some observations that may enable claimants' counsel and insurance company personnel to view each other through different eyes.

Due to variations in claims policies and practices of different insurers, variations applicable to different jurisdictions, types of claimants, counsel and courts, as well as the many unusual cases that render generalizations difficult, we have a formidable problem. Subject to these burdens, as well as objections to the competence of this witness, a body of observations will be offered, believed to be reasonable, material and relevant.

With allowance for daily change, there are about 1,000 insurance companies currently in operation in the United States. Although some of these companies handle only certain coverages, many write fire, theft, comprehensive, collision, property damage and bodily injury liability coverages with

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medical payment provisions or a form similar thereto. Due to the variety of companies, variation in accounting methods and periods, a reasonable estimate would be that several billions of dollars are spent annually by the public for some or all of these coverages. To precisely calculate the total exposure for all companies on all coverages would be an insuperable task. With due allowance for daily attrition and sales of vehicles, it is likely that there are nearly 70,000,000 motor vehicles in the United States. A high percentage of these are covered by insurance of some type. Likewise, a high percentage of the drivers of these vehicles are protected by liability insurance. Estimates vary according to the purpose for which the statistics are cited.

Motorized mayhem and massacre are as commonplace in American life as indoor plumbing and far more dangerous. The average number of deaths by motor vehicle is about 37,500 per year. Another 3,000,000 persons suffer injuries each year through the same means. In spite of programs, projects, placards, pleas and slogans, the figures stay fairly close to those quoted. In terms of population, billions of miles driven and other interesting statistics, the annual "bag" appears to be not unfavorable. In terms of human and economic values, however, the carnage and waste is appalling.

It has been estimated that insurance companies issue drafts at the rate of about 12,000,000 dollars each day. Personal injury claims are paid at the rate of 4,000,000,000 dollars per year. Material damage claims are somewhat higher. From payment of personal injury claims alone, about 580,000,000 dollars is accountable in "contingent fees" paid to members of the legal profession. It is estimated that amounts in excess of 350,000,000 dollars a year are paid in the disposition of false and fraudulent claims of various types.

The concern of the insurance industry is, however, not limited to these vast figures. We are concerned more intimately with violations of human rights and the performance of human duties. Each human being, because he is such, has personal rights that he is entitled to enjoy together with duties that he must perform toward others. This is true because each human being is a unique creature of God. Each has a free will and is held to a corresponding responsibility for its exercise. Although some psychologists and psychiatrists may take issue with those propositions, nonetheless, our legal system is founded upon this proposition and probably will continue to be so constructed.

The obligation of declaring rights and duties, enforcing rights and compelling performance of duties, with sanctions for violations of each, is the function of our legislative bodies and courts. While the field is replete with conjecture, supposition, assumption, hypothesis and error, it is a compliment to human sagacity that we have done as well as we have.

It has been some two thousand years since our tribunals abandoned the

philosophy of "an eye for an eye, a tooth for a tooth." Recompense for wrongs has been reduced to monetary damages. In spite of the moral and theological problems accompanying this development, for civil purposes it is unlikely that any other standard will supplant the popular therapy of a cash or negotiable poultice.

The recompense of wrongs may be said to be the business of insurance companies to the extent that they assume by contract the burden that is others'. The enforcement of legally recognized duties, by obtaining recompense for the violation thereof, may be said to be the business of claimants and their lawyers.

Objectives

In general it might be said that claimants, their lawyers and the insurance companies all seek justice. In the Thirteenth Century, Thomas of Aquino defined justice as "rendering to each that which is his due." In current parlance this means, "seeing that each gets what he deserves." This produces some conflict since there are some who would reject either version of this definition and substitute their own. The substituted definition would be, "justice consists of getting as much as you can, however you can, wherever you can, from whomever you can, without getting caught at it." The unwillingness to accept a workable definition of objectives provides the initial area of difference between those who contend for the possession or acquisition of the vast sums of money indicated above.

Insurance Companies' Objectives

In general terms, an insurance company seeks the discharge of its obligations at the most economical price possible, through honorable and legal means. The mere fact that some insurance companies represent vast amounts of money and investments does not necessarily mean that their profits are likewise huge. This would be pure fiction. As a general rule, out of every dollar an insurance company receives as premium payments for automobile insurance, somewhere between fifty-five and sixty-five cents are used to pay claims. From the residue must come all expenses of operation. If there is then left so much as four cents of the dollar, the company is doing very well indeed. Some coverages are very unprofitable but they must be sold to meet competition. Other lines are slightly more gainful. All of them together, however, must show a favorable balance if the company is to survive.

Insurance rates are subject to regulation by the states wherein the corporation operates and by the pressure of competition within the industry. The statistics upon which these rates are based usually lag at least two years or more behind the current year and must, of necessity, lag considerably in times of inflation.

Within the last ten or more years there have been many companies in several of those years that found themselves paying out considerably more money than they received in premiums. The operational losses sustained by them ran into millions of dollars. Some were unable to survive the tremendous losses suffered. The survival of companies depends upon the formation and maintenance of sound claims policies and practices. Too tight or too loose an application of these policies and practices spells disaster from either extreme.

In recent years company management has faced markedly increased costs in every item necessary to remain in business, from paper clips to executives. The steady increase in accident frequency and severity has been expensive. Cost of all items paid in claims has been reflected in claims costs in material damage to property as well as the marked rise in accomplishing the care and cure of bodily injuries. Not the least of these costs is the decay of popular morality as shown by the incidence of assertion to claims for injuries that were either non-existent or trifling, but exaggerated beyond all reason in the hope of "something for nothing." This philosophy is not new to our civilization but it seems to be unduly emphasized.

Claimants' Objectives

A claimant with a legitimate claim for legally compensable injuries, is entitled to fair payment in damages measured in money. However, with the bold, black headlines of death and injury and the not infrequently deceptively written publicity concerning personal injury litigation, the result is that many claimants have a distorted idea of how much they should receive.

Since personal injury claims are somewhat of a novelty to most people, there is a vast amount of ignorance as to what is required to persuade an insurance company to make a payment. The distribution of largesse by various governmental agencies, ridiculous forms of entertainment offering disproportionate premiums for asininity, the popular expectation that a retirement estate is available for all with little or no effort and for no good cause, all stoke this popular philosophy that has become transferred quickly to the field of insurance.

Too often this thinking is not discouraged by members of the bar nor by the judiciary. With the breakdown of private morality and the upsurge of varying forms of subsidized socialism, the reflection of this thinking is obvious in many claimants and expressed through their demands. A serious study of all the reasons why claimants want what they want would be outside the scope of this article. It has been treated in other publications and deserves careful study by any lawyer who proposes to become active in this area of the law.

Suffice it to say that the variation in definition is the difference between

the thinking of companies and claimants in far too many instances. It is the place of sound insurance practice and reputable representation of claimants by members of the bar to reconcile these varying definitions and objectives within the confines of the law and its machinery.

Means of Attainment

Insurance Companies' Means

Based upon the traditional definition of justice, insurance companies use either their own employes or others to handle the vast volume of investigation, negotiation and litigation that descends upon their offices each day. Some companies use independent adjusters who work by contract in serving the companies. These men vary in training, competence, experience and fidelity, as well as in the price for their services. There are many excellent "independents" who provide superb service through finely trained personnel whose performance is marked by high fidelity and unimpeachable integrity. There are others whose qualifications are not quite as high.

There is likewise a wide variation in company-employed men. There is variety in selection, scope and intensity of training, closeness of supervision, authority conferred, performance measured, retention and promotion accomplished. There is some drifting of men from one company to another and from the companies to independents.

Claims supervisors or junior managers are often taken from field personnel found worthy of promotion. There is some hiring from other companies at this level but due to variation in claims policies and practices, this is not common. Some companies function with a very small legal staff at high levels of management and the supervision of law suits is left to claims supervisors or managers. Others have their own attorneys at the level of claims supervision or management and these have varying degrees of authority in directing or controlling law suit activity in the hands of defense counsel.

The companies vary quite widely in the authority exercised by field claimsmen, supervisors, attorneys and other company personnel in the disposition of claims. Some have wide latitude and authority while others are mere errand-boys. Some field men retain control of a file only until suit is instituted; others retain the suit to verdict. Some supervisors have wide authority and use it in close conjunction with their field men; others are more absorbed in administrative problems.

In some companies attorneys are given considerable authority in directing additional investigation, negotiation by field men, control of litigation in the hands of defense counsel, and in some jurisdictions, handle the pleadings, pre-trial work, and even continue through trial and appeal. This last classification is true only in a few localities.

The methods will vary in the same company at different times and places, with different personnel, with different plaintiffs' counsel and in varying types of claims. Claims management necessarily retains a high degree of flexibility to meet its opponents on the most advantageous ground possible.

Each company has its own approved defense counsel in varying capacities and jurisdictions. Some are used only for subrogation work, some will be used only for defense work in property damage cases, others are used in courts of original jurisdiction, some in appellate courts, and still others in all types of activity in all courts. Some offices represent only one or a few carriers, others may represent several dozen companies.

Each company has a sort of supportive staff in addition to its own employes. This staff includes all types of experts in every field necessary to examine and solve difficult problems beyond the range of company men and defense offices. These are recognized authorities in every field of science, whose opinions and testimony are usable in appropriate cases. They range from holders of doctoral degrees and high accreditation down to experts only in the field of material damage and the repair of vehicles and property.

Some jurisdictions have adopted the system of requiring examination of bodily injury claimants by court-appointed experts. The system has not yet, it is to be regretted, been widely adopted. The advantages and disadvantages arguable for both sides have been the subject of much debate without widely accepted conclusions.

Claimants' Means

In spite of the old adage, "He who has himself for a lawyer has a fool for a client," there are hundreds of thousands of claimants who act as their own legal advisors in settlement of their claims. The success which attends this activity is measured largely by one's viewpoint. The true result seems to be that out of hundreds of thousands of claims closed in settlement each year, it is a very rare instance in which a settlement is reopened on equitable grounds. One might conclude that this is rather eloquent proof that either the claimants are more competent to handle their own affairs than lawyers think they are, or that the companies are much fairer than they are commonly believed to be.

It would be safe to estimate that only a small percentage of claimants seek the advice of counsel in the disposition of their claims. This will vary, of course, in different areas and jurisdictions, but it seems to be true that the great majority of claims are closed without interposition of legal service in the formal sense.

There are thousands of instances in which a claimant is represented by counsel. Many of these lawyers are highly qualified, experienced and

completely devoted to the highest standards of professional integrity. They strive for and obtain just, prompt and reasonably convenient disposition of their clients' claims and receive from the companies the treatment that such representation deserves.

Some claimants are represented by counsel who have been exposed to the indoctrination of a group styling themselves, "National Association of Claimants' Compensation Attorneys." The objective of this group, as bruited by their literature, is to obtain "more adequate compensation for claimants." That presents a nice exercise in linguistics and semantics. If a thing is "adequate" then it is "enough." If they seek more than enough compensation, by what warrant should they receive it? Putting it another way, if one seeks justice, he gets what he deserves. If he gets more than he deserves, he is getting not justice but injustice.

Conceding that there is merit in continuing professional education, this must always be premised upon a valid objective pursued through valid means. Most courts have not yet been convinced that the pursuit of "enough" compensation for claimants justifies the imaginative enterprises of this group. There is likewise the danger that an excessive preoccupation with plans for trial presentation carry over into the earlier stages of handling a claim to the detriment of investigation, evaluation and negotiation. Inordinate enthusiasm for the finale not infrequently spoils the first three acts of the play.

In addition to these classes of counsel there is another group that defies accurate characterization and definition. This crowd varies from day to day, place to place and time to time. Due to laxity in professional disciplinary authorities and general indifference, this group contributes substantially to a serious problem for the industry as well as the legal profession.

It has been estimated that something in excess of 350,000,000 dollars each year are spent by companies in disposing of claims that range from questionable liability to out-and-out fraud in their inception, handling and disposition.

Through the use of runners, fee-splitting, solicitation in various forms, tie-ins with garages, tow-truck operators, police officers, ambulance personnel, casual hangers-on and an ill-assorted group beyond description, there are thousands of claims presented annually by lawyers whose continued presence at the bar is an insult to the profession and a cancer to our society.

The efforts of these gentry contribute substantially to driving upward the cost of insurance company operations through additional investigation and preparation for defense of false and fraudulent claims. Insurance company files are replete with instances of efforts to collect for accidents that never occurred, claims that were built up by the crudest means conceivable

and claims that present rather clever strategy by those seeking to profit therefrom.

Unfortunately there are some practitioners of medicine who lend their professional status, consciously or unconsciously, to this enterprise. There are numerous instances of what appear to be tie-ins between doctors and lawyers, with cross-referrals between them for their respective specialties. This group deserves the attention of medical societies just as much as the lawyers deserve the consideration of the bar association committees.

Anyone who is at all surprised at this situation as it exists and functions in numerous localities is either incredibly naive or grossly uninformed of the facts of life of negligence claims.

Claimants, then, have a single general objective: to get money. The difference is in how they get it. The manner is distinguishable in three classes: (a) those who seek just compensation for honest claims; (b) those who want more than enough compensation for their clients' claims; (c) those who want money from some insurance company for any or no reason at all and by any means available.

On Behalf of Plaintiffs' Counsel

1. The average individual who lacks representation must rely upon the fairness and integrity of an insurance company's representative.

2. An individual lacks the investigative technique and facilities necessary to understand his own claim.

3. The element of psychological or emotional trauma present in many instances prevents fair and proper evaluation of a claim.

4. Excluding possible trauma of an emotional sort, the average person is unable to evaluate properly his own claim.

5. The average person is not skilled in negotiation, particularly in an area where he has had little or no prior experience.

6. The average person is subject to external pressures that militate against proper disposition of his claim. These would include the barrage of printed and other material which would expectably lead to a distorted view of the value of a claim and prevent its proper disposition by an individual.

7. The layman does not possess the skilled interpretation of legal documents required in the disposition of a claim.

The first six of these, or some of them, furnish extra-legal reasons for the employment of the best counsel available. There are, moreover, instances in which a company representative would prefer to deal with counsel rather than a claimant for one or more of these reasons.

The industry has nothing but praise for the efforts of counsel that are exerted fairly, ably, justly and honorably, with due respect for all factors

of coverage, liability, injuries and damages, topped by reasonable evaluation and firm control of the client represented.

It is to be observed that this commendation is hedged by many qualifications. To fulfill all of them, much is required of counsel.

AGAINST PLAINTIFFS' COUNSEL

1. The very small number of settlements re-opened furnishes persuasive evidence that the confidence of claimants who rely upon company representation rather than legal advice has not been misplaced. Also indicative may be the fact that claimants are not nearly so incompetent to judge the value of their own claims as counsel would like to think.

2. In many instances, counsel is unable or unwilling to undertake reasonable investigation to ascertain the facts upon which liability is predicated.

3. The factor of emotional trauma has been vastly overrated in many cases. Rather, the passage of time to recover therefrom leads not to recovery but serves too often for a period of excessive medical treatment, accumulation of questionable special damages claimed, and finally, an exaggeration in the mind of both claimant and counsel of the real value of the claim.

4. The average person who conducts his own business successfully, in dealing with reasonably fair-minded and conscientious representatives, has no difficulty in arriving at a satisfactory settlement of his claim. The small number of claimants who are represented testifies to this fact.

5. Certainly there are external pressures that influence claimants' de-
other claims that are allegedly settled for vast sums, or in which vast amounts
mands. Many of these arise from misleading and incomplete accounts of
are sought. In addition thereto, mere self-interest, biased viewpoints and just plain greed have an important part in exerting pressure upon claimants.

Over and above these specific answers to the points posed, we can point out a few more aspects that are too often neglected in consideration. The average law student is exposed to a brief course in torts, an even briefer course in insurance and equally brief instruction in allied fields of the law that are used in the disposition of negligence claims. This is, no doubt, a defect in the law school curricula fostered by a variety of pressures.

It is apparent that the vast proportion of the litigation in our courts arises from automobile insurance claims. It is not unlikely that this will continue to be true. Law schools would be well advised to consider supplementing their curricula in such manner as to prepare their students for this situation which will most certainly face them in their professional lives. Mere graduation from a law school and successful results from the present bar examina-

tions are scanty equipment for a young lawyer who seeks to make his living in this field. Law schools would be prudent in considering the addition of specialized courses in this field or in altering their present curricula to accommodate the necessary areas of study.

To be brutally blunt about the whole matter, mere admission to the bar is no qualification for handling negligence claims competently. Adverting to fundamentals, there is insufficient instruction in the field of coverages of insurance. There is little or no instruction in the area of investigation and proper consideration of evidential facts necessary to determine liability. There is hardly time to devote sufficient attention in existing curricula to an adequate inquiry respecting the nature and type of injuries, expectable recovery therefrom, consequences expectable and the elements of damage that should usually be considered in handling personal injury claims. There is even less time available to the art of negotiation as well as evaluation of bodily injury claims. A mere cataloguing of the elements of a cause of action in tort, of possible defenses, general principles of evidence, mention of items of damage and the swift transition to pleadings and trial technique does not seem to be quite adequate preparation for this type of practice.

Plainly, there is considerable disparity between a young man who has just had his certificate of admission framed and hung on the wall who is handling his early cases on behalf of injured clients and an insurance representative of even moderate training and experience. The average company representative will be assigned several hundred claims a year to handle through investigation, negotiation and settlement. Multiply this experience by the years of his employment and the advantage is obvious. Add to this the supervision of a claims supervisor who sees the work of several adjustors in addition to his own experience and the disparity is greater. On top of this, add the experience of other managers, supervisors and company attorneys whose experience is frequently brought to bear in a particular case. Finally, add the experience of defense counsel, whose opinion is afforded a very respectful hearing in most companies. Admittedly none of these individuals is infallible and many have been proven wrong with some frequency. The odds, however, are strongly weighted in their favor in the average case.

Conceding that an attorney has accumulated some years of practice in the field and has access to the assistance of others even more qualified, he still has some disadvantages. It would be unfair and unreasonable to deny the competence of many counsel, but it would be just as unfair to deny that in a specialized field, it takes tremendous capacity and ability to even the disparity. This is true whether insurance company representatives can point proudly to their own law degrees and admissions or not.

If the members of the bar were to approach these problems without the

burden of inordinate pride in their professional attainments and deal in terms of practicality, their representation would be more competent and satisfactory. As to post-law school educational enterprises and continuing legal education, there is much to be said of a favorable nature. This activity, as indicated above, must always be premised upon a valid objective attainable through valid means.

AGAINST INSURANCE COMPANIES

1. More care should be exercised in the selection and training of representatives. Professional level is demanded of professional representatives.
2. Interviews on the basis of incomplete or poor investigations are a waste of time for busy lawyers.
3. Negotiation without sufficient authority is an idle thing. Messenger boys are not as efficient as the telephone or mail service.
4. Some representatives lack realism in investigation and evaluation and thus impede rather than encourage settlements.
5. Some representatives have an indifferent or hostile attitude toward lawyers. A suspicious attitude on the part of a representative breeds only resentment and accomplishes nothing toward settlement.
6. Mere haggling is not professional claims-handling for either side.
7. Humanity is not a commodity. THIS claim is important to a lawyer even though it is but one more folder on a company's shelf.
8. Insincere efforts discourage settlements even though a representative is competent. Too often he wants to be rid of the file and have the matter referred to defense counsel.
9. Stalling, delaying and harassing counsel serve no useful purpose.

While there are other complaints that could be included, these comprise the more important objections.

ON BEHALF OF INSURANCE COMPANIES

1. Outside of company facilities there are no educational institutions that provide training of talent suitable for careers in claims handling. The companies select men as carefully as possible with respect to educational background, integrity and susceptibility for development.
2. Closely supervised representatives have thorough investigations although there is variation among companies and representatives.
3. Dollar authority is extended to representatives according to different company practices and representatives. Quite often it is withheld merely to protect a claimsman from overzealous negotiators.
4. Depending upon prior experience, some claimsmen have had wide experience with false and fraudulent claims and one facet of a case may be suspicious to him; hence, he proceeds with caution.

5. Not infrequently the handling afforded a representative by a lawyer is conducive of suspicion and distrust. Mere concealment, delay, stalling and reluctance to discuss are sufficient to provoke suspicion in any representative's mind.

6. Too often an unrealistic—in the proper sense of the word—estimate of the liability, injuries and damages involved in a claim on the part of a lawyer breeds haggling. If a lawyer knows his case thoroughly and maintains a posture of reason, little haggling is necessary. Poor evaluation and excessive demands produce this difficulty. A conscientious claimsman avoids this type of indifference but at the same time he treats *this* claim with only the consideration it deserves.

7. Sincerity is required of both sides to accomplish settlements. Condescension on the part of a lawyer begets an expectable reaction on the part of a representative.

8. Too often those who accuse others of stalling, delaying and harassing tactics are themselves guilty of the same things. If each would put his house in order these points would be avoided.

It should be noted here that the use of a contingent fee agreement in this field is often the real stickler that prevents settlements and contributes vastly to clogged court dockets. There are thousands of suits filed annually merely to enhance the ultimate recovery to the lawyer rather than for benefit of the client. While this is not the place to review the whole area of contingent fees, we must note that there are too many instances in which the whole difference between an offer made to the claimant initially and the closing price in settlement is simply the calculation of a lawyer's fee for doing little or nothing of real benefit for his client.

The whole subject of contingent fees deserves a thorough review by the bench, the bar and the insurance companies and the sooner it is accomplished the quicker the dockets will become less congested and the entire field of business expedited.

Conclusions and Recommendations

As Respects Insurance Companies

1. Insurance companies should support sound, well-designed educational programs calculated to raise the competence and dignity of their representatives. These programs could be either through university or law school courses specifically designed for this purpose.

2. The educational programs indicated should be accompanied by certification of professional attainment and professional licensing, closely supervised by the industry and regulated through proper sanctions for failure to maintain proper standards.

3. Provide special opportunities for law school students and recent graduates to acquaint themselves with the insurance industry's side of the claims problem, perhaps by offering lecture programs, material in law school publications, vacation-time employment or seminars sponsored by the industry in particular localities.

As Respects Claimants' Lawyers

1. Learn to investigate and evaluate your client's claims properly.

2. Recognize that negotiation of settlements will probably continue to be with insurance company representatives and not solely with defense counsel in spite of institution of suit.

3. Be willing to swallow a sufficient amount of professional pride to realize that insurance companies do employ some highly trained, experienced and competent representatives whose sole concern is in this highly specialized field and that they often have as much, and often more, experience in the field than many lawyers.

4. Be cautious in representing to your clients the amount you consider may be recovered for them through settlement or trial.

5. Recall that a contingent fee agreement provides for a permissive amount that you may charge your client—not what you must charge your client. If you use this as your weapon in negotiating claims you may find yourself with a lot of "frozen assets" and a formidable burden of unnecessary and often unrewarding trial work.

6. Treat a representative as you would wish to be treated were you in his position. Mere stalling and delay of settlement negotiations in an effort to build up a claim may impress your client but these tactics leave a representative and his company quite unimpressed and seldom changes their evaluation.

7. Never lose sight of the economics involved. The longer a claim drags on, the more time, effort and money will be tied up and the lower your rate of compensation per hour will be. You can't afford this but the company can.

8. Don't attempt to play games with representatives by quoting ridiculous figures often euphemistically called "working demands," which accomplish nothing. State a reasonable figure and the reasons why you want it and be prepared to back it up with facts, not a naive hope that someone will be foolish enough to take everything you say without its corroboration and support.

9. Never underestimate the capabilities of insurance companies nor their willingness to undertake a vigorous defense of a questionable claim.

General

1. There is no mystery about a three-year course in law school. Medical schools use longer courses and periods of internship together with higher requirements for specialization. The curricula of law schools should be reviewed to inquire whether sufficient emphasis on this field is present.

2. Expand the curriculum to allow for cooperation by the insurance industry in providing training for their representatives, law students and young lawyers in the field of negligence. The field is so complicated under present living conditions that there is much more to the area than a few general courses. The industry could, if it would, do much to help improve the quality of negligence lawyers either for the defendant's or the plaintiff's tables, as well as its own personnel.

3. The judiciary, the bar and the companies should collaborate in an effort to eliminate those in the negligence field whose activities deserve investigation and censure.

4. A joint committee of the judiciary, the bar and the industry should examine the real causes of court congestion and formulate the necessary rules to restore public confidence in our legal system.

5. The multi-billion dollar insurance industry has a serious stake in the improvement of administration of justice in our courts. Unless the industry takes its case to the people through proper publicity, there can be serious consequences to the industry as well as the courts and the lawyers.